

## ATISN 2478 - Recorded correspondence in response to Question 1:

*All correspondence (including emails and letters) between HIW and the Welsh Health Boards relating to governance arrangements for commissioning and monitoring services provided by The Kaleidoscope Project (TKP), from January 2023 to May 2025*

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**1. Covering Email and Letter to Medical Director, Aneurin Bevan University Health Board on 12 August 2024**

**From:** XXXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales)

**Sent:** 12 August 2024 14:08

**To:** XXXXX.XXXXXX@wales.nhs.uk

**Subject:** Official Sensitive - Concerns Received by HIW regarding Kaleidoscope Project

**OFFICIAL SENSITIVE**

Good afternoon Dr XXXXXX

Please see attached letter which related to concerns received by Healthcare Inspectorate Wales (HIW), in relation to Kaleidoscope Project in Wales.

Grateful if a response could be provided to HIW, in line with the details included within our letter, by 19 August 2024.

Should you have any queries, please do not hesitate to contact me.

Kind regards

XXXXXXX

Uwch Arolygydd Gofal Iechyd | Senior Healthcare Inspector  
Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales  
Llywodraeth Cymru | Welsh Government  
( Ffôn | Tel: 0300 062 XXXX / XXXXX XXXXX  
\* E-bost: xxx.xxxxxx@llyw.cymru | Email: xxx.xxxxxx@gov.wales

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Dr XXXX XXXXX  
Medical Director  
Aneurin Bevan University Health Board

Direct Line: 0300 062 8163  
E-mail: XXX.XXXXX@gov.wales

CAS-INVES-10621

Sent via email only -  
XXXXX.XXXXX@wales.nhs.uk

12 August 2024

Dear Dr xxxxxxxxx,

**RE: Concerns relating to Kaleidoscope Project Clinical Provision in Wales**

I am writing to you regarding concerns received by Healthcare Inspectorate Wales (HIW), relating to a number of issues in relation to Kaleidoscope Project clinical provision in Wales. The information we have received highlighted concerns around:

- "Health and safety of both staff and patients, due to poorly managed violence within the service"
- "Lack of transparency regarding employment status of doctors"
- "Dr XXXXX XXXXXXX practice of signing blank CD prescriptions and leaving them in a variety of locations for both clinical and admin staff to complete as needed."
- "Dr XXXX XXXXXXX practice of allowing non prescribing nurses to alter doses of prescribe medication, in the absence of any legal mechanism such as PGD"
- "Lack of adherence to All Wales Safeguarding Procedures"

As part of the information received by HIW, there was detail indicating that a 'Good Practice Review Panel' had been established to investigate the concerns that have been highlighted, regarding the Kaleidoscope service. Furthermore, we were informed that you were overseeing this panel/investigation. Therefore, I am writing to request a written update on the ongoing investigation, including any learning and actions taken thus far, to mitigate against associated risks. Please could you provide your response to HIW by no later than 19 August 2024.

Should you wish to clarify or discuss any of the above, please do not hesitate to contact me.

Yours sincerely

XXX XXXXX  
Senior Healthcare Inspector  
Healthcare Inspectorate Wales

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**2. Response from Medical Director, Aneurin Bevan University Health Board dated 13 August in response to HIW letter dated 12 August 2024**

Dr XXXXX XXXXXXX XXXX XXX XXX,

Cyfarwyddwr Meddygol | Medical Director 01633 XXX XXX

XXXXX.XXXXXX@wales.nhs.uk

Our ref: XX/XX 13th August 2024

PRIVATE AND CONFIDENTIAL

Mr XXX XXXXXX

Senior Healthcare Inspector

HIW

Sent by Email: XXX.XXXXXX@gov.wales

Dear XX XXXXX

Re: CAS-INVES-10621

Thank you for your letter dated the 12th August 2024. I thought it might be helpful to clarify a number of issues raised in your letter and to provide greater clarity on my involvement and that of ABUHB.

Kaleidoscope is a drug treatment charity that is commissioned by the Newport Area Planning Board (APB) to deliver drug and alcohol related services to patients in Gwent. The Health Board representative on the APB is Professor XXXXX XXXXXXXX our Executive Director of Public Health.

In my role as Chair of the Controlled Drugs Local Intelligence Network (CD-LIN) I was contacted by a whistle-blower in early 2023 raising concerns with respect to points 3 and 4 in your letter - XXXXXX XXXXXX XXXXXX XX XXXX XX XX XXXXXX XXXXXX XXXXXX XX XXXXXXXXXXXX XXXXXX XXXX XXXXXX XX XXXXXXXXXXX XXXX.

Similar concerns were shared with Cardiff and Vale University Health Board at the same time. I am aware they have conducted a separate investigation.

Following receipt of the concerns I requested that the APB conduct an investigation, within the scope of their contractual framework with Kaleidoscope, to examine the issues raised with respect to controlled drugs management within Gwent.

Neither the APB nor me as CDLIN would have a remit to investigate Kaleidoscope practice elsewhere in Wales.

Following my request to the APB an investigation team was formed. They met with the whistle-blower to hear their concerns. The initial concerns were that:

1. Due to staff shortages, pre-signed prescription pads were available to staff working in Kaleidoscope and that these pre-signed prescriptions were available to both prescribing and non-prescribing members of staff.
2. A staff member (non-registrant) may have accessed control drugs for personal use.
3. Non-medical prescribers were prescribing medications without direct consultation with patients or prescribers.

Following consideration of the concerns a decision was made to use a Care Quality Commission (CQC) designed self-assessment process to review controlled drug

practices and procedures. This was in the absence of a similar performance review mechanism in Wales.

Kaleidoscope were asked to provide evidence of their processes and policies using a self-assessment tool. Evidence provided to the investigation team included copies of their standard operating procedures, policies, competency training logs and audits. The timeline was as follows:

- On the 20th September 2023 the panel met agreed to circulate the CQC self-assessment on controlled drugs.
- CQC self-assessment was sent to Kaleidoscope with a deadline for return by the 5th October 2023.
- A response was received on the 25th September 2023.
- The response was circulated to the panel members and the panel met on the 10th October 2023 to review.
- The panel requested further information from Kaleidoscope on 7th November 2023.

The panel felt that the information provided met our requirement to ensure that Kaleidoscope had policies and procedures in place to support prescription of controlled drugs and that these processes were being followed.

As part of the investigation, a referral was made to the safeguarding team in Cardiff Council, in line with Section 5 of the Wales Safeguarding Procedures in December 2023. A recent response from Cardiff Council has clarified that they do not feel able to progress the referral at this time, due to insufficient information being available to both us and them. As such, we have informed the whistle-blower of this and suggested they make direct contact with the safeguarding team at Cardiff Council to raise any concerns that they may have.

In relation to the specific issues raised with regard to CD prescriptions I have outlined the findings of our investigation below:

Pre-signing prescriptions and alteration of prescriptions - The investigation team were informed that the process of pre-signing prescriptions happened during the COVID-19 public health emergency to maintain safe services to Kaleidoscope patients. They have confirmed this practice ended once face to face consultation recommenced. We were assured that it was not a normal practice for prescriptions to be pre-signed. We were also informed that Kaleidoscope follows NICE guidance/home office license conditions. A revised policy was completed at the time of COVID and was risk assessed.

Security of pads - Prescriptions were locked away and a record of serial numbers was kept.

Allegations staff member drank methadone - There is no record of any staff member being reprimanded or dismissed for this action. We were therefore unable to substantiate the claim at this time.

[illegible]

To my knowledge points 1,2 and 5 of your letter were not raised as part of the whistle blower concerns. The whistle-blower did raise some employer/employee relationship issues within Kaleidoscope during the investigation team interview, however they were informed that these issues should be dealt with through usual HR processes internally at Kaleidoscope.

Given that Kaleidoscope is an independent third sector organisation the ability and appropriateness of the APB examining internal matters at Kaleidoscope was in question. In England services such as Kaleidoscope are regulated by the CQC. My understanding is that a similar framework for regulation is not present in Wales at this time.

I have concluded my investigation into management of controlled drugs at Kaleidoscope and have been satisfied that current practice meets the required standards. With respect to other issues, please can I suggest that you communicate directly with Professor XXXXX XXXXXXXXXXXX and the APB Board.

I hope this provides you with some assistance in your enquiries.

Yours sincerely

Dr XXXXX XXXXXX XXXX XXX XXX

Executive Medical Director

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**3. Communication between HIW and Aneurin Bevan University Health Board from 30 August to 20 September 2025 in relation to a meeting.**

From: XXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXX@gov.wales>

Sent: 20 September 2024 10:04

To: XXXXX XXXXXX (Aneurin Bevan UHB - Corporate Services)

<XXXXX.XXXXX@wales.nhs.uk>

Subject: RE: Recent Correspondence

Good morning Dr XXXXXX,

I am free to meet at 13:15 on 23 Sept.

Kind regards

XXX

XXX XXXXX

Uwch Arolygydd Gofal Iechyd | Senior Healthcare Inspector

Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales

Llywodraeth Cymru | Welsh Government

\* E-bost: XXX.XXXXX@llyw.cymru | Email: XXX.XXXXX@gov.wales

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From: XXXXX XXXXXX (Aneurin Bevan UHB - Corporate Services)

<XXXXX.XXXXX@wales.nhs.uk>

Sent: Wednesday, September 18, 2024 11:28 AM

To: XXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXX@gov.wales>

Subject: RE: Recent Correspondence

Thank for getting back to me. Could you do 23 Sept at 13.15?

Best Wishes

XXXXX

Dr XXXXX XXXXXX XXXX XXX XXX

Cyfarwyddwr Meddygol/Medical Director

Dirprwy Brif Weithredwr | Deputy Chief Executive

Bwrdd Iechyd Aneurin Bevan/Aneurin Bevan University Health Board

Pencadlys, Ysbyty Sant Cadog, Caerllion, NP18 3XQ Headquarters, St Cadocs Hospital, Caerleon, NP18 3XQ

E-bost/Email: XXXXX.XXXXX@wales.nhs.uk PA:

XXXXXXXXXX.XXXXXXXXXX2@wales.nhs.uk

Llinell Uniongyrchol/Direct Line: 01633 431883

From: XXX.XXXXX@gov.wales <XXX.XXXXX@gov.wales>

Sent: 18 September 2024 10:58

To: XXXXX XXXXXX (Aneurin Bevan UHB - Corporate Services)  
<XXXXX.XXXXXX@wales.nhs.uk>  
Subject: RE: Recent Correspondence

Good morning Dr XXXXXX

Unfortunately I am unable on Friday 20 September. Happy to meet during w/c 23 Sept, if you have any free dates?

Thanks

XXX

XXX XXXXX

Uwch Arolygydd Gofal Iechyd | Senior Healthcare Inspector  
Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales  
Llywodraeth Cymru | Welsh Government  
\* E-bost: XXX.XXXXXX@llyw.cymru | Email: XXX.XXXXXX@gov.wales

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From: XXXXX XXXXXX (Aneurin Bevan UHB - Corporate Services)  
<XXXXX.XXXXXX@wales.nhs.uk>  
Sent: Friday, September 13, 2024 1:15 PM  
To: XXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXXX@gov.wales>  
Subject: RE: Recent Correspondence

Thanks for getting back to me. I am free at 9am next Friday (20<sup>th</sup>). Would that work for you?

Best wishes

XXXXX

Dr XXXXX XXXXXX XXXX XXX XXX

Cyfarwyddwr Meddygol/Medical Director

Bwrdd Iechyd Aneurin Bevan/Aneurin Bevan University Health Board

Pencadlys, Ysbyty Sant Cadog, Caerllion, NP18 3XQ Headquarters, St Cadocs Hospital, Caerleon, NP18 3XQ

E-bost/Email: XXXXX.XXXXXX@wales.nhs.uk PA: X@wales.nhs.uk

Llinell Uniongyrchol/Direct Line: 01633 XXXXXX

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From: XXX.XXXXXX@gov.wales <XXX.XXXXXX@gov.wales>  
Sent: 13 September 2024 12:56  
To: XXXXX XXXXXX (Aneurin Bevan UHB - Corporate Services)  
<XXXXX.XXXXXX@wales.nhs.uk>  
Subject: RE: Recent Correspondence



Dear Dr XXXXXX

Thanks for your email, and apologies for the delay in responding to you.

I am happy to arrange a conversation to discuss the concerns being received about the service, as well as the actions taken to investigate by the HB. If you could please let me know your availability, I am happy to schedule time in to discuss.

Look forward to hearing from you.

Kind regards

XXX

XXX XXXXX

Uwch Arolygydd Gofal Iechyd | Senior Healthcare Inspector

Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales

Llywodraeth Cymru | Welsh Government

\* E-bost: XXX.XXXXX@llyw.cymru | Email: XXX.XXXXX@gov.wales

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From: XXXXX XXXXXX (Aneurin Bevan UHB - Corporate Services)  
<XXXXX.XXXXX@wales.nhs.uk>

Sent: Friday, August 30, 2024 12:02 PM

To: XXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXX@gov.wales>

Subject: RE: Recent Correspondence

Dear XXX

You and I recently exchanged correspondence with respect to a concern that had been brought to your attention by a member of the public with respect to aspects of care provided by a third sector organisation who care for patients with drug and alcohol dependency.

I am receiving on going correspondence with respect to the same issue and would value advice from you to help me decide on the best way forward.

Best Wishes

XXXXX

Dr XXXXX XXXXXX XXXX XXX XXX

Cyfarwyddwr Meddygol/Medical Director

Dirprwy Brif Weithredwr | Deputy Chief Executive

Bwrdd Iechyd Aneurin Bevan/Aneurin Bevan University Health Board

Pencadlys, Ysbyty Sant Cadog, Caerllion, NP18 3XQ Headquarters, St Cadocs Hospital, Caerleon, NP18 3XQ

E-bost/Email: XXXXX.XXXXX@wales.nhs.uk

PA: XXXXXXXXXXXX.XXXXXXXXXX2@wales.nhs.uk

Llinell Uniongyrchol/Direct Line: 01633 XXXXXX

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**4. Covering Email and letter sent to the Aneurin Bevan University Health Board, Chief Executive on 18 September 2024:**

**From:** XXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales)

**Sent:** 18 September 2024 18:19

**To:** XXXXX XXXXXXXXX (Aneurin Bevan UHB - Executive Board)  
<XXXXX.XXXXXXXX@wales.nhs.uk>

**Subject:** Official Sensitive - Kaleidoscope Project Concerns

OFFICIAL SENSITIVE

Dear XXXXXX

Please see attached letter in relation to concerns received by Healthcare Inspectorate Wales (HIW), regarding Kaleidoscope Project services in Wales. Grateful if a written response could be provided to HIW, in line with the details included within the letter, by 2 October 2024.

Should you have any queries, please do not hesitate to contact me.

Kind regards

XXXXX

Uwch Arolygydd Gofal Iechyd | Senior Healthcare Inspector  
Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales  
Llywodraeth Cymru | Welsh Government  
( Ffôn | Tel: 0300 062 8XXX / XXXXX XXXXX  
\* E-bost: xxx.xxxxxx@llyw.cymru | Email: xxx.xxxxxx@gov.wales

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xxxxxxx xxxxxxxxx  
Chief Executive  
Aneurin Bevan University Health Board

Direct Line: 0300 062 8163  
E-mail: XXX.XXXXX@gov.wales

CAS-INVES-10621

Sent via email only

18 September 2024

Dear XXXXXXXXXXXX

**RE: Concerns relating to Kaleidoscope Project services in Wales**

As you will be aware, Healthcare Inspectorate Wales (HIW) previously wrote to Aneurin Bevan University Health Board (ABUHB), following receipt of a number of concerns, in relation to Kaleidoscope Project Clinical provision in Wales. As part of the information shared with HIW, we were informed that a 'Good Practice Review Panel' had been established to investigate the concerns raised. Also, that this panel was to be led by the ABUHB Medical Director, Dr XXXXX XXXXX.

XXXX XXXXX responded to HIW on 13 August 2024, detailing the actions taken to investigate the specific concerns, in relation to the management of controlled drugs. We were made aware that the Kaleidoscope service was required to complete a self-assessment tool as part of this investigation. Within XXXX XXXXX response letter, he concludes that he was satisfied that the current practice, in relation to management of controlled drugs at Kaleidoscope, met the required standards.

Firstly, would it be possible for HIW to be provided with a copy of the self-assessment tool completed by Kaleidoscope, as part of the investigation. Additionally, in view of the concerns highlighted regarding the provision of Kaleidoscope Project services in Wales, it was agreed that HIW would write out to all health boards to request further assurances on the concerns raised.

We require responses to the questions listed below, regarding Kaleidoscope Project services operating within your health board area:

- Are prescribing medical practitioners employed by the NHS, providing services on behalf of Kaleidoscope Project
- What is the employment status of Kaleidoscope Project service medical practitioners
- What measures and checks are in place to ensure proper prescribing practices are adhered to within relevant Kaleidoscope Project services
- What measures and checks are in place to ensure controlled drugs are appropriately stored and dispensed
- How are you assured that only those with the correct prescription privileges are prescribing medications
- How are you assured that the Kaleidoscope Project services have the correct policies and procedures in place to support the prescription of controlled drugs
- How are you assured that those working for Kaleidoscope Project services are adhering to the correct policies and procedures for the prescription of controlled drugs
- How are you assured that potential violent encounters are appropriately managed by Kaleidoscope Project services
- What assurance do you have that Kaleidoscope Project services are adhering to the All-Wales Safeguarding Procedures.

Please could you provide a written response to HIW, detailing your answers to each of the questions listed above. Please provide your response by no later than 2 October 2024.

Should you wish to clarify or discuss any of the above, please do not hesitate to contact me.

Yours sincerely

XXX XXXXXXXX  
Senior Healthcare Inspector  
Healthcare Inspectorate Wales

---

**5. Response from Chief Executive , Aneurin Bevan University Health Board dated 2 October in response to HIW letter dated 18 September 2024**

**From:** XXX XXXXXX (Aneurin Bevan UHB - Corporate Services)  
<XXX.XXXXXX2@wales.nhs.uk>  
**Sent:** 02 October 2024 21:22  
**To:** XXXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXXX@gov.wales>  
**Cc:** XXXXX XXXXXXXXXXXX (Aneurin Bevan UHB - Executive Board)  
<XXXXXX.XXXXXXXXXX@wales.nhs.uk>; XXXXXXXX XXXXXXXX (Aneurin Bevan UHB - Corporate Services) <XXXXXXXXX.XXXXXXXXXX@wales.nhs.uk>  
**Subject:** RE: Official Sensitive - Kaleidoscope Project Concerns - CAS-INVES-10621

Dear XXX

Please find attached a response to your letter related to Kaleidoscope Project services in Wales, on behalf of XXXXXX.

Kind regards

XXX

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XXX XXXXX XXX, Cadeirydd | Chair

01633 XXX XXX XXX.XXXXX@wales.nhs.uk

XXXX XXXXXXXXX, Prif Weithredwr | Chief Executive

01633 XXX XXX CEOabuhb XXXXX.XXXXXXXXX@wales.nhs.uk

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Wednesday 1 October 2024

Your ref: **CAS-INVES-10621**

**PRIVATE AND CONFIDENTIAL**

Mr XXX XXXXX

Senior Healthcare Inspector

Health Inspectorate Wales

Sent by email: XXX.XXXXX@gov.wales

Dear XX XXXXX

**Concerns relating to Kaleidoscope Project Services in Wales**

Thank you for your letter dated 18 September 2024, in which you requested additional information regarding the Kaleidoscope Project Services in Wales. I have provided a response to each of the questions raised within your letter below.

Are prescribing medical practitioners employed by the NHS, providing services on behalf of Kaleidoscope Project?

- Prescribing medical practitioners are employed by Kaleidoscope on a sessional basis for the work they undertake for Kaleidoscope.
- Please note that all the current prescribing medical practitioners employed by Kaleidoscope are also employed by the Health Board for services separate to that of Kaleidoscope.

What is the employment status of Kaleidoscope Project service medical practitioners?

- As detailed above, medical practitioners are employed by Kaleidoscope on a sessional basis.

What measures and checks are in place to ensure proper prescribing practices are adhered to within relevant Kaleidoscope Project services?

- The Quality Assurance Framework is completed by providers outlining how this is managed, and this document is reviewed by the Area Planning Board (APB) Team and discussed with providers should any issues be identified.
- Service Specification Part A, Section 7 on Page 16 details the Prescribing Staffing requirements. This section was written by ABUHB colleagues.
- All new medical practitioners are subject to DBS checks, GMC checks, and prescribing checks and Kaleidoscope's insurers are notified of any new medical practitioners prescribing for Kaleidoscope. Copies of insurances/indemnities are provided to Newport City Council (NCC) as part of the tender process.
- The APB Clinical Lead writes an annual letter outlining what the capacity in which the APB Clinical Lead works with Kaleidoscope's Medical Lead and whether the ABUHB are aware of any concerns in relation to their practice.
- The Controlled Drugs (CD) Local Intelligence Network (LIN), chaired by a Health Board representative, identifies and resolves any issues in relation to prescribing practices across secondary care, primary care and community services.
- A Prescribing Pathway meeting has been established quarterly with Gwent Drug and Alcohol Service (GDAS) to discuss issues; currently, this does not include prescribing practice but this will be added as a standard agenda item going forward.

What measures and checks are in place to ensure controlled drugs are appropriately stored and dispensed?

- The Quality Assurance Framework is completed by providers outlining how this is managed - this document is reviewed by the APB Team.
- Policies submitted by the provider during the procurement process (last undertaken in 2021-22), these are checked by NCC Procurement and APB Team.
- An annual inspection by the Home Office (HO) is undertaken to ensure compliance with the HO requirements. The CD licence report submitted to CD LIN and the internal Kaleidoscope Clinical Governance Lead for their records. The robust process undertaken by the HO each year also provides assurance to the APB that policies and practices are compliant with legislation and regulations.
- The APB Team are members of the CD LIN where any issues are identified and discussed.

- An exception report is provided at quarterly contract review meetings.

How are you assured that only those with the correct prescription privileges are prescribing medications?

- The Quality Assurance Framework is completed by providers outlining how this is managed - this document is reviewed by the APB Team.
- Training and continual professional development for all staff at Kaleidoscope must be evidenced to the commissioners.

How are you assured that the Kaleidoscope Project services have the correct policies and procedures in place to support the prescription of controlled drugs?

- Policies and Standard Operating Procedures are submitted as part of the tender process and reviewed by NCC Procurement and the APB Team; this was last undertaken during 2021-22 (however, all policies are reviewed annually by the HO as part of their inspection).
- The tender process requires a named individual for each policy to ensure accountability within the organisation.

How are you assured that those working for Kaleidoscope Project services are adhering to the correct policies and procedures for the prescription of controlled drugs?

- Internal GDAS meetings are in place, as outlined in the Quality Assurance Framework, with exception reporting to the APB Team where necessary.
- Quarterly Incident Report Log submitted by GDAS to the APB Regional Lead; this report includes Clinical Incidents Report.
- Clinical Incidents Report also submitted to CD LIN outlining any issues and actions taken to rectify where appropriate.
- APB Team meet with GDAS Quality & Assurance Lead to review work undertaken across the service.

How are you assured that potential violent encounters are appropriately managed by Kaleidoscope Project services?

- Safe Haven is a gap in provision across Gwent which has been identified on the APB's Risk Register and escalated to ABUHB Executive Board following discussion at APB meetings.
- HSE recently undertook an unannounced visit to the multi-agency base in Newport and provided Kaleidoscope with a number of recommendations. A subsequent visit by HSE was carried out and HSE are satisfied that concerns raised have been mitigated with a clear action plan outlining GDAS's audit and monitoring processes.

What assurance do you have that Kaleidoscope Project services are adhering to the All-Wales Safeguarding Procedures?

- The Quality Assurance Framework is completed by providers outlining how this is managed - this document is reviewed by the APB Team.
- Service Provider representation at the Gwent Safeguarding Board.
- Safeguarding concerns captured in the quarterly reports with exceptions highlighted for discussion.
- Training and CPD for all staff are mandatory as part of service requirements and monitored by the APB Team through contract monitoring.

## Future Programme of work to strengthen Clinical Governance Arrangements for the Gwent APB

Following the pandemic, the recent commissioning process and the investigation into prescribing practices in Kaleidoscope, the APB Team recognise that more robust checks need to be included into performance management of the service and the following areas of work have been identified to enhance these arrangements: -

- Gwent APB's MOU to be reviewed and updated with all partners, priority areas to agree with ABUHB include Clinical Governance and commissioning & financial arrangements.
- Development of the Gwent APB's Commissioning & Partnership Strategy/Action Plan.
- Closer alignment and joint working between APB, Gwent Safeguarding Board and VAWDASV Board currently being explored.
- Re-establish Clinical Governance Group - identifying key priorities & programme of clinical audits across substance use services.
- APB Team to complete 2024 update of the QAF - incorporating any areas in the self-assessment tool that are not already included.
- APB Team to ensure annual review of the QAF includes site visits with GDAS Clinical Lead and shared with ABUHB.
- Lack of Safe Haven provision for high-risk individuals has been identified on the APB's Risk Register and discussed at APB meetings. This has now been escalated to ABUHB Executive for resolution.

I trust that the information provided is helpful, however if you have any further questions or require additional clarification, please do not hesitate to contact me.

Yours sincerely

XXXXX XXXXXXXXXXXX Prif Weithredwr | Chief Executive

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**Enclosure with response letter from Chief Executive, Aneurin Bevan University Health Board dated 2 October in response to HIW letter dated 18 September 2024**



SPECIFICATION FOR  
THE PROVISION OF.p

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### **6. Covering Email and letter sent to the following Chief Executive of Local Health Boards on 18 September 2024:**

Betsi Cadwaladr University Health Board  
Cardiff and Vale University Health Board  
Cwm Taf Morgannwg University Health Board  
Hywel Dda University Health Board  
Swansea Bay University Health Board  
Powys Teaching Local Health Board

**From:** xxxxxxxx, xxx (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales)  
**Sent:** 18 September 2024  
**To:** xxxxxxxxxx xxxxxxxxxxxxxx (xxxxxxxxxxUHB - XXXXXXXXX)  
xxxxxxxxx.xxxxxxxxxx@wales.nhs.uk>  
**Subject:** Official Sensitive - Kaleidoscope Project Concerns

OFFICIAL SENSITIVE

Dear XXXXXXXX

Please see attached letter in relation to concerns received by Healthcare Inspectorate Wales (HIW), regarding Kaleidoscope Project services in Wales. Grateful if a written response could be provided to HIW, in line with the details included within the letter, by 2 October 2024.

Should you have any queries, please do not hesitate to contact me.

Kind regards

XXXXXXXXXX

Uwch Arolygydd Gofal Iechyd | Senior Healthcare Inspector  
Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales  
Llywodraeth Cymru | Welsh Government  
( Ffôn | Tel: 0300 062 XXXX / XXXXX XXXXX  
\* E-bost: xxx.xxxxxx@llyw.cymru | Email: xxx.xxxxxx@gov.wales

Chief Executive  
Betsi Cadwaladr University Health Board  
Cardiff and Vale University Health Board  
Cwm Taf Morganwg University Health Board  
Hywel Dda University Health Board  
Swansea Bay University Health Board  
Powys Teaching Local Health Board

Direct Line: 0300 062 8163  
E-mail: XXX.XXXXXX@gov.wales

CAS-INVES-10621

Sent via email only

18 September 2024

Dear xxxxxxxx

**RE: Concerns relating to Kaleidoscope Project services in Wales**

I am writing to you regarding information received by Healthcare Inspectorate Wales (HIW), relating to a number of issues regarding Kaleidoscope Project services being provided in Wales. The information provided to HIW highlighted concerns around:

- Health and safety of both staff and patients, due to poorly managed violence within the service
- Lack of transparency regarding employment status of doctors
- Controlled drug prescriptions being pre-signed and left at a variety of locations, for both clinical and admin staff to complete as needed



- Non-prescribing nurses being allowed to alter medication doses, in the absence of any legal mechanisms, such as PGD
- Lack of adherence to All Wales Safeguarding Procedures

In view of the concerns highlighted, it was agreed that HIW would write out to all health boards to request assurances on the concerns raised. We require responses to the questions listed below, regarding Kaleidoscope Project services operating within your health board area:

- Are prescribing medical practitioners employed by the NHS, providing services on behalf of Kaleidoscope Project
- What is the employment status of Kaleidoscope Project service medical practitioners
- What measures and checks are in place to ensure proper prescribing practices are adhered to within relevant Kaleidoscope Project services
- What measures and checks are in place to ensure controlled drugs are appropriately stored and dispensed
- How are you assured that only those with the correct prescription privileges are prescribing medications
- How are you assured that the Kaleidoscope Project services have the correct policies and procedures in place to support the prescription of controlled drugs
- How are you assured that those working for Kaleidoscope Project services are adhering to the correct policies and procedures for the prescription of controlled drugs
- How are you assured that potential violent encounters are appropriately managed by Kaleidoscope Project services
- What assurance do you have that Kaleidoscope Project services are adhering to the All-Wales Safeguarding Procedures.

Please could you provide a written response to HIW, detailing your answers to each of the questions listed above. Please provide your response by no later than 2 October 2024.

Should you wish to clarify or discuss any of the above, please do not hesitate to contact me.

Yours sincerely

**XXX XXXXX**  
**Senior Healthcare Inspector**  
**Healthcare Inspectorate Wales**

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**7. Responses from Health Boards Chief Executives to HIW letter dated on 18 September 2024:**

**Betsi Cadwaladr University Health Board Response - Dated 31 October 2024**

**From:** BCU Quality Assurance (BCUHB - Quality Directorate)

<BCU.QualityAssurance@wales.nhs.uk>

**Sent:** 31 October 2024 09:27

**To:** XXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXX@gov.wales>

**Cc:** XXXXX XXXXX (BCUHB - Corporate Office) <XXXXX.XXXXX@wales.nhs.uk>; XXXX XXXXX (BCUHB - Corporate Office) <XXXX.XXXXX@wales.nhs.uk>

**Subject:** Kaleidoscope Project - Assurance Request

Good Morning XXX

Please find attached the Health Board's response, in collaboration with North Wales Police who commission this service.

Should you have any queries, please do not hesitate to contact me.

Thank you for your patience with regards to the return of this response.

Many thanks

XXXXX

XXXX XXXXX

Rheolwr Sichrau Ansawdd

Quality Assurance Manager

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

e-bost/e-mail: XXXX.XXXXX@wales.nhs.uk

Ffon/Phone: XXXXX XXXXXX ext. XXXXX

Mobile: XXXX XXXX XXX

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Ein cyf / Our ref:

Eich cyf / Your ref: CAS-INVES-10621

☐: XXXX XXXXXXX

Gofynnwch am / Ask for: Quality Team

E-bost / Email:

BCU.QualityAssurance@wales.nhs.uk

Dyddiad / Date: 31st October 2024

Private & Confidential

XXX XXXXXX

Senior Healthcare Inspector

Healthcare Inspectorate Wales

Sent via email

Dear XXX

Re: Request for assurances in relation to the Kaleidoscope Project

I am writing in response to your email received on 18th September 2024, requesting assurances in relation to the Kaleidoscope Project.

I am sorry to hear that there has been cause for concern. I would like to assure you that we have reviewed this matter and can provide you with the following background information and assurances.

In 2019 the Office of the Police and Crime Commissioner (OPPC) and His Majesty's Prison and Probation Service (HMPPS) took the decision to recommission the Criminal Justice Substance Misuse Service in North Wales from April 2020. This service supports the substance misuse needs of individuals involved in the criminal justice system, including prison leavers and those on Drug Rehabilitation Requirements (DRR's).

Up until March 2020 BCUHB delivered the prescribing elements of this service, however the OPPC/HMPPS took the decision to end this agreement, and issued a tender for provision of the service from April 2020. The tender included the prescribing elements of the services and the contract was awarded to Kaleidoscope Project until March 2025.

Are prescribing medical practitioners employed by the NHS, providing services on behalf of Kaleidoscope Project

The Dechrau Newydd clinical lead Dr XXXXX XXXXXXXX is a GPwSI in Substance Misuse and has worked within secure settings and community drug and alcohol services for 20 years. Dr XXXXXXXX has been the clinical director of Birchwood Residential Detox Centre since 2015 and has worked as clinical lead for Kaleidoscope for 15 years. Dr XXXXXXXX is responsible for supervising sessional GPs, clinical services managers and NMP, as well as leading on all clinical governance audit and improvement plans. Dr XXXXXXXX remains the clinical lead for the Dechrau Newydd contract.

The medical practitioners who are providing services on behalf of the Kaleidoscope Project are not employed by Betsi Cadwaladr University Health Board, They are directly and solely employed by the Kaleidoscope Project.

What is the employment status of Kaleidoscope Project service medical practitioners?

Two medical practitioners provide clinical cover in the Dechrau Newydd contract. Both are self employed:-

Dr XXXXX XXXXXXXX GMC number XXXXXXXX

Dr XXXXXXXX is a GP with Special Interest (GPwSI) and has a formal annual appraisal as a GPwSI with his home health board. He also leads a peer prescriber review group within Kaleidoscope which meets twice a year

Dr XXXXXXXX chairs the internal clinical governance group and is managerially supervised by the Kaleidoscope CEO.

Occasionally (when Dr XXXXXXXX is on annual leave) another GPwSI, Dr XXXXX XXXXX, provides unexpected prescription cover only. This is usually for last minute prison leavers.

Dr XXXXX GMC number XXXXXXXX

Dr XXXXXXXX is also a GPwSI and has her annual appraisal through her home health board. Dr XXXXXXXX contributes to the Kaleidoscope prescriber review meeting.

Both practitioners are registered with the General Medical Council.

Prescribing is in accordance with Kaleidoscope's prescribing policy and arrangements in line with national guidelines including National Institute of Health and Clinical Excellence on Clinical Management and the Welsh Government - Substance Misuse Treatment Framework.

Betsi Cadwaladr University Health Board are unable to inform this response, as we do not have any knowledge of this employment status at this time.

What measures and checks are in place to ensure proper prescribing practices are adhered to within relevant Kaleidoscope Project services?

Kaleidoscope Project as the clinical expert within the contract, are required by legislation to engage with the North Wales Controlled Drugs Local Intelligence Network (CDLIN) by submitting a quarterly occurrence report.

Please note the following summary regarding the CDLIN occurrence reporting, which contains information relevant to this assurance request.

Occurrence reports 29. 1. An accountable officer (other than an accountable officer nominated or appointed as accountable officer for a Primary Care Trust or Health Board) must give, on a quarterly basis, an occurrence report to the accountable officer nominated or appointed as accountable officer for the Primary Care Trust or Health Board that is leading any local intelligence network of which he or his designated body is a member. 2. The occurrence report may contain the following information— (a) details of any concerns that his designated body has regarding its management or use of controlled drugs; or (b) confirmation by his designated body that it has no concerns to report regarding its management or use of controlled drugs. 21 3. Nothing in this regulation requires or permits any disclosure of information which is prohibited by or under any other enactment. 4. In determining for the purposes of paragraph (3) whether disclosure is not prohibited by reason of being a disclosure of personal data which is exempt from the non-disclosure provisions of the Data Protection Act 1998 by virtue of section 35(1) of that Act (disclosure required by law or made in connection with legal proceedings etc.), it is to be assumed that the disclosure is required by this regulation. Accountable officers' duties to protect the safety of patients and the general public.

If incidents arise or concerns are raised, they are investigated accordingly. Kaleidoscope Project were previously informed that they were not required to submit occurrence reports, as they were not classified as a "designated body." However, they had the opportunity to attend the North Wales CDLIN and provided verbal updates. Since the retirement of the former CDAO and changes in operational management at Kaleidoscope Project, the current CDAO has observed a lapse in their attendance at CDLIN meetings. As a result, the decision has been made to request quarterly occurrence reports from Kaleidoscope Project moving forward. A governance meeting and correspondence is being considered to offer support in this regard.

We acknowledge that in the absence of an independent inspectorate overseeing services like Kaleidoscope Project, we rely on their self-reporting of incidents or concerns to be informed of any issues.

What measures and checks are in place to ensure controlled drugs are appropriately stored and dispensed?

This is the responsibility of Kaleidoscope Project in accordance with the terms and conditions of the contract agreement.

The Dechrau Newydd service uses a community pharmacy model as standard. They do not operate any Home Office licences in North Wales.

On occasion the clinical team has had to request medication from another site with appropriate Home Office licences - in order to maintain service user treatment. When this happens, in house prescriptions are generated and the medication is dispensed on a named person basis and transported according to Home Office guidelines

How are you assured that only those with the correct prescription privileges are prescribing medications?

Kaleidoscope Project is responsible for this obligation under the terms of the contract arrangement, but Community Pharmacists also have the responsibility to verify the legality of prescriptions presented for dispensing. Any doubts about a prescription would be raised directly with Kaleidoscope Project for clarification.

Prescriptions for Dechrau Newydd are managed through an electronic prescription generator with full traceability of who generated a prescription and when. This can be audited for anomalies. All prescriptions must be wet copy signed and only Dr XXXXXXXX and Dr XXXXXXXX are authorised to do this. Prescribers compliance with GMC registration is confirmed. Prescribers are invited to a twice-yearly peer practice group led by Dr XXXXXXXX

How are you assured that the Kaleidoscope Project services have the correct policies and procedures in place to support the prescription of controlled drugs?

This is the responsibility of Kaleidoscope Project as per the terms and conditions of the contract arrangement.

Kaleidoscope holds a set of policies and procedures to support the prescription of controlled drugs across Wales and these are subject to review by their clinical governance team. Where changes are required to these policies and procedures the Dechrau Newydd clinical team collaborate on these changes. All clinical policies and procedures are stored on an electronic document management system and all clinical staff have an induction to this system when they commence employment.

How are you assured that those working for Kaleidoscope Project services are adhering to the correct policies and procedures for the prescription of controlled drugs?

This is the responsibility of Kaleidoscope Project under their governance and assurance frameworks.

Dechrau Newydd clinical staff are managed by a lead nurse who is in turn managed by the Governance and Clinical Services Director. The organisation has a supervision procedure which includes the opportunity to discuss the policies and procedures related to the supervisee's role. Audits and performance indicators are also discussed during supervision. The Dechrau Newydd lead nurse provides a quarterly review of incidents and audits to the clinical governance group in which anomalies with controlled drugs are highlighted.

Dechrau Newydd clinical staff attend Kaleidoscope's quarterly clinical governance meeting which is chaired by Dr XXXXXX and is attended by lead nurses from other services in order to share good practice in controlled drug management.

Thank you for providing us with the opportunity to give assurances in relation to this matter. Once again, I am sorry there has been cause for concern.

I would like to assure you that as a Health Board we continue to work towards delivering a quality-led health service to deliver the outcomes we need for the people of North Wales.

Should you have any further queries or wish to discuss, please do not hesitate to contact me.

Yours sincerely

XXXXXX XXXXX

Cyfarwyddwr Gweithredol Nyrsio a Bydwreigiaeth /

Executive Director of Nursing and Midwifery

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## Cardiff and Vale University Health Board Response Dated - 2 October 2025

**From:** XXXXXXXXXXXX (Cardiff and Vale UHB - Corporate Nursing)  
<XXXXX.XXXXXXX@wales.nhs.uk>  
**Sent:** 02 October 2024 16:18  
**To:** XXXXXX, XXX(CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXXX@gov.wales>  
**Cc:** XXXX XXXXXXXX (Cardiff and Vale UHB - Executive Support)  
<XXXX.XXXXXXX2@wales.nhs.uk>; XXXXxx XXXXXXXX (Cardiff and Vale UHB - Corporate Nursing) <XXXXxx.XXXXXXX@wales.nhs.uk>  
**Subject:** FW: Official Sensitive - HIW - Kaleidoscope Project Concerns

Dear XXX

Please find attached the Health Board's response to your letter of 18 September 2024 regarding the above subject.

Kind regards  
XXXXXXX

XXXXXXXXXXXXXXXX

Interim EA to XXXXxx XXXXXXXX and XXXXXXXX Aylward  
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board  
2il lawr / 2nd Floor  
Ty Coetir / Woodland House  
Ffordd Maes-y-Coed / Maes-y-Coed Rd  
Caerdydd / Cardiff  
CF14 4HH / CF14 4HH

**Ffon/Tel:** 02921 XX XXXX (allanol / external) | XXXXX (mewnol / internal)  
**E-bost/E-mail:** XXXXXXXX.XXXXXXX@wales.nhs.uk  
**Care } Trust } Respect } Personal Responsibility } Integrity } Kindness**

---

26 September 2024

Mr XXX XXXXX  
Senior Healthcare Inspector  
Healthcare Inspectorate Wales

**Email:** XXX.XXXXXX@gov.wales

Dear XXX

**Re: Concerns relating to Kaleidoscope Project services in Wales**

I am writing to you in response to your letter (ref: CAS-INVES-10621), in which you requested assurances on the concerns raised to you relating to Kaleidoscope Project services in Wales.

The assurances gathered are separated into specific headings, namely CAVDAS Alliance Agreements, Service Level Agreements (SLAs), Rapid Access Prescribing Service (RAPS) Contract Monitoring and Controlled Drugs Local Intelligence Network (CDLIN) occurrence reporting.

Additionally, the specific questions asked by you in your letter have been responded to individually in a bid to ensure clarity.

## **1. CAVDAS Alliance**

Cardiff and Vale Area Planning Board (CAVAPB) commissioned an Alliance contract in 2021 to support a whole system approach to meeting the substance use needs of the Cardiff and Vale of Glamorgan population. The CAVDAS Alliance is made up of equal partners; Barod, Kaleidoscope. Recovery Cymru and the Commissioner. The RAPS service sits within the Alliance Contract (CAVDAS), with Kaleidoscope operating as the clinical experts. RAPS is a small prescribing service, providing opiate substitution treatment for up to 50 patients who are homeless or at risk of homelessness.

The Alliance Agreement documents how provider members will be expected to be guided by, and work to specific legal requirements, guidance and standards.

For information of relevance to this assurance request, the following is relevant:

### **Delivery of clinical and non-clinical services:**

The Alliance must ensure that the delivery of all clinical and non-clinical services is delivered in line with national and UK guidelines and guidance. Including (but not limited to):

- Welsh Government - Substance Misuse Treatment Framework (various).  
<https://gov.wales/drug-misuse-dependency>
- National Institute for Health and Care Excellence - Guidance (various).  
<https://www.nice.org.uk>
- UK Government, Department of Health and Social Care (2017). Drug misuse and dependence: UK guidelines on clinical management.  
<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

### **Legal frameworks for the supply of articles for administering or preparing controlled drugs:**

The Misuse of Drugs Act 1971. 9A Prohibition of supply etc. of articles for administering or preparing controlled drugs. Chapter 38.

<https://www.legislation.gov.uk/ukpga/1971/38?view=extent>

The Misuse of Drugs (Amendment) (No. 2) Regulations 2003 (S.I. 2003/1653), regs. 1, 2(2). <https://www.legislation.gov.uk/uksi/2001/3998/regulation/6A>

The Misuse of Drugs (Amendment No. 2) (England, Wales, Scotland) Regulations 2014 (S.I. 2014/2081), regs. 1(1).

<https://www.legislation.gov.uk/uksi/2001/3998/regulation/6A>

In respect of the RAPS service, the Kaleidoscope Project accountable officer, Dr XXXXX XXXXX, has responsibility to ensure the clinical services delivered are in line



with the standards set out within the Substance Misuse Action Fund (SMAF) Grant Terms and Conditions, and Service Level Agreement (SLA) with the Health Board (see further information regarding this under the SLA heading). RAPS service activity is monitored via the contract management mechanism (see further information regarding this under the RAPS contract management heading).

The expectations of compliance with the Welsh Government Core Standards are explicitly noted in the grant terms and conditions for all services commissioned using SMAF revenue. The acceptance of SMAF funds by CAVDAS (which includes RAPS provision) binds them to deliver services as noted in the 25 core standards. A copy of the standards can be viewed using the link below:

[national-core-standards-for-substance-misuse-services-in-wales.pdf \(gov.wales\)](#)

For information of relevance to this assurance request, standards 9, 19, 21, 22 and 24 are in scope and are considered as part of the quarterly contract monitoring in place.

## **2. Service Level Agreements**

Until very recently, the Service Level Agreement (SLA) between the Health Board and Kaleidoscope for the clinical treatment provision of RAPS was maintained via another contract due to its capacity to provide on-site prescribing. As a result of changes within the estates of that contract, we have now taken the decision to draft a RAPS service specific SLA between the Health Board, Cardiff and Vale APB and Kaleidoscope Project, to provide greater clarity around the assurance mechanisms available to both the Health Board and APB to effectively monitor the agreement. We recognise the existing SLA does not provide sufficient detail regarding monitoring and assurance processes. This document is currently in draft and will require ratification from the necessary partners before it can be released in the public domain.

The original SLA noted above is attached for review. For information of relevance to this assurance request, your attention is drawn to the following statement:

### **CLINICAL GOVERNANCE**

The provider will ensure that services are delivered to the standard as set out in 'Doing Well, Doing Better - Standards for Health Services in Wales'.

The standards provide a consistent framework that enables health services to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality and that they are "doing the right thing, at the right time, for the right patient in the right place and with the right staff". The standards are used by all NHS organisations at all levels and across all activities as a key source of assurance to enable them to determine what areas of healthcare are doing well and those that may need to do better.

The accountable clinical officer for Kaleidoscope Project, Dr XXXXX XXXXXX, has responsibility to ensure all Kaleidoscope Project clinical services are operated in line with these standards.

In addition to the above information, the Alliance participants agree to exercise due skill, care and diligence in the performance of work so that services provided by the Alliance are safe, high quality, efficient and designed best for people,

whilst providing services in accordance with Service Standards, Legislation and Regulatory Requirements.

### **3. RAPS Contract Monitoring**

RAPS, alongside all other APB commissioned services, are subject to quarterly contract monitoring and performance reviews. As part of this process, quality assurance systems and processes are reviewed and monitored against the contract requirements. This includes, but is not limited to, reviewing complaints, compliments and incidents, internal and external audits, staffing structures, workforce development, risk management and service activity.

Should any concerns be raised regarding the performance of a commissioned service, the Commissioning Manager would discuss with the provider in question, as well as seek to engage with relevant partners within the APB governance structure to escalate the matter and resolve the issue as quickly as possible. With regards to RAPS specifically, the CAVDAS Alliance contract (of which the RAPS service is linked to) notes:

“Alliance members have a duty to co-operate and work together for the continuous improvement of services and to engage and actively participate with APB Governance and APB Co-ordinated groups”.

Quarterly contract reviews take place between the Commissioning Manager and the Alliance Leadership team, where the required assurances around performance, including clinical governance, are reviewed and managed.

### **4. CDLIN Occurrence Reporting**

In addition to contract management, Kaleidoscope Project as the clinical expert within the Alliance contract, are required by legislation to engage with the Cardiff and Vale Controlled Drugs Local Intelligence Network (CDLIN) by submitting a quarterly occurrence report.

For information of relevance to this assurance request, your attention is drawn to the following summary related to the CDLIN occurrence reporting:

Occurrence reports 29.

- i. An accountable officer (other than an accountable officer nominated or appointed as accountable officer for a Primary Care Trust or Health Board) must give, on a quarterly basis, an occurrence report to the accountable officer nominated or appointed as accountable officer for the Primary Care Trust or Health Board that is leading any local intelligence network of which he or his designated body is a member.
- ii. The occurrence report may contain the following information— (a) details of any concerns that his designated body has regarding its management or use of controlled drugs; or (b) confirmation by his designated body that it has no concerns to report regarding its management or use of controlled drugs. 21
- iii. Nothing in this regulation requires or permits any disclosure of information which is prohibited by or under any other enactment.
- iv. In determining for the purposes of paragraph (3) whether disclosure is not prohibited by reason of being a disclosure of personal data which is exempt from the non-disclosure provisions of the Data Protection Act 1998 by virtue of section

35(1) of that Act (disclosure required by law or made in connection with legal proceedings etc.), it is to be assumed that the disclosure is required by this regulation. Accountable officers' duties to protect the safety of patients and the general public.

Following a failure of Kaleidoscope to submit these reports over a prolonged period, the Controlled Drugs Accountable Officer (CDAO) for Cardiff and Vale Health Board informed Kaleidoscope Project that a governance visit would be undertaken in relation to controlled drugs (CD). During this visit in June 2023, a review of controlled drugs management was completed utilising the Care Quality Commission (CQC) audit tool, which covers CD governance and identifies area for improvement. Kaleidoscope were fully co-operative at the visit which assured the CDAO that good governance systems were in place at the Cardiff site. A few small areas for improvement were identified and Kaleidoscope Project were advised to consider them and incorporate them into their standard operating procedures (SOPs). These were:

- Audits of controlled drug stationary
- Procedure to be followed if clients decline a full dose - in particular how to dispose of the remaining drugs should the client not take them and also how to record such cases on the electronic systems and within the controlled drugs register.
- Application for T28 exemption certificate

An unannounced follow up visit 3 months later confirmed the actions had taken place.

### **HIW Assurance Questions**

#### **Are prescribing medical practitioners employed by the NHS, providing services on behalf of Kaleidoscope Project**

Yes - medical practitioners are registered with the General Medical Council (GMC) and are on Health Boards' performers lists. They utilise NHS prescriptions to prescribe for clients of the service.

#### **What is the employment status of Kaleidoscope Project service medical practitioners?**

This is considered to be at the discretion of Kaleidoscope Project but our SLA clearly states that the doctor employed/commissioned by Kaleidoscope to undertake the community prescribing must comply with the following criteria:

1. Will be fully registered with the General Medical Council
2. Should not have convictions, warnings, determinations, undertakings, restrictions or conditions on their registration with the General Medical Council [1]
3. Will have the relevant qualifications and experience to comply with - Kaleidoscope employment policy
4. Will undertake and meet the Kaleidoscope and professional requirements for Continuing Professional Development in their area of clinical practice
5. Must have a personal development plan and be subject to annual appraisal

6. Will have regular supervision from the Kaleidoscope/Dyfodol Consortium lead clinician

7. Will prescribe in accordance with Kaleidoscope prescribing policy and Standard Operating Procedures. These will be developed to reflect national guidelines such as “Drug Misuse & Dependence: UK Guidelines on Clinical Management” DoH (2007) and those from the National Institute of Health and Clinical Excellence (NICE)

**What measures and checks are in place to ensure proper prescribing practices are adhered to within relevant Kaleidoscope Project services?**

If incidents arise or concerns are raised, they are investigated accordingly. See above example in CDLIN Occurrence Reporting heading in relation to nil submission. We recognise that without an independent inspectorate overseeing the practice of services such as Kaleidoscope Project, that we are dependent on their own reporting of incidents or concerns to be notified of issues.

**What measures and checks are in place to ensure controlled drugs are appropriately stored and dispensed?**

This is the responsibility of Kaleidoscope Project as per the terms and conditions of the grant and contract, but the inspection visit carried out in June 2023 found that controlled drug storage complied with all the legal requirements.

**How are you assured that only those with the correct prescription privileges are prescribing medications?**

This is the responsibility of Kaleidoscope Project as per the terms and conditions of the grant and contract, but Community Pharmacists also have a responsibility to ensure that prescriptions are legal. If there was any doubt as to the nature of the prescription, this would be challenged directly with Kaleidoscope Project.

**How are you assured that the Kaleidoscope Project services have the correct policies and procedures in place to support the prescription of controlled drugs?**

This is the responsibility of Kaleidoscope Project as per the terms and conditions of the grant and contract, but the inspection visit carried out in June 2023 identified SOPs were in place for controlled drug management. Additionally, Kaleidoscope Project were required to submit all necessary policy and procedure documentation as part of the contract tender process prior to being awarded the contract.

**How are you assured that those working for Kaleidoscope Project services are adhering to the correct policies and procedures for the prescription of controlled drugs?**

This is the responsibility of Kaleidoscope Project under their governance and assurance frameworks.

In concluding this response, it is pertinent to note that Kaleidoscope Project are also operating as a clinical service provider in Cardiff and the Vale of Glamorgan as part of the Offender Interventions contract, referred to as ‘Dyfodol’. This contract is commissioned by the Office of the Police and Crime Commissioner, and as such, any information relating to their practice as part of that contract will need to be directed to X, Strategic Lead for Commissioning, Substance Misuse and Mental Health.

I trust this information will be considered a sufficient response to the assurances in which you seek, but please do not hesitate to contact me should you require any further information.

Yours sincerely

XXXXXX XXXXXX Executive Nurse Director

**Enclosure with response letter from Cardiff and Vale Executive Nurse Director dated 26 September 2024 in response to HIW letter dated 18 September 2024**



CARDIFF AND VALE  
UNIVERSITY HEALTH

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## Cwm Taf Morgannwg UHB Response - Dated 11 October 2024

From: XXXXX XXXXXX (CTM UHB - Corporate Development)  
<XXXXX.XXXXXX3@wales.nhs.uk> On Behalf Of XXXX XXXXX (CTM UHB - Executive Directorate)

Sent: 11 October 2024 17:57

To: XXXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXXX@gov.wales>

Cc: XXXXX XXXXXX (CTM UHB - Corporate Development)  
<XXXXX.XXXXXX3@wales.nhs.uk>; XXXXX XXXXXX (CTM UHB - Business Manager, Patient Care & Safety) <XXXXXX.XXXXXX@wales.nhs.uk>; CTM.HIWInspections <CTM.HIWInspections@wales.nhs.uk>

Subject: RE: Official Sensitive - Kaleidoscope Project Concerns

Good afternoon XXX

Please see attached letter from XXXX XXXXX, in response to your letter of the 18 September.

Kind regards.

Diolch/Thank you.

XXXXX

XXXXX XXXXXX

Uwch Gynorthwydd Gweithredol i'r Prif Weithredwr (XXXX XXXXX) a'r Is-Gadeirydd (XXXX XXXXXX)

Senior Executive Assistant to Chief Executive (XXXX XXXXX) and Vice Chair (XXXX XXXXXX)

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg | Pencadlys BIP Cwm Taf Morgannwg, Uned 3, Tŷ Ynysmeurig, Parc Navigation | Abercynon | Rhondda Cynon Taf | CF45 4SN

Cwm Taf Morgannwg University Health Board | Cwm Taf Morgannwg UHB  
Headquarters, Unit 3, Ynysmeurig House, Navigation Park | Abercynon | Rhondda Cynon Taf | CF45 4SN

Ffôn/ phone: 01443 XXXXXX

XXXXX.XXXXXX3@wales.nhs.uk

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**Cyfeiriad Dychwelyd/ Return Address:**  
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg  
Cwm Taf Morgannwg University Health Board  
Pencadlys Headquarters  
Parc Navigation, Navigation Park  
Abercynon Abercynon  
CF45 4SN CF45 4SN  
**Ffôn/Tel:** 01443 XXXXXXX

Eich cyf/Your Ref:

Ein cyf/Our Ref: XX/XXX

Ebost Email:

xxxx.xxxx@wales.nhs.uk

Dyddiad/Date: 11 October 2024

Mr XXX XXXXXXX  
Senior Healthcare Inspector  
Health Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil

Dear XXX

### **Concerns relating to Kaleidoscope Project Services in Wales**

Thank you for your correspondence of 18 September 2024 relating to Healthcare Inspectorate Wales HIW concerns about issues relating to Kaleidoscope project services across Wales.

I can advise that Cwm Taf Morgannwg (CTM) does not have a commissioning relationship with Kaleidoscope to provide any medication prescribing services.

Within HMP Parc prison there is a CTM commissioned service from Dyfodol (Kaleidoscope) to deliver psychosocial interventions at a Primary Care level for Drug Treatment Services to :

- Provide a tiered case management model
- Focus on treatment planning, achieving goals aligned with readiness and safe discharge
- Focus on lifestyle planning, resilience, activity, positive psychology, and wellbeing

and thereby ensure a seamless transfer of care between community-based and Prison based treatment services.

As such CTM is not in a position to provide answers to the majority of the questions within your correspondence,

*1. Are prescribing medical practitioners employed by the NHS, providing services on behalf of Kaleidoscope Project*

2. *What is the employment status of Kaleidoscope Project service medical practitioners*
3. *What measures and checks are in place to ensure proper prescribing practices are adhered to within relevant Kaleidoscope Project services*
4. *What measures and checks are in place to ensure controlled drugs are appropriately stored and dispensed*
5. *How are you assured that only those with the correct prescription privileges are prescribing medications*
6. *How are you assured that the Kaleidoscope Project services have the correct policies and procedures in place to support the prescription of controlled drugs*
7. *How are you assured that those working for Kaleidoscope Project services are adhering to the correct policies and procedures for the prescription of controlled drugs*

However for assurance in relation to the Parc Prison Service I can offer the following response to the final two of the attached questions.

8. *How are you assured that potential violent encounters are appropriately managed by Kaleidoscope Project services*

Within the Contract specification between CTM and Dyfodol there is a requirement that all Dyfodol staff within Parc receive appropriate level of training prior to starting in the prison to maintain their safety and the safety of others. Any violent incidents are reported through the Datix incident recording system and on the day are managed by the Prison incident management arrangements. Since 24th June 2024, the Prison Healthcare Directorate has been established within the Primary Care & Community Services Care Group, and provides a governance framework to ensure that Dyfodol, and other partners, deliver a high quality and safe service. There is a weekly operational meeting where immediate issues can be addressed and the opportunity to escalate to the HMP Parc Operational Group chaired by the Directorate manager with representatives of CTM, Parc and partners including the Deputy Head of Operations for Dyfodol and the Dyfodol Service Manager.

9. *What assurance do you have that Kaleidoscope Project services are adhering to the All-Wales Safeguarding Procedures.*

Within the Contract specification between CTM and Dyfodol there is a requirement that all Dyfodol staff within Parc will have undertaken specific training in the safeguarding of Adults and Young people. The safeguarding reporting process within HMP & YOI Parc has been shared with G4S operational staff and Dyfodol to ensure all understand the process. Any Safeguarding incidents will be reported to the CTM safeguarding Board through the Multi Agency Safeguarding Hub (MASH), and all such reports are monitored through the Primary Care Quality Safety Risk and Experience (QSRE) Board.

I trust that this provides you with the assurance that is required in relation to CTM commissioned services.

In addition, I am advised by colleagues within the Area Planning Board that the Kaleidoscope/Dyfodol delivered prescribing services within the CTM footprint are commissioned by the South Wales Police and Crime Commissioner's Office and as such commissioning governance arrangements would fall under their scope.



All services that prescribe Controlled Drugs in the Health Board region are legally required to engage with CTM's Controlled Drug Local Intelligence Network (CDLIN) by submitting a quarterly report.

To note that during the last 7 CDLIN meetings, attendance from Kaleidoscope/Dyfodol has been as follows:

LIN	Attended	Occurrence report
Jan 2023	Apologies	No response to request
Apr 2023	No	Report received
Jul 2023	Yes	Report received
Nov 2023	Yes	No response to request
Jan 2024	Apologies	Nil to report
Apr 2024	Yes	No response to request

The Health Board Controlled Drug Accountable Officer (CDAO) has powers to investigate if incidents arise or if concerns are raised. There have been no such occurrences in the CTM region and as such, no formal investigation of the service has been carried out.

In respect of the prescribing service provided by Kaleidoscope/Dyfodol CTM's responsibilities are limited to that provided by the CDAO. All other oversight arrangements sit with the commissioner of the service, community pharmacists who have a responsibility to ensure that prescriptions are legal or with the regulator.

If you have any further queries in relation to the CTM commissioned psycho-social service provided at HMP Parc or in relation to the CDAO responsibilities please do not hesitate to contact the Health Board.

Yours sincerely  
XXXXX XXXXX

XXXX XXXXX

**Prif Weithredwr/Chief Executive**

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## Hywel Dda University Health Board Response Dated - 2 October 2025

From: XXXXX XXXXXXX (Hywel Dda UHB - PA to Chief Executive)  
<XXXXX.X.XXXXX@wales.nhs.uk>  
Sent: 02 October 2024 13:24  
To: XXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXX@gov.wales>  
Subject: FW: Official Sensitive - Kaleidoscope Project Concerns

Good afternoon,

Please find the letter in response to your correspondence dated 18<sup>th</sup> September.

Kind Regards

XXXXX

XXXXX XXXXXXX

CP i Prif Weithredwr/PA to Chief Executive

Bwrdd Iechyd Prifysgol Hywel Dda/Hywel Dda University Health Board

Ystwyth/Ystwyth

Parc Dewi Sant/St David's Park

Heol Jobswell/Jobswell Road

Caerfyrddin/Carmarthen

SA31 3BB

E-bost/e-mail: XXXX.XXXXX@wales.nhs.uk

Ein cyf/Our ref: XXXX / HIW / XXB

Gofynnwch am/Please ask for:

XXXXXXXX XXXX

Rhif Ffôn /Telephone: 01267

XXXXXX

Dyddiad/Date: 2<sup>nd</sup> October 2024

Swyddfeydd Corfforaethol,  
Adeilad Ystwyth  
Hafan Derwen, Parc Dewi Sant,  
Heol Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin,  
SA31 3BB

Corporate Offices, Ystwyth  
Building  
Hafan Derwen, St Davids Park,  
Job's Well Road, Carmarthen,  
Carmarthenshire, SA31 3BB

PRIVATE AND CONFIDENTIAL

XXX XXXX

Healthcare Inspectorate Wales

Welsh Government

Rhydycar Business Park

Merthyr Tyfil

CF48 1UZ

Dear XXX,

Re: Kaleidoscope Project services CAS-INVES-10621

I write further to your letter dated 18<sup>th</sup> September 2024 posing questions regarding the safety of the services provided under the Health Board.

Drug and alcohol services within the Hywel Dda Health Board area are commissioned by the Area Planning Board for drug and alcohol misuse. The provider of Tier 2 drug and alcohol services within Hywel Dda is Barod. Kaleidoscope form part of a consortium agreement with Barod and deliver Tier 2 criminal justice services under the contract requirements. The service is jointly commissioned by the Health Board, the Office of the Police and Crime Commissioner, the National Probation Service and Pembrokeshire and Ceredigion local authorities.

Barod and Kaleidoscope are not commissioned to provide any prescribing interventions. All prescribing interventions within Hywel Dda are delivered by the Health Board Community Drug and Alcohol Team and subject to Health Board governance processes.

The Area Planning Board, as commissioners of the Barod service provision, hold contract monitoring meetings with Barod to discuss service delivery and outcomes on a quarterly basis. It is part of the contract that Barod (and Kaleidoscope as part of the consortium) comply with All Wales Violence and Safeguarding procedures as part of service delivery. Any serious incidents are required to be reported to the APB.

If you have any further queries please contact XXXXXX XXXXX or XXXXXX XXXXXX.

Yours sincerely

XXXX XXXXX

Interim Chief Executive Officer

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## Powys Teaching Health Board Response - Dated 21 October 2025

**From:** XXXXXX XXXXXX (PTHB - Chief Executive Officer)  
<XXXXXX.XXXXXX@wales.nhs.uk>  
**Sent:** 21 October 2024 18:23  
**To:** XXXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXXX@gov.wales>  
**Cc:** XXXXXXXX XXXX (PTHB - Corporate Services Hub)  
<XXXXXXXXX.XXXXXX@wales.nhs.uk>; XXXXXX XXXXXX (PTHB - Corporate Business)  
<XXXXXX.XXXXXXX@wales.nhs.uk>  
**Subject:** RE: Official Sensitive - Kaleidoscope Project Concerns

Dear XXX

Please accept our sincere apologies for the delayed response.

Please find enclosed PTHB's response to your letter dated 18 September 2024.

Kind regards

XXXXXX

XXXXXX XXXXXX  
On behalf of XXXXXX XXXXXXXX, Chief Executive

XXXXXX XXXXXX  
Prif Weithredwr  
Bwrdd Iechyd Addysgu Powys  
Ysbyty Bronllys  
Bronllys  
Aberhonddu  
Powys LD3 0LU

XXXXXX XXXXXX  
Chief Executive  
Powys Teaching Health Board  
Bronllys Hospital  
Bronllys  
Brecon  
Powys LD3 0LU

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XXXX XXXXXX, Cadeirydd / Chair  
Ffon / Phone: 01874 XXXXXX  
E-bost / Email: [XXXX.XXXXXX@wales.nhs.uk](mailto:XXXX.XXXXXX@wales.nhs.uk)

XXXXXX XXXXXX, Prif Weithredwr / Chief Executive  
Ffon / Phone: XXXXX XXXXXX  
E-bost / Email: [XXXXX.XXXXXX@wales.nhs.uk](mailto:XXXXX.XXXXXX@wales.nhs.uk)

XXX XXXXXXX  
Senior Healthcare Inspector  
Healthcare Inspectorate Wales

Sent via email only

21 October 2024

Dear XXX,

### **Concerns relating to Kaleidoscope Project services in Wales**

Thank you for your letter regarding the Kaleidoscope Project services across Wales. The joint commissioning and accountability for substance misuse services sits with the Powys Area Planning Board (APB). PTHB membership includes representatives with responsibility for operational, planning and clinical professions across Pharmacy, Medicines Management and Mental Health services.

The joint commissioning and performance management approach is in place for Kaleidoscope, including health and safety policy, serious incident management process, violence and aggression management, and practice in line with all Wales safeguarding procedures. Quarterly audits are undertaken and reported to APB. Kaleidoscope Powys are required to proactively inform commissioners of any incidents and include incident themes including review, learning and mitigations from actions taken. Training, compliance and adherence to all policies and protocols form part of APB commissioning service activity.

PTHB directly commissions the community prescribing contract for which Kaleidoscope and there are a range of mechanisms to determine, monitor and receive assurance on the appropriate clinical governance infrastructure. This includes checks to ensure proper prescribing practices are adhered to and that controlled drugs are appropriately stored and dispensed within relevant Kaleidoscope Project services. The mechanisms are;

- a) The contract is reviewed and agreed annually and includes meeting the needs of the Prescribing and Medicines Management Protocol including safe storage. The contract comprehensively covers Health and Safety, Incident Management including the need for a robust closed loop learning system, workforce wellbeing, information governance, concerns processes, safeguarding and protection of vulnerable adults, clinical governance including requirements for the provider to engage in clinical groups such as the Controlled Drugs Local Intelligence Network, and other core health and care standards. Contract discussions include prescription privileges and who can prescribe medications and a requirement for a policy on staff raising concerns.

- b) Monthly clinical governance meetings are held with Kaleidoscope to ensure the discharge of responsibilities.
- c) Within the last two years, PTHB has appointed a Harm Reduction Lead to support the ongoing contract monitoring assurance work.
- d) A Consultant Nurse has been appointed as the Responsible Clinician along with a Pharmacy and Medicines Management lead for substance misuse.
- e) An independent clinical audit is commissioned at appropriate intervals to share outcomes with the APB. Recommendations form part of the clinical governance monitoring and work has been undertaken recently to refresh the scope of next clinical audit. We will ensure that the next audit includes a focus on the issues raised in your letter.

We can confirm that the prescribing medical practitioners are employed directly by Kaleidoscope Powys. The community prescribing contract stipulates the need for a specialist doctor to oversee prescribing governance with PTHB's clinical lead. Kaleidoscope must keep record of the specialist qualifications, accreditation, training and continued professional development activities of clinical staff and share these. Occasionally cover may be required, but any shared care arrangement with GP's must be reviewed by PTHB as part of this process.

The last clinical audit undertaken of Kaleidoscope Powys did not highlight any serious concerns relating to the community prescribing service. Recent audit has not identified concerns in the management of violence and aggression, or adherence to safeguarding procedures. The Health Board is committed to ensuring the governance structures are reviewed and strengthened as appropriate and we will review the issues highlighted in your letter with partners in the next clinical governance meeting.

I hope this response provides the level of assurance required.

Yours sincerely

XXXXXX XXXXXX  
Prif Weithredwr  
Chief Executive Officer

## Swansea Bay University Health Board Response Dated - 30 September 2025

**From:** XXXXX XXXXX (Swansea Bay UHB - Corporate Services)  
<XXXXX.XXXXX@wales.nhs.uk>  
**Sent:** 03 October 2024 09:46  
**To:** XXXXXX, XXX (CSI - Healthcare Inspectorate Wales - Healthcare Inspectorate Wales) <XXX.XXXXX@gov.wales>  
**Subject:** FW: Official Sensitive - Kaleidoscope Project Concerns  
**Importance:** High

Dear XXX,

Further to your email and letter of 18<sup>th</sup> September, please see attached response from XXXXXXX XXXXX, Interim CEO, Swansea Bay UHB, for your attention.

With kind regards,

XXXXX

XXXXX XXXX

**Rheolwr Cymorth Gweithredol / Executive Support Manager**

**Cynorthwydd Gweithredol i'r Prif Weithredwr / Executive Assistant to Chief Executive**

Bwrdd Iechyd Prifysgol Bae Abertawe / Swansea Bay University Health Board

Pencadlys SBU / SBU Headquarters

1 Talbot Gateway, Port Talbot, SA12 7BR

(01639) XXXXXX : WHTN (01787) XXXX

XXXXX.XXXXX@wales.nhs.uk

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Cadeirydd/Chair: XXX XXXXXXXX  
Prif Weithredwr dros dro/Interim Chief Executive: Dr XXXXXXXX XXXX  
Pencadlys Bwrdd Iechyd Prifysgol Bae Abertawe  
Un Porthfa Talbot, Parc Ynni, Baglan, Port Talbot, SA12 7BR  
Swansea Bay University Health Board Headquarters  
One Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR  
Ffôn | Phone: 01639 XXX XXX

**01639 XXXXXX**  
**XXXXXX.XXXXXX@wales.nhs.uk**

Dyddiad/Date: 30th September 2024

XXX XXXXXXX

Senior Healthcare Inspector  
Healthcare Inspectorate Wales  
Welsh Government Parc  
Rhydycar Business Park  
Merthyr Tydfil  
CF43 1UZ

Sent via email only to: XXX.XXXXX@gov.wales

Dear XXX,

Re: Concerns relating to Kaleidoscope Project services in Wales

Thank you for your letter dated 18th September 2024 outlining concerns regarding Kaleidoscope services in Wales.

As you may be aware, substance use services in Western Bay are commissioned via the Area Planning Board (APB), therefore we have liaised with the APB commissioning team in forming our response.

Unlike other areas in Wales, Swansea Bay University Health Board (SBUHB) does not commission services from Kaleidoscope. In Western Bay, the Police and Crime Commissioners Office (PCCO) commission the Dyfodol Service and whilst a grant is paid to the PCCO by the APB for prescribing places, it is the responsibility of the PCCO to quality assure the service that is being provided by Dyfodol. The APB do not commission a separate service from Kaleidoscope and therefore does not have access to the information that you are requesting. The Dyfodol service is performance managed by the PCCO therefore, they would be the organisation to provide the detail requested in your letter. XXXX XXXXXXX would be your contact as the commissioner of the Dyfodol service (XXXX.XXXXX@south-wales.police.uk).



In addition, unlike other areas in Wales, the Kaleidoscope service procured by the PCCO for Western Bay does not have the ability to prescribe using NHS scripts. There have been discussions about the feasibility of Kaleidoscope having access to NHS prescriptions however, to date SBUHB has not agreed to this. Therefore, Kaleidoscope continue to use private prescriptions for the Western Bay service.

The APB has recently established a Clinical Governance Sub-Group which is co-chaired by the Health Board's Controlled Drug Accountable Officer. The group are in the process of developing a Clinical Governance Assurance Framework, which will be applied to all commissioned clinical services. Assurance around prescribing is the key feature of the framework which will be shared with the PCCO as a mechanism to manage their commissioned services against.

Yours sincerely

DR XXXXXXXX XXXXX

INTERIM CHIEF EXECUTIVE OFFICER