



Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2021/22
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Liz Carroll, Director Mental Health & Learning Disabilities
SWYDDOG ADRODD: REPORTING OFFICER:	Matthew Richards, Head of Commissioning, Mental Health & Learning Disabilities

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Quality, Safety and Experience Committee with an update report in response to the National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2021/22. This report highlights areas of interest specific to Hywel Dda University Health Board (HDdUHB), including areas where the Health Board (HB) are an outlier, doing well and/or disadvantaged.

Cefndir / Background

The NHS Wales National Collaborative Commissioning Unit (NCCU) is a national service, which works in partnership with the NHS Wales Shared Services Partnership (NWSSP) to provide a coordinated commissioning approach across Wales, supported by Welsh Government (WG).

The NCCU provide 2 national procurement frameworks as follows:

- National Collaborative Framework for Residential Homes for Adults with Mental Health (MH) and Learning Disabilities (LD)
- National Collaborative Framework for Adult and Child and Adult Mental Health Services (CAMHS) in Mental Health & Learning Disability Hospitals

Both frameworks have robust contract and governance arrangements that are utilised by the HB to commission 100% health funded placements. The frameworks have a quality assurance rating system and each provider is expected to maintain a 3Q rating for the duration of the Framework Agreement. If there is a performance issue, the rating is reduced and providers have an opportunity to remedy any issues, within a fixed timescale. If the concerns are significant or there is no improvement, there is a process to enable suspension or termination of contract under the framework.

The NHS Wales Quality Assurance Improvement Service (QAIS) is part of the NCCU and provides assurance that services are operated in safe and high-quality environments that

promote rehabilitation and recovery and maximise residents' independence, whilst ensuring value for money. The QAIS undertake regular reviews and quality monitoring of each service under the Framework Agreement, working closely with local Commissioning Teams.

The Commissioning Care, Assurance and Performance System (CCAPS) is the secure web-based portal that supports the NCCU frameworks. This system enables selection of potential providers and can be searched by service type, bed availability and location as well as providing access to the quality assurance ratings, inspection reports and contract information. The CCAPS system provides electronic alerts to the Commissioning Team and named Care Coordinator for all incidents concerning individuals, including safeguarding concerns. The system generates provider alerts concerning the outcome of QAIS reviews, and any actions taken regarding compliance with framework standards, significant issues, loss of quality ratings and suspensions.

The Welsh Health Specialist Services Committee (WHSCC) also use the framework and assurance arrangements provided by NCCU to commission high and medium secure mental health services.

The NCCU provide an annual position statement which gives an overview of the national framework arrangements and activity. The 2021/22 statement encompasses a range of data and comparisons across Health Boards which provides useful management and assurance data.

Asesiad / Assessment

Adult Hospital Framework (Mental Health & Learning Disabilities)

As at 31 March 2022, there were 339 patients from Wales placed under the Adult Hospital Framework. Of these:

- 291 (86%) were in Mental Health (MH) Hospitals and 48 (14%) were cared for in Learning Disabilities (LD) Hospitals
- 227 (67%) were placed in Wales and 112 (33%) were placed in England
- 236 (70%) of patients were male and 103 (30%) were female
- 101 (46%) patients were admitted to a provider less than 50 miles from the significant (home) postcode. 38 (18%) patients were placed between 50 and 100 miles from the significant postcode, with 79 (36%) patients placed are more than 100 miles from the significant postcode.
- 17 (5%) patients were placed by HDdUHB of which:
 - 12 were MH and 5 were LD placements
 - 2 were male and 5 were female
 - All 17 patients were placed out of area, with 10 placed in Wales and 7 in England

In addition to the directly funded patients there were 17 additional Hywel Dda patients in High and Medium Secure Hospitals that are commissioned through WHSCC, therefore these do not appear in this data set. Local care teams remain involved with the patient but these placements are case managed and funded through WHSCC.

Placement Trends

The figure below shows the comparison between Hywel Dda and other Welsh HB's.

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.

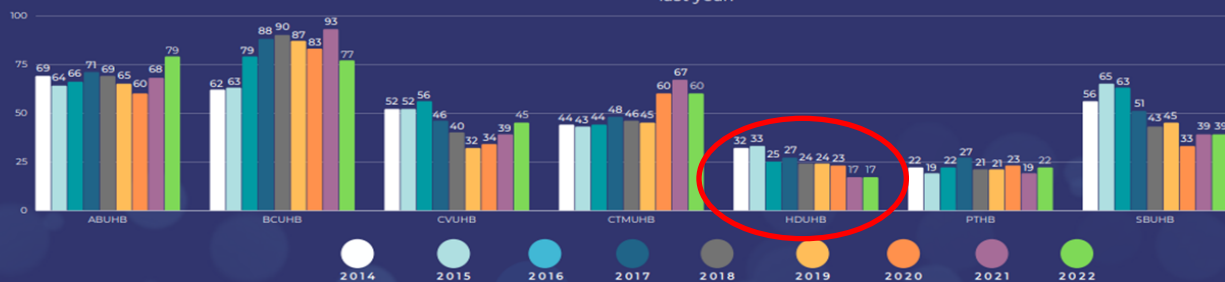


Figure 6 - National Nine Year Trend of Placements by Health Boards

SECTION 2 - ADULT HOSPITAL FRAMEWORK

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Hywel Dda is the only Welsh HB to have consistently reduced its number of secure placements year on year and this remains the case to date (currently 16 patients). At the same time the overall spend has reduced from £5.5 million to £2.5 million per year. This is in line with the national agenda to reduce restrictions and bring care closer to home.

It should be noted that Hywel Dda does not have its own Rehabilitation Inpatient Unit, which are provided by other Welsh HB's (except Powys Teaching Health Board (PTHB) or specific LD inpatient provision. As a result, this provision is outsourced and affects the comparison to other HB's. 8 of the 17 Hywel Dda placements are in rehabilitation type settings which in other HB's may be provided inhouse.

To achieve this reduction the MHL D Commissioning Team has over the last 5 years introduced more robust scrutiny and commissioning arrangements for secure placement requests. Additional staff resource has been developed within the team, including a dedicated Secure Services Nurse and Consultant Psychiatrist for private sector placements. This is unique in Wales and enables more frequent monitoring and reviews as well as greater clinical oversight and challenge to external Multi-Disciplinary Teams (MDTs). This support ensures that step down options are considered at the earliest opportunity and supports transfer back into area wherever possible. The team support and provide a link between placements and home care teams to identify community placements and develop realistic transition and discharge plans.

A fortnightly secure services pathway meeting has been established and this maintains oversight of all secure placement requests and ensures local options are exhausted in the first instance. This year we plan to further develop this provision to take a more active case manager role and increase our capacity to review more frequently. A peer review role is currently being developed to help ensure that the service user's perspective is considered and influences decision making. A WG Service Improvement Bid (SIF) has been submitted to resource this, with a decision expected in early June.

Quality of Care

QAIS visit and inspect all framework providers on a rolling basis or when prioritised due to concerns. QAIS have developed close working links with local Commissioning Teams, Healthcare Inspectorate Wales (HIW), Care Quality Commission (CQC England) and Care Inspectorate Wales (CIW) to share information and address concerns.

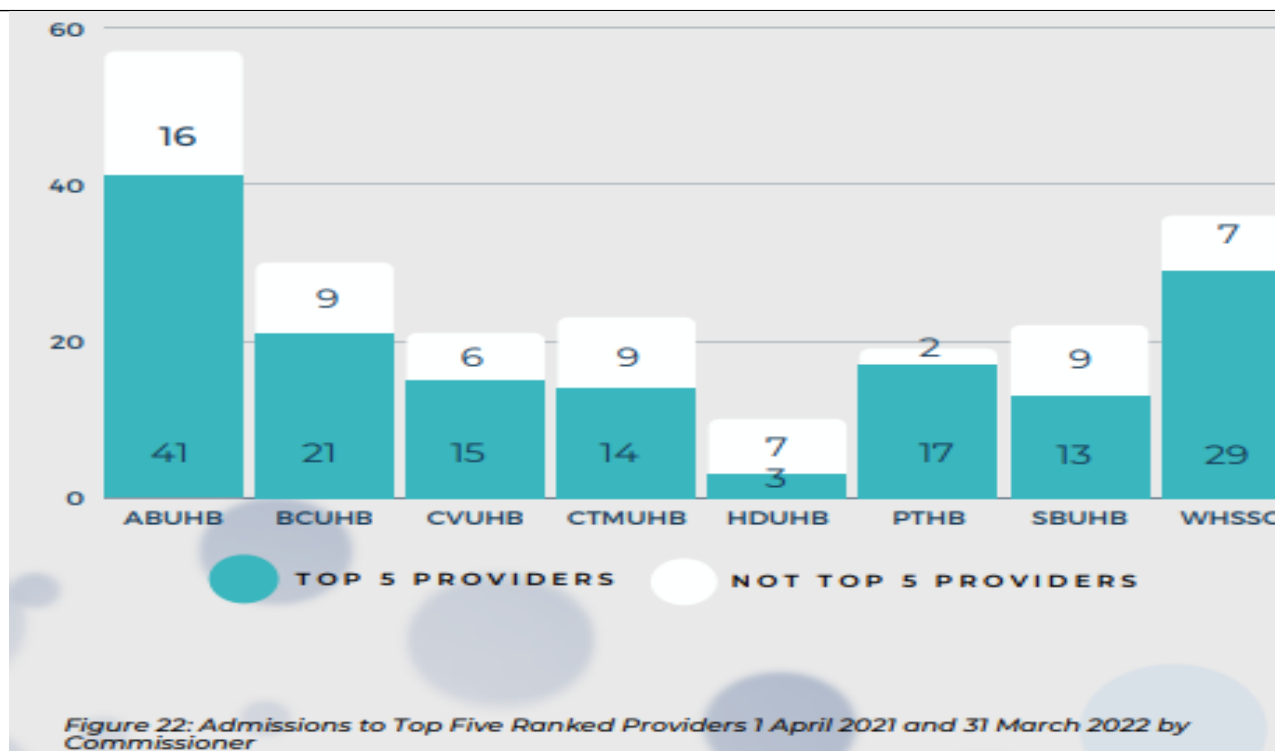


There are 201 bespoke Welsh standards grouped into 24 areas that are set out in the framework. Providers are assessed against these through QAIS inspections and Performance Improvement Notices (PINs) issued if standards are not met. Of the 62 reviews undertaken across the UK within the year, 43 (69%) units required one or more remedial actions. Providers have 10 days to provide assurance that these actions are rectified. In 15% of cases the Provider did not provide assurance that one or more remedial actions had been rectified within the time. Therefore, a Performance Improvement Plan (PIP) was issued resulting in the providers '3Q' Quality Assurance Rating (QAR) being adjusted to reflect the severity of the deficit. During 2021-2022 1 provider had 1Q deducted, 2 providers had 2Qs deducted, 1 provider was suspended from the framework.

Placement with Top Five Ranked Providers

The Adult Hospital Framework uses a quality first, distance and cost/value ranked provider model. The provider units with vacant beds are ranked by their current QAR (3Q ranking higher than 2Qs etc). The providers all achieving the same QAR are ranked by value and distance to each unit from a 'significant postcode for the patient' (usually their home address) and inputted by the commissioner.

All placements during the year were made with providers with the maximum quality standard 3Q's however, the report identifies that only 30% (3 of 10) of new placements were placed with a top 5 provider by HDdUHB.



This is due to a number of factors, including that placements are only made with 3Q providers and anything less than this QAR will not be considered. Placements in Wales are considered first in line with providing care closer to home, even though they tend to be lower ranking due to cost. For example, when you search for a female Lower Secure Unit (LSU) bed the first Wales based bed which is provided as an option is 11th in the rankings.

There are also occasions where units with specialisms like Autistic Spectrum Disorder (ASD) or personality disorder are required, placements are only available in England. Availability of beds is generally very limited and often the only available option will be in England. Lack of capacity was particularly acute during 2021/22 due to the Pandemic. During that time Ty Catrin in Cardiff closed resulting in the loss of Welsh beds. Similarly in 2022/23 there were no female LSU beds available in Wales as the main provider Heatherwood Court was issued with performance notices by NCCU/QAIS. The nearest unit to this area is Gellinudd in Pontardulais which has recently closed. While we had only 1 patient requiring a placement during this time, the only option was to transfer the individual to a unit in England.

Incidents, Complaints & Safeguarding

Incidents are classified by 5 levels of severity across 15 care areas, with 11,475 incidents reported during the year across all Welsh framework placements. The table below details the top 5 reported incident types out of the overall 15.

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 in residential care	287	133	32	1	2	455	3.7

Complaints are monitored at a patient, unit, hospital and provider level. In 2021/22 there were a total of 256 complaints, which is an increase of 92 on the previous year's reporting (164). 675 Safeguarding concerns were reported, with 15% (100) validated as confirmed by Local Authority (LA) safeguarding teams. When notified of a safeguarding concern the QAIS team contacts the provider to ensure immediate and appropriate actions have been taken.

All Incidents, Complaints and Safeguarding concerns trigger an electronic notification which is sent to the HBs Commissioning Team and the individuals Care Coordinator, who can access the relevant details via the CCAPS portal. The Commissioning Team contact the provider to gather more information and ensure that local teams are aware of any concerns and/or instigate a review. Any safeguarding concerns are reported to the HBs safeguarding team.

Child and Adolescent Mental Health Services (CAMHS) Hospital Framework

All Tier 4 CAMHS admissions for Welsh HB's are commissioned via WHSCC. There are two tiers of service on the CAMHS Hospital Framework, which are low secure and acute hospitals. The quality assurance arrangements are similar to the Adult hospital framework arrangements already discussed and the CAHMS framework includes 162 bespoke Welsh standards across 25 areas that QAIS monitor against. The information in the NCCU report is not broken down by HB, therefore comparisons are difficult to make. In addition, the majority of provision is provided through NHS run services and only those placed in private sector hospitals are included in the report.

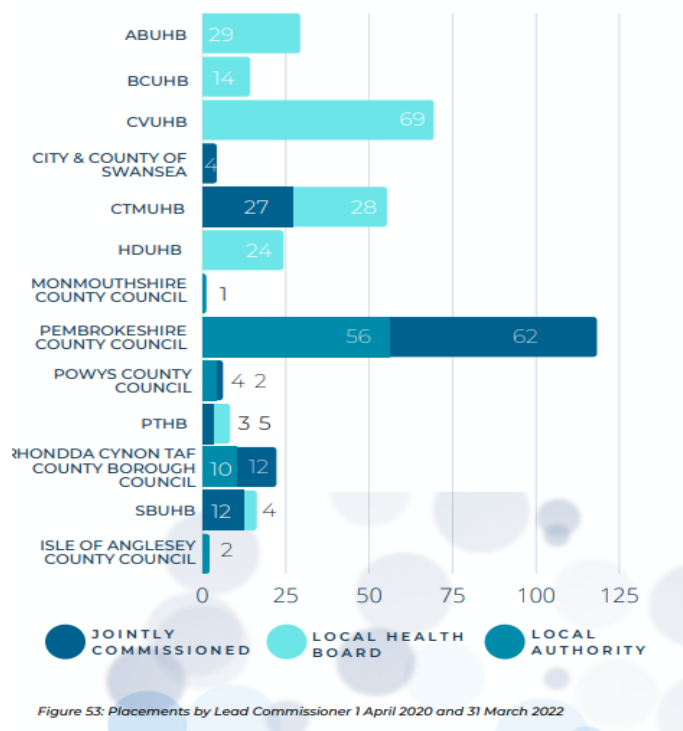
For residents of South Wales, including South Powys, the NHS in-patient CAMHS General Assessment Unit (GAU) and High Dependency Unit (HDU) are located at Ty Lydiard in Bridgend, with services provided by Cwm Taf Morgannwg UHB.

On 31st March 2022, there were 6 Welsh patients under the CAMHS Hospital Framework, with 22 admissions during the year. 85.7% of patients had a length of stay less than 6 months and none were for longer than a year. Of these 2 were Hywel Dda patients, with both less than 3 months duration.

Care Home Framework MH & LD

There are 116 providers and 335 individual care homes providing services as part of the Care Home Framework. Hywel Dda use the framework for all 100% funded residential placements and for joint funded placements with Pembrokeshire County Council (CC). Ceredigion CC and Carmarthenshire CC. LA's do not use the framework and any joint funded placements are made via their own local contracting arrangements.

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



Use by other Welsh LA's is not consistent and therefore it is hard to draw any meaningful comparison from the data provided in the report, however the HB benefits from the same standard of monitoring and reporting arrangements as the hospital framework. Discussions are ongoing with LA colleagues about transferring their placements to the framework, as it provides more robust contract governance and significantly more effective quality assurance arrangements.

Argymhelliad / Recommendation

Committee Members are asked to:

- **CONSIDER** the overview of the report provided and be assured that commissioned placements are made with the necessary governance and quality assurance arrangements provided by the All Wales framework arrangements.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	4c Mental Health Recovery Plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2021/22.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	MH&LD Business Planning, Performance & Assurance Committee Regional Improving Lives Partnership Local Mental Health Partnership Board Mental Health Legislation Committee Quality, Safety and Experience Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A

Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A