GIG CYMRU NHS WALES

Uned Gomisiynu Cydweithredol Cenedlaethol
National Collaborative Commissioning Unit

NHS Wales Quality Assurance Improvement Service

9th Annual Position Statement 2020-2021

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

2021

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 was received and approved by the Cwm Taf Morgannwg University Health Board's Quality and Safety Committee on 20 July 2021 (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.
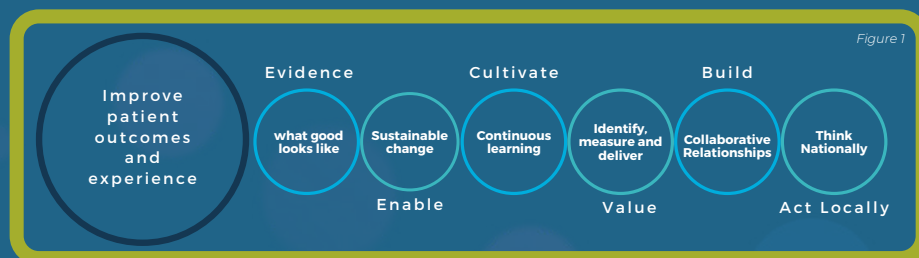
The vision of the National Collaborative Commissioning Unit is:

"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

Figure 1

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 2021, when we appear to be coming out of what has been an extremely difficult and unique past 14 months. The Covid-19 pandemic continues to disrupt services, as well as our way of life.

As the pandemic progressed, the QAIS adjusted its quality monitoring processes whilst progressing other work streams that resulted from the pandemic. This work included supporting the independent sector to source Personal Protective Equipment and access staff and patient testing and vaccinations and commissioning emergency surge bed capacity. We have worked closely with providers and commissioners of services in order to ensure that safe and effective care was continued to be delivered through this difficult period.

The process of providing adequate assurance of framework provision has been very difficult through the pandemic. Many of our reviews have been undertaken using procedures drastically different to previous methods of reviewing services. There have been many occasions where, due to issues relating to the Covid-19 pandemic, we have been unable to attend sites in person. This has meant that we have had to develop and enhance other processes and reporting in order to gain the assurances required. We have done this by the increased use of technology, such as, Microsoft Teams, teleconferencing etc, along with the use of our Secure File Sharing Portal.

The QAIS therefore developed a three stage model for reviewing services. This was called React, Recover and Return:

React- was stage one of the review and monitoring process during the early part of the pandemic when there was caution about visiting services. The QAIS, in conjunction with Health Inspectorate Wales (HIW), led on the monitoring of Independent Hospital provision within Wales and Care Inspectorate Wales (CIW) held responsibility for the monitoring of Care Home provision. The purpose of the React stage of the process was to ensure that data was captured in relation to Staff and Patients who were symptomatic of Covid-19, reduction in activity at sites, access to Section 17 leave, rating of each site in relation to Covid-19 status, support to access PPE, testing etc. Through this period the QAIS met regularly with Welsh Government, HIW, NHSE and CIW in order to share findings/concerns etc.

Reporting of incidents, safeguarding and complaints have continued throughout the pandemic.

Recover- was the stage where remote reviews of services began. This stage (and subsequent stages) included Care Homes. These reviews were undertaken via pre-arranged remote meetings with evidence of compliance being submitted via the secure file sharing portal. This type of review was undertaken whenever the QAIS were unable to attend the site.

Return- is the final stage in the process and is in effect a return to the pre-pandemic process of reviewing services. The QAIS are currently in this stage and are again attending sites in order to undertake reviews of services.

FOREWORD CONTINUED

79% of residents placed in care homes were placed within 20 miles of a postcode significant to the resident. As of 31st March 2021 there were 309 residents placed under the National Framework for Care Homes compared to 195 residents placed on 31st March 2019.

Of the 11 patients placed under the CAMHS Hospital Framework last year 8 were placed within 50 miles of a significant postcode.

Although facing significant disruption I am pleased the QAIS still managed to undertake reviews of 88 sites through a a mixture of on-site and remote reviews. There are some ongoing concerns in relation to providers:

There was a (3%) increase in the number of incidents reported across the Adult Hospital framework, although the severity of those incidents was less.

We have reported that there has been a reduction in the proportion of standards met this year compared to last year in CAMHS sites.

As we continue to recover from the pandemic the QAIS will re-establish on-site reviews and support providers to improve the quality and address deficits of care.

The QAIS, in conjunction with NHSW Shared Services Partnership, will develop a new improved, combined (Adult/CAMHS) framework agreement which will launch on 1st April 2022.

Although this Annual Position Statement has been produced in such exceptional times, I am pleased to say that providers, supported by the QAIS have worked tirelessly to provide safe and quality services through a very difficult period.

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 2020 to 31 March 2021.
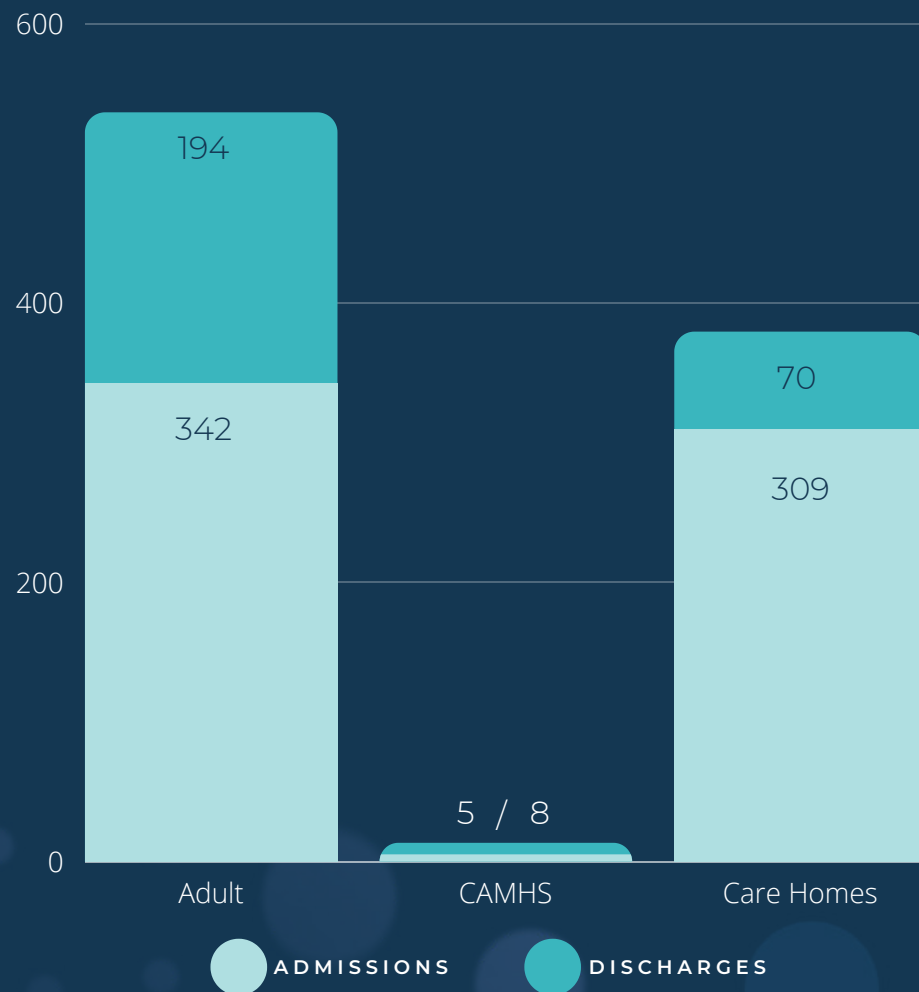
For each National Collaborative Framework the following admissions and discharges were recorded between 1 April 2020 to 31 March 2021.

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

  - **342** (Current patients and admissions 31 March 2021)
  - **194** (Discharges 01 April 2020 to 31 March 2021)
  - Total **536**

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

  - **5** (Current patients and admissions 31 March 2021)
  - **8** (Discharges 01 April 2020 to 31 March 2021)
  - Total **13**

- 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.

  - **309** (Current residents & admissions 31 March 2021)
  - **70** (Discharges 01 April 2020 to 31 March 2021)
  - Total **379**

Figure 2: Admissions and Discharges Activity 2020-2021

4 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 and during 2020/21 there were 928. An increase of 46% since 2017-18 and an increase of 31% since 2019-20
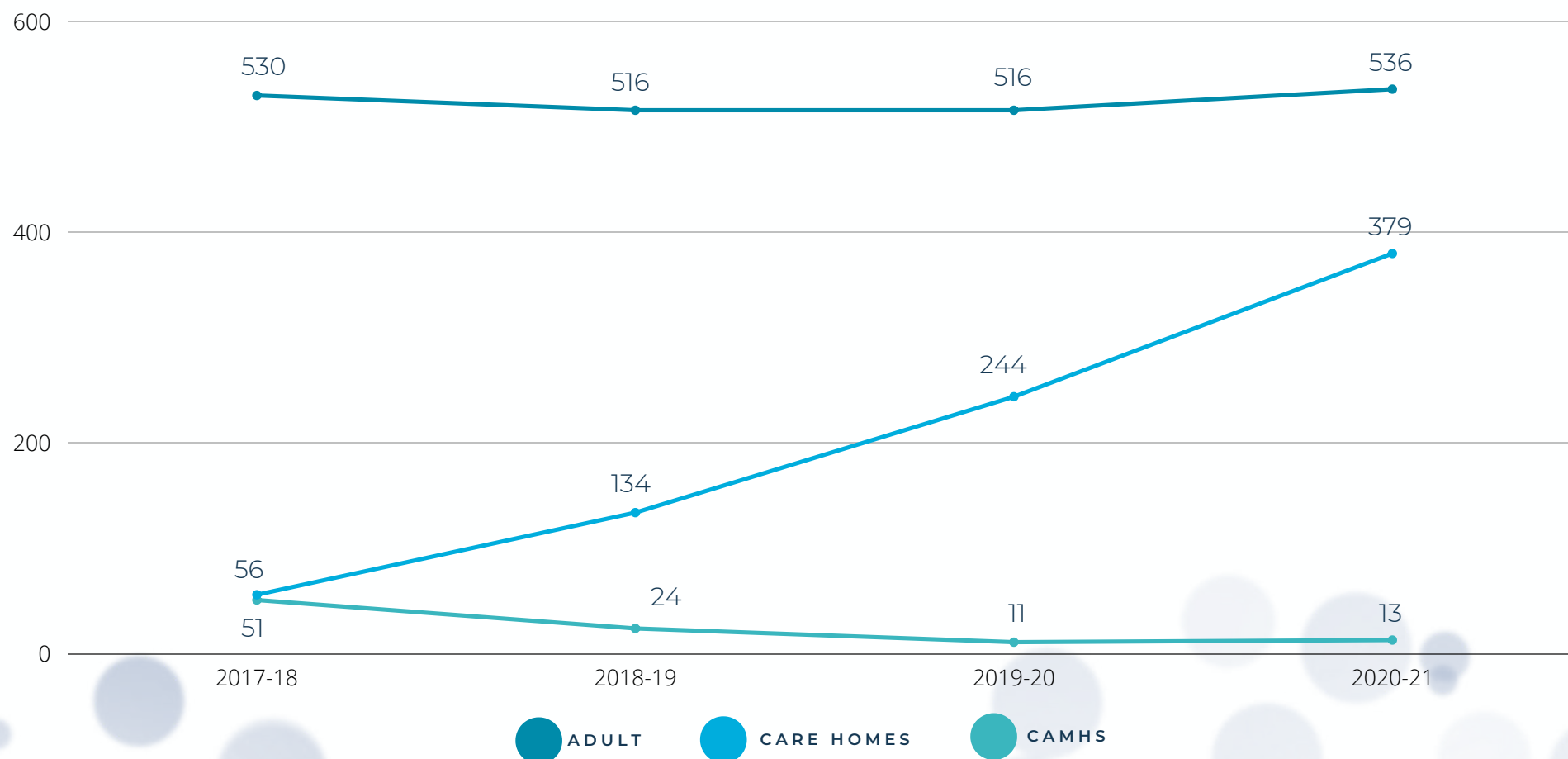

Figure 3: Framework Activity 2017 to 2021

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 2021, there were **24** companies with 79 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 2021, there were **342** patients receiving assurance under the Adult Hospital Framework.

This compares to **316** from the previous year, equating to a **8% increase** in the number of patients receiving assurance in 2019/20.

Of the **342** patients receiving assurance under the Adult Hospital Framework on 31 March 2021:

68 (20%) patients were the responsibility of Aneurin Bevan University Health Board

93 (27%) patients were the responsibility of Betsi Cadwaladr University Health Board

39 (11%) patients were the responsibility of Cardiff and Vale University Health Board

67 (20%) patients were the responsibility of Cwm Taf Morgannwg University Health Board

17 (5%) patients were the responsibility of Hywel Dda University Health Board

19 (6%) patients were the responsibility of Powys Teaching Health Board

39 (11%) patients were the responsibility of Swansea Bay University Health Board

NATIONAL TREND

There has been a **1% increase** over the last eight years from 31 March 2014 when there were **339** Patients. Figure 4 shows the number of patients receiving assurance at year end across 8 years.
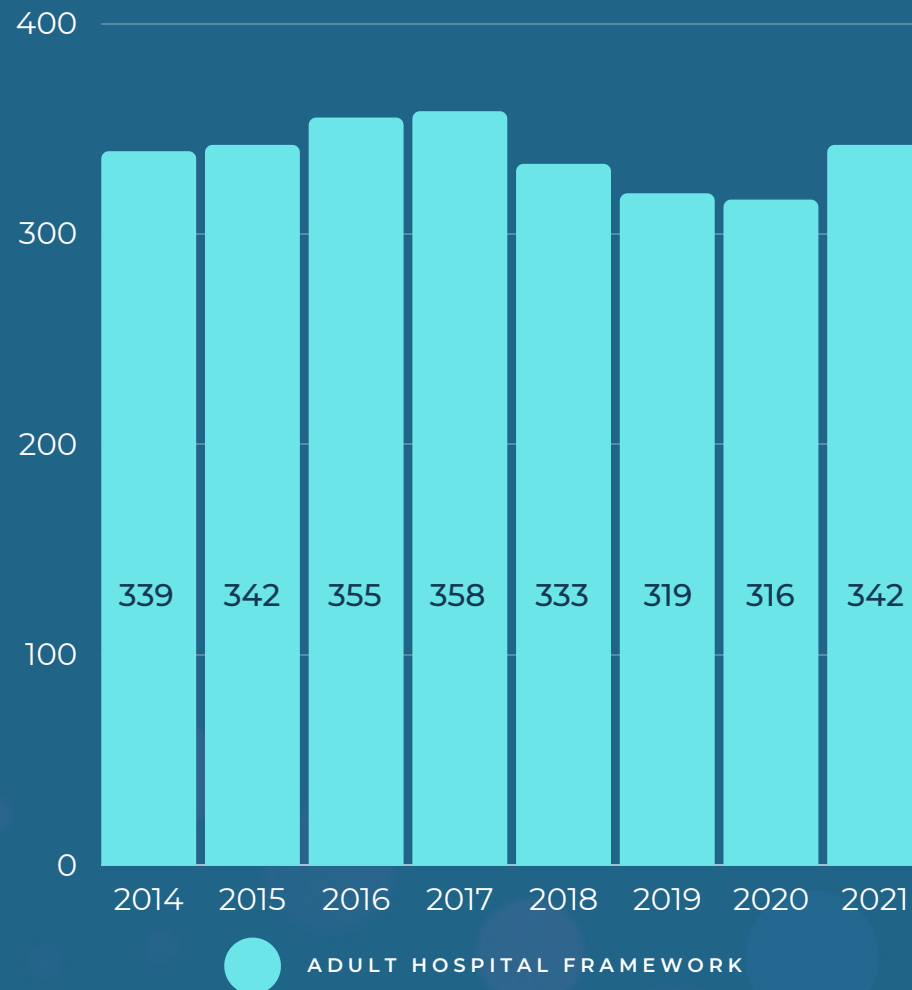

Figure 4: National Trend Comparison

ADULT HOSPITAL FRAMEWORK

8 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.

8 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 2021. Over the past seven years, there has been specific changes between service types such as:

- 23% decrease in number of patients in medium secure since 2014.

- 8% decrease in number of patients in low secure since 2014.

- 53% Increase in number of patients in controlled egress since 2014.

- 31% decrease in number of patients in uncontrolled egress since 2014.

Figure 5: 8 year National Trend

2014 2015 2016 2017 2018 2019 2020 2021
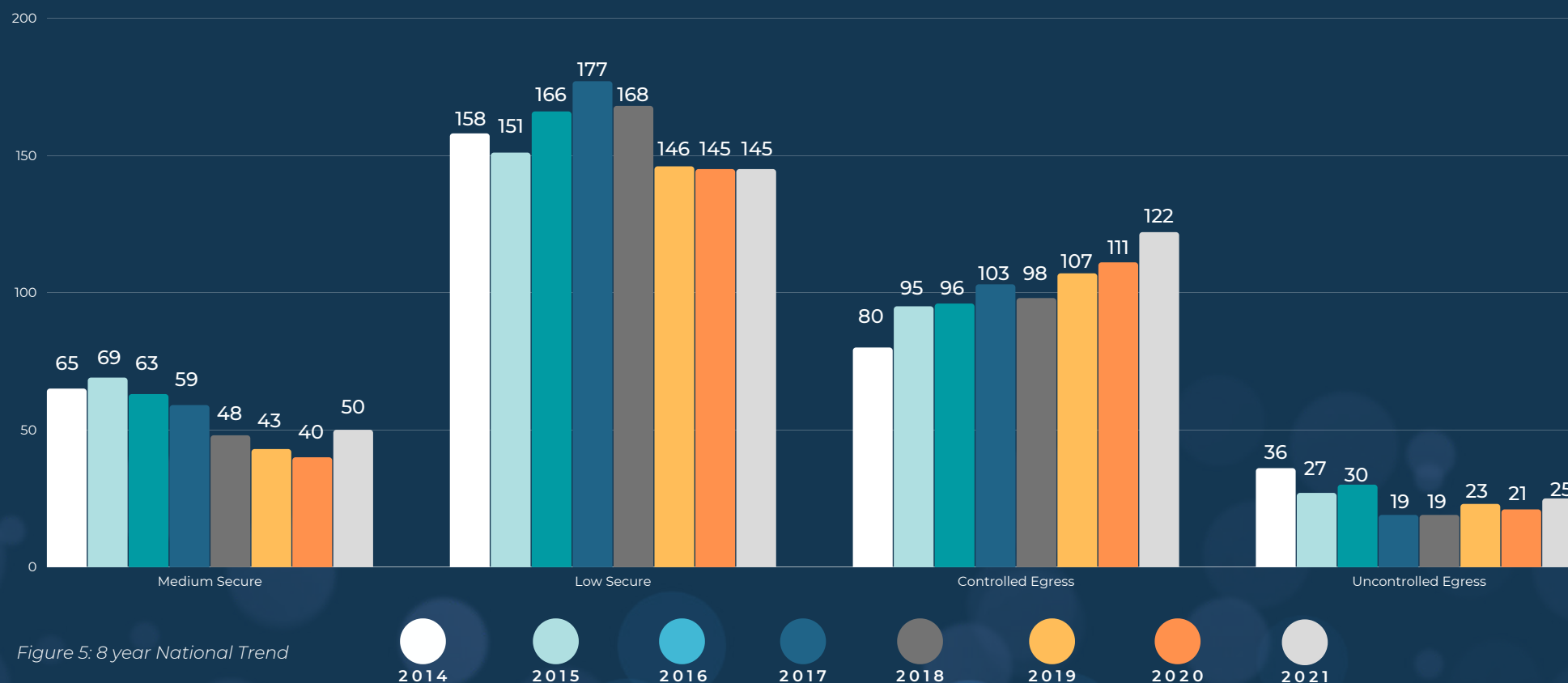
8 YEAR HEALTH BOARD TREND

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 2021 is displayed in Figure 6.

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

A comparison with 2019-20 shows both Hywel Dda University Health Board and Powys Teaching Health Board having a decrease in placements and the remaining five Health Boards having an increase as shown in the list on the right.

Aneurin Bevan University Health Board had an decrease of 1% since 2014 and a 13% increase since last year.

Betsi Cadwaladr University Health Board had an increase of 50% since 2014 and a 12% increase since last year.

Cardiff and Vale University Health Board had a decrease of 25% since 2014 and 15% increase since last year.

Cwm Taf Morgannwg University Health Board had an increase of 52% since 2014 and a 12% increase since last year.

Hywel Dda University Health Board had a decrease of 47% since 2014 and a 26% decrease since last year.

Powys Teaching Health Board has had a decrease of 14% 2014 and a 17% decrease since last year.

Swansea Bay University Health Board had a decrease of 30% since 2014 and a 18% increase since last year.
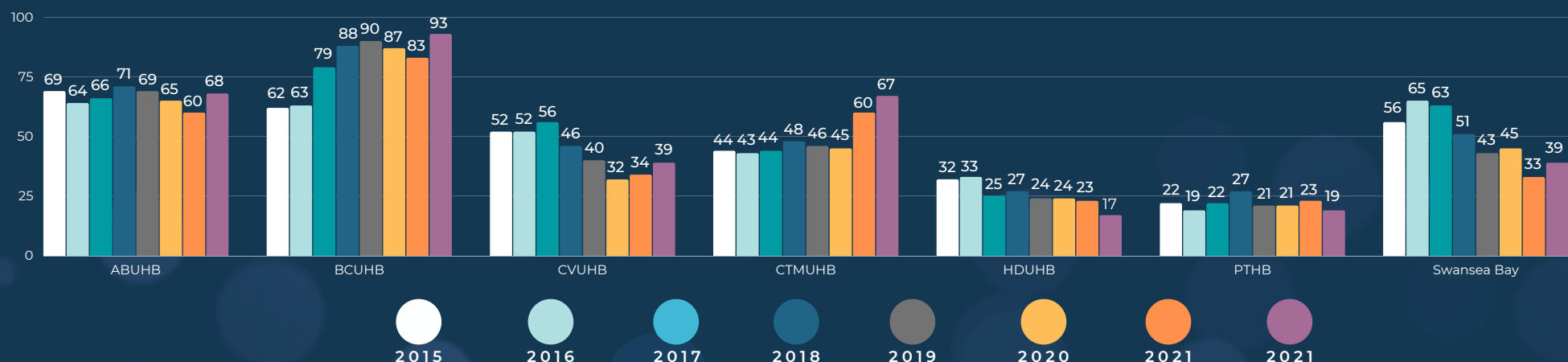

Figure 6: - National Eight Year Trend of Placements by Health Boards

LEARNING DISABILITIES AND MENTAL HEALTH DISTRIBUTION

Of the 342 patients receiving assurance under the Adult Hospital Framework on 31 March 2021, those cared for in Mental Health Hospitals consist of 82% of the total.

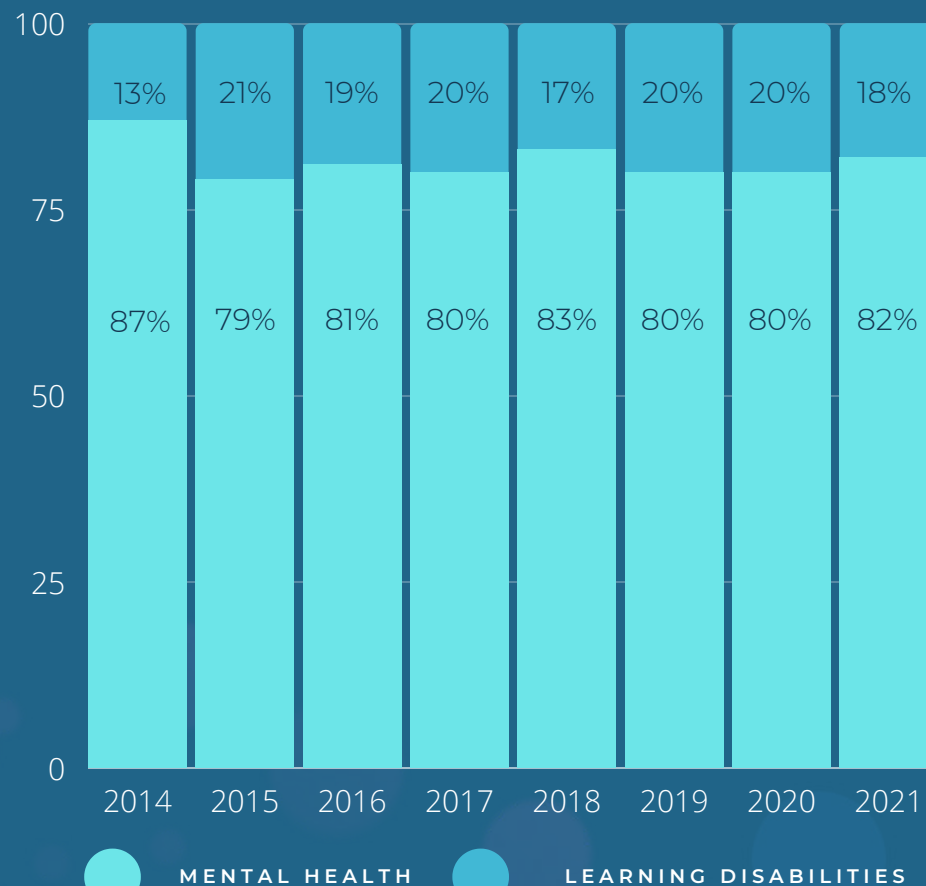Those cared for in Learning Disabilities Hospitals consist of 18% a decrease from 20% in 2020

Figure 7 shows a comparison of patients who have received assurance under the Adult Hospital Framework over the past 8 years by speciality.

Figure 8 illustrates the distribution of patients placed in mental health and learning hospitals on 31 March 2021 by tier of service.
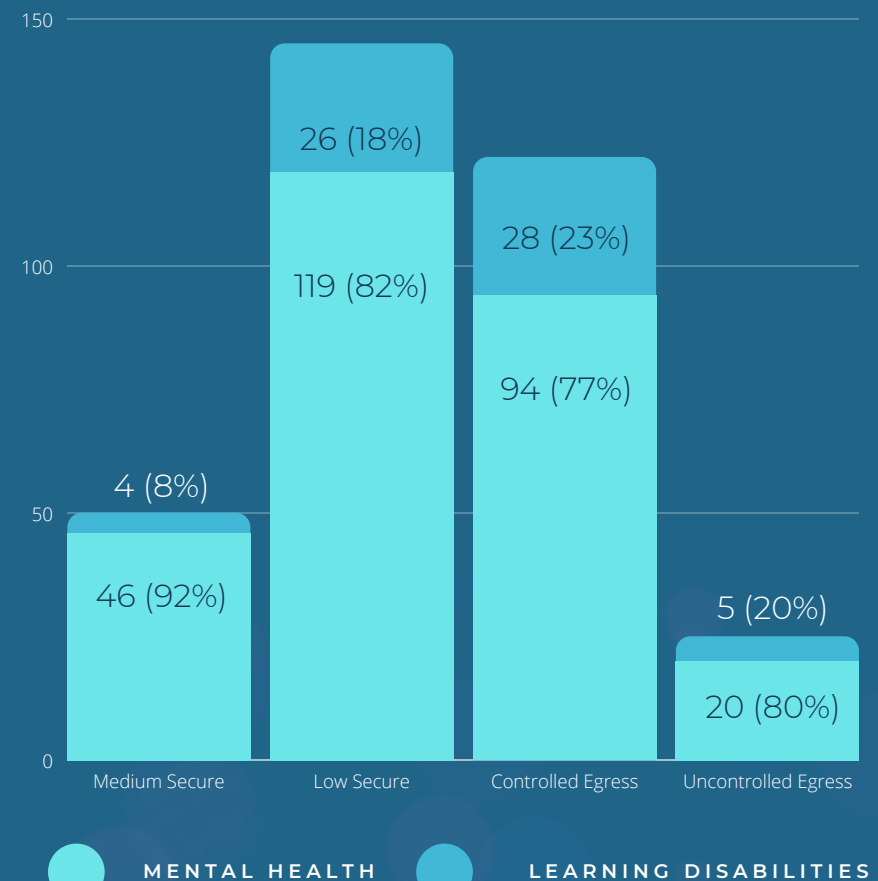

Figure 7: Eight Year Trend Mental Health and Learning Disabilities Distribution

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

MALE AND FEMALE PATIENT DISTRIBUTION

Of the **342** patients receiving assurance under the Adult Hospital Framework on the 31 March 2021 **70% (240)** of patients were male and **30% (102)** were female.

The proportion of male patients increased by 11% and the proportion of female patients decreased by 11% in 2020-2021.

Figure 9 shows the proportion of male and female patients receiving assurance over the last 8 years.

Figure 10 shows the distribution of male and female patients receiving assurance on 31 March 2021 within each tier of service.
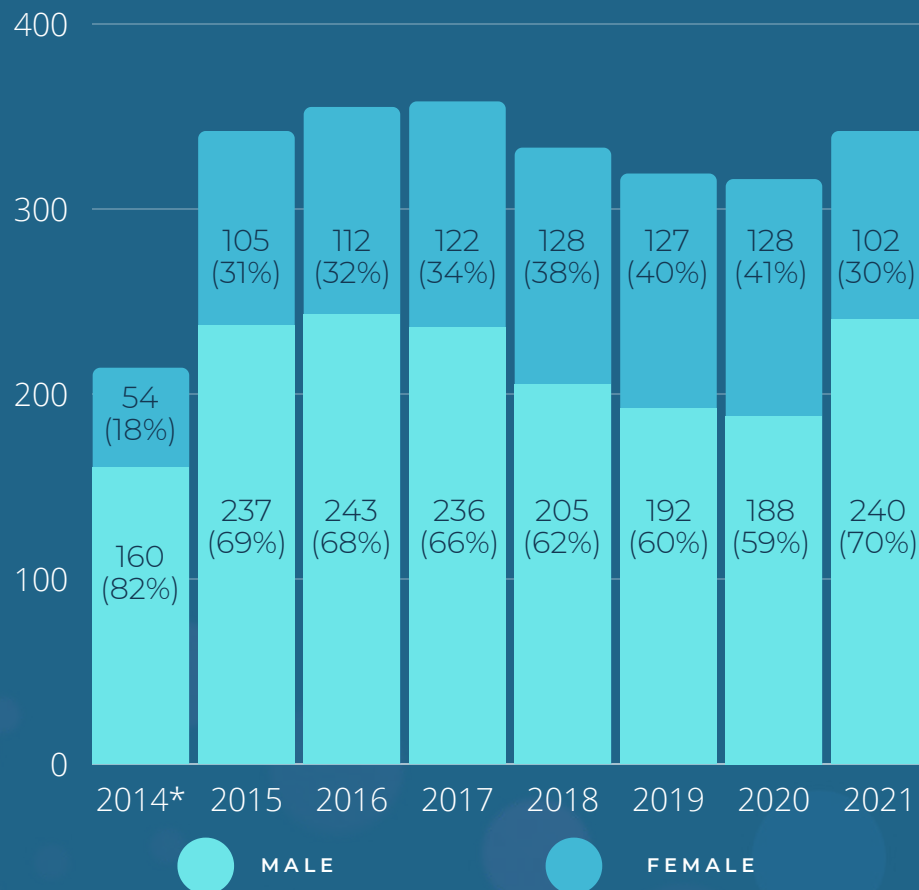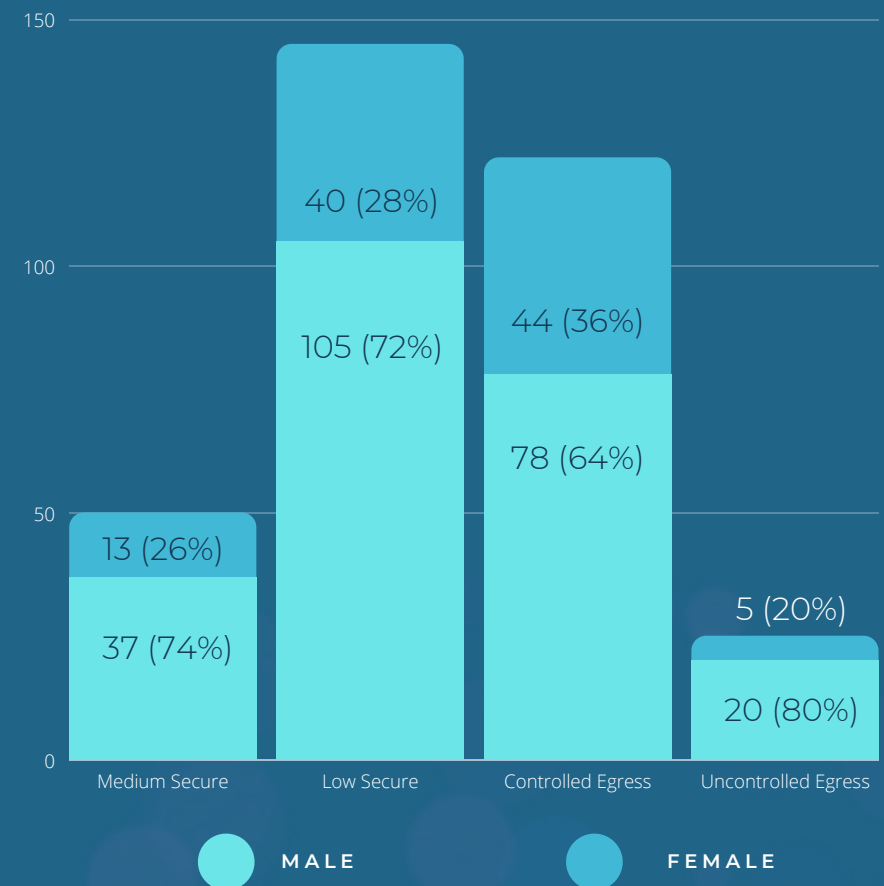

Figure 9: Eight Year Trend Male and Female Distribution

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

Figure 10: Male and Female Distribution by tier of service

GEOGRAPHIC DISTRIBUTION

Of the 342 patients receiving assurance under the Adult Hospital Framework on the 31 March 2021, 72% (247) were placed in Wales and 28% (95) were placed in England as shown in Figure 11 below.
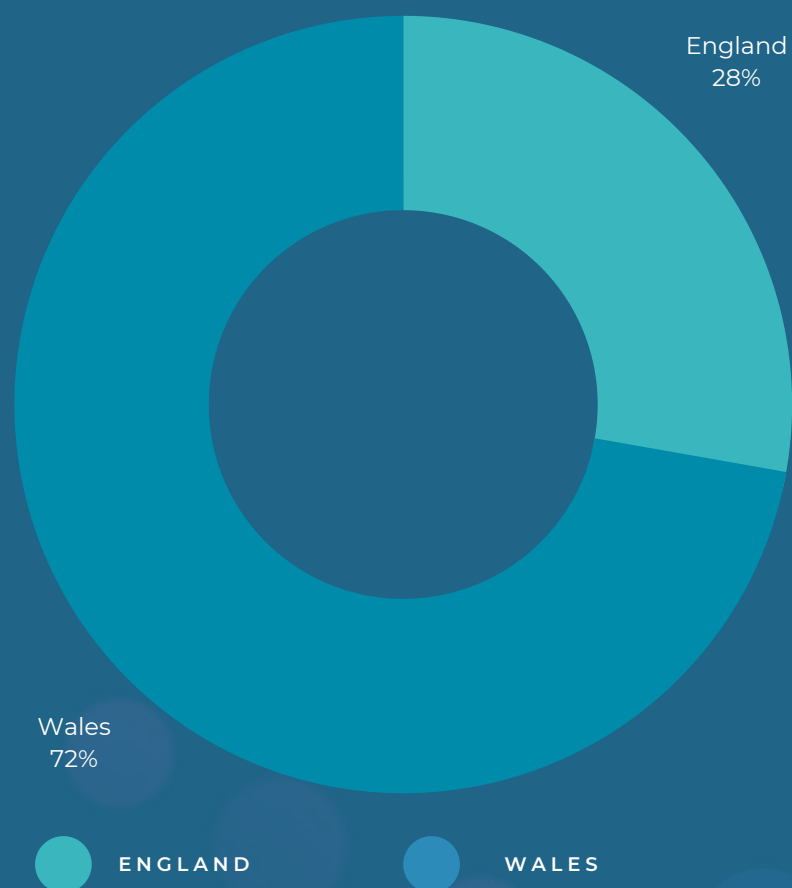
Figure 12 shows the comparison of patients who have received assurance under the Adult Hospital Framework over the past 8 years in Wales and England.

England
28%

Wales
72%

95

● ENGLAND   ● WALES

Figure 11: Wales and England Distribution 2020 to 2021

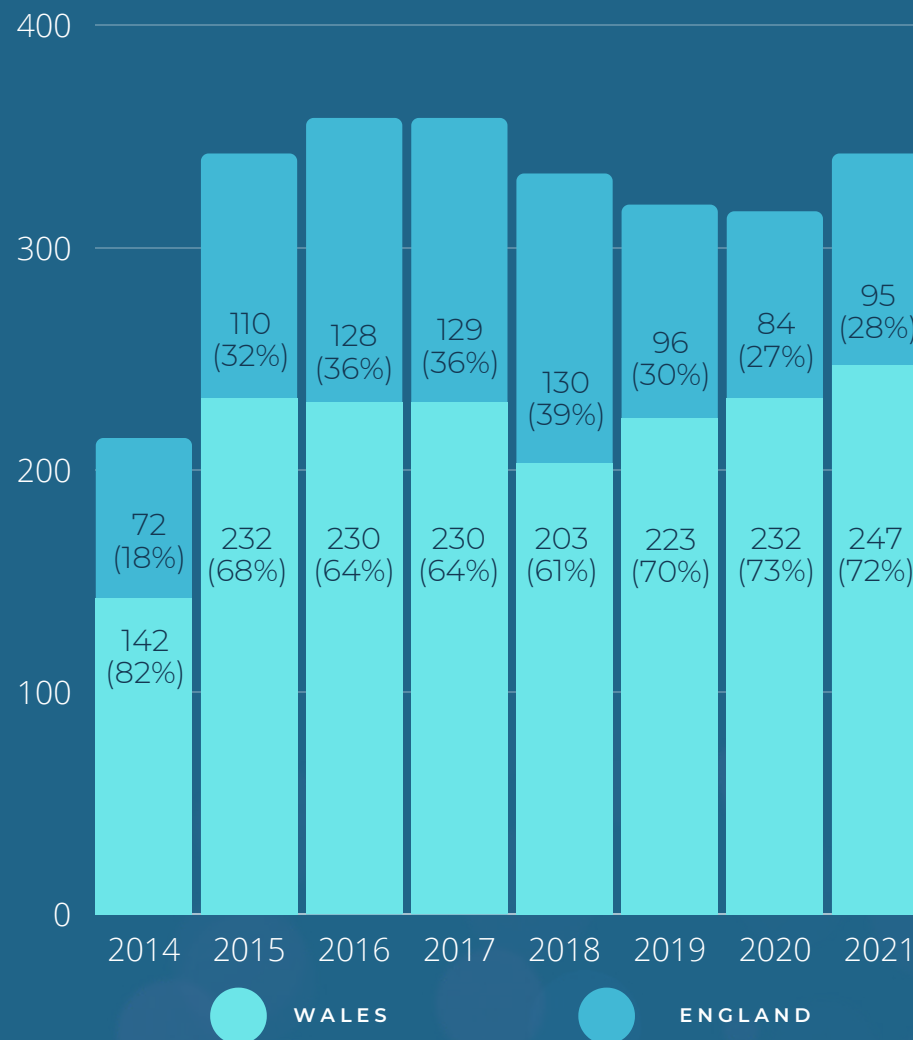|	2014	2015	2016	2017	2018	2019	2020	2021
England	72 (18%)	110 (32%)	128 (36%)	129 (36%)	130 (39%)	96 (30%)	84 (27%)	95 (28%)
Wales	142 (82%)	232 (68%)	230 (64%)	230 (64%)	203 (61%)	223 (70%)	232 (73%)	247 (72%)

● WALES   ● ENGLAND

Figure 12: Placements in Wales or England Eight 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.

118 (53%) patients were admitted to a provider less than 50 miles from the significant postcode. 37 (17%) patients who were placed between 50 and 100 miles from the significant postcode. 67 (30%) patients are more than 100 miles from the significant postcode.

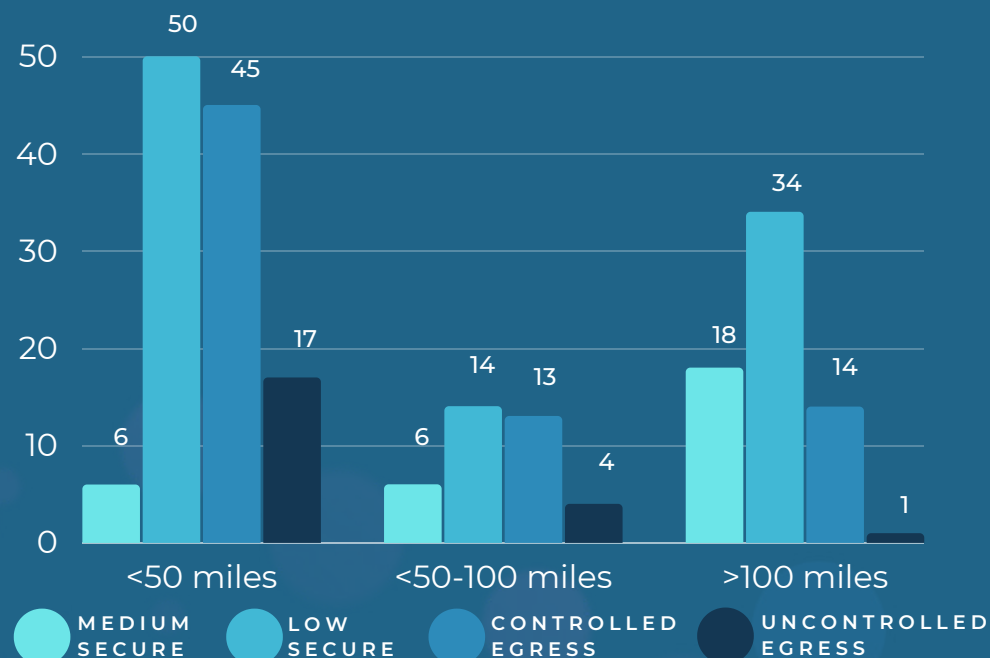Figure 13 illustrates the distance by tier of service from the significant postcode.

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 2020 to 31 March 2021.
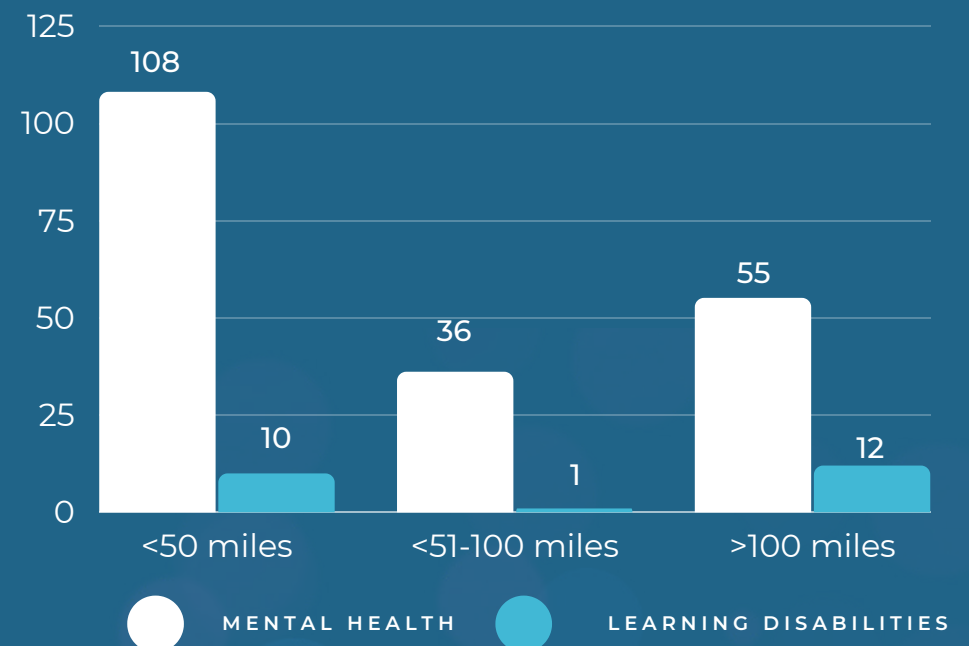

Figure 13: Distance by Speciality from Significant Postcode

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

COMPLETED LENGTH OF STAY

Of the **194** patients who were discharged from the Adult Hospital Framework between 1 April 2020 and 31 March 2021, the total lengths of stay with their final provider (patients may have been admitted from another provider) prior to discharge were:

- **30%** (57) patients had a length of stay less than 6 months compared to 21.5% (43) patients in 2020-21.

- **20%** (38) patients had a length of stay between 6 months and 1 year compared to 24% (47) patients in 2020-21.

- **23%** (45) patients had a length of stay between 1 and 2 years compared to 29% (58) patients in 2020-21.

- **12%** (24) patients had a length of stay between 2 and 3 years compared to 10% (19) patients in 2020-21.

- 10% (20) patients had a length of stay between 3 and 5 years compared to 13% (25) patients in 2020-21.

- 4% (7) patients had a length of stay between 5 and 7 years compared to 2% (4) patients in 2020-21.

- 2% (3) patients had a length of stay between 7 and 10 years compared to 2% (4) patients in 2020-21.

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 2021 by tier of service.

Figure 16 displays the average length of stay of 193 patients who were discharged from the Adult Hospital Framework between 1 April 2020 and 31 March 2021.

LENGTH OF STAY IN MONTHS (AVERAGE FOR SERVICE)

MEDIUM SECURE · LOW SECURE · CONTROLLED EGRESS · UNCONTROLLED EGRESS
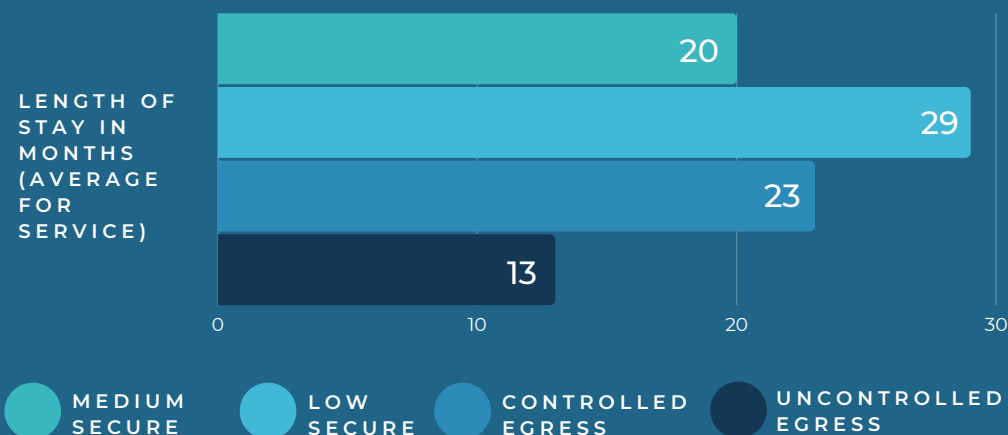
Figure 15: Average Length of Stay By Tier of Service in Months

MEDIUM SECURE · LOW SECURE · CONTROLLED EGRESS · UNCONTROLLED EGRESS
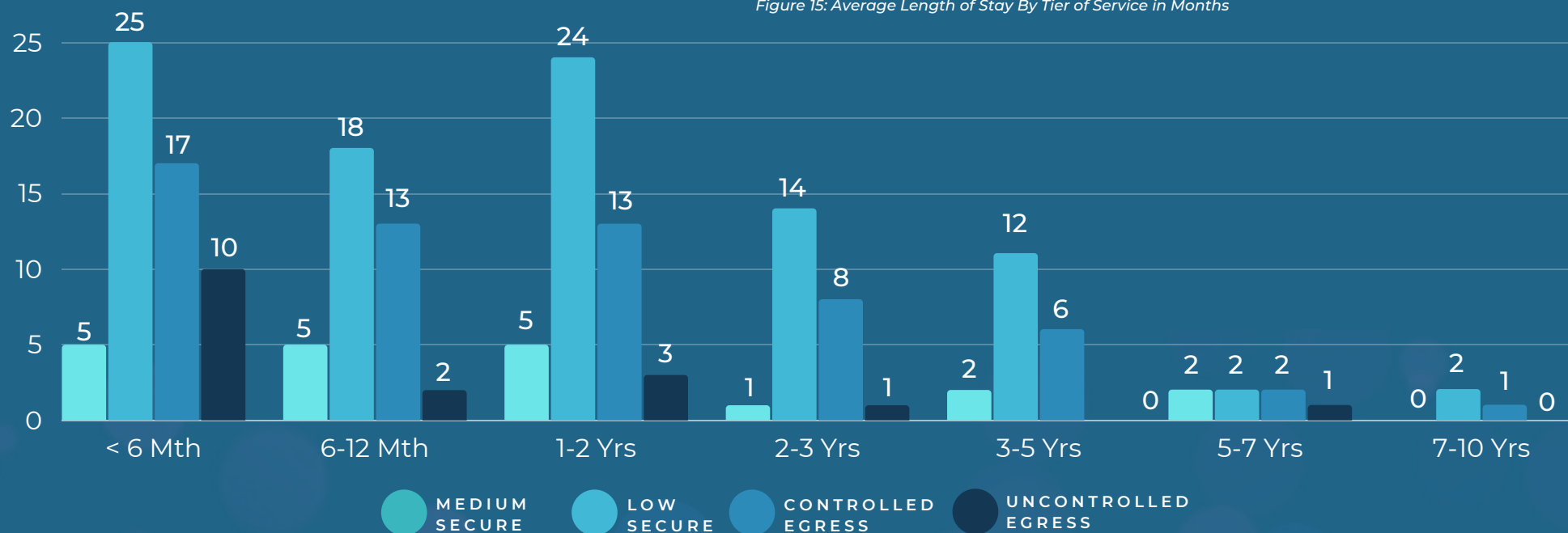
Figure 16: Length of Stay by Tier of Service

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 Low Secure Learning Disability Female is the longest at 54 months (4.5 years).
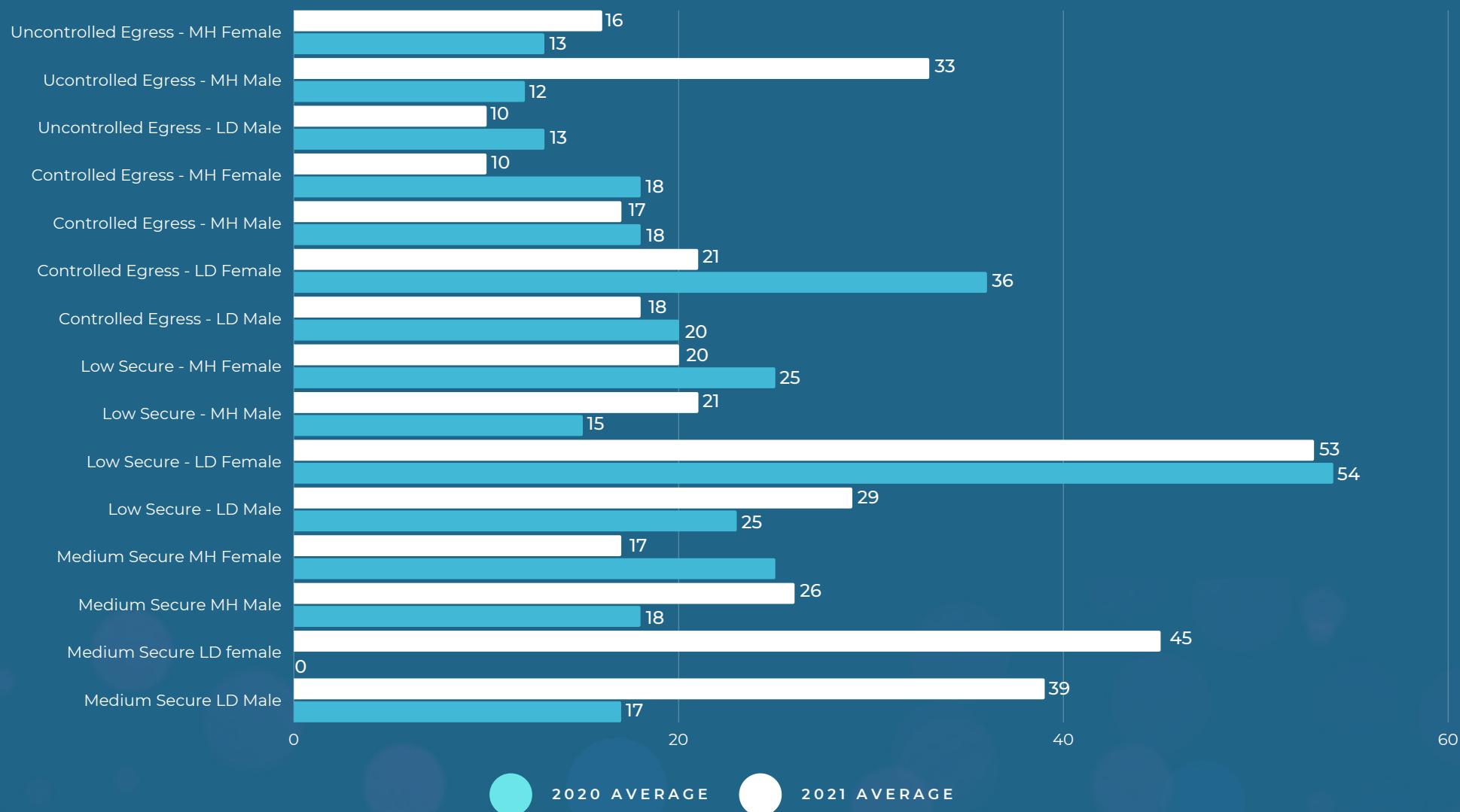

Figure 17: Average Length of Stay By Tier of Service in Months

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).

Q rating certificate

This must be placed at the entrance to the unit

TWYLLO FFAITH

PROVIDING ASSURANCE

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

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

What we know

What we see

What we find

Q

- 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 details the average achievement for each of the 24 areas within the Adult Hospital Framework audited between 1 April 2020 and 31 March 2021 ranked by difference from previous year achievement.

QAIS Fact

2,379 individual standards were assessed between 1 April 2020 and 31 March 2021

TWYLLO FFAITH

Standard Area	2016	2017	2018	2019	2020	2021	Difference 2020-2021
Safety and Welfare of Patients	96%	96%	80%	96%	93%	90%	-3%
Nutrition	91%	93%	97%	96%	96%	96%	-
Medical Devices and Resuscitation Equipment	74%	72%	77%	92%	84%	94%	+10%
Robust Governance and Accountability	95%	90%	88%	94%	87%	95%	+8%
Risk Assessment and Risk Management	82%	89%	80%	90%	90%	97%	+7%
Physical Interventions / Seclusion	90%	89%	92%	98%	89%	95%	+6%
Pharmacological Interventions and Medicines Management	85%	90%	80%	90%	90%	94%	+4%
Emergency Planning and Response	96%	95%	91%	97%	96%	100%	+4%
Environment	80%	83%	97%	91%	91%	95%	+4%
Meaningful and Culturally Appropriate Activities	84%	90%	96%	96%	95%	98%	+3%
Respecting Privacy, Dignity, Equality, Diversity and Human Rights	92%	95%	88%	98%	97%	99%	+2%
Leave	94%	94%	91%	96%	95%	96%	+1%

Figure 19: Average Achievement of Standards Across All Providers Reviewed (Continues Overleaf)

The outcome of the 31 reviews were that 27 (87%) units required one or more remedial actions and 4 (13%) units did not require any remedial action.

The 27 units where one or more remedial actions were each issued a 'Performance Improvement Notice'. Across all Performance Improvement Notices there were a total of 135 individual actions (an example of which is shown in Figure 21).

MAINTAINING THE QUALITY OF CARE

Standard Area	2016	2017	2018	2019	2020	2021	Difference 2020-2021
Psychological/Therapeutic Interventions	92%	96%	82%	95%	95%	88%	-7%
Clinical Records	73%	72%	56%	76%	80%	74%	-6%
Discharge Planning and Transition to Adult Services	93%	96%	93%	97%	97%	95%	-2%
Multi-Disciplinary Team Meeting	65%	70%	68%	79%	64%	90%	+26%
Staff	91%	89%	84%	93%	82%	94%	+12%
Supportive and Therapeutic Patient Observations	85%	88%	77%	92%	84%	94%	+10%
Physical Health and Health and Well Being Promotion	76%	79%	79%	85%	88%	96%	+8%
Improving Patients Experience of Care, including Quality and Satisfaction Complaints	88%	91%	87%	92%	89%	96%	+7%
Information and Communication	86%	92%	88%	97%	95%	99%	+4%
Patient Engagement and Satisfaction	88%	91%	87%	92%	89%	91%	+2%
Care and Treatment Planning	71%	73%	66%	86%	86%	87%	+1%
Visiting and Maintaining Contact	94%	96%	88%	98%	99%	100%	+1%

Figure 19: Average Achievement of Standards Across All Providers reviewed

MAINTAINING THE QUALITY OF CARE

Improvement Action

The QAIS reviewed 31 units in 17 Hospitals sites in 2020-21. This accounts for 22% of the units on the Adult Hospital Framework. Figure 20 below shows an example of Adult Hospital Framework Improvement Action.

Area		
Care Standard	**Audit Outcome**	**Assurance Required**
Physical interventions and/or seclusion/time out/ intensive support are used (i) as interventions of last resort after, whenever possible, deescalation techniques and positive support interventions have been attempted and (ii) in line with Good Clinical Practice, professional standards and national and local guidance and (iii) with due consideration of the self-respect, dignity, privacy, cultural values and individual needs of the Patient.	Although the training provided is extensive, the percentages of staff trained in its use are low (63%). This may or may not have had a bearing in a recent incident where a complaint was made alleging a member of staff used excessive force. This combined with the high percentage of males involved with restraining a vulnerable female patient did not show due consideration for privacy, dignity and the individual needs of the patient. It is understood this has been investigated and remedial actions and mitigations are awaited by the QAIS.	The provider will submit evidence to show an increase in Prevention and Management of Violence and Agression training and/or a training schedule to evidence the plans put in place. The provider will submit evidence to show there is adequate female cover for the hospital. The provider will submit the actions from the investigation.

Figure 20: Example of Adult Hospital Framework Improvement Action

MAINTAINING THE QUALITY OF CARE

Of the 27 Performance Improvement Notices issued, in 22 (81%) of the cases the Provider provided assurance all the remedial actions had been rectified within the designated ten day timeframe. In 3 (14%) 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 2020-2021 0 providers had 1Q deducted and 2 provider had 2Qs deducted and 1 provider is still under investigation

QAIS Fact

**81% of
provider deficits were
rectified within ten
working days of the
Hospital Quality
Assurance Review**

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MAINTAINING THE QUALITY OF CARE

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 222 patients admitted between 1 April 2020 to the 31 March 2021 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% (222) of patients in 2020-2021 were placed with a provider that maintained 3Qs. This compares with 96% in 2019-2020 and 96% in 2018-2019.

- Zero patients in 2020-2021 was placed with a provider that maintained 2Qs. This compares with 1% in 2019-2020 and 1% in 2018/2019.

- Zero patients in 2020-2021 were placed with a provider that maintained 1Q. This compares with 3% in 2019/2020 and 3% in 2018-2019.

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.

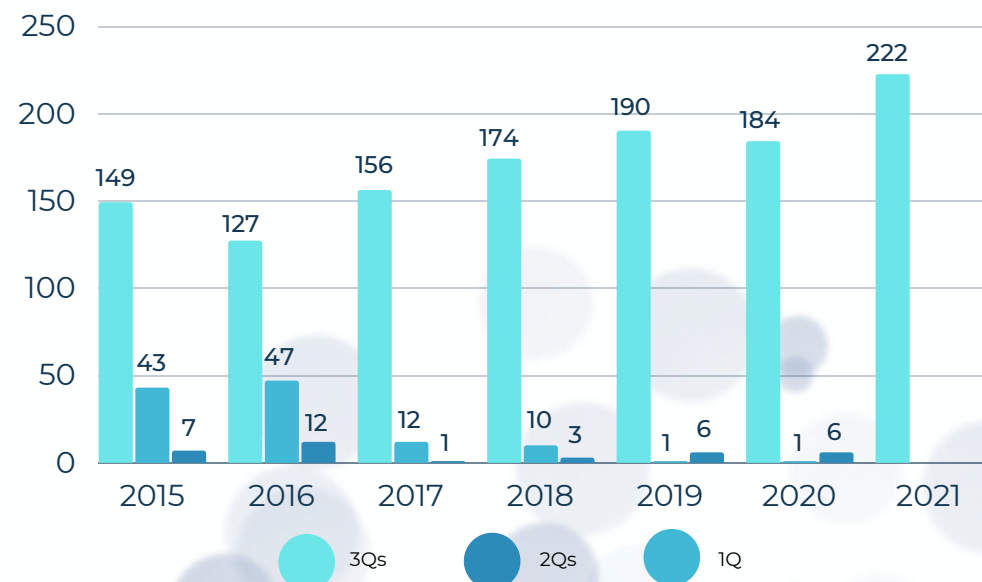Zero patient was placed with a providers with a 2Q or 1Q rating.

Figure 21: Placements by Quality Assurance Rating over Seven Years

MAINTAINING THE QUALITY OF CARE

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 2020 and 31 March 2021 by commissioning organisation.
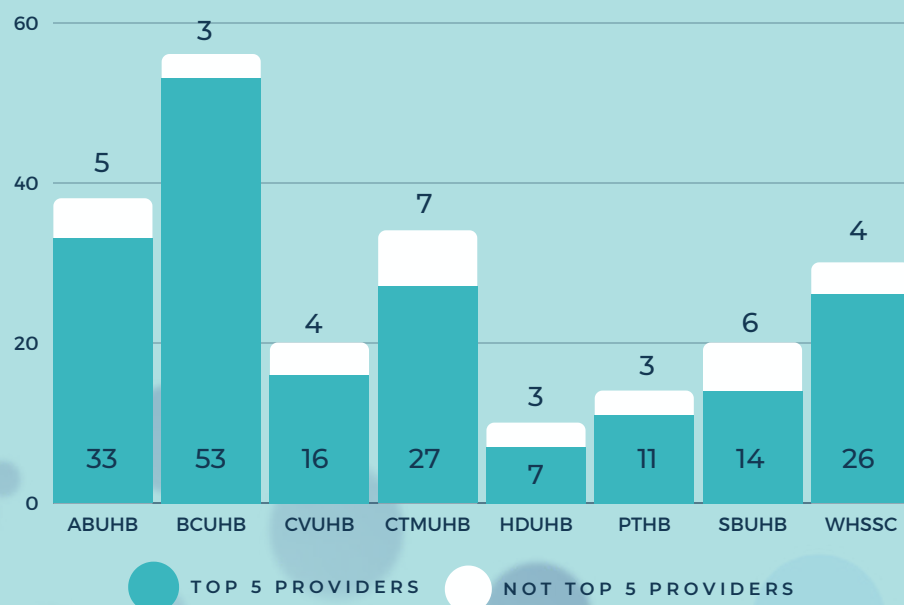
87% (33 of 38) of patients placed with a top 5 provider by Aneurin Bevan University Health Board

95% (53 of 56) of patients placed with a top 5 provider by Betsi Cadwaladr University Health Board

80% (16 of 20) of patients placed with a top 5 provider by Cardiff and Vale University Health Board

79% (27 of 34) of patients placed with a top 5 provider by Cwm Taf Morgannwg University Health Board

70% (7 of 10) of patients placed with a top 5 provider by Hywel Dda University Health Board

79% (11 of 14) of patients placed with a top 5 provider by Powys Teaching Health Board

70% (14 of 20) of patients placed with a top 5 provider by Swansea Bay University Health Board

87% (26 of 30) of patients placed with a top 5 provider by Welsh Health Specialised Services Committee

Figure 22: Admissions to Top Five Ranked Providers 1 April 2020 and 31 March 2021 by Commissioner

MAINTAINING THE QUALITY OF CARE

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 2021. The six areas coloured in green have improved, the two in red have deteriorated and the one in grey remain unchanged from the previous year.

The largest decrease was in area of: 'The environment of care protects the privacy of the patient' where there was a increase of 4%. Any deteriorations will be addressed during next year's audits.

MAINTAINING THE QUALITY OF CARE

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
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%
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%
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%
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%
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%
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%
The environment of care protects the privacy of the Patient.	85%	93%	86%	100%	96%	100%
Whenever possible and following appropriate risk assessment, the Patient's bedroom accommodates individual needs and preferences.	93%	100%	100%	98%	99%	100%
The Patient has access to appropriate reflective, faith or multi-faith (i) facilities (ii) pastoral care.	97%	93%	82%	100%	99%	100%

Figure 23: Providing Assurance on Equality and Diversity

MAINTAINING THE QUALITY OF CARE

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 2020-21, 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.
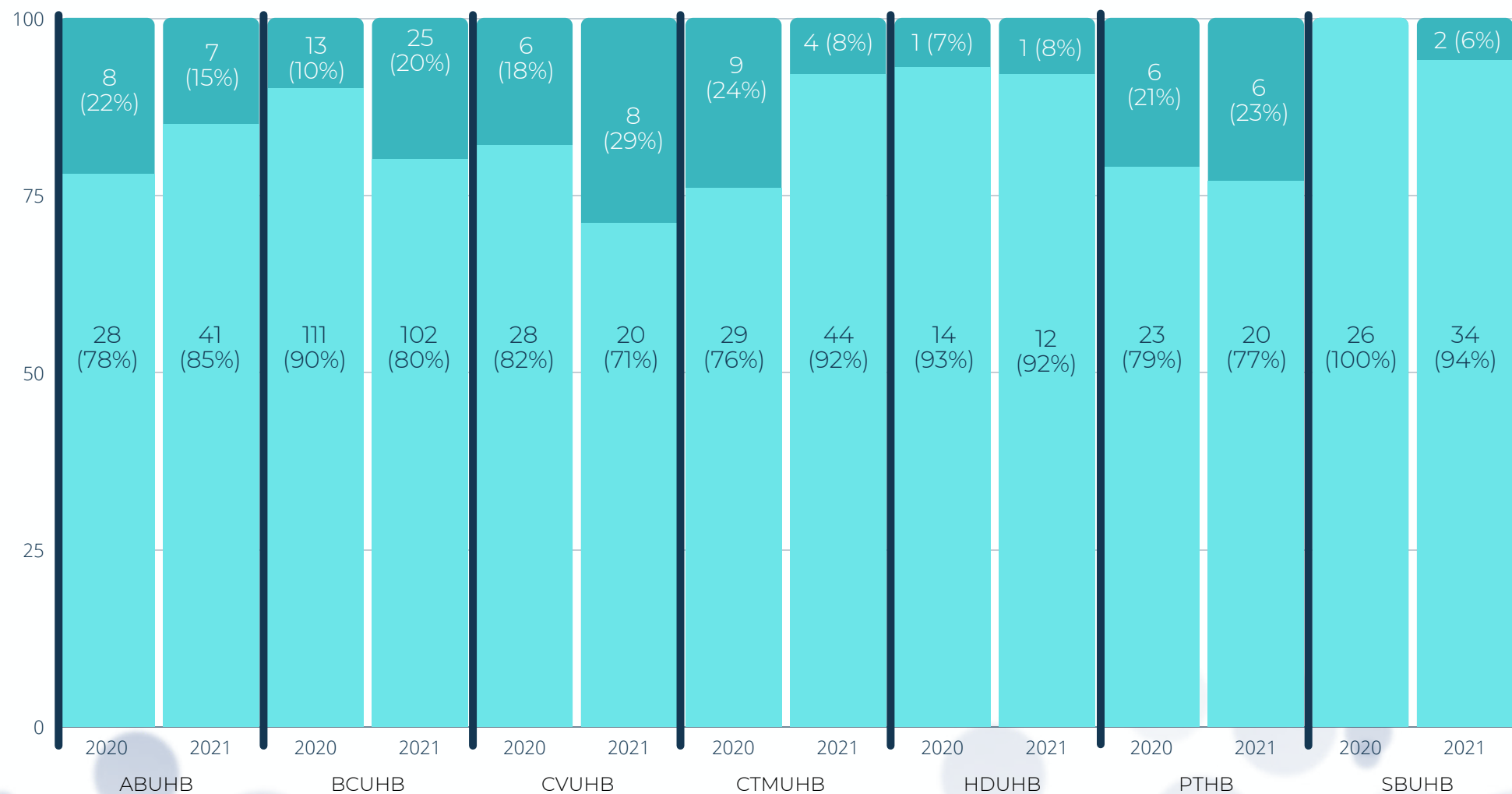
Following a Care and Treatment Plan review, the provider is required to record whether it was attended by the care coordinator and / or other Health Board representative.

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 196 patients receiving assurance (and eligible for a review) between 1 April 2020 and 31 March 2021 compared to the previous year.

*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.

MAINTAINING THE QUALITY OF CARE

Figure 24: Attendance at Care and Treatment Plan Reviews 2019-2020 and 2020-2021

ENSURING SAFE AND EFFECTIVE CARE

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.

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

ENSURING SAFE AND EFFECTIVE CARE

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.

ENSURING SAFE AND EFFECTIVE CARE

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 2021 the number of users from the NHS has increased by 162 to 171, Providers 430 to 485, Local Authorities has increased from 42 to 46 and the Regulator (HIW) remained the same as the previous year as shown in Figure 25 below.

Regulator
1%

Local Authorities
7%

NHS
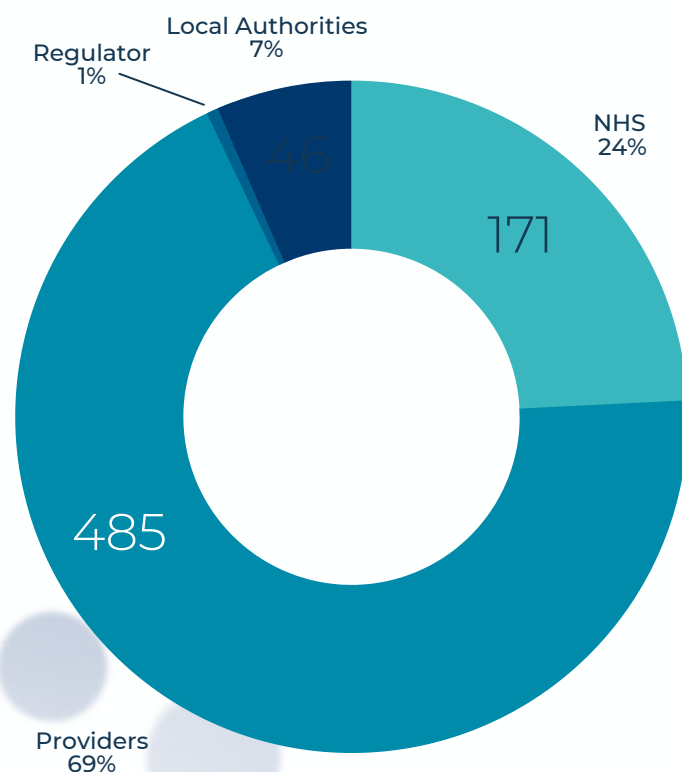24%

171

46

485

Providers
69%

Figure 25: Number of CCAPS users by Organisation on 31 March 2020

Onsite Support Service

We host the CCAPS Support Desk and provide assistance to CCAPS users; the Support Desk recorded 1,857 requests from 1 April 2020 and 31 March 2021'.

ENSURING SAFE AND EFFECTIVE CARE
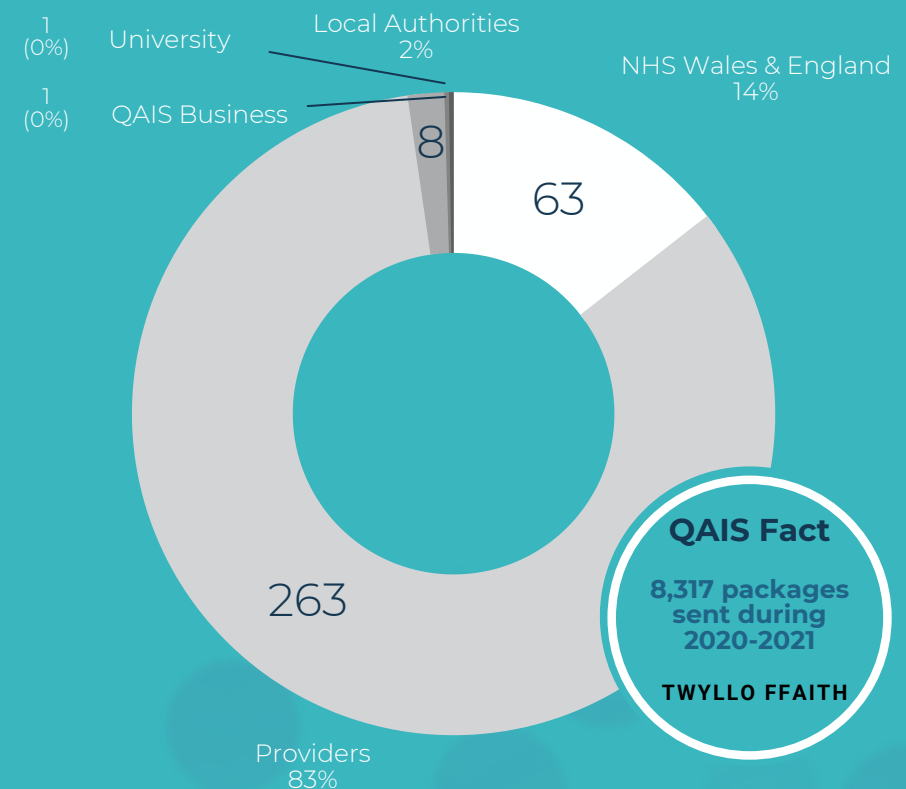
Secure File Sharing Portal

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 2021, there were 336 unique users from health, local authorities and providers of care, from the previous year 1,015, which is an decrease of 69%. During the reporting year, there were 8,317 packages / emails transferred between organisations across all categories. Figure 26 below shows the number of registered users by category on the 31 March 2021

1 (0%) University
Local Authorities 2%
NHS Wales & England 14%
1 (0%) QAIS Business
8
63
263
Providers 83%

QAIS Fact

8,317 packages sent during 2020-2021

TWYLLO FFAITH

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 2021

ENSURING SAFE AND EFFECTIVE CARE

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.

ENSURING SAFE AND EFFECTIVE CARE

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 14,627 incidents reported by severity involving patients receiving assurance under the Adult Hospital Framework between 1 April 2020 and 31 March 2021.

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Self-harming behaviour / Suicide	2,283	2,057	154	12	0	4,506	36.4
Perpetrator of Disruptive, physically aggressive behaviour, Violence	1,980	1,619	432	20	5	4,056	32.8
Perpetrator of verbal abuse, threats or bullying	1,207	1,242	709	39	0	3,197	25.8
Victim of Disruptive, physically aggressive behaviour, Violence	453	143	25	2	0	623	5.0
Perpetrator of Sexual abuse / sexual violence	258	141	26	0	0	425	3.4
Victim of verbal abuse threats or bullying	246	117	41	7	0	411	3.3
Breach of security / Contraband items	260	118	16	3	0	397	3.2
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	209	104	26	0	0	339	2.7
Medication	117	40	5	0	0	162	1.3
Access, admission, transfer, discharge (including missing patient) - AWOL	73	27	14	37	2	153	1.2

Figure 27: Incidents Reported 1 April 2020 and 31 March 2021 (Continued Overleaf)

ENSURING SAFE AND EFFECTIVE CARE

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Patient Illness	0	0	43	44	5	92	0.7
Illicit Substance / Alcohol use or possession	26	50	4	0	0	80	0.6
Patient Injury or Harm Resulting from any act or Omission Relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	69	9	2	0	0	80	0.6
Documentation, Record keeping, Data & legal, and property	32	17	3	0	1	53	0.4
Victim of Sexual abuse / sexual violence	31	12	9	1	0	53	0.4
Total	7,244	5,696	1,509	165	13	14,627	118.2

Figure 27: Incidents Reported 1 April 2020 and 31 March 2021

The 14,627 incidents reported this year is a 3% (14,259) increase from incidents reported in 2019-2020 (Note: There was a 1% 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 14,627 incidents reported during 1 April 2020 and 31 March 2021 are:

- 50% were classed as negligible in 2020-21 compared to 47% in 2019-20.

- 39% were classed as minor in 2020-21 compared to 41% in 2019-20.

- 10% were classed as moderate in 2020-21 the same as in 2019-20.

- 1% were classed as severe in 2020-21 compared to 1% in 2019-20.

- 0.0% were classed as critical in 2020-21 the same as in 0.0% in 2019-20.

ENSURING SAFE AND EFFECTIVE CARE

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

	2019-2020	2020-2021	Difference
Total Incidents	14,259	14,627	368
	Number of incidents per 1000 occupied bed days		
Incident Type	**2019-2020**	**2020-2021**	**Difference**
Perpetrator of verbal abuse, threats or bullying	20.6	25.8	+5.2
Perpertrator of Sexual abuse / sexual violence	2.4	3.4	+1.0
Victim of verbal abuse threats or bullying	3.1	3.3	+0.2
Patient Injury or Harm resulting from any act or omission relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	0.5	0.6	+0.1
Patient Illness	0.7	0.7	0.0
Documentation, Record keeping, Data & legal, and property	0.4	0.4	0.0
Victim of Sexual abuse / sexual violence	0.5	0.4	-0.1
Medication	1.7	1.3	-0.4
Illicit Substance / Alcohol use or possession	1.1	0.6	-0.5
Victim of Disruptive, physically aggressive behaviour, Violence	5.5	5.0	-0.5
Access, admission, transfer, discharge (including missing patient) - AWOL	2	1.2	-0.8
Breach of security / Contraband items	4.2	3.2	-1.0
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	4.1	2.7	-1.4
Self-harming behaviour / Suicide	40.7	36.4	-4.3
Perpetrator of Disruptive, physically aggressive behaviour, Violence	38	32.8	-5.2

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

ENSURING SAFE AND EFFECTIVE CARE

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	2,028	1,791	349	42	1	4,211	34.0
Controlled Egress - MH Female	1,585	1,559	403	31	0	3,578	28.9
Low Secure - MH Male	527	488	262	13	1	1,291	10.4
Controlled Egress - MH Male	684	427	92	19	3	1,225	9.9
Controlled Egress - LD Male	410	277	58	25	1	771	6.2
Medium Secure - MH Female	477	225	38	4	0	744	6.0
Controlled Egress - LD Female	276	250	64	5	1	596	4.8
Low Secure - LD Male	433	128	22	2	0	585	4.7
Low Secure - LD Female	233	141	50	20	0	444	3.6
Medium Secure - MH Male	242	137	29	1	1	410	3.3
Uncontrolled Egress - LD Male	80	119	110	1	0	310	2.5
Medium Secure - LD Male	134	73	8	1	3	219	1.8
Uncontrolled Egress - MH Male	69	38	21	0	2	130	1.1
Uncontrolled Egress - MH Female	66	43	3	1	0	113	0.9
Medium Secure - LD Female	0	0	0	0	0	0	0.0
Total	7,244	5,696	1,509	165	13	14,627	118.2

ENSURING SAFE AND EFFECTIVE CARE

Figure 30 shows the comparison / difference between service types

	2019-2020	2020-2021	Difference
Total Incidents	14,259	14,627	368
	Number of incidents per 1000 occupied bed days		
Service Type	2019-2020	2020-2021	Difference
Low Secure - MH Female	29	34.0	+5.0
Controlled Egress - MH Female	26.3	28.9	+2.6
Low Secure - LD Female	2.3	3.6	+1.3
Uncontrolled Egress - MH Male	0.7	1.1	+0.4
Controlled Egress - LD Male	6	6.2	+0.2
Uncontrolled Egress - MH Female	0.7	0.9	+0.2
Medium Secure - MH Male	3.6	3.3	-0.3
Uncontrolled Egress - LD Male	3	2.5	-0.5
Medium Secure - LD Female	0.5	0.0	-0.5
Low Secure - LD Male	5.9	4.7	-1.2
Low Secure - MH Male	12.3	10.4	-1.9
Controlled Egress - MH Male	12	9.9	-2.1
Medium Secure - MH Female	8.1	6.0	-2.1
Medium Secure - LD Male	5.7	1.8	-3.9
Controlled Egress - LD Female	9.4	4.8	-4.6

ENSURING SAFE AND EFFECTIVE CARE

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 2020-21 there were a total of 164 complaints down 112 on the previous reporting year (276) as shown in figure 31 below.

- 7% (12) were classed as Hotel Services in 2019-20 compared to 6% in 2020/21.
- 33% (54) were classed as Attitude / Behaviour of Staff in 2019-20 compared to 39% in 2020-21.
- 13% (21) were classed as Behaviour of other Patient in 2019-20 compared to 11% in 2020-21.
- 6% (9) were classed as Communication in 2019-20 compared to 3% in 2020-21.
- 14% (23) were classed as Patient Property in 2019-20 compared to 10% in 2020-21.
- 10% (16) were classed as Clinical Treatment in 2019-20 compared to 24% in 2020-21.
- 6% (10) were classed as Legal in 2019-20 compared to 4% in 2020-21.
- 11% (18) were classed as Hospital Protocols in 2019-20 compared to 4% in 2020-21.
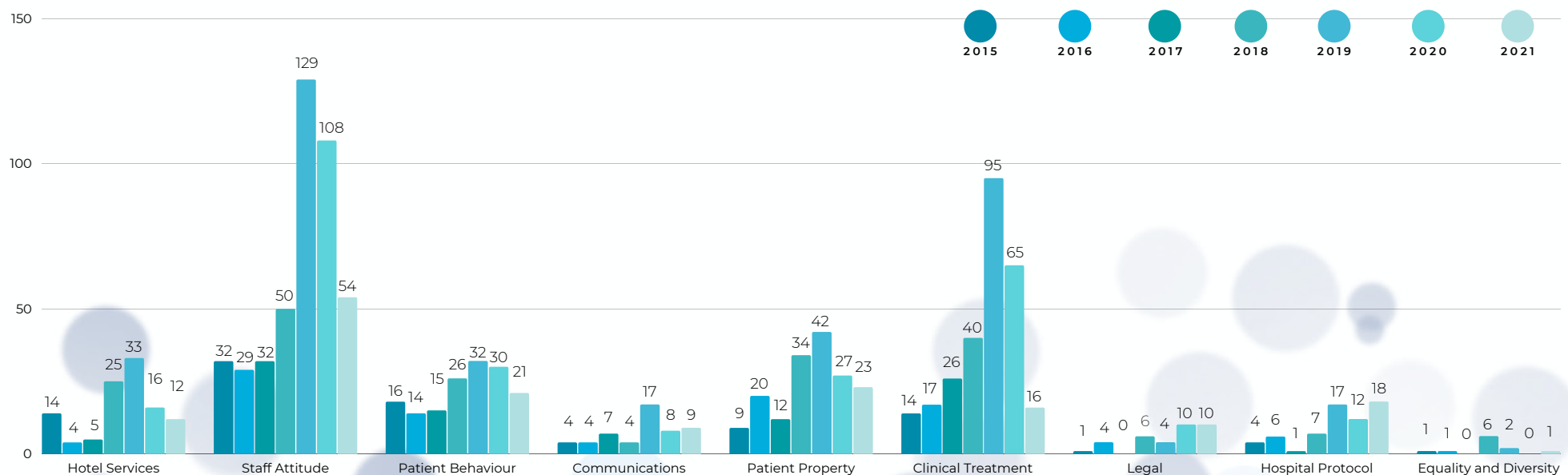- 1% (1) was classed as Equality & Diversity in 2019-20 compared to 0% in 2020-21.

Figure 31: complaints by category for 2015-2021

ENSURING SAFE AND EFFECTIVE CARE

The category Attitude and Staff Behaviour saw a 50% decrease from the previous year although Attitude / Behaviour of Staff remained the largest category at 54 complaints. Figure 32 breaks down this category into its sub categories.
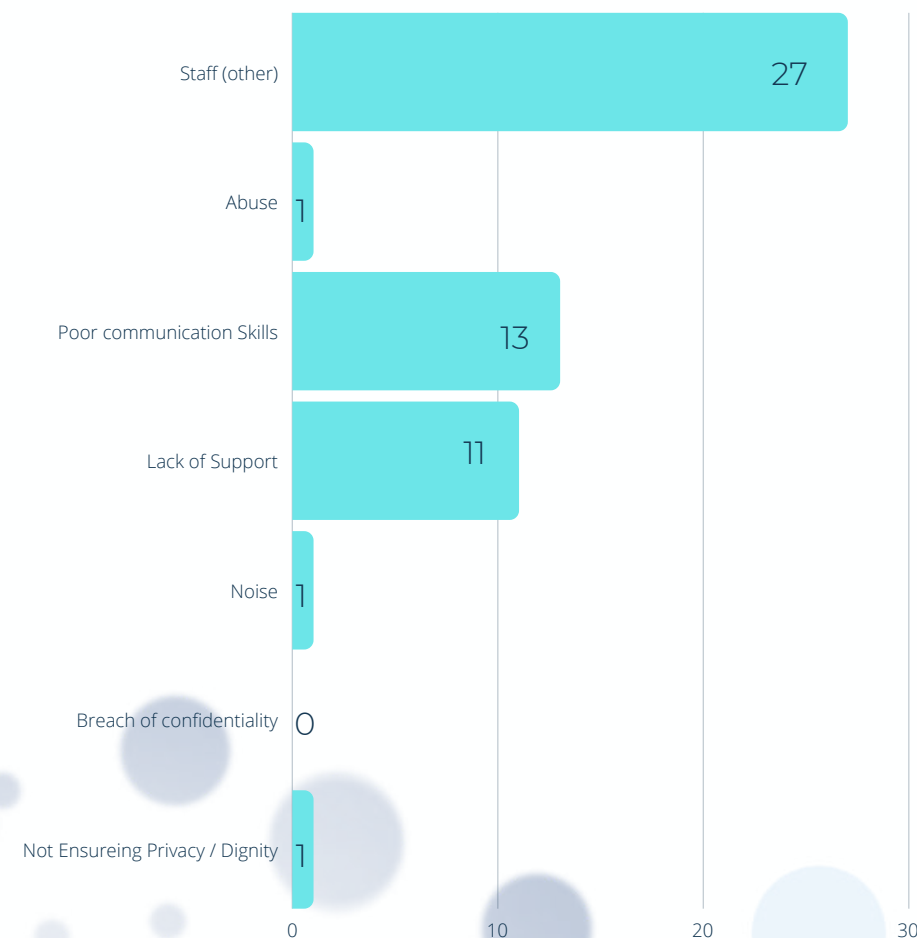
Safeguarding

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 2020-21, 54% (247) of the 459 reported safeguarding concerns were validated as confirmed and 46% (212) as unconfirmed.

The 459 potential safeguarding concerns constitute a 5% decrease from the 485 reported in 2018-19. Figure 33 breaks down safeguarding reporting by tier of care.
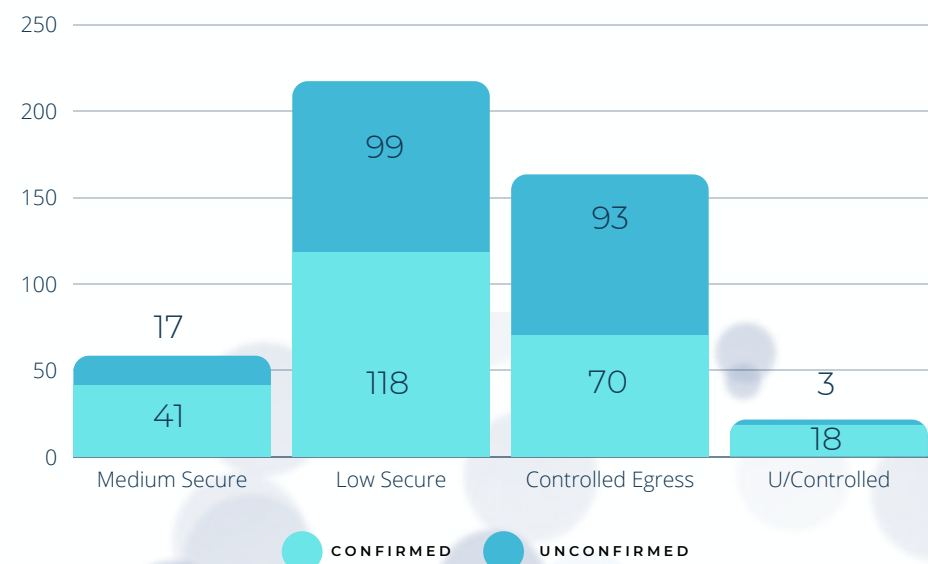

Figure 32: Complaint category Attitude/Behaviour of Staff by the sub-category

Figure 33: shows the 485 potential safeguarding concerns reported on CCAPS from 1 April 2020 to 31 March 2021
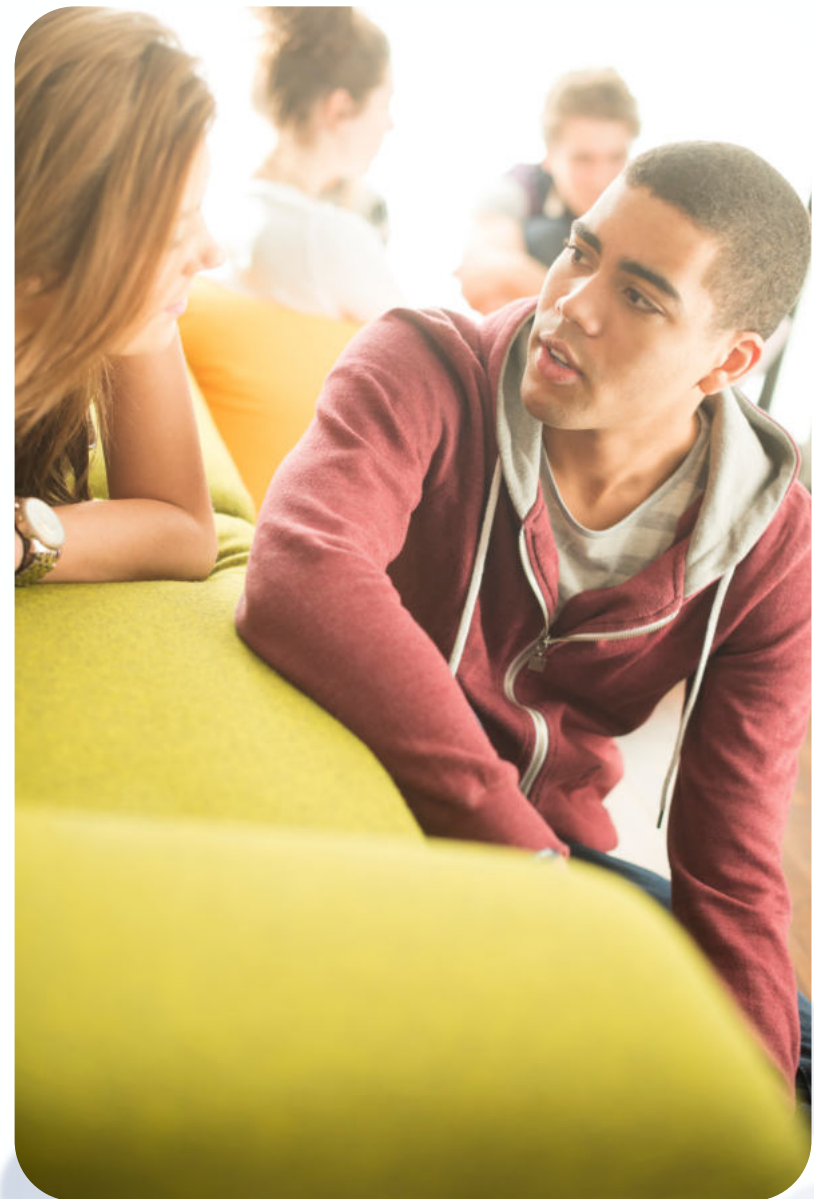
ENSURING SAFE AND EFFECTIVE CARE

Safeguarding

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

- 10% (25) recorded and confirmed as sexual.

- 58% (143) recorded and confirmed as physical.

- 20% (49) recorded and confirmed as neglect.

- 1% (3) recorded and confirmed as financial.

- 11% (27) recorded and confirmed as emotional / psychological.

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

ENSURING SAFE AND EFFECTIVE CARE

Expenditure

As at the 31 March 2021, NHS Wales spend through the Adult Hospital Framework was an annualised cost of £53,806,413. Figure 34 below shows the spend by commissioning organisation* over the previous six years.
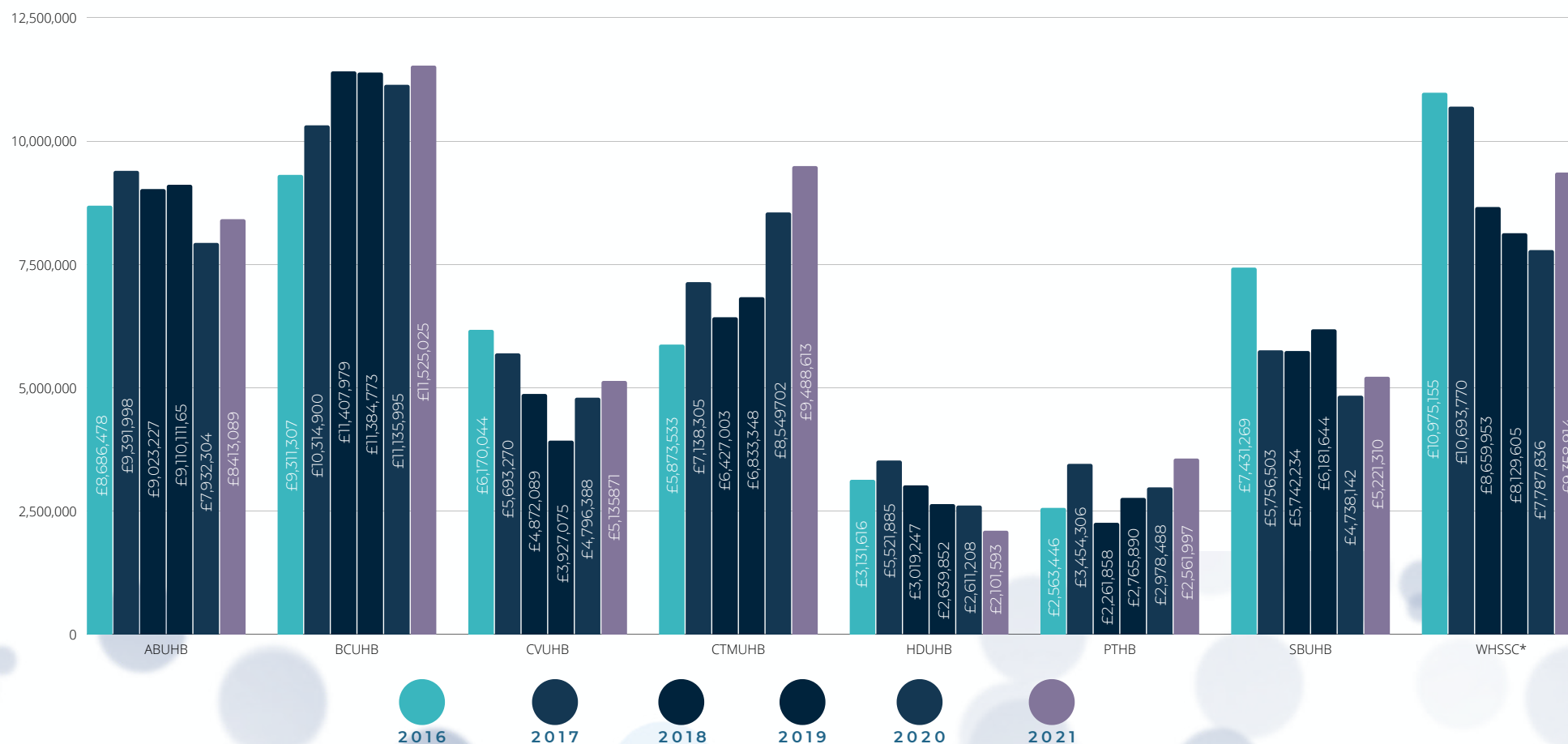

Figure 34: Annualised Spend by Organisation at 31 March 2021

*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 seven years in £millions. It shows a increase of £3.3m (6%) on the previous year and an increase of £1.63m since 2014-15 (3%)

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

2019-20	2020-21
£50.5M	£53.8M

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.

FINANCIAL APPROACHES

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, 9 sites and 36 individual wards providing or able to provide a service under the CAMHS Hospital Framework on 31 March 2021.

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

CURRENT STATE

On 31 March 2021, there were 5 patients receiving assurance under the CAMHS Hospital Framework, as shown in Figure 36, which is 3 more than 2019/2021.

Between the 1 April 2020 and 31 March 2021, there were 11 new placements, 9 in Low Secure service and 2 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.
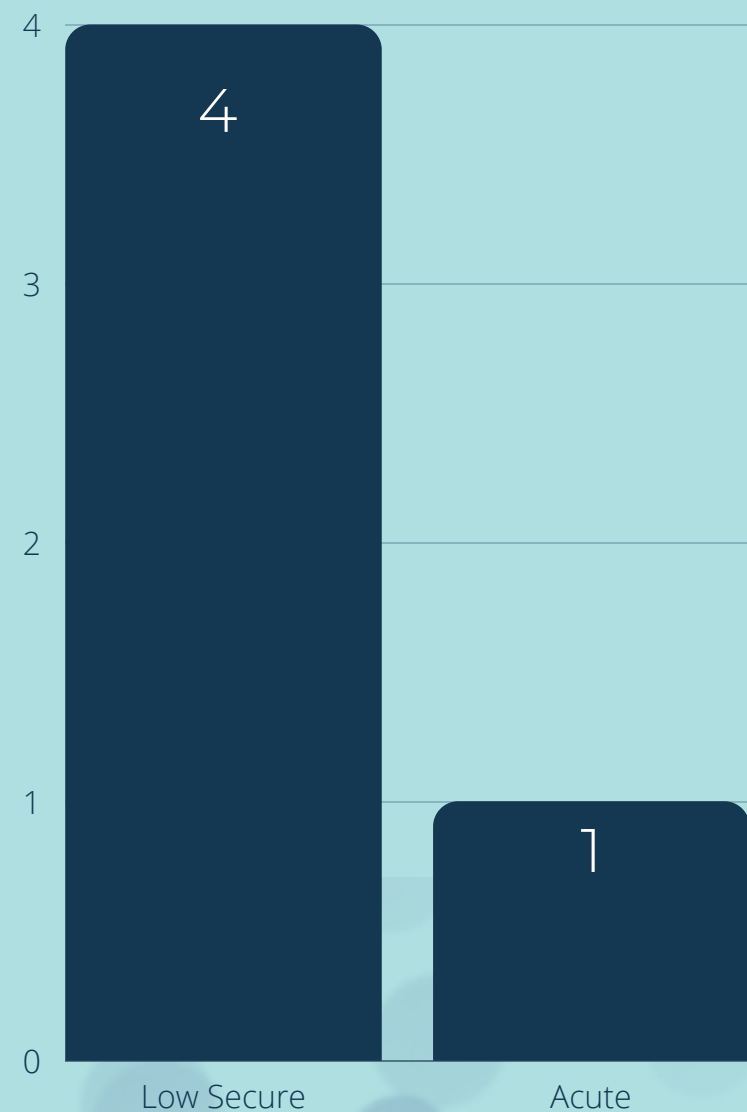

Figure 36: Admissions by Type of Service

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.
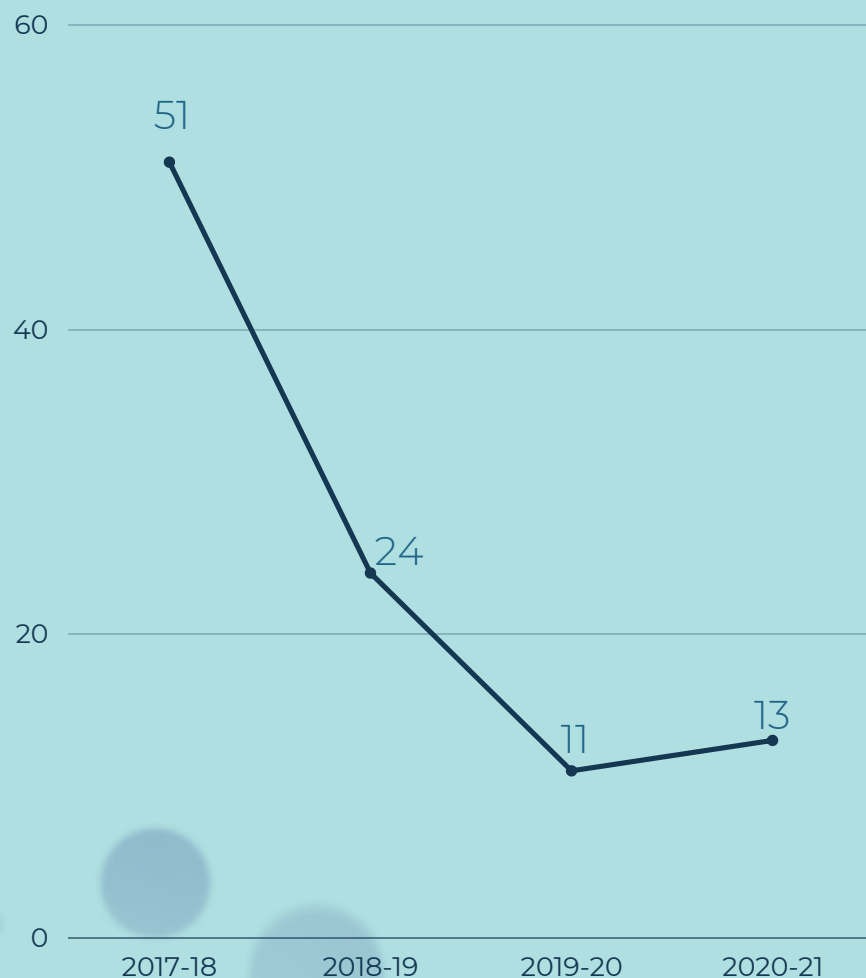

Figure 37: CAMHS Hospital Framework Activity 2017-2020

Country of placement

Mapping patients receiving assurance under the CAMHS Hospital Framework shows that 60% of patients were cared for in England on 31 March 2021 (compared with 100% on 1 April 2020). This reduction is due to the provider in wales being removed from the CAMHS Hospital Framework.

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.

- 8 (73%) patients were admitted to a provider less than 50 miles from the significant postcode.

- 2 (18%) patients who were placed between 50 and 100 miles from the significant postcode.

- 1 (9%) patients are more than 100 miles from the significant postcode.

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Length of stay

A total of seven patients (activity count is 8 as one patient discharged twice)) received assurance under the CAMHS Hospital Framework and 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:

- 63% (5) patients had a length of stay less than 6 months.

- 25% (2) patients had a length of stay between 6 - 12 months.

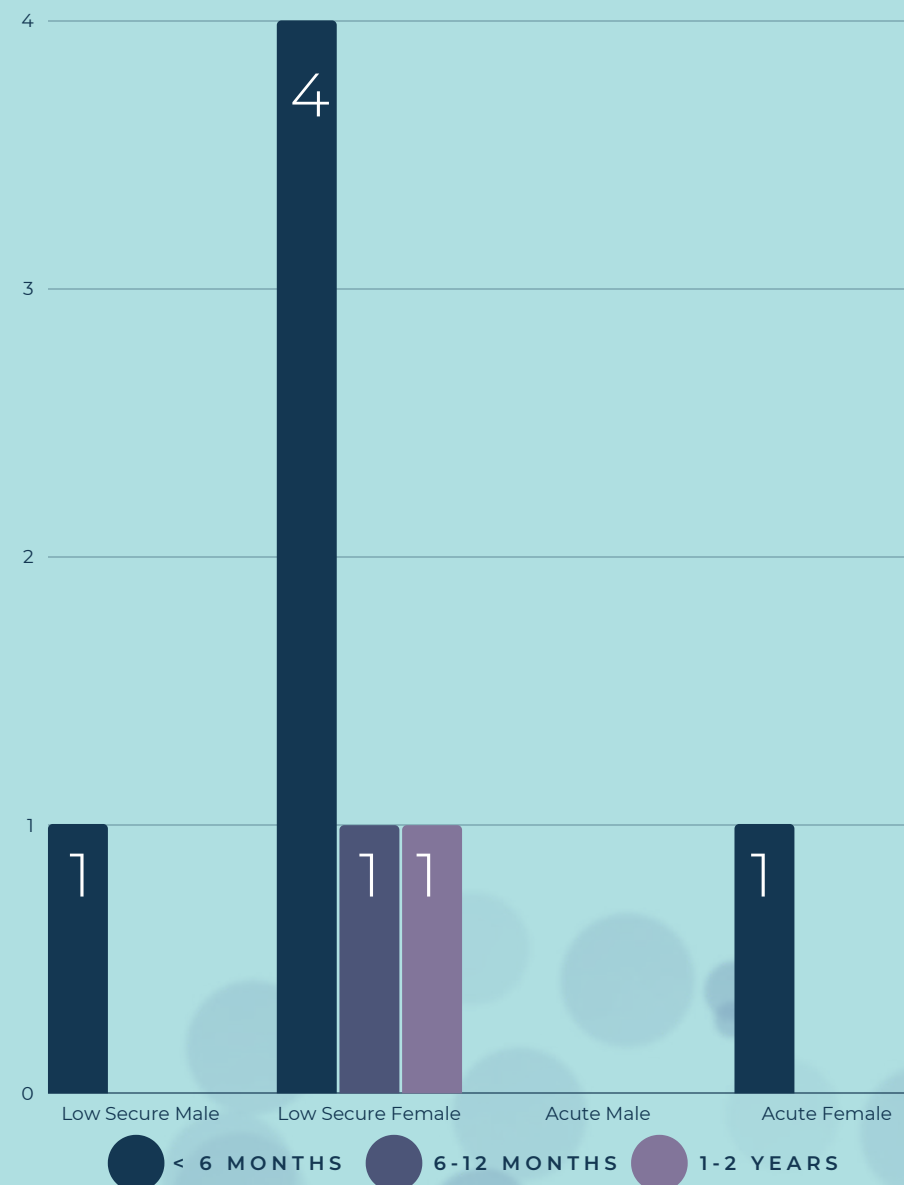- 13% (1) patients had a length of stay between 1 and 2 years.

Figure 38: CAMHS Completed Length of Stay by Type of Care between 1 April 2020 and 31 March 2021

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 163 individual standards were audited between 1 April 2020 and 31 March 2021.

Figure 39 details the average achievement for each of the 25 areas within the CAMHS Hospital Framework reviewed between 1 April 2020 and 31 March 2021.

Due to the number of remedial actions and suspensions (see next section) there was low achievement across nearly all standard areas in 2020-2021 which is being addressed by the QAIS.

Standard Area	2018	2019	2020	2021	Difference 2020-2021
Meaningful and Culturally Appropriate Activities	100%	100%	75%	100%	+25%
Environment	92%	95%	66%	70%	+4%
Nutrition	100%	100%	71%	71%	-
Robust Governance and Accountability	65%	97%	69%	0%	-69%
Leave	100%	100%	69%	25%	-44%
Risk Assessment and Risk Management	75%	100%	55%	20%	-35%
Safety and Welfare of Patients	90%	98%	71%	42%	-29%
Physical Interventions / Seclusion	83%	86%	60%	33%	-27%
Pharmacological Interventions and Medicines Management	83%	100%	71%	54%	-17%
Emergency Planning and Response	100%	100%	71%	66%	-5%
Medical Devices and Resuscitation Equipment	93%	95%	65%	60%	-5%
Respecting Privacy, Dignity, Equality, Diversity and Human Rights	100%	100%	72%	67%	-5%

Figure 39: CAMHS Quality Standards – Average Achievement in 2018-2021 (Continues Overleaf)

MAINTAINING THE QUALITY OF CARE

Figure 40 below shows the CAMHS Quality Standards – Average Achievement in 2018-2021

Standard Area	2018	2019	2020	2021	Difference 2020-2021
Education	100%	97%	73%	100%	+27%
Information and Communication	97%	92%	69%	80%	+11%
Visiting and Maintaining Contact	100%	100%	75%	75%	-
Supportive and Therapeutic Patient Observations	61%	88%	67%	67%	-
Clinical Records	38%	58%	50%	50%	-
Improving Patients Experience of Care, including Quality and Satisfaction Complaints	100%	100%	75%	0%	-75%
Patient Engagement and Satisfaction	71%	86%	67%	0%	-67%
Staff	69%	92%	71%	9%	-62%
Physical Health and Health and Well Being Promotion	62%	78%	64%	10%	-54%
Multi-Disciplinary Team Meeting	100%	88%	75%	25%	-50%
Care and Treatment Planning	50%	75%	58%	20%	-38%
Psychological/Therapeutic Interventions	88%	96%	72%	63%	-9%
Discharge Planning and Transition to Adult Services	91%	98%	75%	71%	-4%

Figure 40: CAMHS Quality Standards

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Of the 2 Performance Improvement Notices issued, in 2 (100%) of the cases the Provider provided assurance all the remedial actions had been rectified within the designated ten day timeframe. In 0 (0%) 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 11 patients admitted between 1 April 2020 and 31 March 2021 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 three years.
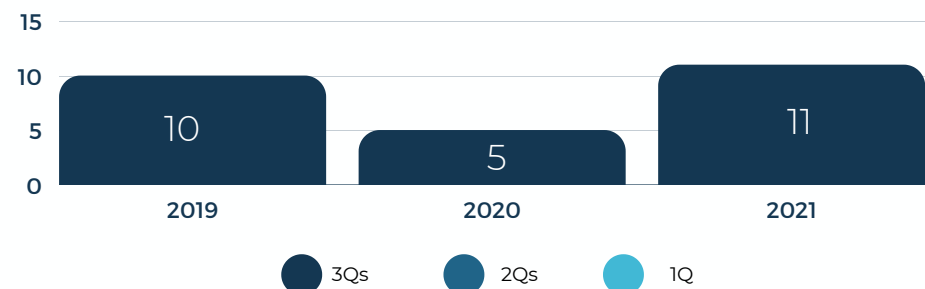
Figure 42: Quality Assurance Rating Placement

Top Five Ranked Providers

Admissions to the top five ranked providers from the 1 April 2020 and 31 March 2021 by Commissioner shown in figure 43.
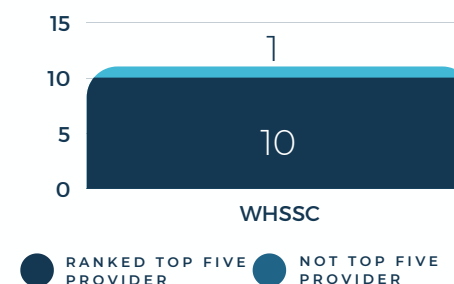
Figure 43: Placements by Quality Assurance Rating over three years

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 2020-21, 100% of patients had details of a care coordinator recorded.

Attendance at Care and Treatment Plan Reviews

There were 17 Care and Treatment Plan (CTP) reviews for during the 1 April 2020 to 31 March 2021 for five 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 2020 and 31 March 2021 compared to the previous year.
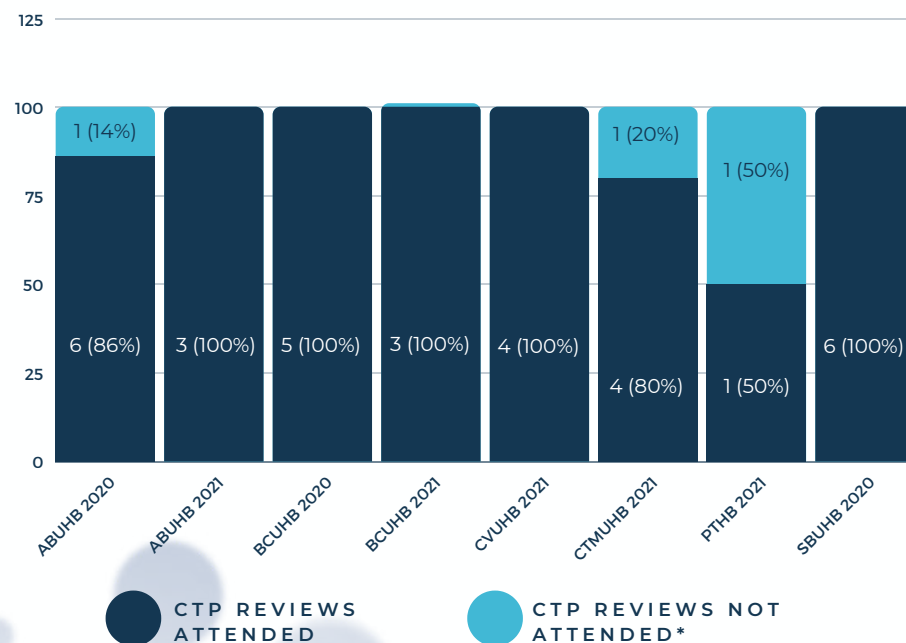

Figure 44: Attendance at Care and Treatment Plan Reviews

*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 1,027 incidents involving patients receiving assurance under the CAMHS Hospital Framework between 1 April 2020 and 31 March 2021. Of these incidents:

- 124 or 12% were classed as negligible.
- 897 or 87% were classed as minor.
- 6 or 1% were classed as moderate.
- 0 or 0% were classed as severe.
- 0 or 0% were classed as critical.

Figure 45 illustrates the 1,027 incidents reported by severity involving four patients receiving assurance under the CAMHS Hospital Framework between 1 April 2020 to 31 March 2021.

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	77	878	4	0	0	959	716
Perpetrator of Disruptive, physically aggressive behaviour, Violence	11	10	1	0	0	22	16
Perpetrator of verbal abuse, threats or bullying	15	0	0	0	0	15	11
Breach of security / Contraband items	7	1	0	0	0	8	6
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	4	2	0	0	0	6	4
Victim of Disruptive, physically aggressive behaviour, Violence	5	1	0	0	0	6	4
Medication	1	1	0	0	0	2	1
Perpetrator of Sexual abuse / sexual violence	0	2	0	0	0	2	1
Victim of Sexual abuse / sexual violence	1	1	0	0	0	2	1
Victim of verbal abuse threats or bullying	1	1	0	0	0	2	1
Access, admission, transfer, discharge (including missing patient) - AWOL	1	0	0	0	0	1	1
Patient Illness	0	0	1	0	0	1	1
Patient Injury or Harm resulting from any act or omission relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	1	0	0	0	0	1	1
Total	124	897	6	0	0	1,027	767

Figure 45: Incidents Reported 1 April 2020 and 31 March 2021

INCIDENTS

Figure 46 is a comparison of incidents by 1000 occupied bed days in 2019-2020 and 2020-2021 by incident type. The figure shows a significantly increased in the incidents reported for Self harming behaviour / Suicide, Breach of Security / Contraband items have also increased. Incidents reported for Victim of Disruptive, physically aggressive behaviour, Violence have decreased.

	2019-2020	2020-2021	Difference
Total Incidents	169	1,027	858
	Number of incidents per 1000 occupied bed days		
Incident Type	**2019-2020**	**2020-2021**	**Difference**
Self-harming behaviour / Suicide	62	716	+654.0
Perpetrator of verbal abuse, threats or bullying	1	11	+10.0
Breach of security / Contraband items	2	6	+4.0
Victim of Sexual abuse / sexual violence	0	1	+1.0
Patient Injury resulting from an accident or incident or is unexplained. i.e. NON-CLINICAL	3	4	+1.0
Patient Illness	0	1	+1.0
Medication	1	1	-
Victim of verbal abuse threats or bullying	1	1	-
Access, admission, transfer, discharge (including missing patient) - AWOL	1	1	-
Documentation, Record Keeping, Data & Legal, and Property	1	0	-1.0
Perpertrator of Sexual abuse / sexual violence	4	1	-3.0
Patient Injury or Harm resulting from any act or omission relating to Care & Treatment, Clinical Procedure or intervention. i.e. CLINICAL	5	1	-4.0
Victim of Disruptive, physically aggressive behaviour, Violence	15	4	-11.0
Perpetrator of Disruptive, physically aggressive behaviour, Violence	30	16	-14.0
Total	126	767	

Figure 46: Comparison of the Number Incidents per 1000 Occupied Bed Days by Incident Type 2019/2020 and 2020/2021

INCIDENTS

Complaints

There were 3 complaints reported under the CAMHS Hospital Framework between 1 April 2020 and 31 March 2021. There were 0 complaints reported in 2019/20 and only 1 in 2018/19. 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. 17 potential safeguarding concerns were reported to local safeguarding teams between 1 April 2020 and 31 March 2021 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 2020 and 31 March 2021 three (18%) of concerns were confirmed and 14 (82%) were unconfirmed.

Figure 47: Safeguarding Concerns reported 1 April 2020 to 31 March 2021

CAMHS Hospital Framework Expenditure

As at the 31 March 2021, the Welsh Health Specialised Services Committee spend through the CAMHS Hospital Framework was an annualised cost of £1,747,485 shown in Figure 48 below.

Refer to page 50 for the financial approaches for the CAMHS hospital framework.
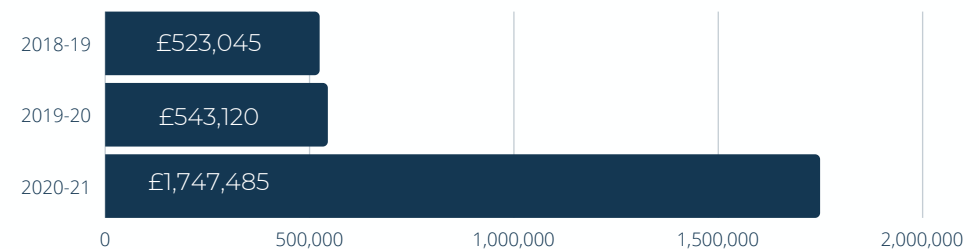
Figure 48: Annualised spend by organisation at 31 March 2021

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 2021, there were 86 providers and 255 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 2021 there were 309 Welsh residents receiving assurance under the Care Home Framework. This compares to 195 residents from the previous year, equating to a 58 % 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 2021.

Chart data:

Year	Number of Placements
2017*	10
2018	45
2019	100
2020	195
2021	309

**Includes 1 October 2016 (the start of the Framework) and 31 March 2017.
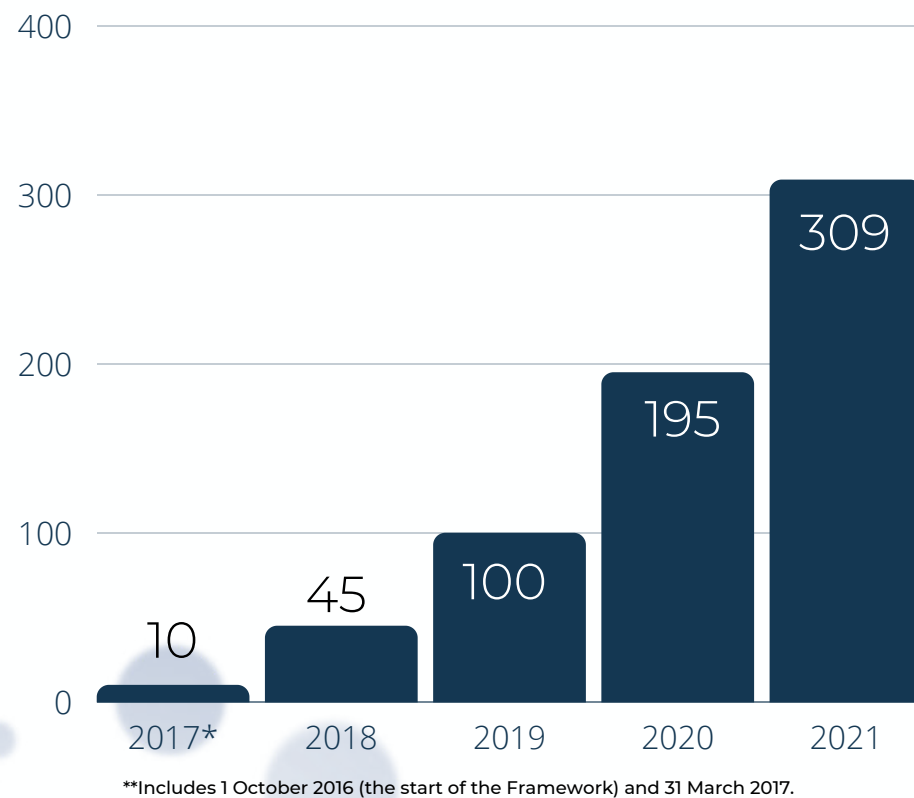
Figure 49: Number of Placements from 1 October 2016 and 31 March 2021

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 2021.
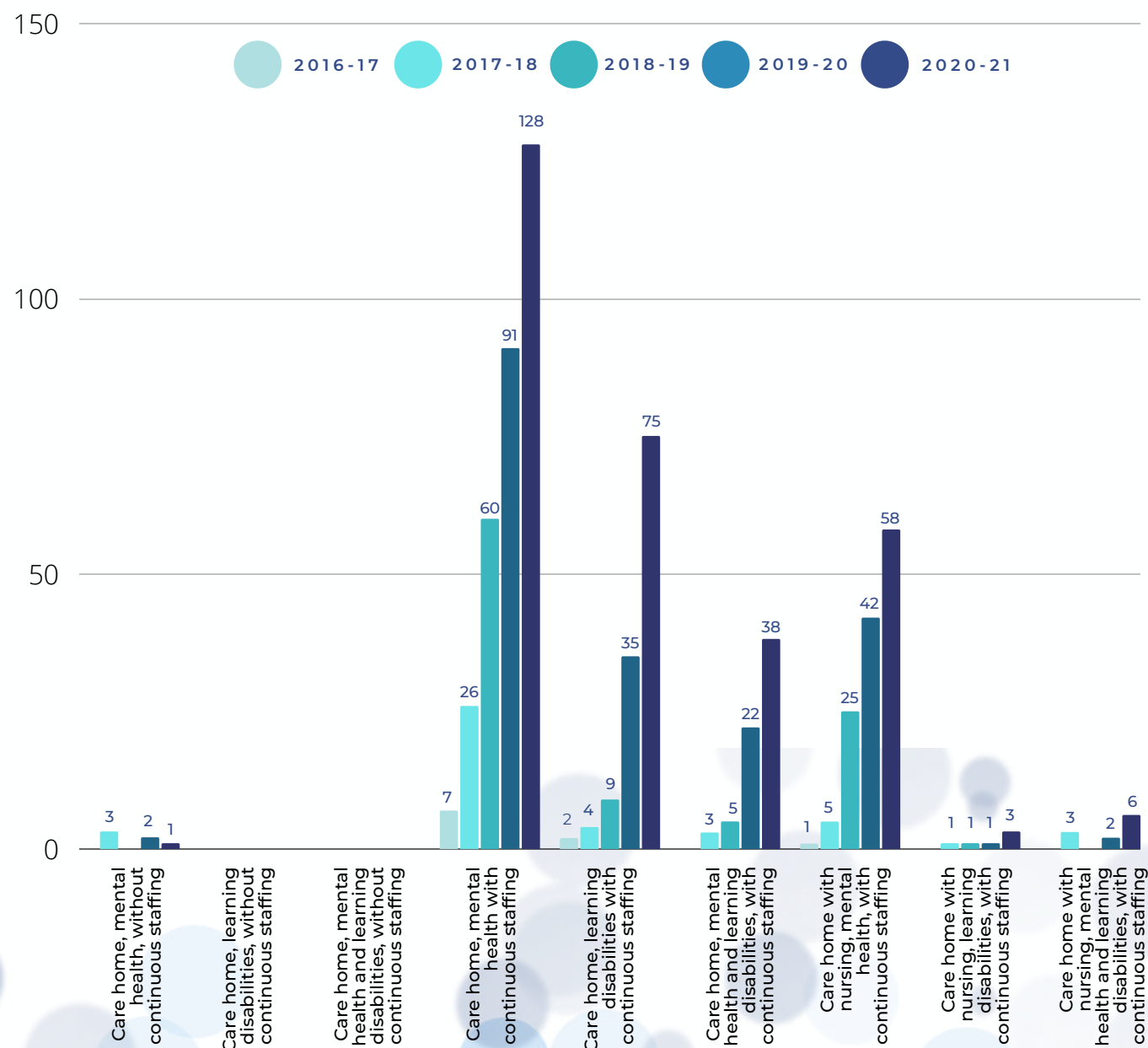
Figure 50: Placements by Type of Service from 1 October 2016 and 31 March 2021

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 2021.
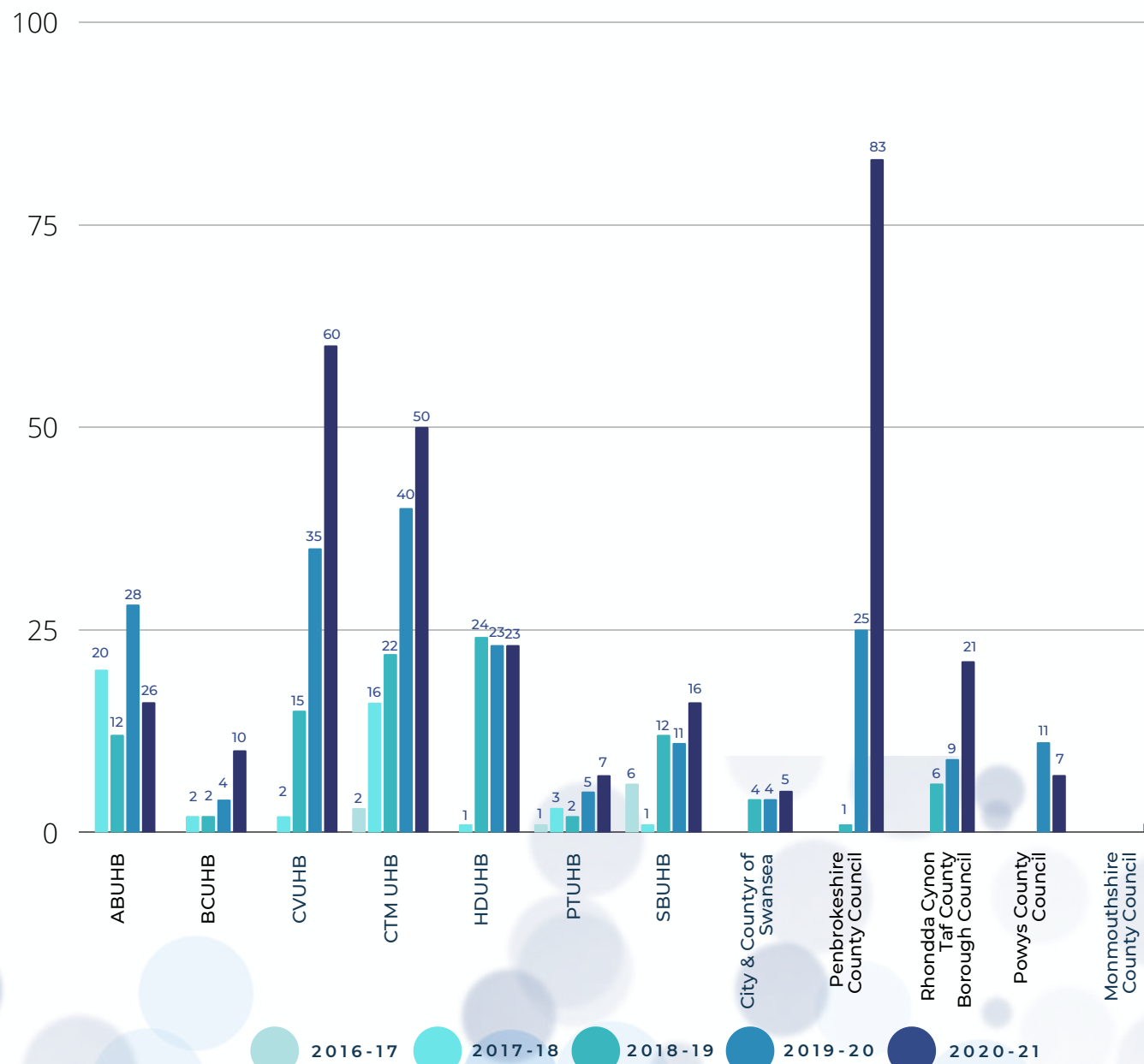
Figure 51: Placement by Lead Commissioner from 1 October 2016 and 31 March 2021

2016-17   2017-18   2018-19   2019-20   2020-21

NATIONAL OVERVIEW

Figure 52 illustrates that of the 309 Welsh residents receiving assurance on 31 March 2021 under the Care Home Framework, 20% of residents had a Local Authority, 29% had both Local Authority and Local Health board whilst 51% had a Health Board as lead commissioner.

Figure 53 shows the specific organisation who commissioned placements between 1 April 2020 and 31 March 2021.
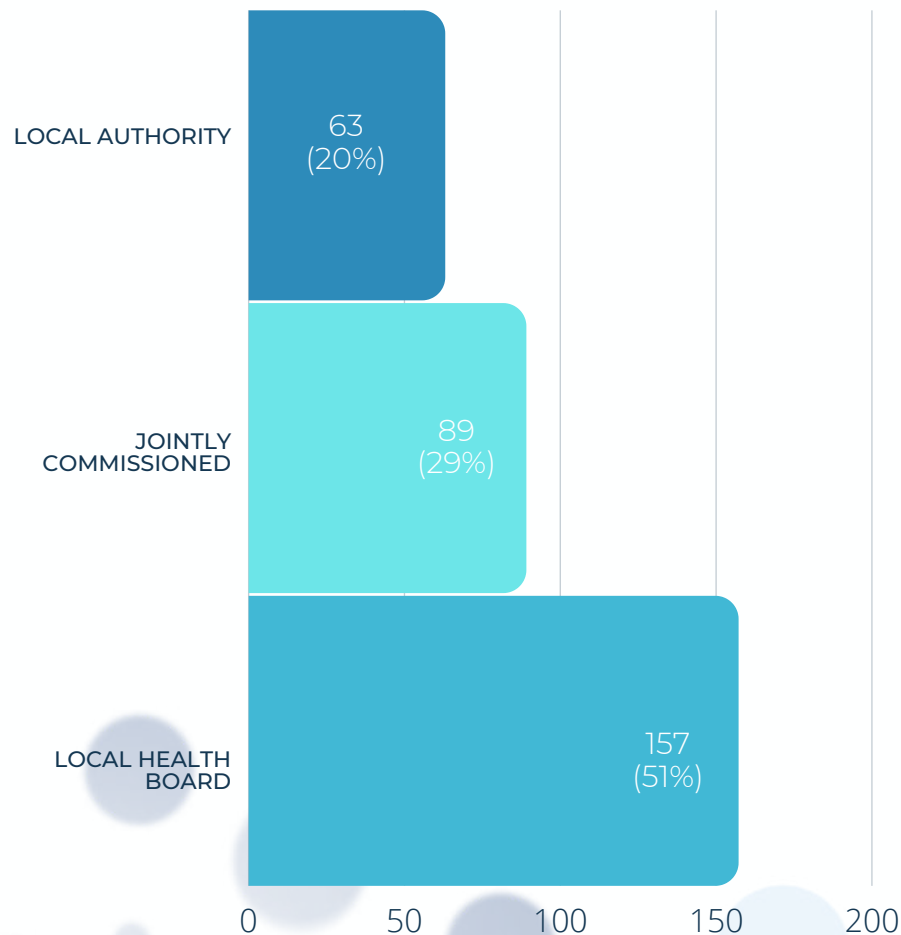
Figure 52: Proportion of Residents by Lead Commissioner 1 October 2016 and 31 March 2021
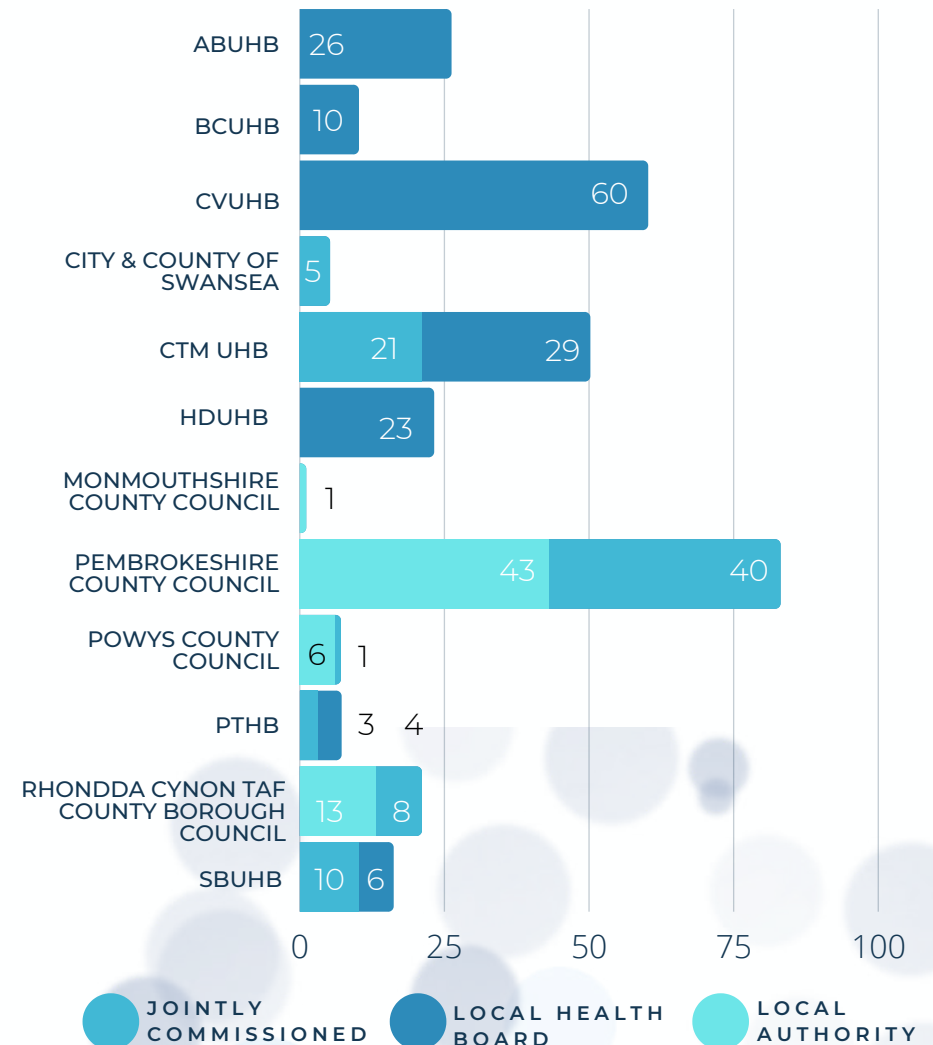
Figure 53: Placements by Lead Commissioner 1 April 2020 and 31 March 2021

MALE AND FEMALE DISTRIBUTION

Of the 309 residents receiving assurance under the National Collaborative Framework on the 31 March 2021, 60% (185) were male and 40% 124) were female.

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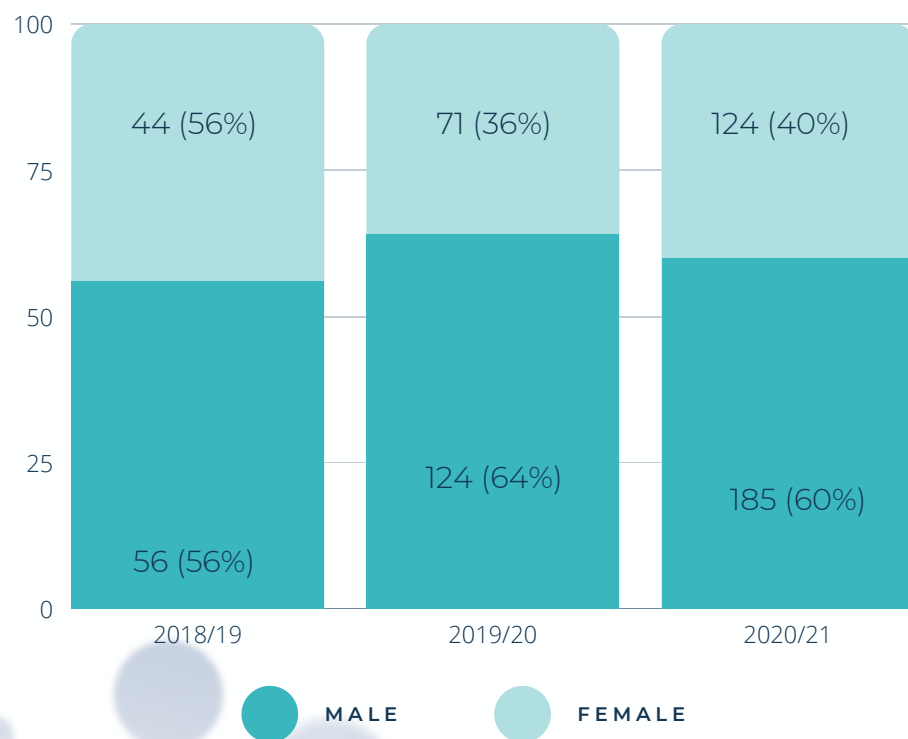
Figure 54: Male and Female Distribution

Of the 309 patients receiving assurance under the Adult Hospital Framework on the 31 March 2021, 98% (302) were placed in Wales and 2% (7) were placed in England.

Since 2019-20 the number of patients placed in care homes located in Wales has decreased by 0% and the number of placed in hospitals located in England has decreased by (0%). Figure 55 shows the distribution residents placed in England or Wales.
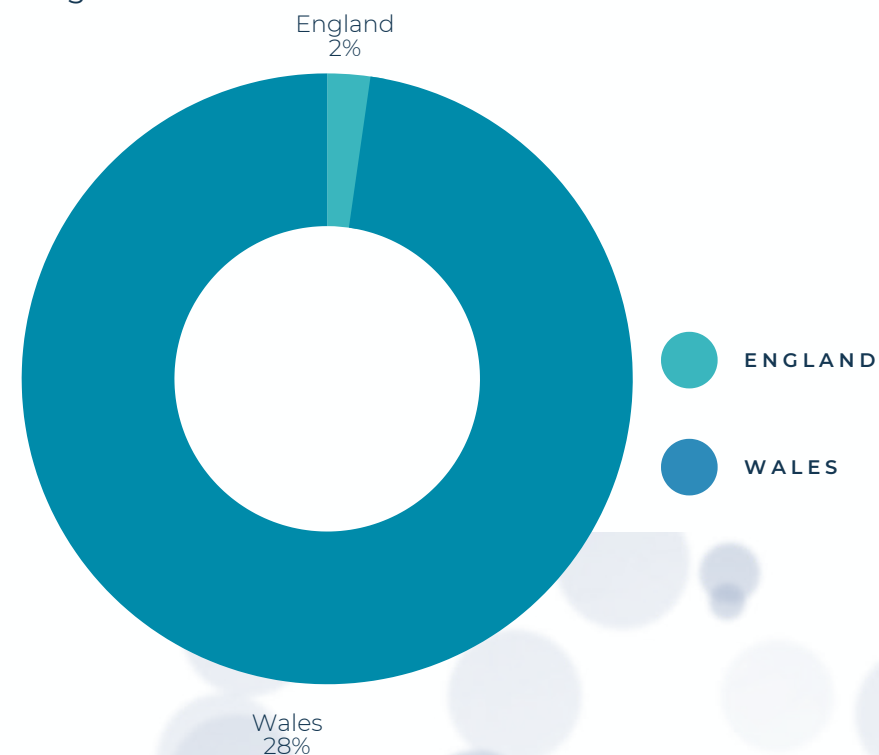
Figure 55: Geographical Distribution

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

- 61% of residents received care between 0-10 miles.

- 18% of residents received care between 11-20 miles.

- 7% of residents received care between 21-30 miles.

- 7% of residents received care between 31-40 miles.

- 2% of residents received care between 41-50 miles.

- 5% of residents received care of 51+ miles from the significant postcode.
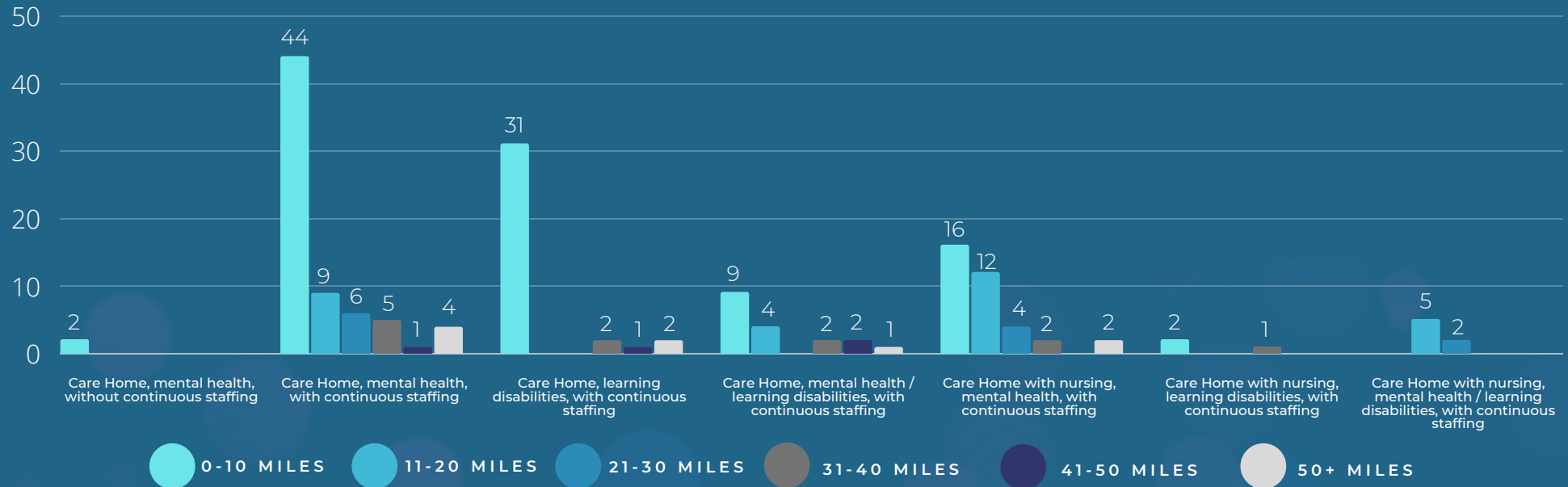
Figure 56: Distance of Placement from Residents Significant Postcode by Type of Care

MAINTAINING THE QUALITY OF CARE

Between 1 April 2020 and 31 March 2021, 1,919 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	2019-20	2020-21	Difference 2020-2021
The provider supported the resident to recover and stay well	95%	81%	-14%
The provider supported the resident to progress and move on	92%	85%	-8%
Operational and IT requirements	92%	85%	-7%
Regulatory compliance	96%	91%	-5%
The provider supported the resident and the other restident's community to value each other	99%	95%	-4%
The provider supproted the resident to the healthy	99%	95%	-4%
The provider supported the resident to be safe	97%	93%	-4%
The provider supported the resident to feel at home	97%	96%	-1%

Figure 57: Care Home Standards Achievement from 1 October 2020 and 31 March 2021

QAIS Fact

1,919 individual standards were reviewed between 1 April 2020 and 31 March 2021

TWYLLO FFAITH

QUALITY ASSURANCE REVIEWS

The QAIS reviewed 51 care settings in 35 care homes in 2020-21. This accounts for 14% of the care homes on the Care Home Framework and 8% of care settings where a Welsh resident had been admitted.

The outcome of the 51 care setting reviews were that 37 (73%) care homes required one or more remedial actions and 14 (27%) did not require any remedial action.

The 37 care settings where one or more remedial actions were each issued a 'Performance Improvement Notice'. Across all Performance Improvement Notices there were a total of 172 individual actions (an example of which is shown in Figure 58).

Area: Medication

Care Standard	Audit Outcome	Assurance Required
IAll medicines, including Controlled Drugs (except those for self administration), are administered by designated and appropriately trained staff. The administration of Controlled Drugs is witnessed by another designated appropriately trained member of staff. The medicines training for care staff must be accredited and must include: • basic knowledge of how medicines are used and how to recognise and deal with problems in use. • the principles behind all aspects of the home's policy on medicines handling and records.	• There was a medication error whilst the QAIS were undertaking the inspection. • As part of the escalating concerns meeting attended on 5.7.19, the QAIS were notified that further medication errors.	The provider shall evidence that all relevant staff have received appropriate medication management training and that clear processes for the administration of medication are in place. The provider shall also evidence that robust processes are in place to identify, investigate and address medication errors with a view to providing learning and development and reduce the amount of medication errors.

Figure 58: Example of a Care Home Framework Improvement Action

QUALITY ASSURANCE REVIEWS

Of the 37 Performance improvement Notices issued:
16 (43%) of the cases the provider provided assurance all the remedial actions has been rectified within the designated twenty day timeframe.

3 (8%) 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.

18 (49%) cases was being processed at the time of this report.

During 2020-2021:

0 provider had a 1Q deducted.
2 providers had 2Qs deducted

Quality Assurance Ratings

There were 309 placements commissioned between 1 April 2020 and 31 March 2021 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.
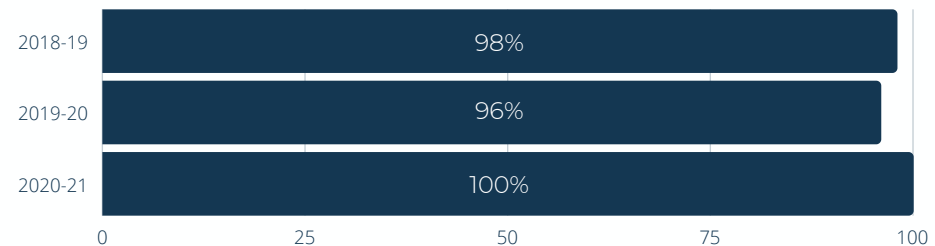
Figure 59: residents placed with a provider who had maintained the '3Q' Quality Assurance Rating

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 2020-21, 100% of residents had details of a care co-ordinator recorded.

ATTENDANCE AT CARE TREATMENT PLAN / ANNUAL SUPPORT PLAN REVIEWS

There were 66 recorded Care Treatment Plan / Annual Support Plan Reviews between 1 April 2020 and 31 March 2021 for 54 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 2020 and 31 March 2021.

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 2020 and 31 March 2021 for 54 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 2020 and 31 March 2021*

Figure 60: attendance or non-attendance* at annual Care Treatment Plan/Support Review between 1 April 2020 and 31 March 2021

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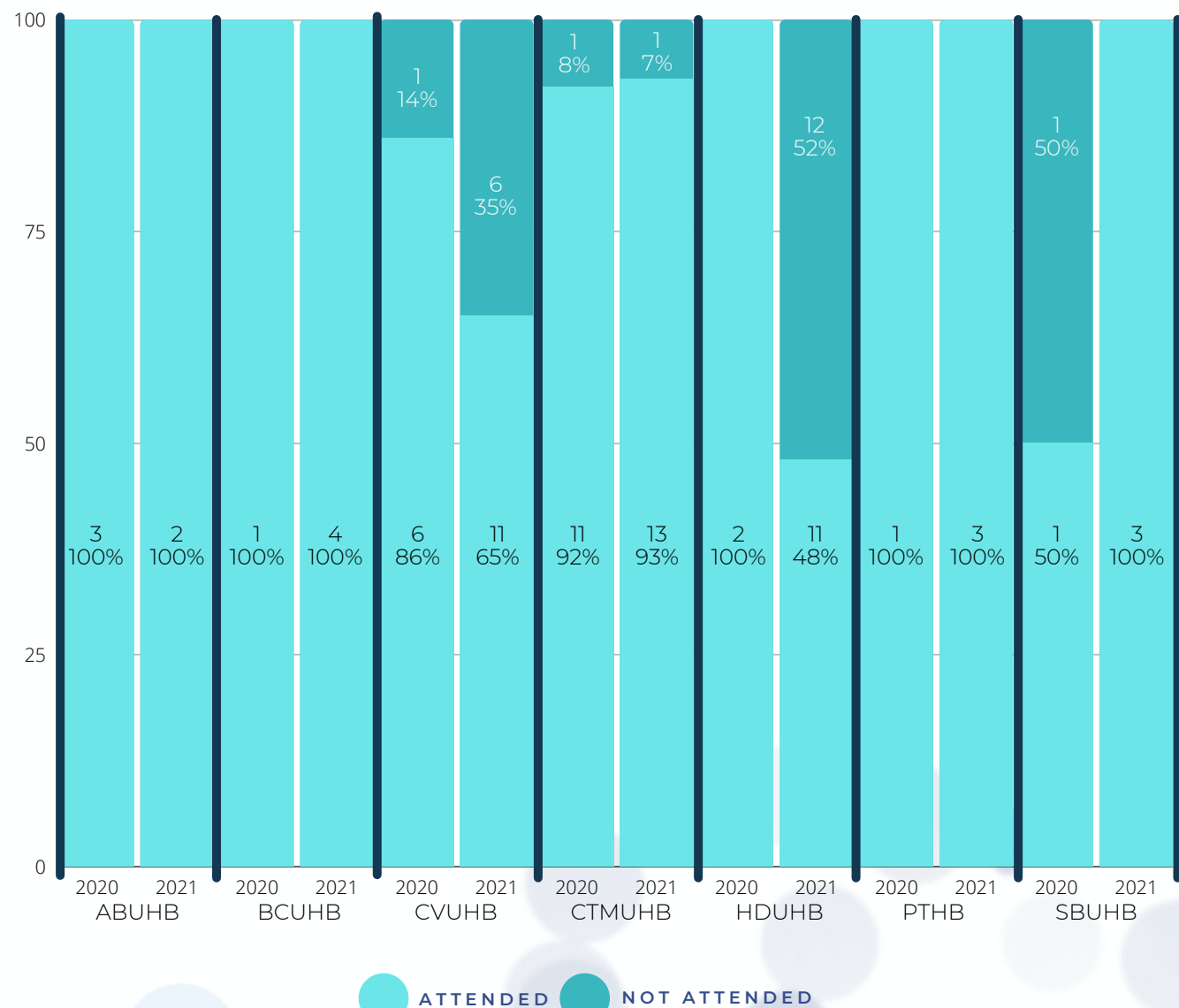
*Please note that non-attendance at reviews does not signify a complete absence of resident contact, as professionals may have visited the resident at other times.

INCIDENTS

There were a total of 4,339 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:

- 2,196 or 51% were classed as negligible.
- 1,604 or 37% were classed as minor.
- 463 or 11% were classed as moderate.
- 62 or 1% were classed as severe.
- 14 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	780	569	159	8	0	1,516	15.7
Perpetrator of verbal abuse, threats or bullying	676	356	117	7	0	1,156	12.0
Self-harming behaviour/Suicide	163	357	79	8	0	607	6.3
Resident injury resulting from an accident or incident or is unexplained	176	71	23	2	1	273	2.8
Medication	91	28	30	3	1	153	1.6
Access, admission, transfer, discharge (including missing Resident) - AWOL	80	59	11	0	0	150	1.6
Victim of verbal abuse threats or bullying	61	73	6	0	0	140	1.4
Illicit substance use or possession	47	37	2	0	1	87	0.9

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
Victim of Disruptive, Physically Aggressive Behaviour and Violence	41	25	3	1	0	70	0.7
Resident Illness	0	0	27	32	10	69	0.7
Perpetrator of Sexual Abuse/Sexual Violence	52	8	1	0	0	61	0.6
Documentation, Record Keeping, Data and Legal, and Property	8	16	2	0	0	26	0.3
Victim of Sexual Abuse/Sexual Violence	17	2	1	0	0	20	0.2
Breach of Terms Of Residence	1	2	2	1	1	7	0.1
Resident Injury or Harm Resulting from Any Act or Omission Relating to Care and Treatment, Clinical Procedure or Intervention	3	1	0	0	0	4	0.0
Total	2,196	1,604	463	62	14	4,339	44.9

Figure 61: Number of Incidents per 1000 Occupied Bed Days

INCIDENTS

Figure 62 below compares incidents per 1000 occupied bed days, note the 95% increase in the number of residents placed. and comparison of Incidents from Last Year by Type of Incident per 1000 Occupied Bed Days

	2019-2020	2020-2021	Difference
Total Incidents	2,304	4,339	2,035
	Number of incidents per 1000 occupied bed days		
Incident Type	2019-2020	2020-2021	Difference
Perpetrator of verbal abuse, threats or bullying	8.7	12.0	+3.3
Perpetrator of disruptive, physically aggressive behaviour, Violence	14.8	15.7	+0.9
Self-harming behaviour/Suicide	5.8	6.3	+0.5
Victim of verbal abuse threats or bullying	1.3	1.6	+0.3
Access, admission, transfer, discharge (including missing Resident) - AWOL	1.4	1.6	+0.2
Breach of Terms Of Residence	0.1	0.3	+0.2
Resident Injury or Harm Resulting from Any Act or Omission Relating to Care and Treatment, Clinical Procedure or Intervention	0.1	0.2	+0.1
Perpetrator of Sexual Abuse/Sexual Violence	0.7	0.7	-
Victim of Sexual Abuse/Sexual Violence	0.1	0.1	-
Resident Illness	0.8	0.7	-0.1
Documentation, Record Keeping, Data and Legal, and Property	0.2	0.0	-0.2
Resident injury resulting from an accident or incident or is unexplained	3.0	2.8	-0.2
Victim of Disruptive, Physically Aggressive Behaviour and Violence	0.9	0.6	-0.3
Illicit substance use or possession	1.2	0.9	-0.3
Medication	1.9	1.4	-0.5

Figure 62: compares incidents per 1000 occupied bed days.

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	1,102	538	129	11	0	1,780	18.4
Care Home, Mental Health/Learning Disabilities, With Continuous Staffing	286	562	146	7	0	1,001	10.4
Care Home, Mental Health, With Continuous Staffing	415	337	134	29	8	923	9.5
Care Home With Nursing, Mental Health, With Continuous Staffing	262	110	39	14	4	429	4.4
Care Home With Nursing, Learning Disabilities, With Continuous Staffing	74	6	9	0	0	89	0.9
Care Home, Mental Health, Without Continuous Staffing	13	42	6	0	1	62	0.6
Care Home With Nursing, Mental Health / Learning Disabilities, With Continuous Staffing	44	9	0	1	1	55	0.6
Total*	2,196	1,604	463	62	14	4,339	44.9

There have been no placements into care settings CS-2: Care Home, learning disabilities, without continuous staffing and CS-3: Care Home, mental health / learning disabilities, with 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

	2019-2020	2020-2021	Difference
Total Incidents	**2,304**	**4,339**	**2,035**
	Number of incidents per 1000 occupied bed days		
Service Type	**2019-2020**	**2020-2021**	**Difference**
Care Home, Learning Disabilities, With Continuous Staffing	14.8	18.4	+3.6
Care Home, Mental Health/Learning Disabilities, With Continuous Staffing	8.7	10.4	+1.7
Care Home With Nursing, Mental Health / Learning Disabilities, With Continuous Staffing	0	0.6	+0.6
Care Home, Mental Health, Without Continuous Staffing	0.1	0.6	+0.5
Care Home With Nursing, Mental Health, With Continuous Staffing	4.5	4.4	-0.1
Care Home With Nursing, Learning Disabilities, With Continuous Staffing	1.1	0.9	-0.2
Care Home, Mental Health, With Continuous Staffing	11.8	9.5	-2.3

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

COMPLAINTS

Figure 65 details the 10 complaints reported from the 1 April 2020 to 31 March 2021 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 10 complaints were reported between 1 April 2020 and 31 March 2021 a decrease of 33% from the 15 reported last year.

- 50% (5) were classed as Attitude / Behaviour of Staff in 2020-21 compared to 40% (6) in 2019-20.

- 40% (4) were classed as Behaviour of other resident in 2020-21 compared to 50% (6) in 2019-20.

- 10% (1) were classed as Clinical Treatment in 2020-21 compared to 6.7% (1) in 2019-20.

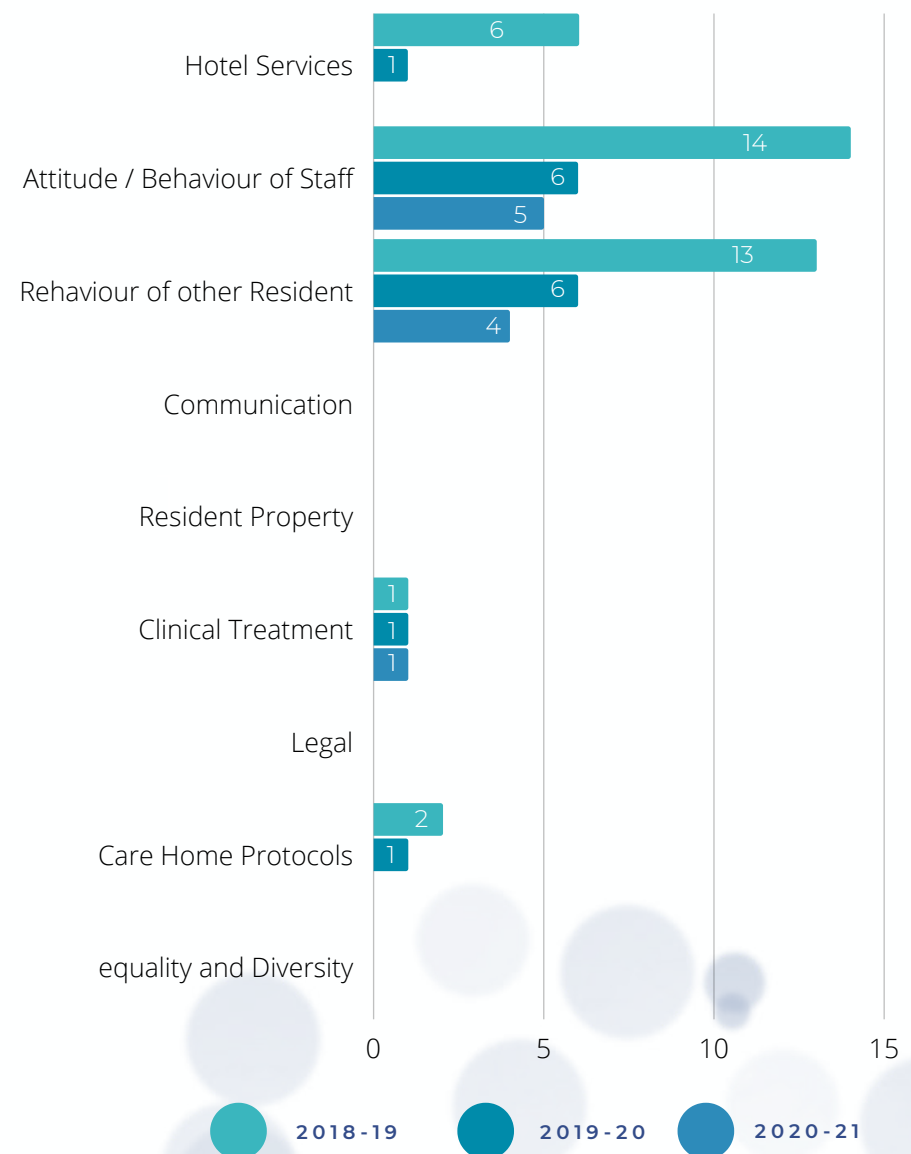- No complaints recorded for Communication, Resident Property, Legal and Equality and Diversity since 2018.

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

SAFEGUARDING

Figure 66 illustrates the 89 safeguarding concerns reported to local safeguarding teams that involved residents receiving assurance under the Care Home Framework between 1 April 2020 to 31 March 2021.

These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ("confirmed"), or not ("unconfirmed"). Between 1 April 2020 and 31 March 2021 38 (43%) of concerns were confirmed and 51 (57%) were unconfirmed.
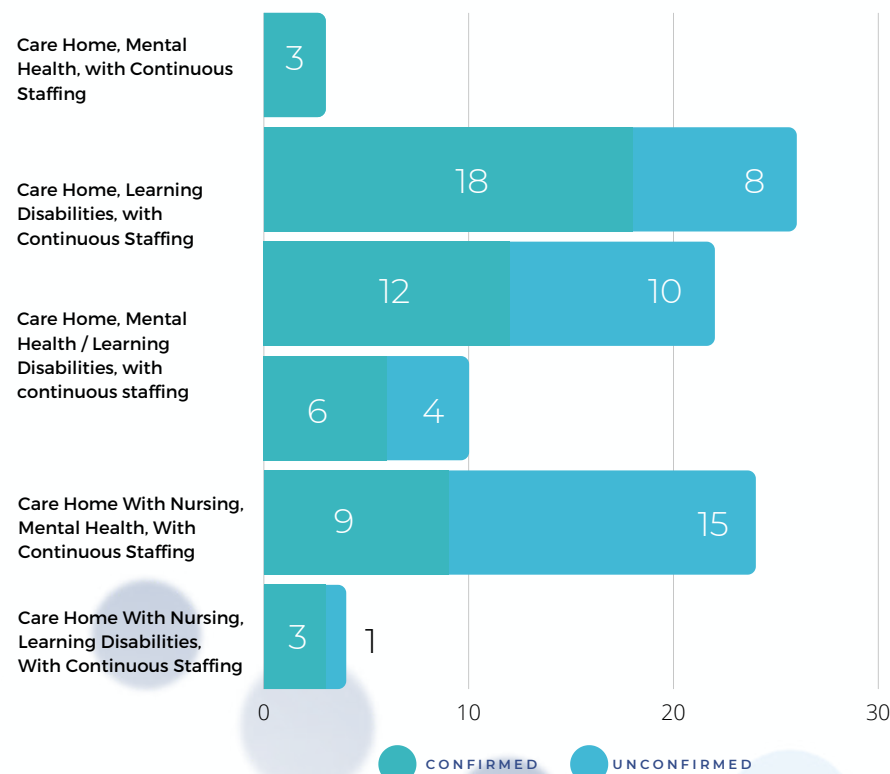
Figure 66: Safeguarding Concerns Reported between 1 April 2020 and 31 March 2021 (only types of services with concerns reported listed)

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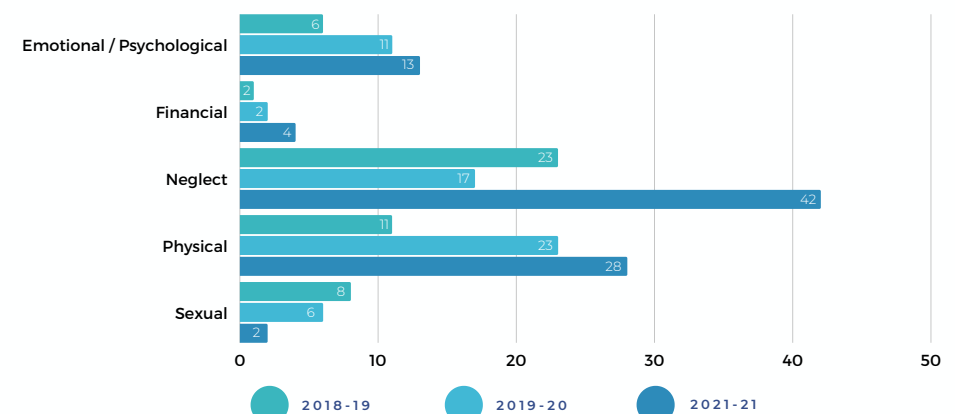
Figure 67: Comparison of Safeguarding Category in 2019/2020 and 2020/2021

- 2% (2) were classed as Sexual in 2020-21 compared to 10% (6) in 2019-20.

- 31% (28) were classed as Physical in 2020-21 compared to 39% (23) in 2019-20.

- 47% (42) were classed as Neglect in 2020-21 compared to 29% (17) in 2019-20.

- 5% (4) were classed as Financial in 2020-21 compared to 3% (2) in 2019-20.

- 15% (13) were classed as Emotional/Psychological in 2020-21 compared to 19% (11) in 2019-20.

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.

Resident Care Outcomes	% of RCOs recorded as achieved		
	2019/2020	2020/2021	Difference
The Provider supported the Resident and The Residents community to value each other.	98%	76%	-22%
The Provider supported the Resident to feel at home.	100%	99%	-1%
The Provider supported the Resident to be safe.	100%	100%	-
The Provider supported the Resident to be healthy.	100%	100%	-
The Provider supported the Resident to progress and move on.	98%	98%	-
The Provider supported the Resident to recover and stay well.	98%	99%	+1%

Figure 68: Resident Care Outcomes Achievement Compared to Last Year

ENSURING SAFE AND EFFECTIVE CARE

Expenditure

As at the 31 March 2021, NHS Wales spend through the Adult Hospital Framework was an annualised cost of £30,953,190 and increase of 69.3% on the previous year. Figure 69 below shows the spend by framework type over the previous two years.

Local Authority

- Monmouthshire CC: £0 (2020), £96,843 (2021)
- Pembrokeshire CC: £1,312,760 (2020), £3,655,127 (2021)
- Powys CC: £993,566 (2020), £831,756 (2021)
- Rhondda Cynon Taf CBC: £393,993 (2020), £1,186,783 (2021)

Jointly Commissioned

- City & County of Swansea: £347,395 (2020), £496,151 (2021)
- CTMUHB: £1,853,308 (2020), £2,295,473 (2021)
- Pembrokeshire CC: £698,674 (2020), £4,315,152 (2021)
- Powys CC: £451,615 (2020), £112,901 (2021)
- PTHB: £191,303 (2020), £244,506 (2021)
- Rhondda Cynon Taf CBC: £419,080 (2020), £688,895 (2021)
- SBUHB: £417,091 (2020), £1,059,419 (2021)

Local Health Board

- ABUHB: £2,069,756 (2020), £2,080,678 (2021)
- BCUHB: £550,533 (2020), £1,531,418 (2021)
- CVUHB: £3,539,679 (2020), £6,341,560 (2021)
- CTMUHB: £2,324,596 (2020), £3,028,369 (2021)
- HDUHB: £2,075,388 (2020), £2,168,661 (2021)
- PTHB: £211,382 (2020), £326,770 (2021)
- SBUHB: £417,091 (2020), £492,719 (2021)

● 2020 ● 2021

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:

Beyond the call

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 October 2020 and is available at: https://nccu.nhs.wales/qais/national-reviews/beyond-the-call/

OTHER WORK REQUEST OR COMMISSIONED FROM THE QAIS

Going Digital

As a quality improvement service we are constantly looking at ways we can improve our service. With the roll out of Microsoft Office 365 across NHS Wales it has enabled the team to develop interactive reporting a digital platform using Microsoft PowerBI, this will be available through the CCAPS system.
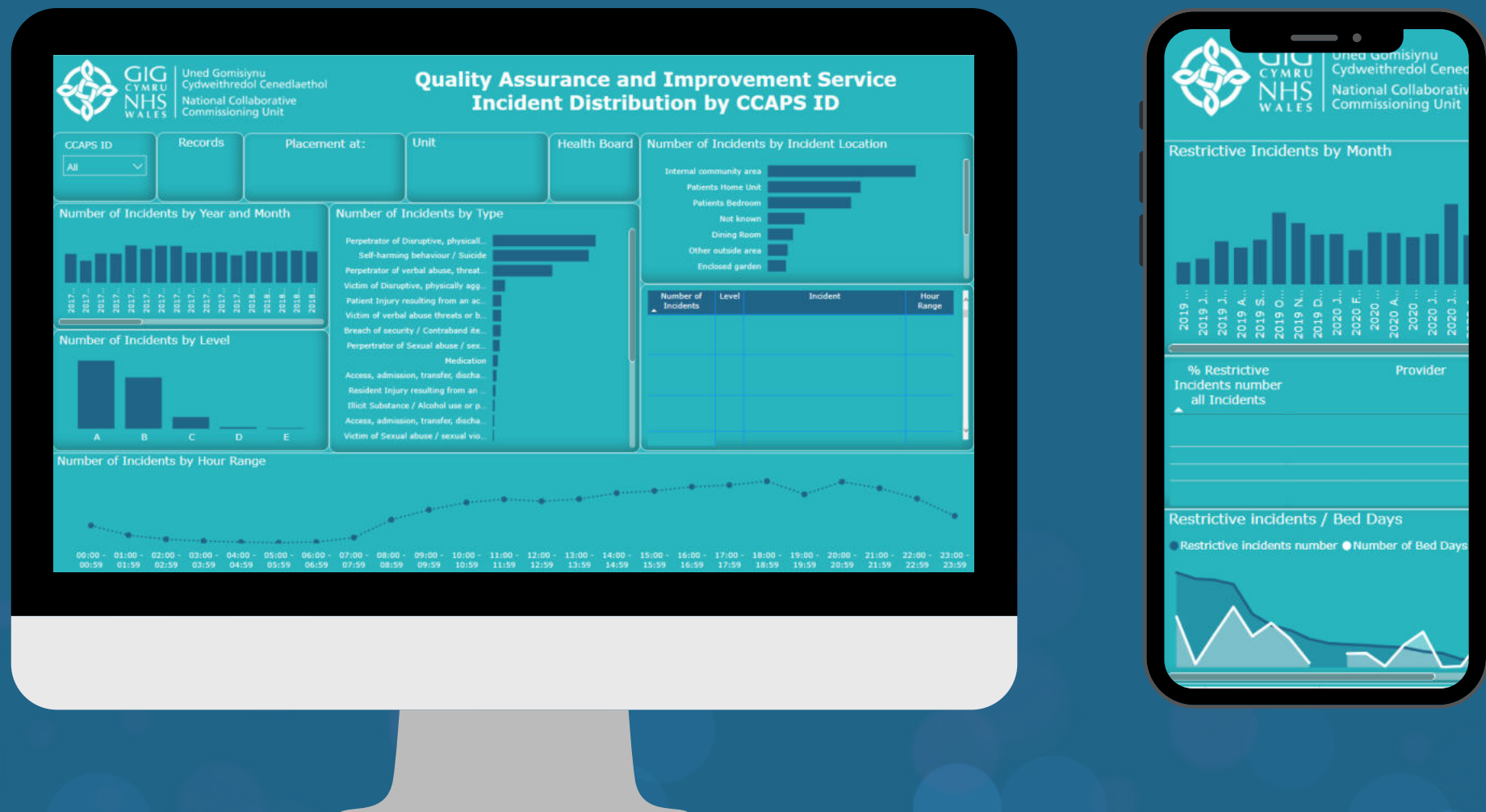
OTHER QAIS WORK REQUESTED OR COMMISSIONED

WHSSC Quality Reviews

A review of specialist inpatient services provided by NHS Wales and commissioned by Welsh Health Specialised Services Committee (WHSSC).

There are four Mental Health units in Wales that are commissioned by WHSSC. They are the two Adult Medium Secure Units – Caswell Clinic & Ty Llewellyn along with the two Child and Adolescent Mental Health Service (CAMHS) units – North Wales Adolescent Service & Ty Llidiard.

The QAIS have a service level agreement in place with WHSSC in order to undertake annual reviews of each of these services.

Working in partnerhip with Welsh Health Specialised Services Committee

Secure Services Review

The National Collaborative Commissioning Unit (NCCU) have been commissioned by the Welsh Government to undertake a review of secure care in Mental Health services . The purpose of this review is to gain a better understanding of how people who are in treated in secure care present clinically and to explore ways in which services can improve.

This review specifically explores service user clinical characteristics and presentations, as well as their experiences of being in hospital. The review also explores the experiences of family members of those who are being, or have been, treated in secure care."

We are hoping to publish September 2021.

Care Homes Price Refresh

Working in collaboration with the NHS Wales Share Services Partnership, the MH and LD Care Homes Framework completed a successful procurement refresh exercise in October 2019, which resulted in the following benefits for Commissioners and Providers:

- Price stability until the next price refresh, which is due in 2022.

- Simplification of the financial due diligence process which has reduced any financial burden on small and medium sized independent and third sector Providers.

- The establishment of an All Wales Patient Level Costing Database for MH and LD Care Homes, in collaboration with NHS Benchmarking, which has been used to develop over 500 individual Provider benchmark reports in addition to providing costing insight to Commissioners.

OTHER QAIS WORK REQUESTED OR COMMISSIONED

Future Pricing Support Network

Established in August 2019 in partnership with Care Forum Wales, the Future Pricing Support Network offers both commissioners and independent providers of mental health and learning disability care home services the opportunity to collaborate and explore the range of factors impacting on the cost and quality of service provision in the market.

The group has met four times since this year and has discussed key areas such as workforce, accommodation, access to finance, risk sharing and productivity.

The network offers the opportunity for providers and commissioners to share knowledge, good practice and innovative ideas and will continue to meet frequently over the forthcoming year.

Since the outbreak of the Covid-19 pandemic, the NCCU has supported Providers and Commissioners by providing advice on how to utilise the Framework pricing mechanisms to agree reimbursement for additional costs incurred in response to the pandemic.

ACKNOWLEDGEMENTS

This report is the property of the National Collaborative Commissioning Unit; it must not be copied in whole or in part without the express permission of the author,

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