



GIG
CYMRU
NHS
WALES

Uned Gomisiynu
Cydwethredol Cenedlaethol
National Collaborative
Commissioning Unit

NHS Wales Quality Assurance Improvement Service

11th Annual Position Statement 2022-2023

Including update for the two National Frameworks

for Mental Health and Learning Disabilities

2023

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ABOUT THIS STATEMENT

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

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

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

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

WHO WE ARE

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

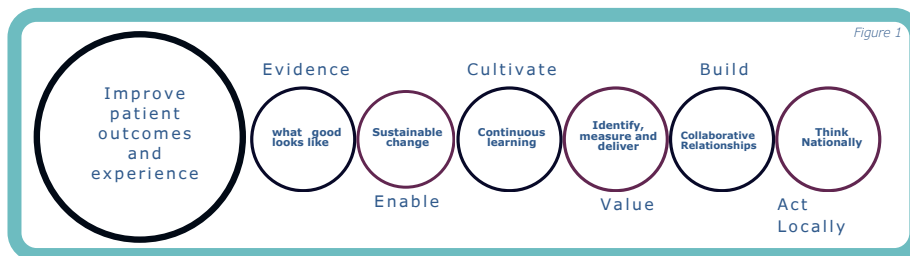
The vision of the National Collaborative Commissioning Unit is:

“Leading quality assurance and improvement for NHS Wales through collaborative commissioning”

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

The objectives of the National Collaborative Commissioning Unit are:

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



THE QAIS

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

The objectives of the Division are to:

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

FOREWORD

I write this foreword in July 2023 and the QAIS has fully returned to its normal quality monitoring process. However, disruption and pressures continue to affect all health and care services caused by the Covid-19 pandemic.

2022 saw the launch of our new Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

The introduction of the new framework has not been without its challenges and reporting processes have been developed and adapted during the course of the year as the new system has been embedded. However, through much welcomed support from providers and commissioners, and the diligence and effort of the QAIS team we are now seeing the benefits through a more outcome-focused and intelligence-led, citizen-centred service that ensures greater safety, quality and supports improvements in standards of care.

QAIS has visited just over 300 different care settings across both hospital and care home frameworks between 1 April 2022 and 31 March 2023.

We are pleased to see a further 2% decrease in the number of incidents in our Framework hospitals since last year, a reduction in number of complaints reported and the number of safeguarding referrals and we will continue working with providers to maintain this trend. However, we note that costs continue to increase significantly again this year and we are working with commissioners and providers to try and mitigate future cost increases whilst maintaining standards and capacity.

It is encouraging to report that placements with higher performing unit remains high with 96% of Adult hospital placements at 3Q providers.

There has been a significant increase in the number of patients receiving care under the Care Homes Framework. It is pleasing to note that 99% of patients receiving assurance under the National Collaborative Care Home Framework were placed in Wales, representing a 19% increase on the previous year.



Adrian Clarke
Dirprwy Gyfarwyddwr a Phennaeth Nyrsio
Deputy Director and Head of Nursing
NHS Wales

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.

In April 2022 both Adult and Children’s Hospital frameworks were replaced with the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

* 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.

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 partnership with
NHS Wales Shared
Services Partnership

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 National Collaborative Frameworks

CURRENT ACTIVITY ACROSS THE FRAMEWORKS

Figure 2 shows the overall activity (admissions and discharges) across both National Collaborative Frameworks from 1 April 2022 to 31 March 2023.

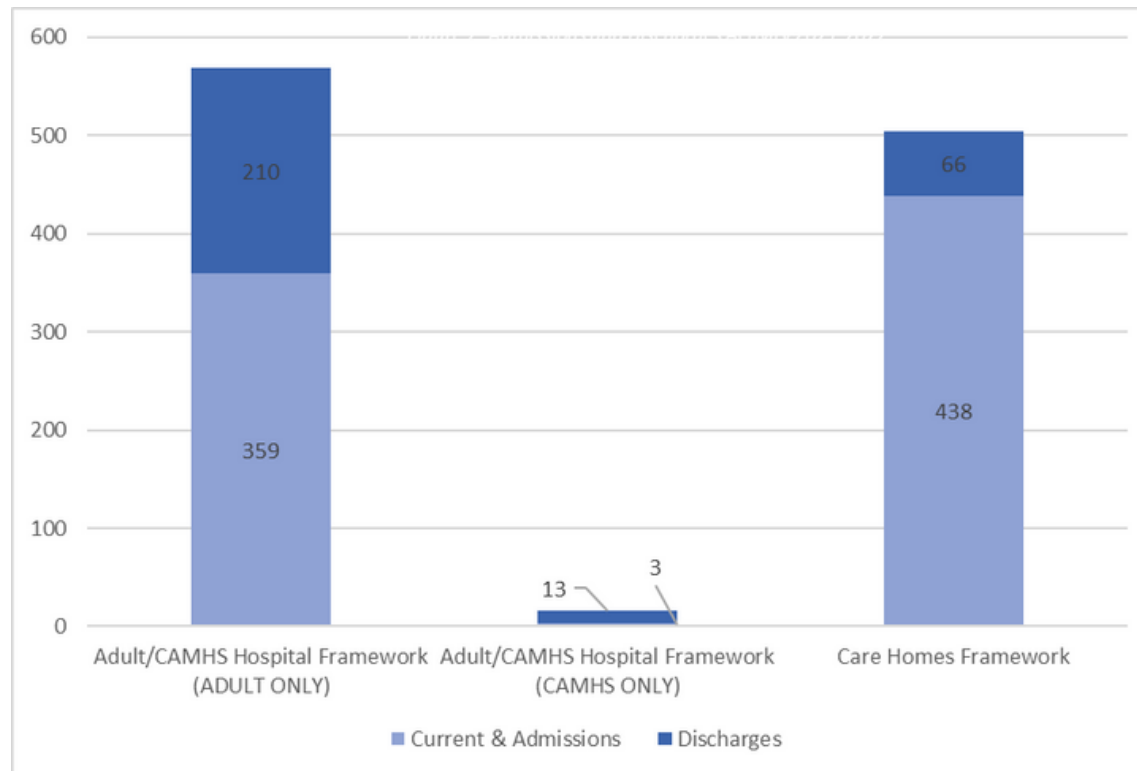


Figure 2: Admissions and Discharges Activity 20212-2023

For each National Collaborative Framework the following admissions and discharges were recorded between 1 April 2022 to 31 March 2023.

Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

Adults

- 359 (current patients and admissions 31 March 2023)
- 210 (discharges 1 April 2022 to 31 March 2023)

Child and Adolescent (CAMHS)

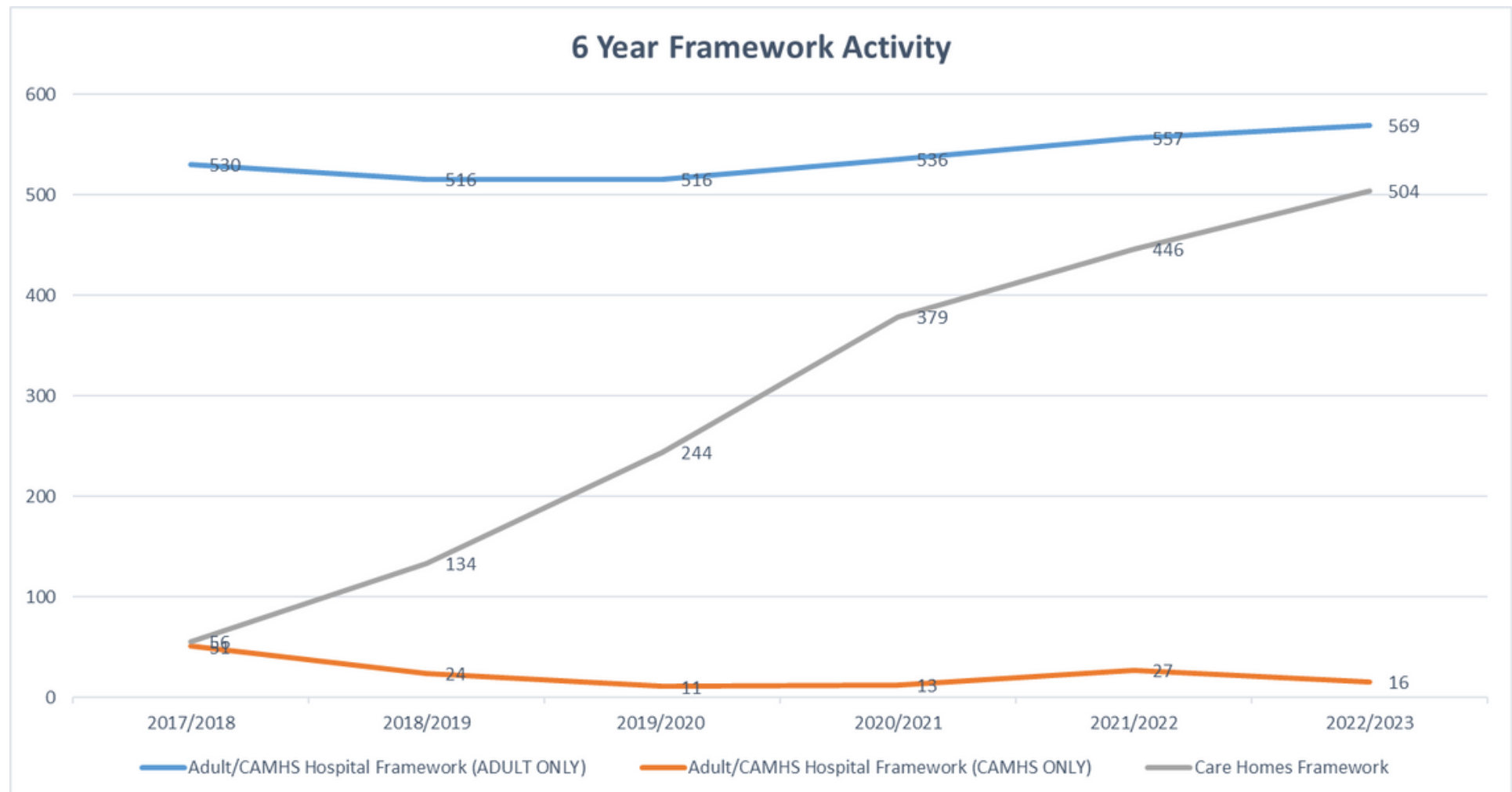
- 3 (current patients and admissions at 31 March 2023)
- 13 (discharges 1 April 2022 to 31 March 2023)

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.

- 438 (current residents and admissions 31 March 2023)
- 66 (discharges 1 April 2022 to 31 March 2023)

6 YEAR FRAMEWORK ACTIVITY

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



SECTION 2

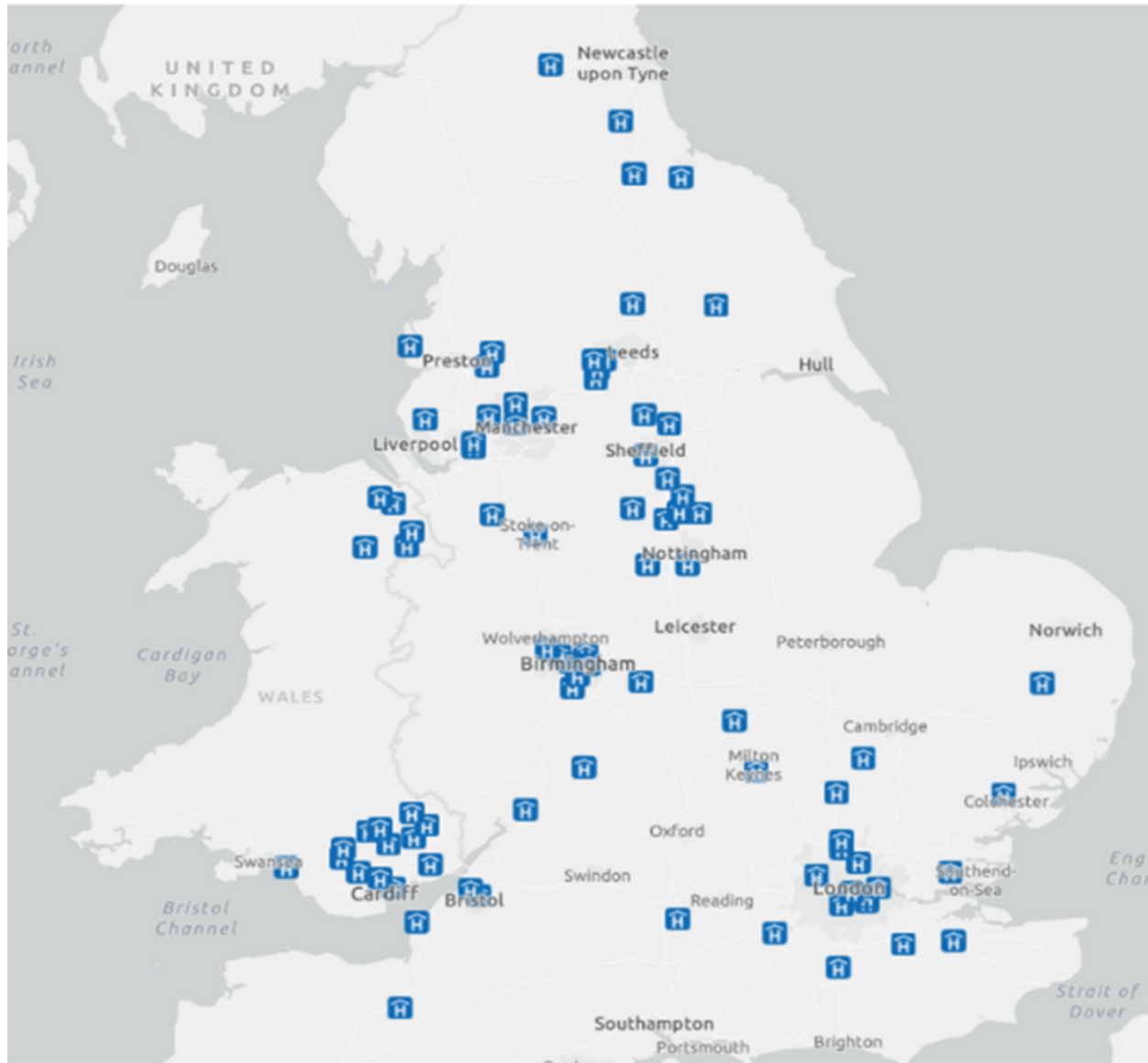
National Collaborative Framework for Adult
Mental Health Learning Disability / Child and
Adolescent Mental Health Hospitals.
(ADULTS ONLY)

OVERVIEW OF ADULT/CAMHS HOSPITAL FRAMEWORK

Providers

On 31 March 2023 there were 29 Providers with 281 Units offering various services as part of the National Collaborative Framework for Adult Mental Health Learning Disability / Child and Adolescent Mental Health. (ADULTS ONLY)

The map on the left shows the geographical position of each site (please note multiple units from one provider may be denoted under an individual marker).



CURRENT STATE

On the 31 March 2023 there were 359 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework.

This compares to 345 from the previous year, equating to a 4% increase in the number of patients receiving assurance in 2021/22. Of the 359 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2023:

- 82 (23%) patients were the responsibility of Aneurin Bevan University Health Board
- 62 (17%) patients were the responsibility of Betsi Cadwaladr University Health Board
- 56 (15%) patients were the responsibility of Cardiff and Vale University Health Board
- 60 (17%) patients were the responsibility of Cwm Taf Morgannwg University Health Board
- 24 (7%) patients were the responsibility of Hywel Dda University Health Board
- 29 (8%) patients were the responsibility of Powys Teaching Health Board
- 42 (12%) patients were the responsibility of Swansea Bay University Health Board (+2%)
- (4 (1%) patients were the responsibility of Manx Care - Isle of Man have now joined the framework agreement)

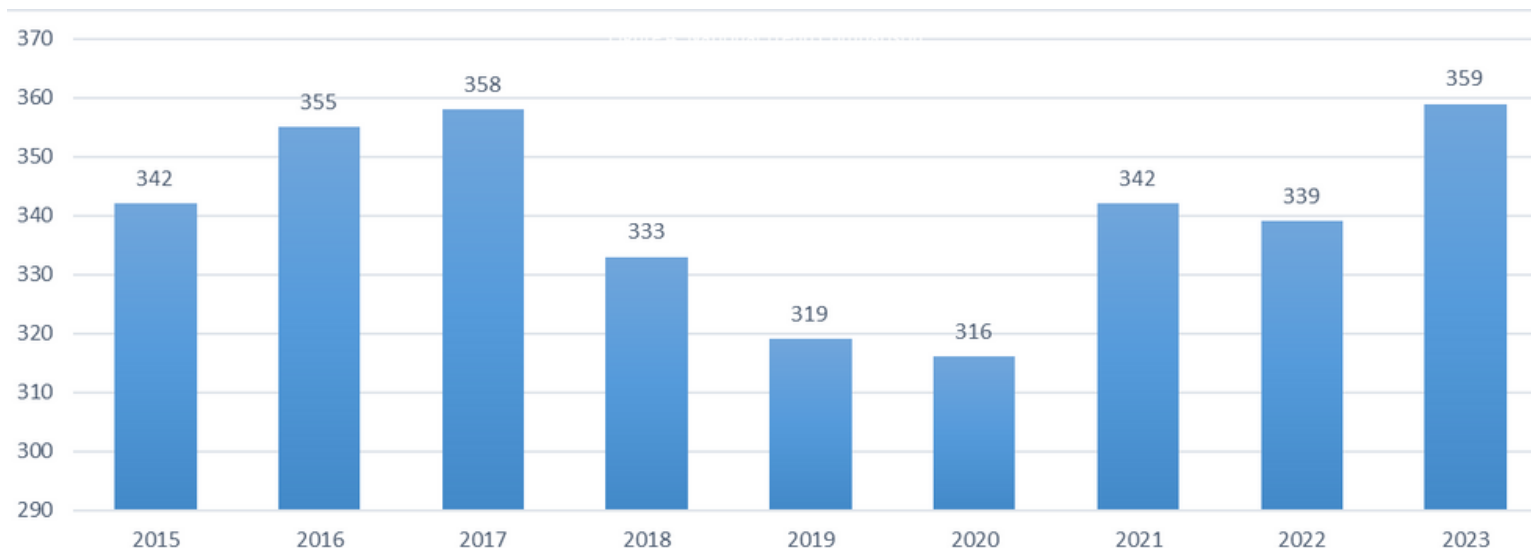


Figure 4 shows the number of patients receiving assurance at year end across 9 years.

NATIONAL TREND

9 YEAR NATIONAL TREND

There are five 'tiers' of Adult service on the new framework, which are medium secure hospitals, low secure hospitals, controlled egress hospitals and uncontrolled egress hospitals.

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

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

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

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



9 YEAR NATIONAL TREND CONTINUED

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

- 17% decrease in number of patients in medium secure since 2015. (69 to 57)
- 6% increase in number of patients in low secure since 2015. (151 to 160)
- 9.5% increase in number of patients in controlled egress since 2015. (95 to 104)
- 15% increase in number of patients in uncontrolled egress since 2015. (27 to 31)

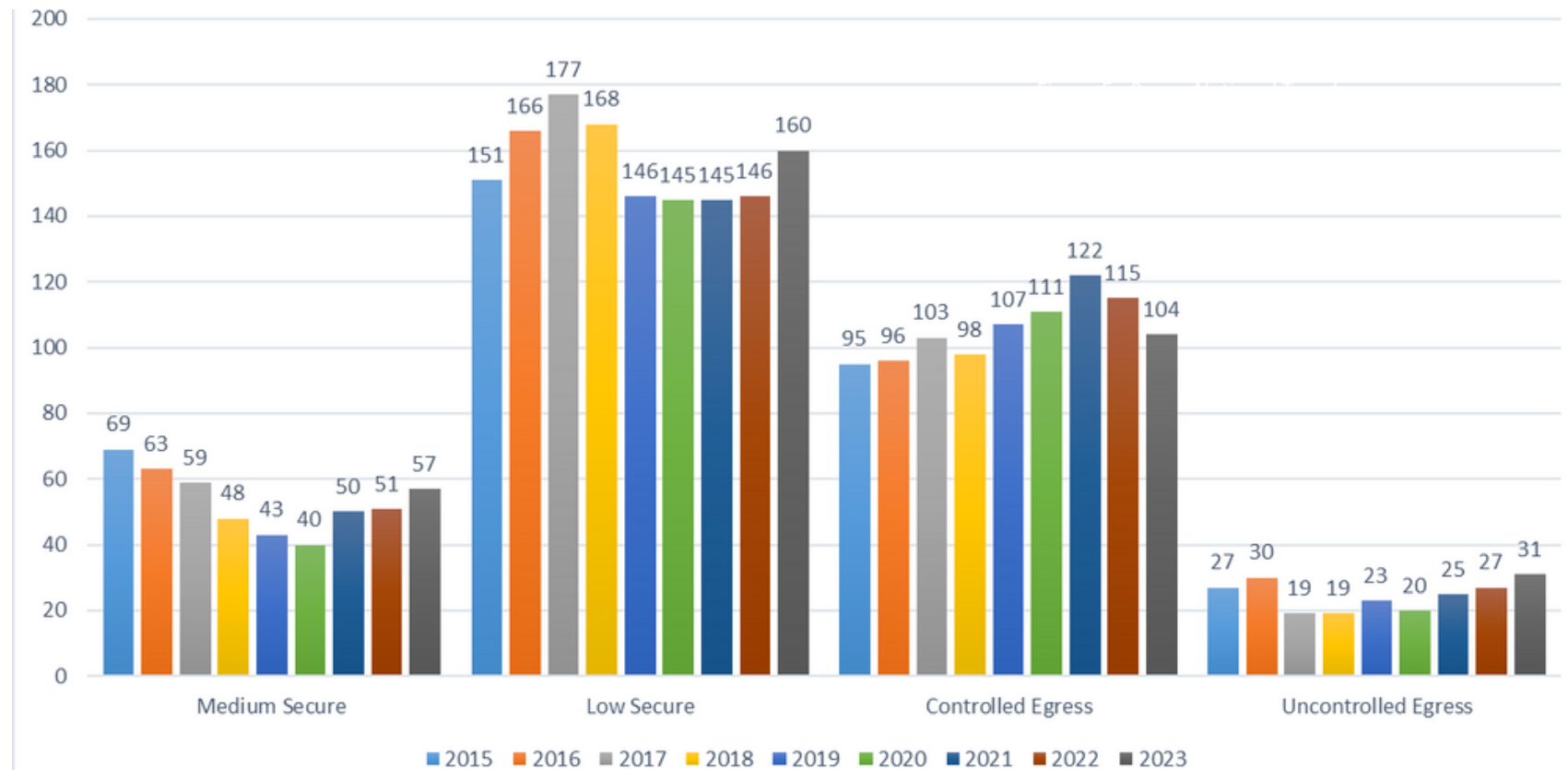


Figure 5. 9 Year National Tread

9 YEAR NATIONAL HEATH BOARD TREND

The trend in the number of patients from each Health Board receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March each year between 2015 to 2023 is displayed in Figure 6 below.

Comparing the eight-year trend since 2015, one Health Board saw a decrease, one Health Board remained the same and five Health Boards saw an increase in the number of patients who received care under the Framework between these years.

A comparison with 2021-22 of the health boards:

- Aneurin Bevan University Health Board has had an increase of 28% since 2015 and a 4% increase since last year.
- Betsi Cadwaladr University Health Board had a decrease of 2% since 2015 and a 19% decrease since last year.
- Cardiff and Vale University Health Board had an increase of 2% since 2015 and 24% increase since last year.
- Cwm Taf Morgannwg University Health Board had an increase of 40% since 2015 and the percentage stayed the same since last year.
- Hywel Dda University Health Board had a decrease of 27% since 2015 and 41% increase since last year.
- Powys Teaching Health Board had an increase of 53% since 2015 and a 32% increase since last year.
- Swansea Bay University Health Board had a decrease of 35% since 2015 and an 8% increase since last year.

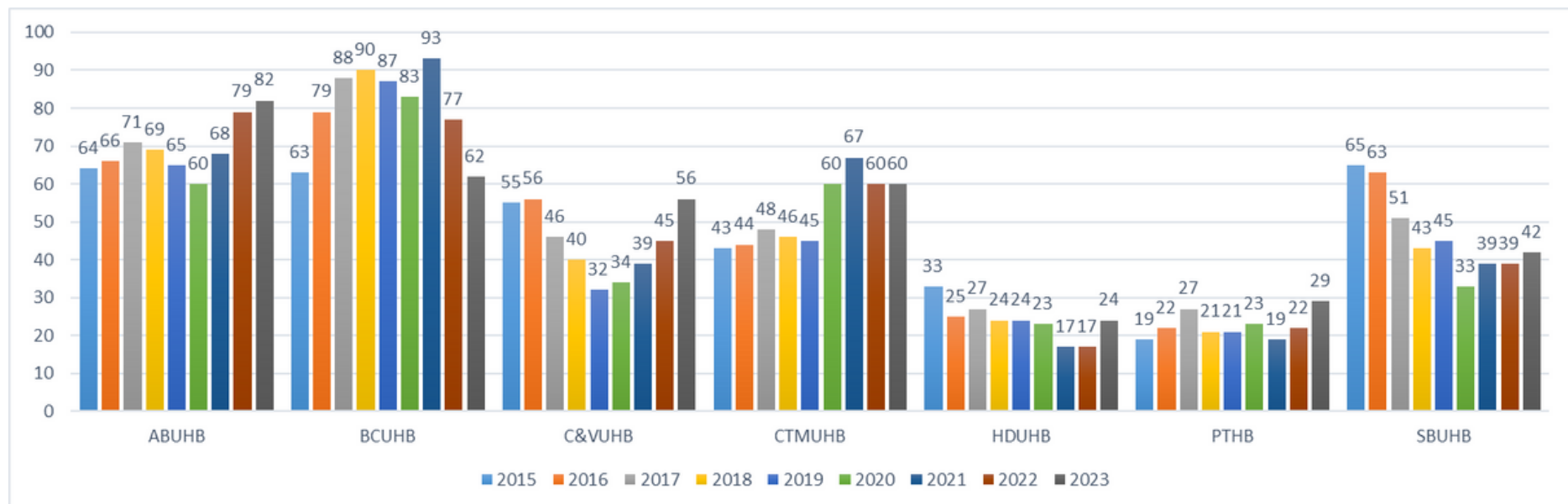


Figure 6: National Nine Year Trend of Placements by Health Boards

LEARNING DISABILITIES AND MENTAL HEALTH DISTRIBUTION

Of the 359 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2023, those cared for in Mental Health Hospitals consist of 87% of the total. Those cared for in Learning Disabilities Hospitals consist of 13% a decrease of 1% from 14% in 2022. Figure 7 shows a comparison of patients who have received assurance under the Framework over the past 9 years by speciality and figure 8 illustrates the distribution of patients placed in mental health and learning hospitals on 31 March 2023 by tier of service.

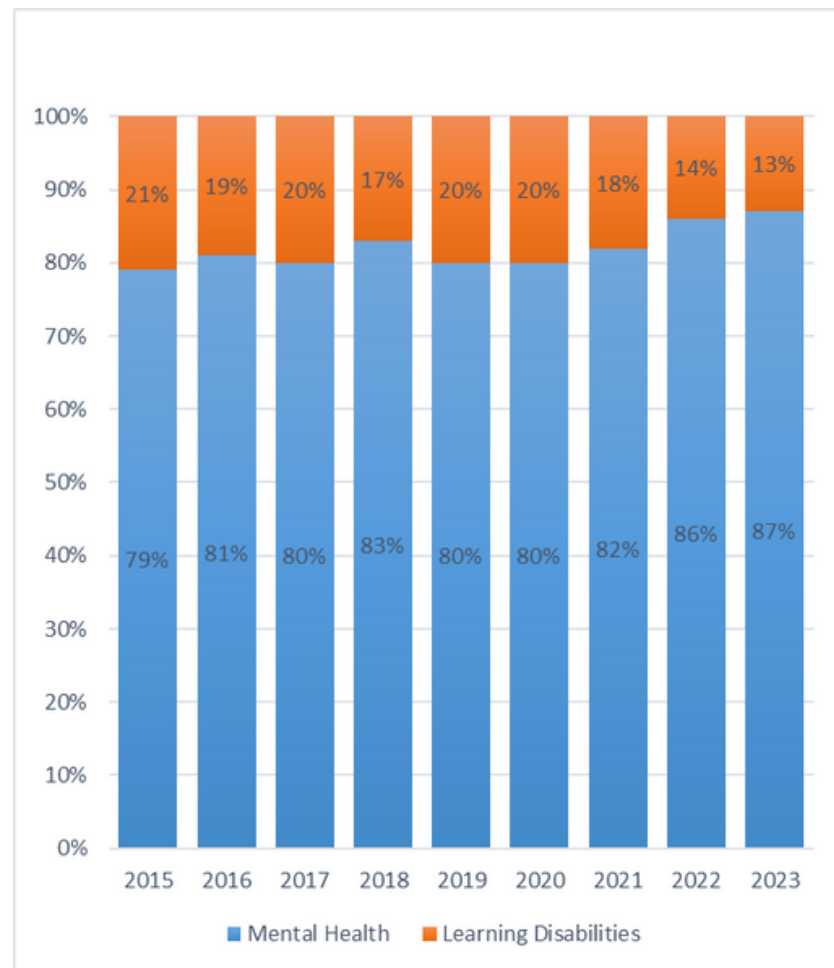


Figure 7: Nine Year Trend Mental Health and Learning Disabilities Distribution

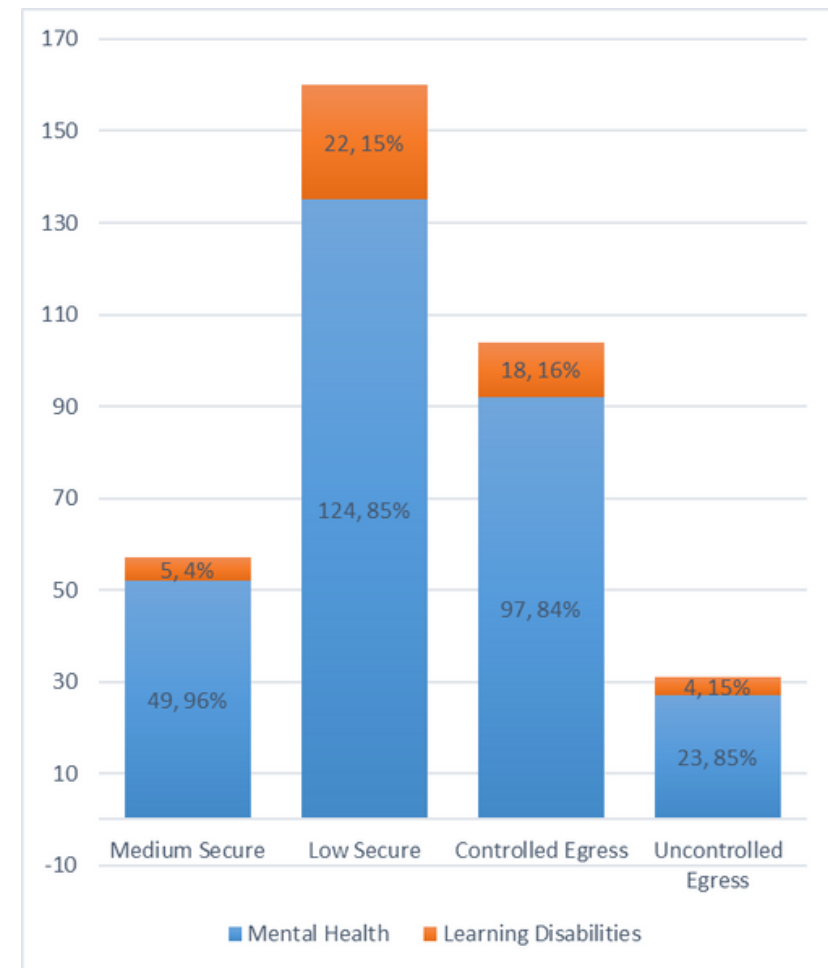


Figure 8: Mental Health/Learning Disability Distribution by Tier of Service

MALE AND FEMALE PATIENT DISTRIBUTION

Of the 359 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2023, 69% (249) of patients were male, an increase of 6% on 2021-22, and 31% (110) were female, an increase of 7% on 2021-22. The proportion of male patients decreased by 1% and the proportion of female patients increased by 1% in 2022-2023.

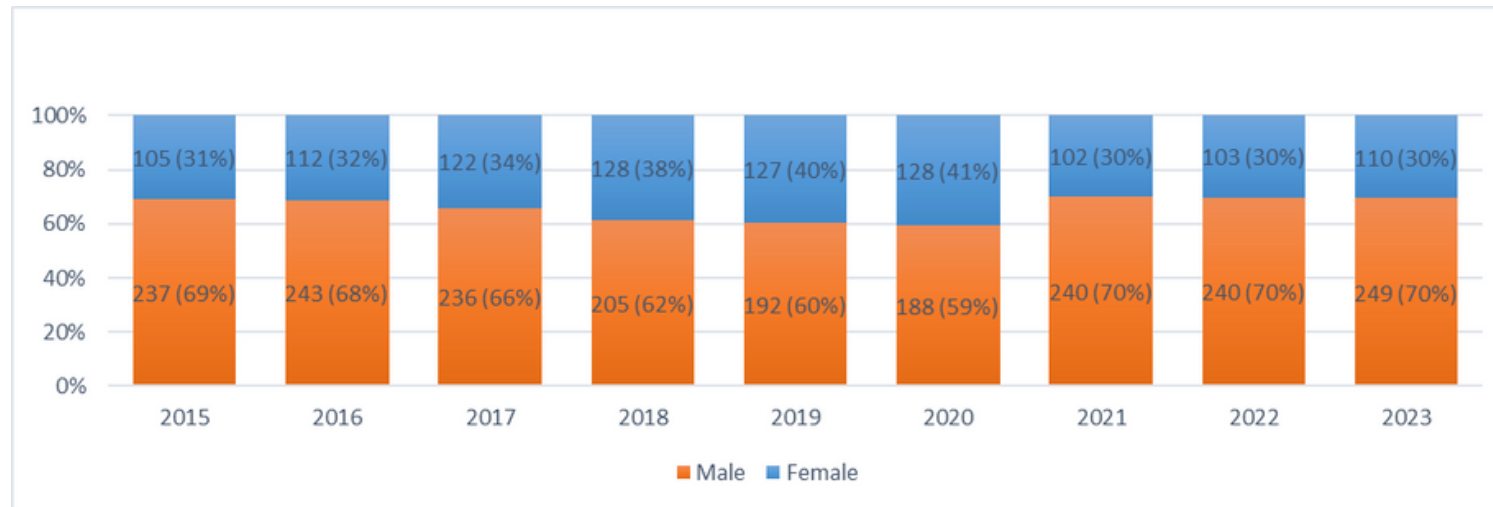


Figure 9 shows the proportion of male and female patients receiving assurance over the last 9 years.

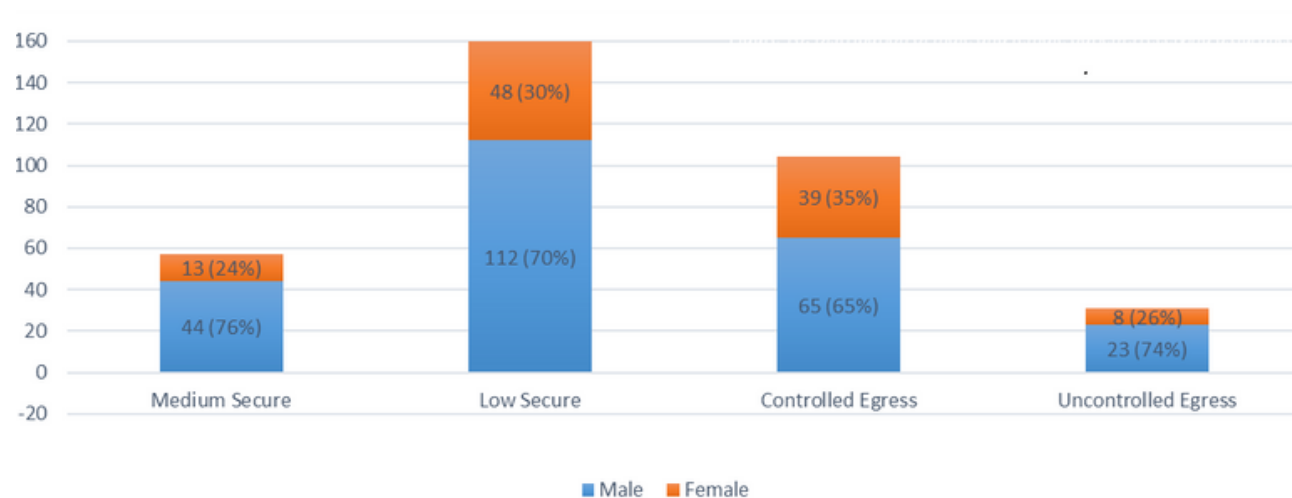
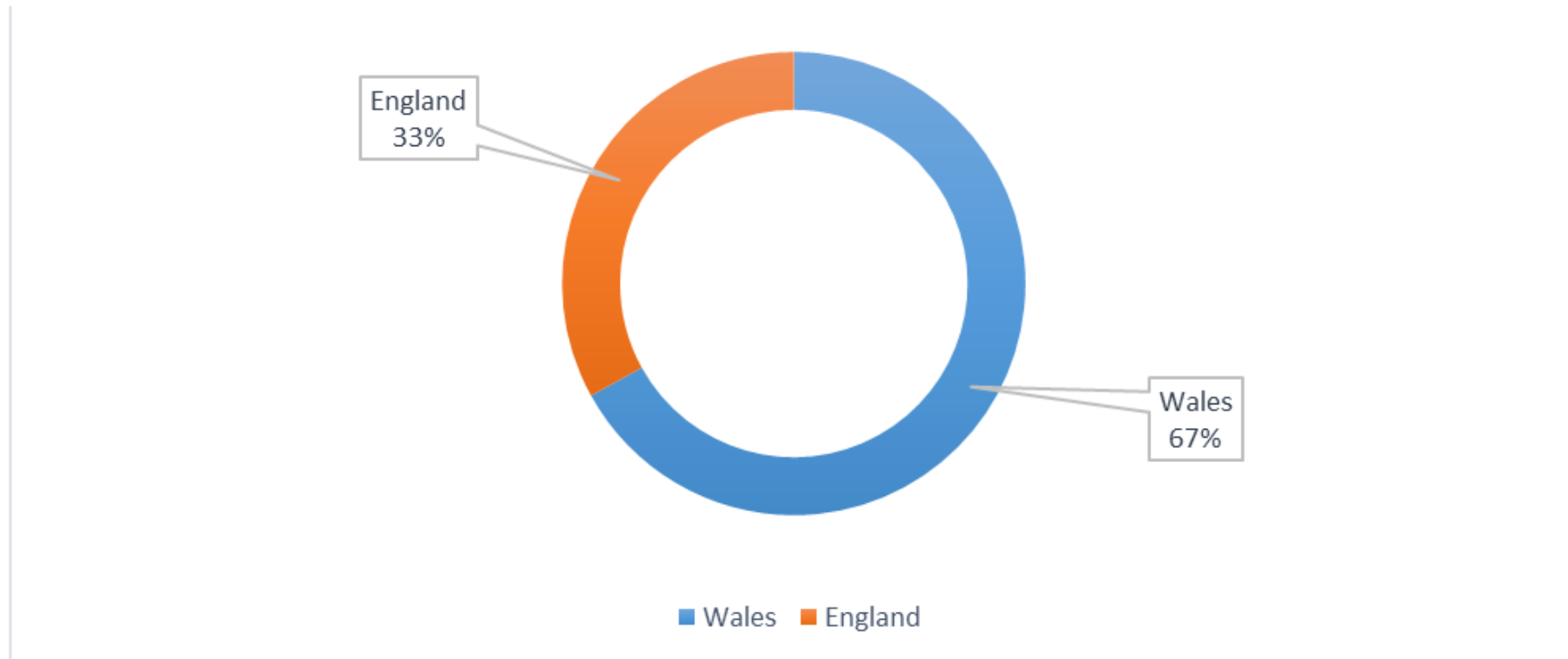


Figure 10 shows the distribution of male and female patients receiving assurance on 31 March 2023 within each tier of service.

GEOGRAPHIC DISTRIBUTION

Of the 359 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2023, 62% (224) were placed in Wales and 38% (135) were placed in England as shown in Figure 11 below.



GEOGRAPHIC DISTRIBUTION

Figure 12 shows the comparison of patients who have received assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework over the past 9 years in Wales and England. This years' number of patients matches the highest recorded in the last 9 years, 359 patients in 2017, with a higher proportion placed outside of Wales than that year. 45% of female patients were placed in England in comparison to only 34% of male patients.

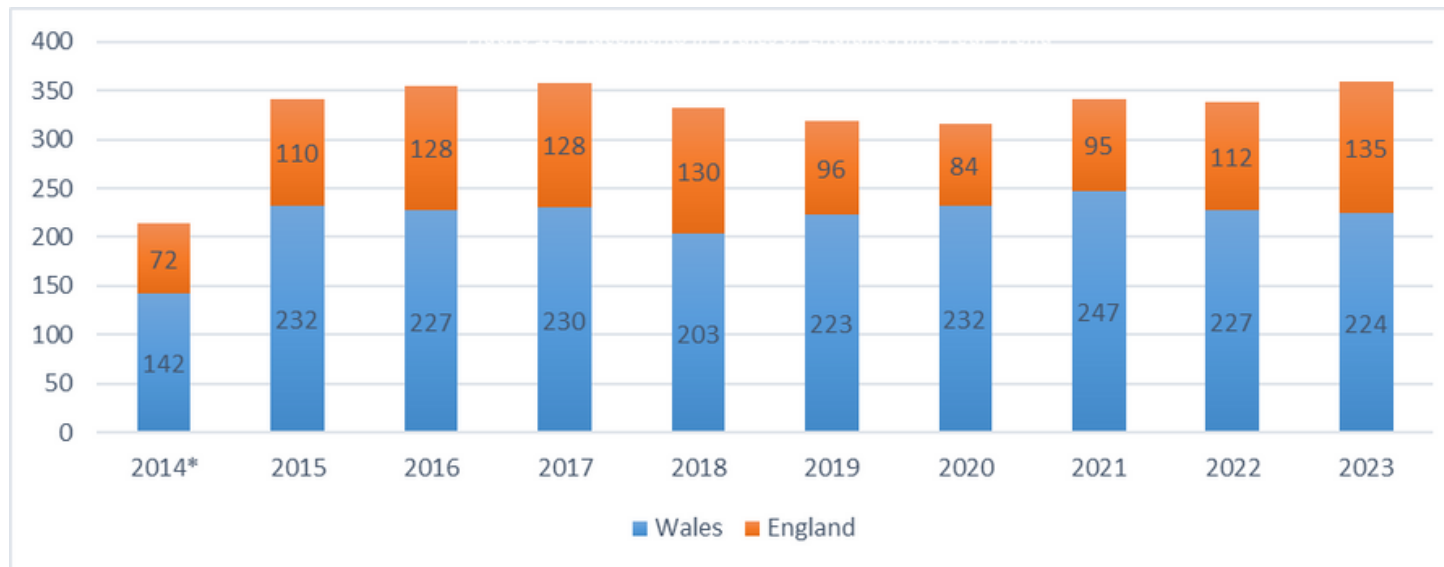


Figure 12: Placements in Wales or England Nine Year Trend

DISTANCE

The Quality Assurance and Improvement Service want to ensure that the National Collaborative Frameworks, wherever possible and with due regard for quality, provide placements that are as close as possible to the patients community of choice. Within the placement process we mandate that the commissioner enters a 'significant postcode' for the patient and distance to the provider is calculated from this geographical point. 204 (57%) patients were admitted to a provider less than 50 miles from the significant postcode, an increase of 11% on last year. 48 (13%) patients who were placed between 50 and 100 miles from the significant postcode, a decrease of 5% on last year. 107 (30%) patients are more than 100 miles from the significant postcode, a decrease of 6% on last year. Overall this indicates a positive significant shift in placements being made closer to the patient's significant postcode.

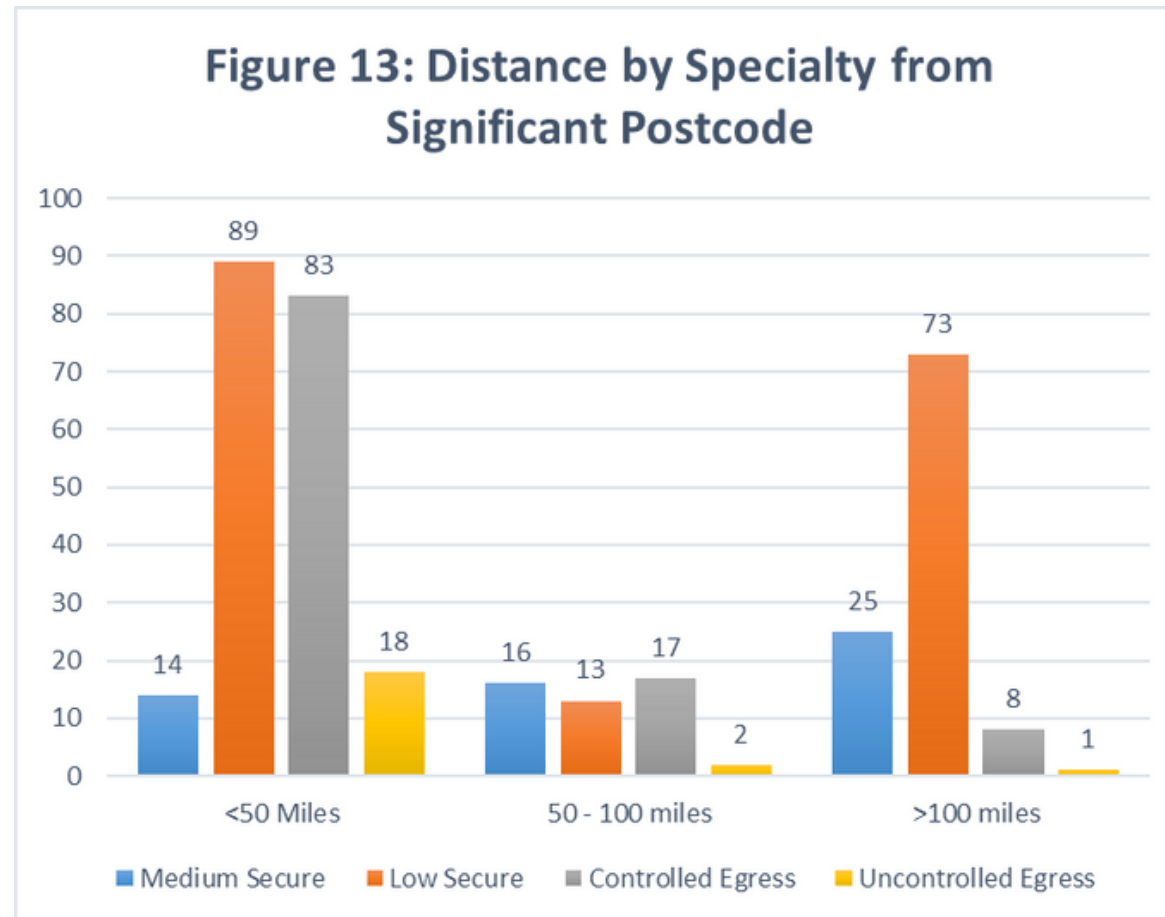


Figure 13 illustrates the distance by tier of service from the significant postcode.

DISTANCE

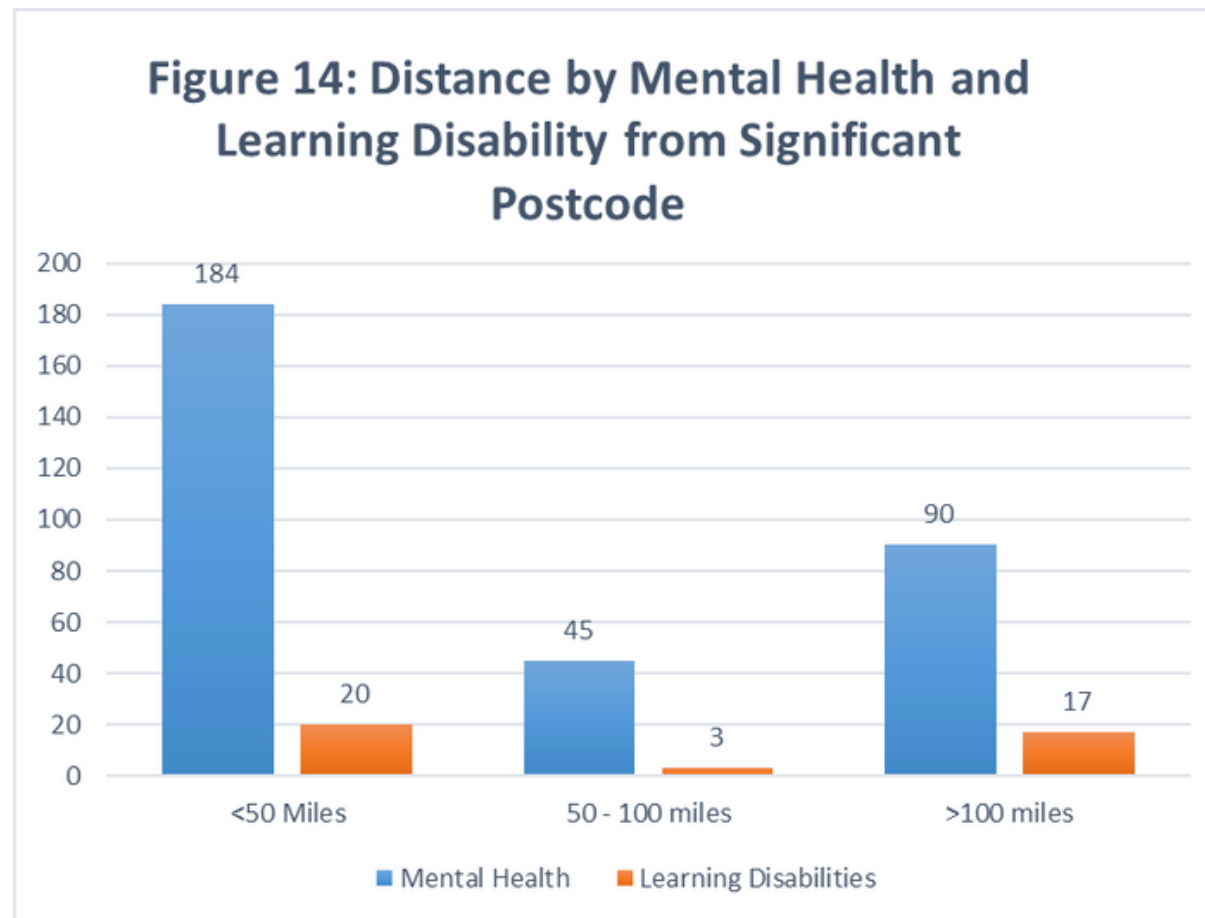


Figure 14 illustrates distance from significant postcode by Mental Health / Learning Disability placements less than 50 miles, between 51 and 100 miles and over 100 miles from the significant postcode from 1 April 2022 to 31 March 2023.

COMPLETED LENGTH OF STAY

Of the 314 patients who were discharged from the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (Adults only) between 1 April 2021 and 31 March 2022, the total lengths of stay with their final provider (patients may have been admitted from another provider) prior to discharge were:

- 25% (79) patients had a length of stay less than 6 months compared to 20% (44) patients in 2021-22.
- 23% (73) patients had a length of stay between 6 months and 1 year compared to 24% (53) patients in 2021-22.
- 28% (87) patients had a length of stay between 1 and 2 years compared to 31% (68) patients in 2021-22.
- 12% (40) patients had a length of stay between 2 and 3 years compared to 13% (27) patients in 2021-22.
- 8% (26) patients had a length of stay between 3 and 5 years compared to 6% (13) patients in 2021-22.
- 2% (5) patients had a length of stay between 5 and 7 years compared to 4% (9) patients in 2021-22.
- 1% (4) patients had a length of stay between 7 and 10 years compared to 2% (4) patients in 2021-22.



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.



PROVIDING ASSURANCE

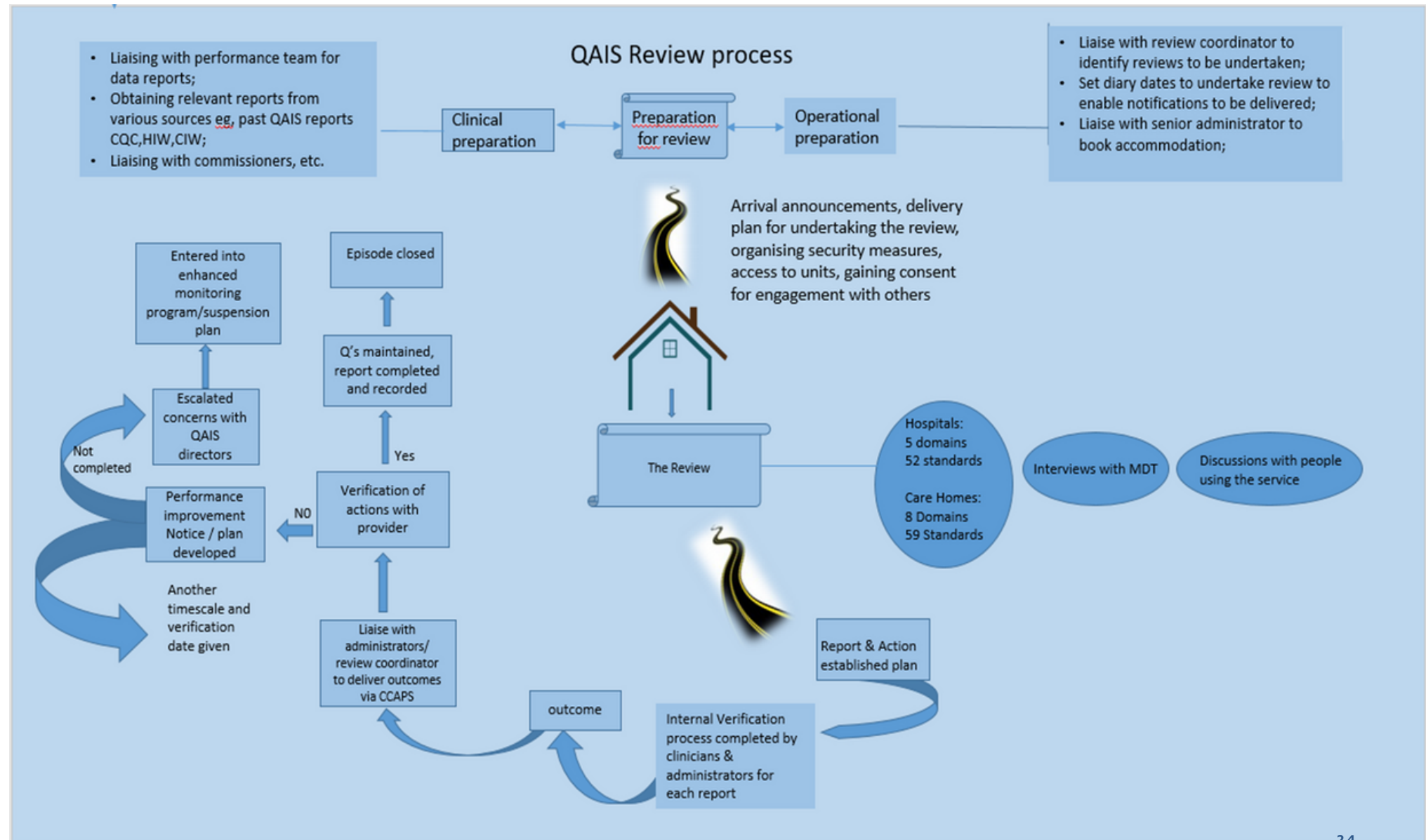
Figure 18 below shows an overview of our quality assurance process and how we award our quality certificates.



Figure 18 An overview of our quality assurance process

PROVIDING ASSURANCE

Figure 18a below depicts the QAIS review process in some additional detail.



MAINTAINING THE QUALITY OF CARE - Focus on Patient Experience

The introduction of the new framework has allowed QAIS to take a more patient-informed approach with each review seeking an in depth consultation with Welsh service users. We use this as an opportunity to facilitate additional focus on matters that are important to our patients.

Below is an example of the information received whilst meeting a patient on a site visit:

“On entering the ward QAIS were given a warm welcome and initially spent time with the Welsh patient without staff present, this was equally encouraged by staff and seen as a positive opportunity by the patient to be open and free to speak with QAIS.

The patient explained to QAIS that they feel supported by staff and feel encouraged to develop functional skills which can be utilised for more independent living in the future such as activities of daily living, vocational skills and socially interactive skills.

The patient continued by stating they feel encouraged to discuss and request unescorted leave in the community and that they spend a substantial amount of time in the community accessing the parks and exercising within the local area. They referred to having had their unescorted leave revoked the day prior to QAIS visiting, this was due to them having utilised their unescorted leave to visit the library which they understood is required to be contracted into leave prior to leave being agreed. QAIS cross referenced this with staff who reiterated what the patient had said and that it was due for discussion at the next MDT which was the following day, all parties appeared agreeable to the process and the actions taken.

Following on from the 1:1 conversation QAIS were given a tour of the ward and surrounding facilities, the patient asked if they could be involved in this process and staff encouraged the patient to take a lead role. The patient embraced this opportunity and when we approached their bedroom asked if they could demonstrate their interest in music and in particular mixing songs into one another using a mixing deck. Staff demonstrated a balanced approach to supporting the patient and were very empowering and encouraging, whilst being respectful yet direct with their expectations; for example time management when progressing onward to the next area of the building. This enabled the patient to manage their expectations and structure their interaction with QAIS, it worked really well and supported the patient to know when to show QAIS the next area.

QAIS were shown where the flats are located, we then moved along to the outdoors Occupational Therapy (OT) led building where the patients can access a tuck shop and pool table, in addition to sports on television and music as desired, the patient explained they also have evening activities and games such as bingo.”

MAINTAINING THE QUALITY OF CARE - Focus on Patient Experience

Next the patient led QAIS to the garden and explained some of the ideas around planting certain seeds, and the thought put into planning what they do in the garden area alongside OT.

The patient said they felt there was a genuine interest from staff to be supportive and enable patients to identify their own future aspirations, this was reflected when QAIS observed staff with patients, and when seeing their meaningful weekly records.

The patient was asked if the use of agency staff effects the standard of care they receive, the patient stated they see the same faces which for them ensured the standard remained consistent.

Throughout the audit QAIS were encouraged to see such enthusiasm, both from patients and staff alike. The environment would benefit from some decorating, but QAIS were assured works have been agreed and are due to start. This was evidenced by new windows in the patient's bedroom and an acknowledgement that other areas are due to be undertaken in the foreseeable future.

At the end of the site tour, QAIS spoke to the patient about their aspirations and the patient was clearly involved in plans to enable them to progress onward, and toward a more stepped down independent facility in the future. It is notable that QAIS were unable to ascertain a patient experience from the other Welsh patient, this was due to them utilising their escorted leave to a local beach to engage in therapeutic meaningful activity.



MAINTAINING THE QUALITY OF CARE

It is a requirement of providers to maintain the standards of care as set out in the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework. Under the new framework there are 5 core outcome areas containing a total of 52 bespoke Welsh Standards based on best evidence, experiential learning and good clinical practice. QAIS completed 44 Hospital site audits covering 63 individual units between 1 April 2022 and 31 March 2023.

Figure 19 details the average achievement for each of the 5 Core Outcome areas within the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework audited during the year.

Core Area	Average achievement
Effective Care & Teatment	79%
Dignity, respect, empowerment and patient centred values	94%
Skilled and Compassionate Staff	77%
Safe & Therapeutic Environment	92%
Robust Governance & a learning organisation	89%

Figure 19: Overall average achievement of standards by framework Core Outcome Area

MAINTAINING THE QUALITY OF CARE

Improvement Action

QAIS completed 44 Hospital site audits covering 63 individual units between 1 April 2022 and 31 March 2023. 285 issues were found relating to standards.

The outcome of the 44 reviews were that 26 (59%) units required one or more remedial actions and 18 (41%) units did not require any remedial action. The 26 units where one or more remedial actions were each issued a 'Performance Improvement Plan'. Across all Performance Improvement Plans there were a total of 207 individual actions (an example of which is shown in Figure 20).

Standard	Core Service Requirements	Outcome (level 1 or 2)	Assurance Required	Provider evidence of completion	QAIS Verification
3.3	Staff are appropriately recruited, inducted, trained, qualified, equipped, supported and supervised for the services they provide.	Level 2	Whilst percentages for supervision and training have improved, sustained and embedded improvement is required to be evidenced	Sustained improvement evidenced.	Verified: 31.03.23

Figure 19

Under the new framework the provider is issued with a draft report detailing any actions and assurances required that QAIS has measured against each of the standards. If the matters are rectified and clearly evidenced within the given timeframe then this is verified and the improvement is noted in our final reports.

MAINTAINING THE QUALITY OF CARE

Figure 19.1 details the average achievement for each of the 52 specific standards within the 5 Core Outcome areas of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework audited during the year.

Standard	Average attainment
Care and Treatment Plan 1.1	45%
Risk Assessment 1.2	75%
Meaningful & Appropriate Activities 1.3	84%
Regular MDT 1.4	66%
Good Clinical Practice - Medication 1.5	68%
Medication/Intervention failure - Rationale 1.6	82%
Admission Physical Examination 1.7	80%
Planned Leave procedure 1.8	86%
CAMHS ONLY Young person's education and wellbeing needs 1.9	100%
CAMHS ONLY Effective handover to adult services 1.10	100%
Patient involvement in Care & Treatment Plan 2.1	75%
Patient Needs - Equality Act 2.2	95%
Patient right to confidentiality 2.3	100%
Manner of the use of restrictive interventions 2.4	77%
Patient involvement in meetings concerning care 2.5	98%
Rationale for medication and intervention 2.6	91%
Patient access to care and treatment plans 2.7	98%
Patient provided with information about the service 2.8	98%
Independent Mental Health Advocacy 2.9	100%
Contact and Connection to community, home, family & friends 2.10	98%
Access to reflective, faith/multi-faith and pastoral care 2.11	98%
Staff able to raise concerns on services 2.12	98%
Patient and staff welfare, safety and wellbeing 3.1	57%
Staff recruitment, training, qualification, supervision 3.2	64%
Safe skill mix 3.3	84%
Unit responsibility and access to doctor 3.4	100%

Standard	Average attainment
Key worker allocation 3.5	64%
Use of bank and agency staff 3.6	91%
Appropriate environment of care 4.1	55%
Appropriate internal security and control measures 4.2	86%
Appropriate living spaces 4.3	98%
Medication storage, dispensing and authorisation 4.4	86%
Appropriate seclusion/time out/intensive care facilities 4.5	91%
Quiet Area 4.6	95%
Secure perimeter 4.7	98%
Food and drink 4.8	98%
Appropriate access to internet, telephone, secure storage of property 4.9	95%
Signage 4.10	95%
Resuscitation equipment storage 4.11	100%
Regulated heating and ventilation 4.12	93%
Designated outdoor spaces 4.13	100%
Exercise space, equipment and programmes 4.14	100%
Robust governance 5.1	84%
Reporting and learning from incidents 5.2	100%
Complaint records and actions 5.3	95%
Patient and family views on service 5.4	95%
Unplanned discharge procedures 5.5	98%
Clinical records 5.6	66%
Access to policies, processes, guidance and instructions 5.7	98%
Effective audit systems 5.8	84%
Patient rights and consent 5.9	91%
Adequate equipment and training in its use 5.10	80%

Figure 19.1

MAINTAINING THE QUALITY OF CARE

Focus on lower average achievement areas:

“1.1 Care and Treatment Plan” (45% of unit visits found that the provider met this standard at first review):

The standard states that – ‘A contemporary Care and Treatment Plan(s) should always be present in the patient’s notes which has been developed and reviewed in accordance with the Mental Health (Wales) Measure 2010, good clinical practice, professional standards and national and local guidance and based on appropriate evidence based assessment and formulation tools and processes. The plan(s) must identify one or more outcomes for each identified mental health, wellbeing and physical health need and one or more interventions to be undertaken and / or maintained to achieve these outcomes and record any needs which remain unmet.’

Example of QAIS reporting following site visit:

“Care plans are rarely signed by patients and there is limited evidence of patient involvement. The hospital is clearly in transition in terms of management and care plans that have been written more recently are stronger in terms of evidencing patient involvement.

There is evidence of duplication and cutting and pasting of previous care plans with dates changed.

Similarly, there is a date for the next side effects monitoring review that precedes the date of the care plan written.

Several care plans have the previous date of writing crossed out and replaced by a more recent date. Again, this suggests that they are cut and pasted with no change.

There is no restraint care plan for a patient who was restrained daily for the purpose of receiving medication. The specifics with regards relapse are not clear in relapse plans reviewed.

With regards review, there is often a date when reviewed but no qualification with regards to what has changed and what the outcome for the review is other than “no change”.

Given this is a rehab facility, there is an expectation that reviews demonstrate small but clear progress on a regular occasion.”

The example suggests a lack of detail and accuracy provided, and attention to the importance of the Care and Treatment Plan, and whilst this is a more detailed example that demonstrate the level of scrutiny that QAIS has applied to ensure patient safety, the common issues that relate to providers not meeting the standard on first visit are more commonly easily addressed. The lower percentage is predominately due to providers not using the required Welsh template Care and Treatment Plan. As such the QAIS are considering a number of approaches to communicate with all providers to use the correct documents for all of our patients in accordance with the Mental Health (Wales) Measure 2010.

MAINTAINING THE QUALITY OF CARE

Focus on lower average achievement areas:

“3.1 Patient and staff welfare, safety and wellbeing” (57% of unit visits found that the provider met this standard at first review)
The new framework standard states that – ‘The health, safety, welfare and wellbeing of the Patient and Staff is promoted and protected through staff culture, levels, skills, induction, training, supervision and management.’

Example of QAIS reporting following site visit:

‘A recent safeguarding incident involved a nurse clearly providing detrimental care to a patient which exacerbated their poor mental health resulting in a restraint incident. Clinical governance minutes suggests an apathy at times with regard to risk by staff e.g. Risk items were identified by staff but not removed. Supervision and training percentages require improvement.’

The importance of staff capability and culture and its impact on patients is closely monitored by QAIS and always highlighted within reports where necessary. Difficulties remain within this area, particularly around appropriate training, due to a growing reliance on bank and agency staff due to staff shortages and illness. This issue is clearly recognised by the majority of providers who continue to work with QAIS to mitigate the issue and improve patient safety. Our reporting of such factors allows Commissioners and Care Co-ordinators to be well informed when making choices around placement of Welsh patients.

“4.1 Appropriate environment of care” (55%)

The new framework standard states that – ‘The environment of care is of an appropriate design and fit for purpose in terms of cleanliness, comfort, safety, security and maintenance.’

Whilst ageing estates and the practicalities of adhering to developing standards is noted as a challenge, QAIS continues to work with service providers to ensure that the environment of care is of an appropriate design and fit for purpose in terms of cleanliness, comfort, safety, security and maintenance.

Where issues have been identified remedial action has been required through our Performance Improvement Plans and resulted in prompt response.

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 the 240 patients admitted between 1 April 2022 to the 31 March 2023 by Health Board and Welsh Health Specialised Services Committee in comparison with previous years. In order to ensure that providers are incentivised to maintain quality and offer best value, the process of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework encourages commissioners, where clinically appropriate to do so, to place patients with the highest ranked provider.

- 96% (231) of patients in 2022-2023 were placed with a provider that maintained 3Qs. By comparison this was 97% in 2021-2022.
- Zero patients in 2022-2023 was placed with a provider that maintained 2Qs. By comparison this was 1% in 2021-2022.
- 4% (9) of patients in 2022-2023 were placed with a provider that maintained 1Q. By comparison this was 2% in 2021-22

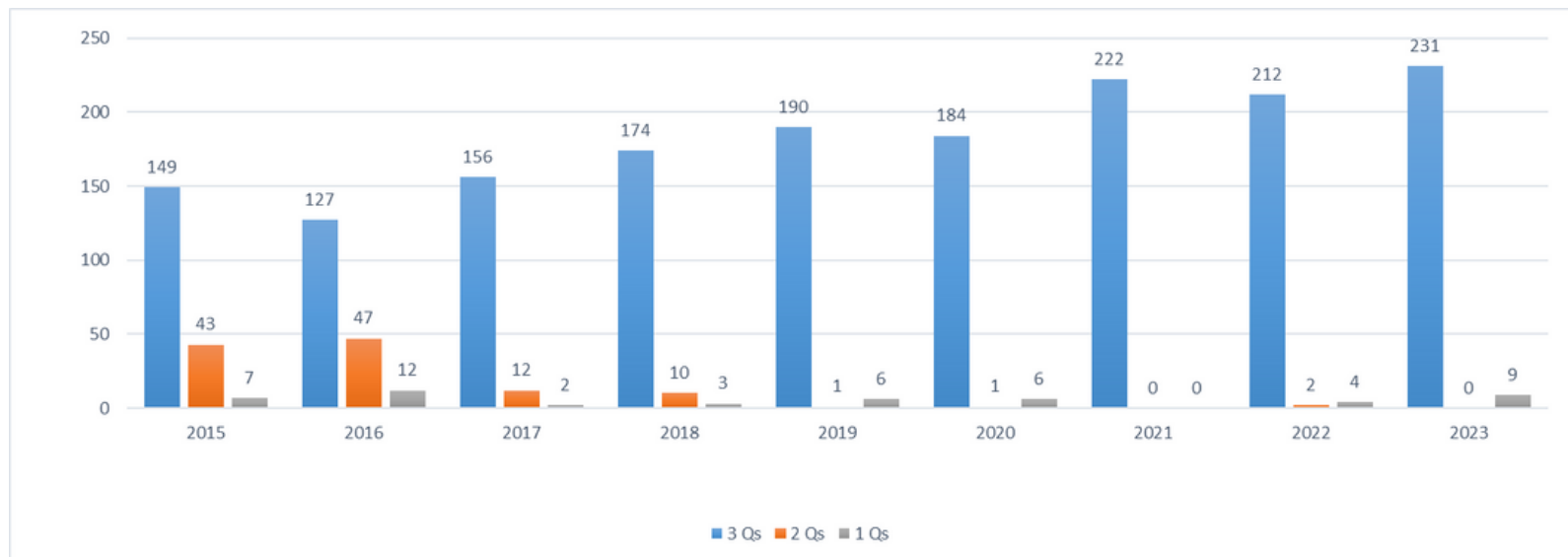


Figure 21: Placements by Quality Assurance Rating over Eight Years

Quality Assurance Rating

In relation to placements with non 3Q providers, the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals 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 Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework placement process ensures reasons for not placing a patient with a 3Q hospital are recorded. 9 patients were placed with a providers with a 2Q or 1Q rating.



Placement with Top Five Ranked Providers

The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework continues to use 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. The figure below illustrates admissions to the top 5 ranked providers from 1 April 2022 and 31 March 2023 by commissioning organisation.

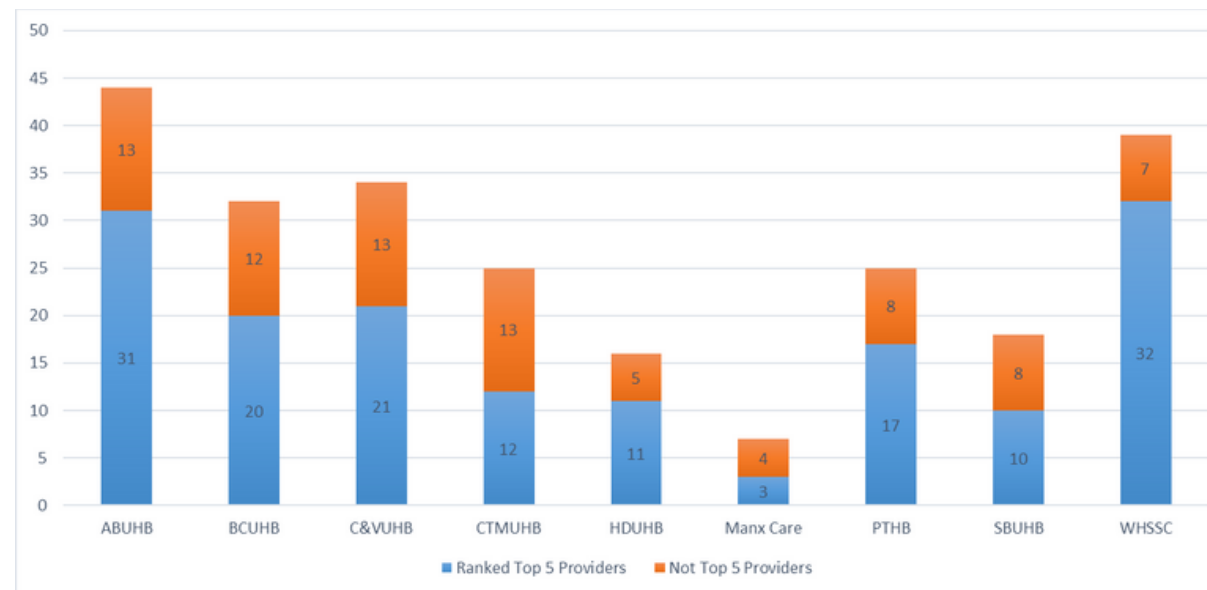


Figure 22: Admissions to Top Five Ranked Providers 1 April

70% (31 of 44) of patients placed with a top 5 provider by Aneurin Bevan University Health Board
 63% (20 of 32) of patients placed with a top 5 provider by Betsi Cadwaladr University Health Board
 62% (21 of 34) of patients placed with a top 5 provider by Cardiff and Vale University Health Board
 48% (12 of 25) of patients placed with a top 5 provider by Cwm Taf Morgannwg University Health Board
 69% (11 of 16) of patients placed with a top 5 provider by Hywel Dda University Health Board
 68% (17 of 25) of patients placed with a top 5 provider by Powys Teaching Health Board
 56% (10 of 18) of patients placed with a top 5 provider by Swansea Bay University Health Board
 82% (32 of 39) of patients placed with a top 5 provider by Welsh Health Specialised Services Committee.

Respecting Privacy, Dignity, Equality, Diversity and Human Rights

A fundamental requirement of good patient care is the respect of each individual's privacy, dignity, equality, diversity and human rights. The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework sets out specific requirements for this area, which must be maintained by providers and are audited during each hospital review. Figure 23 shows the average achievement for the specific new standards in 2023.

Standard	% Achievement
The Patient is enabled, encouraged and empowered to develop and review their Care and Treatment Plan(s).	75%
The Patient's needs in respect of the Equality Act 2010 are identified and addressed.	95%
The Patient is informed of their right to confidentiality, and its limitations, as soon as possible after admission.	100%
Any restricted interventions such as, but not limited to, physical interventions, seclusion, time out, observations and restricted access/egress are used as interventions of last resort for the minimum period necessary after positive support interventions have been attempted and in line with Good Clinical Practice, professional standards and national and local guidance and with due consideration of the self-respect, dignity, privacy, cultural values and individual needs of the Patient.	77%
That the Patient is enabled and encouraged to participate in all meetings concerning their care and that language used in the meetings attended by the Patient is clear, non-technical and the Patient is given assistance to understand the information if necessary.	98%
The rationale, desired effects and possible side effects/risks for all medications, interventions or restricted interventions are clearly documented, discussed and, where possible, agreed with Patient, Carer and Local Care Team prior to commencement. If requested this information is presented in written form to the Patient and Carer.	91%
Each Patient has access to a copy of their Care and Treatment Plan and individual activity plan which records all planned leave periods, therapy sessions and scheduled activities for the subsequent week.	98%
Patients are provided with as much information as is possible about the service that is providing their in-patient treatment. This includes a unit guide offering clear information about the service along with a comprehensive induction to the Unit environment and processes that is undertaken as soon as possible after admission. The service will also provide information on the process for making suggestions and compliments as well as information about accessing safeguarding leads, inspectorates, commissioners and QAIS.	98%
Patients are enabled and encouraged to access, where appropriate, Independent Mental Health Advocacy, Independent Mental Capacity Advocacy and/or advocacy.	100%
Patients are enabled and encouraged to contact and connect to their local community, home areas, family carers, friends and peers with due regard for risk, safety, best interests and confidentiality.	98%

Respecting Privacy, Dignity, Equality, Diversity and Human Rights

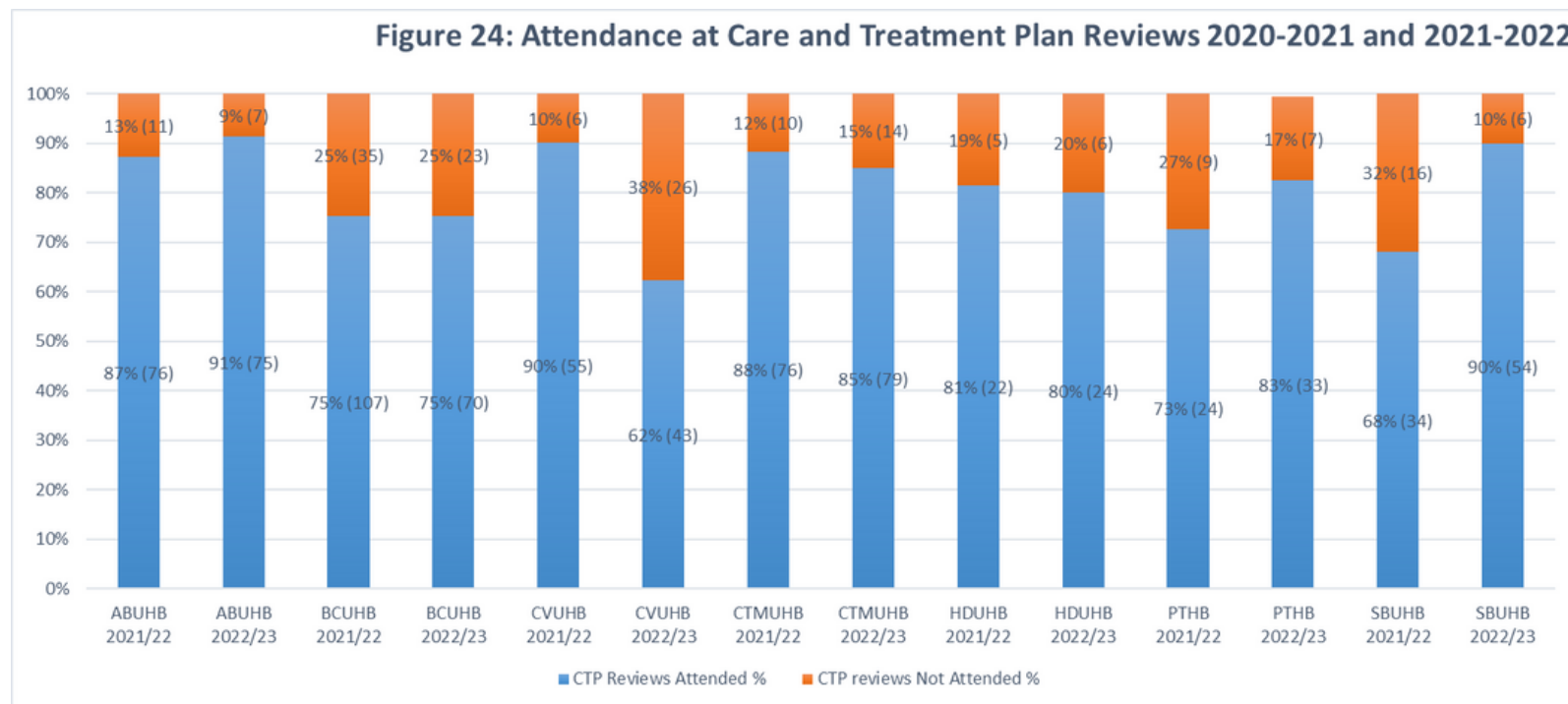
Patients have access to appropriate reflective, faith or multi-faith facilities and pastoral care.	98%
Staff are able to raise any concerns on quality of the services they provide without prejudicing their current employment and are informed of the rights and duty of whistleblowing during induction and on an annual basis.	98%
The health, safety, welfare, wellbeing and privacy of the Patient is promoted and protected through internal security and control measures whilst supporting the maximisation of personal freedoms.	86%
Patients have access to an individual single sex bedroom, single sex toilet with ensuite facilities and bathing facilities accessed via a single sex route. Also, female patients have access to a single sex lounge area. Wherever possible and following appropriate risk assessment, the Patient's bedroom accommodates individual needs and preferences.	98%
Medication is stored, dispensed and authorised in line with policy and Good Clinical Practice and professional standards. The positioning of the dispensary and examination room will protect the privacy and dignity of Patients and enable private conversations between staff and Patients accessing these rooms or having medications dispensed.	86%
A designated, purposely designed, decorated and equipped low-stimulus area/quiet area is available, without a television or telephone, and distant from communal areas.	95%
The Patient has access to internet, telephone facilities, call system and secure storage of personal property with due regard to risk, privacy and best interests.	95%
The health, safety, welfare, wellbeing and privacy of the Patient is promoted and protected through robust governance arrangements, guidance, policies, operational systems and processes	84%
The Patient is informed about their rights on admission or as soon as possible soon after and at a maximum interval of two calendar months or on request. The Patients consent, or refusal to consent, is documented prior to any disclosure of clinical information considering best interests and confidentiality.	91%

The main identified areas of concern that were identified were Patient Involvement in Care and Treatment Plans (75%) and the manner of the Use of Restrictive Interventions (77%) and these will be monitored closely in the coming year.

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 2022-23, 100% of patients had details of a care coordinator recorded. The NHS Wales QAIS monitors the attendance at Care and Treatment Plan reviews in order to provide assurance to commissioning organisations that they are compliant with the Mental Health (Wales) Measure 2010. The numbers contained within the figure have been validated by commissioners and providers. Following a Care and Treatment Plan review, the provider is required to record whether it was attended by the care coordinator and / or other Health Board representative. We recognise that some visits by care coordinators would have been subject to the restrictions in place during the pandemic. Figure 24 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 between 1 April 2022 and 31 March 2023.

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.

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.

Commissioning Care Assurance and Performance System (CCAPS)

CCAPS support individuals by:

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

CCAPS support providers by:

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

CCAPS support commissioners by:

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

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.

Of the 1534 currently registered users, the table below displays system usage between 1 April 2022 and 31 March 2023.

Service	Registered users	Logged on to CCAPS 2022-23
NHS	365	72
Provider	1098	227
Local Authority	67	12
Regulator (Health Inspectorate Wales)	4	1
Total	1534	312

The total number of users has risen significantly (57%) since the last reporting period particularly across NHS, Provider and Local Authority with over 400 new registrations 2022-23.

QAIS Support Desk

We host the CCAPS Support Desk and provide assistance to CCAPS users; the Support Desk recorded a 25% increase in requests from 1 April 2022 and 31 March 2023, 1572 recorded calls in total. Of these 1567 were classed as low priority, 5 medium priority and 0 high priority.



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 2023, there were 539 unique users from health, local authorities and providers of care, from the previous year 430, which is an increase of 25%. During the reporting year, there were 8,678 packages / emails transferred between organisations across all categories this is an increase from 7,498 in 2021-22. Figure 26 below shows the number of registered users by category on the 31 March 2022.

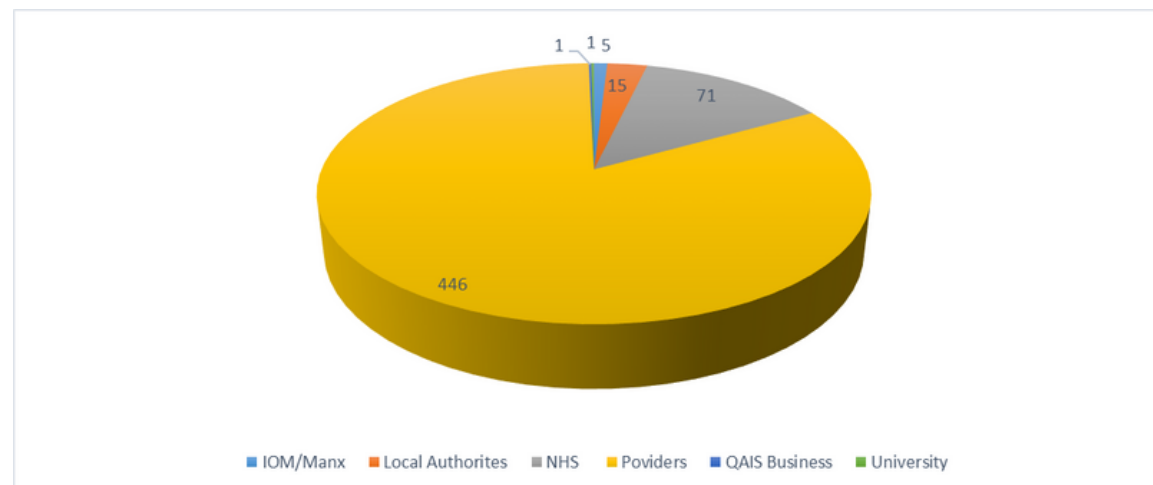
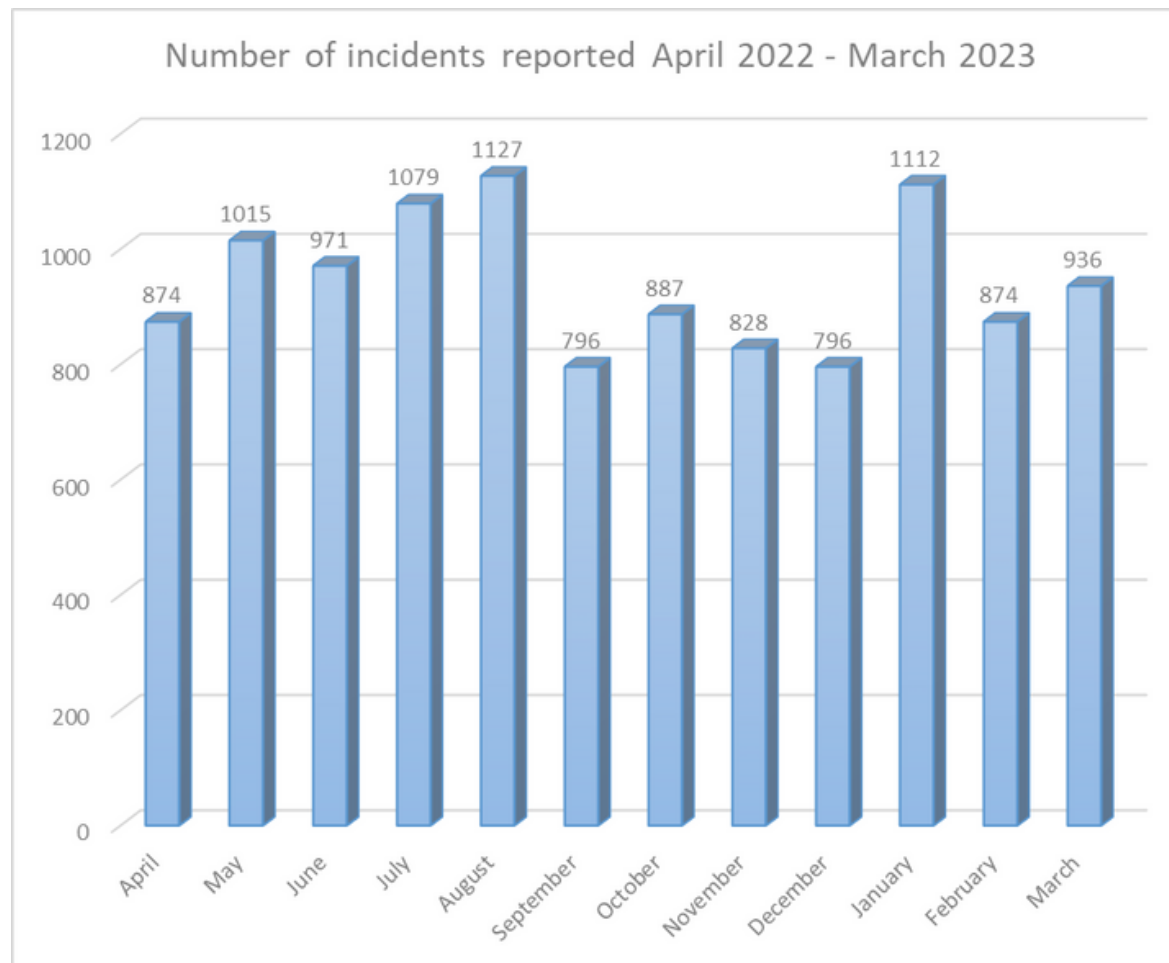


Figure 26. Number of users by category

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.

The launch of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework in April 2022 required a new matrix of incident reporting based around the new core outcomes measures. 11,295 incidents were reported in the year.

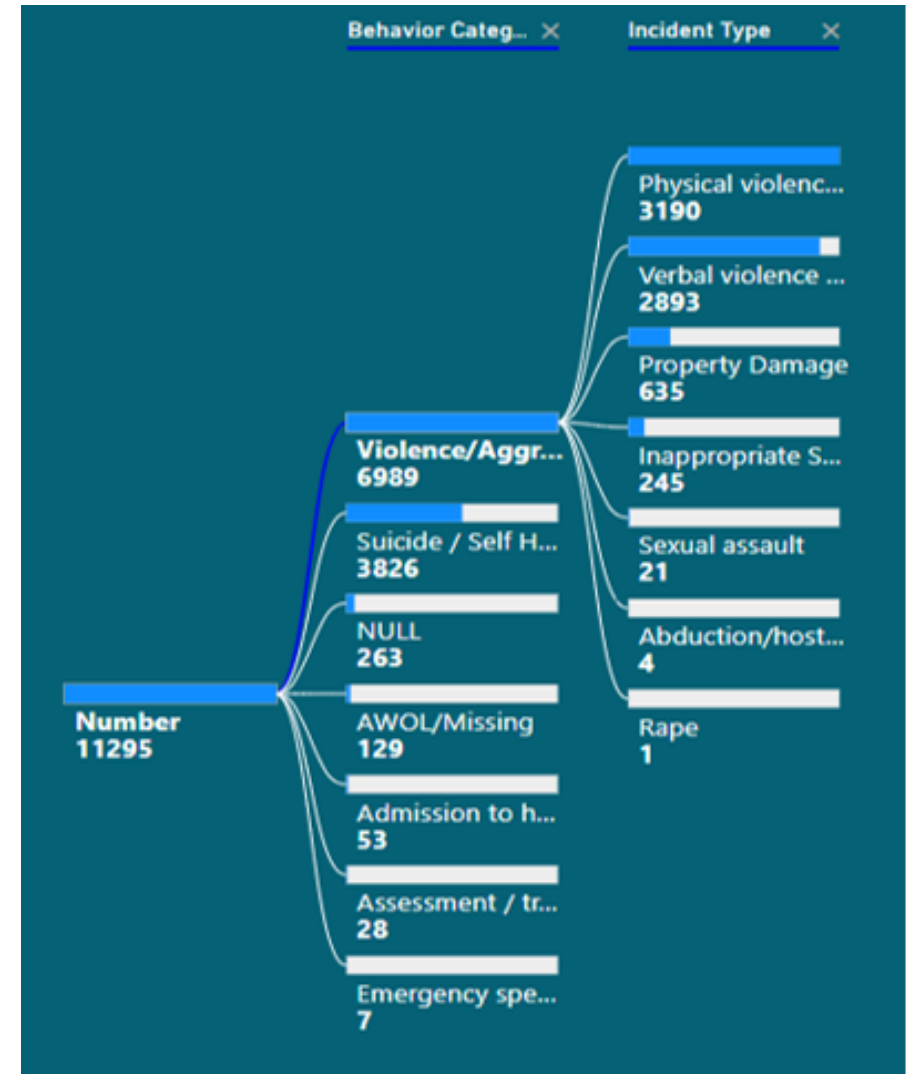


No Harm	5280
Low Harm	3110
No Harm (impact not prevented)	2478
Moderate Harm	396
Severe Harm	21
Death	6

Incidents

The new system has been designed with the intention to be more intuitive and descriptive for the inputter. It also allows QAIS to use the received information to form a more effective intelligence-led approach.

Behaviour Category	No. of incidents
Violence/Aggression	6989
Suicide/Self Harm	3826
AWOL/Missing	129
Admission to Hospital for assessment /treatment - physical health/illness	53
Assessment/Treatment at ED - physical health/illness	28
Planned Restrictive Intervention relating to treatment or procedure	233
Assessment/Treatment at ED - Accident/Incident not related to behavioural or clinical incident	11
Incorrect administration of planned treatment/medication	6
Emergency Specialist onsite treatment - accident/incident	4
Admission to Hospital for assessment /treatment - accident/incident	3
Emergency Specialist onsite treatment - Physical Health/Illness	7
Any error or lapse in legal documentation affecting validity of detention under MH Act	3
Any error or lapse in legal documentation affecting s17 leave arrangements	1
Omitted planned treatment/medication	1
Patient refusal of treatment leading to harm	1



Complaints

All reported complaints are monitored by the QAIS to highlight areas of investigation or improvement. Complaints are monitored at a patient, unit, hospital and provider level. In 2022-23 there were a total of 247 complaints, a 4% reduction on the previous reporting year (256). Reported complaints by patients receiving assurance under the new Framework are now categorised against a bespoke 36-point matrix of nine complaint areas with sub-categories in each.

The most significant increase in complaints were seen in the areas of staff attitude and Behaviour of another patient. All other areas remained the same or reduced.

- 4% (11) were classed as Hotel Services in 2022-23 compared to 7% in 2021-22.
- 44% (108) were classed as Attitude / Behaviour of Staff in 2022-23 compared to 40% in 2021-22.
- 10% (25) were classed as Behaviour of other Patient in 2022-23 compared to 4% in 2021-22.
- 4% (11) were classed as Communication in 2022-23 compared to 9% in 2021-22.
- 10% (25) were classed as Patient Property in 2022-23 compared to 10% in 2021-22.
- 22% (55) were classed as Clinical Treatment in 2022-23 compared to 21% in 2021-22.
- 1% (3) were classed as Legal in 2022-23 compared to 4% in 2021-22.
- 3% (8) were classed as Hospital Protocols in 2022-23 compared to 5% in 2021-22.
- 0.5% (1) was classed as Equality & Diversity in 2022-23 compared to 0% in 2021-22.

This represents a significant overall improvement and QAIS continue to monitor and explore options to maintain this improvement in partnership with service providers.

Safeguarding

The QAIS monitor all potential safeguarding concerns involving patients receiving care under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework. These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold ('confirmed'), or not ('unconfirmed'). In 2022-23, 15% (100) of the 675 reported safeguarding concerns were validated as confirmed and 85% (575) as unconfirmed.

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

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

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

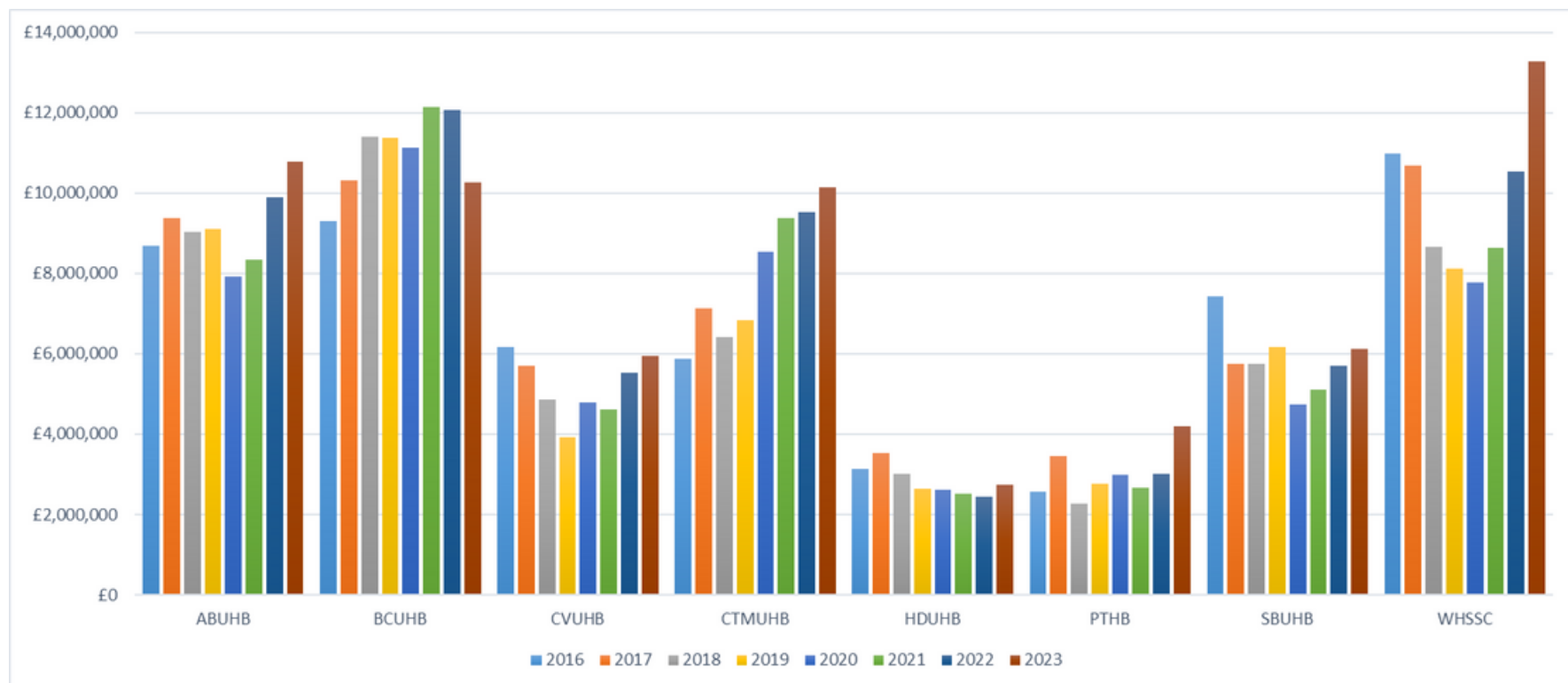


Expenditure

As at the 31 March 2023, NHS Wales spend through the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework was an annualised cost of £63,486,274. Figure 34 below shows the spending by commissioning organisation over the previous 8 years.

ABUHB £10,783,515 | BCUHB £10,264,524 | C&VUHB £5,948,174 | CTMUHB £10,143,369 | HDUHB £2,742,988 | PTHB £4,198,436 | SBUHB £6,112,448 | WHSSC £13,292,821

Commissioning organisation	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	WHSSC	Overall
% change on 21/22	8.9%	-14.9%	7.56%	6.37%	11.82%	39.14%	7.21%	26.11%	8.1%



FINANCIAL APPROACHES

Figure 35 shows the spend by commissioning organisation of the last nine years in £millions. This year's figure shows an increase of £4.8m (8.1%) on the previous year and an increase of £9.4m (22%) since 2014-15.

2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
£52.2M	£54.1M	£55.9M	£51.7M	£50.9M	£50.5M	£53.8M	£58.7M	£63.5M

Figure 35: Spend on Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (ADULT ONLY)

The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals 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 Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework includes a bespoke NHS Wales specification detailing the services to be provided at a set day price. 1:1 is always included in the daily rate. The changes we have made means that 1:1 is not included for patients who are admitted on those levels and are included for a time limited period if placed on enhanced observations after admission. Additional staffing costs were running at many millions prior to the introduction of a National Collaborative Commissioning Framework being established and are now incorporated into the day price.

Competitive Price Ranking: The Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals 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.

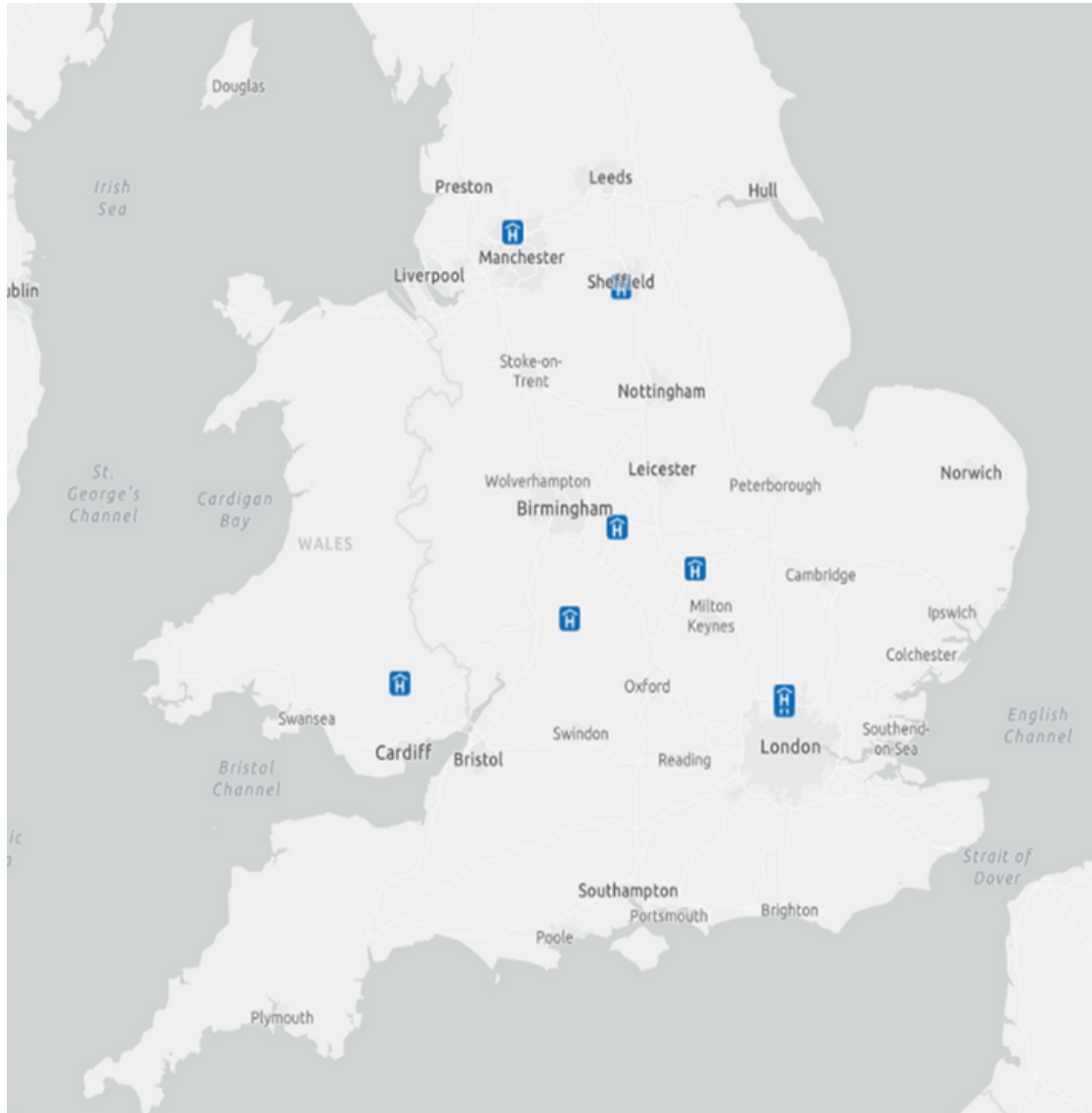
Consistent Pricing: All price charges (see previous page) apply to current as well as future placements. This enables real cash releasing savings to be delivered and 'loss leader' pricing to be discouraged, this approach has realised cash releasing saving for the NHS. The approach also protects against 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

Child Adolescent Mental Health Service (CAMHS)
Low Secure and Acute Non-NHS Wales Hospital
Services under the Adult Mental Health Learning
Disability / Child and Adolescent Mental Health
Hospitals Framework

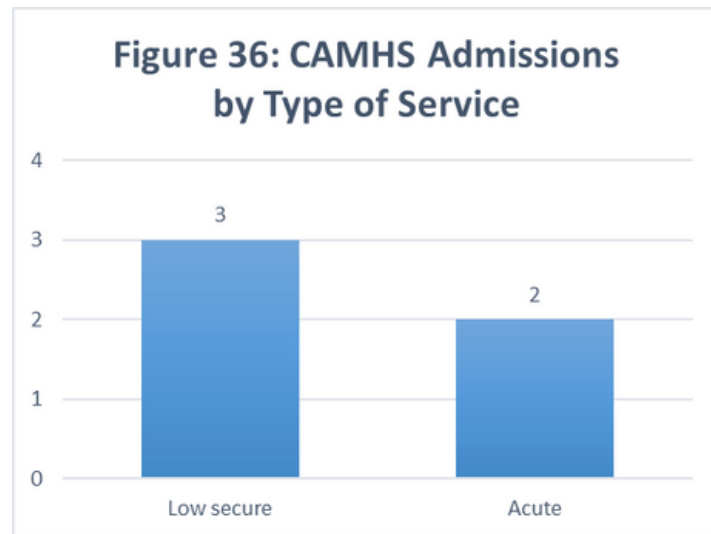
OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK



There were 6 companies, 8 sites and 17 units providing 32 CAMHS Lots under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework on 31 March 2023. The Map shows the approximate geographical position of hospitals caring for CAMHS patients.

CURRENT STATE

On 31 March 2023, there were 5 patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework, as shown in Figure 36 below, which is 1 less than 2021/2022.



Between the 1 April 2022 and 31 March 2023, there were 15 new placements, 4 in Low Secure service and 11 in Acute service.

Type of service

Admission to a CAMHS inpatient facility will usually be considered when the level of risk, complexity and/or acuity of the persons need cannot be safely or appropriately managed in the community. Young people may, or may not, be detained under the Mental Health Act to receive inpatient care. Inpatient services cover a range of support to effectively manage the differing need, complexity and acuity of young people with mental ill-health and neurodevelopmental diversity, these services can be grouped into types such as:

- **Low secure:** These services care for young people who present with needs requiring care in environments which can provide significant levels of physical, relational and procedural security. Young people may present with 'forensic' or 'complex non-forensic' needs.
- **Psychiatric intensive care:** These services care for young people with short term behavioural disturbance which cannot be contained within a general service. Behaviour, may include serious risk of either suicide, absconding with a significant threat to safety, aggression or vulnerability due to agitation or sexual disinhibition.
- **General/Acute:** These services, normally called 'General Adolescent Units', provide assessment and treatment for young people with acute or longer term treatment needs within a controlled environment without the need for enhanced physical or procedural security measures.

OVERVIEW AND TRENDS FOR HOSPITAL FRAMEWORK (CAMHS)

Figure 37 shows the activity (total CAMHS admissions and discharges) of the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework in the three full years it has been in operation. It shows the reduction in activity in each of the years of operation.

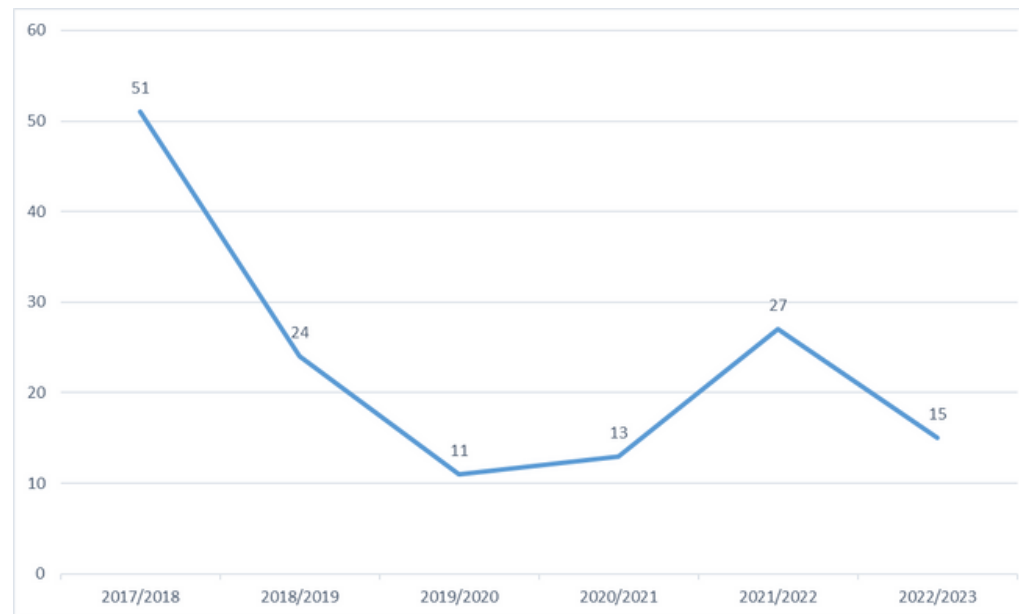


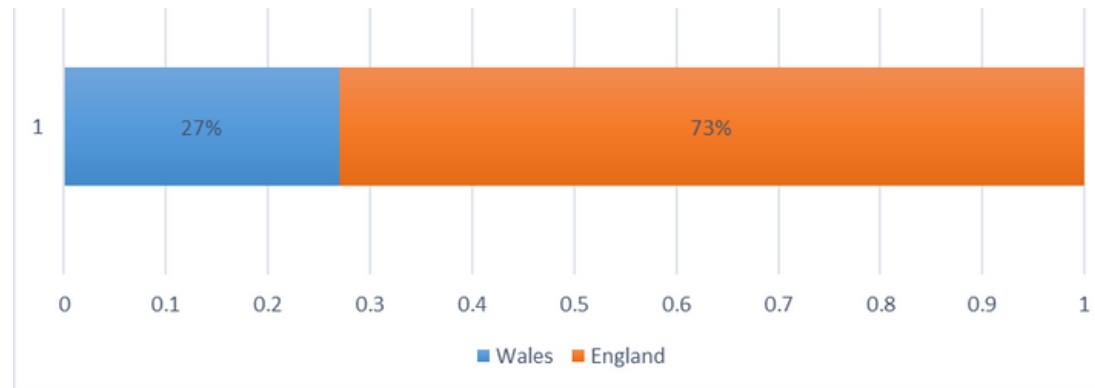
Figure 37: CAMHS Hospital Framework Activity 2017-2023

Effective management of externally placed Children and Young People (CYP) is crucial to that person's positive experience and recovery. When CYP are supported, in a meaningful way whilst being managed in external placements robust therapeutic engagement and relationships develop, augmenting the opportunity for seamless transition between services. This promotes ongoing collaborative discussions between the CYP, families and professionals engaged in their care, facilitating safe and timely repatriation or discharge. The QAIS noted that there is a high level of restraints. The QAIS require assurance that staff utilise restraint as a last resort and that after every restraint the young person is debriefed and this is documented. The QAIS has requested providers to provide assurance that there is a process in place in regards to reporting and communicating with external teams and all reporting completed as required in line with the All Wales Framework CCAPS.

OVERVIEW AND TRENDS FOR HOSPITAL FRAMEWORK (CAMHS)

Country of placement

Mapping CAMHS patients receiving assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework shows that 73% of patients were cared for in England and 27% were cared for in Wales on 31 March 2023.



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.

- 2 (13%) patients were admitted to a provider less than 50 miles from the significant postcode (increase from 5% last year).
- 6 (40%) patients who were placed between 50 and 100 miles from the significant postcode (increase from 23% last year).
- 16 (47%) patients are more than 100 miles from the significant postcode (decreased from 72% last year).

Whilst overall placement numbers were lower this year the figures represent a general shift towards placements closer to significant postcode.

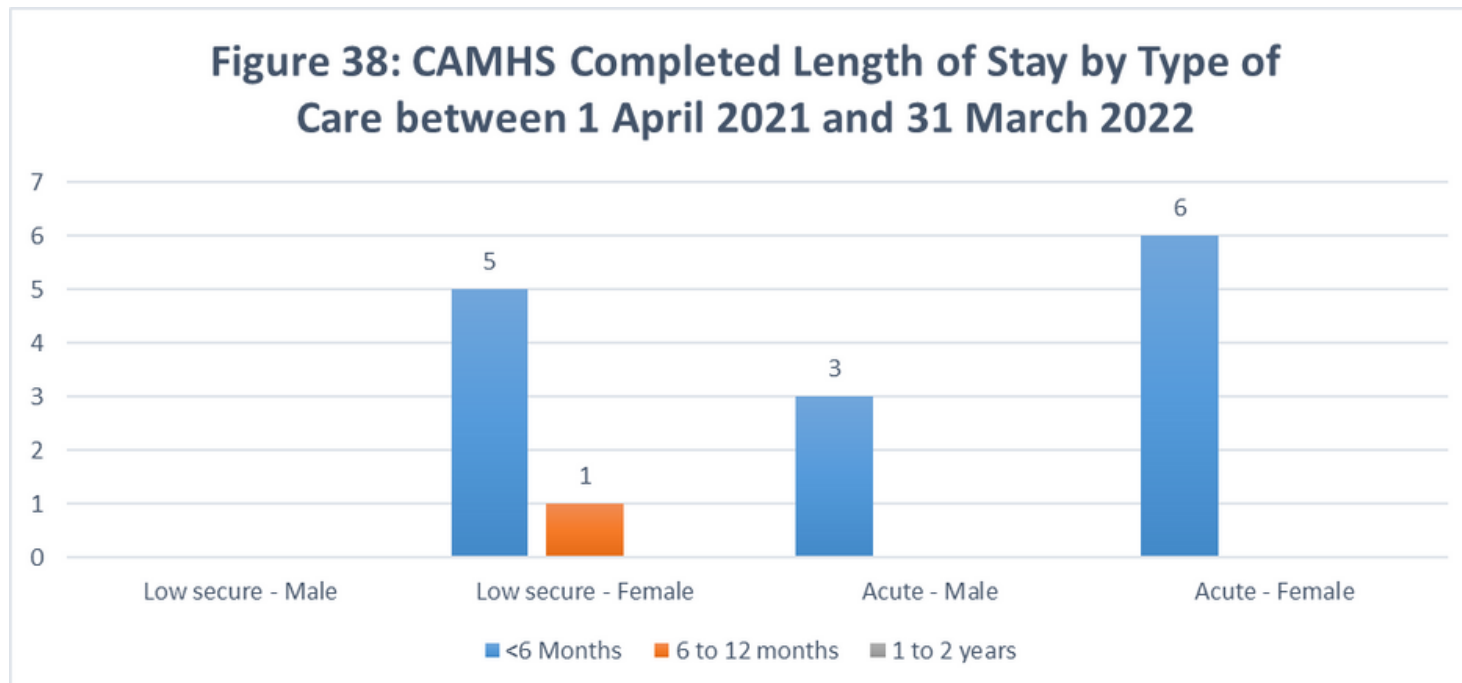
OVERVIEW AND TRENDS FOR HOSPITAL FRAMEWORK (CAMHS)

Length of stay

A total of 16 patients received assurance under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework and 15 were discharged between 1 April 2022 and 31 March 2023.

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

- 93% (14) patients had a length of stay less than 6 months.
- 7% (1) patient had a length of stay between 6 - 12 months.
- 0 patients had a length of stay between 1 and 2 years.



MAINTAINING THE QUALITY OF CARE

It is a requirement of providers to maintain the standards of care as set out in the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework. Under the new framework there are 5 core outcome areas containing a total of 52 bespoke Welsh Standards based on best evidence, experiential learning and good clinical practice. 312 individual standards were audited between 1 April 2022 and 31 March 2023.

OVERVIEW AND TRENDS FOR CAMHS HOSPITAL FRAMEWORK

Out of the 6 reviews 4 (67%) maintained with no further action required and 2 (33%) were issued with required actions. 1 of the cases the Provider provided assurance all the remedial actions had been rectified within 20 days and the other, the Provider provided assurance within 2 months.

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

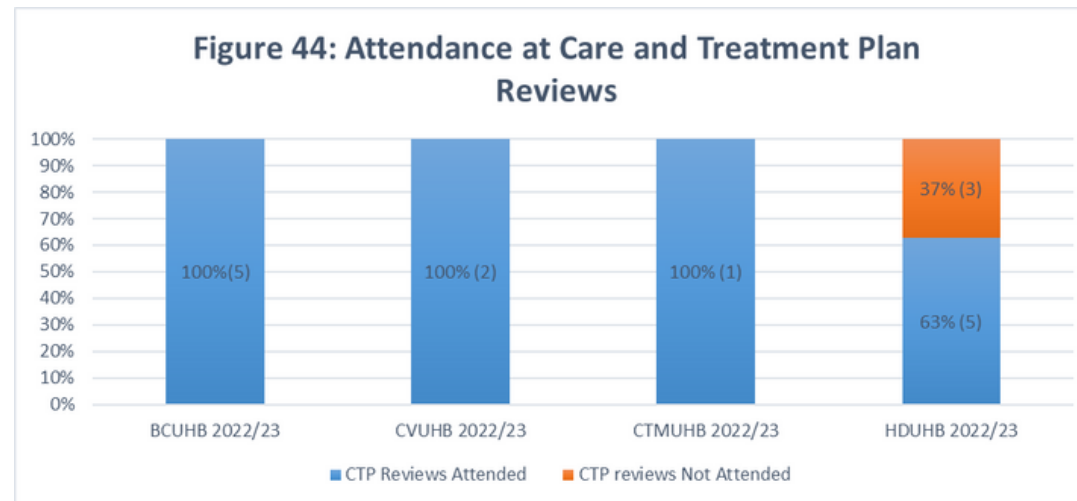
There were 16 patients admitted between 1 April 2022 and 31 March 2023 and 100% of patients were placed with a provider that (at the time of placement) had a '3Q Quality Assurance Rating'.

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 2022-23, 100% of patients had details of a care coordinator recorded.

Attendance at Care and Treatment Plan Reviews

There were 16 Care and Treatment Plan (CTP) reviews for during the 1 April 2022 to 31 March 2023. 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 between 1 April 2022 and 31 March 2023.



*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 928 incidents involving Young People receiving services under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework between 1 April 2022 and 31 March 2023. Of these incidents:

- 468 or 51% were classed as negligible. 457 or 49% were classed as minor.
- 7 or 1% were classed as moderate.

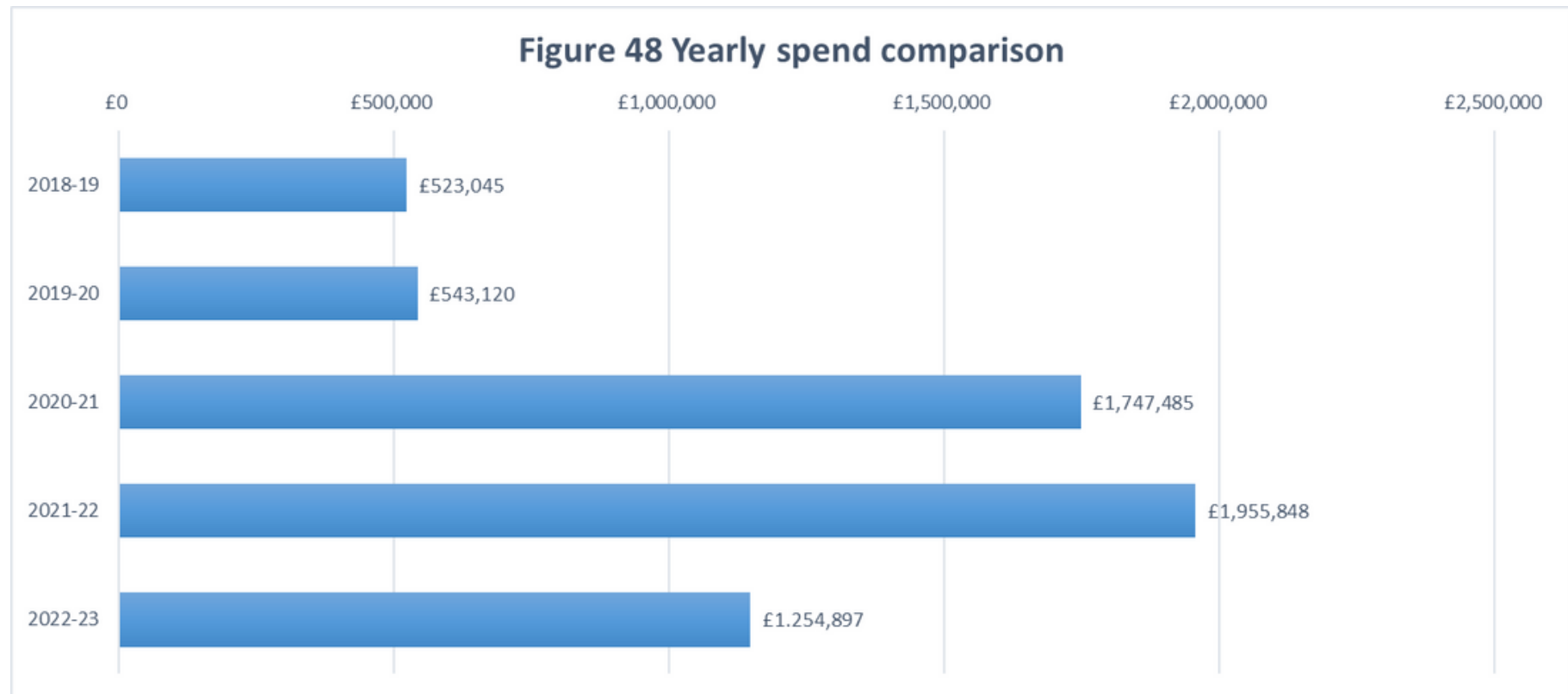
Complaints

There were 15 complaints reported under the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (CAMHS only) between 1 April 2022 and 31 March 2023. There were 4 complaints reported in 2021/22 and 3 in 2020/21. 9 of these complaints related to attitude of staff, 4 related to clinical treatment, 1 relating to protocols and procedures and 1 regarding patient property. 13 of these complaints were received from one patient at 1 unit and 2 at another unit. Some concerns raised by patients would have been resolved through internal reporting processes.

CAMHS Hospital Framework Expenditure

As at the 31 March 2023, the Welsh Health Specialised Services Committee spend through the Adult Mental Health Learning Disability / Child and Adolescent Mental Health Hospitals Framework (CAMHS only) was an annualised cost of £1,254,897 shown in Figure 48 below.

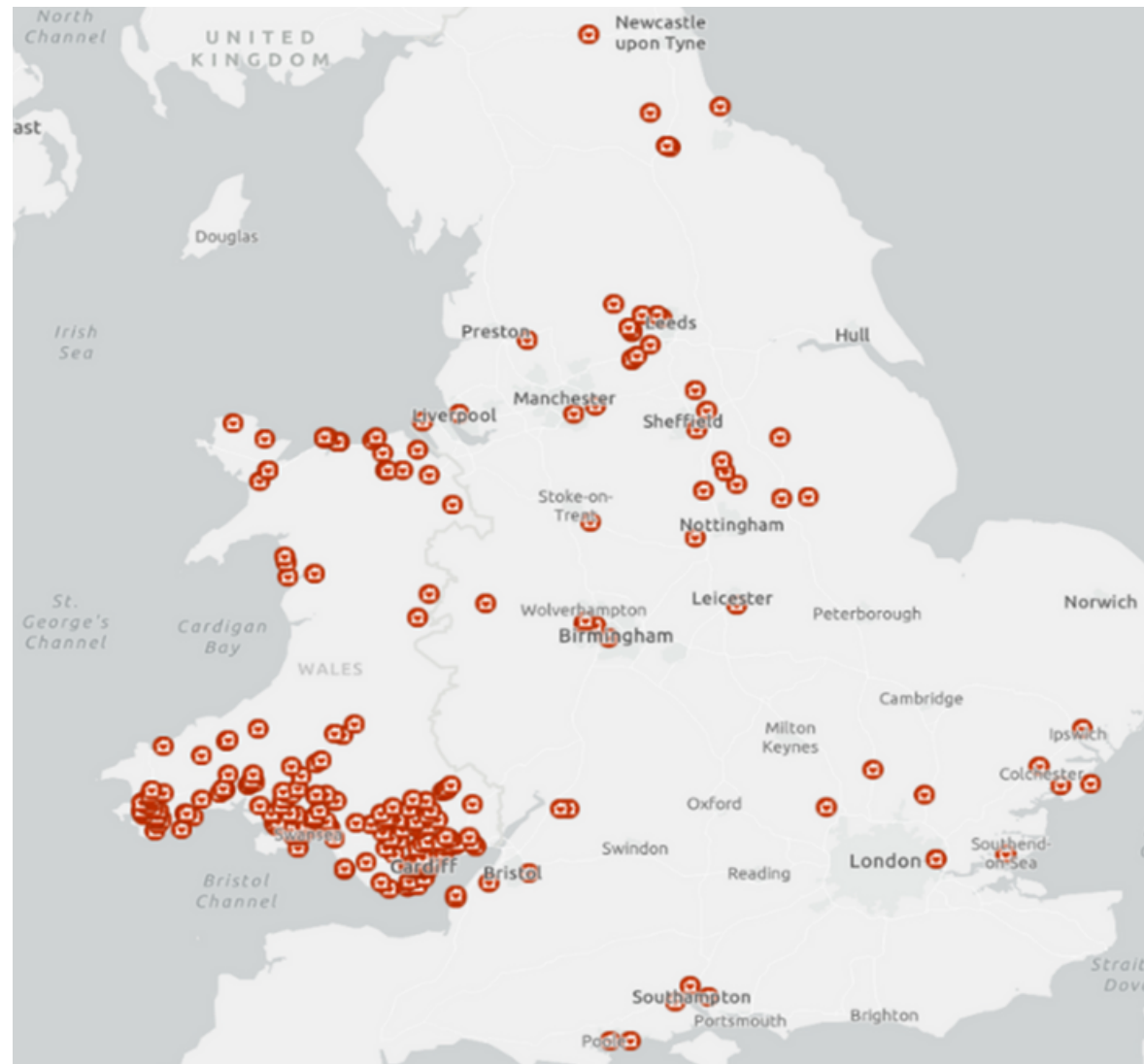
Refer to page 47 for the financial approaches for the Adult and CAMHS hospital framework.



SECTION 4

National Collaborative Framework Agreement for
Adults in Mental Health Learning Disabilities Care
Homes (With and without Nursing)

NATIONAL OVERVIEW AND TRENDS



Providers

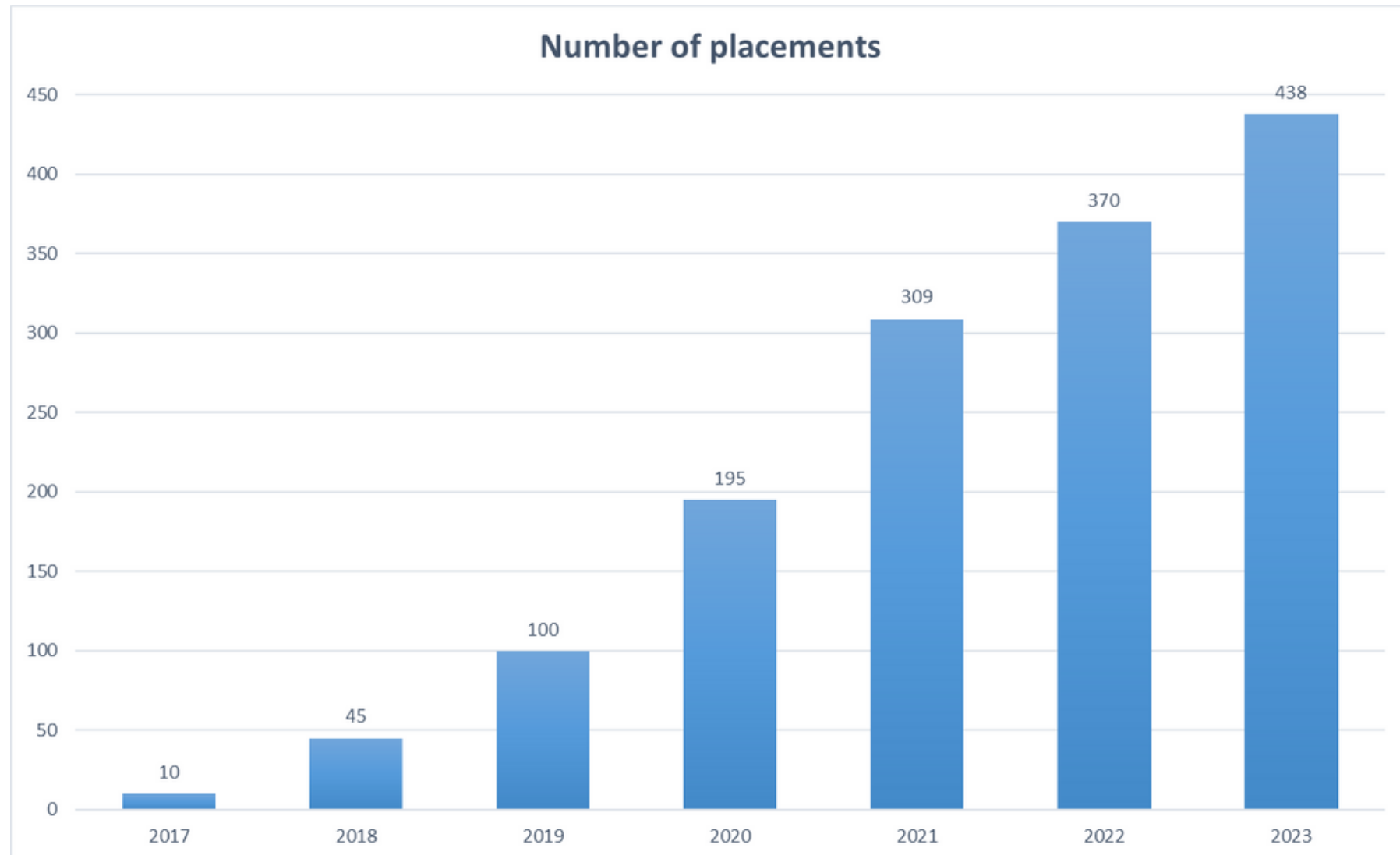
On the 31 March 2023, there were 92 providers and 640 units providing or able to provide services as part of the Care Home Framework.

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

NATIONAL TRENDS

On the 31 March 2023 there were 438 Welsh residents receiving assurance under the Care Home Framework. This compares to 370 residents from the previous year, equating to an 18% increase.

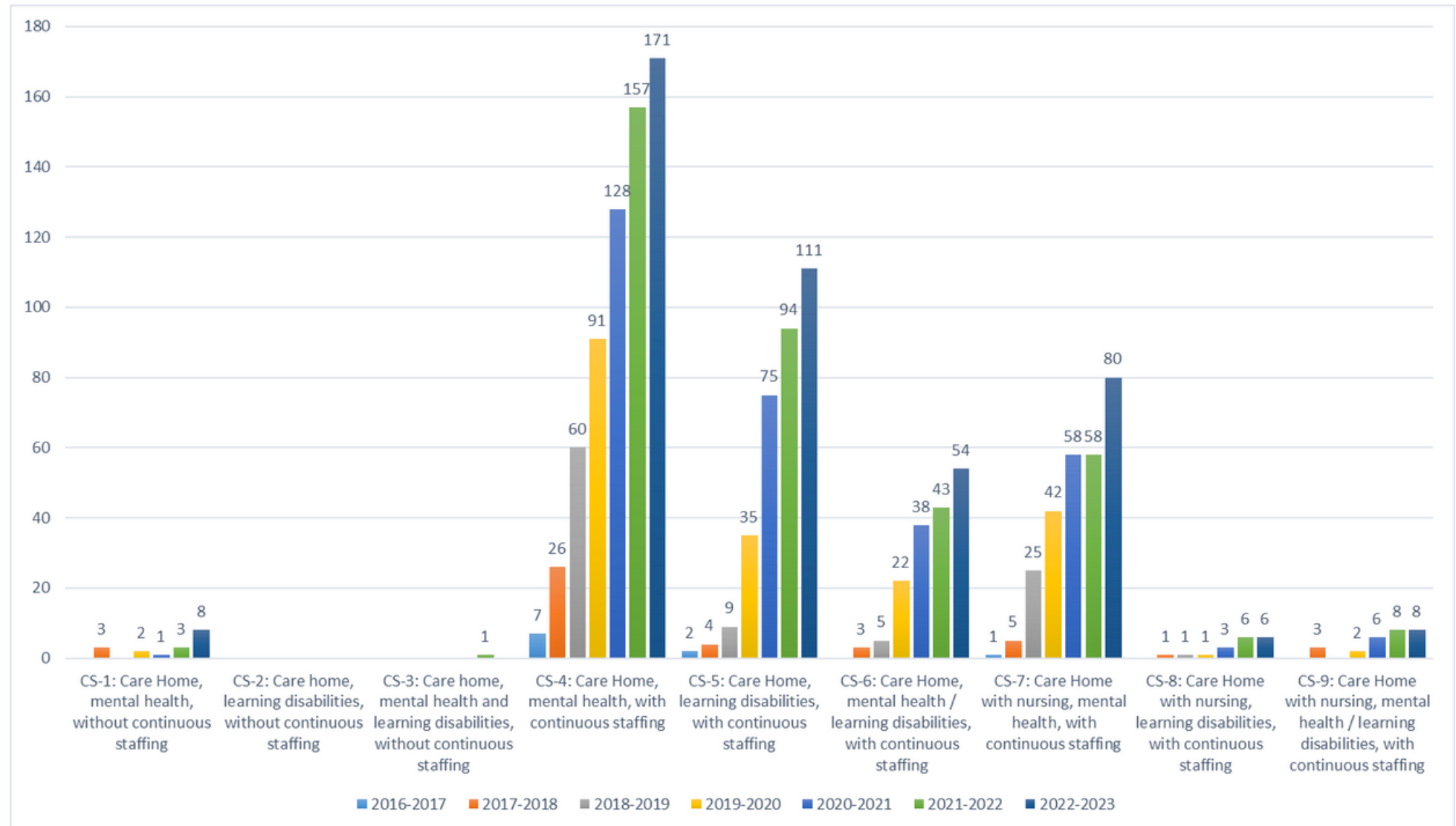
There were 128 new admissions and 66 discharges between April 2022 and March 2023.



NATIONAL OVERVIEW

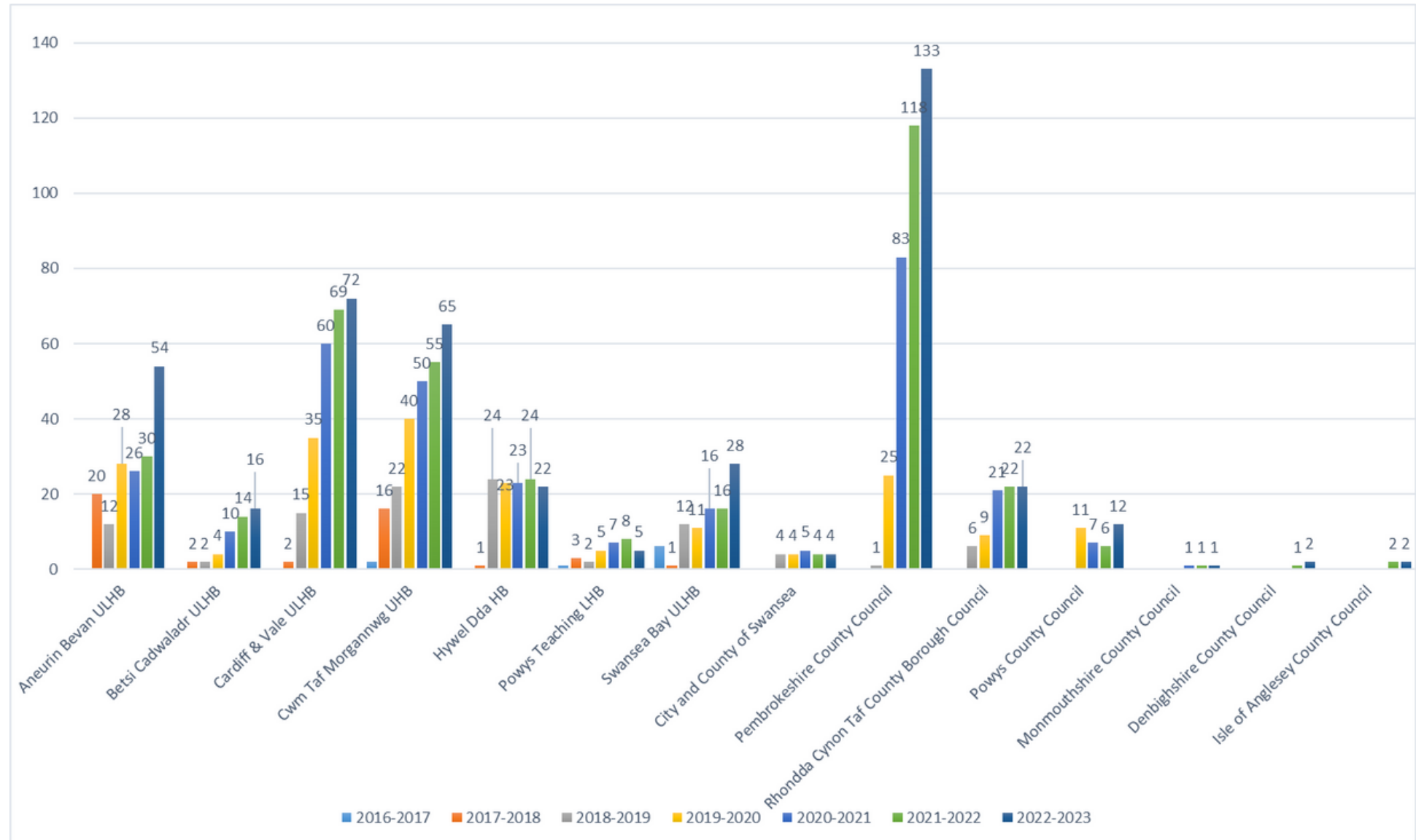
There are nine different types of services that can be commissioned through the Care Home Framework.

Figure 50 illustrates the number of placements by type of service from 1 October 2016 to 31 March 2023.



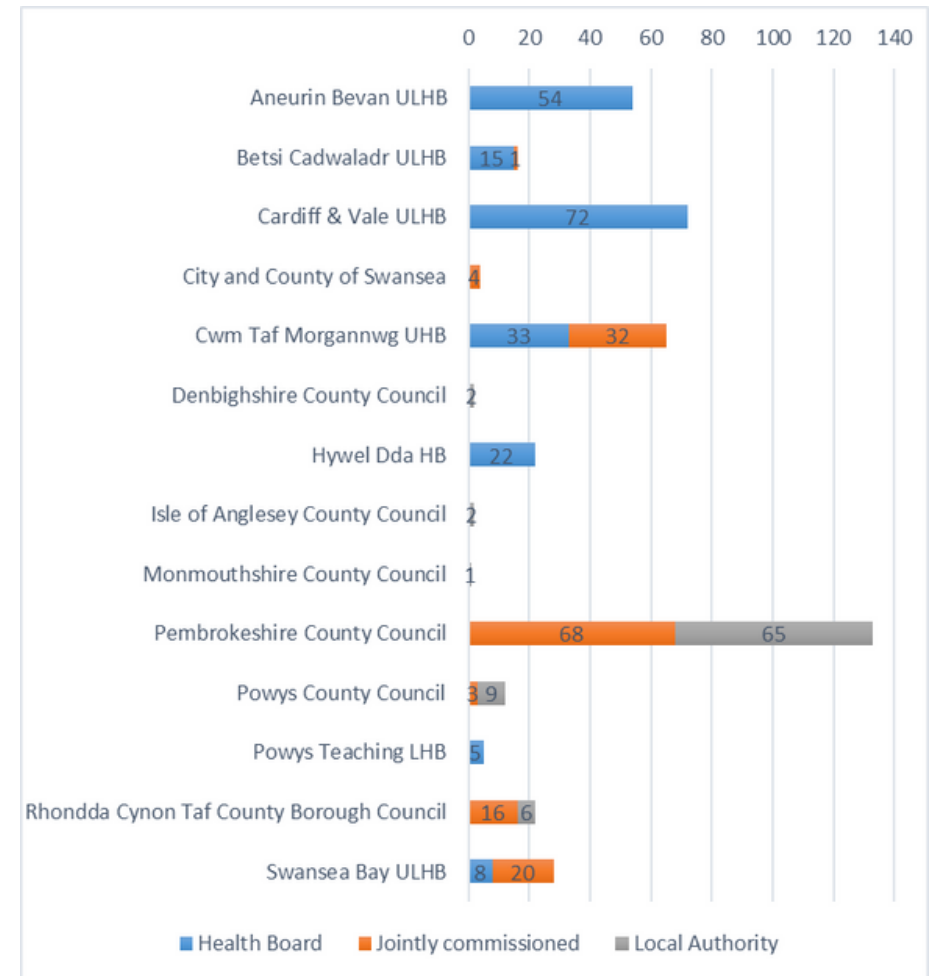
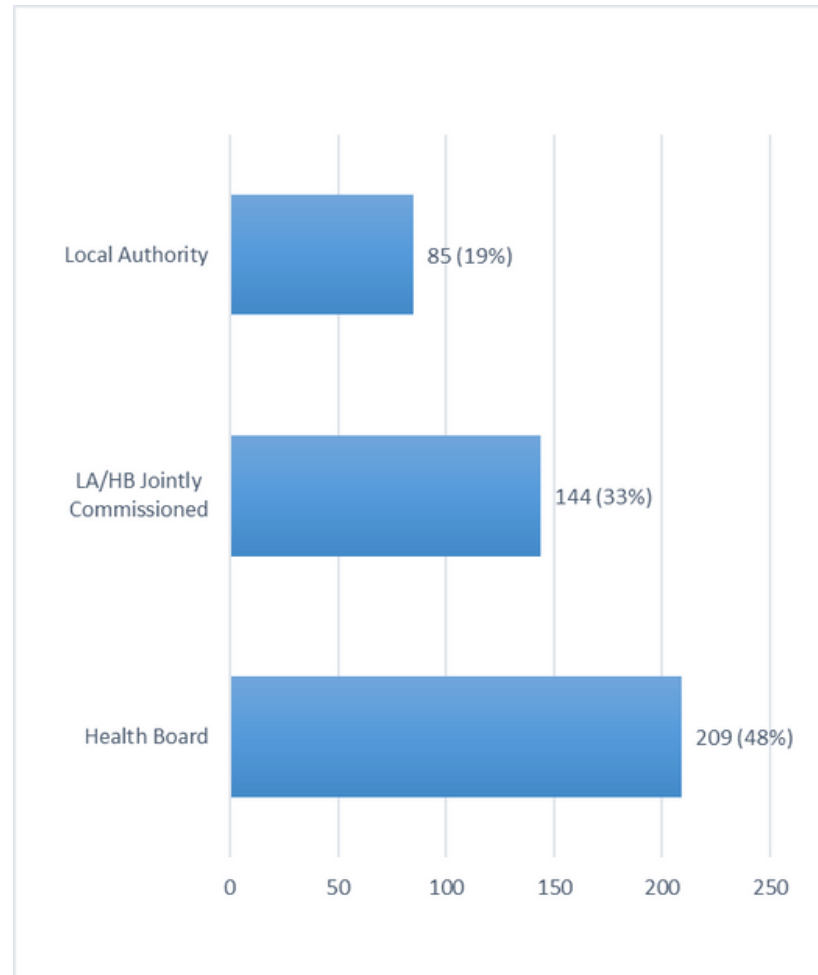
NATIONAL OVERVIEW

The 'Lead Commissioner' 'is the commissioning organisation who requests placement for a 'jointly commissioned' (both health and local authority) resident. The figure below shows the placements by the lead commissioning organisation from 1 October 2016 to 31 March 2023.



NATIONAL OVERVIEW

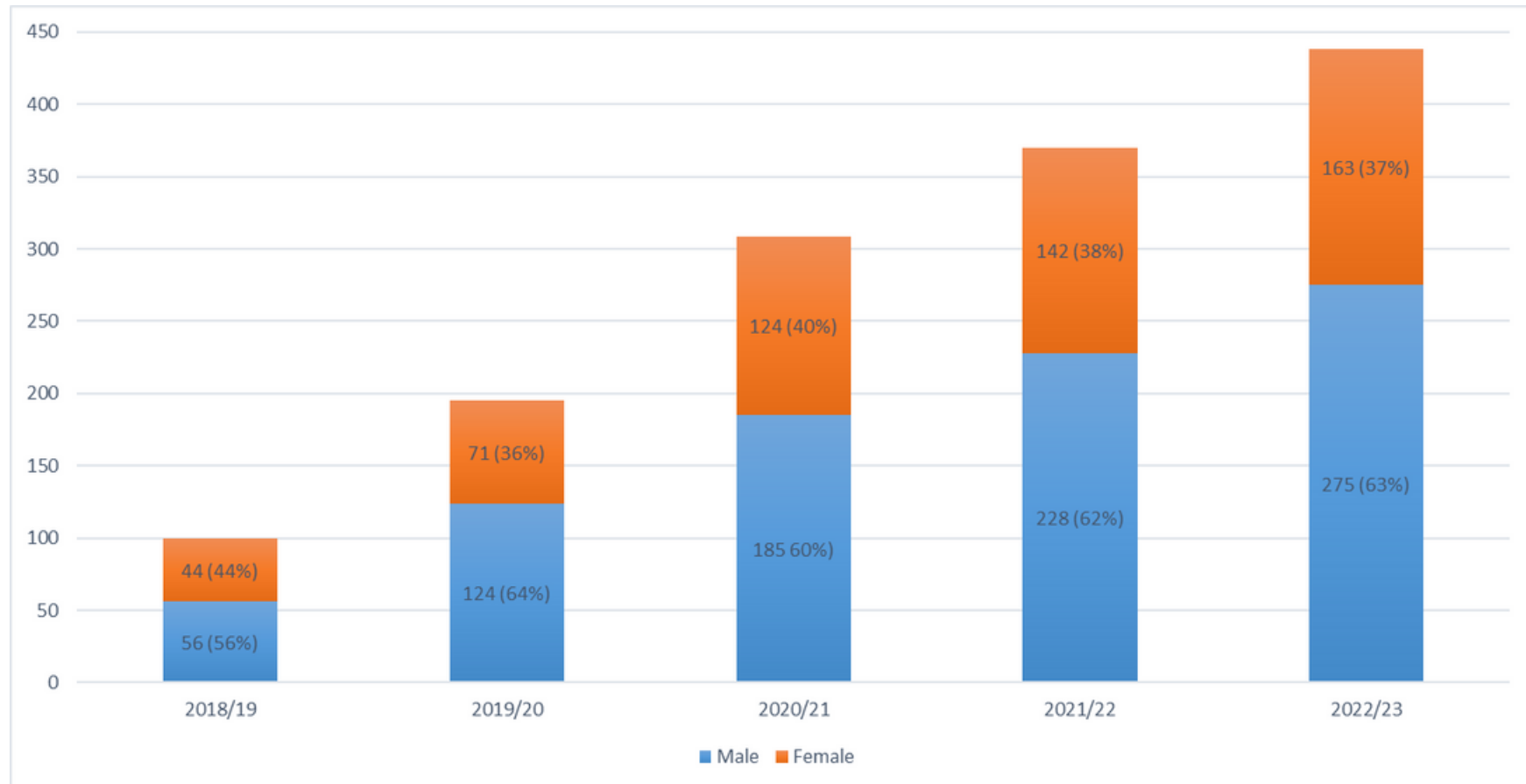
The figure below illustrates that of the 438 Welsh residents receiving assurance on 31 March 2023 under the Care Home Framework, 19% of residents had a Local Authority, 33% had both Local Authority and Local Health board whilst 48% had a Health Board as lead commissioner which represents a shift of 1% funding from LA to HB on the previous year (joint commissioning was 33% in 2021-22).



Specific organisation commissioning placements between 1 April 2022 and 31 March 2023

MALE AND FEMALE DISTRIBUTION

Of the 438 residents receiving assurance under the National Collaborative Framework on the 31 March 2022, 63% (275) were male and 37% (163) were female. The figure below shows the distribution of male and female residents receiving assurance compared to previous years.



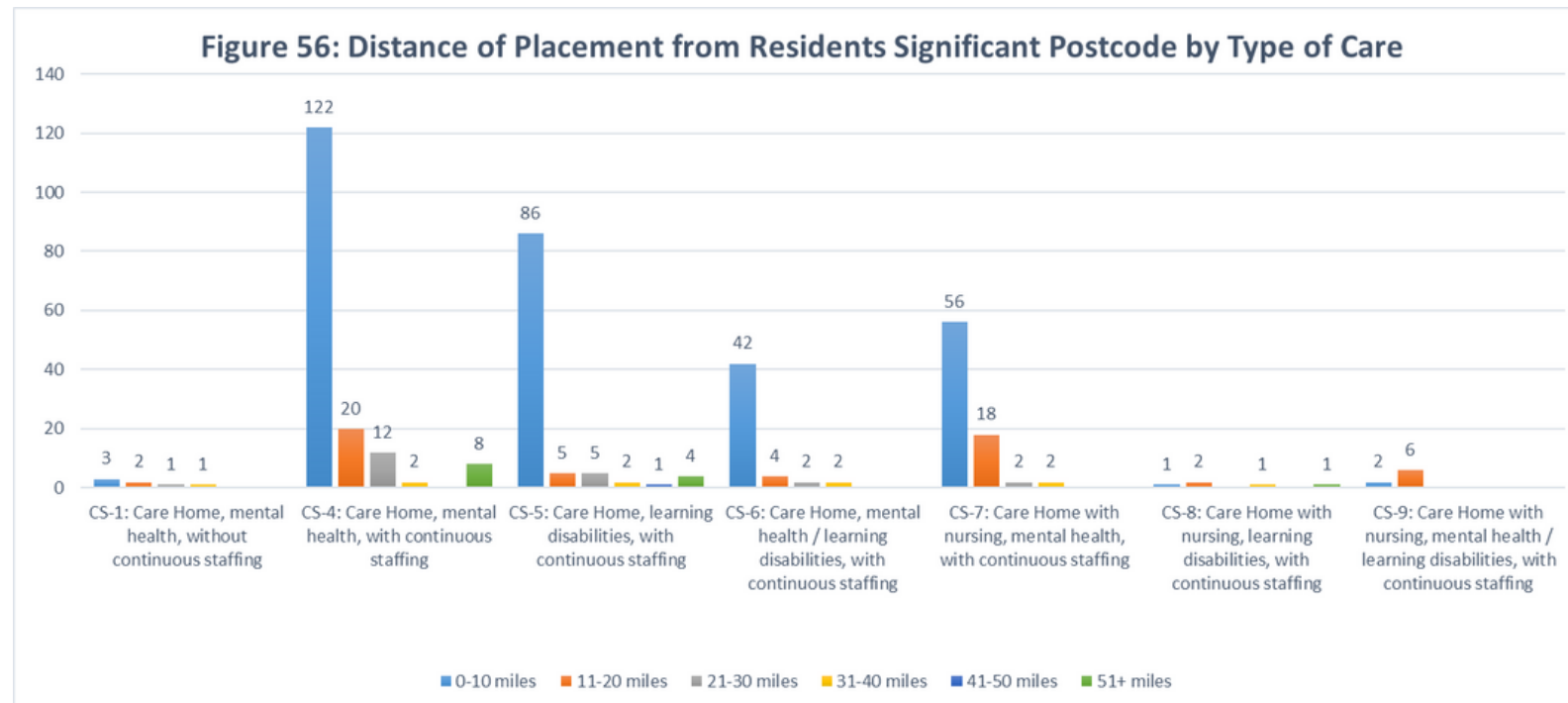
Of the 438 patients receiving assurance under the Care Home Framework on the 31 March 2023, 99% (433) were placed in Wales and 1% (5) were placed in England.

Since 2021-22 the number of patients placed in care homes located in Wales has increased by 19% and the number of patients placed in care homes located in England has remained the same.

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.

- 75% of residents received care between 0-10 miles.
- 14% of residents received care between 11-20 miles.
- 5% of residents received care between 21-30 miles.
- 2% of residents received care between 31-40 miles.
- 1% of residents received care between 41-50 miles.
- 3% of residents received care of 51+ miles from the significant postcode.



MAINTAINING THE QUALITY OF CARE

Between 1 April 2022 and 31 March 2023, 7,316 individual standards were reviewed. The table below details the average achievement for each of the eight areas of standards within the Care Home Framework.

Standard Area	2020-21	2021-22	2022-23
THE PROVIDER SUPPORTED THE RESIDENT TO BE SAFE	93%	96%	91%
THE PROVIDER SUPPORTED THE RESIDENT TO FEEL AT HOME	96%	96%	97%
THE PROVIDER SUPPORTED THE RESIDENT AND THE RESIDENTS COMMUNITY TO VALUE EACH OTHER	95%	97%	99%
THE PROVIDER SUPPORTED THE RESIDENT TO BE HEALTHY	95%	99%	98%
THE PROVIDER SUPPORTED THE RESIDENT TO RECOVER AND STAY WELL	81%	93%	93%
THE PROVIDER SUPPORTED THE RESIDENT TO PROGRESS AND MOVE ON	85%	88%	90%
OPERATIONAL AND IT REQUIREMENTS	85%	92%	95%
REGULATORY COMPLIANCE	91%	96%	97%

QUALITY ASSURANCE REVIEWS

The QAIS planned, co-ordinated and completed visits to 124 Care homes belonging to 35 different providers between 1 April 2022 and 31 March 2023. These visits covered 208 Care settings (CS1 – CS9) during which 7316 reviews of standards took place.

This accounts for 19% of the care homes on the Care Home Framework where a Welsh resident had been admitted.

The outcome of the 124 care homes reviews were that 52 (42%) care home required one or more remedial actions and 72 (58%) did not require any remedial action. These figures depict a decrease in requirement for remedial action of 8% on the previous year.

The 52 care homes where one or more remedial actions were each issued a 'Performance Improvement Notice'. Across all Performance Improvement Notices there were a total of 326 individual actions (example shown in Figure 58 below).

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

Figure 58: Example of a Care Home Framework Improvement Action

Of the 124 reviews, 72 (58%) maintained their Q's and 52 (42%) required further actions to be completed. In 38 of the cases the provider provided assurance all the remedial actions has been rectified within 28 days.

In 14 (11%) 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.

Care Home Reviews - Themes

Deficiencies were commonly found in specific areas, as per the framework standards:

- 1.14: Ensuring the environment of care is safe, accessible, well-maintained, and homely.
- 2.12: Providing safe, comfortable, and pleasant premises with suitable light, heat, and ventilation.
- 5.1: Meeting Residents' needs through appropriate interventions, staffing, qualifications, and training.
- 6.2: Documenting positive outcomes, timescales, and interventions in care plans.
- 6.8: Ensuring accurate and complete Care and/or Clinical Records are accessible to Residents.
- 7.7: Reporting Resident, Carer, or Staff Complaints on a monthly basis.

Environmental inspection and premises safety were common issues, potentially related to ageing estates and resource allocation. Staffing, including skill set, pre-admission assessment, and pay, was a concern for some care homes.

Medication management under Standard 5.2 also raised issues, and it's essential to explore whether nurse-led care homes face particular challenges.

The documentation of care plans requires improvement, with emphasis on including the resident's view and clear, measurable objectives.

For providers, we might advise a more robust approach to addressing environmental issues in line with Standards 1.1.3 and 2.12. Implementing necessary changes in a timely manner is crucial. Exploring local services' support network for out-of-area residents, especially during crisis situations, can enhance care coordination.

Clarity on what constitutes a good care plan for homes and hospitals should be communicated to providers for consistency and improved documentation.

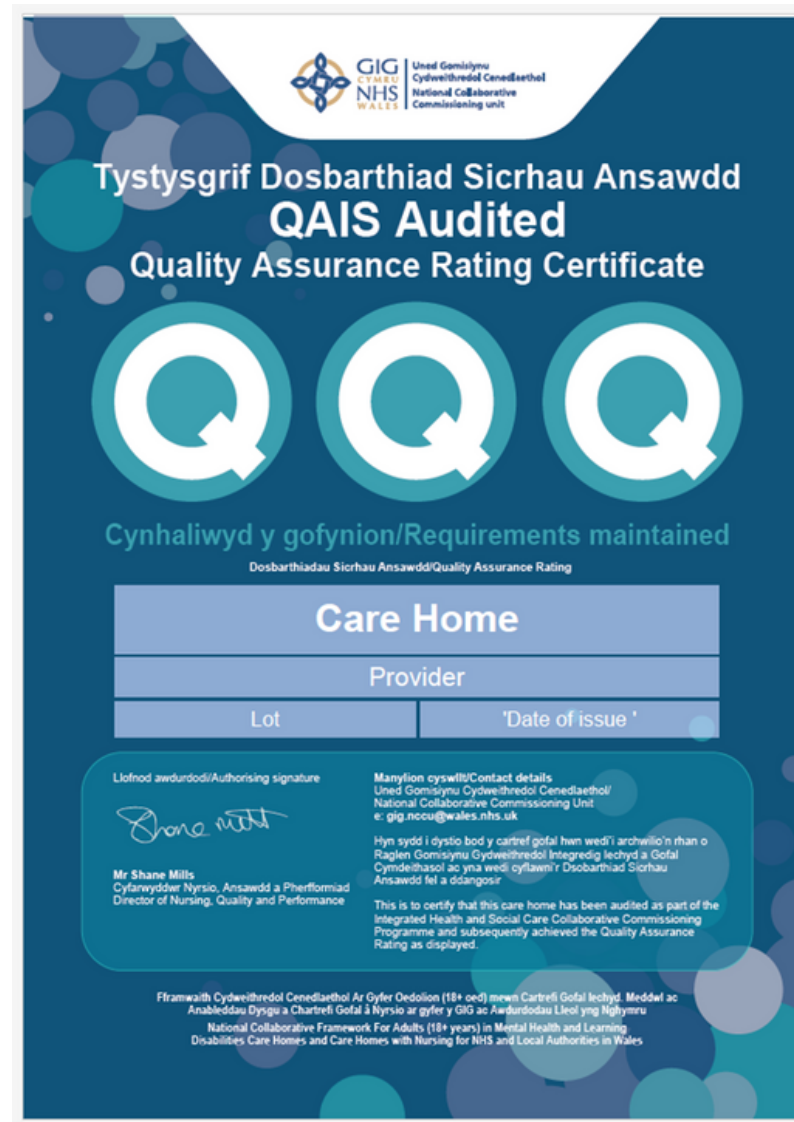
Our ongoing commitment to quality assurance and improvement will guide us in supporting providers to enhance their services and achieve better outcomes for patients and residents.

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 2022-23, 100% of residents had details of a care co-ordinator recorded.

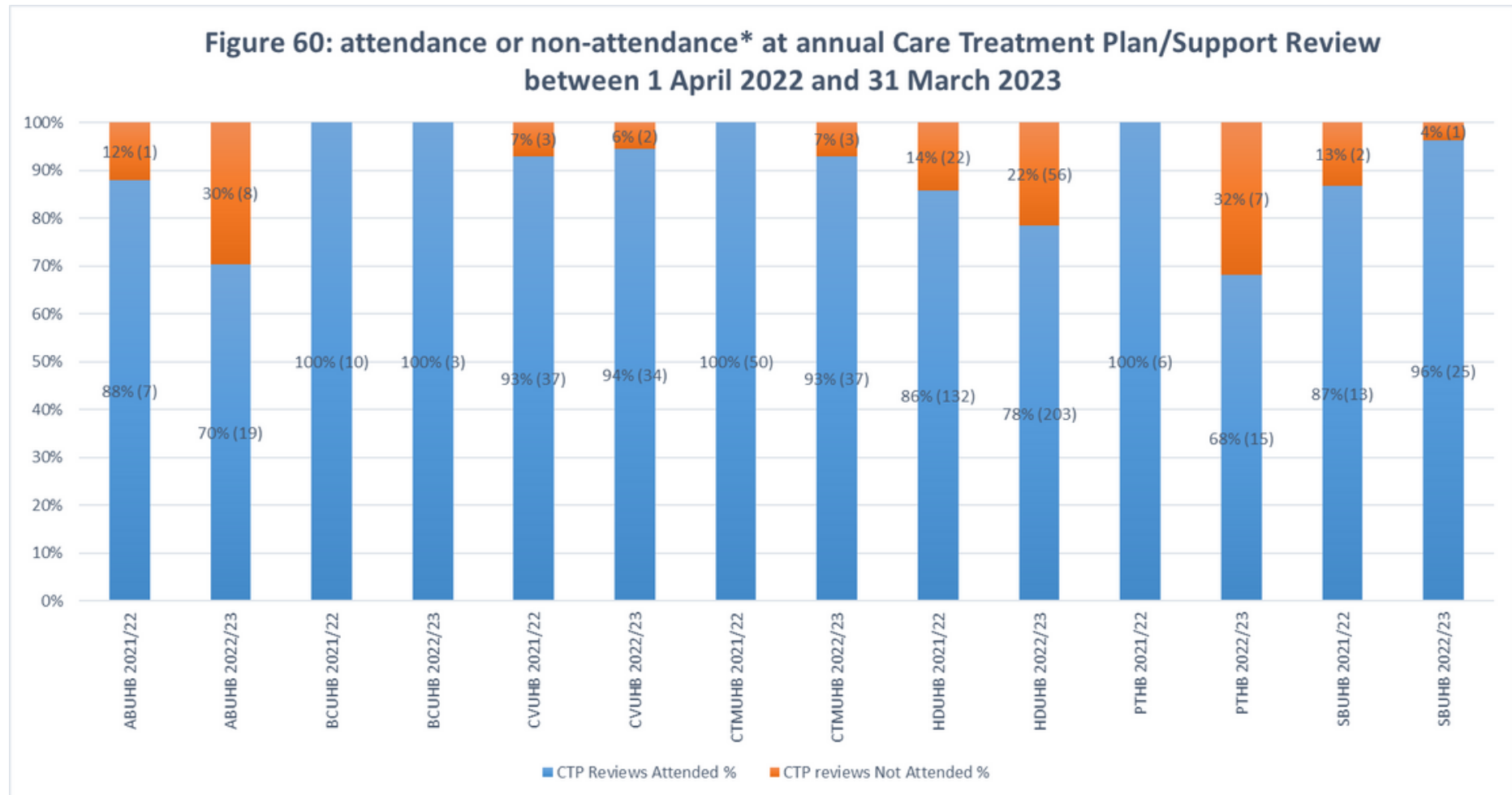
Quality Assurance Ratings

There were 128 placements commissioned between 1 April 2022 and 31 March 2023 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.



ATTENDANCE AT CARE TREATMENT PLAN / ANNUAL SUPPORT PLAN REVIEWS

There were 413 recorded Care Treatment Plan / Annual Support Plan Reviews between 1 April 2022 and 31 March 2023. 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 2022 and 31 March 2023.



*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 was a 4.3% reduction in incidents (5656) reported compared with the previous year (5908) 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 2,825 or 50% were classed as negligible, 2,305 or 41% were classed as minor, 423 or 7.5% were classed as moderate, 73 or 1% were classed as severe and 30 or 0.5% were classed as critical.

Incident Type	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
Perpetrator of Disruptive, physically aggressive behaviour, Violence	842	1173	76	2	2	2095	13.44
Perpetrator of verbal abuse, threats or bullying	948	606	86	9	2	1651	10.59
Self-harming behaviour / Suicide	218	191	72	5	1	487	3.12
Resident Injury resulting from an accident or incident or is unexplained.	315	113	30	3	3	464	2.98
Access, admission, transfer, discharge (including missing Resident) - AWOL	94	29	35	8	1	167	1.07
Victim of Disruptive, physically aggressive behaviour and violence	140	22	1			163	1.05
Resident Illness			85	42	21	148	0.95
Medication	92	32	9	0	0	133	0.85
Victim of verbal abuse threats or bullying	61	29	9	1	0	100	0.64
Perpetrator of Sexual abuse / sexual violence	54	33	12	0	0	99	0.64
Illicit Substance use or possession	32	56	3	0	0	91	0.58
Victim of Sexual abuse / sexual violence	9	8	3	2	0	22	0.14
Resident Injury or Harm resulting from any act or omission relating to Care and Treatment, Clinical Procedure or intervention.	13	2	2	1	0	18	0.12
Documentation, Record keeping, Data and legal, and property.	6	4	0	0	0	10	0.06
Breach of terms of residence	1	7	0	0	0	8	0.05
Total	2825	2305	423	73	30	5656	36.29

INCIDENTS

The figure below compares incidents per 1000 occupied bed days (note the 18% increase in the number of residents placed) and comparison of Incidents from Last Year by Type of Incident per 1000 Occupied Bed Days

	2021-22	2022-23	Difference
Total Incidents	5,908	5656	-252
Incident Type	Number of incidents per 1000 occupied bed days		
Perpetrator of Disruptive, physically aggressive behaviour, Violence	17.4	13.4	-4.0
Perpetrator of verbal abuse, threats or bullying	11.8	10.6	-1.2
Self-harming behaviour / Suicide	5.5	3.1	-2.4
Resident Injury resulting from an accident or incident or is unexplained.	2.4	3	+0.6
Access, admission, transfer, discharge (including missing Resident) - AWOL	1.1	1.1	-
Victim of Disruptive, physically aggressive behaviour and violence	1.5	1	-0.5
Resident Illness	0.7	1	+0.3
Medication	1.1	0.9	-0.2
Victim of verbal abuse threats or bullying	0.9	0.6	-0.3
Perpetrator of Sexual abuse / sexual violence	0.6	0.6	-
Illicit Substance use or possession	0.8	0.6	-0.2
Victim of Sexual abuse / sexual violence	0.1	0.1	-
Resident Injury or Harm resulting from any act or omission relating to Care and Treatment, Clinical Procedure or intervention.	0.1	0.1	-
Documentation, Record keeping, Data and legal, and property.	0.1	0.1	-
Breach of terms of residence	0.2	0.1	-0.1

INCIDENTS

The figure 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.

Care setting	Negligible	Minor	Moderate	Severe	Critical	Total Number of Incidents	Per 1000 occupied bed days
CS-1: Care Home, mental health, without continuous staffing	22	12	11	-	-	45	0.29
CS-3: Care Home, mental health/ learning disabilities, without continuous staffing	2	19	6	-	-	27	0.17
CS-4: Care Home, mental health, with continuous staffing	713	470	245	35	14	1477	9.48
CS-5: Care Home, learning disabilities, with continuous staffing	1268	1399	62	2	2	2733	17.53
CS-6: Care Home, mental health / learning disabilities, with continuous staffing	343	268	61	10	2	684	4.39
CS-7: Care Home with nursing, mental health, with continuous staffing	345	100	23	21	11	500	3.21
CS-8: Care Home with nursing, learning disabilities, with continuous staffing	47	7	3	1	-	58	0.37
CS-9: Care Home with nursing, mental health / learning disabilities, with continuous staffing	85	30	12	4	1	132	0.85
Total	2825	2305	423	73	30	5656	36.29

INCIDENTS

The figure 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

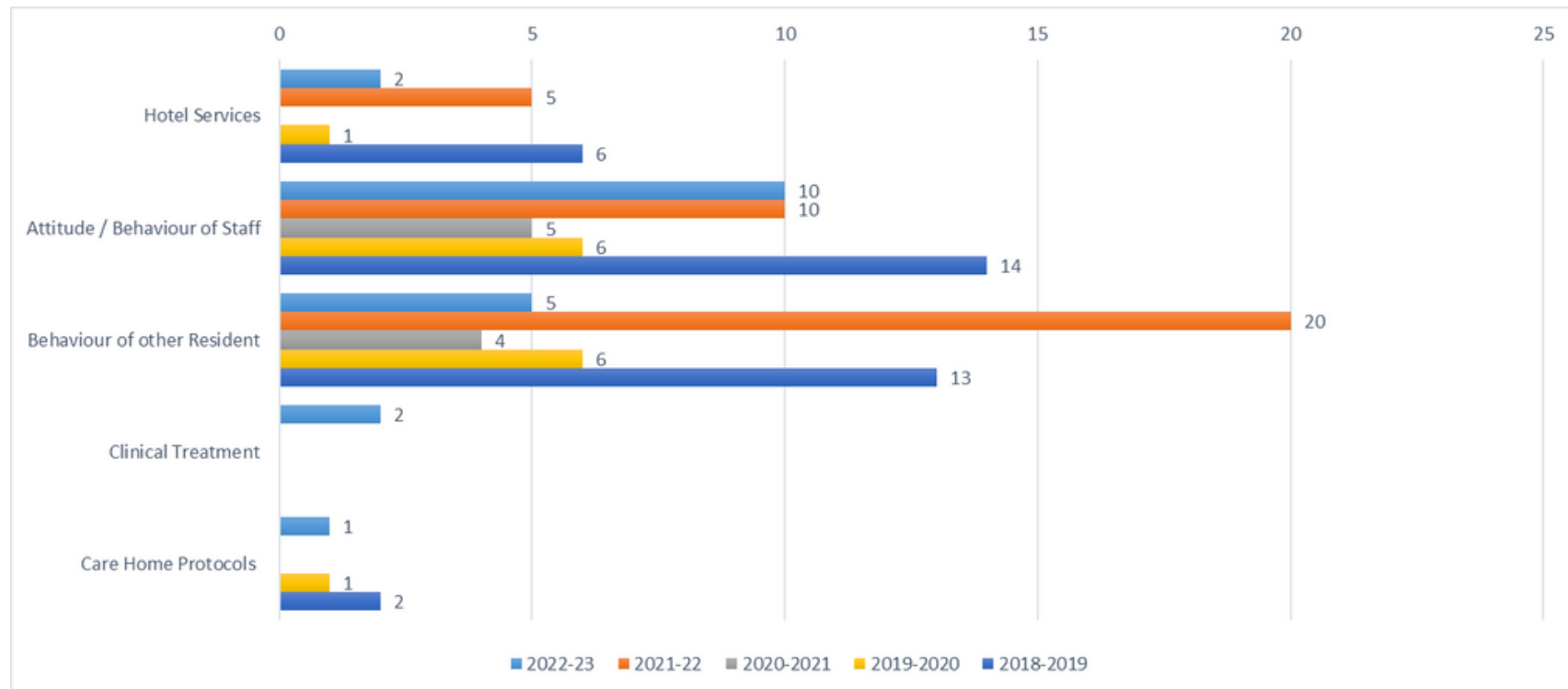
	2021-22	2022-23	Difference
Total Incidents	5,908	5656	-252
Service Type	Number of incidents per 1000 occupied bed days		
CS-1: Care Home, mental health, without continuous staffing	0.05	0.3	+0.25
CS-3: Care Home, mental health/ learning disabilities, without continuous staffing	0.11	0.2	+0.09
CS-4: Care Home, mental health, with continuous staffing	6.24	9.48	+3.24
CS-5: Care Home, learning disabilities, with continuous staffing	25.23	17.53	-7.7
CS-6: Care Home, mental health / learning disabilities, with continuous staffing	8.20	4.39	-3.81
CS-7: Care Home with nursing, mental health, with continuous staffing	3.24	3.21	-0.03
CS-8: Care Home with nursing, learning disabilities, with continuous staffing	0.71	0.37	-0.34
CS-9: Care Home with nursing, mental health / learning disabilities, with continuous staffing	0.61	0.85	+0.24

COMPLAINTS

The figure below details the 20 complaints reported from the 1 April 2022 to 31 March 2023 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.

The graph shows that a total of 20 complaints were reported between 1 April 2022 and 31 March 2023, a decrease of 26% from the 38 reported last year.

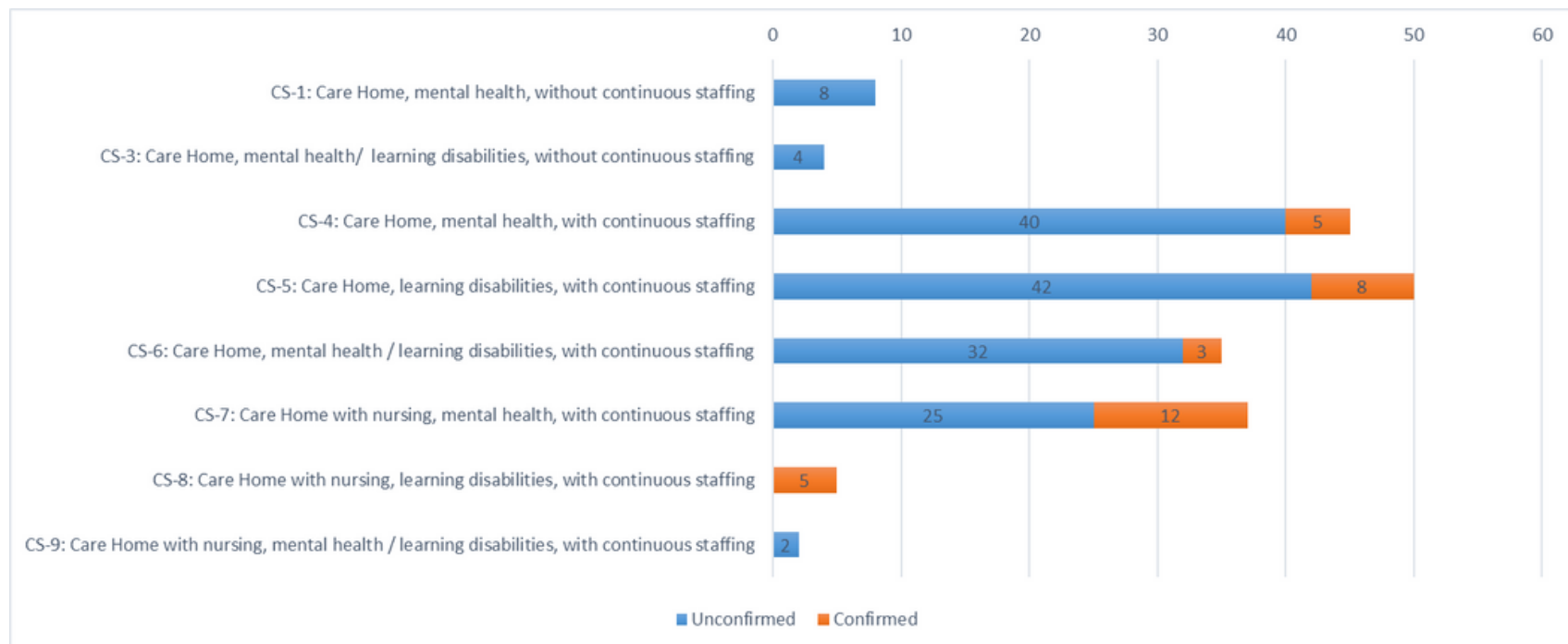
- 25% (5) were classed as Behaviour of other resident in 2022-23 compared to 53% (20) in 2021-22.
- 50% (10) were classed as Attitude / Behaviour of Staff in 2022-23 compared to 26% (10) in 2021-22.
- 10% (2) were classed as Clinical Treatment in 2022-23 compared to 5% (2) in 2021-22.
- 10% (2) were classed as Hotel Services in 2022-23 compared to 13% (5) in 2021-22.
- 5% (1) were classed as Care Home Protocols in 2022-23 and an increase from 0 in 2021-22
- No complaints recorded for Legal, Communication, Equality & Diversity and Patient Property in 2022-2023



SAFEGUARDING

The figure below illustrates the 186 safeguarding concerns reported to local safeguarding teams that involved residents receiving assurance under the Care Home Framework between 1 April 2022 to 31 March 2023.

These safeguarding concerns are subsequently validated by local safeguarding teams, as either meeting their local safeguarding threshold (“confirmed”), or not (“unconfirmed”). Between 1 April 2022 and 31 March 2023 33 (18%) of concerns were confirmed and 153 (82%) were unconfirmed.



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

- 11% (20) were classed as Sexual in 2022-23 compared to 7% (19) in 2021-22.
- 48% (89) were classed as Physical in 2022-23 compared to 44% (111) in 2021-22.
- 23% (42) were classed as Neglect in 2022-23 compared to 19% (49) in 2021-22.
- 3% (6) were classed as Financial in 2022-23 compared to 4% (9) in 2021-22.
- 15% (29) were classed as Emotional/Psychological in 2022-23 compared to 26% (66) in 2021-22.

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.

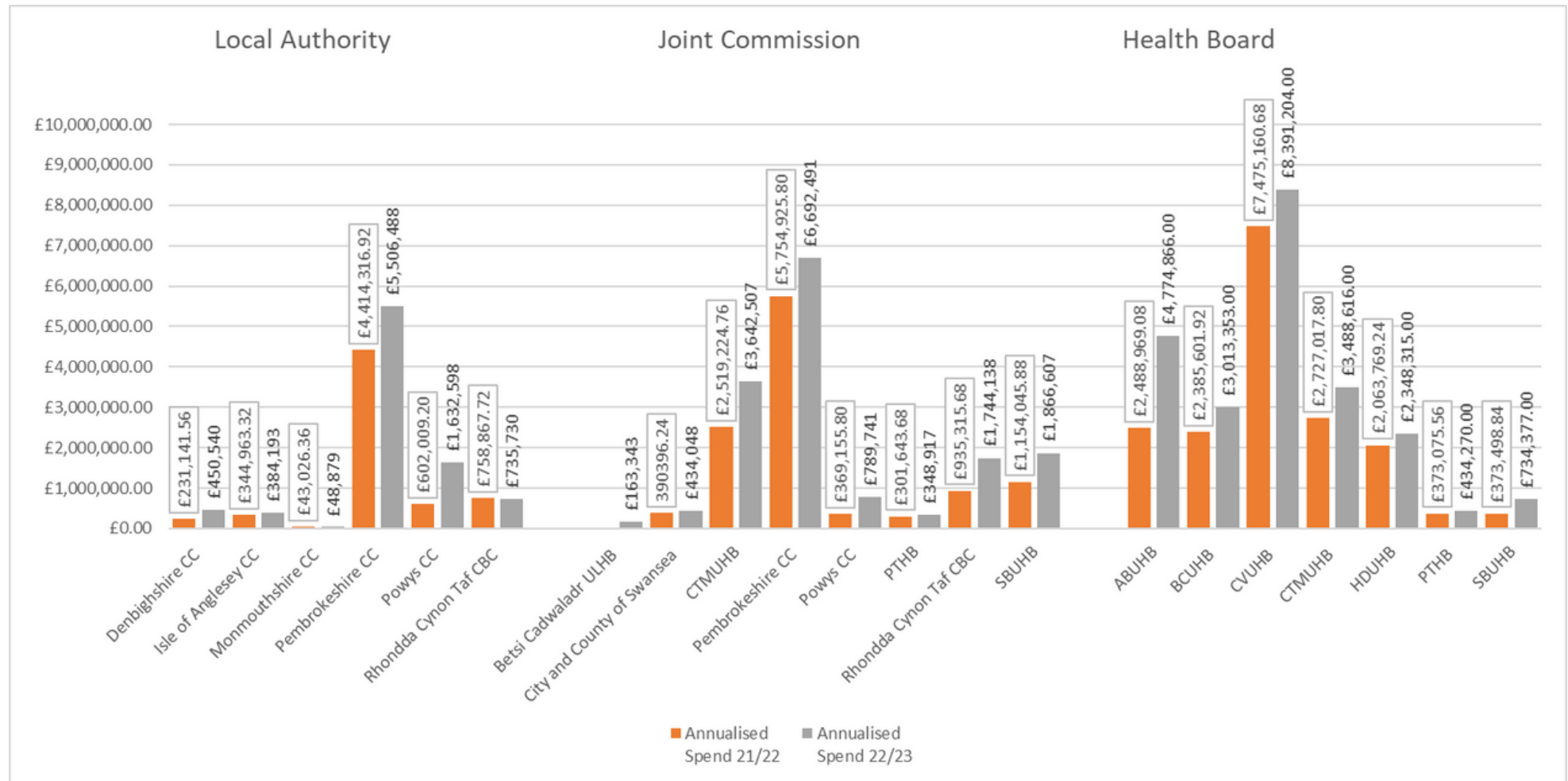
There are six RCOs that are reported every three months for each resident.

The table below shows the percentage of RCO Achievement Compared to Last Year.

Resident Care Outcomes	% of RCOs recorded as achieved	
	2021-22	2022-23
THE PROVIDER SUPPORTED THE RESIDENT TO BE SAFE	98%	98%
THE PROVIDER SUPPORTED THE RESIDENT TO FEEL AT HOME	99%	97%
THE PROVIDER SUPPORTED THE RESIDENT AND THE RESIDENTS COMMUNITY TO VALUE EACH OTHER	97%	99%
THE PROVIDER SUPPORTED THE RESIDENT TO BE HEALTHY	98%	98%
THE PROVIDER SUPPORTED THE RESIDENT TO RECOVER AND STAY WELL	99%	93%
THE PROVIDER SUPPORTED THE RESIDENT TO PROGRESS AND MOVE ON	98%	90%

Expenditure

As at the 31 March 2023, NHS Wales spend through the Care Home Framework was an annualised cost of £47.6M an increase/decrease of 33% on the previous year. The figure below shows the spend by framework type over the last four years.



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 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:

Primary Care Mental Health Review

The scope of this National Review was to provide a greater understanding on:

- Key themes for providing mental health support in Primary Care.
- Demand and activity.
- Variation in NHS Primary Care Mental Health Service provision.
- Third sector mental health support at Primary Care level.

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.

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

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This report is also available in Welsh