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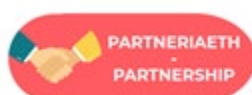
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Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

## **Specialised Services Policy: CP232**

### **Gatekeeping, Placement and Case Management for Specialised Mental Health Services**

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*Version 1.0*



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<b>Description</b>	NHS Wales routinely commission this specialised service in accordance with the criteria described in this policy
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## **Policy Statement**

Welsh Health Specialised Services Committee (WHSSC) commission the functions of Gatekeeping, Placement and Case Management in Specialised Mental Health Services in accordance with the criteria outlined in this document.

WHSSC retains the right to designate certain functions of Gatekeeping, Placement and Case Management through formal agreements to third party NHS organisations.

WHSSC also retains the right to reject all gatekeeping assessments, funding requests, case manager reviews or other requests that are not completed using the correct documentation<sup>1</sup>.

## **Disclaimer**

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this policy.

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<sup>1</sup> <https://nccu.nhs.wales/qais/>

## **1. Introduction**

This policy has been developed for the functions of Gatekeeping, Placement and Case Management for Specialised Mental Health Services in Wales.

To ensure the functions of gatekeeping, patient placement and case management are regarded independently they have been separated within this document. However, it is acknowledged that they may be undertaken by the same team or same person. Each function can either be commissioned to one provider or different providers at the sole discretion of WHSSC.

### **1.1 Background**

Specialised Mental health services denotes high secure, medium secure and Tier 4 CAMHS (including CAMHS low secure, intensive care and general units) services caring for those people with a mental illness, specifically:

- High secure services are designed to meet the needs of people who require care and treatment in the highest setting suitable for public protection. In most cases people will have committed an offence and present a serious risk to themselves or others, combined with the potential to abscond. High secure services have physical security arrangements that are equivalent to a category B prison.
- Medium secure services are designed to meet the needs of people who require care and treatment in a setting suitable for public protection. In most cases, people will have committed an offence and present a serious risk to themselves or others, combined with the potential to abscond.
- Tier 4 CAMHS:
  - Low secure services care for people requiring an environment which can provide significant levels of physical, relational and procedural security.
  - Psychiatric intensive care services care for people with short-term behavioural disturbance which cannot be contained within a general service.
  - General services provide assessment and treatment for people with acute or longer-term treatment needs within a controlled environment without the need for enhanced physical or procedural security measures.

## 1.2 Relationship with other documents

The documentation referred to within this document is available through WHSSC and published on the Quality Assurance Improvement Service (QAIS) section of the National Collaborative Commissioning Unit (NCCU) website at: <https://nccu.nhs.wales/qais/>.

WHSSC retains the right to reject all gatekeeping assessments, funding requests, case manager reviews or other requests that are not completed using the correct documentation.

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
- **WHSSC policies and service specifications**
  - [In-patient Child and Adolescent Mental Health Services \(CAMHS\): General Adolescent Unit \(GAU\) and High-Dependency Unit \(HDU\) \(CP150\)](#). WHSSC Service Specification. August 2021
  - [Specialist Perinatal Mental Health Inpatient Service \(Mother and Baby Unit\) \(CP201\)](#). WHSSC Service Specification. April 2021
  - Traumatic Stress Wales, (CP212). WHSSC Service Specification. In Development
  - Forensic Adolescent Consultation and Treatment Service (FACTS) (CP222). WHSSC Service Specification. In Development
- **National Institute of Health and Care Excellence (NICE) guidance**
  - [Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#). NICE Clinical guideline (CG136). December 2011
  - [Mental health of adults in contact with the criminal justice system](#). NICE guideline (NG66). March 2017
  - [Transition between inpatient mental health settings and community or care home settings](#). NICE guideline (NG53). August 2016
  - [Coexisting severe mental illness \(psychosis\) and substance misuse: assessment and management in healthcare settings](#). NICE Clinical Guideline (CG120). March 2011
  - [Rehabilitation for adults with complex psychosis](#). NICE guideline (NG181) August 2020

- **Relevant NHS England policies**

- [Service specification: low secure mental health services \(Adult\)](#). NHS England, March 2018
- [Service specification: High secure mental health services \(Adult\)](#). NHS England, February 2021
- [Service specification: medium secure mental health services \(Adult\)](#). NHS England, March 2018
- [Service Specifications: TIER 4 Child and Adolescent Mental Health Services \(CAMHS\)](#). NHS England. February 2018

## 2. Gatekeeping

### 2.1 Overview of Gatekeeping

Gatekeeping is the assessment process that determines if a referred patient requires care at a Specialised Mental Health Service. ([see section 1.1](#)).

The process of gatekeeping will:

- Consider all alternatives to admission to a specialised mental health service.
- Identify the appropriate level of specialised mental health service required and ensure it is the least restrictive environment to meet the risk and care needs of the patient.
- Define the treatment needs of the patient should they require care in a specialised mental health service including discharge outcomes to be achieved.
- Offer advice and support to the referring team should the patient not require care in a specialised mental health service.

### 2.2 Referrals for Gatekeeping Assessments

Any referral to, or placement in a specialised mental health service that is not accompanied by a gatekeeping assessment will be considered to not have complied with this policy and will therefore not be the responsibility of WHSSC to fund. In these circumstances place and monitor until a gatekeeping assessment has been completed.

There are exceptional circumstances where WHSSC will accept a referral without a gatekeeping assessment. These exceptional circumstances are:

- where prior agreement has been sought from WHSSC
- any immediate court direction for admission to specialised mental health services which would bypass the requirement for a gatekeeping assessment.

All referrals are to be made to the correct gatekeeping team (see section 2.3 [Gatekeeper Responsibility](#)) using only the WHSSC designated forms.

The urgency of the referral will be determined by the Gatekeeper, and where possible with the agreement of the referring clinician.

The response to the referral is dependent on the urgency and will be one of the following:

- **Emergency** gatekeeping referrals will be assessed *within 2 working days* of receipt of referral documents
- **Urgent** gatekeeping referrals will be assessed *within 5 working days* of receipt of referral documents



- **Non Urgent** gatekeeping referrals will be assessed *within 10 working days* of receipt of referral documents

The date and time of referral and the date and time of assessment is recorded for the purpose of performance management.

### **2.3 Gatekeeper Responsibility**

Details of current gatekeepers and their areas of responsibility are available from [WHSSC](#) and are also published on the QAIS section of the NCCU website at: <https://nccu.nhs.wales/qais/>

In certain circumstances, such as when requiring access to services commissioned by another part of the UK or due to staff availability, a gatekeeping assessment may be required by a different provider from that detailed. This will only occur with the prior agreement of WHSSC.

An agreed triage tool, assessment protocol and assessment documentation will be used and published on the WHSSC website.

### **2.4 Gatekeeping Assessment**

Gatekeeping assessments are completed by an appropriately experienced or skilled Consultant Psychiatrist that is employed by the relevant gatekeeping team. The Consultant Psychiatrist may delegate the task of completing the assessment to an appropriately experienced or skilled doctor or senior nurse involving other professionals as appropriate, however, the Consultant Psychiatrist should support and sign off the gatekeeping assessment.

The assessment will contain all required information including, but not exclusive to:

- **Patient Data**
  - Full name (plus aliases or nicknames)
  - Date of birth
  - NHS number
  - Current Location and current level of security
  - Home Address and Legal Status
- **Supporting Information**
  - Family history
  - Personal history
  - Educational and/or employment history
  - Substance Misuse history
  - Previous medical history including relevant laboratory and investigation results

- Previous psychiatric history
- Medication history
- Forensic history
- **Opinion**
  - Summary and introduction
  - Names of consulted person(s)
  - Mental State Examination
  - Level of ability with test results where relevant,
  - Diagnosis
  - Critique and/or Summary of previous reports and Gatekeeping decision

In exceptional circumstances a face-to-face access assessment may not be required, this is only when there is overwhelming evidence of need within the referral documentation.

The Gatekeeper will make this judgement based on the individual circumstances and can make their recommendations based on a 'desktop' review of the clinical information and further telephone consultation with the referrer. A desktop review may also be appropriate due to travel restrictions and infection control.

## **2.5 Gatekeeping Outcome**

The gatekeeping assessment will clearly conclude that either:

- The patient meets the requirements for care in the designated specialised mental health service.
- or**
- The patient does not currently meet the requirements for care in the designated specialised service.

The gatekeeping assessment will contain clear and detailed reasons for the decision. If the patient does not meet the requirements for care in the designated specialised mental health service then the assessment will note advice on future care needs and when, and in what circumstances, the patient may be re-referred for a gatekeeping assessment.

The Gatekeeper will contact the referrer detailing the outcome of the assessment and provide a copy of the gatekeeping assessment report as soon as possible after completion of the assessment but no longer than:

- Emergency referrals **the next working day** after completion of the assessment.

- Urgent referrals **within 3 working days** after completion of the assessment.
- Non-Urgent referrals **within 7 working days** after completion of the assessment.

## **2.6 Independence of Gatekeeping Function**

The function of the Gatekeeper to determine the type of specialised mental health service **and not** the placement destination.

Providers should have processes in place to ensure that the independency of the gatekeeping function is protected and evidenced, this includes when people from the same team undertake other functions such as placement and case management.

## **2.7 Appeals**

In the circumstance of the referrer disagreeing with the outcome of the gatekeeping assessment they may appeal to WHSSC in writing. It shall be at the sole discretion of WHSSC to accept this appeal and request either a second gatekeeping assessment or a peer review of the first gatekeeping assessment. The findings of this reconsideration will not be subject to any further appeal. The care of the patient is not to be unduly delayed or compromised because of this appeal.

## **2.8 Audit**

It is good practice for all gatekeeping assessments to be peer reviewed via the respective providers internal referral meetings.

WHSSC reserve the right to undertake periodic audits themselves, via a third party or request the provider to undertake periodic audits of gatekeeping assessments to ensure:

- adherence to this policy
- variation between Gatekeepers is minimised
- all requested and required information is included in the assessment
- decisions are articulated clearly in the assessment.

WHSSC reserve the right to request a copy of the audit report.

## **2.9 Performance Management**

Each provider will retain, maintain and provide in the format and timescales set out by WHSSC any data relevant to this policy. All gatekeeping referrals received by a provider needs to be retained.

Each provider shall, within 15 working days of the end of a calendar month provide a report, in a format agreed by WHSSC that details:

- Date and time of receipt of referral of each gatekeeping referral
- Name/Position/Health Board of each referrer
- Name/Responsible Health Board of patient
- Date, time, name(s) of assessors, place of gatekeeping assessment
- Outcome of gatekeeping assessment
- Date, time, format of feedback of gatekeeping decision to referrer,
- Each failure to undertake a gatekeeping assessment or provide feedback on a gatekeeping assessment within the timescales set out in this policy. The report should also detail the reason each failure occurred and corrective actions undertaken, or to be undertaken, by the provider.

## **3. Placement**

### **3.1 Overview of Placement Process**

Placement is the term used to choose a suitable care environment for a patient and arrange admission. The principles underpinning the placement process are:

- Each placement meets the patients safety, risk and care needs.
- Wherever possible the patient should be encouraged to participate in the placement selection process.
- the placement should be as close as possible to the patients chosen local community if it is of the highest quality and can appropriately meet their needs, whilst paying due regard to victim and risk issues
- NHS Wales's own services will be considered as the primary placement destination if they can appropriately meet the patients' needs.

### **3.2 Placement Function Responsibility**

Details of the placement function providers and their areas of responsibility are available from [WHSSC](#) and are also published on the QAIS section of the NCCU website at: <https://nccu.nhs.wales/qais/>

In certain circumstances placement function may be undertaken by a different provider from that detailed. This will only occur with the prior agreement of WHSSC.

### **3.3 Placement Process**

Where the gatekeeping assessment determines the patient does not currently meet the requirements for care in the designated specialised mental health service it is the responsibility of the Health Board to organise an appropriate placement. It is recommended, where appropriate, that the Health Boards use the [NCCU National Framework placement process](#).

All placements in non NHS Wales's adult medium secure service or CAMHS general unit will be viewed as temporary until such a time as an appropriate NHS Wales bed becomes available.

It is expected that the patient will be repatriated to the appropriate NHS Wales unit at the earliest opportunity taking account of the patient's clinical needs, current progress in their care journey as well as service factors.

If the gatekeeping assessment determines the patient meets the requirements for a specialised mental health service, the steps detailed in section 3.3.1 to 3.2.6 will be taken dependant on the type of specialised mental health service needed.

### 3.3.1 High Secure

If the gatekeeping assessment determines the patient meets the requirements for high secure care the case manager/gatekeeper will follow the step below:

	<b>Process</b>
<b>Step 1</b>	Refer to the appropriate high secure hospital: <ul style="list-style-type: none"> <li>• Ashworth Hospital to care for male patients from Wales who have a mental illness or a personality disorder as their primary diagnosis.</li> <li>• Rampton Hospital to care for female patients from Wales who require such care as well as for patients (both male and female) with neurological difficulties.</li> </ul>

### 3.3.2 Adult Medium Secure

If the gatekeeping assessment determines the patient meets the requirements for medium secure care the case manager will follow in order the steps below:

	<b>Process</b>
<b>Step 1</b>	Refer to the appropriate NHS Wales hospital first, which are: <ul style="list-style-type: none"> <li>• Ty Llywelyn for male patients from North Wales/North Powys</li> <li>• Caswell Clinic for male patients from South Wales/South Powys and female patients from across Wales</li> </ul>
<b>Step 2</b>	If no bed is available in an NHS Wales unit, determine whether the patient can be safely managed in their current placement for a short period and placed on the admission list for the unit
<b>Step 3</b>	If the patient is deemed to not meet the admission criteria for the NHS Unit for another reason except current capacity or there would be an undue delay in admission the case manager, after email agreement from WHSSC or NCCU, will use the <a href="#">NCCU National Framework</a> placement process to seek a placement in a non NHS Wales bed.
<b>Step 4</b>	If no appropriate bed is available on the <a href="#">NCCU National Framework</a> , place in an appropriate alternative bed

### 3.3.3 CAMHS Medium Secure

If the gatekeeping assessment determines the patient meets the requirements for CAMHS medium secure care the FACT Gatekeeper will follow the steps below:

	<b>Process</b>
<b>Step 1</b>	After email agreement from WHSSC or NCCU, Complete the required documentation and submit to the <a href="#">NHS England secure care panel</a> .

### 3.3.4 CAMHS Low Secure

If the gatekeeping assessment determines the patient meets the requirements for CAMHS low secure care the gatekeeping team will follow in order the steps below:

	<b>Process</b>
<b>Step 1</b>	after email agreement from WHSSC or NCCU, use the <a href="#">NCCU National Framework placement process</a> to seek a placement in a non NHS Wales bed.
<b>Step 2</b>	If no appropriate bed is available on the <a href="#">NCCU National Framework</a> complete the NHS England Documentation and request a 2 <sup>nd</sup> gatekeeping assessment from the designated NHS England Gatekeeper.
<b>Step 3</b>	If no appropriate bed is available on the <a href="#">NCCU National Framework</a> or NHS England pathway place in an appropriate alternative bed.

### 3.3.5 CAMHS Intensive Care

If the gatekeeping assessment determines the patient meets the requirements for CAMHS Intensive care the case manager will follow in order the steps below:

	<b>Process</b>
<b>Step 1</b>	after email agreement from WHSSC or NCCU, use the <a href="#">NCCU National Framework placement process</a> to seek a placement in a non NHS Wales bed.
<b>Step 2</b>	If no appropriate bed is available on the <a href="#">NCCU National Framework</a> , place in an appropriate alternative bed.

### 3.3.6 CAMHS General Unit

If the gatekeeping assessment determines the patient meets the requirements for a CAMHS general unit the case manager will follow in order the steps below:

	<b>Process</b>
<b>Step 1</b>	Refer to the appropriate NHS Wales hospital first, which are: <ul style="list-style-type: none"> <li>• Ty Llidiard for patients from South Wales/South Powys</li> <li>• North Wales Adolescent Service for patients from North Wales/North Powys</li> </ul>
<b>Step 2</b>	If no bed is available in an NHS Wales unit determine whether the patient can be safely managed in their current placement for a short period and placed on the admission list for the unit.
<b>Step 3</b>	If the patient is deemed to not meet the admission criteria for the NHS Unit for another reason except current capacity or there would be an undue delay in admission the case manager will, after email

	agreement from WHSSC or NCCU, use the <a href="#">NCCU National Framework placement process</a> to seek a placement in a non NHS Wales bed.
<b>Step 4</b>	If no appropriate bed is available on the <a href="#">NCCU National Framework</a> place in an appropriate alternative bed.

### 3.4 Independence of Placement Function

Providers should have processes in place to ensure that the independency of the person choosing or organising the patient's placement has not been compromised by their being employed by, or co-located with, providers of care. This is especially relevant when considering placement of patients who meet the criteria for admission to the provider.

### 3.5 Prioritisation

If in the unusual circumstances that a single placement is available with a provider and more than one patient has been identified for that placement then the patient waiting longest for the placement will be prioritised, (except where the clinical or risk factors that affect prioritisation.

In the circumstances where clinical or risk factors affect prioritisation it is the responsibility only of the placement function provider to assess the clinical and risk factors of all patients identified for that placement and make a decision on the patient priority.

The assessment needs to take into account the patient, family and care coordinator views and the risk to staff and patient of not being prioritised. In circumstances where the patients identified for placement are the responsibility of more than one placement function provider, WHSSC will decide the placement function provider that will undertake assessment and determine priority.

### 3.6 Performance Management

Each provider will retain, maintain and provide in the format and timescales set out by WHSSC any data relevant to this policy. All placements choice documentation should be retained.

Each provider shall, within 15 working days of the end of a calendar month provide a report, in a format agreed by WHSSC that details:

- Name and responsible Health Board of patient.
- Destination of placement.
- CQC rating/Q rating and cost per day of placement, the reason this placement was chosen and the reason a 3Q provider was not chosen (if appropriate).
- Any enhanced observation requirements including duration and cost.



- For all placements in non NHS Wales's adult medium secure service and/or CAMHS general units the reason why an NHS Wales unit could not admit the patient and the estimated date of repatriation.

## **4. Case Management**

### **4.1 Case Management and Care coordination**

The role of case manager should not affect or impact on any legal or clinical responsibility of care coordination as set out under the Mental Health (Wales) Measure 2010<sup>2</sup>. It is expected that the case manager will inform and cooperate with the care coordinator.

### **4.2 Case Management Overview**

Case Management refers to the role of a designated professional that periodically undertake a systematic review of a patient's placement to determine:

- The patient still requires the current level of security of the placement.
- A Care Plan is in place and reviewed in accordance with the Mental Health (Wales) Measure 2010<sup>2</sup>, based on appropriate evidence based assessment and formulation tools and processes.
- That one or more outcome has been identified for mental health, wellbeing and physical health need and one or more interventions have been undertaken and/or maintained to achieve these outcomes and any needs which remain unmet have been recorded.
- A plan is in place to review or reduce, any enhanced observations.
- If, and when the patient is ready to be discharged.
- If the patient is not ready for discharge what the barriers to discharge are and what is required from the provider/local commissioner to address these barriers.
- Engagement with the patient is made to ensure they understand the reason for the placement, the barriers to discharge and that any complaints or needs are addressed by the provider.
- That a future placement in specialised mental health care will be required post discharge, or to ensure the local commissioner has identified the future placement if specialised mental health care is not still required.
- Repatriation of patients who meet the admission criteria, but are currently cared for in a non-NHS Wales provider, to an appropriate NHS Wales facility at the earliest opportunity.

### **4.3 Case Management Review**

All placements within specialised mental health services, regardless of whether they are in the independent sector or facilities managed by NHS England, NHS Scotland or NHS Wales will be subject to Case Management.

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<sup>2</sup> [Mental Health \(Wales\) Measure 2010](#)

The Case Manager will be expected to:

- contact the provider at least once per month (adults) or once per week (CAMHS)
- attend relevant meetings such as Care & Treatment Plan Reviews and Discharge Planning meetings.

At these meetings the case manager will ensure the:

- care and treatment plan(s) are revised
- safety and wellbeing of the patient
- effectiveness and outcomes from interventions are discussed
- effectiveness and side effects of prescribed medication are discussed
- discharge barriers are addressed
- discharge destination has been identified
- discharge plan is on track or revised.

The Case Manager will ensure the patient, with due regard for risk, is enabled and encouraged to contact and connect to their local community, home areas, family carers, friends and peers.

If the patients care coordinator was not present at these meetings then the Case Manager should contact them within 2 weeks to provide an update.

#### **4.4 Case Management Responsibility**

Details of current case managers and their areas of responsibility are available from [WHSSC](#) and are also published on the QAIS section of the NCCU website at: <https://nccu.nhs.wales/qais/>

In certain circumstances case management for a single patient or group of patients may be undertaken by a different provider from that detailed. This will only occur with the prior agreement of WHSSC.

#### **4.5 Notification of Anticipated Discharge**

If the Case Manager, in partnership with the care provider, identifies that the patient is within 12 weeks of discharge then they will contact the patients care coordinators and Health Boards continuing care teams in order to plan for a safe, compassionate and patient centred transition and to issue a Notification of Anticipated Discharge.

The Notification of Anticipated Discharge will state the anticipated discharge date, should this date be reached and the patient remains with the provider (and it remains the opinion of the case manager and provider that the patient is ready for discharge) then funding and commissioning responsibility will pass to the local Health Board after 12 weeks. Funding will only remain at WHSSC if the patients discharge destination remains within a specialised service.

## **4.6 Appeals**

In the circumstance of the referrer disagreeing with a Notification of Anticipated Discharge they may appeal to WHSSC in writing. It will be at the sole discretion of WHSSC to accept this appeal and request a review of the patient's readiness for discharge from the provider or a third party. The findings of this review will not be subject to any further appeal. The discharge of the patient should not be delayed because of this appeal.

## **4.7 Repatriation**

It remains the principle of WHSSC that all patients who meet the criteria should be cared for in services commissioned from NHS Wales where it is appropriate to do so.

The Case Manager will attend the appropriate internal meetings of the NHS Wales providers to ensure that repatriation is planned for, and takes place at the earliest opportunity for all patients who meet the admission criteria for the service but who are currently placed in non-NHS Wales services.

The Case Manager will note any barriers for repatriation and the anticipated repatriation date.

## **4.8 Independence of Case Manager Function**

There should be clear documented evidence that providers have ensured that the independency of Case Managers has not been compromised by them being employed by, or co-located with, providers of care. This independence is especially relevant when considering repatriation priorities and suitability.

## **4.9 Oversight of the Case Manager Function**

WHSSC have commissioned the Quality Assurance Improvement Service (QAIS) of the National Collaborative Commissioning Unit (NCCU)<sup>3</sup> to performance manage, support, advise and direct all Case Managers commissioned by WHSSC.

Quality Assurance Improvement Service (QAIS) will contact and hold regular meetings with any or all Case Managers. Attendance at these meetings, maintaining contact with the QAIS and complying with any reasonable requests from QAIS in relation case management is mandatory as part of this policy.

Each Case Manager will retain all relevant information, and within 5 working days report on request in a format agreed by the QAIS the following:

- Name and Responsible Health Board/Placement of patient placed in specialised service.

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<sup>3</sup> [Quality Assurance Improvement Service - National Collaborative Commissioning Unit](#)

- Current plan of care for the patient.
- Details of any reviews undertaken by the Case Manager.
- Discharge destination, estimated date of discharge and barriers to discharge.
- Estimated date of repatriation and barriers to repatriation for patients who meet the admission criteria for NHS Wales providers.
- Any incidents, complaints, safeguarding events, restrictive practice, rapid tranquilisation, high dose anti-psychotic use related to the patient.
- Any enhanced observation requirements.
- Evidence of communication with the patients responsible Health Board.

Cases Manager shall, within 10 working days of request, undertake a patient review if requested by QAIS.

## **5. Date of Review**

This document is scheduled for review in 2025.

If an update is carried out the policy will remain extant until the revised policy is published.

## **6. Equality Impact and Assessment**

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.