GIG CYMRU NHS WALES

Uned Gomisiynu Cydweithredol Cenedlaethol

National Collaborative Commissioning Unit

NHS Wales Quality Assurance Improvement Service

10th Annual Position Statement 2021-2022

Including update for the three National Frameworks for Mental Health and Learning Disabilities

2022

CONTENTS

ABOUT THIS STATEMENT

Terms: 'Learning disability' is used as a term within this to describe individuals with a clinical diagnosis of intellectual disability. When discussing 'mental health hospitals' or 'learning disability hospitals' this denotes the classification of hospital not diagnosis of patients.

Data: Some figures have been excluded in order to minimise disclosure risks associated with small numbers. Some percentages have been rounded, this means that for some figures the sum may not aggregate to 100%.

People Not Numbers: Whilst this report has many graphs and statistics, we note that behind every number is a vulnerable individual who deserves high quality and safe care.

Governance: This report will be received and approved by the Cwm Taf Morgannwg University Health Board's Quality and Safety Committee (In line with the National Collaborating Commissioning Unit's host body arrangements) and will be distributed to all health boards in NHS Wales.

WHO WE ARE

The NHS Wales National Collaborative Commissioning Unit, hosted by Cwm Taf Morgannwg UHB, is the collaborative commissioning service of NHS Wales.

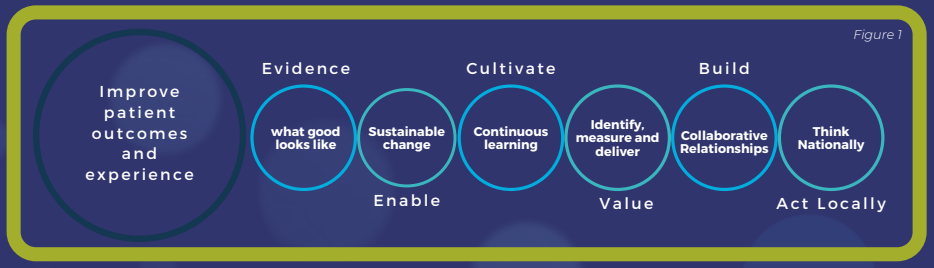
The vision of the National Collaborative Commissioning Unit is:

"Leading quality assurance and improvement for NHS Wales through collaborative commissioning"

The purpose of the National Collaborative Commissioning Unit is to improve patient outcomes and experience through the services it delivers. The Unit adheres to a set of guiding principles as shown in figure 1 below.

The objectives of the National Collaborative Commissioning Unit are:

- Improve patient outcomes and experience.
- From a patient's perspective - understand and articulate what good looks like.
- Embed national policy into local practice.
- Benefit from collaborative relationships.
- Deliver value.
- Change behaviour in order to embed innovation



THE QAIS

The Quality Assurance Improvement Service (QAIS) is a Division of the National Collaborative Commissioning Unit that focuses on improving care, quality and value.

The objectives of the Division are to:

- Ensure safe, effective and high quality care is delivered that improves patient experience.
- Robustly challenge substandard provider performance.
- Provide oversight, advice and support to improve the quality of care.
- Facilitate collaborative working between providers and commissioners with the patient as the focus of care delivery.
- Ensure all procured services deliver value for money for the public purse.

FOREWORD

I write this foreword in June 2022, when services are slowly recovering from the significant pressure and disruption caused by the Covid-19 pandemic. As the pandemic subsides, the QAIS has fully returned to its normal quality monitoring process.

I am pleased to see 100% of hospital placements were with '3Q' providers for the second year running. We note the lengths of stay in hospital increased slightly last year, probably as a result of disrupted pathways. We also note that slightly more patients were placed in England last year but we are working with providers to increase quality and capacity of services within Wales.

We are pleased to see an 11% decrease in the number of incidents in our Framework hospitals since last year, but are disappointed to see an increase in complaints and safeguarding referrals and we will be working with providers to address this. We note that costs increased significantly last year and will be working with providers to try and mitigate future cost increases whilst maintaining standards and capacity.

We now have more placements on our care home Framework than on our hospital Framework and are pleased to see many Local Authorities use the Framework more in the last year. We are pleased that 2 out 3 care home placements are within 10 miles of a residents chosen significant postcode.

This is our last annual position statement on our current decade old National framework as we move, in 2022, onto our new framework. The new framework is more outcome-focused and intelligence-led and we are excited that it will support the QAIS to work in partnership with citizens, providers and commissioners to ensure safe and high quality services continue to be delivered for the people of Wales whilst supporting further improvements in standards of care.

Shane Mills
Director of Quality and Mental Health / Learning Disabilities

BACKGROUND

Introduction

Prior to 2012, externally provided mental health and learning disabilities hospital and care services were commissioned separately by each Health Board or through the Welsh Health Specialised Services Committee.

These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these commissioned services was the remit of individuals or small teams within organisations with little or no collaboration. An independent review in 2012 stated that the use of the independent sector and NHS England services by NHS Wales prior to the development of the National Framework was “inefficient, ineffective and inconsistent.”*

In March 2012, a National Collaborative Framework for Medium and Low Secure Care was launched, and was successful in improving quality, enhancing assurance and reducing costs. Subsequently, the Chief Executives of the NHS Wales Health Boards considered that a broader suite of services such as locked and open rehabilitation required this level of assurance and the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals was launched in April 2014. In October 2015, a National Collaborative Framework for Children and Adolescent Mental Health Services Low Secure & Acute Non-NHS Wales Hospital Services was launched at the request of the Together for Children and Young People Programme.

In October 2016, the National Framework for Adults in Mental Health and Learning Disabilities Care Homes and Care Homes with Nursing launched and provides consistent quality, standards, placement process and contractual terms for all Health Boards and Local Authorities to commission placements.

Legal Status

The NHS Wales National Collaborative Frameworks are a formal agreement and mechanism developed by the NHS Wales Collaborative Commissioning Unit and NHS Wales: Shared Services Partnership Procurement.

This enables all signatory NHS Wales and Local Authorities to procure and performance-manage services under pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and Health Board or Local Authority Standing Orders and Financial Instructions.

Working in partnerhip with NHS Wales Shared Services Partnership

* Tayside Centre for Organisational Effectiveness (2013). Review of the NHS Wales Mental Health & Learning Disability Secure Services Procurement Project, a retrospective view. Cardiff: NHS Wales.

BACKGROUND

Commissioning

The National Collaborative Frameworks provide the enacting mechanism for the commissioning of services. These services are provided once a patient or resident is placed through the National Collaborative Framework processes and an individual placement agreement is generated, and therefore a contract enacted, between the commissioner (Health Board, Local Authority or Welsh Health Specialised Services Committee) and provider.

Benefits

The National Collaborative Frameworks have been developed to enable:

- Consistent and sustainable high-quality service provision and improved outcomes for individuals.
- An approved directory of suitably qualified, financially viable providers to meet specified quality, service and cost criteria.
- The establishment of bespoke care standards, standard contract terms/conditions, and a transparent pricing framework.

Scope

The scope of services covered by the National Collaborative Frameworks are Independent and NHS England hospitals and independent care homes providing the following services:

- Medium secure mental health
- Medium secure learning disability
- Low secure mental health
- Low secure learning disability
- Controlled egress (formally locked rehabilitation) mental health
- Controlled egress (formally locked rehabilitation) learning disability
- Uncontrolled egress (formally open rehabilitation) mental health
- Uncontrolled egress (formally open rehabilitation) learning disability
- Care homes without continuous staffing mental health
- Care homes without continuous staffing learning disability
- Care homes with continuous staffing mental health
- Care homes with continuous staffing learning disability
- Care homes with nursing mental health
- Care homes with nursing learning disability
- Low secure child and adolescent mental health
- Acute child and adolescent mental health

SECTION 1

Overview of all three National Collaborative Frameworks

CURRENT ACTIVITY ACROSS THE FRAMEWORKS

Figure 2 shows the overall activity (admissions and discharges) through the three National Collaborative Frameworks from 1 April 2021 to 31 March 2022.

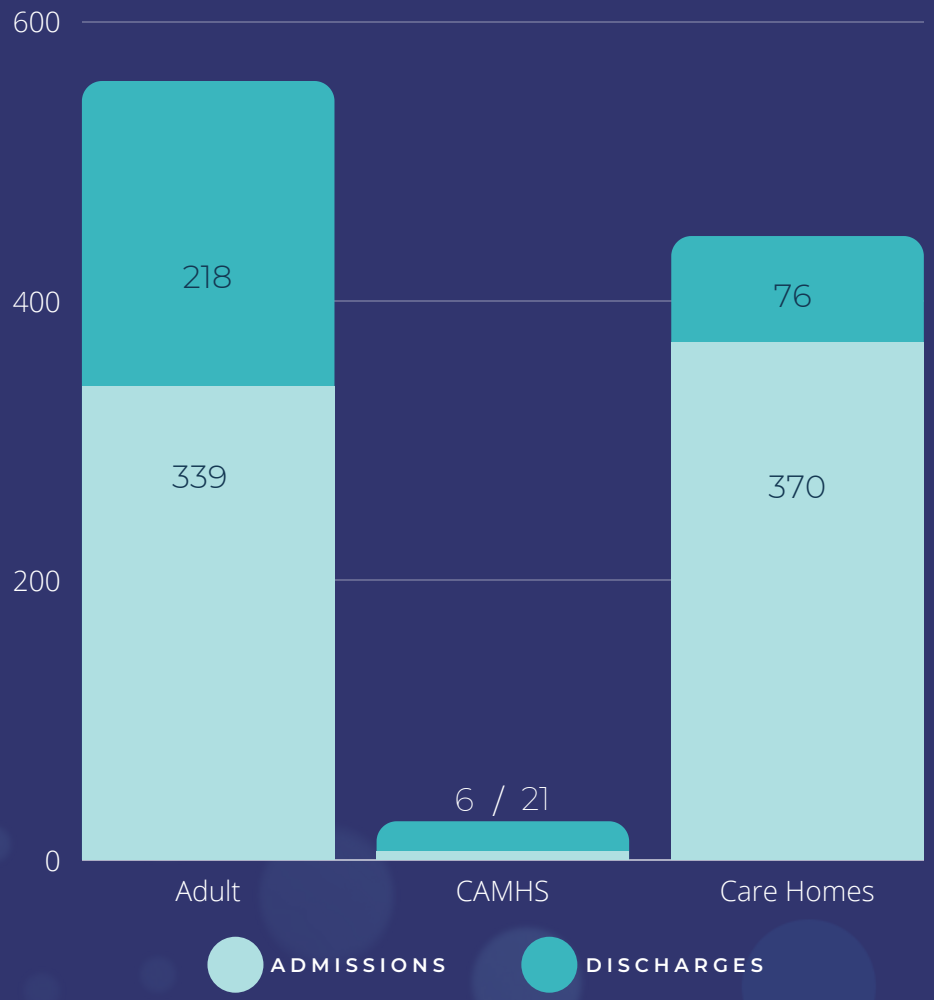


Figure 2: Admissions and Discharges Activity 2021-2022

For each National Collaborative Framework the following admissions and discharges were recorded between 1 April 2021 to 31 March 2022.

- National Collaborative Framework for Adult Mental Health and Learning Disability Hospitals.

  - 339 (Current patients and admissions 31 March 2022)
  - 218 (Discharges 01 April 2021 to 31 March 2022)
  - Total **557**

- National Collaborative Framework for Child Adolescent Mental Health Service (CAMHS) Low Secure & Acute Non-NHS Wales Hospital Services.

  - 6 (Current patients and admissions 31 March 2022)
  - 21 (Discharges 01 April 2021 to 31 March 2022)
  - Total 27

- National Collaborative Framework for Adults (18+ years) in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing for NHS and Local Authorities in Wales.

  - **370**(Current residents & admissions 31 March 2022)
  - **76**(Discharges 01 April 2021 to 31 March 2022)
  - Total 446

5 YEAR FRAMEWORK ACTIVITY

Figure 3 illustrates the activity (all admissions and discharges) on all three National Collaborative Frameworks over the past four years. During 2017-18 there were 637 patients / residents who received assurance under the National Frameworks, during 2018-2019 there were 674, during 2019/20 there were 711, during 2020/21 there were 928 and during 2021/22 there were 1030, An increase of 62% since 2017-18 and an increase of 11% since 2020-21

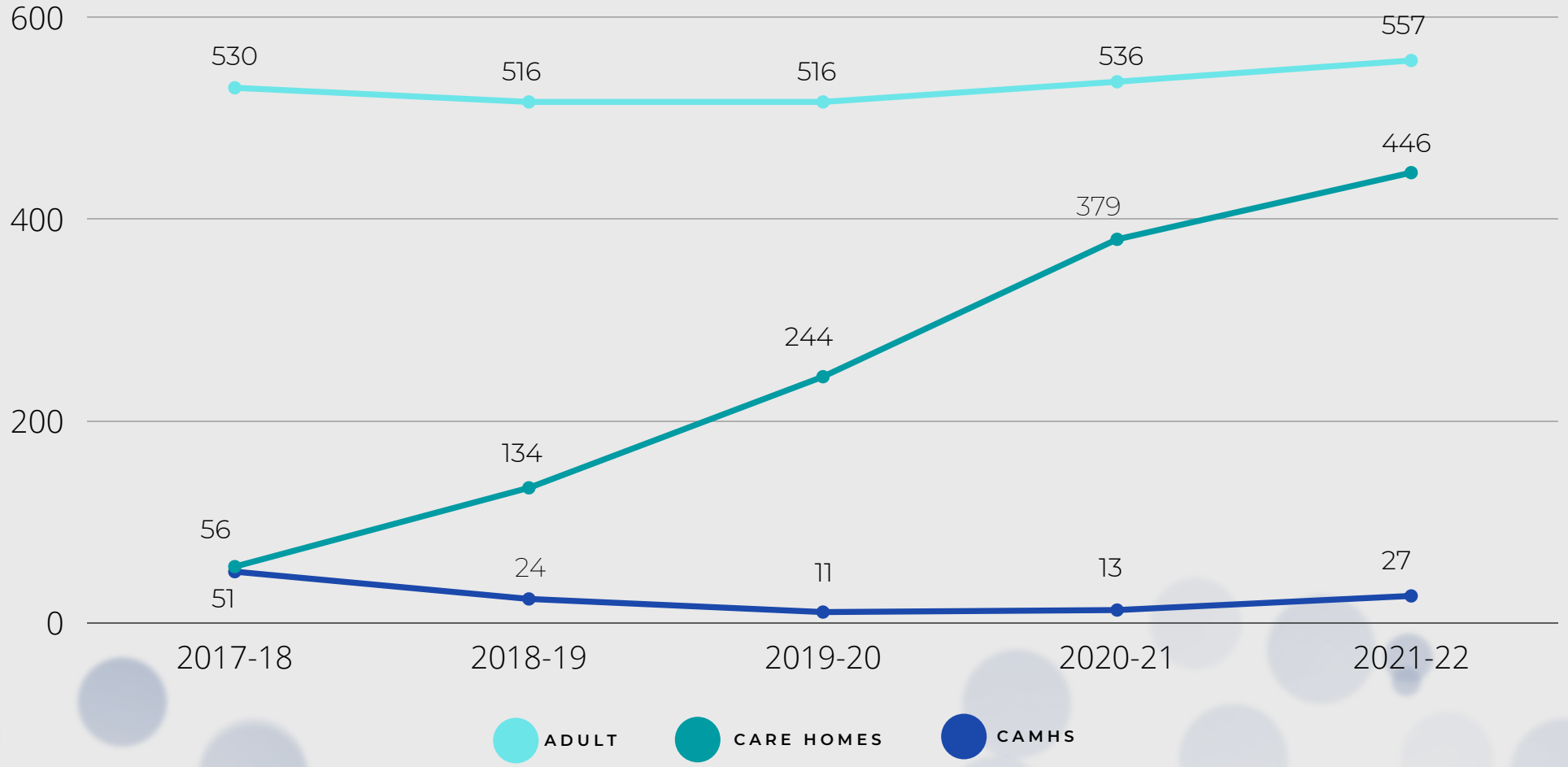


Figure 3: Framework Activity 2017 to 2022

SECTION 2

National Collaborative Framework for Adult Mental Health and Adult Learning Disability Hospital Services

OVERVIEW OF ADULT HOSPITAL FRAMEWORK

Map 1 – Approximate geographical position of hospitals caring for Adult patients

Providers

On the 31 March 2022, there were **24** companies with 76 individual hospital sites providing or able to provide services as part of the Adult Hospital Framework.

The map to the left shows the geographical position of each hospital site.

CURRENT STATE

On the 31 March 2022, there were 339 patients receiving assurance under the Adult Hospital Framework.
This compares to **342** from the previous year, equating to a 0.9% **decrease** in the number of patients receiving assurance in 2020/21.
Of the **339** patients receiving assurance under the Adult Hospital Framework on 31 March 2022:

- 79 (23%) patients were the responsibility of **Aneurin Bevan University Health Board**
- 77 (23%) patients were the responsibility of **Betsi Cadwaladr University Health Board**
- 45 (13%) patients were the responsibility of **Cardiff and Vale University Health Board**
- 60 (18%) patients were the responsibility of **Cwm Taf Morgannwg University Health Board**
- 17 (5%) patients were the responsibility of **Hywel Dda University Health Board**
- 22 (6%) patients were the responsibility of **Powys Teaching Health Board**
- 39 (12%) patients were the responsibility of **Swansea Bay University Health Board**

NATIONAL TREND

Figure 4 shows the number of patients receiving assurance at year end across 9 years.

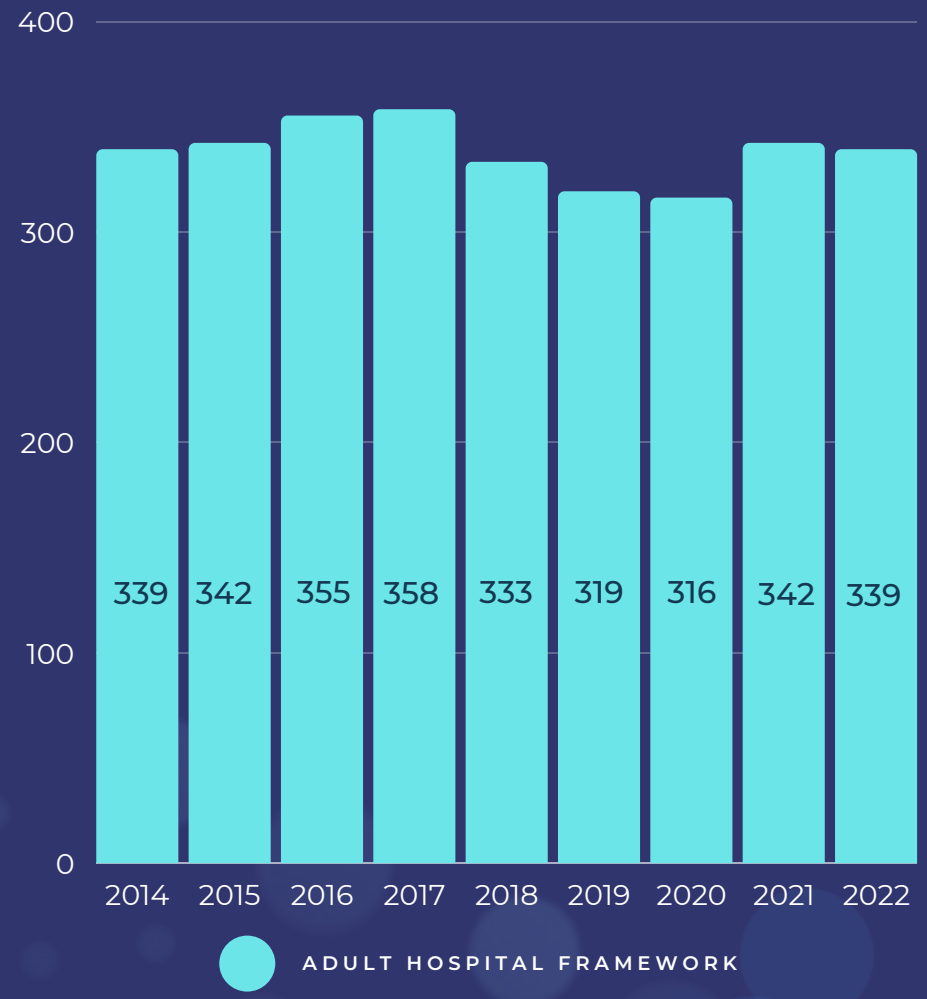


Figure 4: National Trend Comparison

9 YEAR NATIONAL TREND

There are four 'tiers' of service on the Adult Hospital Framework, which are medium secure hospitals, low secure hospitals, controlled egress hospitals and uncontrolled egress hospitals.

Medium Secure Hospitals

Medium secure services are specifically designed to meet the needs of patients who present a serious risk to themselves or others, combined with the potential to abscond. In many cases, patients in medium secure care will have been referred to hospital by court services.

Low Secure Hospitals

Low secure services are provided for those patients who have complex needs and cannot be safely cared for in non-secure units. These patients are usually detained under the Mental Health Act and present a level of risk to themselves and others that require specialist environmental security measures.

Controlled Egress Hospital

Controlled egress services, previously termed 'locked rehabilitation', provide reablement services to patients with complex needs and challenging behaviours. These units have locked or lockable doors to prevent unplanned egress.

Uncontrolled Egress Hospital

Uncontrolled egress services, previously termed 'open rehabilitation', provide reablement services to patients with longer-term needs. In general, these units only lock the entrances/exits at night for security purposes.

9 YEAR NATIONAL TREND CONTINUED

Figure 5 displays the number of patients in each tier of service each year on a specific date (31 March) between 2014 and 2022. Over the past nine years, there has been specific changes between service types such as:

- 22% decrease in number of patients in medium secure since 2014.
- 8% decrease in number of patients in low secure since 2014.
- 44% Increase in number of patients in controlled egress since 2014.
- 25% decrease in number of patients in uncontrolled egress since 2014.

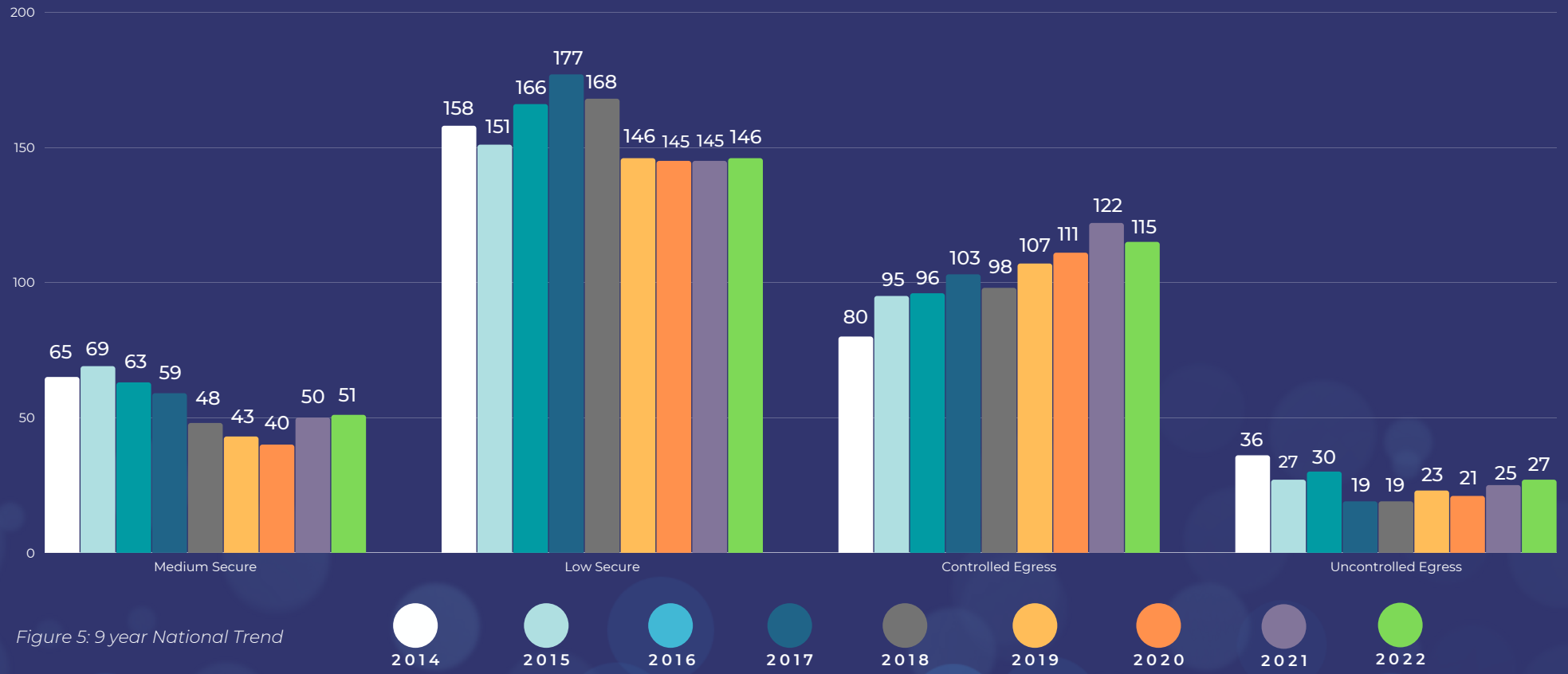


Figure 5: 9 year National Trend

9 YEAR HEALTH BOARD TREND

The trend in the number of patients from each Health Board receiving assurance under the Adult Hospital Framework on 31 March each year between 2014 to 2022 is displayed in Figure 6.

Comparing the eight-year trend since 2014, two Health Boards saw a decrease and three Health Boards saw an increase in the number of patients who received care under the Adult Hospital Framework between these years.

A comparison with 2020-21 of the health boards can be shown in the list on the right.

Aneurin Bevan University Health Board had an increase of 14% since 2014 and a 16% increase since last year.

Betsi Cadwaladr University Health Board had an increase of 24% since 2014 and a 17% decrease since last year.

Cardiff and Vale University Health Board had a decrease of 13% since 2014 and 15% increase since last year.

Cwm Taf Morgannwg University Health Board had an increase of 36% since 2014 and a 10% decrease since last year.

Hywel Dda University Health Board had a decrease of 50% since 2014 and the percentage stayed the same since last year.

Powys Teaching Health Board has had the same percentage as of 2014 and a 16% increase since last year.

Swansea Bay University Health Board had a decrease of 30% since 2014 and percentage stayed the same since last year.

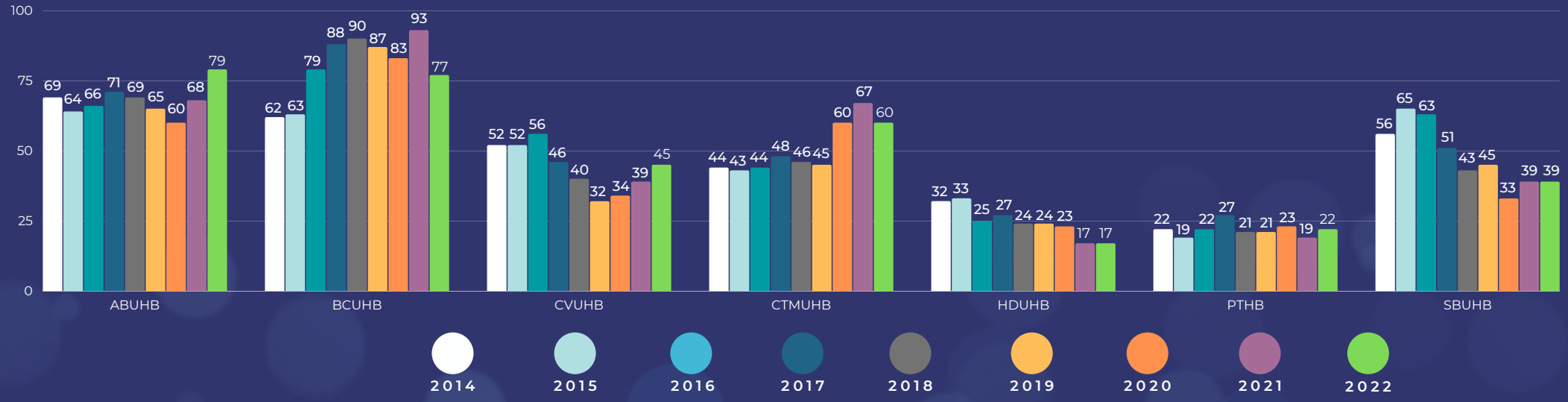


Figure 6: - National Nine Year Trend of Placements by Health Boards

LEARNING DISABILITIES AND MENTAL HEALTH DISTRIBUTION

Of the 339 patients receiving assurance under the Adult Hospital Framework on 31 March 2022, those cared for in Mental Health Hospitals consist of 86% of the total.

Those cared for in Learning Disabilities Hospitals consist of 14% a decrease of 4% from 18% in 2021

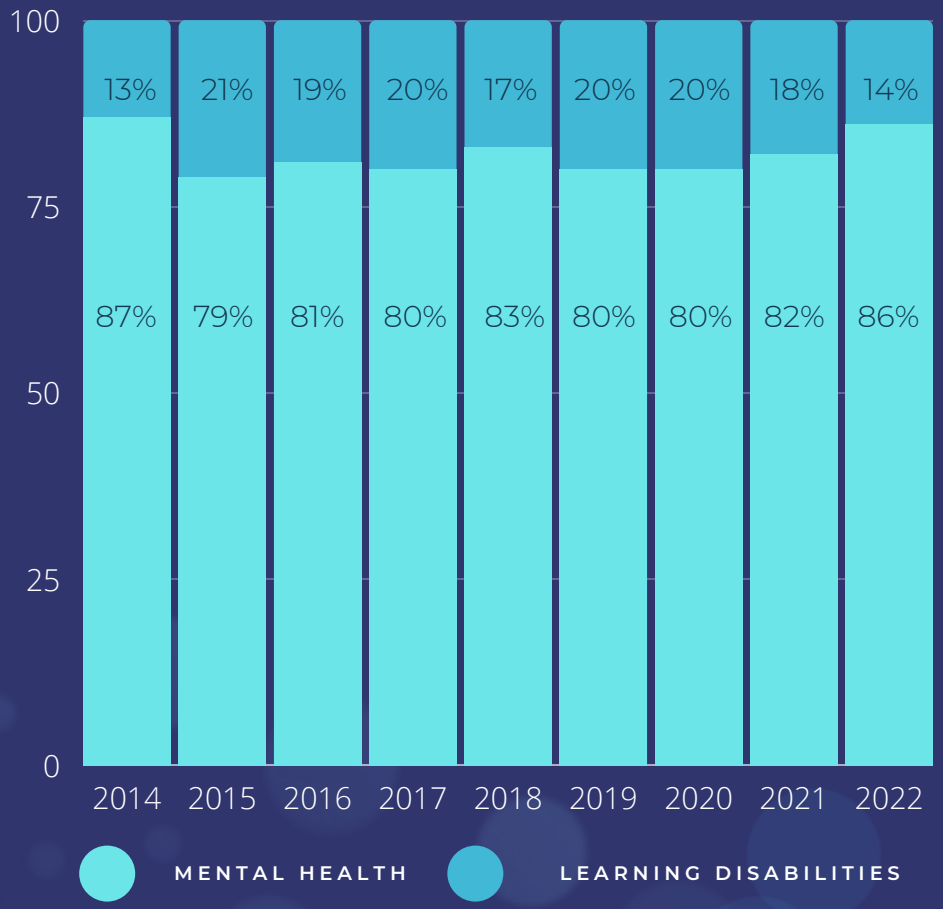


Figure 7: Nine Year Trend Mental Health and Learning Disabilities Distribution

Figure 7 shows a comparison of patients who have received assurance under the Adult Hospital Framework over the past 9 years by speciality.

Figure 8 illustrates the distribution of patients placed in mental health and learning hospitals on 31 March 2022 by tier of service.

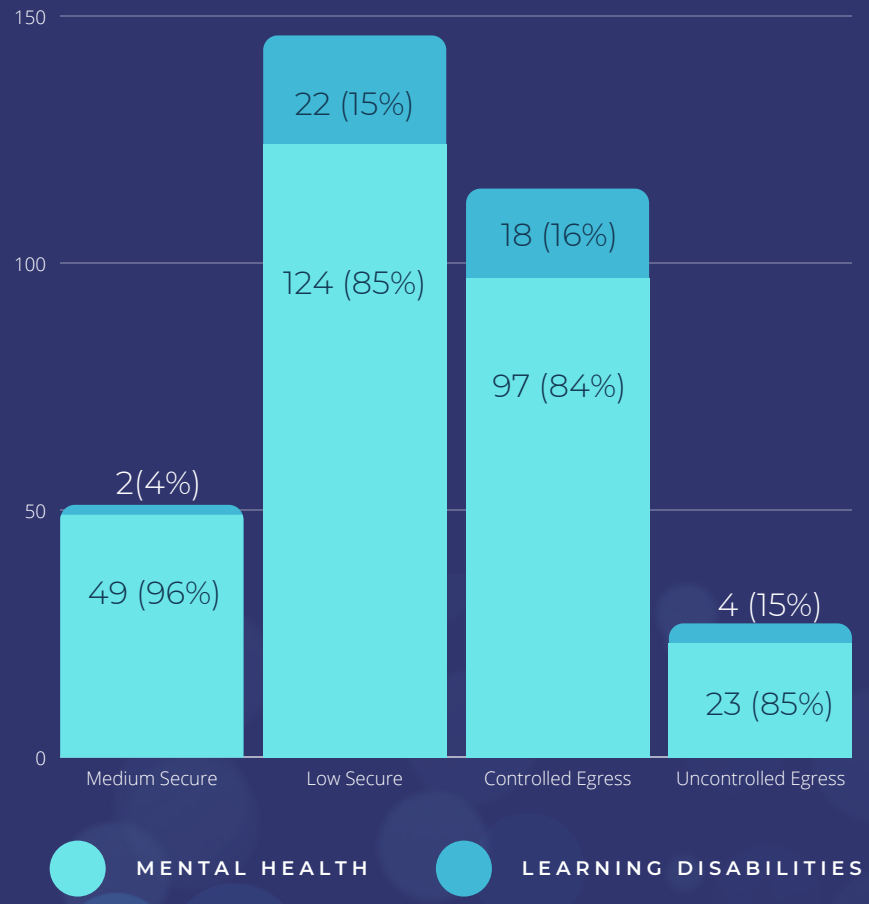


Figure 8: Mental Health/Learning Disability Distribution by Tier of Service

MALE AND FEMALE PATIENT DISTRIBUTION

Of the 339 patients receiving assurance under the Adult Hospital Framework on the 31 March 2022 **70% (236)** of patients were male and **30% (103)** were female.

The proportion of male patients decreased by 2% and the proportion of female patients increased by 1% in 2021-2022.

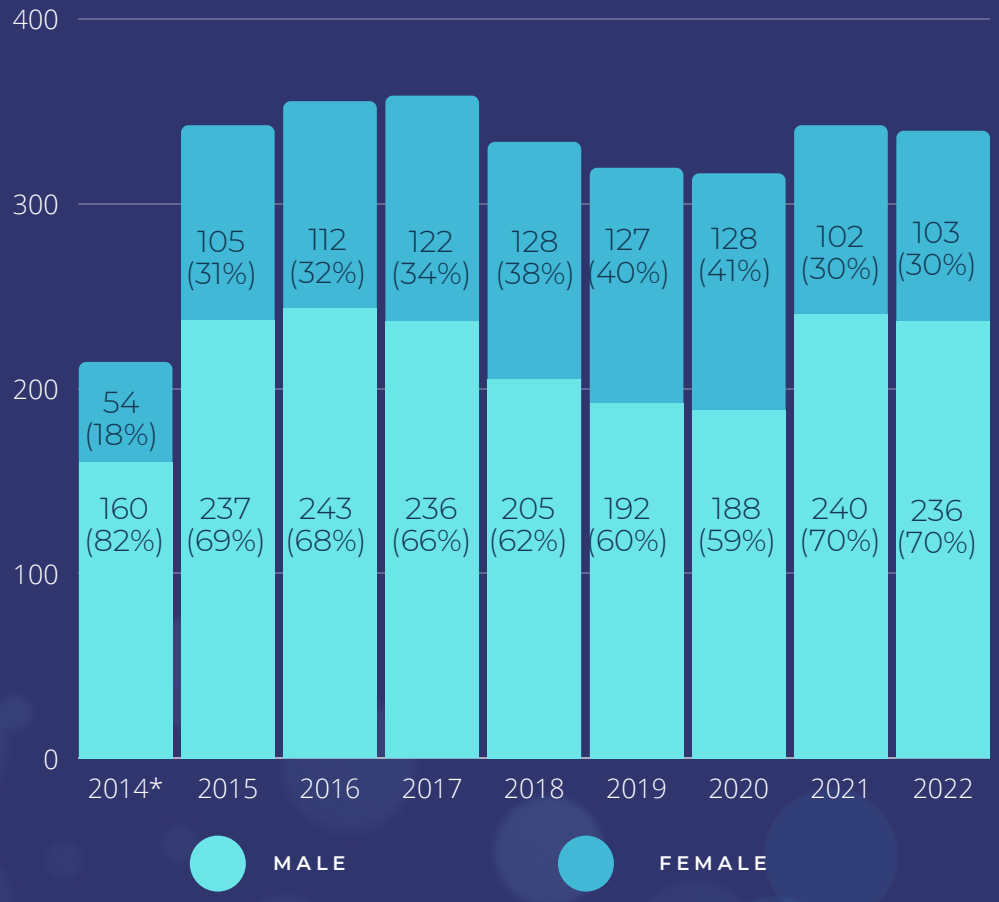


Figure 9: Nine Year Trend Male and Female Distribution

**Denotes Controlled and Uncontrolled Egress services were not part of the Framework in 2013/14*

Figure 9 shows the proportion of male and female patients receiving assurance over the last 9 years.

Figure 10 shows the distribution of male and female patients receiving assurance on 31 March 2022 within each tier of service.

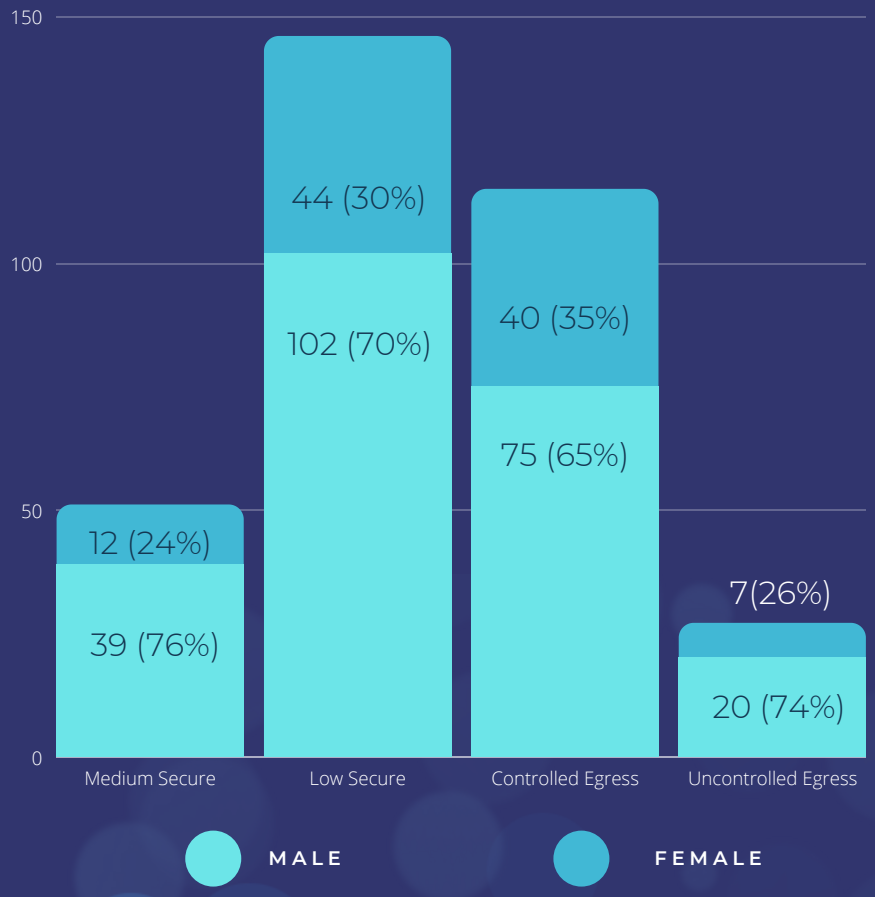


Figure 10: Male and Female Distribution by tier of service

GEOGRAPHIC DISTRIBUTION

Of the 339 patients receiving assurance under the Adult Hospital Framework on the 31 March 2022, 67% (227) were placed in Wales and 33% (112) were placed in England as shown in Figure 11 below.

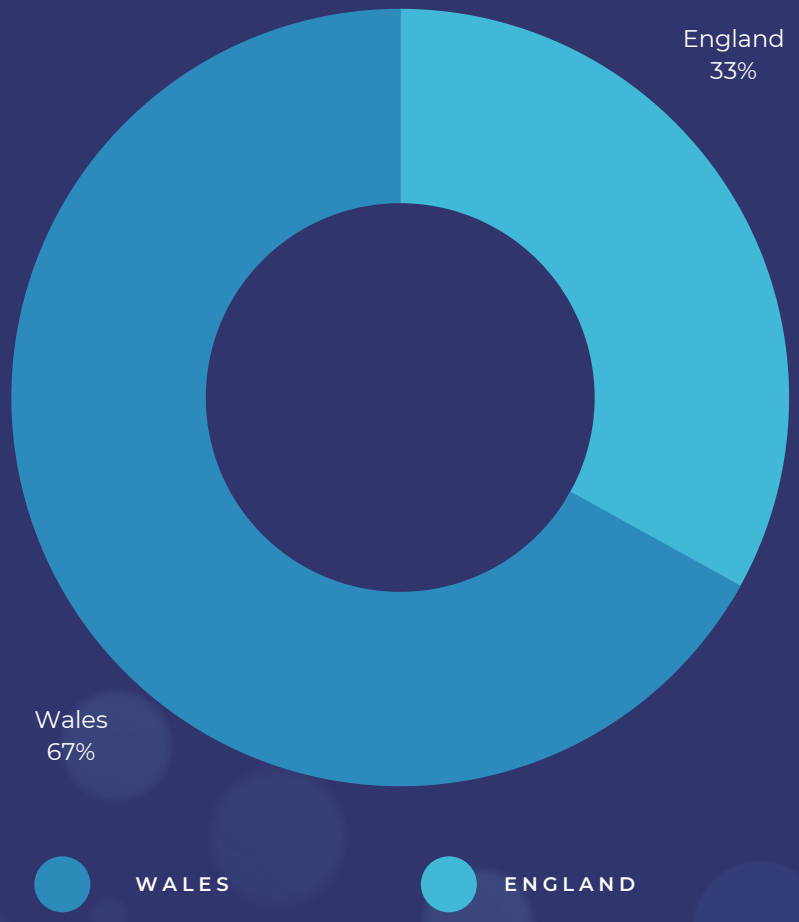


Figure 11: Wales and England Distribution 2021 to 2022

Figure 12 shows the comparison of patients who have received assurance under the Adult Hospital Framework over the past 9 years in Wales and England.

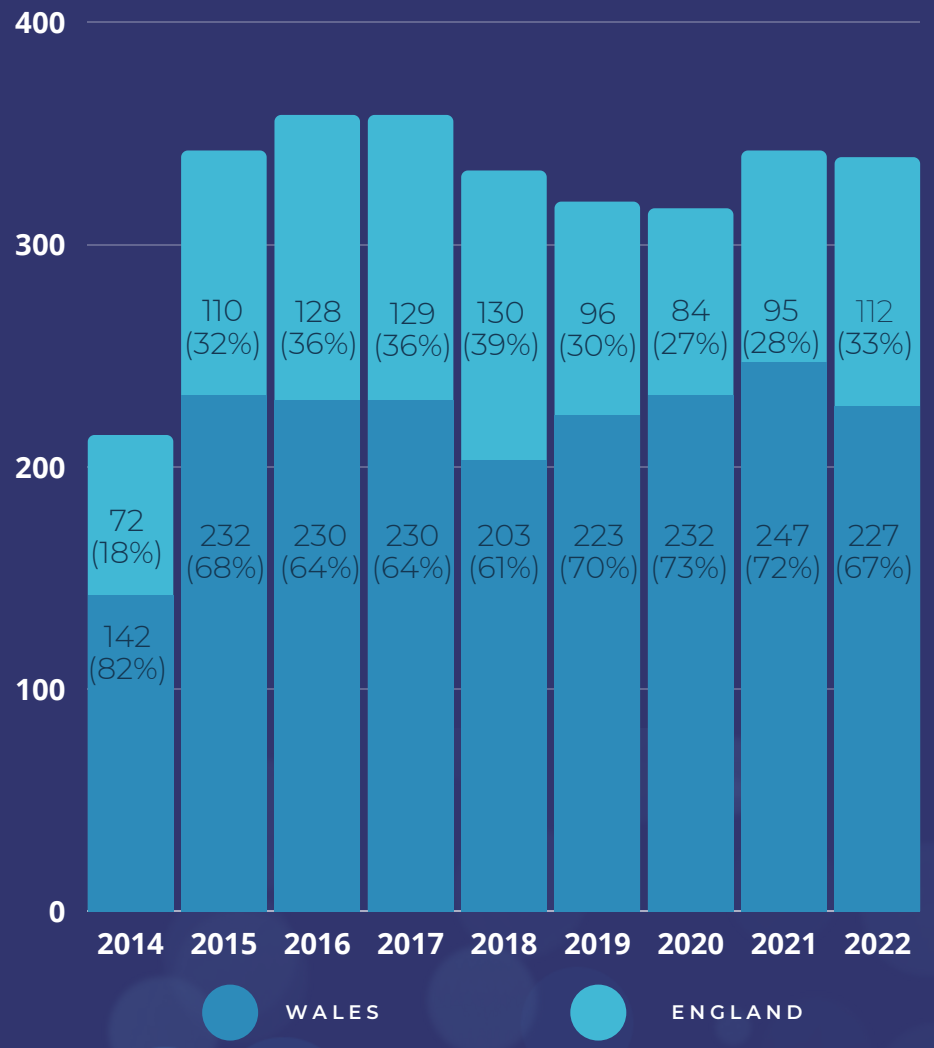


Figure 12: Placements in Wales or England Nine Year Trend

DISTANCE

The Quality Assurance and Improvement Service want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the patients community of choice. Within the placement process we mandate that the commissioner enters a 'significant postcode' for the patient and distance to the provider is calculated from this geographical point.

101 (46%) patients were admitted to a provider less than 50 miles from the significant postcode. 38 (18%) patients who were placed between 50 and 100 miles from the significant postcode. 79 (36%) patients are more than 100 miles from the significant postcode.

Figure 13 illustrates the distance by tier of service from the significant postcode.

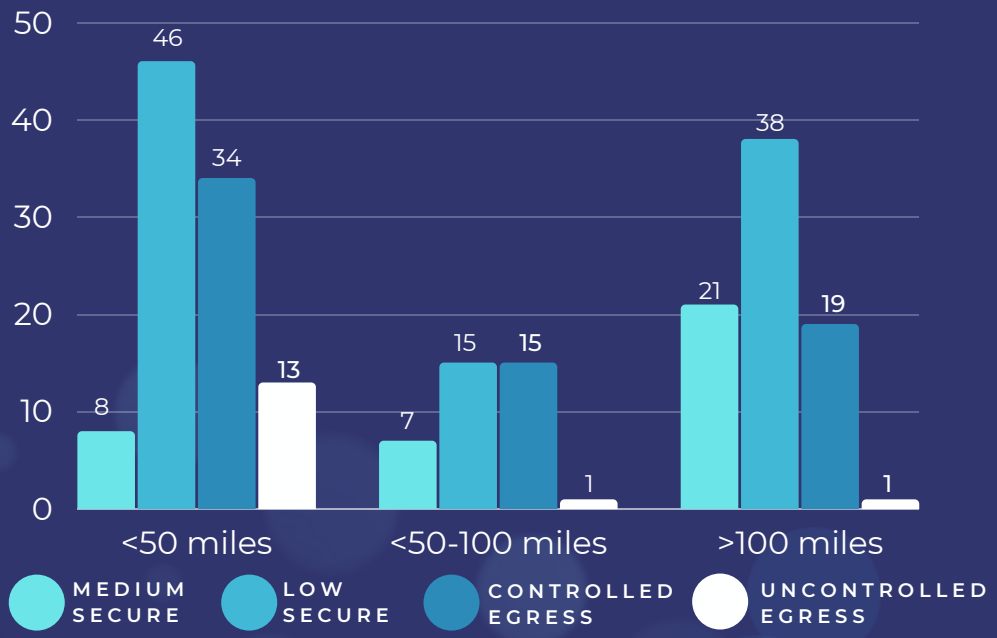


Figure 13: Distance by Speciality from Significant Postcode

Figure 14 illustrates distance from significant postcode by Mental Health / Learning Disability placements less than 50 miles, between 51 and 100 miles and over 100 miles from the significant postcode from 1 April 2021 to 31 March 2022.

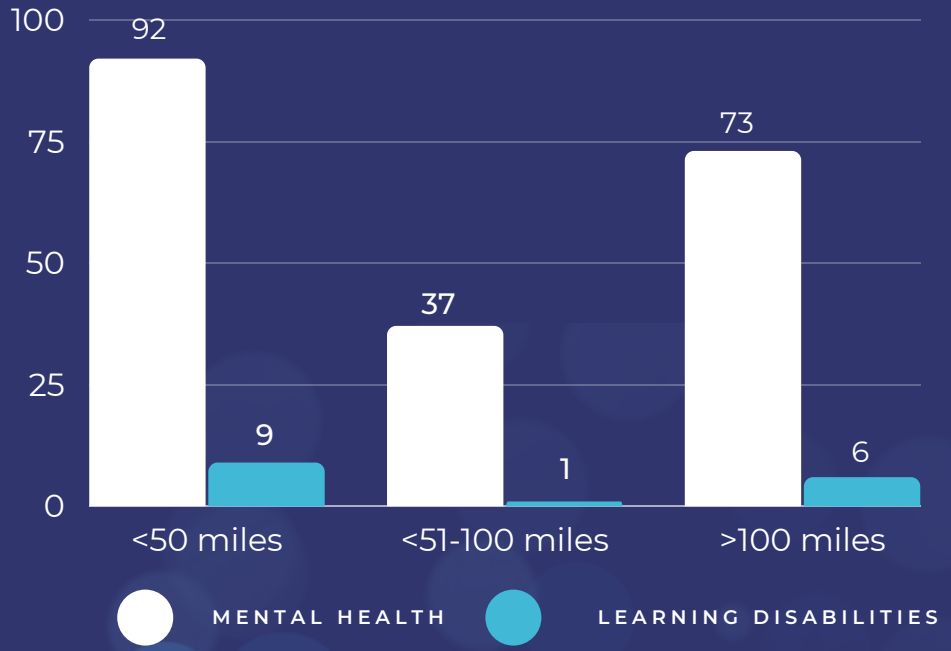


Figure 14: Distance by Mental Health and Learning Disability from Significant Postcode

COMPLETED LENGTH OF STAY

Of the 218 patients who were discharged from the Adult Hospital Framework between 1 April 2021 and 31 March 2022, the total lengths of stay with their final provider (patients may have been admitted from another provider) prior to discharge were:

- 20% (44) patients had a length of stay less than 6 months compared to 30% (57) patients in 2021-22.
- 24% (53) patients had a length of stay between 6 months and 1 year compared to 20% (38) patients in 2021-22.
- 31% (68) patients had a length of stay between 1 and 2 years compared to 23% (45) patients in 2021-22.
- 13% (27) patients had a length of stay between 2 and 3 years compared to 12% (24) patients in 2021-22.
- 6% (13) patients had a length of stay between 3 and 5 years compared to 10% (20) patients in 2021-22.
- 4% (9) patients had a length of stay between 5 and 7 years compared to 4% (7) patients in 2021-22.
- 2% (4) patients had a length of stay between 7 and 10 years compared to 2% (3) patients in 2021-22.

AVERAGE LENGTH OF STAY BY TIER OF SERVICE

Figure 15 details the completed length of stay of patients who received assurance under the Adult Hospital Framework that were discharged between 1 April 2020 and 31 March 2022 by tier of service.

Figure 16 displays the average length of stay of 218 patients who were discharged from the Adult Hospital Framework between 1 April 2021 and 31 March 2022.

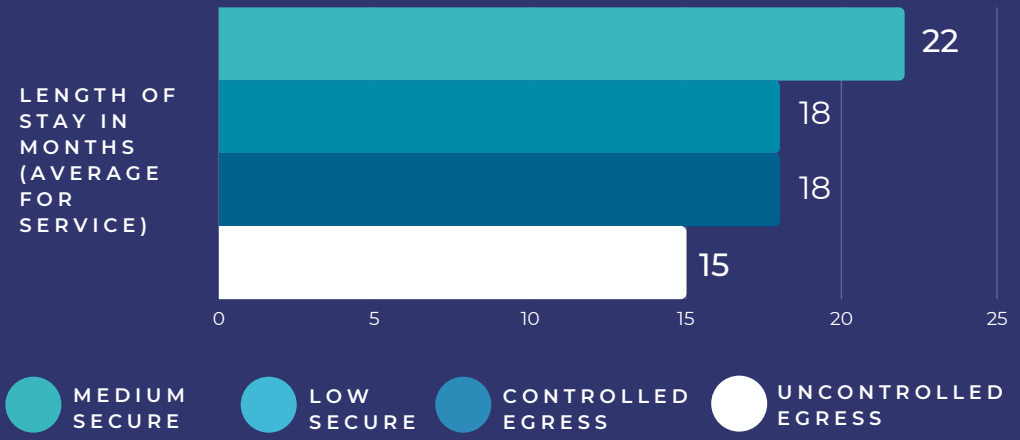


Figure 15: Average Length of Stay By Tier of Service in Months

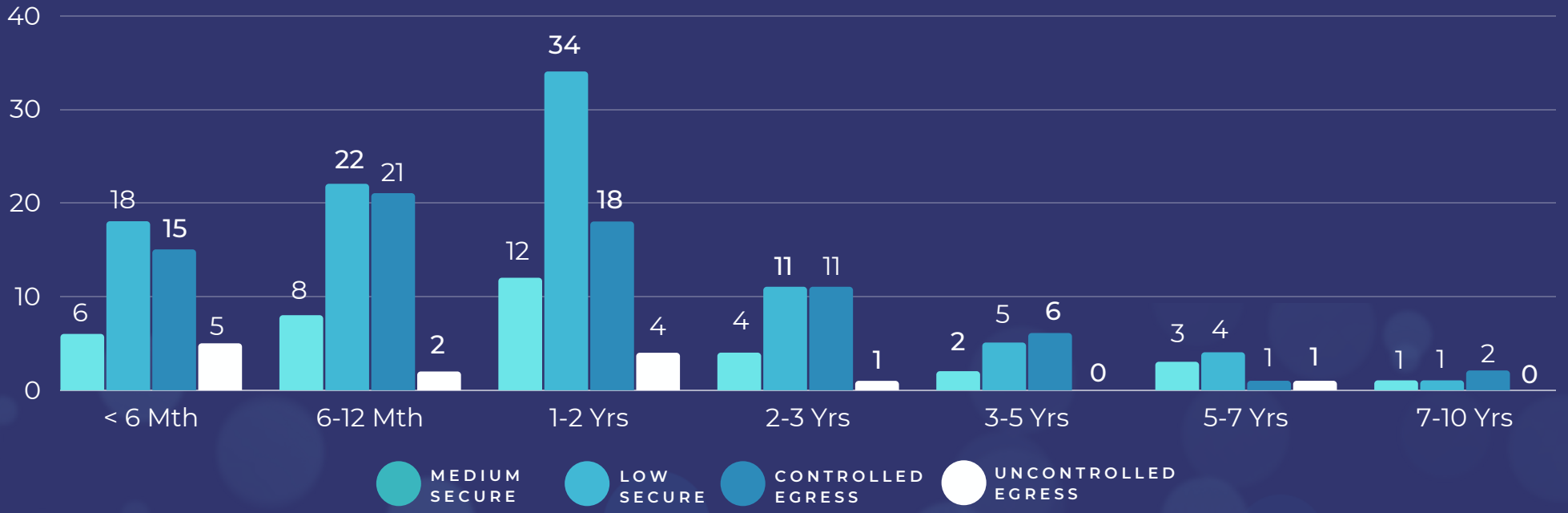


Figure 16: Length of Stay by Tier of Service

AVERAGE LENGTH OF STAY BY TIER OF SERVICE

Figure 17 displays the average length of stay by specific type of service in months and shows that Open Rehabilitation (Uncontrolled Egress) Learning Disability Male is the longest at 62 months (5.1 years).
*Please note the longest stay is for one user discharge only.

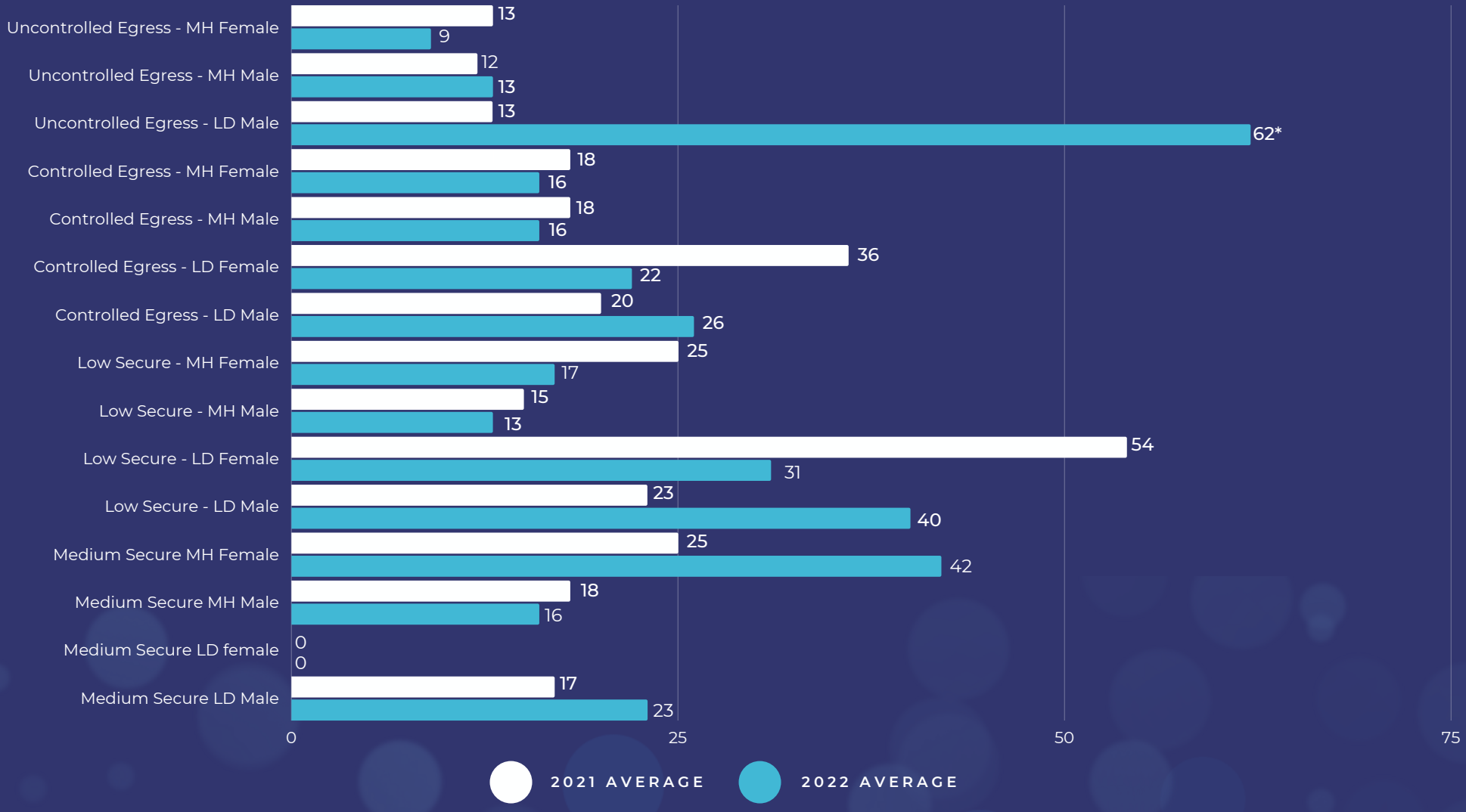


Figure 17: Average Length of Stay By Tier of Service in Months

PROVIDING ASSURANCE

The NHS Quality Assurance Improvement Service is part of the National Collaborative Commissioning Unit and works as a national team in partnership with NHS Wales Shared Services Partnership: Procurement to performance-manage nationally collaboratively commissioned commercial framework providers.

Figure 18 on the next page shows an overview of our quality assurance process and how we award our quality certificates (shown on the right).

PROVIDING ASSURANCE

- Local teams / whistleblowers
- Information collection
- Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC) / Care Inspectorate Wales (CIW)

- Engaged residents
- Therapeutic relationship
- Meaningful activity
- Quality environment
- Capable staff

- Resident notes / care plans
- Medication / medical charts
- Staff rotas / records

Figure 18 An overview of our quality assurance process

MAINTAINING THE QUALITY OF CARE

It is a requirement of providers to maintain the standards of care as set out in the Adult Hospital Framework. There are 201 bespoke Welsh Standards based on best evidence, experiential learning and good clinical practice grouped into 24 areas.

Figure 19.1 and 19.2 details the average achievement for each of the 24 areas within the Adult Hospital Framework audited between 1 April 2021 and 31 March 2022 ranked by difference from previous year achievement.

Standard Area	2016	2017	2018	2019	2020	2021	2022	Difference 2021-2022
Supportive and Therapeutic Patient Observations	85%	88%	77%	92%	84%	94%	87%	-7%
Emergency Planning and Response	96%	95%	91%	97%	96%	100%	96%	-4%
Robust Governance and Accountability	95%	90%	88%	94%	87%	95%	92%	-3%
Risk Assessment and Risk Management	82%	89%	80%	90%	90%	97%	94%	-3%
Meaningful and Culturally Appropriate Activities	84%	90%	96%	96%	95%	98%	95%	-3%
Visiting and Maintaining Contact	94%	96%	88%	98%	99%	100%	97%	-3%
Physical Health and Health and Well Being Promotion	76%	79%	79%	85%	88%	96%	94%	-2%
Physical Interventions / Seclusion	90%	89%	92%	98%	89%	95%	93%	-2%
Environment	80%	83%	97%	91%	91%	95%	93%	-2%
Staff	91%	89%	84%	93%	82%	94%	92%	-2%
Improving Patients Experience of Care, including Quality and Satisfaction Complaints	88%	91%	87%	92%	89%	96%	95%	-1%
Respecting Privacy, Dignity, Equality, Diversity and Human Rights	92%	95%	88%	98%	97%	99%	98%	-1%
Pharmacological Interventions and Medicines Management	85%	90%	80%	90%	90%	94%	93%	-1%

Figure 19.1: Average Achievement of Standards Across All Providers Reviewed (Continues Overleaf)

The outcome of the 62 reviews were that 43 (69%) units required one or more remedial actions and 19 (31%) units did not require any remedial action.

The 99 units where one or more remedial actions were each issued a 'Performance Improvement Notice'. Across all Performance Improvement Notices there were a total of 500 individual actions (an example of which is shown in Figure 20).

MAINTAINING THE QUALITY OF CARE

Standard Area	2016	2017	2018	2019	2020	2021	2022	Difference 2021-2022
Information and Communication	86%	92%	88%	97%	95%	99%	99%	-
Care and Treatment Planning	71%	73%	66%	86%	86%	87%	87%	-
Safety and Welfare of Patients	96%	96%	80%	96%	93%	90%	90%	-
Leave	94%	94%	91%	96%	95%	96%	96%	-
Nutrition	91%	93%	97%	96%	96%	96%	97%	+1%
Medical Devices and Resuscitation Equipment	74%	72%	77%	92%	84%	94%	96%	+2%
Multi-Disciplinary Team Meeting	65%	70%	68%	79%	64%	90%	92%	+2%
Patient Engagement and Satisfaction	88%	91%	87%	92%	89%	91%	93%	+2%
Discharge Planning and Transition to Adult Services	93%	96%	93%	97%	97%	95%	98%	+3%
Psychological/Therapeutic Interventions	92%	96%	82%	95%	95%	88%	92%	+4%
Clinical Records	73%	72%	56%	76%	80%	74%	86%	+12%

Figure 19.2: Average Achievement of Standards Across All Providers reviewed

MAINTAINING THE QUALITY OF CARE

Improvement Action

The QAIS reviewed 99 units in 49 Hospitals sites in 2021-22. This accounts for 40% of the units on the Adult Hospital Framework. Figure 20 below shows an example of Adult Hospital Framework Improvement Action.

Area: Physical Health and Well-being Promotion		
Care Standard	**Audit Outcome**	**Assurance Required**
Health and Well-being Promotion Plan(s) are developed that will (i) identify one or more outcomes for each identified need and (ii) identify one or more interventions / programmes to be undertaken and / or maintained to achieve these outcomes.	The QAIS were not satisfied that all health promotion and wellbeing plans were up to date and reflective of the patient's individual aims. One patient commented during the monthly review of her care plan that she wished to have help and support with smoking cessation, on their mental health and eating disorders. The plan was not reflective of these requests and the QAIS did not view evidence that any actions had taken been taken to support the patient in these areas.	The provider will submit evidence to demonstrate their actions in relation to the issue and how they will improve within this standard going forward.

Figure 20: Example of Adult Hospital Framework Improvement Action

MAINTAINING THE QUALITY OF CARE

Of the 41 Performance Improvement Notices issued, in 31 (76%) of the cases the Provider provided assurance all the remedial actions had been rectified within the designated ten day timeframe. In 6 (15%) cases the Provider did not provide assurance that one or more remedial actions had been rectified and therefore a 'Performance Improvement Plan' was issued resulting in the providers '3Q' Quality Assurance Rating being adjusted to reflect the severity of the deficit. During 2021-2022 1 provider had 1Q deducted and 2 providers had 2Qs deducted, 1 provider was suspended and with 2 providers the improvement plan is still ongoing.

QAIS Fact

76% of provider deficits were rectified within ten working days of the Hospital Quality Assurance Review

FACT-CHECKED

Quality Assurance Rating

The QAIS have developed a bespoke Quality Assurance Rating System. The system ensures providers make every effort to maintain a rating of three quality marks ('Qs'), which in turn allows organisations to view any potential provider's overall quality rating when commissioning a placement.

Figure 21 demonstrates the Quality Assurance Rating for a unit at the point of placement for each of the 218 patients admitted between 1 April 2021 to the 31 March 2022 by Health Board and Welsh Health Specialised Services Committee.

In order to ensure that providers are incentivised to maintain quality and offer best value, the process of the Adult Hospital Framework encourages commissioners, where clinically appropriate to do so, to place patients with the highest ranked provider.

- 100% (218) of patients in 2021-2022 were placed with a provider that maintained 3Qs. This is the same as in 2020-2021.
- Zero patients in 2021-2022 was placed with a provider that maintained 2Qs. This is the same in 2020-2021.
- Zero patients in 2021-2022 were placed with a provider that maintained 1Q. This is the same in 2020/2021.

Figure 21 illustrates the placements with providers maintaining their 3Q, 2Q or 1Q since the conception of the Quality Assurance Rating system in 2015.

In relation to placements with non 3Q providers, the Adult Hospital Framework encourages placements with the highest quality provider available at that time, although this may not always occur because of commissioner practice, bed availability, distance from home or a particular patient need (e.g. Acquired Brain Injury).

The Adult Hospital Framework placement process ensures reasons for not placing a patient with a 3Q hospital are recorded.

Zero patients was placed with a providers with a 2Q or 1Q rating.

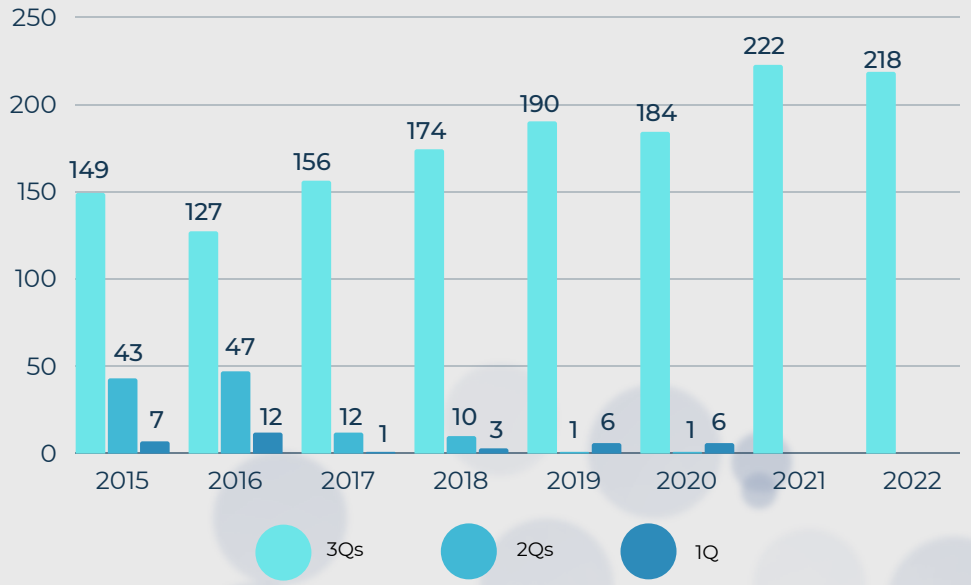


Figure 21: Placements by Quality Assurance Rating over Eight Years

Placement with Top Five Ranked Providers

The Adult Hospital Framework uses a 'quality first, distance and value ranked provider model. The provider units with vacant beds are ranked by their current quality assurance rating (3Q ranked higher than 2Qs etc). The providers all achieving the same Quality Assurance Rating are ranked by value and distance to each unit from a 'significant postcode for the patient' (inputted by the commissioner) displayed.

Figure 22 illustrates admissions to the top 5 ranked providers from 1 April 2021 and 31 March 2022 by commissioning organisation.

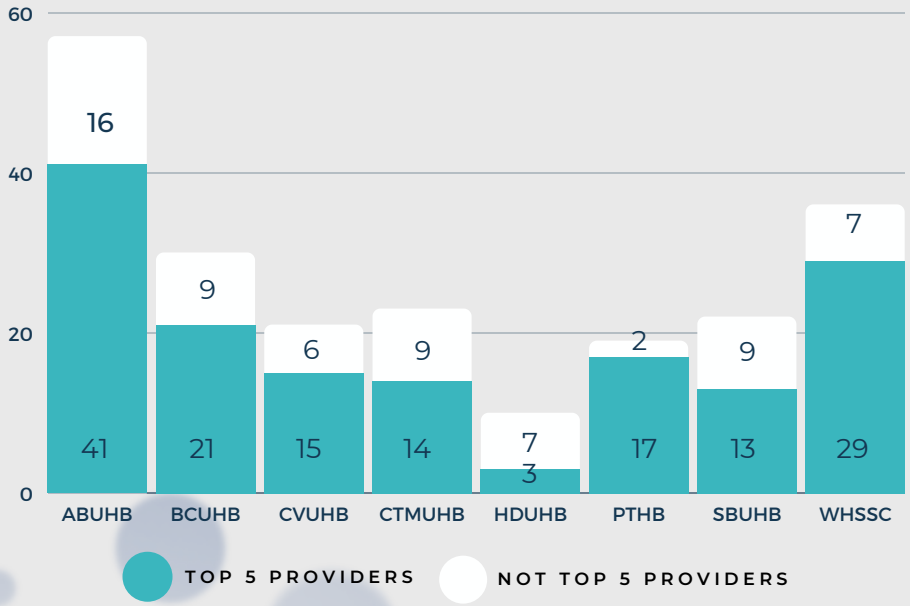


Figure 22: Admissions to Top Five Ranked Providers 1 April 2021 and 31 March 2022 by Commissioner

72% (41 of 57) of patients placed with a top 5 provider by Aneurin Bevan University Health Board

70% (21 of 30) of patients placed with a top 5 provider by Betsi Cadwaladr University Health Board

71% (15 of 21) of patients placed with a top 5 provider by Cardiff and Vale University Health Board

61% (14 of 23) of patients placed with a top 5 provider by Cwm Taf Morgannwg University Health Board

30% (3 of 10) of patients placed with a top 5 provider by Hywel Dda University Health Board

89% (17 of 19) of patients placed with a top 5 provider by Powys Teaching Health Board

59% (13 of 22) of patients placed with a top 5 provider by Swansea Bay University Health Board

81% (29 of 36) of patients placed with a top 5 provider by Welsh Health Specialised Services Committee

Respecting Privacy, Dignity, Equality, Diversity and Human Rights

A fundamental requirement of good patient care is the respect of each individual's privacy, dignity, equality, diversity and human rights. The Adult Hospital Framework sets out specific requirements for this area, which must be maintained by providers and are audited during each hospital review.

Figure 22 overleaf shows the average achievement for the specific standards from 2015 to 2022. The two areas coloured in green have improved, the three in red have deteriorated and the four in grey remain unchanged from the previous year.

The largest decrease was in area of: Patient is informed about their rights (i) on admission or as soon as possible soon after and (ii) at a maximum interval of two (2) calendar Months and (iii) on request. where there was a 7% decrease.
Any deteriorations will be addressed during next year's audits.

Figure 23 below shows the nine specific standards relating to Respecting Privacy, Dignity, Equality, Diversity and Human Rights with the standard maintained by percentage of providers over the last six years.

Standard Nine specific standards relating to Respecting Privacy, Dignity, Equality, Diversity and Human Rights	Standard maintained by % of Providers						
	2016	2017	2018	2019	2020	2021	2022
A designated, purposely designed, decorated and equipped low stimulus area / quiet area is available, without a television or telephone, and distant from communal areas.	97%	93%	82%	97%	99%	90%	100%
There is a facility for the secure storage of the Patients personal property and the Patient can have supervised access to this facility.	74%	77%	65%	92%	99%	90%	96%
Patient can receive a private conversation with a care professional on request with due regard to risk, safety, best interests and confidentiality.	100%	100%	100%	100%	100%	100%	96%
Patient's needs in respect of the Equality Act 2010 (i.e. needs in relation to race, disability, gender, sexual orientation, age, relationships and family life, religion or belief, gender identity, pregnancy and maternity) are identified and addressed.	88%	96%	83%	98%	96%	100%	100%
Patient is informed about their rights (i) on admission or as soon as possible soon after and (ii) at a maximum interval of two (2) calendar Months and (iii) on request.	100%	100%	97%	97%	97%	100%	93%
Patients are enabled and encouraged to access, where appropriate, (i) Independent Mental Health Advocacy (ii) Independent Mental Capacity Advocacy (iii) Advocacy.	97%	96%	100%	100%	99%	100%	100%
The environment of care protects the privacy of the Patient.	85%	93%	86%	100%	96%	100%	98%
Whenever possible and following appropriate risk assessment, the Patient's bedroom accommodates individual needs and preferences.	93%	100%	100%	98%	99%	100%	100%
The Patient has access to appropriate reflective, faith or multi-faith (i) facilities (ii) pastoral care.	97%	93%	82%	100%	99%	100%	100%

Figure 23: Providing Assurance on Equality and Diversity

Care Coordination

It is vital that care coordinators receive electronic notifications of incidents and are able to be contacted by the QAIS to discuss individual issues. In order to facilitate this, it is a requirement to record the name of the patients care coordinators(s) when making a placement. In 2021-22, 100% of patients had details of a care coordinator recorded.

The NHS Wales QAIS monitors the attendance at Care and Treatment Plan reviews in order to provide assurance to commissioning organisations that they are compliant with the Mental Health (Wales) Measure 2010. The numbers contained within the figure have been validated by commissioners and providers.

Following a Care and Treatment Plan review, the provider is required to record whether it was attended by the care coordinator and / or other Health Board representative. We recognise that some visits by care coordinators would of been subject to the restrictions in place during the pandemic.

Figure 24 overleaf illustrates the attendance or non-attendance* by either a care coordinator and/or other representative from Wales at the Care and Treatment Plan reviews held for the 293 patients receiving assurance (and eligible for a review) between 1 April 2021 and 31 March 2022.

*Please note that non-attendance at reviews does not signify a complete absence of patient contact, as professionals may have visited the patient at other times.

Attendance at Care and Treatment Plan Reviews

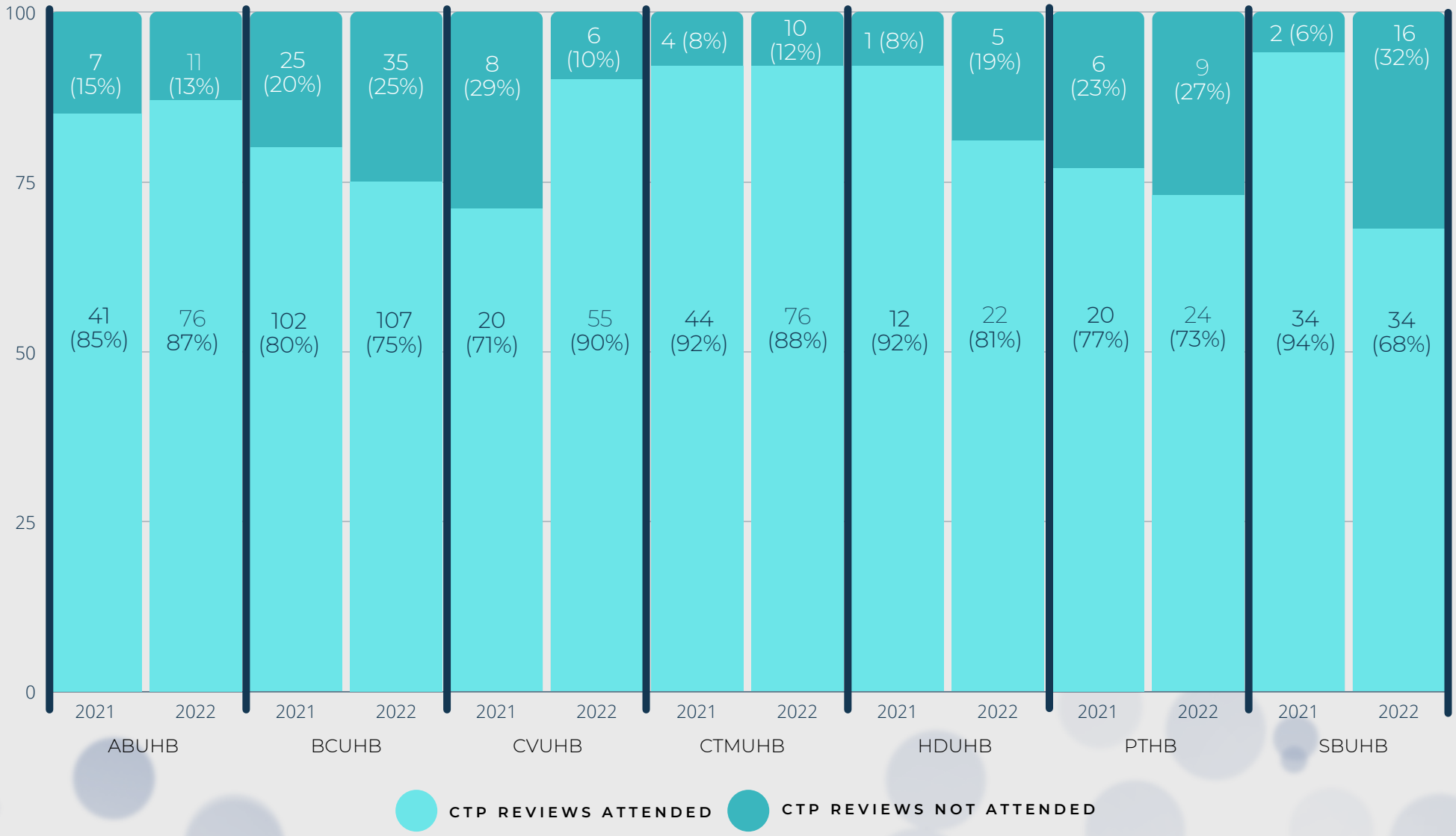


Figure 24: Attendance at Care and Treatment Plan Reviews 2020-2021 and 2021-2022

ENSURING SAFE AND EFFECTIVE CARE

* NHS Wales Planning Framework 2019/22 WG25726 Digital ISBN 978-1-78964-115-8.

Information Requirements

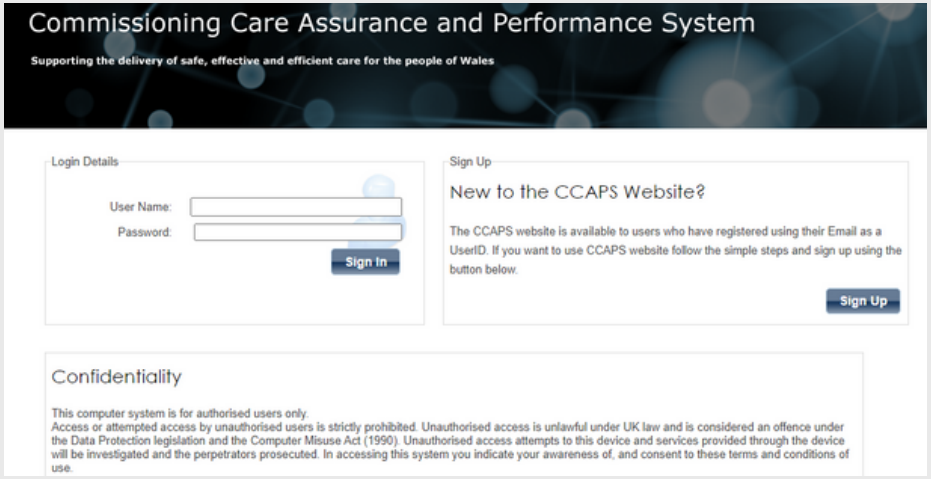
To ensure that the NHS maximises the use of technology, it will become increasingly important that a 'Once for Wales' approach is adopted. Organisations that are able to share information effectively and efficiently will be able to adopt new innovative models of care, and deliver high quality, sustainable and outcome based services for the people of Wales.*

Commissioning Care Assurance and Performance System

The technology used by the QAIS is the Commissioning Care Assurance and Performance System (CCAPS). CCAPS provides a 'one stop' information portal, proactively alerts commissioners to issues, supports the performance management of providers and is an enabler for assurance.

CCAPS is a system developed in partnership with the NHS Wales Informatics Service in 2015. It is an enabler of the National Collaboratively Commissioned Frameworks, which provides standardised information with the functionality to connect all users from different organisations to support NHS Wales to proactively performance-manage providers.

Commissioning Care Assurance and Performance System (CCAPS)



CCAPS support individuals by:

- Giving a choice of care setting.
- Providing assurance on the expected quality of care.
- Monitoring health and wellbeing improvement.
- Ensuring prompt response to any complaints, incidents / safeguarding concerns.

CCAPS support providers by:

- Standardised commissioning process
- Displaying and the ability to update bed availability"
- Facilitating the reporting of concerns to commissioners and care coordinators

CCAPS support commissioners by:

- Sharing intelligence on care providers.
- Matching a care setting to a patients' needs.
- Knowledge about a care setting's quality.
- Evidencing the care received for the cost incurred.
- Empowers commissioner decision.*

* Kones, L & Anderson, P.(2016), Evaluation of the Commissioning Care Assurance & Performance System, University of Swansea Centre for Health Economics.

Digital Health and Care Wales

Digital Health and Care Wales (previously NHS Wales Informatics Service) is contracted to develop and support the day-to-day running of CCAPS. In 2022 the number of users from the NHS has increased by 171 to 197, Providers 485 to 580, Local Authorities has increased from 46 to 52 and the Regulator (HIW) has increase from 4 to 5 as shown in Figure 25 below.

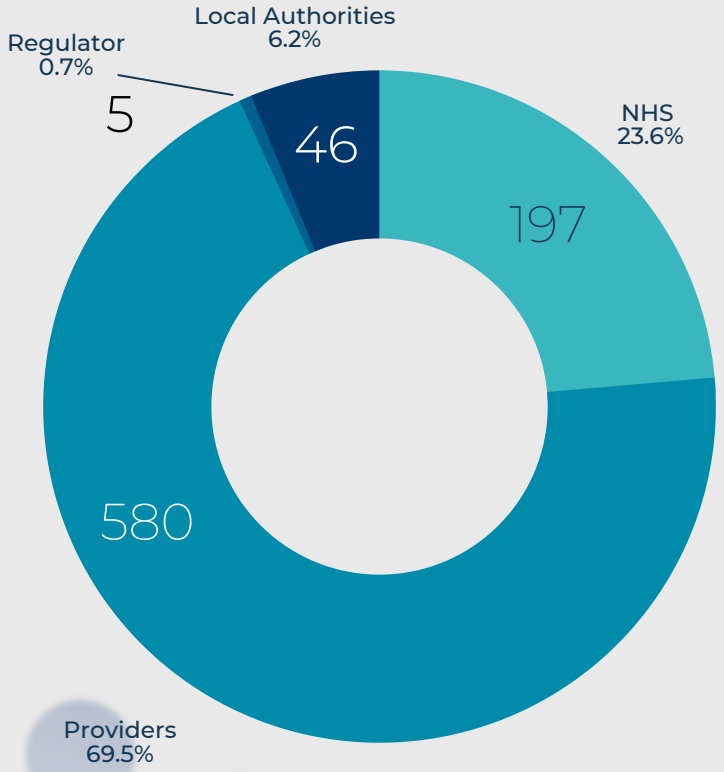


Figure 25: Number of CCAPS users by Organisation on 31 March 2022

QAIS Support Desk

We host the CCAPS Support Desk and provide assistance to CCAPS users; the Support Desk recorded 1,253 requests from 1 April 2021 and 31 March 2022'.

Secure File Sharing Portal

The NHS Wales Secure File Sharing Portal is a national system that enables the safe, sure and swift transfer of patient identifiable information between organisations over the internet. Hosted by NHS Wales Informatics Service and administered by the QAIS.

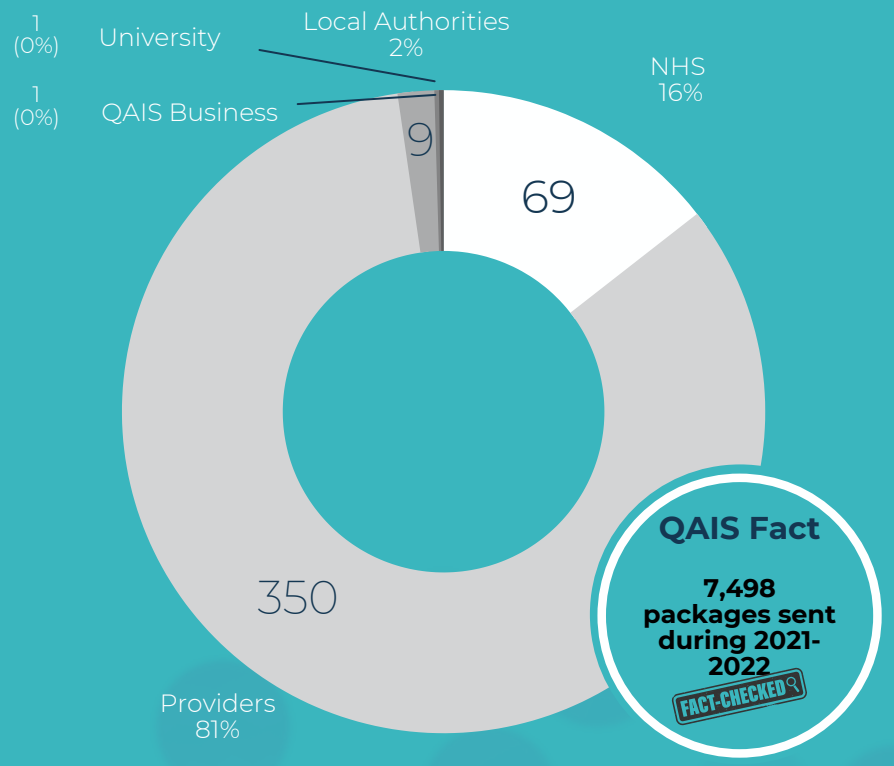
The QAIS aims to support a 'paperless NHS' by optimising the available technology to safely transfer and receive patient identifiable information between Welsh commissioners and National Collaborative Framework providers.

The main objectives are to:

- Ensure sensitive data cannot be intercepted, corrupted or misplaced.
- Enable the sharing of sensitive information and commercially sensitive information.
- The sharing of large volume information.
- Enables information to be shared instantly.
- Enables communication between the QAIS, Providers, Local Health Boards, Local Authorities and 3rd party organisations inside and outside of NHS Wales.
- Eliminate postage costs.

The number of users accessing and utilising the system continues to grow, and as of the 31 March 2022, there were 430 unique users from health, local authorities and providers of care, from the previous year 336, which is an increase of 28%. During the reporting year, there were 7,498 packages / emails transferred between organisations across all categories this is a decrease from, 8,317 in 2020-21.

Figure 26 below shows the number of registered users by category on the 31 March 2022.



The decrease in users are from a annual yearly housekeeping exercise which shows the true value of active users.

Figure 26: Number of Registered Users by Category on the 31 March 2022

Incidents

All reported incidents involving patients receiving assurance under the Adult Hospital Framework are monitored by the QAIS to highlight areas requiring intervention, remedial action or improvement. Incidents are monitored against a bespoke 71-point matrix of 15 care areas.

Within each of these 15 care areas incidents are classed as one of five levels of severity from negligible to critical as shown below.

Incident Type	Guidance	Severity				
		Negligible	Minor	Moderate	Severe	Critical
An error in the prescribing, dispensing or administration of medication to a Welsh patient, which results in actual or potentially life threatening harm or death.	An error in the prescribing, dispensing or administration of medication to a Welsh patient, which results in actual or potentially life threatening harm or death.	An error in the prescribing, dispensing or administration of medication to a Welsh patient, which results in actual or potentially life threatening harm or death.	An error in the prescribing, dispensing or administration of medication to a Welsh patient, which results in actual or potentially life threatening harm or death.	An error in the prescribing, dispensing or administration of medication to a Welsh patient, which results in actual or potentially life threatening harm or death.	An error in the prescribing, dispensing or administration of medication to a Welsh patient, which results in actual or potentially life threatening harm or death.	An error in the prescribing, dispensing or administration of medication to a Welsh patient, which results in actual or potentially life threatening harm or death.

To be able to compare numbers more accurately (as certain types of services or providers may have more patient's) we calculate the denominator by 'how many days a bed in a unit was occupied by a Welsh patient', this is called 'occupied bed days'. The numbers are then multiplied by 1000 to produce a common benchmark

Figure 27 illustrates the 11,475 incidents reported by severity involving patients receiving assurance under the Adult Hospital Framework between 1 April 2021 and 31 March 2022.

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Perpetrator of Disruptive, physically aggressive behaviour, Violence	1,456	1,379	370	20	5	3,230	26.4
Self-harming behaviour / Suicide	1,356	1,381	218	10	0	2,965	24.3
Perpetrator of verbal abuse, threats or bullying	1,166	825	453	51	0	2,495	20.4
Breach of security / Contraband items	245	205	10	2	0	462	3.8
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	287	133	32	1	2	455	3.7
Victim of Disruptive, physically aggressive behaviour, Violence	286	101	19	3	0	409	3.3
Victim of verbal abuse threats or bullying	244	98	25	4	0	371	3.0
Perpertrator of Sexual abuse / sexual violence	153	136	24	0	0	313	2.6
Access, admission, transfer, discharge (including missing patient) - AWOL	88	30	24	42	0	184	1.5
Patient Injury or Harm resulting from any act or omission relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	128	7	5	0	0	140	1.1

Figure 27: Incidents Reported 1 April 2021 and 31 March 2022 (Continued Overleaf)

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Medication	90	42	6	0	1	139	1.1
Documentation, Record keeping, Data & legal, and property.	69	19	3	2	0	93	0.8
Illicit Substance / Alcohol use or possession	22	58	5	0	0	85	0.7
Victim of Sexual abuse / sexual violence	40	25	11	0	0	76	0.6
Patient Illness	0	0	38	15	5	58	0.5
Total	5,630	4,439	1,243	150	13	11,475	93.9

Figure 27: Incidents Reported 1 April 2021 and 31 March 2022

The 11,475 incidents reported this year is a 24% (14,627) decrease from incidents reported in 2020-2021 (Note: There was a 2% decrease in the number of patients receiving assurance under the Adult Hospital Framework this year).

Incidents are classified by the 5 levels of severity. The levels of severity of the each of the 11,475 incidents reported during 1 April 2021 and 31 March 2022 are:

- 49% were classed as negligible in 2021-22 compared to 50% in 2020-21.
- 39% were classed as minor in 2021-22 the same as in 2020-21.
- 11% were classed as moderate in 2021-22 compared to 10% in 2020-21.
- 1% were classed as severe in 2021-22 same as in 2020-21.
- 0% were classed as critical in 2021-22 the same in 2020-21.

Figure 28 below shows the number of incidents per 1000 occupied bed days by incident type comparison over the last two years

	2020-2021	2021-2022	Difference
Total Incidents	**14,627**	**11,475**	**-3,152**
	Number of incidents per 1000 occupied bed days		
Incident Type	**2020-2021**	**2021-2022**	**Difference**
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	2.7	3.7	+1.0
Breach of security / Contraband items	3.2	3.8	+0.6
Patient Injury or Harm resulting from any act or omission relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	0.6	1.1	+0.5
Documentation, Record keeping, Data & legal, and property.	0.4	0.8	+0.3
Access, admission, transfer, discharge (including missing patient) - AWOL	1.2	1.5	+0.3
Victim of Sexual abuse / sexual violence	0.4	0.6	+0.2
Illicit Substance / Alcohol use or possession	0.6	0.7	+0.1
Medication	1.3	1.1	-0.2
Patient Illness	0.7	0.5	-0.3
Victim of verbal abuse threats or bullying	3.3	3.0	-0.3
Perpertrator of Sexual abuse / sexual violence	3.4	2.6	-0.9
Victim of Disruptive, physically aggressive behaviour, Violence	5.0	3.3	-1.7
Perpetrator of verbal abuse, threats or bullying	25.8	20.4	-5.4
Perpetrator of Disruptive, physically aggressive behaviour, Violence	32.8	26.4	-6.3
Self-harming behaviour / Suicide	36.4	24.3	-12.1

Figure 28: The number of incidents per 1000 occupied bed days by incident type comparison

Incidents by Type of Service

Figure 29 below shows the number of incidents reported by type of service involving patients receiving assurance on the Adult Hospital Framework and also shows incidents by service type per 1000 occupied bed days – MH is Mental Health and LD is Learning Disability

Service Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Low Secure - MH Female	1,465	1,289	314	49	1	3,118	25.5
Controlled Egress - MH Female	841	904	236	26	3	2,010	16.5
Low Secure - MH Male	613	585	166	36	3	1,403	11.5
Controlled Egress - MH Male	690	434	128	17	1	1,270	10.4
Controlled Egress - LD Female	411	397	131	4	1	944	7.7
Medium Secure - MH male	345	177	74	9	1	606	5.0
Low Secure - LD Male	241	171	56	2	1	471	3.9
Controlled Egress - LD Male	326	196	13	0	0	458	3.7
Medium Secure MH Female	314	111	31	1	0	457	3.7
Low Secure - LD Female	123	88	24	2	0	237	1.9
Uncontrolled Egress - LD Male	42	87	54	1	0	184	1.5
Uncontrolled Egress - MH Female	98	34	2	0	0	134	1.1
Uncontrolled Egress - MH Male	80	18	13	3	2	116	0.9
Medium Secure - LD Male	40	24	1	0	0	65	0.5
Medium Secure - LD Female	1	1	0	0	0	2	0.0
Total	5,630	4,439	1,243	150	13	11,475	93.9

Figure 29 shows the number of incidents by Type of Service

Figure 30 below shows the comparison/difference between 2020/2021 and 2021/2022 by incidents per 1000 Occupied Bed Days by Type of Service – MH is Mental Health and LD is Learning Disability

	2020-2021	2021-2022	Difference
Total Incidents	**14,627**	**11,475**	**-3,152**
	Number of incidents per 1000 occupied bed days		
Service Type	**2020-2021**	**2021-2022**	**Difference**
Controlled Egress - LD Female	4.8	7.7	+2.9
Medium Secure LD Male	1.8	3.7	+2.0
Low Secure - MH Male	10.4	11.5	+1.1
Controlled Egress - MH Male	9.9	10.4	+0.5
Uncontrolled Egress - MH Female	0.9	0.9	0.0
Medium Secure LD Female	0.0	0.0	0.0
Uncontrolled Egress - MH Male	1.1	0.5	-0.6
Low Secure - LD Male	4.7	3.7	-1.0
Uncontrolled Egress - LD Male	2.5	1.5	-1.0
Medium Secure MH Female	6.0	5.0	-1.1
Medium Secure MH Male	3.3	1.9	-1.4
Controlled Egress - LD Male	6.2	3.9	-2.4
Low Secure - LD Female	3.6	1.1	-2.5
Low Secure - MH Female	34.0	25.5	-8.5
Controlled Egress - MH Female	28.9	16.5	-12.5

Figure 30 shows the comparison and difference between service types

Complaints

All reported complaints are monitored by the QAIS to highlight areas of investigation or improvement. Reported complaints by patients receiving assurance of the Adult Hospital Framework are categorised against a bespoke 53-point matrix of nine complaint areas with sub-categories in each. Complaints are monitored at a patient, unit, hospital and provider level. In 2021-22 there were a total of 256 complaints, this has increased by 92 on the previous reporting year (164).
There has been an Increase in complaints (Staff attitude, Behaviour of another patient, communication, patient property, legal and Equality and Diversity as shown in figure 31 below.

- 7% (19) were classed as Hotel Services in 2021-22 compared to 7% in 2020/21.
- 40% (102) were classed as Attitude / Behaviour of Staff in 2021-22 compared to 33% in 2020-21.
- 4% (10) were classed as Behaviour of other Patient in 2021-22 compared to 13% in 2020-21.
- 9% (22) were classed as Communication in 2021-22 compared to 6% in 2020-21.
- 10% (26) were classed as Patient Property in 2021-22 compared to 14% in 2020-21.
- 21% (53) were classed as Clinical Treatment in 2021-22 compared to 10% in 2020-21.
- 4% (10) were classed as Legal in 2021-22 compared to 6% in 2020-21.
- 5% (14) were classed as Hospital Protocols in 2021-22 compared to 11 in 2020-21.
- 0% (0) was classed as Equality & Diversity in 2021-22 compared to 1% in 2020-21.

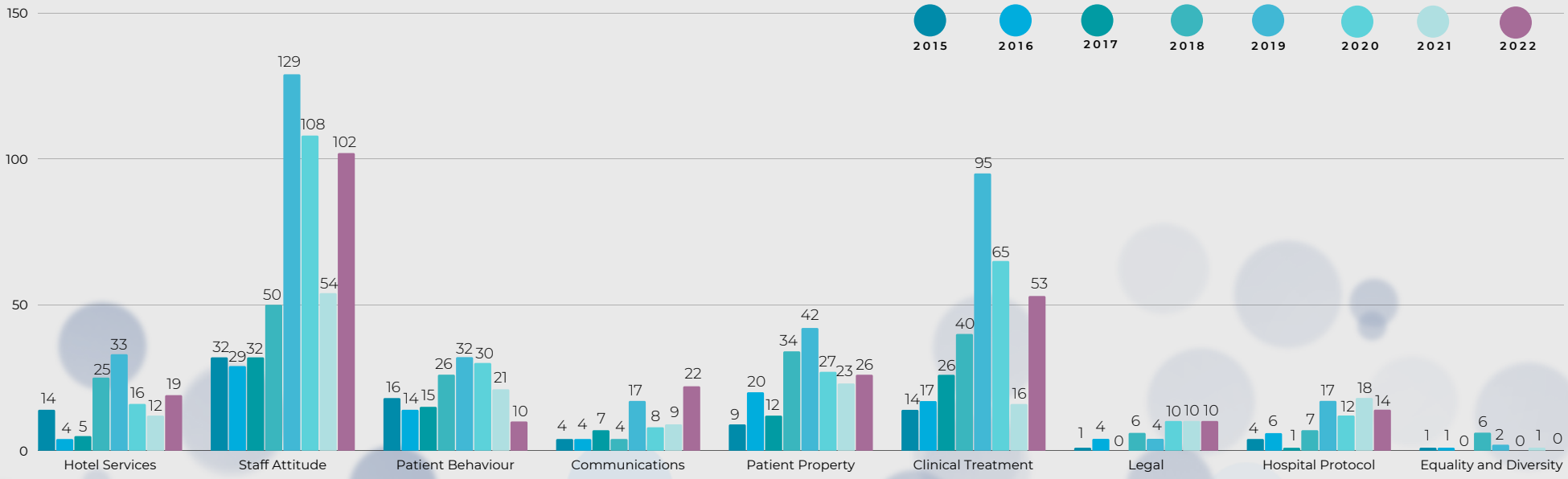


Figure 31: complaints by category for 2015-2022

The category Attitude and Staff Behaviour saw a 89% increase from the previous year although Attitude / Behaviour of Staff remained the largest category at 102 complaints. Figure 32 breaks down this category into its sub categories.

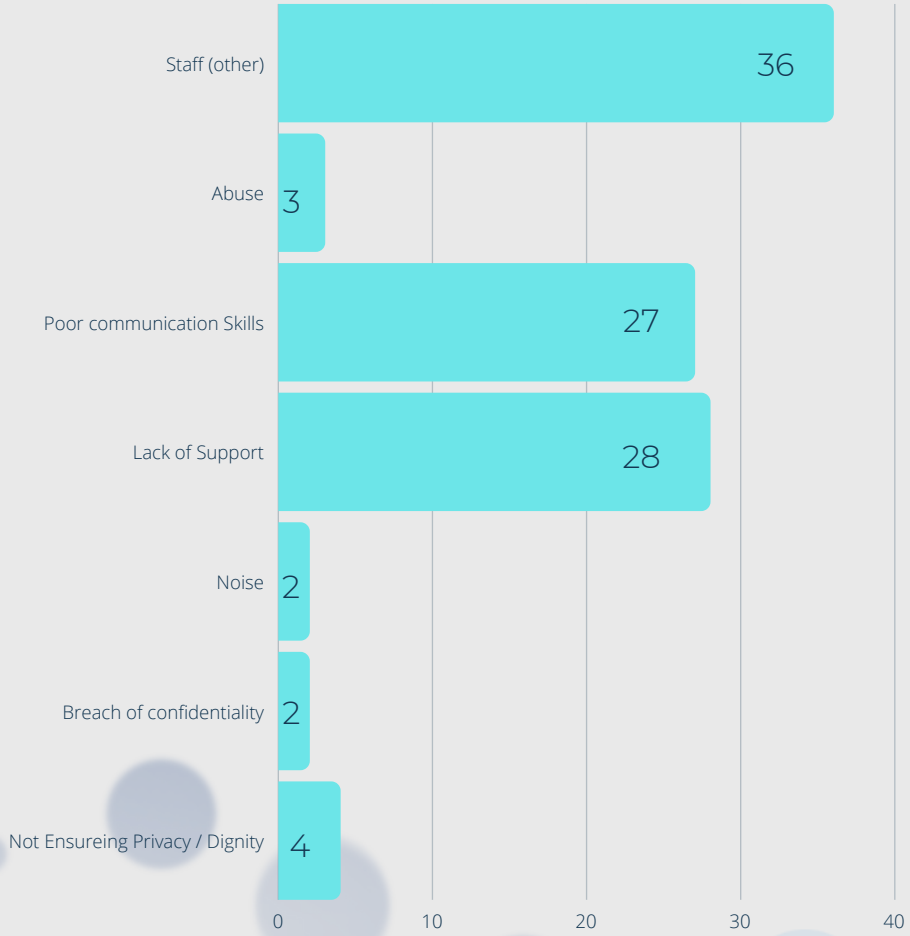


Figure 32: Complaint category Attitude/Behaviour of Staff by the sub-category

Safeguarding

The QAIS monitor all potential safeguarding concerns involving patients receiving care under the Adult Hospital Framework. These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ('confirmed'), or not ('unconfirmed'). In 2021-22, 15% (100) of the 675 reported safeguarding concerns were validated as confirmed and 85% (575) as unconfirmed.

The 675 potential safeguarding concerns constitute a 23% increase from the 459 reported in 2020-21. Figure 33 breaks down safeguarding reporting by tier of care.

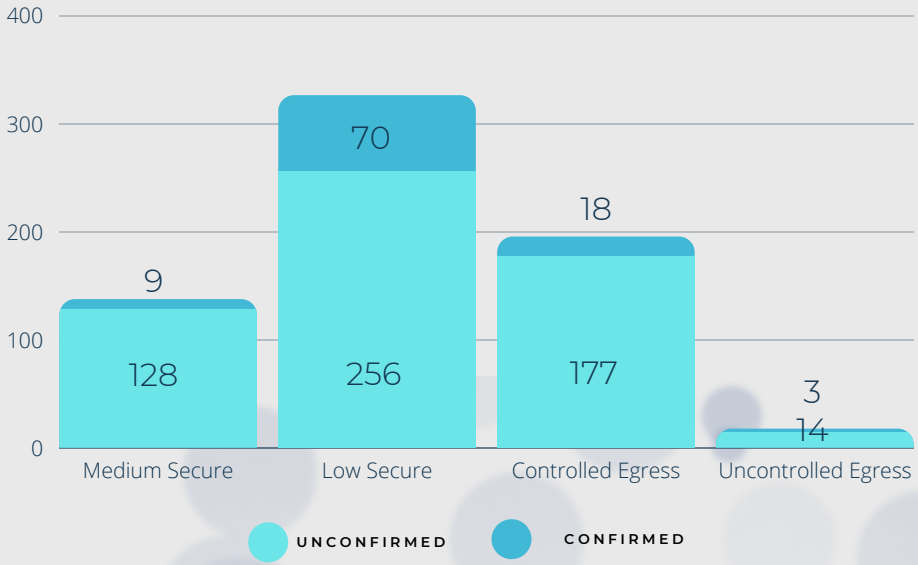


Figure 33: shows the 675 potential safeguarding concerns reported on CCAPS from 1 April 2021 to 31 March 2022

Safeguarding

Safeguarding concerns can be sexual abuse, physical abuse, neglect, financial abuse and emotional / psychological abuse.

- 14% (14) recorded and confirmed as sexual.
- 37% (37) recorded and confirmed as physical.
- 36% (36) recorded and confirmed as neglect.
- 2% (2) recorded and confirmed as financial.
- 11% (11) recorded and confirmed as emotional / psychological.

When notified of a safeguarding concern the QAIS contacts the provider to ensure immediate and appropriate actions have been taken.

Expenditure

As at the 31 March 2022, NHS Wales spend through the Adult Hospital Framework was an annualised cost of £58,741,331. Figure 34 below shows the spend by commissioning organisation* over the previous seven years.

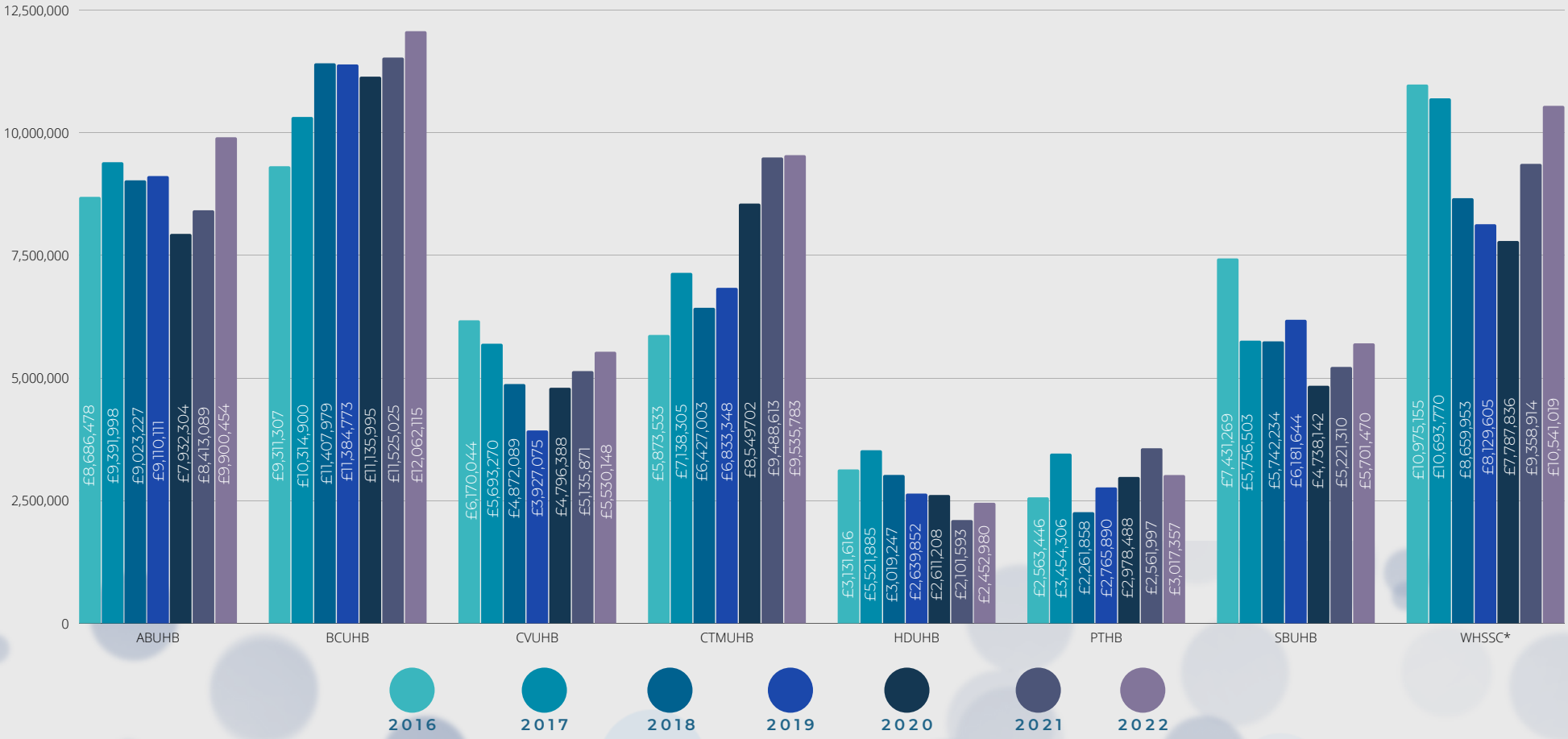


Figure 34: Annualised Spend by Organisation at 31 March 2022

*Note that the Welsh Health Specialised Services Committee costs are for medium secure care and Health Board costs for low secure, controlled and uncontrolled egress environments.

FINANCIAL APPROACHES

Figure 35 shows the spend by commissioning organisation of the last eight years in £millions. It shows a increase of £4.9m (8%) on the previous year and an increase of £6.2m since 2014-15 (11%)

2014-15	2015-16	2016-17	2017-18	2018-19
£52.2M	£54.1M	£55.9M	£51.7M	£50.9M

2019-20	2020-21	2021-22
£50.5M	£53.8M	£58.7M

Figure 35: Spend on Adult Hospital Framework

The Adult Hospital Framework delivers a 'four track price approach' to apply continuous pressure on providers to deliver, for NHS Wales, quality care at best value through a legally compliant and controlled mechanism. These four approaches are costs included in price, competitive price ranking, regular price refreshes and consistent pricing.

Costs Included in Price

The Adult Hospital Framework includes a bespoke NHS Wales specification detailing the services to be provided at a set day price. This currently includes all the costs of additional 1:1 staffing sometimes required by patients in these environments for the mitigation of self harm or violence. These additional staffing costs were running at many millions prior to the Adult Hospital Framework being established and are now incorporated into the day price.

Competitive Price Ranking

The Adult Hospital Framework uses a 'quality then cost' approach to provide a competitive mechanism between providers of care who are meeting the quality standard. Providers all achieving the same quality assurance rating are then ranked by price, with the lowest price provider ranked above those with higher cost. This enables a highly competitive environment.

Regular Price Refreshes

The Adult Hospital Framework has inbuilt periodic 'price refresh' points, where every 6 months providers can reduce prices and every 18 months where providers can adjust their prices upwards or downwards (with caveats). These points enable the regular request for price increases, normal to commissioned services, to be replaced with a continuous dialogue where, on behalf of NHS Wales.

The National Collaborative Commissioning Unit and Shared Services Procurement work with providers to understand market pressures, national and local cost demands and other cost influences to ensure providers understand the need to deliver care at best value and to ensure procured services are being delivered.

Consistent Pricing

All price charges (see previous page) apply to current as well as future placements. This enables real cash releasing savings to be delivered and 'loss leader' pricing to be discouraged, this approach has realised cash releasing saving for the NHS. The approach also protects against the chaos seen in other commissioned markets where there are numerous prices applied for placements, even on the same ward, due to the mix of historic and current applied prices making real price comparison unachievable.

SECTION 3

National Collaborative Framework for Child Adolescent Mental Health Service (CAMHS) Low Secure and Acute Non-NHS Wales Hospital Services

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Map 2 – Approximate geographical position of hospitals caring for CAMHS patients

Providers

There were 8 companies, 8 sites and 36 individual wards providing or able to provide a service under the CAMHS Hospital Framework on 31 March 2022.

The Map shows the approximate geographical position of hospitals caring for CAMHS patients.

CURRENT STATE

On 31 March 2022, there were 6 patients receiving assurance under the CAMHS Hospital Framework, as shown in Figure 36, which is 1 more than 2020/2021.

Between the 1 April 2020 and 31 March 2021, there were 22 new placements, 2 in Low Secure service and 20 in Acute service.

Type of service

There are two tiers of service on the CAMHS Hospital Framework, which are low secure hospitals and acute hospitals in a low secure hospital.

Low Secure Hospitals

Low secure services are provided for those patients who have complex needs and cannot be safely cared for in non-secure units. These patients are usually detained under the Mental Health Act and present a level of risk to themselves and others that require specialist environmental security measures.

Acute Hospitals

Acute services are designed to be short-term placements for rapid assessment and acute treatment, with lockable doors.

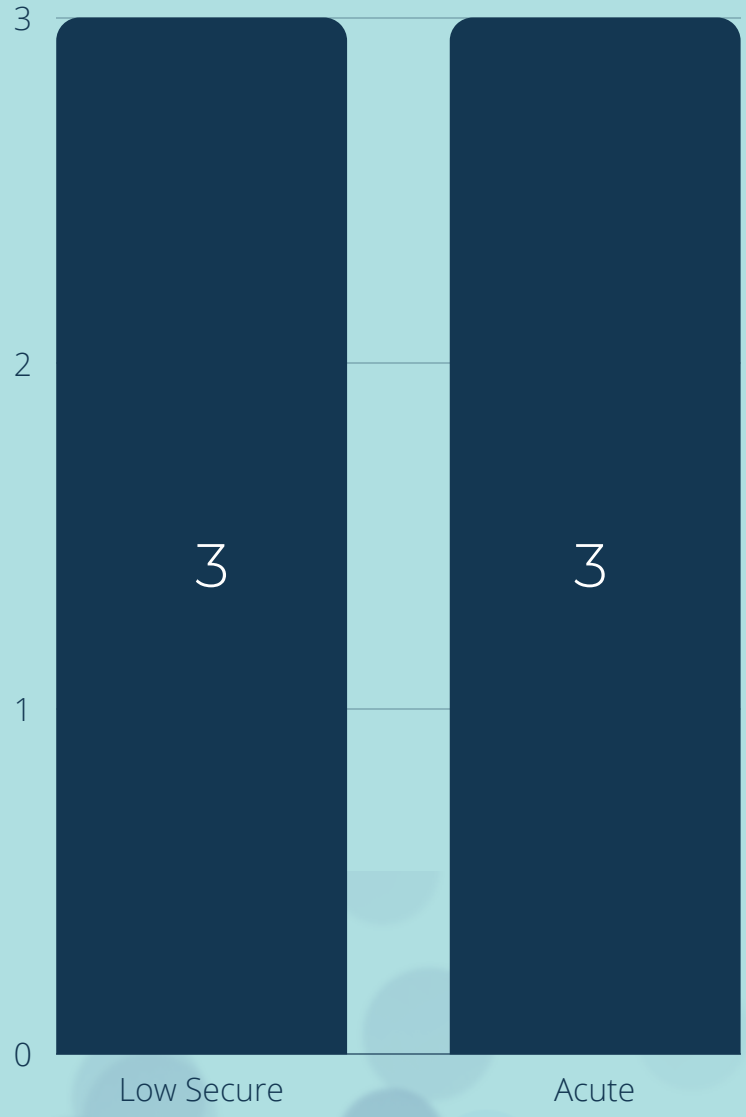


Figure 36: Admissions by Type of Service

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Figure 37 shows the activity (total admission and discharges) of the CAMHS Hospital Framework in the three full years it has been in operation. It shows the reduction in activity in each of the years of operation.

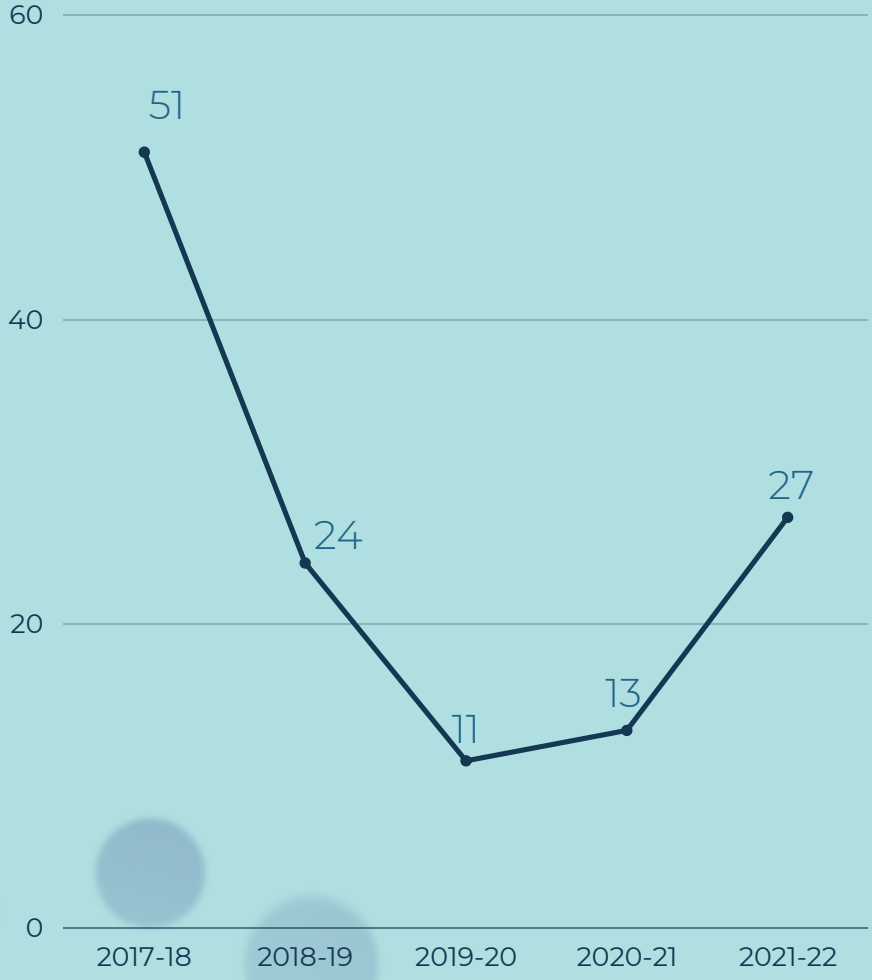
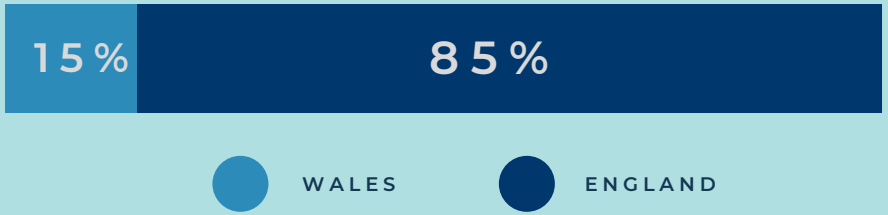


Figure 37: CAMHS Hospital Framework Activity 2017-2021

Country of placement

Mapping patients receiving assurance under the CAMHS Hospital Framework shows that 85% of patients were cared for in England and 15% were cared for in Wales on 31 March 2021.



Distance from significant postcode

The QAIS want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the patients community of choice. Within the placement process, we mandate that the commissioner enters a 'significant postcode' for the patient and distance to the provider is calculated from this geographical point.

- 1 (5%) patients were admitted to a provider less than 50 miles from the significant postcode.
- 5 (23%) patients who were placed between 50 and 100 miles from the significant postcode.
- 16 (72%) patients are more than 100 miles from the significant postcode.

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Length of stay

A total of 27 patients received assurance under the CAMHS Hospital Framework and 21 were discharged between 1 April 2020 and 31 March 2021.

A total length of stay with their final provider prior to discharge as shown in Figure 38 was:

- 85.7% (18) patients had a length of stay less than 6 months.
- 14.3% (3) patients had a length of stay between 6 - 12 months.
- 0 patients had a length of stay between 1 and 2 years.

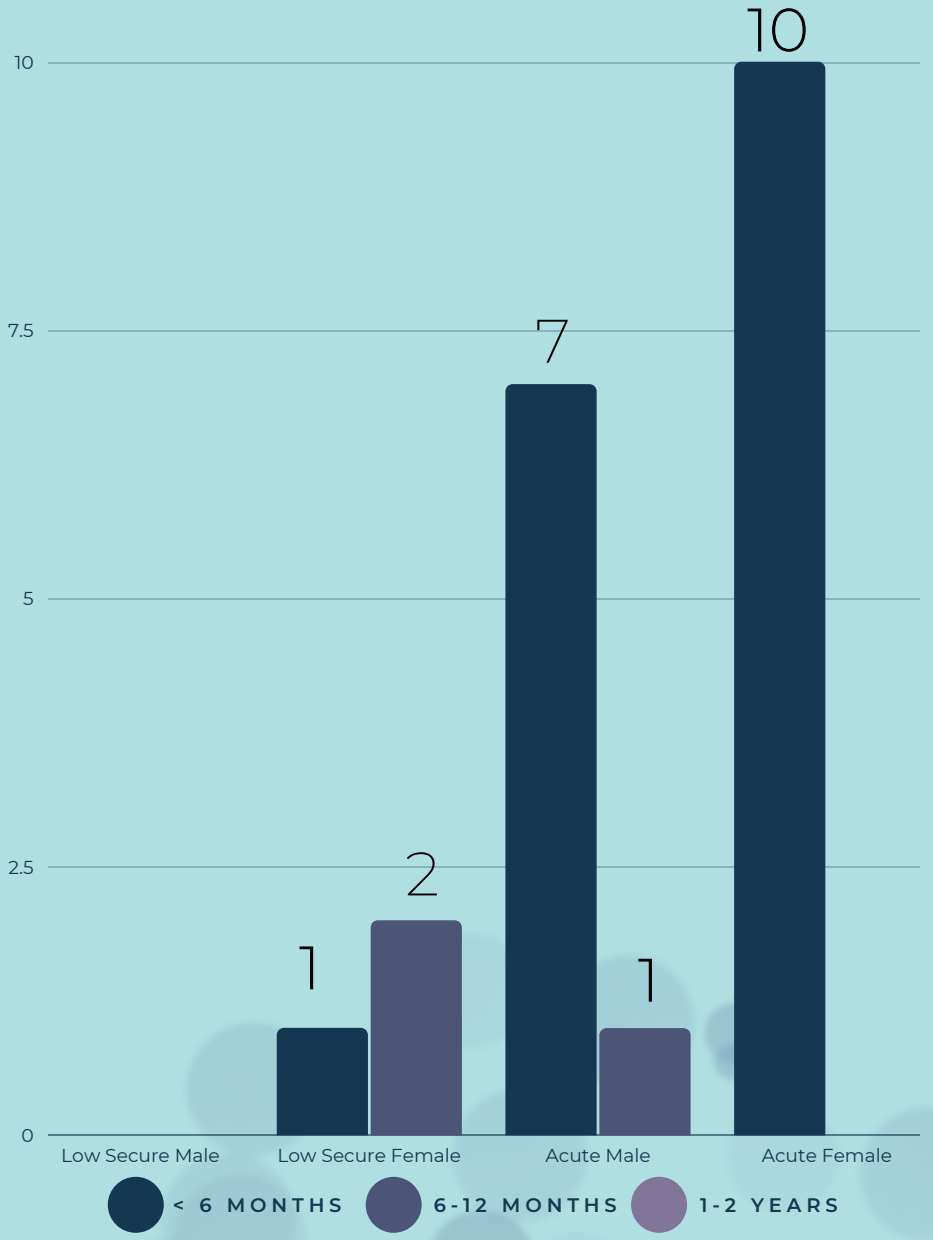


Figure 38: CAMHS Completed Length of Stay by Type of Care between 1 April 2021 and 31 March 2022

MAINTAINING THE QUALITY OF CARE

There are 25 bespoke Welsh standards based on best service, experiential learning and good clinical practice across 25 areas. Over 652 individual standards were audited between 1 April 2021 and 31 March 2022.

Figure 39 details the average achievement for each of the 25 areas within the CAMHS Hospital Framework reviewed between 1 April 2021 and 31 March 2022.

Standard Area	2018	2019	2020	2021	2022	Difference 2021-2022
Meaningful and Culturally Appropriate Activities	100%	100%	75%	100%	100%	-
Environment	92%	95%	66%	70%	95%	+25%
Nutrition	100%	100%	71%	71%	100%	+29%
Robust Governance and Accountability	65%	97%	69%	0%	88%	+88%
Leave	100%	100%	69%	25%	100%	+75%
Risk Assessment and Risk Management	75%	100%	55%	20%	85%	+65%
Safety and Welfare of Patients	90%	98%	71%	42%	82%	+40%
Physical Interventions / Seclusion	83%	86%	60%	33%	88%	+55%
Pharmacological Interventions and Medicines Management	83%	100%	71%	54%	91%	+37%
Emergency Planning and Response	100%	100%	71%	66%	100%	+34%
Medical Devices and Resuscitation Equipment	93%	95%	65%	60%	95%	+35%
Respecting Privacy, Dignity, Equality, Diversity and Human Rights	100%	100%	72%	67%	94%	+27%

Figure 39: CAMHS Quality Standards – Average Achievement in 2018-2022 (Continues Overleaf)

Figure 40 below shows the CAMHS Quality Standards – Average Achievement in 2018-2022

Standard Area	2018	2019	2020	2021	2022	Difference 2021-2022
Education	100%	97%	73%	100%	100%	-
Information and Communication	97%	92%	69%	80%	93%	+13%
Visiting and Maintaining Contact	100%	100%	75%	75%	100%	+15%
Supportive and Therapeutic Patient Observations	61%	88%	67%	67%	92%	+25
Clinical Records	38%	58%	50%	50%	88%	+38
Improving Patients Experience of Care, including Quality and Satisfaction Complaints	100%	100%	75%	0%	100%	+100%
Patient Engagement and Satisfaction	71%	86%	67%	0%	96%	+96%
Staff	69%	92%	71%	9%	89%	+80%
Physical Health and Health and Well Being Promotion	62%	78%	64%	10%	85%	+75%
Multi-Disciplinary Team Meeting	100%	88%	75%	25%	94%	+69%
Care and Treatment Planning	50%	75%	58%	20%	75%	+55%
Psychological/Therapeutic Interventions	88%	96%	72%	63%	100%	+37%
Discharge Planning and Transition to Adult Services	91%	98%	75%	71%	96%	-25%

Figure 40: CAMHS Quality Standards

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Out of the of the 4 reviews 2 (50%) maintained with no further action required and 2 (50%) Performance Improvement Notices issued, 1 (50%) of the cases the Provider provided assurance all the remedial actions had been rectified within the designated ten day timeframe. In 1 (50%) cases, the Provider did not provide assurance that one or more remedial actions had been rectified.

Normally when any remedial action has not been rectified within the designated timeframe than a 'supervised Performance Improvement Plan' is issued and the providers '3Q' Quality Assurance Rating is adjusted to reflect the severity of the deficit.

Quality Assurance Ratings

There were 22 patients admitted between 1 April 2021 and 31 March 2022 and 100% of patients were placed with a provider that (at the time of placement) had a '3Q Quality Assurance Rating'. As shown in Figure 41 below.

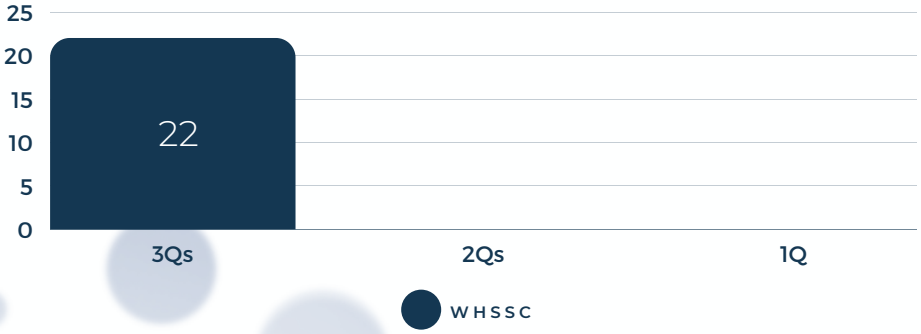


Figure 41: Number of placements by Quality Assurance Rating

Figure 42 below illustrates the placements by quality assurance rating over the last four years.

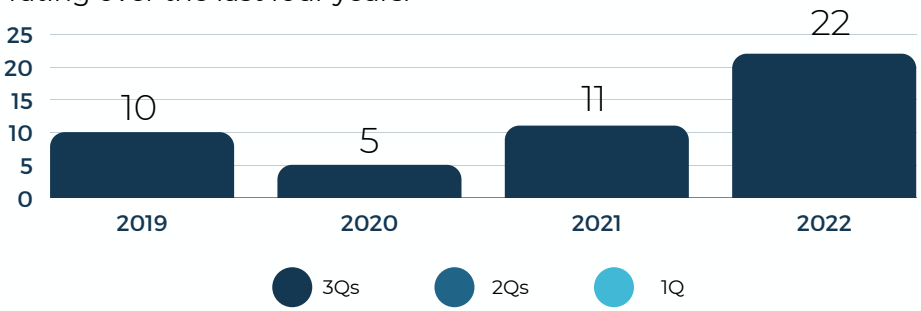


Figure 42: Quality Assurance Rating Placement

Top Five Ranked Providers

Admissions to the top five ranked providers from the 1 April 2021 and 31 March 2022 by Commissioner shown in figure 43.

Figure 43: Placements by Quality Assurance Rating over three years

Care Coordination

It is vital that care coordinators receive electronic notifications of incidents and are able to be contacted by the QAIS to discuss individual issues. In order to facilitate this is a requirement to record the name of the patients care coordinators(s) when making a placement. In 2021-22, 100% of patients had details of a care coordinator recorded.

Attendance at Care and Treatment Plan Reviews

There were 31 Care and Treatment Plan (CTP) reviews for during the 1 April 2021 to 31 March 2022 for 13 patients.

Figure 44 illustrates the attendance or nonattendance* by either a care coordinator and / or other representative from Wales at the Care and Treatment Plan reviews held for the eight patients receiving assurance (and eligible for a review) between 1 April 2021 and 31 March 2022.

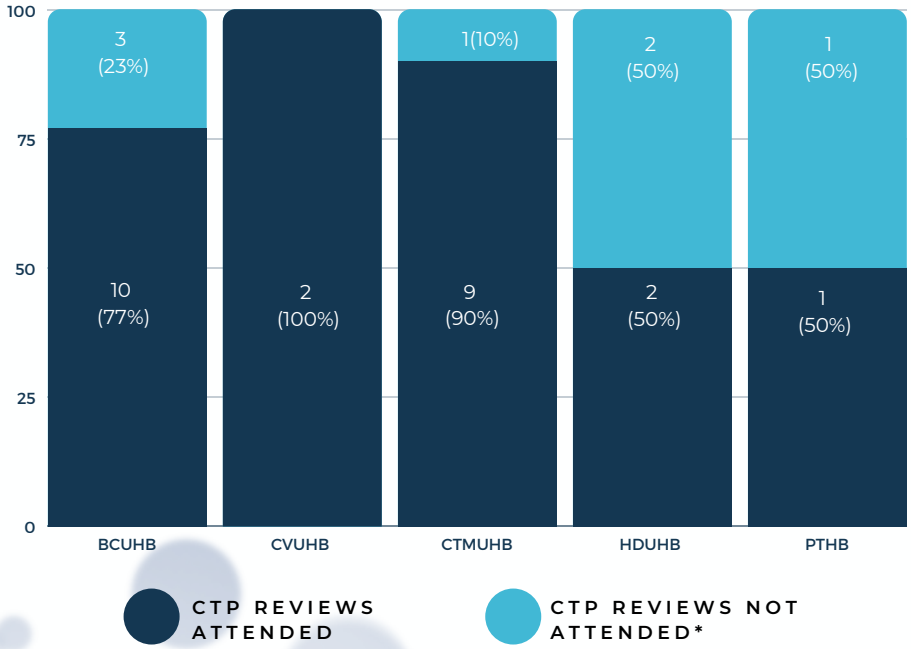


Figure 44: Attendance at Care and Treatment Plan Reviews

*Please note that non-attendance at reviews does not signify a complete absence of patient contact, as professionals may have visited the patient at other times.

INCIDENTS

There were a total of 1951 incidents involving patients receiving assurance under the CAMHS Hospital Framework between 1 April 2021 and 31 March 2022. Of these incidents:

- 744 or 38% were classed as negligible.
- 1188 or 61% were classed as minor.
- 16 or 1% were classed as moderate.
- 2 or 0% were classed as severe.
- 1 or 0% were classed as critical.

Figure 45 illustrates the 1,951 incidents reported by severity involving four patients receiving assurance under the CAMHS Hospital Framework between 1 April 2021 to 31 March 2022.

To be able to compare numbers more accurately (as certain types of services or providers may have more patient(s) we calculate the denominator by 'how many days a bed in a unit was occupied by a Welsh patient', this is called 'occupied bed days'.

INCIDENTS

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Self-harming behaviour / Suicide	449	1137	6	0	0	1592	707
Perpetrator of Disruptive, physically aggressive behaviour, Violence	133	32	3	0	0	168	75
Perpetrator of verbal abuse, threats or bullying	77	8	1	0	0	86	38
Breach of security / Contraband items	51	4	0	0	0	55	24
Victim of verbal abuse threats or bullying	8	3	0	0	1	12	5
Perpertrator of Sexual abuse / sexual violence	6	1	0	0	0	7	3
Access, admission, transfer, discharge (including missing patient) - AWOL	5	0	0	1	0	6	3
Victim of Disruptive, physically aggressive behaviour, Violence	4	0	1	0	0	5	2
Medication	5	0	0	0	0	5	2
Victim of Sexual abuse / sexual violence	4	0	0	0	0	4	2
Patient Illness	0	0	3	1	0	4	2
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	0	3	1	0	0	4	2
Patient Injury or Harm resulting from any act or omission relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	0	0	1	0	0	1	0
Illicit Substance / Alcohol use or possession	1	0	0	0	0	1	0
Documentation, Record keeping, Data & legal, and property.	1	0	0	0	0	1	0
Total	744	1188	16	2	1	1,951	867

Figure 45: Incidents Reported 1 April 2021 and 31 March 2022

INCIDENTS

Figure 46 is a comparison of incidents by 1000 occupied bed days in 2020-2021 and 2021-2022 by incident type. The figure shows a significantly increased in the incidents reported for Perpetrator of Disruptive, physically aggressive behaviour and Violence. The Incidents reported for Self-harming behaviour / Suicide have decreased.

	2020-2021	2021-2022	Difference
Total Incidents	**1,027**	**1,951**	**924**
	Number of incidents per 1000 occupied bed days		
Incident Type	**2020-2021**	**2021-2021**	**Difference**
Perpetrator of Disruptive, physically aggressive behaviour, Violence	16	75	+58
Perpetrator of verbal abuse, threats or bullying	11	38	+27
Breach of security / Contraband items	6	24	+18
Victim of verbal abuse threats or bullying	1	5	+4
Access, admission, transfer, discharge (including missing patient) - AWOL	1	3	+2
Perpertrator of Sexual abuse / sexual violence	1	3	+2
Patient Illness	1	2	+1
Victim of Sexual abuse / sexual violence	1	2	+1
Medication	1	2	+1
Documentation, Record Keeping, Data & Legal, and Property	0	0	-
Illicit Substance / Alcohol use or possession	0	0	-
Patient Injury or Harm resulting from any act or omission relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	1	0	-1
Victim of Disruptive, physically aggressive behaviour, Violence	4	2	-2
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	4	2	-2
Self-harming behaviour / Suicide	716	707	-9
Total	767	867	

Figure 46: Comparison of the Number Incidents per 1000 Occupied Bed Days by Incident Type 2020/2021 and 2021/2022

INCIDENTS

Complaints

There were 4 complaints reported under the CAMHS Hospital Framework between 1 April 2021 and 31 March 2022. There were 3 complaints reported in 2020/21 and 0 in 2019/20. Some concerns raised by patients would have been resolved through internal reporting processes.

Safeguarding

The QAIS monitor all potential safeguarding concerns involving patients receiving assurance under the CAMHS Hospital Framework. 44 potential safeguarding concerns were reported to local safeguarding teams between 1 April 2021 and 31 March 2022 as shown in Figure 47. These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ('confirmed'), or not ('unconfirmed'). Between 1 April 2021 and 31 March 2022 one (2%) of concerns were confirmed and 43 (98%) were unconfirmed.

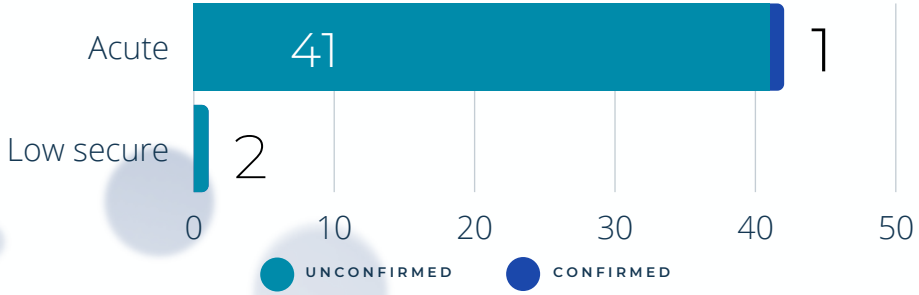


Figure 47: Safeguarding Concerns reported 1 April 2021 to 31 March 2022

CAMHS Hospital Framework Expenditure

As at the 31 March 2022, the Welsh Health Specialised Services Committee spend through the CAMHS Hospital Framework was an annualised cost of £1,955,848 shown in Figure 48 below.

Refer to page 50 for the financial approaches for the CAMHS hospital framework.

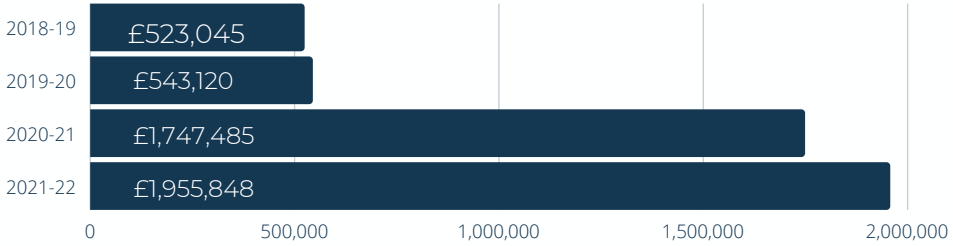


Figure 48: Annualised spend by organisation at 31 March 2021

SECTION 4

National Collaborative Framework for Adults (18+ years) in Mental Health and Learning Disabilities Care Home and Care Home with Nursing for NHS and Local Authorities in Wales

NATIONAL OVERVIEW AND TRENDS

Map 3 –Approximate geographical position of care homes on the National Collaborative Framework

Providers

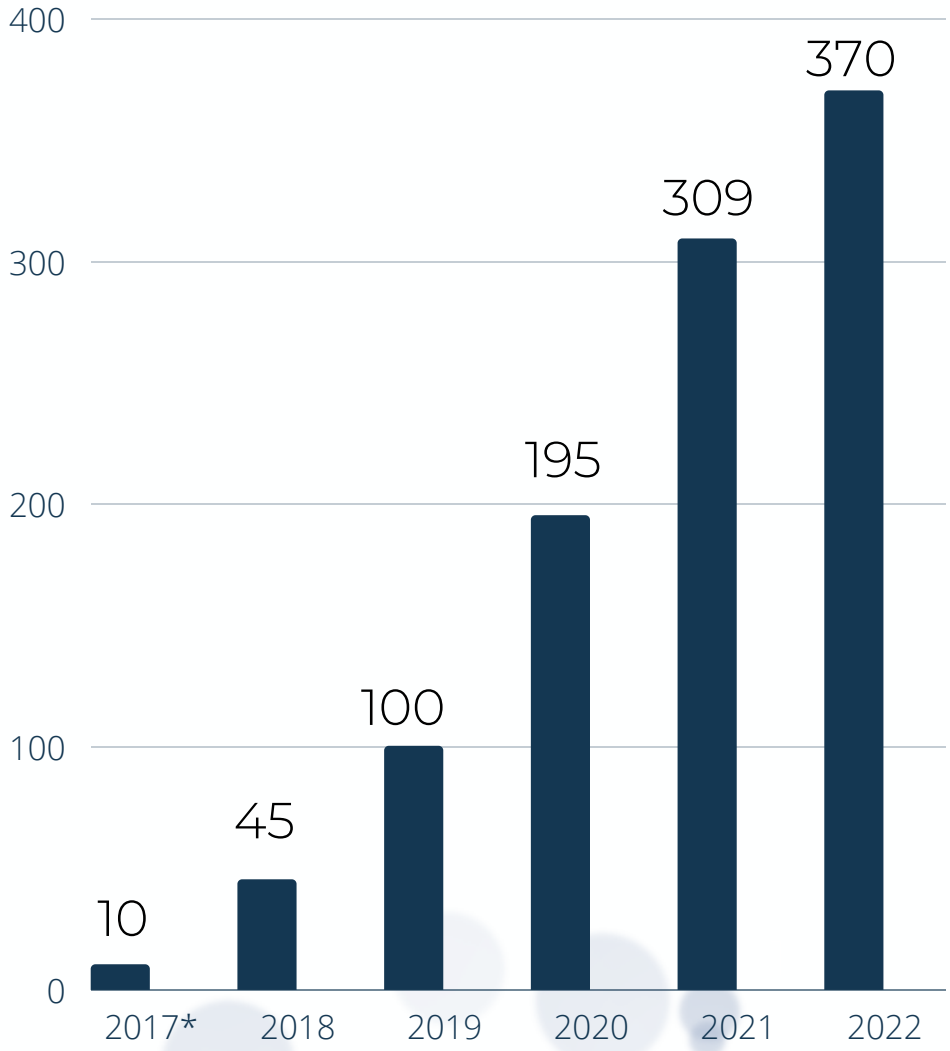
On the 31 March 2022, there were 116 providers and 335 individual care homes providing or able to provide services as part of the Care Home Framework.

The Map shows the approximate geographical position of care homes on the Framework

NATIONAL TREND

On the 31 March 2022 there were 370 Welsh residents receiving assurance under the Care Home Framework. This compares to 309 residents from the previous year, equating to a 20% increase.

Figure 49 indicates the number of placements by the lead commissioning organisation, as recorded at point of placement, from 1 October 2016 to 31 March 2022.



*Includes 1 October 2016 (the start of the Framework) and 31 March 2017.

Figure 49: Number of Placements from 1 October 2016 and 31 March 2022

NATIONAL OVERVIEW

There are nine different types of services that are able to be commissioned through the Care Home Framework.

Figure 50 illustrates the number of placements by type of service from 1 October 2016 to 31 March 2022.

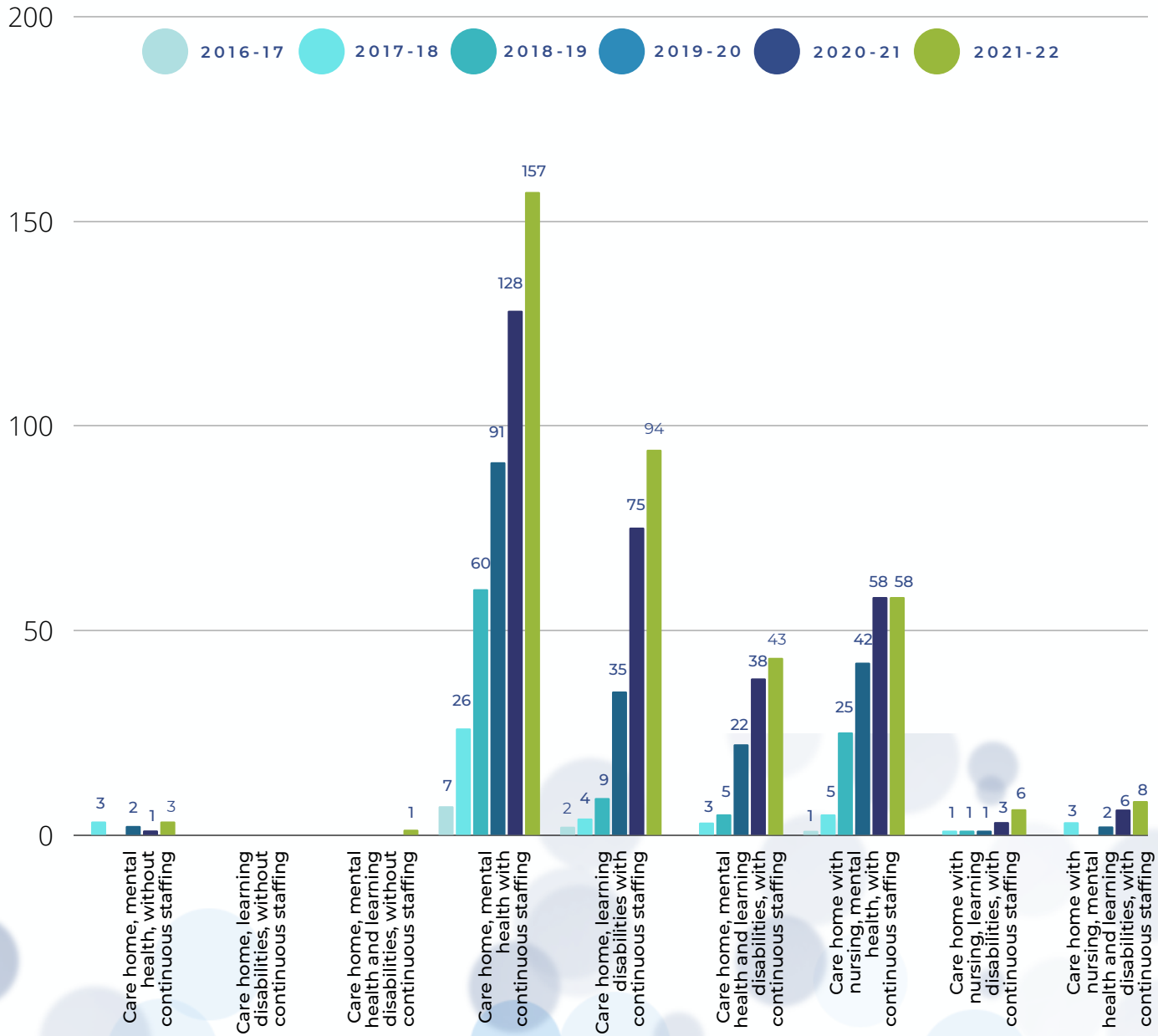


Figure 50: Placements by Type of Service from 1 October 2016 and 31 March 2022

NATIONAL OVERVIEW

The 'Lead Commissioner' 'is the commissioning organisation who requests placement for a 'jointly commissioned' (both health and local authority) resident.

Figure 51 shows the placements by the lead commissioning organisation from 1 October 2016 to 31 March 2022.

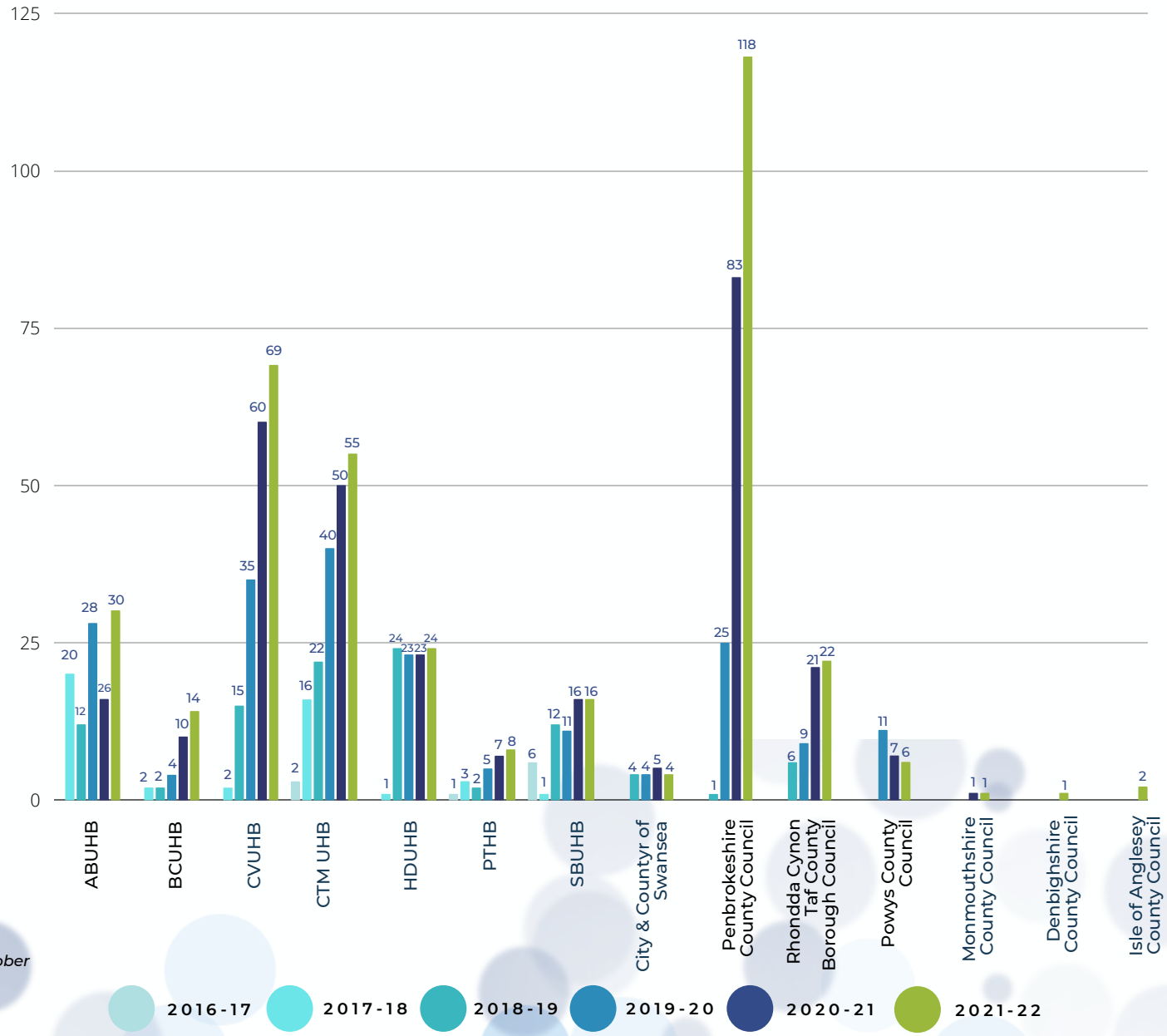


Figure 51: Placement by Lead Commissioner from 1 October 2016 and 31 March 2022

NATIONAL OVERVIEW

Figure 52 illustrates that of the 370 Welsh residents receiving assurance on 31 March 2022 under the Care Home Framework, 20% of residents had a Local Authority, 33% had both Local Authority and Local Health board whilst 47% had a Health Board as lead commissioner.

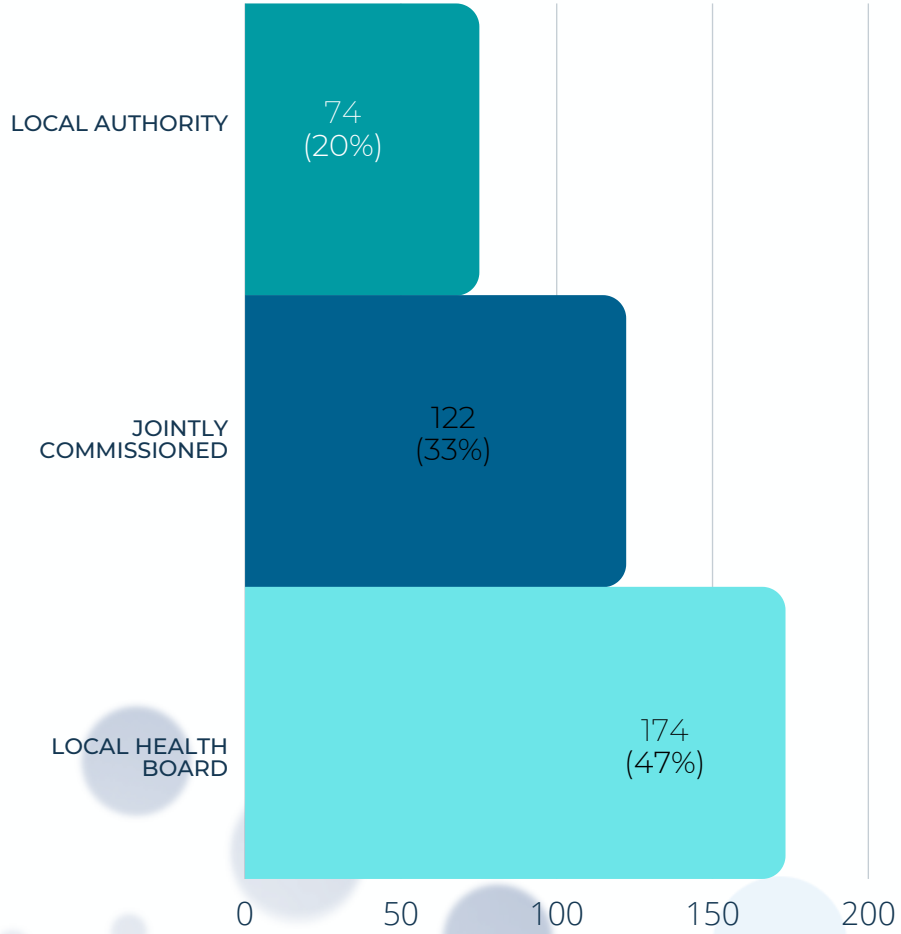


Figure 52: Proportion of Residents by Lead Commissioner 1 October 2016 and 31 March 2022

Figure 53 shows the specific organisation who commissioned placements between 1 April 2021 and 31 March 2022.

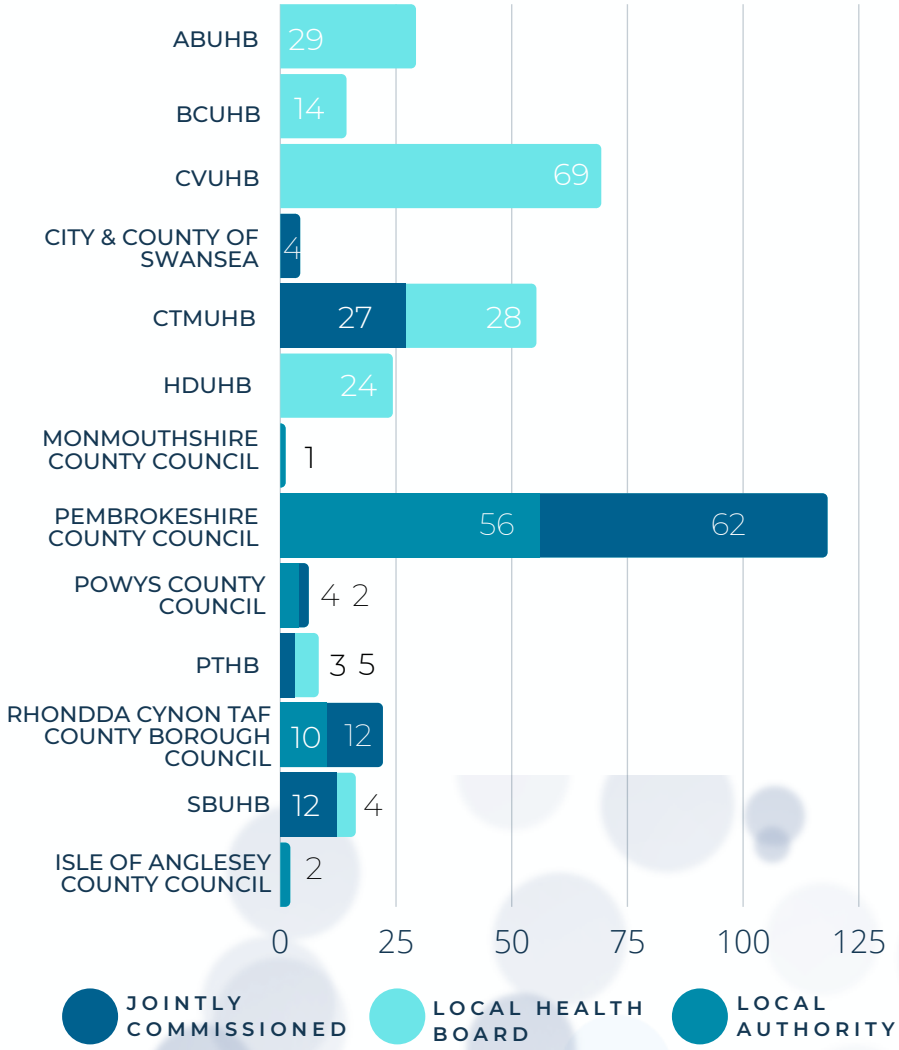


Figure 53: Placements by Lead Commissioner 1 April 2020 and 31 March 2022

MALE AND FEMALE DISTRIBUTION

Of the 370 residents receiving assurance under the National Collaborative Framework on the 31 March 2022, 62% (228) were male and 38% 142) were female.

Figure 54 shows the distribution of male and female residents receiving assurance compared to last year.

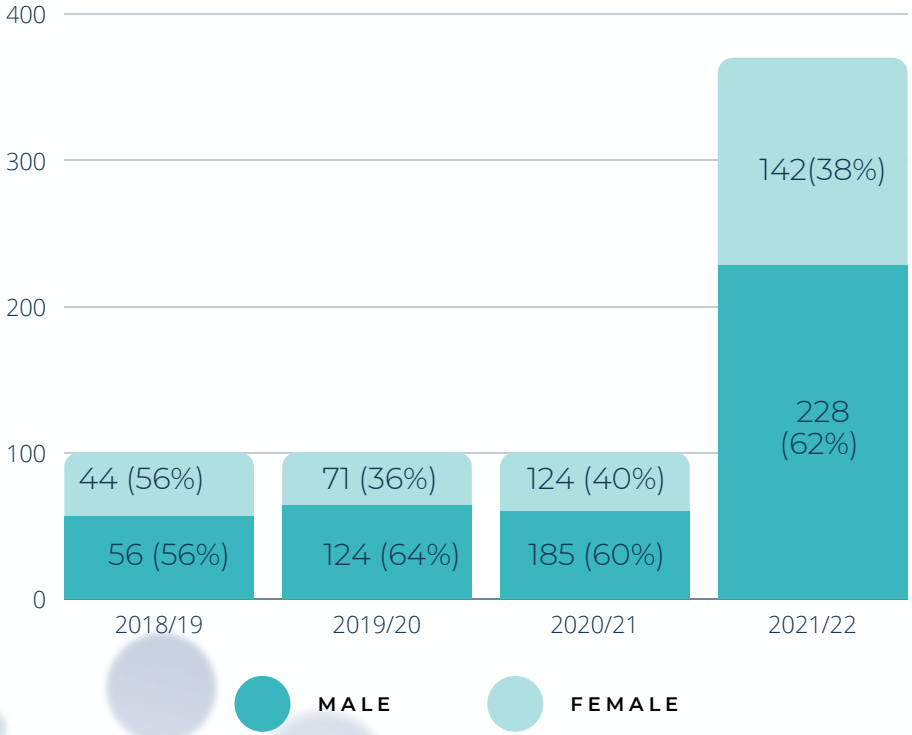


Figure 54: Male and Female Distribution

Of the 370 patients receiving assurance under the Adult Hospital Framework on the 31 March 2021, 99% (365) were placed in Wales and 1% (5) were placed in England.

Since 2020-21 the number of patients placed in care homes located in Wales has increased by 23% and the number of placed in care homes located in England has decreased by 28%.

Figure 55 shows the distribution residents placed in England or Wales on the 31 March 2022.

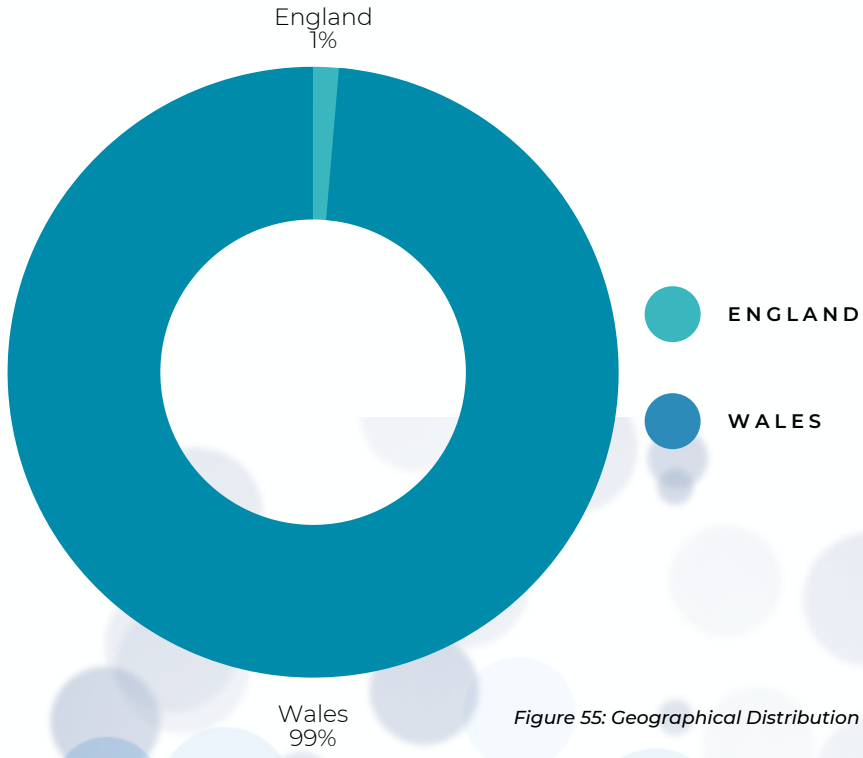


Figure 55: Geographical Distribution

DISTANCE FROM SIGNIFICANT POSTCODE

The QAIS want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the residents community of choice. Within the placement process, we mandate that the commissioner enters a 'significant postcode' for the resident and distance to the provider is calculated from this geographical point. Figure 56 shows the distance of placement from the significant postcode by type of care

- 67% of residents received care between 0-10 miles.
- 15% of residents received care between 11-20 miles.
- 5% of residents received care between 21-30 miles.
- 6% of residents received care between 31-40 miles.
- 4% of residents received care between 41-50 miles.
- 4% of residents received care of 51+ miles from the significant postcode.

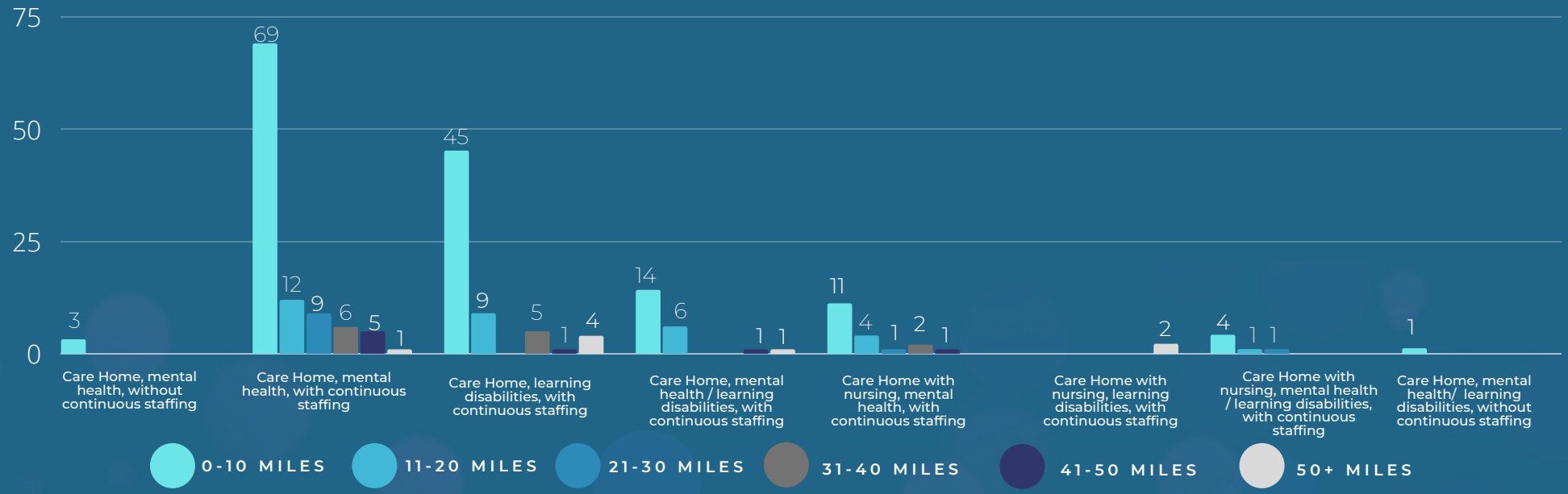


Figure 56: Distance of Placement from Residents Significant Postcode by Type of Care

MAINTAINING THE QUALITY OF CARE

Between 1 April 2021 and 31 March 2022, 5,955 individual standards were reviewed. Figure 57 details the average achievement for each of the eight areas of standards within the Care Home Framework.

Standard Area	2020-21	2021-22	Difference 2021-2022
The provider supported the resident to recover and stay well	81%	93%	+12%
The provider supported the resident to progress and move on	85%	88%	+3%
Operational and IT requirements	85%	92%	+7%
Regulatory compliance	91%	96%	+5%
The provider supported the resident and the other resident's community to value each other	95%	97%	+2%
The provider supproted the resident to the healthy	95%	99%	+4%
The provider supported the resident to be safe	93%	96%	+3%
The provider supported the resident to feel at home	96%	96%	-

Figure 57: Care Home Standards Achievement from 1 October 2020 and 31 March 2022

QUALITY ASSURANCE REVIEWS

The QAIS reviewed 153 care settings in 103 care homes in 2021-22. This accounts for 31% of the care homes on the Care Home Framework and 25% of care settings where a Welsh resident had been admitted.

The outcome of the 103 care homes reviews were that 55 (53%) care home required one or more remedial actions and 48 (47%) did not require any remedial action.

The 55 care homes where one or more remedial actions were each issued a 'Performance Improvement Notice'. Across all Performance Improvement Notices there were a total of 341 individual actions (an example of which is shown in Figure 58).

Area: Medication		
Care Standard	**Audit Outcome**	**Assurance Required**
On occasion of the failure to provide, or for the Resident to accept or receive any individual prescribed medication, the rationale for this is clearly documented	A number of examples were noted where medication identified on the MAR was not signed as being administered in line with the directions. For example, Laxido was prescribed daily for one individual but not given – no rational was recorded on the MAR.	Key staff who administer medication have been booked on further medication training as well as completing medication assessment booklets. This includes observations from deputy and manger to ensure compliance.

Figure 58: Example of a Care Home Framework Improvement Action

QUALITY ASSURANCE REVIEWS

Of the 103 reviews, 48 (46.6%) maintained their Q's
55 (53.4%)Performance improvement Notices issued, of the cases the provider provided assurance all the remedial actions has been rectified within the designated twenty day timeframe.

13 (13%) cases the provider did not provide assurance that one or more remedial actions had been rectified and therefore a supervised performance improvement plan was issued resulting in the providers 3Q quality assurance rating being adjusted to reflect the severity of the deficits.

1 (1%) cases was being processed at the time of this report.

During 2021-2022:
5 provider had a 1Q deducted.
8 providers had 2Qs deducted.

Quality Assurance Ratings

There were 315 placements commissioned between 1 April 2021 and 31 March 2022 as part of the Care Home Framework. Of those placed 100% of residents were placed with a provider who had maintained the ‘3Q’ Quality Assurance Rating. Figure 59 shows the residents placed with a provider who had maintained the '3Q' Quality Assurance Rating.

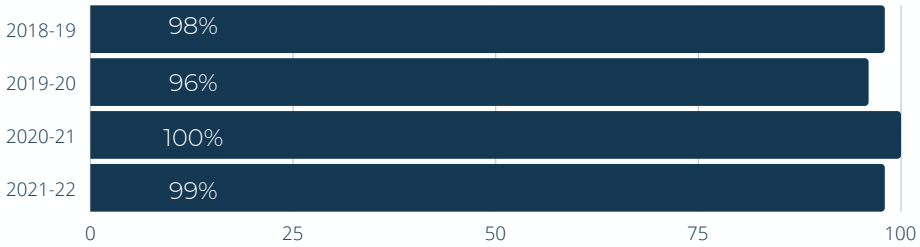


Figure 59: residents placed with a provider who had maintained the '3Q' Quality Assurance Rating

Care Co-ordination

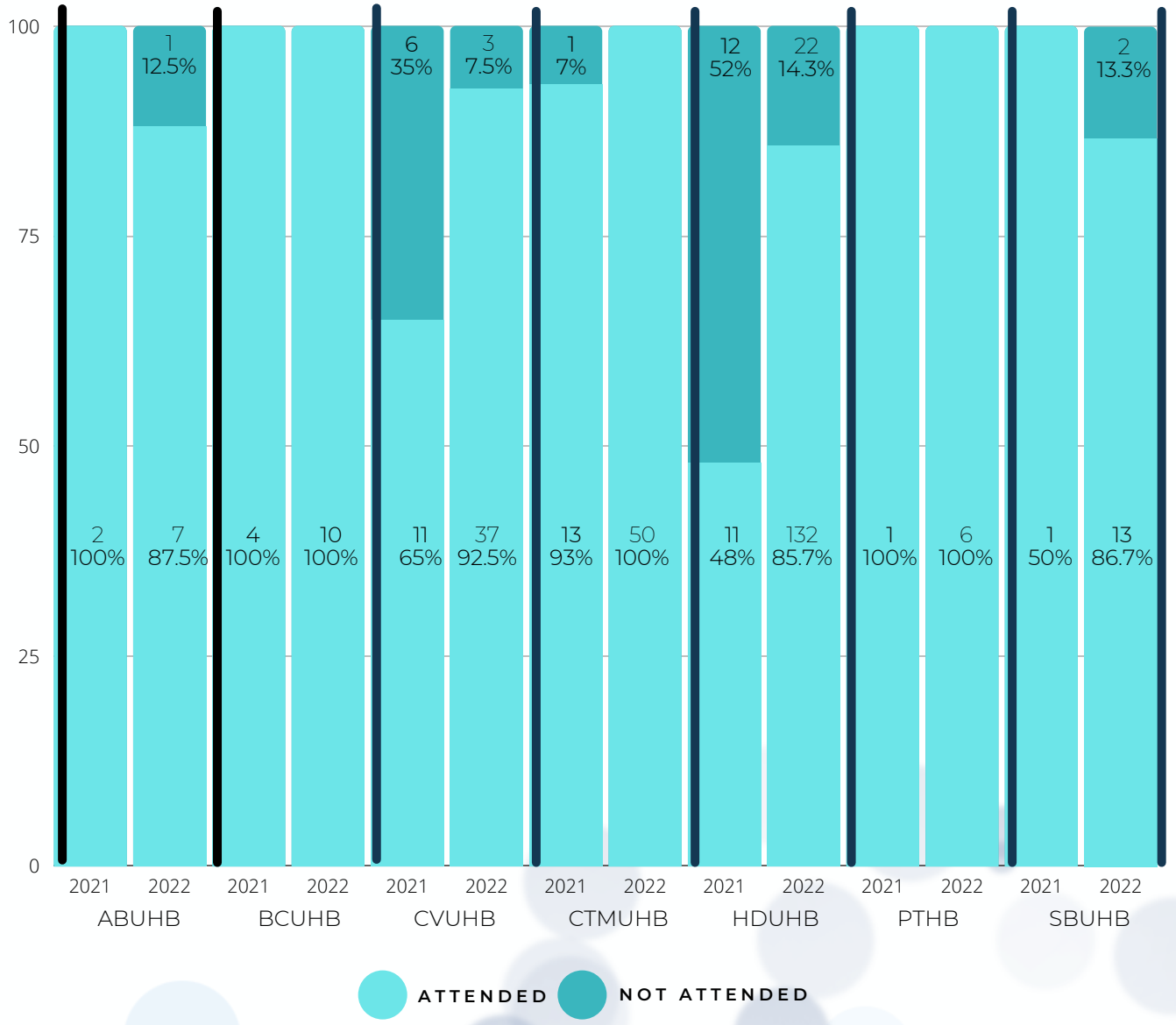
It is vital that care co-ordinators receive electronic notifications of incidents and are able to be contacted by the QAIS to discuss individual issues. In order to facilitate this is a requirement to record the name of the residents care coordinators(s) when making a placement. In 2021-22, 100% of residents had details of a care co-ordinator recorded.

ATTENDANCE AT CARE TREATMENT PLAN / ANNUAL SUPPORT PLAN REVIEWS

There were 283 recorded Care Treatment Plan / Annual Support Plan Reviews between 1 April 2021 and 31 March 2022 for 168 residents placed for longer than 1 year. Figure 60 illustrates the attendance or non attendance* by either a care co-ordinator and / or other representative from Wales at these reviews held between 1 April 2021 and 31 March 2022.

Figure 60 illustrates the attendance or non-attendance* by either a care co-ordinator and / or other representative from Wales at a Care Treatment Plan / Support Review held between 1 April 2021 and 31 March 2022 for 168 residents receiving assurance under the Care Home Framework and having been placed for more than 1 year.

Figure 60: attendance or non-attendance at annual Care Treatment Plan/Support Review between 1 April* 2021 and 31 March 2022



*Please note that non-attendance at reviews does not signify a complete absence of resident contact, as professionals may have visited the resident at other times.

INCIDENTS

There were a total of 5,908 incidents involving residents receiving assurance under the Care Home Framework. To be able to compare numbers more accurately (as certain types of services or providers may have more residents) we calculate the denominator by 'how many days a bed in a care home was occupied by a Welsh resident'. This is called 'occupied bed days'. The numbers are then multiplied by 1000 to produce balanced score using 1000 occupied bed days as benchmark.

Of these incidents:

- 2,778 or 47% were classed as negligible.
- 2,634 or 45% were classed as minor.
- 428 or 7% were classed as moderate.
- 52 or 1% were classed as severe.
- 16 or 0% were classed as critical.

Figure 61 shows the number of incidents per occupied bed days

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Perpetrator of disruptive, physically aggressive behaviour, Violence	920	1294	96	7	0	2,317	17.4
Perpetrator of verbal abuse, threats or bullying	861	643	65	2	0	1,571	11.8
Self-harming behaviour/Suicide	287	332	112	6	1	738	5.5
Resident injury resulting from an accident or incident or is unexplained	199	94	25	1	3	322	2.4
Access, admission, transfer, discharge (including missing Resident) - AWOL	71	30	37	5	0	143	1.1
Victim of verbal abuse threats or bullying	61	54	9	0	0	124	0.9
Medication	81	51	13	1	0	146	1.1
Illicit substance use or possession	25	76	5	0	0	106	0.8

Figure 61: Number of Incidents per 1000 Occupied Bed Days (Continued overleaf)

INCIDENTS

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Perpertrator of Sexual abuse / sexual violence	54	24	5	1	0	84	0.6
Resident Illness	0	0	54	29	12	95	0.7
Victim of Disruptive, physically aggressive behaviour and violence	176	20	2	0	0	198	1.5
Breach of terms of residence	14	11	0	0	0	25	0.2
Resident Injury or Harm resulting from any act or omission relating to Care and Treatment, Clinical Procedure or intervention.	13	0	3	0	0	16	0.1
Victim of Sexual abuse / sexual violence	10	2	2	0	0	14	0.1
Documentation, Record keeping, Data and legal, and property	6	3	0	0	0	9	0.1
Total	2,778	2,634	428	52	16	5,908	44.4

Figure 61: Number of Incidents per 1000 Occupied Bed Days

INCIDENTS

Figure 62 below compares incidents per 1000 occupied bed days, note the 20% increase in the number of residents placed. and comparison of Incidents from Last Year by Type of Incident per 1000 Occupied Bed Days

	2020-2021	2021-2022	Difference
Total Incidents	4,339	5,908	1,569
	Number of incidents per 1000 occupied bed days		
Incident Type	2020-2021	2021-2022	Difference*
Perpetrator of Disruptive, physically aggressive behaviour, Violence	15.7	17.4	+1.7
Perpetrator of verbal abuse, threats or bullying	12.0	11.8	-0.2
Self-harming behaviour/Suicide	6.3	5.5	-0.7
Resident Injury resulting from an accident or incident or is unexplained.	2.8	2.4	-0.4
Access, admission, transfer, discharge (including missing Resident) - AWOL	1.6	1.1	-0.5
Victim of verbal abuse threats or bullying	1.6	0.9	-0.6
Medication	1.4	1.1	-0.4
Illicit Substance use or possession	0.9	0.8	-0.1
Perpertrator of Sexual abuse / sexual violence	0.7	0.6	-0.1
Resident Illness	0.7	0.7	-
Victim of Disruptive, physically aggressive behaviour and violence	0.6	1.5	+0.9
Breach of terms of residence	0.3	0.2	-0.1
Resident Injury or Harm resulting from any act or omission relating to Care and Treatment, Clinical Procedure or intervention.	0.2	0.1	-0.1
Victim of Sexual abuse / sexual violence	0.1	0.1	-
Documentation, Record keeping, Data and legal, and property.	0.0	0.1	-

Figure 62: compares incidents per 1000 occupied bed days.

**The Difference column has been rounded up to the closest decimal number*

INCIDENTS

Figure 63 below illustrates the number of incidents by service type and by 1000 occupied bed days. and Incidents by Type of Care Home and 1000 Occupied Bed Days

Service Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Care Home, learning disabilities, with continuous staffing	1,693	1586	64	11	4	3,358	25.23
Care Home, mental health / learning disabilities, with continuous staffing	375	539	171	6	1	1,092	8.20
Care Home, mental health, with continuous staffing	341	349	120	17	4	831	6.24
Care Home with nursing, mental health, with continuous staffing	236	127	47	15	6	431	3.24
Care Home with nursing, learning disabilities, with continuous staffing	86	7	0	2	0	95	0.71
Care Home with nursing, mental health / learning disabilities, with continuous staffing	44	14	21	1	1	81	0.61
Care Home, mental health/ learning disabilities, without continuous staffing	2	8	4	0	0	14	0.11
Care Home, mental health, without continuous staffing	1	4	1	0	0	6	0.05
Total*	2,778	2,634	428	52	16	5,908	44.39

**There have been no placements into care settings CS-2: Care Home, learning disabilities, without continuous staffing*

Figure 63: illustrates the number of incidents by service type

INCIDENTS

Figure 64 below illustrates the number of incidents by service type and by 1000 occupied bed days compared to last year and comparison of Incidents from Last Year by Type of Care Home and per 1000 Occupied Bed Days

	2020-2021	2021-2022	Difference
Total Incidents	**4,339**	**5,908**	**1,569**
	Number of incidents per 1000 occupied bed days		
Service Type	**2020-2021**	**2021-2022**	**Difference**
Care Home, learning disabilities, with continuous staffing	18.4	25.23	+6.8
Care Home, mental health / learning disabilities, with continuous staffing	10.4	8.20	-2.2
Care Home, mental health, with continuous staffing	9.5	6.24	-3.3
Care Home with nursing, mental health, with continuous staffing	4.4	3.24	-1.2
Care Home with nursing, learning disabilities, with continuous staffing	0.9	0.71	-0.2
Care Home with nursing, mental health / learning disabilities, with continuous staffing	0.6	0.61	-
Care Home, mental health/ learning disabilities, without continuous staffing	N/A	0.11	
Care Home, Mental Health, With Continuous Staffing	0.6	0.05	-0.6

Figure 64: illustrates the number of incidents by service type and by 1000 occupied bed days

COMPLAINTS

Figure 65 details the 38 complaints reported from the 1 April 2021 to 31 March 2022 for each of the nine complaint titles by residents receiving assurance as part of the Care Home Framework. Complaints are categorised against a bespoke 53 point matrix of nine complaint areas with sub categories in each and monitored by the QAIS to highlight areas of investigation or improvement.

Figure 65 shows that a total of 38 complaints were reported between 1 April 2021 and 31 March 2022 a increase of 280% from the 10 reported last year.

- 53% (20) were classed as Behaviour of other resident in 2021-22 compared to 40% (5) in 2020-21.
- 26% (10) were classed as Attitude / Behaviour of Staff in 2021-22 compared to 50% (5) in 2020-21.
- 5% (2) were classed as Clinical Treatment in 2021-22 compared to 10% (1) in 2020-21.
- 13% (5) were classed as Hotel Services in 2021-22 and an increase from 0 in 2020-21
- 3 (1) were classed as Communication in 2021-22 and an increase from 0 in 2020-21
- No complaints recorded for Legal, Care Home Protocols, Equality & Diversity and Patient Property in 2021-2022

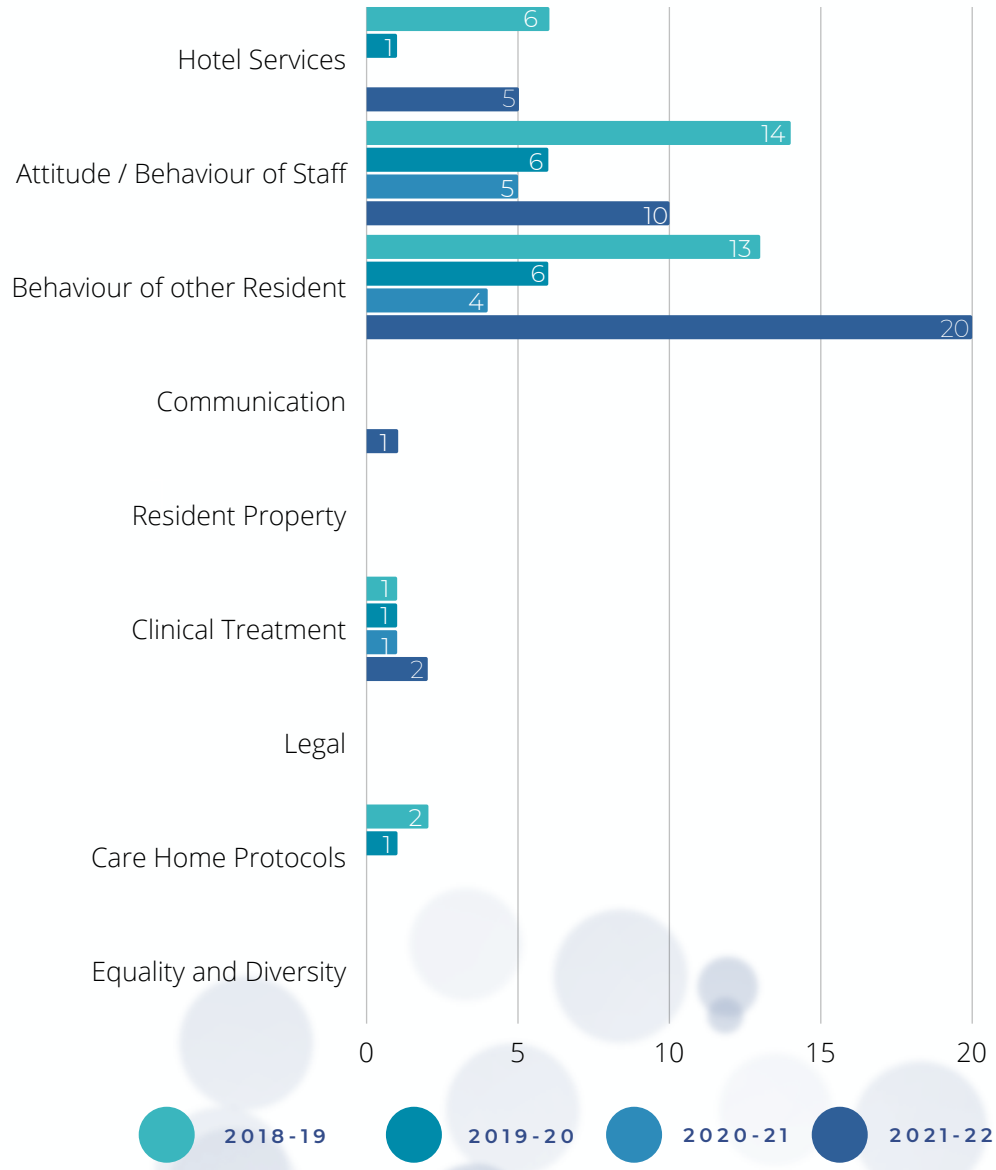


Figure 65: Comparison of Complaints from 2019-2020, 2020-2021 and 2021-2022

SAFEGUARDING

Figure 66 illustrates the 254 safeguarding concerns reported to local safeguarding teams that involved residents receiving assurance under the Care Home Framework between 1 April 2021 to 31 March 2022.

These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ("confirmed"), or not ("unconfirmed"). Between 1 April 2021 and 31 March 2022 69 (27%) of concerns were confirmed and 185 (73%) were unconfirmed.

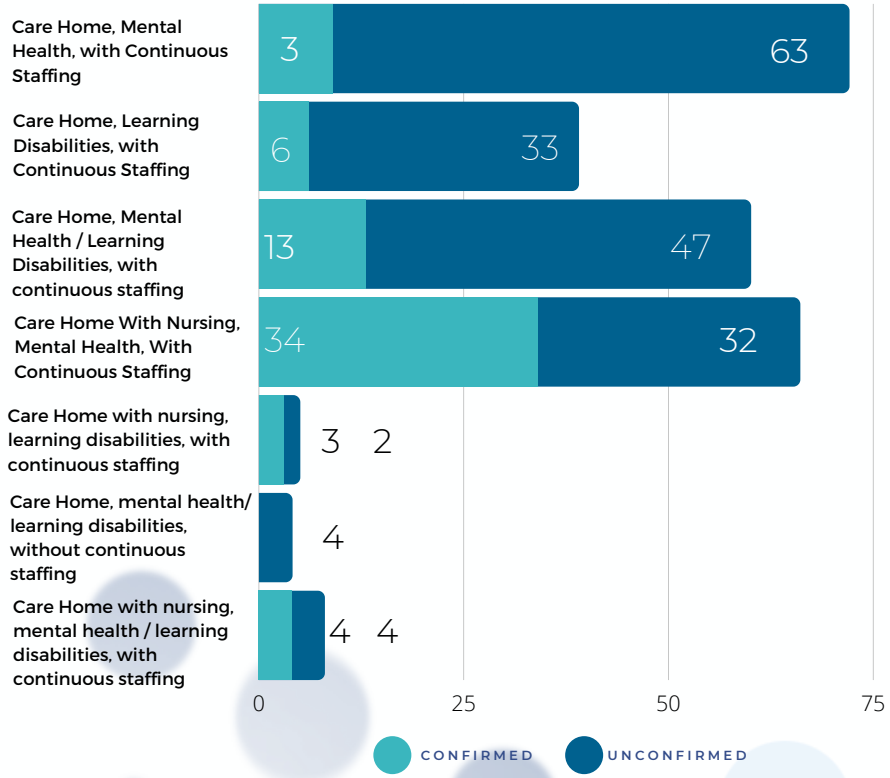


Figure 66: Safeguarding Concerns Reported between 1 April 2021 and 31 March 2022 (only types of services with concerns reported listed)

Safeguarding concerns can be physical abuse, sexual abuse, psychological abuse, financial or material abuse, discriminatory abuse and neglect and acts of omission.

Figure 67 compares the type of safeguarding concern reported to last year. There was an increase in all categories.

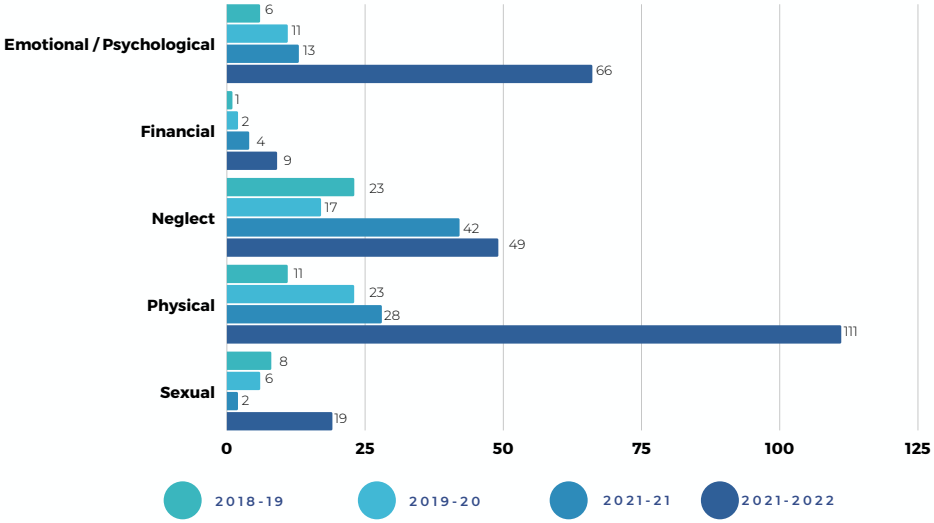


Figure 67: Comparison of Safeguarding Category in 2019/2020, 2020/2021 and 2021/2022

- 7% (19) were classed as Sexual in 2021-22 compared to 2% (2) in 2020-21.
- 44% (111) were classed as Physical in 2021-22 compared to 31% (28) in 2020-21.
- 19% (49) were classed as Neglect in 2021-22 compared to 47% (42) in 2020-21.
- 4% (9) were classed as Financial in 2021-22 compared to 5% (4) in 2020-21.
- 26% (66) were classed as Emotional/Psychological in 2021-22 compared to 15% (13) in 2020-21.

RESIDENT CARE OUTCOMES

The QAIS has developed six resident level outcome measures called Resident Care Outcomes (RCOs). These are collated, analysed and verified by the QAIS for each resident quarterly in order to:

- Ensure positive individual outcomes are the focus of the care provision.
- Compare outcome achievement across providers delivering similar care.
- Provide an indication of the issues that may require remedial action.
- Indicate where there is potential to improve the effectiveness of care.

Each RCO is accompanied by 'achievement guidelines', an example of which is shown below for the sixth RCO 'The Provider supported the Resident to progress and move on'. The provider reports the outcome through CCAPS if the RCO been achieved.

Resident Care Outcomes	Achievement Guidelines
The Provider supported the Resident to progress and move on.	A. An adequate and safe level and skill mix of Staff has been established at all times for each Care Setting to ensure the Resident's needs are met and; B. The Resident's agreed planned activity is based on decreasing dependence and increasing independence in accordance with the Social Services & Wellbeing (Wales) Act 2014.

There are six RCOs that are reported every three months for each resident. Figure 68 shows the percentage of RCO Achievement Compared to Last Year.

- The provider supported the resident to be safe.
- The provider supported the resident to stay at home.
- The provider supported the resident and the residents community to value each other.
- The provider supported the resident to be healthy.
- The provider supported the resident to recover and stay well.
- The provider supported the resident to progress and move on.

	% of RCOs recorded as achieved		
Resident Care Outcomes	2020/2021	2021/2022	Difference
The Provider supported the Resident to be safe.	100%	98%	-2%
The Provider supported the Resident to feel at home.	99%	99%	-
The Provider supported the Resident and The Residents community to value each other.	76%	97%	+21%
The Provider supported the Resident to be healthy.	100%	98%	-2%
The Provider supported the Resident to recover and stay well.	99%	99%	-
The Provider supported the Resident to progress and move on.	98%	98%	-

Figure 68: Resident Care Outcomes Achievement Compared to Last Year

Expenditure

As at the 31 March 2022, NHS Wales spend through the Care Home Framework was an annualised cost of £35,706,126 and increase of 15% on the previous year. Figure 69 below shows the spend by framework type over the previous three years.

Note: spend is shown by lead commissioner or jointly commissioned placements and may not reflect each residents individual funding arrangements, including split funding.

Figure 69: Care Home Framework Annualised Spend by Lead Commissioner

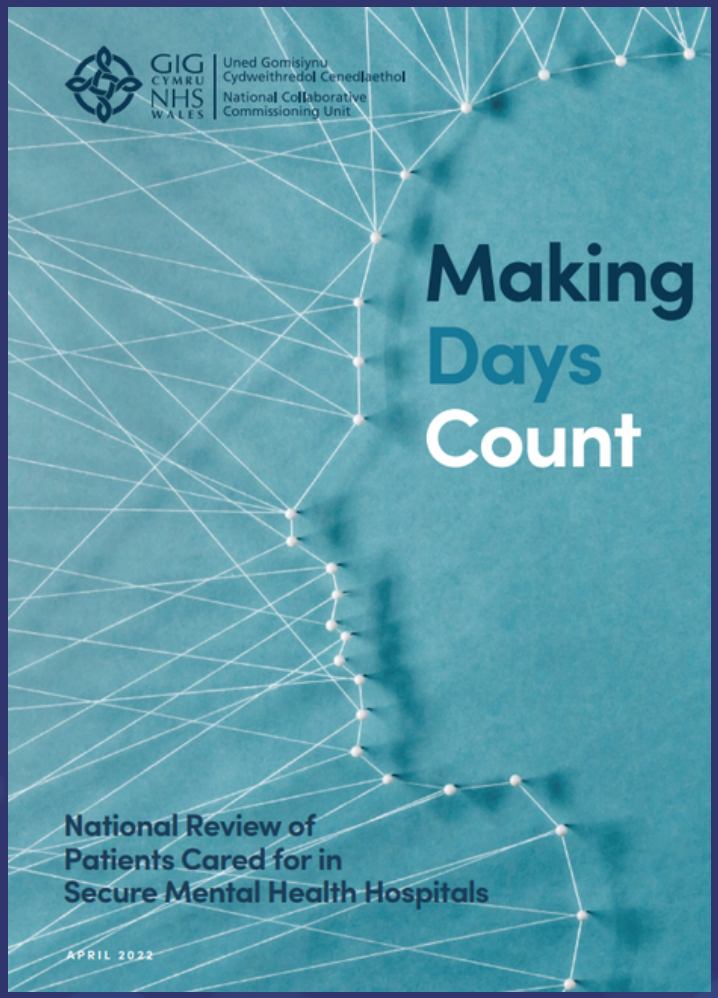
SECTION 5

Other work requested or commissioned from the Quality Assurance Improvement Service

OTHER WORK REQUEST OR COMMISSIONED FROM THE QAIS

Although the main role of the Quality Assurance Improvement Service is to manage the three National Collaborative Frameworks, different organisations within Wales have also commissioned the service to undertake a number of different types of reviews. In this last review period, the QAIS has undertaken:

Making Days Count



This National Review was commissioned by the Welsh Government in order to gain an understanding of the issues leading the public to access emergency services when experiencing mental health and/or welfare concerns.

The report was published in April 2022 and is available at: https://nccu.nhs.wales/qais/national-reviews/making-days-count/

ACKNOWLEDGEMENTS

For further information on the work of the National Collaborative Commissioning Unit, NHS Wales Quality Assurance and Improvement Service, Commissioning Care Assurance Performance System (CCAPS) or any other details contained within this statement contact:

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This report is also available in Welsh
This reported was designed by NCCU Corporate Services

AGENDA ITEM
6.1

QUALITY AND SAFETY COMMITTEE

NATIONAL COLLABORATIVE COMMISSIONING UNIT QUALITY ASSURANCE AND IMPROVEMENT SERVICE ANNUAL POSITION STATEMENT 2021-2022

Date of meeting	20/09/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Shane Mills, Director of Nursing, Performance and Quality
Presented by	Shane Mills, Director of Nursing, Performance and Quality
Approving Executive Sponsor	Managing Director of the National Collaborative Commissioning Unit / Chief Ambulance Services Commissioner
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
NCCU MANAGEMENT BOARD	JULY 2022	ENDORSED

ACRONYMS	
NCCU	National Collaborative Commissioning Unit
QAIS	Quality Assurance and Improvement Service
UHB	University Health Board

1. SITUATION/BACKGROUND

1.1 The purpose of the report is to provide an update to the CTMUHB Quality and Safety Committee (as host body) for assurance purposes.

1.2 The attached report at **Appendix 1**: 'NHS Wales Quality Assurance Improvement Service – National Collaborative Frameworks Mental Health and Learning Disabilities Annual Position Statement 2021-2022' provides the Committee with an overview of the three National Collaborative Frameworks which are overseen by the National Collaborative Commissioning Unit. The NCCU is hosted by Cwm Taf Morgannwg UHB and based in Charnwood Court in Nantgarw.

The National Collaborative Frameworks are as follows:

1. National Collaborative Framework Adult Mental Health and Adult Learning Disability Hospital Services ('Adult Hospital Framework').
2. National Collaborative Framework for Child Adolescent Mental Health Service (CAMHS) Low Secure & Acute Non-NHS Wales Hospital Services ('CAMHS Hospital Framework').
3. National Collaborative Framework for Adults (18+ years) in Mental Health and Learning Disabilities care homes & care homes with nursing for NHS and Local Authorities in Wales ('Care Home Framework')

Prior to 2012, externally provided mental health and learning disabilities hospital and care services were commissioned separately by each Health Board or through the Welsh Health Specialised Services Committee. These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these commissioned services was the remit of individuals or small teams within organisations with little or no collaboration.

An independent review in 2012 stated that the use of the independent sector and NHS England services by NHS Wales prior to the development of the National Framework was "inefficient, ineffective and inconsistent"[1] . In March 2012, a National Collaborative Framework for Medium and Low Secure Care was launched, and was successful in improving quality, enhancing assurance and reducing costs. Subsequently, the Chief Executives of the NHS Wales Health Boards considered that a broader suite of services such as locked and open rehabilitation required this level of assurance and the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals was launched in April 2014.

[1] Tayside Centre for Organisational Effectiveness (2013). Review of the NHS Wales Mental Health & Learning Disability Secure Services Procurement Project, a retrospective view. Cardiff: NHS Wales

In October 2015, a National Collaborative Framework for Children and Adolescent Mental Health Services Low Secure & Acute Non-NHS Wales Hospital Services was launched at the request of the Together for Children and Young People Programme.

In October 2016, a National Collaborative Framework for Care Homes Adults in Mental Health and Learning Disabilities Care Homes & Care Homes with Nursing launched and provides consistent quality, standards, placement process and contractual terms for all Health Boards and Local Authorities to commission placements.

Legal Status
The NHS Wales National Collaborative Frameworks are formal agreements and mechanisms developed by the National Collaborative Commissioning Unit and NHS Wales: Shared Services Partnership-Procurement. This enables all signatory NHS Wales and Local Authorities to procure and performance-manage services under pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and Health Board or Local Authority Standing Orders and Financial Instructions.

Commissioning Responsibilities
The National Collaborative Frameworks provide the enacting mechanism for the commissioning of services. These services are provided once a patient or resident is placed through the National Collaborative Framework processes and an individual placement agreement is generated, and therefore a contract enacted, between the commissioner (Health Board, Local Authority or Welsh Health Specialised Services Committee) and provider.

Benefits
The National Collaborative Frameworks have been developed to enable:

- Consistent and sustainable high-quality service provision and improved outcomes for individuals.
- An approved directory of suitably qualified, financially viable providers to meet specified quality, service and cost criteria.
- The establishment of bespoke care standards, standard contract terms/conditions, and a transparent pricing framework.

Scope
The scope of services covered by the National Collaborative Frameworks is Independent and NHS England hospitals and independent care homes providing the following services:

- Medium secure mental health.
- Medium secure learning disability.

- Low secure mental health.
- Low secure learning disability.
- Controlled egress (formally locked rehabilitation) mental health.
- Controlled egress (formally locked rehabilitation) learning disability.
- Uncontrolled egress (formally open rehabilitation) mental health.
- Uncontrolled egress (formally open rehabilitation) learning disability.
- Care homes without continuous staffing mental health.
- Care homes without continuous staffing learning disability.
- Care homes with continuous staffing mental health.
- Care homes with continuous staffing learning disability.
- Care homes with nursing mental health.
- Care homes with nursing learning disability.
- Low secure care child and adolescent mental health.
- Acute care child and adolescent mental health.

National Nine-Year Trend by tier of service

There are four 'tiers' of service on the Adult Hospital Framework, which are medium secure hospitals, low secure hospitals, controlled egress hospitals and uncontrolled egress hospitals.

1. Medium Secure Hospitals

Medium secure services are specifically designed to meet the needs of patients who present a serious risk to themselves or others, combined with the potential to abscond. In many cases, patients in medium secure care will have committed an offence or been referred to hospital by the court services.

2. Low Secure Hospitals

Low secure services are provided for those patients who have complex needs and cannot be safely cared for in non-secure units. These patients are usually detained under the Mental Health Act and present a level of risk to themselves and others that require specialist environmental security measures.

3. Controlled Egress Hospitals

Controlled egress services, previously termed 'locked rehabilitation', provide rehabilitative services to patients with complex needs and challenging behaviours. These units have locked or lockable doors to prevent unplanned egress.

4. Uncontrolled Egress Hospitals

Uncontrolled egress services, previously termed 'open rehabilitation', provide rehabilitative services to patients with longer-term needs. In general, these units only lock the entrances/exits at night for security purposes.

A comparison with 2020/21 saw two Health Boards had a decrease and three Health Boards had an increase and two remained the same in use of the Adult Hospital Framework as shown below:

- Aneurin Bevan UHB had an increase of 14% since 2014 and a 16% increase since last year.
- Betsi Cadwaladr UHB had an increase of 24% since 2014 and a 17% decrease since last year.
- Cardiff and Vale UHB had a decrease of 13% since 2014 and 15% increase since last year.
- Cwm Taf Morgannwg UHB had an increase of 36% since 2014 and a 10% decrease since last year.
- Hywel Dda UHB had a decrease of 50% since 2014 and the percentage stayed the same since last year.
- Powys Teaching HB had the same percentage of as 2014 and a 16% increase since last year.
- Swansea Bay UHB had a decrease of 30% since 2014 and the percentage stayed the same since last year.

Incidents are classified by 5 levels of severity. The level of severity of the each of the 11,475 incidents reported; a 24% decrease on the previous year and a point to note is that there was a 2% decrease in the number of patients receiving assurance of the Adult Hospital Framework during 1 April 2020 and 31 March 2021 is:

- 49% were classed as negligible in 2021/22 compared to 50% in 2010/21.
- 39% were classed as minor in 2021/22 the same that was reported in 2020/21.
- 11% were classed as moderate in 2021/22 compared to 10% in 2020/21.
- 1% were classed as severe in 2021/22 the same that was reported in 2020/21.
- 0% were classed as critical in 2021/22 as was reported in 2020/2021.

Complaints

All complaints reported are monitored by the QAIS team to highlight areas of investigation or improvement. Reported complaints by patients receiving assurance of the Adult Hospital Framework are categorised against a bespoke 53-point matrix of nine complaint areas with sub-categories in each. Complaints are monitored at a patient, unit, hospital and provider level

A total of 256 complaints were reported between 1 April 2021 and 31 March 2022, compared to 164 from the previous year and increase of 92 (56%).

Safeguarding
The QAIS monitor all potential safeguarding concerns involving patients receiving care under the Adult Hospital Framework. Local safeguarding teams set thresholds for local providers so when a provider reports a *potential* safeguarding concern the local safeguarding team confirms either that the concern meets the thresholds for reporting or not (noted as *unconfirmed*).

In 2021/22, 15% (100) of the 675 reported safeguarding concerns were validated as confirmed and 85% (575) as unconfirmed. The 675 potential safeguarding concerns constitute a 23% increase from the 575 reported in 2020/21.

Overview and Trends for CAMHS Hospital Framework

Providers
There were 8 companies, 8 Hospital Sites and 36 individual units providing or available to provide a service under the CAMHS Hospital Framework on the 31 March 2022.

On 31 March 2022, there were six patients receiving assurance under the CAMHS Hospital Framework, which is one more than was placed at the same time in 2020/2021.

Between the 1 April 2021 and 31 March 2022, there were 22 placements made under the CAMHS Framework.

Type of service
There are two of tiers of service on the CAMHS Hospital Framework, which are low secure hospitals and acute hospitals in a low secure hospital.

Low Secure Hospitals
Low secure services are provided for those patients who have complex needs and cannot be safely cared for in non-secure units. These patients are usually detained under the Mental Health Act and present a level of risk to themselves and others that require specialist environmental security measures.

Acute Hospitals
Acute services are designed to be short-term placements for rapid assessment and acute treatment, with lockable doors.

Maintaining the Quality of Care
There are 162 bespoke Welsh standards based on best service, experiential learning and good clinical practice across 25 areas.

CAMHS Hospital Quality Assurance Reviews

Of the 4 CAMHS units reviewed 2 maintained the standards with no urher action required and 2 units received Performance Improvement Notice. In one of those cases the provider provided the required assurance and all the remedial actions had been rectified within the designated ten day timeframe.

Incidents
There were a total of 1951 incidents involving patients receiving assurance under the CAMHS Hospital Framework between 1 April 2021 and 31 March 2022. Of these incidents:

- 744 or 38% were classed as negligible.
- 1188 or 61% were classed as minor.
- 16 or 1% were classed as moderate.
- 2 or 0% were classed as severe.
- 1 or 0% were classed as critical.

Complaints
A bespoke 53-point matrix of nine complaint areas with sub-categories in each. Complaints are monitored at a patient, unit, hospital and provider level to categorise complaints. A total of 4 complaints were reported between 1 April 2021 and 31 March 2022, compared to 0 from the previous year.

Safeguarding
- Forty-four potential safeguarding concerns that involved patients receiving assurance under the CAMHS framework between 1 April 2020 and 31 March 2021 were reported to local safeguarding teams.
- These safeguarding concerns are subsequently validated by local safeguarding teams, as an actual safeguarding concern or not, is called 'unconfirmed'. Between 1 April 2021 and 31 March 2022, 1 (2%) of concerns were confirmed and 43 (98%) were unconfirmed.

National Overview and Trends of the Care Home Framework

Providers of Care
On the 31 March 2021, there were 116 providers and 335 individual care homes providing able to provide services as part of the Care Home Framework.

National Trend:

On the 31 March 2022 there were 370 Welsh residents receiving assurance under the Care Home Framework. This compares to 309 residents from the previous year, equating to a 20% increase.

Distance from significant postcode:

The QAIS want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the residents community of choice. Within the placement process, we mandate that the commissioner enters a 'significant postcode' for the resident and distance to the provider is calculated from this geographical point.

The list below shows the distance of placement from significant postcode

- 67% of residents received care between 0-10 miles
- 15% of residents received care between 11-20 miles
- 5% of residents received care between 21-30 miles
- 6% of residents received care between 31-40 miles
- 4% of residents received care between 41-50 miles
- 4% of residents received care of 51+ from the significant postcode.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 To note the activity for the three National Collaborative Frameworks throughout 2021/22.

2.2 On the 31 March 2022, there were 24 companies, 76 hospital sites providing or able to provide services as part of the Adult Hospital Framework.

2.3 Although the numbers of adult patients receiving assurance under the Adult Hospital Framework since 2014 has fluctuated by a small degree

each year. There was exactly the same number this year as there was when figures were first collated in 2014, i.e. 339 Patients.

2.4 The use of the Care Home Framework Agreement has seen an exponential rise over the past five years. There were 370 residents receiving assurance under the National Care Homes Framework Agreement as of 31st March 2022. That is an increase from 309 (20%) the previous year.

2.5 The Hospitals Frameworks (Adult and CAMHS) ceased on 31st March 2022 and the new Adult and CAMHS Hospitals Framework agreement commenced on 1st April 2022.

3. KEY RISKS/MATTERS FOR ESCALATION

3.1 This is an annual position statement to describe arrangements across Wales.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The whole report aims to demonstrate that the national frameworks ensure patients receive safe and effective care
Related Health and Care standard(s)	Safe Care
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	However, the frameworks ensure value for money in line with the right quality of care for patients
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience

Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATIONS

5.1 The Quality and Safety Committee is asked to:

- **NOTE** the National Collaborative Frameworks Mental Health and Learning Disabilities Annual Position Statement 2021/22.