



**AGENDA ITEM**

6.1

**QUALITY AND SAFETY COMMITTEE**

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

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

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
NCCU MANAGEMENT BOARD	JULY 2022	ENDORSED

**ACRONYMS**

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

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of the report is to provide an update to the CTMUHB Quality and Safety Committee (as host body) for assurance purposes.
- 1.2 The attached report at **Appendix 1: 'NHS Wales Quality Assurance Improvement Service – National Collaborative Frameworks Mental Health and Learning Disabilities Annual Position Statement 2021-2022'** provides the Committee with an overview of the three National Collaborative Frameworks which are overseen by the National Collaborative Commissioning Unit. The NCCU is hosted by Cwm Taf Morgannwg UHB and based in Charnwood Court in Nantgarw.

The National Collaborative Frameworks are as follows:

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

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

An independent review in 2012 stated that the use of the independent sector and NHS England services by NHS Wales prior to the development of the National Framework was "inefficient, ineffective and inconsistent"<sup>1</sup>. 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.

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

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

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

### **Legal Status**

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

### **Commissioning Responsibilities**

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

### **Benefits**

The National Collaborative Frameworks have been developed to enable:

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

### **Scope**

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

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

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

### **National Nine-Year Trend by tier of service**

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

#### 1. Medium Secure Hospitals

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

#### 2. Low Secure Hospitals

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

#### 3. Controlled Egress Hospitals

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

#### 4. Uncontrolled Egress Hospitals

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

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

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

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

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

### Complaints

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

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

#### Safeguarding

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

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

### **Overview and Trends for CAMHS Hospital Framework**

#### Providers

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

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

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

#### Type of service

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

#### Low Secure Hospitals

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

## Acute Hospitals

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

## Maintaining the Quality of Care

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

## CAMHS Hospital Quality Assurance Reviews

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

## Incidents

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

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

## Complaints

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

## Safeguarding

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

## **National Overview and Trends of the Care Home Framework**

### Providers of Care

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

### National Trend:

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

### Distance from significant postcode:

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

The list below shows the distance of placement from significant postcode

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

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

- 2.1 To note the activity for the three National Collaborative Frameworks throughout 2021/22.
- 2.2 On the 31 March 2022, there were 24 companies, 76 hospital sites providing or able to provide services as part of the Adult Hospital Framework.
- 2.3 Although the numbers of adult patients receiving assurance under the Adult Hospital Framework since 2014 has fluctuated by a small degree each year. There was exactly the same number this year as there was when figures were first collated in 2014, i.e. 339 Patients.
- 2.4 The use of the Care Home Framework Agreement has seen an exponential rise over the past five years. There were 370 residents

receiving assurance under the National Care Homes Framework Agreement as of 31<sup>st</sup> March 2022. That is an increase from 309 (20%) the previous year.

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

### 3. KEY RISKS/MATTERS FOR ESCALATION

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

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	The whole report aims to demonstrate that the national frameworks ensure patients receive safe and effective care
<b>Related Health and Care standard(s)</b>	Safe Care
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	However, the frameworks ensure value for money in line with the right quality of care for patients
<b>Link to Strategic Goals</b>	Improving Care

### 5. RECOMMENDATIONS

- 5.1 The Quality and Safety Committee is asked to:
- **NOTE** the National Collaborative Frameworks Mental Health and Learning Disabilities Annual Position Statement 2021/22.