



MENTAL HEALTH AND LEARNING DISABILITIES COMMITTEE
Thursday 7th February 2019, 3:00pm
in Conference Rooms 1 & 2,
Aneurin Bevan University Health Board Headquarters,
St Cadoc's Hospital

AGENDA

1	Preliminary Matters			3:00
	1.1 Welcome and Introductions	Verbal	Chair	5 mins
	1.2 Apologies for Absence	Verbal	Chair	
	1.3 Declarations of Interest	Verbal	Chair	
	1.4 Minutes of the Meeting held on 10th October 2018	Attachment	Chair	10 mins
	1.5 Action Log of Meeting held on 10th October 2018	Attachment	Chair	
2	Governance Matters			3:15
	2.1 Revised Terms of Reference	Attachment	Richard Bevan	5 mins
3	Agenda Items			3:20
	3.1 Update on Tawel Fan Task and Finish Group	Attachment	Ana Llewelyn	10 mins
	3.2 Performance:			
	o Performance Report for Primary Care and Mental Health Measure	Attachment	Ian Thomas	15 mins
	o Mental Health Act Report	Attachment	Ana Llewelyn	15 mins
	3.3 Mental Health Act Managers Update	Verbal	Katija Dew	5 mins
	3.4 IMTP SCP 4	Attachment	Nick Wood	15 mins
	3.5 Key Risks and Issues	Attachment	Ian Thomas	15 mins
	3.6 National Benchmarking	Attachment	Nick Wood	20 mins
4	Final Matters/For Information			4:55
	4.1 Items for Board Consideration To agree agenda items for Board consideration and discussion	Verbal	Chair	
5	Date of Next Meeting			
	Thursday 11 th April 2019, 2:00pm in the Executive Meeting Room, ABUHB Headquarters, St Cadoc's Hospital			Chair



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Mental Health & Learning Disabilities Committee
7th February 2019
Agenda Item: 1.4

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health and Learning Disabilities Committee held on Wednesday 10th October 2018 at 09.30am in the Executive Meeting Room, Headquarters St Cadoc's Hospital, Caerleon

Present:

Frances Taylor	- Independent Member (Chair)
Katija Dew	- Independent Member

In Attendance:

Dr Chris O'Connor	- Divisional Director for Mental Health and Learning Disabilities
Phil Robson	- Special Adviser to the Board
Glyn Jones	- Director of Finance and Procurement
Ian Thomas	- General Manager, Mental Health and Learning Disabilities
Ana Llewelyn	- Divisional Nurse, Mental Health and Learning Disabilities
Angela Fry	- Head of Service Planning
Claire Barry	- Committee Secretariat

Apologies:

Richard Bevan	- Board Secretary
Nicola Prygodzicz	- Director of Planning and Performance

MH&LDC 1010/01 Welcome and Introductions

The Chair welcomed members and guests to the meeting.

MH&LDC 1010/02 Apologies for Absence

Apologies for absence were noted.

MH&LDC 1010/03 Declarations of Interest

There were no Declarations of Interest in relation to items on the Agenda

MH&LDC 1010/04 Minutes of the Meeting held on 17th May 2018

The Minutes of the meeting held on 17th May 2018 were approved as an accurate record.

MH&LDC 1010/05 Action Log of the Meeting held on 17th May 2018

The Committee considered the Action Sheet from the meeting held on the 17th May 2018, and noted that all

actions had been completed or formed part of the forward work programme.

MH&LDC 1010/06 Update on Tawel Fan progress and remit of QPSC/Mental Health and Learning Disabilities

Ana Llewellyn provided an update on Tawel Fan. Progress going forward is that a Task and Finish group has been set up across the Health Board. In terms of the governance around what is submitted to each Committee Debra Wood-Lawson, Chief of Staff, Kate Hooton, Assistant Director Quality and Patient Safety and Richard Bevan, Board Secretary the next Task and Finish group is to take place November 2018.

The recommendations to be looked at are:

- Safeguarding and end of life care
- The use of restrictive practice and restraint

Bronagh Scott, Director of Nursing has asked the Leads from each group to take a Situation Background Assessment Recommendations (SBAR) to their Task and Finish groups and to give her a brief report at November's Task and Finish group. This report will then be presented to the Board in January 2019.

The Chair asked if a copy of the letter that was sent to the Minister and the second Ockenden Report be circulated to the Committee. **Action: Ana Llewellyn**

The Committee agreed that Bronagh Scott is to be invited to attend Mental Health and Learning Disabilities Committee meetings to provide regular updates on progress against Tawel Fan recommendations. The Committee understood that there were plans in place, though currently the Committee was unsighted and were unable to provide the Board with assurance at present. **ACTION: Secretariat**

The Committee discussed the feedback reports from recent Independent Member's visits to Mental Health and Learning Disability sites. The Committee asked how the reports are collated, key themes extracted and shared with the Committee and the Division.

ACTION: Richard Bevan/Glyn Jones/Chris O'Connor/Ian Thomas

MH&LDC 1010/07 Performance

Ana Llewellyn provided a presentation.

It was explained that the Welsh Government strategy for mental health has a number of indicators and delivery plans on which the mental health team reports. Reporting on mental health also goes to the Gwent Regional Partnership Board to reflect that it is a delivery plan for all agencies.

'Improving Lives' is a new learning difficulties strategy from Welsh Government. It does not currently have a delivery plan. This is expected in due course.

There are separate Mental Health and Learning Disabilities strategies that have been developed and these sit with the Gwent Regional Partnership Board, and the Division contributes to the national audits. The learning reports that come out of these audits are reported back to the Quality Patient and Safety Committee and this influences the way work is undertaken.

There are a number of guidelines that are relevant to Mental Health and Learning Disabilities and there are a number of audits that sit underneath these. The Mental Health and Learning Disabilities division contribute to a number of national audits as well as undertake audits within the division. For instance the division has taken part in a national psychosis audit. The division also undertake internal peer reviews of services within as part of quality assurance. There are also dashboards and a quality dashboard has just been developed within the division.

One item in the presentation that was noted for the Committee to consider was the Parliamentary Review. This review was published in 2018 and puts a different perspective on what good looks like as it provides some direction to regulators. The triple aim is a well known concept coming from the Institute of Health Improvement and what the Parliamentary Review talked about was a new quadruple aim for Wales. This focused on regulation, inspection and the inspectorates within Wales having a new focus around assurance and inspection that focused on learning. There was also a focus on staff engagement showing evidence that if staff experiences were good that translates into good patient experience.

The Committee was asked to consider the following:

- Staff experience
- Patient experience
- Innovation learning

It was explained that the Health Board is leading the way in Wales around value based health care and the Mental Health and Learning Disabilities Division is doing work around value based healthcare in the memory assessment pathway. The Division is also working on quality improvement and has recently developed a partnership with ABCi to develop their own collaborative and they have recently had their first collaborative meeting where staff have developed a range of approaches that they are working on.

Glyn Jones asked if the Health Board was looking at where there is good practice internationally in terms of collecting outcomes and what the right sort of outcome data set might be. It was confirmed that the Health Board was looking at this internationally.

Phil Robson suggested that one way to look at the idea of quality improvement assurance is to create a triangulated model where one side of the triangle would have to include data, looking at the basic issues around response times, restraints, any Mental Health Act breeches etc;. The next side of the triangle could be the external side of the triangle, where we look at what is the outside world saying in both a thematic way and may be specifically about the Health Board, this is where we could bring in the international comparators, and the bottom of the triangle would focus on quality, what is coming through systems such as the staff systems, Independent Members visits to services etc. This would enable the Committee to gather the information and close any gaps.

Katija Dew asked what good looks like in respect of delivery in services out in the Community. Ana Llewelyn explained that the Health Board knew what good looks like in terms of standards and the evidence, but we do not have the metrics for the Community service. The divisions is looking at ways on how to improve the service and a dashboard is to be created by the end of the year to better measure the quality of this service.

It was agreed that the Committee would receive some further work at the next meeting and agreed that they would be happy to have a constructive discussion and feedback around this piece of work. The Committee also agreed that they supported the division with the need for information on performance and the development of dashboards and agreed to invite Lloyd Bishop, Assistant Director of Performance to attend the next Committee meeting. **ACTION: Secretariat**

Katija Dew asked who receives the feedback from the Engagement Events. Chris O'Conner explained that if an issue arises at the engagement events then Claire Harding, Associate Director of Engagement will contact the division to give feedback.

MH&LDC 1010/08 Mental Health Act Manager Update

Katija Dew provided a brief account on mental health act manager update.

It was noted that there has been some issues within this group around the dynamics, paper work and systems that were being used. The group and colleagues within the division went through a process of engagement with managers to complete a piece of work around the contracts that are currently being issued. Contracts have been agreed for a 4 year term of appointment with review and these contracts have now been issued and confirmed.

It was highlighted that there has been a change in the remittance that is paid, this is largely due to the fact we are no longer providing the administrative support that we did previously.

An advert has gone out and 3 applications have now been received, and an interview date is to be arranged with a view to appointing new panel members.

Phil Robson highlighted to the Committee that they need to think about having some hard data around the process and as part of the remit of this Committee. Phil Robson suggested that it would be a good idea to invite Richard Jones, Legal Adviser to Welsh Government to independently review 2 or 3 hearings so that he can provide an independent report to the Mental Health and Learning Disabilities Committee on how he feels that they are running and the quality of the decision making.

MH&LDC 1010/09 IMTP SCP 4 Mental Health & LD Service Change Plan

Supporting People with Complex Needs

Chris O'Connor provided a presentation on how mental health is supporting people with complex needs. It was noted that the challenges are:

- Increasing demand and associated costs year on year
- Health and Social care interface
- Limited and poor estate
- Limited local community based alternatives
- Lack of national clarity on responsibility of funding S117 Aftercare
- Lack of easily accessible real time data to inform service planning
- A culture and practice that does not support proportionate positive risk taking and local ownership

The plan going forward to improve this service is to develop service models to improve on:

- Enhancing local workforce both in ABUHB and with local providers
- Numbers/roles and skills to be determined as part of the workforce plan
- How we support changes in practice
- Increasing expertise eg training, easy access to legal advice
- Addressing workforce challenges via new ways of working

The Committee noted the report.

Highlight Report

Angela Fry provided a highlight report on SCP 4 MH&LD service change plan.

The purpose of the report was to provide a progress update and assurance on the delivery of the work programmes within the Health Board's IMTP SCP 4 – Mental Health and Learning Disabilities. The report also highlighted the timetable for the 2019/22 refresh of the IMTP and the request for the Committee to review and confirm the objectives for the SCP 4 for the updated submission. This has a much shortened

timeframe than in previous years and the final submission would be due to be submitted to Welsh Government by 31st January 2019.

Angela Fry asked the Committee was there any new programmes that the Committee considers to be of high priority that should be included within the SCP and also did we need to think about including some of the Clinical Futures transition plans under this plan. Chris O'Connor suggested that the Learning Disability Residential Service Review should be replaced by Community Services.

The Chair asked for future Committee meetings could the highlight report show who is accountable within the Health Board for each programme. **ACTION: Angela Fry.**

The Committee noted the report.

Update on Older Adult Mental Health Service Redesign

This agenda item was deferred to the next Committee meeting.

MH&LDC 1010/10 Key Risks and Issues

Ian Thomas provided an overview of the current highest level risks and issues identified by the MH&LD Division and CAMHS service.

This report provided the Committee with a summary of the key risks and issues identified through the Divisional Risk Assessment process and recorded on the relevant directorate/divisional risk registers. The report was provided for assurance purposes to highlight the service risks to the successful delivery of safe, quality and effective care.

It was highlighted that changes to the risk scores /register include:

- The risk in older adult MH staffing on inpatient units has been reviewed and reduced following the closure of St Pierre Ward.
- WCCIS implementation risk associated with the extension of the current EPEX maintenance had

been reviewed and reduced in light of agreement of current supplier to further extend contract to the middle of 2020 with the expected live date of new system in summer 2019.

- Medical recruitment for junior staff had been successful and a junior rota progressed. However the risk score had not been adjusted as middle grade and consultant recruitment remained problematic and the junior rota has likely to be challenging in February 2019.

The Committee received the report and expressed concern that many of the risks were related to capital funding to resolve issues of staff and patient safety. The Committee requested clarification on whether the capital programme was sensitive to and prioritised sufficiently matters of staff and patient safety. The Committee asked if the risk register would be updates to reflect the template for the wider board risk register. **ACTION: Ian Thomas**

The Committee agreed to raise this for Board level consideration. **ACTION: Glyn Jones**

MH&LDC 1010/11 Date and Time of Next meeting

The next meeting of the Mental Health and Learning Disabilities Committee will be held on Thursday 7th February 2019 at 2.00pm in Conference Rooms 1 & 2, Health Board Headquarters, St Cadoc's Hospital.



Mental Health and Learning Disabilities Committee Action Log – 10 October 2018

(The Action Sheet also includes actions agreed at previous meetings of the Mental Health and Learning Disabilities Committee which are awaiting completion or are timetabled for future consideration by the Committee. These are shaded in the first section. When signed off by the Mental Health and Learning Disabilities Committee, these actions will be taken off the rolling action sheet.)

Agreed Actions – 10 October 2018

Action Reference	Action Description	Lead	Progress
MH&LDC 1010/06	Update on Tawel Fan progress and remit of QPSC/Mental Health and Learning Disabilities It was that a copy of the letter sent to the Minister, and the Ockenden report be circulated to the Committee Members.	Ana Llewellyn	A copy of the Ockenden report had been circulated via email to the Committee Members.
	It was agreed that Executive Lead Martine Price was to be invited to attend the MH&LD Committee meetings.	Secretariat	Martine Price had been invited to attend the MH&LD Committee meetings.
	The Committee asked how the reports are collated, key themes extracted and shared with the Committee and the Division.	Richard Bevan/ Glyn Jones/ Chris O'Connor/ Ian Thomas	The reports are highlighted with the lead Executive and the Chair of the Health Board and submitted to the Executive Team. They will then be presented to the relevant Committee.
MH&LDC 1010/07	Performance It was agreed that the Committee are happy to support the division with the need for information	Secretariat	This has been added to the forward work programme.

Action Reference	Action Description	Lead	Progress
	performance for the dash boards and agreed to invite Lloyd Bishop, Assistant Director of Performance to attend the next Committee meeting.		
MH&LDC 1010/09	IMTP SCP 4 Mental Health & LD Service Change Plan – Highlight Report It was agreed that for future Committee meetings could the highlight report show who is accountable within the Health Board for each programme	Angela Fry	Programme Leads names will be added to the next Committee meeting's report.
MH&LDC 1010/10	Key Risks and Issues The Committee agreed if the risk register would be updated to reflect the template for the wider board risk register.	Ian Thomas	Risk report now completed in same format as Health Board Risk and Issues report received by HB in January 2019.
	The Committee agreed to raise this for Board level consideration.	Glyn Jones	To be raised by Chair of Committee as part of Board/ Sub-Committee assurance reporting.



ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MENTAL HEALTH AND LEARNING DISABILITIES COMMITTEE (INCORPORATING THE MENTAL HEALTH ACT MONITORING COMMITTEE)

REVISED DRAFT TERMS OF REFERENCE (January 2019)

Introduction:

The Standing Orders of the Health Board state "The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

In accordance with Standing Orders (and the Health Board's Scheme of Delegation), the Board shall nominate a committee to be known as the Mental Health and Learning Disabilities Committee (incorporating the Mental Health Act Monitoring Committee). The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

Constitution:

The Board hereby resolves to establish a Committee of the Board to be known as the Mental Health and Learning Disabilities Committee, which will incorporate the Health Board's statutory responsibilities under the Mental Health Act 1983 and this committee will scrutinise and monitor the organisation's compliance with the Act.

The Committee will be formed of Independent Members of the Health Board and therefore will have no executive powers and decision making powers, other than those specifically delegated by the Board and outlined in these Terms of Reference.

Scope and Duties:

The Health Board has determined that in order to put in place arrangements to monitor and review the way the Health Board discharges its functions and responsibilities under the Act and the ways in which they are exercised on its behalf, that the Committee will be authorised to undertake this role. The Committee will be expected to regularly report to the Board on its findings for advice and assurance purposes.

The Committee shall consider:

- how the delegated functions under the Mental Health Act are being exercised (for example using a programme of Annual Audit) and in line with the 'Code of Practice' requirements
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- the operation of the 1983 Act within the Aneurin Bevan University Health Board area
- issues arising from the operation of the hospital managers' power of discharge
- a suitable mechanism for reviewing multi agency protocols/policies relating to the 1983 Act
- trends and patterns of use of the Mental Health Act 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice
- Develop an annual report for presentation to the Health Board.

The Committee will also in respect of its provision of advice and assurance to the Board:

- (a) Advise on the development and delivery of high quality and safe mental health and learning disabilities services, consistent with the Board's overall strategic direction of the Health Board through its Integrated Medium Term Plan and any requirements and standards set for NHS bodies in Wales;
- (b) consider the implications for mental health and learning disabilities services arising from the development of the Board's corporate strategies and plans or those of its stakeholders and partners, including those arising from any other Committees of the Board and statutory partnerships;
- (c) The Committee will, in respect of its assurance role, seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe mental and learning disabilities care and services across the whole of the Board's activities including those services provided for the Board by third sector providers and service provision made by the independent sector. Also, that all opportunities are taken to promote continuous improvement and that the consideration of the experience of patients and service users are key features of the Committee's assurance arrangements.

Authority

The Committee is authorised by the Board to:

- investigate any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Health Board. It can seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee
- obtain outside legal or other independent professional advice and to secure the attendance of representatives of other agencies with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements
- by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee.

Scheme of Delegation

The Health Board as Hospital Managers may arrange for their functions under the Mental Health Act to be carried out on a day to day basis by particular Officers/Lay Members on their behalf. (COP 11.7) The arrangements for authorising decisions has been set out in a scheme of Delegation and this is included at **Appendix 1**.

Membership

The Mental Health Act 1983 gives responsibility to health and social care organisations and practitioners, in collaboration with a range of other agencies including police and ambulance services, as well as third sector bodies such as advocacy providers. Membership of the Committee therefore, should reflect this wider partnership, as different agencies and practitioners have differing responsibilities and duties under the Act.

The Vice Chair of the Health Board shall Chair the Committee given their specific responsibility for overseeing the Health Board performance in relation to primary care, community and mental health services and the following shall be members:

- Three Independent Board Members (one of which would be the Chair of the Committee/Vice Chair of the Health Board)

The Committee will also designate another

The Director of Primary, Community and Mental Health will be lead Executive for the Committee. However, will not be a formal member of the Committee, but the expectation is that the Director or deputy will be in attendance at all Committee Meetings, but count toward a quorum.

Other key members of staff from the Health Board will be invited to attend the Committee either as a standing invitation or an invitation to present or speak on specific subjects or areas of the Committee's business. The Committee will determine these invitations.

Support to Committee Members

The Board Secretary, on behalf of the Committee Chair, shall:

- determine the secretarial and support arrangements for the Committee;
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for committee members.

Committee Meetings

Quorum

This will comprise two Independent Members, one of which must be the designated Chair or Vice Chair.

Frequency of Meetings

Meetings shall be held quarterly per annum. The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the Health Board's annual plan of Board Business.

Circulation of Papers

Papers will be distributed at least 7 calendar days prior to each meeting.

Reporting and Assurance arrangements

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes oral updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
- bring specific attention to any significant matters under consideration by the Committee via the submission of the minutes as part of the Committee Chairs' Assurances Reports to the Health Board;
- ensure appropriate escalation arrangements are in place to alert the Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

Relationship with the Board and its Committees/Groups

The Committee, through the Committee Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of information, as appropriate.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

Related Sub Groups

- Mental Health Act Monitoring Group/Power of Discharge Committee

Applicability of standing orders to committee business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in relation to the Quorum.

Review

These Terms of Reference shall be adopted by the Committee and be subject to review at least on an annual basis thereafter.

Mental Health Directorate


Hospital Managers' Scheme of Delegation COP 11.7	Hospital Managers may arrange for their functions to be carried out on a day-to-day basis by particular people on their behalf.
COP 11.8	The arrangements for authorising decisions should be set out in a scheme of delegation approved by a resolution of the body itself.

Issue/Task		Delegated to
4, 2, 3	Admission to hospital: Record of detention in hospital	MHA Administrator/Nurse in Charge or Senior Nurse
5(2)	Report on hospital inpatient	MHA Administrator/Nurse in Charge or Senior Nurse
21B	Authority for detention after absence without leave for more than 28 days (hospital or community patient)	MHA Administrator
20	Renewal of authority to detain	Hospital Managers Committee, MHA Administrator
COP 11.15	Ensuring appropriate RC for patient	Clinical Governance Committee
19	Transfer between hospitals under different managers	MHA Administrator/Nurse in Charge or Senior Nurse.
19	Transfers into/from guardianship	MHA Administrator/Nurse in Charge or Senior Nurse

Sections of MHA 1983	Issue/Task	Delegated to
MHA 1983 Part 6	Date of reception of a patient into hospital in Wales	MHA Administrator / Nurse in charge or senior nurse
MHA 1983 Part 6	Transfer of patient subject to compulsion in the community	MHA Administrator / Nurse in charge or senior nurse

19A	Authority for assignment of responsibility for a community patient from one hospital to another under different managers	MHA Administrator
17E	Record of detention of recalled community patient	MHA Administrator/Nurse in Charge or Senior Nurse
17F	Authority for transfer of a recalled community patient to a hospital under different managers	MHA Administrator/Nurse in charge or senior nurse
20A	Report extending CT period	MHA Administrator
132, 132A, 133	Information for patients and nearest relatives refer to chapter 11 COP for Wales	MHA Administrator/ Nurse in Charge or Senior Nurse
S20	Renewal of authority for detention	MHA Administrator
68	Referral to MHRT for patients subject to the Mental Health Act 1983	MHA Administrator
COP 26.27	Responsible Clinician acting as the nominated representative of the responsible authority	Responsible Clinician
COP 11.35	Informing LHBs and LSSAs of MHRT hearings so they can consider s117 needs	MHA Administrator

Sections of MHA 1983	Issue/Task	Delegated to
67	Referrals by Welsh Ministers to MHRT	MHA Administrator
25	Report barring discharge by Nearest Relative	MHA Administrator
S48 / Schedule 6	Domestic Violence Crime and Victims Act 2004	RC, MHA Administrator

 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health and Learning Disabilities Committee Thursday 7 February 2019 Agenda Item: 3.1
--	--

Aneurin Bevan University Health Board

Update on Aneurin Bevan University Health Board response to the Tawel Fan Investigation in Betsi Cadwaladr University Health Board.

Executive Summary

This brief report provides an update on the work undertaken by the Health Board to review the HASCAS report and findings and how the lessons learnt have been considered in Aneurin Bevan.

The Health Board received a paper in July 2018 setting out the approach and actions to be taken forward with an assessment and consideration of the findings and recommendations in the ABUHB context.

This work has been taken forward and a report summarising the assessment work undertaken, current position and recommendations will come to the April 2019 meeting of the MH&LD Committee and to the Quality and Patient Safety Committee June 2019.

The Mental Health and Learning Disabilities Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	x

Executive Sponsor: Martine Price, Interim Director of Nursing

Report Author: Martine Price, Interim Director of Nursing

Report Received consideration and supported by :

Executive Team		Committee of the Board	
		[Committee Name]	

Date of the Report: February 2019

Supplementary Papers Attached:

Purpose of the Report

This brief report provides an update on the work undertaken by the Health Board to review the HASCAS report and findings and how the lessons learnt have been considered in Aneurin Bevan.

Background and Context

An independent investigation by the Health and Social Care Advisory Service (HASCAS) into the care and treatment provided on Tawel Fan Ward in BCUHB: A Lessons for Learning report was published on 3rd May 2018. The report was commissioned by BCUHB in August 2015 to examine specific concerns raised by 23 families about the care and treatment of their relatives between January 2007 and December 2013. As well as investigating the specific concerns raised by the 23 families the investigation team was asked to examine the archives developed during prior investigations and reports including - The Ockendon external investigation (conducted in 2014 and published in May 2015); The North Wales Police Investigation (2014-2015) and the Betsi Cadwaladr mortality review (2015). Consequently an additional 85 patients were added to the investigation. The HASCAS panel examined the care pathways and the care and treatment received by the patients in the investigation cohort in order to identify the lessons for learning.

The Health Board received a paper in July 2018 setting out the approach and actions to be taken forward.

An assessment has been undertaken of the Health Board position against the recommendations and key committees have considered the report and findings, including the Executive Team meeting on 9th July 2018, a special joint briefing meeting of members of the Health Board's Quality & Patient Safety (QPSC) Committee and Mental Health & Learning Disabilities (MHLD) Committee on 12th July 2018 and the Health Board's Safeguarding Committee on 17th July 2018.

Assessment and Conclusion

This brief report provides an update on the work undertaken by the Health Board to review the HASCAS report and findings and how the lessons learnt have been considered in Aneurin Bevan.

The Health Board have a number of key strategic and operational changes, all of which have been considered against the findings and recommendations.

- The Clinical Futures Strategy which includes a programme of redesign across all our clinical models in primary, community and secondary care.
- The review of Older Adult Mental Health Services which in 2018 resulted in shifting resources from inpatient adult mental health provision to enhanced community services. A full evaluation report has been presented to the January 2019 Health Board meeting.
- A revised Dementia strategy and delivery plan.

A high level assessment of ABUHB's position in relation to the learning highlighted in the HASCAS report shows that ABUHB has strong governance arrangements well embedded in its organisational structures and good evidence of inter-organisational and partnership working across the Gwent region.

The Health Board is currently engaged in a major review of its care pathways both in secondary care and primary and community care through its Clinical Futures Programme with strong governance arrangements in place to support the Clinical Futures Strategy delivery.


A report summarising the assessment work undertaken, current position and recommendations will come to the April 2019 meeting of the MH&LD committee and to the Quality and Patient Safety Committee June 2019.

Recommendation

To receive the update and note that a full report will come to the April meeting of the Mental Health and Learning Disability Committee and to the Quality and Patient Safety Committee June 2019.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Reviewed not identified risk level requiring inclusion on the Risk Register
Financial Assessment, including Value for Money	No direct financial implications.
Quality, Safety and Patient Experience Assessment	This is a significant report that has been reviewed and assessed for learning within the HB.
Equality and Diversity Impact Assessment (including child impact assessment)	No direct impact, noting the equality and diversity of the Health Board population and key work streams that this report aligns to that are impact assessed.
Health and Care Standards	This assessment work aligns to the compliance with the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	This aligns to priorities in the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	This work contributes to the 5 ways of working in terms of longer term planning, integration of services, involvement of patients and public, collaboration between partners and the prevention of ill health and promotion of well-being.
Glossary of New Terms	Terms explained
Public Interest	Paper can be shared.

 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health and Learning Disabilities Committee Thursday 7 February 2019 Agenda Item: 3.2.1
--	--

Aneurin Bevan University Health Board

Mental Health and Learning Disabilities Performance Report

Executive Summary

This report provides the Committee with an update of performance against key Mental Health and Learning Disabilities Performance Targets.

The report highlights:

- Good progress in sustaining all national Mental Health performance targets at the end of November 2018 with confidence in achieving end of year targets across all indicators.
- Excellent performance in improving specialist CAMHS waiting times with no patient waiting over 28 days at the end of December 2018.
- Challenges in maintaining the Primary Care Intervention target in January due to reduce service capacity and high referral numbers.
- Progress in reporting psychological therapy waiting times with around a third of patients currently waiting over 26 weeks for therapy with the new measure expected to go live in April 2019.

The Mental Health and Learning Disabilities Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

Executive Sponsor: Nick Wood

Report Author: Ian Thomas, General Manager

Report Received consideration and supported by :

Executive Team		Committee of the Board	Mental Health & LD
-----------------------	--	-------------------------------	--------------------

Date of the Report: 21.01.19

Supplementary Papers Attached:

Purpose of the Report

To provide a report on the current performance against the Welsh Government performance targets for Mental Health and Learning Disabilities Services

Background and Context

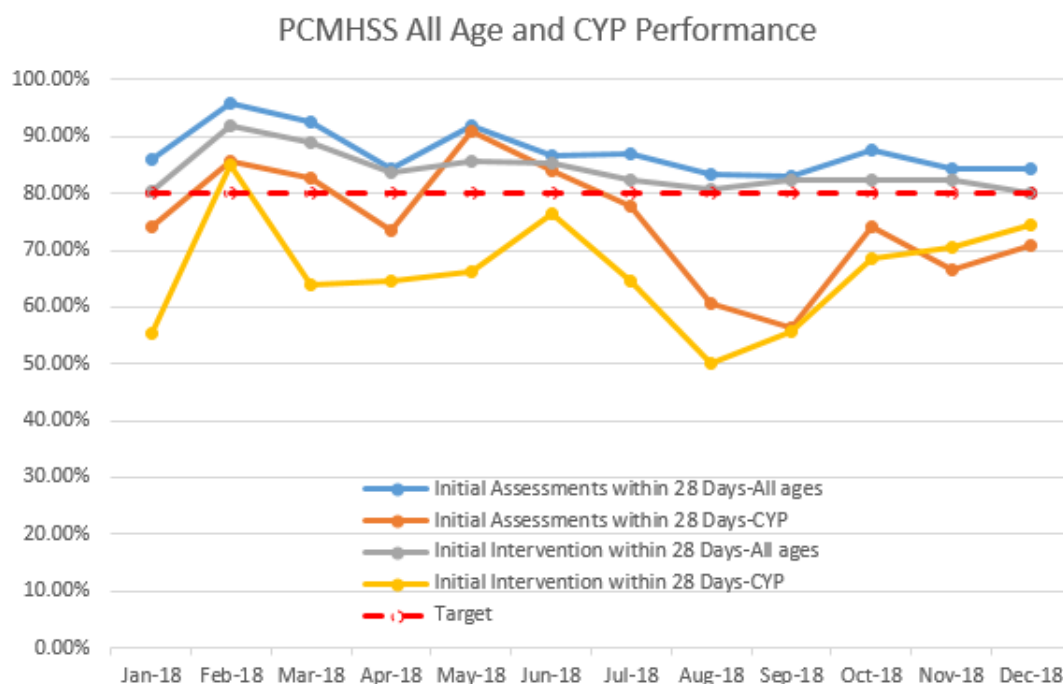
The Divisions remain on track to deliver against all WG performance targets in 2018/19. The key target measures are highlighted in the table below.

Performance Framework Target	April	May	June	July	Aug	Sep	Oct	Nov
PCMHSS assessment in 28 days (80%)	84.4	91.7	86.6	87.1	83.2	82.9	91.0	84.5
PCMHSS intervention in 28 days (80%)	83.5	85.8	85.2	82.5	80.3	80.9	82.3	82.4
Part 2 : CTP completed (90%)	90.1	90.9	91.2	87.4	90.9	90.3	90.6	90.6
Part 3 : Assessment outcome in 10 days	100	100	100	100	100	100	100	100
sCAMHS : Assessment in 28 days (80%)	81.4	83.3	87.7	94.3	89.0	95.6	96.0	98.0

1. Performance against MH Measure Targets

• Part 1 MH Measure PCMHSS

Performance has been sustained despite significant workforce and sustainability challenges over the summer period and beyond. Additional temporary capacity is being added through transformation funding over the last quarter of the year to deal with backlogs in adult and children's services. The graphs below highlight the differential in performance for children in comparison to adults.



The service has struggled to recruit CYP staff and following recent internal discussions a further recruitment exercise is being undertaken with a variety of recruitment options being explored. Transformational change to the CYP services is planned during 2019/20 with the development of Single Point of Access across all boroughs.

Due to a significant spike in referrals in October/November 2018, coupled with reduced capacity in December and January 2019 the maintenance of the intervention target at the end of January 2019 will be challenging, but all efforts are being made to maintain the good record of achievement over the last two years. The Division remains confident of recovering any slippage quickly and maintaining targets going forward in February and March 2019.

There are significant operational challenges on a daily basis that are being tackled by the operational managers across the boroughs in matching demand and capacity in a practiced based model. A key priority over the next year will be to review the sustainability of the current service model.

Recent positive discussions have been held with Primary Care to look at the development of alternative service models building on the strength of the current practice based model, recognising the need to deliver some services at an NCN or borough based model to ensure equity, sustainability and resilience.

- **Part 2 and Part 3 MH Measures**

As noted above the target is being consistently met and is forecast to continue to be compliant to year end.

2. Specialist CAMHS Assessment Target

All Health Boards across Wales have a target to see 80% of patients for routine assessments by specialist CAMHS within 28 days referral. As shown in the table above, there has been significant improvement in access waiting times in specialist CAMHS services. The target of 80% has been consistently met by ABUHB specialist CAMHS since August 2017. As at 31 December 2018, there was no patient waiting for routine assessments by specialist CAMHS which is a first for the service.

3. Access to Psychological Therapies

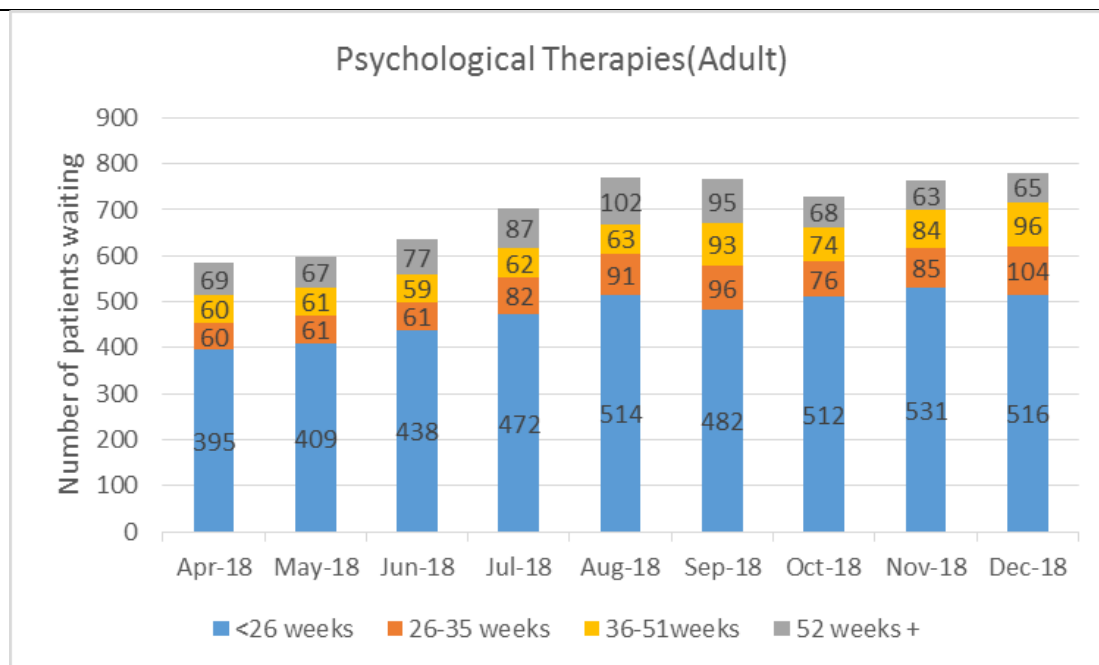
The 26 week RTT target is expected to be applied to psychological Therapies for the first time in 2019/20. During this year a shadow data submission period has been established, although performance figures are not currently officially published externally. The anticipated new target is to expected to be for 80% of patients referred to be seen within 26 weeks. Currently the Health Board only reports adult psychology data while data validation and improvements are being made to enable reporting across other areas. Current performance in adult services has stabilised around 69% this year although likely to drop slightly due to the Xmas period at the end of December.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
% Waiting <26 weeks	67.6%	68.4%	69.0%	67.1%	66.8%	62.9%	70.1%	69.6%

The adult service makes up the majority of psychological therapy activity and will therefore be a reasonable indicator of overall compliance against the performance target. This year there has been a significant investment of over three quarters of a million pounds into funding improvements in access to psychological therapies following a successful bid to Welsh Government. The funding has only recently been confirmed in November 2018 and plans are currently being put in place to implement the expansion of capacity in the service in line with the plans outlined in the bid. It should be noted that the 80% access target is expected to become a live target from April 2019. The Health Board will be unable to meet the target at that time but will develop robust plans to improve performance to enable achievement by the end of March 2020.

As the impact of the additional funding delivers the proposed additional capacity, it is anticipated that there will be some improvement in waiting times over the last quarter of this year. However in order to utilise non-recurring expenditure there will also be a push for additional training which will impact on overall service capacity in the last quarter.

Work has started on developing a trajectory for improvement which will need to be finalised and agreed before the end of March 2019. It is likely to take several months to recruit into the additional posts created with the new funding and the impact of the additional funding upon performance will not be seen immediately.



An initial priority will be to reduce the number of longest waiting patients with a view to eliminating all patients waiting over 51 weeks for therapy. The new funding will support investment in higher banded clinicians to enable appropriate support and supervision for the current workforce (previous investment has been targeted at lower banded staff including psychology assistant grades).

It will also increase the pool of experienced clinicians to help to tackle the more complex individuals that often sit at the end of the waiting list. An improvement profile will be developed in conjunction with directorates and signed off and monitored through the Executive Divisional Assurance process and be reported at future Committee meetings.

Assessment and Conclusion

Compliance has been maintained across all targets as at the end of November 2018 with confidence that these will be maintained at the end of this financial year in line with submitted IMTP trajectories for 2018/19. There remains a risk of a slight dip in performance in January 2018 against the PCMHSS Intervention target but action is being taken to try and mitigate this.

Recommendation

The Committee is asked to note the good performance against the range of current performance targets and note the actions being taken to prepare for the anticipated formal reporting of psychological therapy waiting times from April 2019.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Reputational risks in not meeting core performance targets and delivering MH Measure statutory targets
Financial Assessment, including Value for Money	Additional funding made available through transformation and psychological therapies funding to deliver improvements in access targets.

Quality, Safety and Patient Experience Assessment	Reduction in waiting times is a key quality/patient experience indicator
Equality and Diversity Impact Assessment (including child impact assessment)	The report shows longer access times for children and young persons than for adults accessing the Primary Care Mental Health Support Services and actions being taken to reduce inequality in service.
Health and Care Standards	Standard 2: Safe Care standards 2.1 Standard 3: Effective Care standards 3.1, 3.2, 3.5 Standard 4: Dignified Care standards 4.1,4.2 Standard 5: Timely Care standard 5.1 Standard 6: Individual Care standards 6.1,6.2,6.3 Standard 7:Staff and Resources standard 7.1
Link to Integrated Medium Term Plan/Corporate Objectives	Maintenance of core targets are a key component of the IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	
	Long Term – Improving mental health remains a key long term priority
	Integration – Mental Health & LD are delivered on a multi-agency basis through established partnership boards
	Involvement – There continues to be significant service engagement and involvement with users and carers in the delivery and planning of services
	Collaboration – Primary Care MH services and Childrens services remain areas of close cooperation across Divisions and agencies
	Prevention – Improving access to primary care MH services, sCAMHS and psychological therapies promote improved mental health and better outcomes for individuals
Glossary of New Terms	N/A
Public Interest	None

 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Mental Health and Learning Disabilities Committee Thursday 7 February 2019 Agenda Item: 3.2.2</p>
---	--

3.2

Aneurin Bevan University Health Board

Mental Health Act Interim Report

Executive Summary

This report provides the Mental Health and Learning Disabilities Committee with an interim update on the use of the Mental Health Act in the Mental Health and Learning Disabilities Division.

The report asks Committee to receive the report for assurance and compliance with the legislative requirements of the Mental Health Act (1983).

The Mental Health and Learning Disabilities Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Nick Wood, Executive Director

Report Author: Ana Llewellyn, Divisional Nurse and Hayley Jones, Mental Health Act Administration

Report Received consideration and supported by :

Executive Team		Committee of the Board [Committee Name]	Mental Health and Learning Disabilities Committee
-----------------------	--	--	---

Date of the Report: 25th January 2019

Supplementary Papers Attached:

- Interim Report provided by the Mental Health Act Administrators Office
- Glossary of Common Terms Mental Health Act (1983)

Purpose of the Report

This report provides the Mental Health and Learning Disabilities Committee with an update on the use of the Mental Health Act (1983) in order for an evaluation of trends and patterns to be evaluated.

The report asks Committee to receive the report for assurance and compliance with the legislative requirements.

Background and Context

The Mental Health Act 1983 is an Act of Parliament which applies to people in England and Wales. The Act is the legislation that governs the formal detention, treatment and care of mentally disordered people in hospital. In particular, it provides the authority by

which people diagnosed with a mental disorder can be detained in hospital, or police custody for their disorder to be assessed or treated, if necessary without their consent.

The powers of the Act are considerable as they override basic human rights. As such it is essential that the use of the Act is monitored in order to safeguard people.

Mental Health Act Administrators are appointed to oversee the application of the Act and to ensure that Mental Health Act detention papers are lawful.

Assessment and Conclusion

This six monthly MHA activity report is distributed to members of the Power of Discharge Sub Committee and the Divisional Management Team for monitoring and scrutiny.

The report covers Adult Mental Health, Older Persons Mental Health and Learning Disability Services managed by Aneurin Bevan University Health Board.

Trends are monitored to highlight potential risks to the organisation as a result of increase in activity.

Recommendation

The report asks Committee to receive the report for assurance and compliance with the legislative requirements of the Mental Health Act (1983).

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	There are potential legislative risks to the health board if patients are not lawfully detained under the Mental Health Act.
Financial Assessment, including Value for Money	No specific financial issues have been identified.
Quality, Safety and Patient Experience Assessment	The lawful application of the Mental Health Act is essential to the safeguarding of patients' rights and liberties.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Health and Care Standards 2, 4 and 7
Link to Integrated Medium Term Plan/Corporate Objectives	No specific link to the IMTP.
	Integration – the statutory requirements are limited to hospital provision
	Collaboration – the application of the Mental Health Act requires collaboration with the local authority
Glossary of New Terms	
Public Interest	There is a public interest in this report being shared.



Mental Health & Learning Disabilities Division

Mental Health Act Administration Report for the Mental Health Committee

**Mental Health Act Review of Detentions
April 2018 – September 2018**

Interim Six Month Report

January 2019

Mental Health & Learning Disabilities Division Report on Mental Health Act (MHA) Activity in Gwent April 2018 – September 2018 (Six Month Interim Report)

1.0 Executive Summary

The following report provides largely statistical data relating to MHA activity and trends in Gwent from April 2018 until September 2018.

The following summarises some of the key findings contained in the report.

There has been a 0.3% decrease in the number of sections used in comparison to the previous 6 months (from **318** to **317**), this does not include use of 5(2) or 5(4).

Other notable changes:

1. The number of section 2's applied decreased 1.3% (-3), with the number of section 3's increasing 4% (+4).
2. An approximate 14% increase (+5) in the use of Section 5(2) (doctor's holding power), and a 20% increase (-5) in the use of Section 5(4) (nurse's holding power) in this 6 month period as compared to the previous 6 months.
3. June was the overall busiest month in Gwent with **65** admissions, with April showing the fewest admissions at **35**.
4. The number of failed medical scrutinies fell by 4 (*from 5 to 1*).
5. There has been an 18.5% decrease in formal admissions to PICU this year (-5).
6. The number of new CTO's decreased by 10% compared to the same period last year (-1, *from 10 to 9*).
7. The total number of presentations under Section 136 has increased from the same period last year, increasing from **132** to **145**. 49% of those presenting in the 6 month period resulted in an inpatient admission, which shows a 4% increase from last year's total admissions.
8. The South Powys wards (Felindre, Clywedog and Crug) were handed back over to Powys HB in June 2017 so in-patient sections for these wards are no longer included in this report. This will contribute to the decrease in the number of sections for the year.

1.1 Introduction

The following report contains a range of statistical data relating to the use of the Mental Health Act (MHA) in Gwent. Please note that some data viewed on its own can be misconstrued without a fuller context or explanation.

1.2 Breakdown of the various sections used

Broadly, civil detentions are made under Part II of the Act (Sections 2, 3, 4). Court disposals and prison transfers are made under Part III of the Act and relate to patients detained by direction of the court while on remand, or after conviction, or transferred from prison under warrant from the Home Secretary (Sections 35, 36, 37, 38, 44, 45A, 46, 47 and 48).

The following table is a breakdown of the various sections that have been applied during **April 2018 – September 2018** including sections made under part III of the act. At this point the data does not include the numbers of CTO's (Section 17A), CTO Renewals (Section 20A) or Renewals of Detention (Section 20) or holding powers (5(2), 5(4)). These are discussed later in the report.

Section	Brief Description	Apr18	May18	Jun18	Jul18	Aug18	Sep18	Total 2018 (2017)
4	Emergency Assessment up to 72 hours	0	0	0	1	1	0	2 (10) -80%
2	For assessment for up to 28 days	26	30	50	50	32	31	219 (226) -3%
3	For treatment up to 6 months in the first instance	9	23	14	12	20	16	94 (110) -14%
36	Remand of accused person to Hospital	0	0	0	0	0	0	0 (1)
37	Hospital Order (applied by court)	0	0	0	0	0	0	0 (2)
38	Interim Hospital Order	0	0	0	0	0	0	0 (1)

Section	Brief Description	Apr18	May18	Jun18	Jul18	Aug18	Sep18	Total 2018 (2017) -/+%
37/41	Hospital Order with restrictions (applied by court)	0	1	0	0	0	0	1 (0)
47	Transfer to Hospital of a sentenced prisoner	0	0	1	0	0	0	1 (0)
	TOTALS	35 (60) -42%	54 (67) -19%	65 (55) +18%	63 (59) +7%	53 (60) -12%	47 (49) -4%	317 (350) -9.5%

The total number of Section 3 Renewals (**15**), Section 37 Renewals (**1**), and Section 47 Renewals (**0**) is not contained in the table above as it would give a false representation of the total number of detentions applied.

There were more Section 2's applied in the year than any other section, making up 69%, followed by Section 3's at 29%, Section 4's at 1%, with the rest making up the final 1%.

June was the overall busiest month with **65** sections.

The average number of sections per month for the period was **53**. Last years' average was **56**.

The total number of sections applied **decreased 9.5%** from **350** to **317** (comparison periods April17-September2017 and April18 – September 18).

- Totals for sections during the below consecutive 6 month periods.

Section	Apr 16 – Sep 16	Oct 16 – Mar 17	Apr 17 – Sep 17	Oct 17 – Mar 18	Apr 18 – Sep 18
4	12	8	10	2	2
2	260	243	226	222	219
3	119	119	110	90	94
37	1	2	2	1	0
37/41	3	5	0	2	1
47	1	0	0	1	1
47/49	1	1	0	0	0
48/49	0	0	0	0	0
36	0	0	1	0	0
38	0	0	1	0	0
Total	397	378 -5%	350 -7.4%	318 -9%	317 -0.3%

1.3 Breakdown of admission into the PICU (Psychiatric Intensive Care Unit)

The table below details the breakdown of formal admissions into the PICU by borough.

The unit admits highly disturbed service users who previously would have either been sent out to specialist units or who may have been inappropriately nursed on the adult acute wards.

PICU	Apr18	May18	Jun18	Jul18	Aug18	Sep18	Total
Blaenau Gwent	1	0	0	0	0	0	1
Caerphilly	0	1	1	2	0	0	4
Monmouthshire	0	0	1	0	2	1	4
Newport	0	2	0	2	2	1	7
South Powys	0	0	0	0	0	0	0
Torfaen	0	1	2	0	1	0	4
Out of County	0	0	1	1	0	0	2
Total 2018	1	4	5	5	5	2	22
Total (2017)	(2)	(8)	(1)	(5)	(7)	(4)	(27) -18.5%

Compared to the same period last year there has been an 18.5% decrease in the total number of admissions to PICU from **27** last year down to **22** this year (-5).

- Totals for PICU admissions for the past six 6 month periods

PICU	Apr 16 – Sep 16	Oct 16 – Mar 17	Apr 17 – Sep 17	Oct 17 – Mar 18	Apr 18 – Sep 18
Blaenau Gwent	2	0	2	1	1
Caerphilly	2	3	1	6	4
Monmouthshire	2	2	3	6	4
Newport	6	9	15	9	7
South Powys	0	1	1	1	0
Torfaen	7	5	4	4	4
Out of County	0	2	1	1	2
Total	19	22 +15.7%	27 +22.7%	28 +3.7%	22 -21%

The data above shows that Newport is responsible for the largest majority of admissions into PICU, averaging 41 % of all admissions for the past three years. Torfaen is responsible for the second largest with 19%.

1.4 Breakdown of Section 5 admissions

Section 5 (commonly referred to as the holding powers) of the MHA provides for application for admission for assessment or treatment to be made for mentally disordered patients who are already receiving treatment in hospital as informal patients. Section 5 is only used if at the time it is not practicable or safe to take the steps necessary to make an application for detention, without detaining the patient in the interim. The table below indicates the incidence of holding powers utilised by Doctors (5/2) and nurses (5/4) for the same period.

Section	Brief Description	Apr	May	Jun	Jul	Aug	Sep	Total
5(2)	Doctor's holding power up to 72 hours	6	14	15	12	7	9	63
5(4)	Nurse's holding power up to 6 hours	5	6	3	3	2	6	25

The number of 5(2)'s have increased 14% from **55** last year to **63** in the same period this year.

The number of 5(4)'s have decreased 20% from **30** last year to **25** in the same period this year.

- The table below shows the same data split into six 6 month periods

	Apr 16 – Sep 16	Oct 16 – Mar 17	Apr 17 – Sep 17	Oct 17 – Mar 18	Apr 18 – Sep 18
5(2)	91	63	55	58	63
5(4)	45	27	30	16	25

The following tables show ward implementation of holding powers within **April 18 – September 18**:

Section	Ward	Apr	May	Jun	Jul	Aug	Sep	Total
5(2) Doctor's holding power up to 72 hours	A & T	0	1	0	0	0	0	1
	Adferiad	1	3	5	2	3	4	18
	Annwylfan	0	0	2	0	0	1	3
	Carn Y Cefn	0	0	0	1	0	2	3
	Cedar Parc/Willows	0	0	0	0	0	0	0
	Hafan Deg	0	1	1	0	0	0	2
	NHH	0	1	0	0	0	0	1
	Pillmawr	0	0	0	0	0	0	0
	RGH	2	1	0	1	0	0	4
	Sycamore	0	0	0	0	0	0	0
	Talygarn	1	0	3	5	2	1	12
	Ty Cyfannol	2	6	4	3	2	1	18
	Ty Skirrid	0	1	0	0	0	0	1
	Total	6	14	15	12	7	9	113

Adferiad and Ty Cyfannol registered the highest total of 5(2)'s at **18 each**, Ty Cyfannol also posted the most 5(2)'s in a month at **6** for May. June saw the overall highest use at **15**.

Section	Ward	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Total
5(4) Nurse's holding power up to 6 hours	A&T	0	1	0	0	1	0	2
	Adferiad	2	2	2	3	0	3	12
	Annwylfan	0	0	0	0	0	1	1
	Carn Y Cefn	1	1	0	1	0	1	4
	Cedar Parc	1	0	1	1	0	0	3
	Hafan Deg	0	1	0	0	0	0	1
	Sycamore	0	0	0	0	0	0	0
	Talygarn	0	0	0	0	0	0	0
	Ty Cyfannol	1	1	0	1	2	1	6
	Total	5	6	3	6	3	6	29

Adferiad had the highest total of 5(4)'s for the period at **12** and the most use in a month(s) at **5** in July and September. The busiest months overall were May, July and September with **6 each**.

1.5 Unlawful Detentions

There were NIL unlawful detentions identified by the department during April 2018 – September 2018, compared to 3 in the same period the previous year.

Unlawful Detentions						
Apr18	May18	Jun18	Jul18	Aug18	Sep18	Total
0	0	0	0	0	0	0

1.6 Failed Medical Scrutiny

The below table shows the number of failed medical scrutiny's for the **April – September 2018** period. The figure is down from the same period in the previous year's number of 5.

Failed Medical Scrutiny (Rectifiable Errors)						
Apr18	May18	Jun18	Jul18	Aug18	Sep18	Total
0	0	0	1	0	0	1

Failed medical scrutinies are rectifiable within 14 days. The reason for failure of the 1 medical scrutiny was insufficient reasons why informal admission was not appropriate, as recorded on the medical recommendations.

2.0 Community Treatment Order (Section 17A)

The purpose of Supervised Community Treatment (SCT) is to enable eligible patients to be treated safely in the community where they remain liable to be detained rather than under detention in hospital. Conditions are imposed which help prevent relapse and any possible harm to the patient or others. SCT is intended to help the patient maintain stable mental health outside hospital and to promote recovery.

2.1 Breakdown of New CTO's by Month

The table below indicates the amount of new CTO's (Section 17A) that have occurred during **April 2018 – September 2018**:

Month	Community Treatment Orders (CTO's) 2018 (2017)
Apr18	3 (3)
May18	0 (1)
Jun18	1 (2)
Jul18	3 (2)
Aug18	2 (1)
Sep18	0 (1)
Total	9 (10)

The total number of new CTO's has decreased 10% from **10** in the same period last year to **9** this year.

- Totals for new CTO's during six 6 month periods.

	Apr 16 – Sep 16	Oct 16 – Mar 17	Apr 17 – Sep 17	Oct 17 – Mar 18	Apr 18 – Sep 18
New CTO's	16	20	10	10	9

2.2 Cumulative breakdown of CTO's

The following table shows the monthly rate of active CTO's taking into account new CTO's, discharges and revocations during **April 2018 – September 2018**.

Month	Current CTO's	New CTO's	Discharges and Revocations	Total Number of CTO's
April 18	27	3	2	28
May 18	28	0	0	28
June 18	28	1	3	26
July 18	26	3	4	25
August 18	25	2	2	25
September 18	25	0	1	24
Total	-	9	12	-

2.3 Recalls and Revocations

During the period of April 2018 – September 2018 there were;

- Recall of CTO **5**
- Revocation of CTO **4**

3.0 Section 136

Section 136 is a police power to remove a person who appears to be suffering from a mental disorder from a public place to a place of safety. A patient subject to this section can be moved from one place of safety to another within the time period of this section and there is no right of appeal.

3.1 Breakdown of Section 136

The following table indicates the amount of Section 136 removals to a place of safety which have occurred during **April 2018 - September 2018** in comparison to the previous year. The table also specifies if an admission to an inpatient unit was the outcome of the assessment. The results are as follows:

PERIOD	Place of Safety Assessment	S136	Admissions to In-patient Units
April 18 – Sept 2018 (Six months)	Hospital Setting	145	72
	Police Station	0	0
	Total	145	72
April 17 – March 18	Hospital Setting	235	110
	Police Station	11	3
	Total	246	113
April 16 – March 17	Hospital Setting	213	103
	Police Station	42	8
	Total	255	111
April 15 – March 16	Hospital Setting	198	92
	Police Station	63	11
	Total	261	103

There has been a slight increase in the number of 136's recorded, from **132 April – September 2017** to **145** during **April – September 2018**. The number of admissions to in-patient units overall increased by 4% making up 49% of the outcome of all s136 for the 6 month period.

Glossary of Common Terms: Mental Health Act (1983)

Listed below are the more commonly used detention orders, community orders and Parts of the Act which members of the Hospital Managers' Power of Discharge sub-committee will come into contact with on a regular or fairly regular basis:

- **Section 2 – Admission for Assessment**

The detention period lasts for a period of up to 28 days to enable assessment or assessment followed by treatment for mental disorder to take place.

- **Section 3 – Admission for Treatment**

This admission is initially for a period of up to six months; if it runs its full course, the section may be renewed for a further six months and twelve monthly periods thereafter.

Patients may appeal to the Hospital Managers at any time during a period of detention but they can only appeal to the Mental Health Review Tribunal once in each period of detention.

- **Section 37 – Hospital Order**

Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months.

- **Section 4 – Emergency Admission for Assessment**

Provides the power to forcibly admit and detain a person in hospital for up to 72 hours where it is of urgent necessity for the person to be admitted and detained under section 2 but only one doctor is available at the time to make a medical recommendation.

- **Section 5(2) – Doctor's Holding Power**

This section provides the authority for a doctor or approved clinician to detain either a voluntary inpatient or a patient who lacks capacity for up to 72 hours.

- **Section 5(4) – Nurse's Holding Power**

Section 5(4) allows a nurse (registered with the Nursing and Midwifery Council mental health or learning disability) to detain a voluntary inpatient or a patient lacking capacity for up to 6 hours.

- **Section 135(1) – Warrant to search for and forcibly remove a person**

Provides the power to forcibly enter a property to look for and remove a person to a place of safety (usually a hospital) for a period of up to 72 hours for assessment, if it appears to a

magistrate that there is reasonable cause to suspect that a person believed to be suffering from mental disorder; has been ill-treated, neglected or kept otherwise than under proper control or is living alone and unable to care for themselves.

- **Section 135(2) – Warrant to search for and remove a patient**

Authorises forcible entry of a property to look for and remove a detained patient who is absent without leave (AWOL) from hospital if on information given, it appears to a magistrate that there is reasonable cause to believe that a patient already subject to a section is to be found on premises within the jurisdiction of the magistrate **and** admission to the premises has already been refused or a refusal of entry is predicted.

- **Section 136 – Police power of arrest**

Under this section, if a police officer believes that a person in a public place is “suffering from mental disorder” and is in “immediate need of care and control”, the police officer can take that person to a “place of safety” for a maximum of 72 hours so that the person can be examined by a doctor and interviewed by an AMHP and any necessary arrangements can be made for the person’s treatment and care.

- **Section 17A – Community Treatment Order (CTO)**

This allows for a patient to receive the care and treatment they need for their mental disorder in the community rather than in hospital. To be eligible for CTO the patient must have been detained on one of the treatment sections when the application for the CTO was made.


For patients in the community, guardianship allows their responsible clinician and others to specify a place of residence. Guardianship is initially for a period of six months; it can be renewed for a further six months by the RC and yearly thereafter. The Local Authority would manage the guardianship rather than ABUHB.

- **Section 17 – Leave of absence**

Under section 17, the RC may grant leave of absence to a patient from the hospital in which that patient is liable to be detained. Leave authorisation can be subject to any conditions which the RC considers necessary in the interests of the patient or for the protection of other persons. Only the RC can grant leave.

- **Section 117 – Aftercare**

This section provides a legal right to aftercare services for anyone who has ever been detained under s.3, s.37, s.45A (power of higher courts to direct hospital admission), s.47 (transfer to hospital of sentenced prisoners) and s.48 (transfer to hospital of unsentenced prisoners).

 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health and Learning Disabilities Committee Thursday 7 February 2019 Agenda Item: 3.4
--	--

3.4

Aneurin Bevan University Health Board

Integrated Medium Term Plan – Progress on SCP 4 Mental Health and Learning Disabilities

Executive Summary

The purpose of this report is to provide a progress update and assurance on the delivery of the work programmes within the ABUHB's 2018-21 IMTP for SCP 4 – Mental Health and Learning Disabilities. A highlight report is attached at appendix A which provides a high level overview of key milestones due and their delivery status for Quarter 3 2018/19 along with a review of key risks and any benefits realised this quarter.

The report also confirms the status and inclusion of key programmes for SCP 4 within the refreshed 2019-22 IMTP.

The key findings are that the work programmes are all broadly on track. Two programmes, namely Learning Disabilities Residential Service Review and the Older Adult Mental Health (OAMH) Redesign programmes will be taken off SCP 4 for 2019, the former due to complete end of Q4 and the OAMH continuing via Divisional level assurance. The Complex Needs programme and the Whole System, Whole Person Acute and Crisis Support Transformation programmes will remain in place. Meanwhile the suite of projects designed to improve the emotional and mental well-being of children and young people will be brought together under the Iceberg Transformation Programme with assurance via the SCP.

Two new work programmes are being scoped for inclusion within SCP 4. One is on integrating physical and mental health care and the other is on improving MH and LD transition pathways for the 15-25 age group. They are described in more detail within the report.

The Mental Health and Learning Disabilities Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Nick Wood

Report Author: Angela Fry

Report Received consideration and supported by :

Executive Team		Committee of the Board	Mental Health & Learning Disabilities Committee
		[Committee Name]	

Date of the Report: 22 January 2019

Supplementary Papers Attached:

Appendix A - SCP 4 Highlight Report

Purpose of the Report

The purpose of this report is to provide a progress update and assurance on the delivery of the work programmes within the ABUHB'S IMTP SCP 4 – Mental Health and Learning Disabilities. A high level overview of key milestones and their delivery status for Quarter 3 2018/19 is attached at appendix A, along with a review of key risks and any benefits realised this quarter.

The report also confirms the status and inclusion of key programmes for SCP 4 within the refreshed 2019-22 IMTP.

Background and Context

The Integrated Medium Term Plan for 2018/19 – 2020/21 for Aneurin Bevan University Health Board was approved by the Board and submitted to Welsh Government in March 2018. The plan outlines the ways in which both national and local strategies and priorities are to be met over the next three years in providing high quality patient centred services to meet the needs of the population. Central to the strategic vision underpinning the IMTP was the implementation of the Clinical Futures Strategy supported by key service change and sustainability priorities identified over the next three years.

The delivery framework employing corporate Service Change Plans has been maintained in the 2018-21 IMTP and is consistent with the UHB's strategic priorities. SCP 4 – Mental Health and Learning Disabilities covers 2 of the high impact organisational priorities, namely; Priority 5) Development of integrated mental health and emotional well-being referral service for children and young people, and Priority 4) Complex needs programme. These and three other major transformation programmes within the MH/LD Divisional IMTP form the content of SCP 4.

The refreshed IMTP for 2019-22 has been submitted to ABUHB Board for approval prior to submission to WG due end January 2019. As part of this refresh, the work programme for SCP 4 has been reviewed by the Executive Lead and Divisional Directors for MH/LD and Families and Therapies. The report below outlines key changes.

Assessment and Conclusion

Overall, all programme areas are broadly on track or within tolerance. While a limited number of benefits are due for Q3 across the programme areas, it should be noted the majority are expected to be realised by end Q4. Key progress is outlined below:

Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model)

In 2018-21 plan focused on building emotional and mental health resilience in schools based on two pilot projects in Newport (ARROW) and the WG supported national CAMHS in-reach programme in Blaenau Gwent, Torfaen and South Powys. The ARROW project has recently been positively evaluated and funded for another 2 years and good progress is being made on the national CAMHS in-reach pilot. An evaluation methodology and timetable has been advised by WG for this and incorporated into the delivery schedule.

This has now been broadened into a much more ambitious and whole system transformation programme as part of the Gwent Transformation Fund "offer". Sponsored by the Regional Partnership Board and resourced with an allocation of the £100m transformation monies for Wales to implement "A Healthier Wales", it builds on the very strong collaborative working relationships between Health, Local Authorities and Education

that enable the Gwent Strategic Partnership for Children and Young People. Development and implementation will take 3-5 years.

Specifically this part of the offer focuses on the implementation of a new service model redrawing the current landscape to provide a more sustainable model of care, by working in a different, expansive and more integrated model. The initial phases of the programme will establish a multi-partner leadership team and appoint a structure of senior community-embedded clinicians to create a Single Point of Access and provide psychologically based, ACE and trauma-informed support for a wide range of mental health and emotional well-being needs. A programme manager has been appointed and is beginning to review the timescales to inform the plan. This will begin with the recruitment of a number of local pacesetter initiatives across Gwent to develop new models spanning community-embedded family interventions, infant and parent-focused perinatal mental health support, strategic refocusing of school health nursing and further school in-reach support. Fundamentally, this approach will ensure that the children and young people who need the specialist intervention provided by S-CAMHS and related services are able to access that service promptly and will do so by re designing the current tiered approach.

Older Adult MH Service Redesign

This is a whole system redesign involving multiple service change schemes. It includes; an enhanced community service model, reconfiguration of inpatient services, improvement of the ECT service, provision of a flexible hospital resource team, piloting of a behavioural support service for dementia care and roll out of PLICS and ICHOM in dementia memory assessment services (MAS).

There has been good progress across the work programme with many of the schemes completed and delivering benefits. A detailed evaluation report has been submitted to Board in January 2019.

Key achievements in 2018/19 have been the completion of the reconfiguration of inpatient services to provide three centres of excellence for dementia assessment and one centralised functional unit. This has improved the quality of care and delivered a more sustainable staffing model. A new enhanced community service model has been developed in Monmouthshire with additional investment. The Memory Assessment Services have been standardised and improved and a new single pathway developed.

As the most significant and high profile components of this work programme have been completed, the ongoing work plan for OAMH will be carried forward into 2019 - 2022 as part of the Divisional IMTP, not this SCP.

Whole Person, Whole System Adult Crisis Support Transformation Programme

This is a major transformational programme managed under the auspices of the Gwent MH/LD Strategic Partnership and covering the redesign of the acute patient pathway from acute crisis support and response with partners, through admission, discharge and follow up. The programme is anticipated to span 3-5 years to deliver a range of alternatives to admission including 24 hr crisis support, Crisis House short term accommodation and Sanctuary day care, Host Families, robust home treatment services and a broader range of discharge options. The work programme will also realign flow and acuity across inpatient services.

Key achievements in Q3 2018/19 include the expansion of the Crisis Resolution Home Treatment Team enabling multi-disciplinary roles to be recruited to provide a 24/7 service, funded from the £1.3m allocation for the Health Board from the MH Innovation and

Transformation Fund. A separate bid for £1.4m capital funding from the Intermediate Care Fund (ICF) has been submitted for the establishment of a Crisis House to be run by the third sector. The aim is to begin development in partnership with Housing and the Third Sector in 2019/20 and to be fully operational by 2021.

There has been slippage on the commencement of the pilot Host Families scheme with Shared Lives in the Newport borough. This has been due to loss of management capacity to take forward the initial audit and the need for further discussions with Shared Lives on infrastructure requirements and costs. Both matters appear to be resolved and the pilot will therefore commence as soon as the procurement arrangements have been completed.

There has also been slippage on the inpatient redesign elements of the Inpatient/Crisis Resolution Home Treatment Team redesign elements. It has therefore been decided to separate these work streams and secure more project management capacity to provide better coordination and increase pace. Options for the transformation of inpatient and Crisis Resolution Teams will be further developed and tested via a 12 month pilot with a view to identifying a preferred option and implementation by mid-2020.

Complex Needs Transformation

The aim of this programme is to address a particular gap in the provision of suitable environments of care for this client group, where currently many have to take up placements outside Gwent to meet their needs. In order to better manage forecast rises in demand and costs, our work programme has developed options that provide further supported living facilities using the 'In One Place' special purpose approach and refurbishment of South Lodge for a service user placement. The longer term service transformation is focused on the development of an integrated MH/LD low secure facility supported by an extended PICU and an HDU. This is expected to be a 3-5 year programme dependent on the availability of Welsh Government capital.

Key achievements in Q3 have been the submission of a Strategic Outline Case to WG for the LSU/HDU and PICU and works to create an interim extension of the existing PICU. This will now open in Quarter 4 2018/19. These changes aim to provide a more integrated adult MH and LD service and care closer to home. This programme has also benefitted from the MH Innovation and Transformation Fund enabling us to recruit extra capacity to introduce a structured case load management scheme and extra management capacity to support a robust strategic review of demand management approaches and other alternatives to placements outside Gwent.

Learning Disability Service Reviews

At the beginning of 2018, the Health Board's LD residential service had 24 residents across its five homes. The residential services review undertook detailed multi-disciplinary assessments with service users and their families to determine whether there was a primary health need and then discussed tenancy options for residential care or the appropriate package of care for those with continuing health care needs. This ensured service users would receive the environment of care and services most appropriate to their needs in line with Prudent Health Care principles.

To date all service users have moved to new placements except for 7 who will be remaining in their current homes. This has enabled the closure of Bridgeview, Homelands and 2 houses in Mitchell Close with attendant financial savings. The service change has affected 90 staff, of which all but 6 have been found suitable alternative posts and are either in permanent posts, undertaking a trial period or discussing options. A new centre of

excellence has been developed in Twyn Glas. This programme of change will be completed by close of 2018/19 and service user outcomes will be evaluated in 2019/20 once they have settled in. It will therefore come of the work programme for SCP 4.

Two new programmes have been identified for the refreshed SCP 4 and are outlined below.

Bringing Together Physical and Mental Health

In 2016, the King's Fund published a paper identifying 10 key areas for improvement in holistic care (*Naylor C et al, (2016), Bringing together physical and mental health; a new frontier for integrated care, King's Fund March 2016*). These ranged across all tiers of service provision, including:

- Prevention/public health (incorporating mental health into public health programmes, health promotion and prevention approaches for individuals with Serious Mental Illnesses (SMIs)).
- General Practice (management of unexplained symptoms, strengthening primary care to meet physical needs of people with SMIs or LD).
- Chronic Disease Management (supporting mental health and emotional wellbeing of people with CDMs and carers).
- Community/social care (integrated support for perinatal mental health and supporting mental health needs of people in residential care).
- Hospital care (mental health in DGHs and physical health in Mental Health inpatient facilities).

Some of these improvement areas already have delivery plans or services in place, including improving mental health well-being and improving access to primary care mental health services (see SCPs 1 and 2). This new work programme will therefore, in the first instance, oversee two under-developed areas of integration:

- Provision of a single psychiatric liaison service for acute hospitals across Gwent to support the transition to the Clinical Futures model by 2021.
- Integrating the physical health care support of individuals with MH or LD.

Mental Health Liaison

A high prevalence of mental health problems is encountered by clinical professionals in general inpatient, outpatient and emergency department settings. Many general staff lack the confidence, skills or training to manage common mental health problems. Patients with co-morbid depression and acute needs tend to have longer length of stay, while patients with dementia often have delayed transfers of care. While the Health Board has a number of specialist MH liaison teams working within departments, e.g. RAID, LD Behavioural Support Team, there is a degree of variation in approach. The work programme will therefore focus on key pathways for streamlining liaison, education and training for general staff to ensure there is a consistent approach and more integrated working that will support the Clinical Futures model and ensure appropriate support at all sites including GUH.

Physical Care Liaison

There is evidence that people in MH inpatient settings who have physical health needs are less likely to be registered with a GP, more likely to present late with physical symptoms and are more likely to have a serious condition under-recognised or sub-optimally treated. The inevitable impact of this is that people with MH problems are more likely to have emergency rather than planned admissions to acute care, longer lengths of stay, poorer clinical outcomes and higher mortality rates.

The ambition of both liaison work strands is to develop a system of care that breaks down barriers between specialties, is age-inclusive, operating 7 days a week and covering all units. While there may be differences in the details, level of outputs, in general the programme will scope the education, training and support needs of staff in hospital settings alongside investment and alignment of appropriate specialist support for MH and physical care teams including the provision of out-reach services to primary care.

Transition Pathways for Young Adults 15-25

Transition planning for young people moving from child to adult MH and LD services has long been recognised as disjointed and problematic. This new integrated work programme therefore aims to review the whole pathway from prevention to diagnosis, treatment and recovery in order to co-produce a coherent and inclusive model covering the 15 – 25 year old cohort. This is broader than the existing definition for transition. Shifting the focus to young people or “youth service”, is envisaged will facilitate the design of more age appropriate and clinically effective pathways. The programme will begin with a series of stakeholder engagement events to agree the core principles, opportunities for new ways of working and desired outcomes and benefits, based on the following existing clinical services:

- Early intervention in psychosis.
- Serious Mental Illness (SMI).
- Eating disorders.

In conclusion, a summary of the key outputs for component elements of this SCP are provided in the table below.

Table 4.6.1

Priorities	Summary of Outputs
Whole Person, Whole System Transformation Programme (MH/LD).	Inpatient redesign, extended pilot separating Crisis assessment and Home treatment, MDT staffing in home treatment teams, developing admission alternatives; Host Families, Crisis House, Sanctuary, single point of contact, housing tenancy support.
Individuals with Complex Needs Strategic Transformation Programme (MH/LD).	Work streams on understanding demand, reducing demand, alternative ways of meeting demand, increasing efficiency and improving flow, increasing capacity. Also to carry forward LSU/HDU/PICU development, In One Place schemes, structured case management.
Bringing Together Physical and Mental Health (MH/LD & F&T).	Education, training and physical health liaison for inpatient MH units providing accessible information, improved screening for falls and frailty, reduced UTIs, improved nutrition and hydration management, improved surveillance of patients with diabetes, improved physical health monitoring of people on psychotropic medication. Division wide scoping of Clinical Futures bed model impact and best practice models. Develop proposals and business case for new single integrated MH liaison service model serving all DGH sites and outreach to PC.
Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model) (F&T).	Integrated children's emotional well-being service implementation. Ongoing pilots in schools, i.e. Newport ARROW, Blaenau Gwent and Torfaen CAMHS inreach.
Transition Pathway for Young Adults 15-25 (MH/LD & F&T).	Whole pathway scoping and redesign for; early intervention in psychosis, SMI, eating disorders.

Recommendation	
The Committee is asked to consider this progress report on SCP 4 and advise whether it is assured of the progress being made on delivery.	
Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Key risks are reported in appendix A highlight report.
Financial Assessment, including Value for Money	Key financial risks and benefit measures due in Q3 are reported in the highlight report at appendix A.
Quality, Safety and Patient Experience Assessment	Quality and patient-centred benefits included within the programme are attached at appendix A.
Equality and Diversity Impact Assessment (including child impact assessment)	EQIA and Child impact assessments have not yet been undertaken.
Health and Care Standards	The proposals included within the work programme contribute to all the Health and Care Standards except for No. 2.
Link to Integrated Medium Term Plan/Corporate Objectives	This report relates specifically to delivery of SCP 4 MH/LD which is a major work programme of the ABUHB IMTP for 2018-21 and the refreshed IMTP for 2019-22.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.</i>
	Long Term – each of the work programmes in SCP 4 are being underpinned by detailed service, workforce and financial capacity and demand needs analyses of the target population
	Integration – all current work programmes report into at least one of the strategic partnerships in Gwent.
	Involvement – all work programmes have been co-produced with services users, families and carers through engagement activities appropriate to their needs and wishes.
	Collaboration – the work programmes have internal/external representation at all levels of delivery.
	Prevention – service transformation is being designed to identify and initiate action at the earliest point of need.
Glossary of New Terms	Not applicable.
Public Interest	No.



SCP 4 - MH & LD Highlight Report as at Q3 2018/19

Exec Sponsor:	Nick Wood	Aim of SCP: to provide an integrated whole system model of care that improves the mental health and wellbeing of our population. The SCP comprises 5 priority transformation areas; 1) Children and Young Peoples' MH and well-being service developments, 2) Older Adult MH service redesign, 3) Whole person, whole system adult crisis support transformation, 4) Complex needs programme and 5) Learning Disabilities service review.				Plan Start:	Apr-18	Overall Status: <div><div></div></div>		
Planning Lead:	Angela Fry					Plan End:	Mar-21			
						Reporting period:	Q3 2018/19			
1. Overall Status Summary		2. Achievements - What went well this period				3. Set backs - What didn't go so well this period				
All programme areas are broadly on track or within tolerance. The Older Adult MH programme has been evaluated and reported to Board Jan 2019 with clear benefits being realised. A sample are illustrated below. The LD residential review is on track to complete end of Q4 and will subsequently be removed from the SCP4. While a limited number of benefits are due for Q3 across the programme areas, it should be noted the majority are expected to be realised by end Q4.		1) CYP MH & WB: SLA agreed with Bassaleg Comp school in Newport as part of ARROW project. CAMHS In-reach pilot is on track. Funding approved for Iceberg model which will become the over-arching Transformation Programme for this suite of projects in 2019-22. Programme Manager recruited and Programme Director post advertised.				Original Iceberg programme timescales dependent on approval of funding and appointment of project support. Now being reviewed to align with actual start date.				
		2) OAMH: On track. Improvement of ECT service at Maiddiff Court and review of long term plan largely completed. Dementia Behavioural Support service extended to all five boroughs and waiting confirmation of continued ICF funding for 2019/20. IP reconfiguration and enhanced community services model on track. Evaluation reported to Board in Jan 2019. Pathway from Referral to Diagnosis/titration for MAS pretty much standardised. Gap analysis to complete in progress.				Standardisation of MAS clinics (rescheduled to align with expected availability of PLIC system) . NICE guidance published in June 18 has caused need to re-evaluate latter stage of pathway with GP colleagues around Titration and Annual review processes.				
		3) WPWS Crisis Support: Amber/Red. Additional posts for Enhanced CRHTT recruited from MH ITF monies. Will deliver 24/7 service for key elements of service and operational lead which will also support Host Families. Project restructured into 3 separate workstreams to focus on developing centralised assessment, home treatment and inpatient reconfiguration. Host Families developed service specification and Single Action Tender documentation. Separate workstreams established for Crisis House and Sanctuary schemes. ICF capital bid for £1.4m being considered for CH by H, SC & H Forum 18 Jan. More robust support for Sanctuary element secured following cross sector Community of Practice event in Oct.				Host Families has significant slippage due to loss of data analysis support. This has now been secured and baseline audit commenced. Also issues confirming infrastructure needs with Shared Lives which are now resolved. Inpatient reconfiguration options not well developed and new work stream yet to be established and resourced.				
		4) Complex Needs: Amber. Interim PICU extension nearly complete. System wide bed management meetings commenced. Assistant Divisional Nurse and Programme Manager appointed to develop work programme. Implementation of MH ITF proposals commenced. Interim refurbishment of LD A&T Unit completed.				WG decision on SOC for new LSU/HDU/PICU pending, following submission of responses to WG queries. System wide bed management cannot complete until PICU extension open Jan.2019.				
		5) LD Residential: On track. Transition arrangements for Bridgeview and Homelands service users implemented. Staff redeployment commenced. Draft 28A agreements completed but awaiting sign off.				Draft 28A agreements for Bridgeview service users signed by Local Authority and have been sent to Chief Executive for signature. Draft 28A agreements for Homelands service users developed and awaiting signature by Local Authority.				
4. Upcoming Key Milestones or Deliverables		Original stated milestone	Expected Delivery Date	Confidence Rating	The Path to Green - How you will get back on track / keep on track		5. What's ahead for the Plan over the next reporting period			
1) CYP MH & WB: Secure SLAs with other Newport schools, e.g. John Frost and Coleg Gwent.		New	Q4 2018/19		School projects will be brought under umbrella of Iceberg Transformation Model.		Baseline of CAMHS In-reach pilot to be commenced by WG as part of national scheme. Establish governance, support and develop delivery plan for Iceberg Model.			
2) OAMH: Complete implementation of enhanced community service model, roll out of PLICS to MAS and recruitent of HCSWs for RAID hospital support team.		Q4 2018/19	Q4 2018/19		PLICS data not available, but TDAC data in use instead. Third time frame just being collected.		Outstanding actions for OAMH redesign will be overseen by the Divisional IMTP assurance mechanisms from Q1 2019/20 as top priorities and risks have been addressed.			
3) Crisis: Commence a Host Family pilot scheme in one borough with recruitment of additional families and support staff in Shared Lives. Crisis House service specification to be developed and agreed to support commissioning. ICF Capital bid to be formally considered for funding in 2019/20. Inpatient/CRHTT project being broken down into 3 separate work streams. Very slow progress on IP options and establishment of work stream.		Q3 2018/19	Q4 2018/19		MH ITF funding secured for HF. Service specification drafted. Is now dependent on securing approval for Single Tender Action and process for completion. CH workstream restructured and to be chaired by ABUHB. Is being supported by Commissioning and Procurement teams. IP/CRT & HTT workstreams advised to secure more project management support via Transformation Fund slippage.		In 2019/20 Sanctuary workstream will be removed from work plan for SCP as will be entirely Third Sector led. Governance and assurance will continue to be provided by Gwent MH/LD Strategic Partnership and Crisis Programme Board. New work stream to be developed around SPC. Workstreams on inpatient and CRHTT to be accelerated.			
4) Complex Needs: Bed management system to be fully implemented. Commence development of OBC for LSU/HDU/PICU.		Q3 2018/19	Q4 2018/19		Dependent on approval of SOC by WG. Dedicated programme management and clinical leadership secured to ensure pace.		Implement phase 1 structured case management system and bespoke community support. Implement 2 placements in Blaenau Gwent. Commence implementation of Torfaen PMLD/Brynmawr Clinic scheme (In One Place - EFD Q3 2019/20).			
5) LD Residential: Complete 28A agreements. Initiate sale of Lamb House.		Q4 2018/19	Q4 2018/19		Continue effective partnership working with LAs , service users, families and staff.		Project expected to complete in Q4.			
6. Risk Management - Summary of Highest Rated Risks					7. Issue Management - Summary of the Highest Rated Issues					
Summary of Risk		Likelihood	Impact	RAG	Mitigating Actions		Issue Description	Priority	Mitigating actions	Escalation
3) Crisis: If programme not owned and driven by partners and staff then unlikely to deliver vision and objectives.		4	4	16	Programme sponsored by Gwent MH/LD Strategic Partnership and multi-agency partners engaged across all levels of work programme.					
3) Crisis: If funding flows and costs for all parts of the new model not correctly identified and agreed with partners then model will not be affordable or sustainable.		5	4	20	Fully costed BCs to be developed as proposals developed. MH ITF bids secured for HF and HTT. Funding strategy to be agreed and methodology for evaluation.					
3) Crisis: If Host Families pilot fails to demonstrate sustainable model or effective outcomes then options for admission alternatives will be constrained. There is some concern from Shared Lives that not enough families available to recruit to a sustainable model.		4	4	16	Pilot funded by MH ITF monies for 2 years with option to extend provides flexibility to withdraw if not sustainable. Evaluation methodology being supported by Value Team.					
3) Crisis: Potential for conflicts of interest engaging RSLs in development of Crisis House as this will be a commissioned service from the UHB.		4	4	16	Advice on due process, timing and stakeholder involvement sought from Commissioning and Procurement experts and Housing sector colleagues.					
8. Benefits Management					Comments					
Benefits (including measures)		Baseline (inc date/period covered)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	PICU beds reduced during transition in order to enable completion of works and staffing. Only 3 beds at the moment, will increase to 6+ECA February 1st 2019. With incremental bed increase to 8 by May 2019.			

4) Complex Needs: Improved capacity and flow resulting from interim PICU extension.	5 beds Q1 18/19			3	7	OAMH full evaluation reported to Board Jan 2019 and available on request.
2) OAMH: Better environments of care and staffing improve patient outcomes and experience. Measure - Reduce average LOS	Dementia 48.4d Functional 44.4d (Q4 17/18)			Dementia 46.4d Functional 42.4d		
2) OAMH: Reduce readmission rate within 30 days	6.8% (Q1 18/19)			6.00%		
2) OAMH: Enhanced community service model. Benefit measure - Reduce MAS waiting times (% seen with 28 d)	Nov 2017: Blaenau Gwent 100% Caerphilly 100% Monmouthshire 75% Newport 90%* Torfaen 90%			BG 100% Caer 100% Mon 100% Npt 90% Tor 95%		
2) OAMH: Enhanced community service model. Benefit measure - Reduce referral to diagnosis waiting time (% of those seen within 12 weeks for diagnosis)	BG 90% Caerphilly 40% Monmouthshire 80% Newport 100% Torfaen 90%			BG 80% Caer 15% Mon 100% Npt 100%* Tor 90%		*Data quality being reviewed

Key				
Red	Significantly off track. Remedial action plan required.			
Amber	Off track but within tolerance			
Green	On schedule or completed			
Blank	Not due			

 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Mental Health and Learning Disabilities Committee Thursday 7 February 2019 Agenda Item: 3.5</p>
---	--

3.5

Aneurin Bevan University Health Board

Mental Health and Learning Disabilities Risk and Issues Report

Executive Summary

This report provides an overview of the current highest level risks and issues identified by the Mental Health and Learning Disabilities and Family and Therapies Divisions (for CAMHS service). The risk profile for mental health services is a dynamic process and continues to be reviewed and revised regularly within the services.

The report provides a summary of the top rated risks and concerns and issues that have emerged since the last reporting period.

The Committee is asked to note the current risks and actions being taken to manage those risks.

The Mental Health and Learning Disabilities Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

Executive Sponsor: Nick Wood

Report Author: Ian Thomas, General Manager

Report Received consideration and supported by :

Executive Team	Committee of the Board	Mental Health and LD
-----------------------	-------------------------------	----------------------

Date of the Report: 24 January 2019

Supplementary Papers Attached:

Purpose of the Report

This report provides the Mental Health and Learning Disabilities Committee with a summary of the key risks and issues identified through the Divisional Risk Assessment process and recorded on the relevant directorate/divisional risk registers. The report is provided for assurance purposes to highlight the service risks to the successful delivery of safe, quality and effective care.

Background and Context

Risk management is a process used to ensure the Health Board is focused on the identification and management of current issues and future risks.

Active management of clinical risk is part of daily activity for the mental health and learning disabilities services across all of its sites and services. Both Divisions have developed risk management processes to ensure that the management teams are aware, engaged and assured about the ways in which risks are identified and managed across their relevant services.

Within each Division a Risk Register is compiled and updated through continuous engagement with relevant clinicians and managers. In addition there are more detailed project based risk registers that support specific work-streams or programmes. (Eg Implementation of WCCIS system, ligature reduction programme, Whole Person, Whole System Adult MH Crisis Transformation Programme.)

This report provides the current dashboard of the top risks within mental health and learning disability services across the Division of Mental Health, Learning Disabilities and the CAMHS service (Family and Therapies Division). This is the third report in the style of the new dashboard recently adopted by the Health Board to receive the Risk Report.

While the risks are summarised to make them accessible to the MH & LD Committee, more detailed risk assessment, controls and mitigating actions are contained within the Divisional Risk Register.

The risk registers are compiled using the risk assessment matrix approached outlined in the Health Board's Risk Management Strategy (2017). This report highlights the current top rated risks in mental health and learning disabilities services and seeks to provide an overview of:

- The key risks identified across services and current level of risk
- Mitigating actions and the actual or proposed impact on risk level
- Other current or emerging priority risks, issues or concerns and how they are being managed

Assessment and Conclusion

From reviewing the top risks within mental health services there are currently 34 assessed risks on the registers. A breakdown of the top rated risks collated by risk score is shown in the table below.

Score range	Mental Health	CAMHS	Risk Rating
20-25	22	1	
12-16	11		
6-10			
1-5			

The main changes over the last period include:

- Removal of a number of estates risks following scheme completion in A&T, PICU, Talygarn and Ty Siriol
- Risks associated with sCAMHS waiting times has been reduced due to significant improvements in performance.

A summarised selection of the top rated risks in mental health, learning disabilities and CAMHS is considered below. These have been categorised into three areas, namely risks associated with capital, MH & LD service risks and CAMHS specific risks. In addition a number of service issue and concerns have been flagged up and are currently being assessed and will be added to future version of the risk register.

• Capital and Estates Risks

The current prioritisation of the Health Board's discretionary capital is linked to the risk rating. A significant number of risks on the current risk register are related to the capital and estate and these are highlighted below. It should be noted that the risk register is updated monthly and the specific risk scores may change, once the information on progress has been updated.

Since the last meeting:

- A&T Unit flooring risk removed from register following completion of refurbished unit
- Contaminated flooring risk at Ty Siriol removed following re-flooring work
- Talygarn Staff Alarm System has been replaced, although the risk remains on the register pending completion of the audit on all other inpatient facilities
- PICU scheme completed, so risk related to reduced PICU capacity over construction period has been closed
- An additional allocation of £180,000 has been provided to deal with HIW inspection estates priorities picked up during recent visits. A number of these will remain on the register until all work is completed.

The top capital and estates risks are currently assessed as:

Current Score 20	Risk: MH/LD Owner: Lead Nurses/QPS lead	Ligature points on Acute Inpatient Units Oversight: Ligature Group through to QPS Committee
	Impact:	Inpatient units are not as free from ligature risk as they could be, with risk of possible harm or death.
No change since Oct 18	Action:	Re-audit completed and identified risks have been scored and prioritised at a ligature meeting on 24 Aug 18. £193k expenditure on highest risks in adult and older adult being released to address top rated risks. Monitoring through Divisional Ligature Group.
	Score after action:	10
Current Score 20	Risk: MH/LD Owner: GM	Wentwood Suite Uneven Driveway, SCH Oversight: Accommodation Group to DMT
	Impact:	Uneven road surface with risk of falling, slipping for older adults attending clinics

No Change since Oct 18	Action:	Unable to undertake work until completion of PICU upgrade. Costings currently being obtained. PPD completed. Awaiting revised costs from Works and Estates. Bid put forward for 19/20 capital funding
	Score after action:	5
Current Score 20	Risk: MH/LD Owner: DM	Variation of staff alarms and processes on inpatient units
	Impact:	Staff unable to summon help when working alone
No change since Oct 18	Action:	Audit/Review of alarm systems to agree standardised approach and procurement exercise. Installation work on Talygarn commenced and to be completed by 5 October 2018.
	Score after action:	10
Current Score 20	Risk: MH/LD Owner: GM	Lack of clinical space to see patients leading to longer waiting times or under use of staff resource
	Impact:	Patients waiting longer than required. Challenge to meet waiting times targets as unable to increase clinical capacity
No Change since Oct 18	Action:	Accommodation Group considering internal options. Further capital options being explored. Ongoing dialogue with other Divisions/Stakeholders to identify additional areas.
	Score after action:	4
Current Score 20	Risk: MH/LD Owner: LN	Sycamore Ward bedroom cubicle flooring unsuitable for dementia patients, increasing risk of falls
	Impact:	Risk of falls on dementia ward bedrooms with potential harm to patients
No change Oct 18	Action:	Revised costings obtained to undertake work and will require capital bid through discretionary capital programme. Cost estimated at £30k. Capital funding approved for 18/19. Work to be completed by March 2019
	Score after action:	5
Current Score 20	Risk: MH/LD Owner: LN	Fencing inadequate around Cedar Park Ward gardens with risk of dementia patients absconding.
	Impact:	Garden area restricted for access with only supervised patients allowed in garden area.
No Change since Oct 18	Action:	Costings received and funding obtained through discretionary capital to undertake work by March 2019.
	Score after action:	5

Current Score 20	Risk: MH/LD	Ty Skirrid Ward environment extremely poor and requires refurbishment/updating
	Owner: GM	Oversight: Accommodation Group
New Risk	Impact:	Poor patient experience. Reputational risk if externally inspected.
	Action:	Capital refurbishment bid to be put forward in 19/20 capital programme to improve environment. Immediate maintenance issues being addressed. New furniture ordered.
	Score after action:	10

Current Score 16	Risk: MH/LD	Current Mental Health Estate is not fit for purpose
	Owner: GM	Oversight: Accommodation Group to DMT
No Change since Oct 18	Impact:	Services are provided from premises that are not fit for purpose
	Action:	MH & LD Estates Strategy being developed. Capital Priorities for discretionary capital for 19/20 to be submitted in Feb 19. Regular meetings held with senior Divisional mgrs in Facilities to address ongoing Minor Works and maintenance issues.
	Score after action:	10

• Service Risks

The risks highlighted below are related to service challenges. Changes to the risk scores/register include:

- WCCIS Implementation. Locally the implementation is going well and the risk remains unchanged on the Divisional register. However the risk score on the overall WCCIS Programme Delivery was increased due to the delay in releasing the updated version of the software being after the implementation date of Mental Health & LD services in ABUHB. To mitigate this risk the implementation date has been put back until July 2019.
- Increase in staffing for ECT service and environmental improvements has enabled ECT suite to be removed from register
- Risk associated with an expected increase in demand for 136 associated with the implementation of the Police and Crimes Act has been reduced as no significant increase noted. However a new service risk highlighted in the last report has now been added in relation to Section 136 and impact on staffing on Adferiad Ward

Current Score 20	Risk: MH/LD	Staffing of current 136 (Place of Safety) Suite is having negative impact on ward staffing and being on Adferiad
	Owner: DN	Oversight: QPS committee
New Risk	Impact:	High sickness levels and significant staff well-being issues experienced on Adferiad Ward, compromising patient care.
	Action:	Directorate action plan being developed. Increased senior nurse support and supervision provided for ward. Ward staffing out of hours temporarily increased pending development and sign off of action plan. Option Appraisal to be undertaken on alternative service model to manage 136 service through Crisis/HTT service.

	Score after action:	5
Current Score 20	Risk: MH/LD Owner: DD	Inpatient and CRHTT Services for Adults in Acute Crisis are not fit for purpose Oversight: Programme Board reporting through Partnership Board
	Impact:	Patients admitted due to lack of alternatives. High readmission rates.
No Change since Oct 18	Action:	Component of 'whole system, whole person' service transformation programme. PDSA Tests for change being made. Communities of practice event to redesign inpatient/CRHTT services held in June 2018. Extension of PDSA in HTT service. Additional capacity funded in HTT through Transformation funding. Host families funding obtained to pilot in one borough.
	Score after action:	15
Current Score 20	Risk: MH/LD Owner: GM	Lack of Medical Cover due to recruitment difficulties Oversight: Medical Workforce Group
	Impact:	Patient safety may be compromised
No change since Oct 18	Action:	Medical workforce plan in place. Increased recruitment of Fixed Term Appointments and MTIs successful to cover junior posts. Agency usage static but being used to cover essential posts. Ongoing recruitment campaign. Review of Current plans being undertaken.
	Score after action:	16
Current Score 20	Risk: MH/LD Owner: DD	CHC increasing costs threatens Financial Sustainability of Core Services Oversight: Complex Care Programme Board
	Impact:	Potential £6m impact in 2018/19 if growth maintained at 17/18 level
No Change since Oct 18	Action:	LSU SOC submitted to WG. PICU extension completion delayed to mid Dec 2018. Transformation funding secured to implement enhanced community support model. Presentation to Exec Team on emerging plans on 3 Sep 2018. Transformation bid successful and programme of work being developed and progressed.
	Score after action:	16
<ul style="list-style-type: none"> CAMHS Risks <p>Changes to risk highlighted in previous report:</p> <ul style="list-style-type: none"> Risks associated with sCAMHS waiting times has been reduced due to significant improvements in performance. <p>The main CAMHS risk identified by the directorate is outlined below.</p>		

Current Score 20	Risk: sCAMHS	Challenges in caring for 16 to 18 year olds on acute wards in Clinical Futures Model.
	Owner: DD	Oversight: sCAMHS Mgt Team
New Risk	Impact:	Unclear care pathway as 16 to 18 yr. olds will not be admitted to GUH
	Action:	Care pathway in place. Datix of incidents. Negotiating on individual cases. Clear agreement between AMH/Paediatrics and SCAMHS to ensure immediate action.
	Score after action:	8

• Other Emerging Risks and Issues

A number of service and estates issues have been flagged up and work is ongoing as part of the risk management process to assess these and put appropriate actions in place to manage the risks accordingly. These will be risk rated as part of the monthly review cycle and added to the risk register.

- The recent HIW visit to Adferiad Ward has highlighted delays in resolving maintenance and minor works issue in a timely fashion. This has been noted as a recurring theme from previous HIW visits in other ward areas. Work has been undertaken in conjunction with Facilities Division to put improved systems in place and improve response times to maintenance and minor works requests.
- Following the development of the IMTP, the Division has highlighted the management support and clinical capacity needed to deliver the significant change agenda.
- The unknown impact of a no deal Brexit is currently being assessed although no significant staffing or technology issues have been identified within the Division to date.
- Recent HIW visits have continued to highlight the lack of single rooms on Adferiad and Talygarn wards and poor standard of accommodation (eg bathing facilities) on Adferiad ward.

Current Score 16	Risk: MH/LD	Delays in completing Minor Works and Estates costings and jobs
	Owner: GM	Oversight: Accommodation Group
New Risk	Impact:	Negative impact on patient and staff experience and reputational risk in delaying completion of agreed actions following HIW inspections
	Action:	New Minor works system established to vet new requests weekly. Fortnightly meetings in place with SIMs and Works and Estates to monitor progress in dealing with backlog.
	Score after action:	6

Current Score 16	Risk: MH/LD	Lack of management and clinical capacity to deliver significant transformational change agenda
	Owner: DD	Oversight: DMT
	Impact:	Full benefits of transformational change will not be delivered on time or at all.

New Risk	Action:	Increased Divisional mgt Team resource approved. Review of Directorate management capacity and support required to enable delivery of change programme to be undertaken.
	Score after action:	TBC
Current Score	Risk: MH/LD Owner: GM	No deal for Brexit destabilising staffing and supply chain
TBC	Impact:	Largely unknown as still being quantified on a Regional basis inc pharmacy, procurement, ICT, Estates maintenance
New Risk	Action:	High level assessment undertaken and no immediate concerns identified. UK settled status scheme publicised. ESR status of staff being updated
	Score after action:	TBC
Current Score	Risk: MH/LD Owner: LN	Shared Dormitory accommodation still in use in some adult mental health facilities
12	Impact:	Privacy and dignity issues, poor patient experience. Reputational issue as consistently raised through HIW visits
New Risk	Action:	SBar report has been undertaken for discussion at next Assurance meeting in February. Solutions likely to have significant impact on bed numbers.
	Score after action:	TBC
Current Score	Risk: MH/LD Owner: LN	Poor quality of shower facilities and lack of bath facility on Adferiad Ward
12	Impact:	Poor patient experience. Reputational issue as raised through HIW visit.
New Risk	Action:	Urgent maintenance undertaken to clean shower room and repair. Capital funding bid submitted to refurbish shower rooms and create additional bath area on Kemys ward. PPD submitted and funding agreed from £180k additional allocation for HIW
	Score after action:	6

Recommendation

The Committee is asked:

- To receive the report outlining current high level risks within mental health services and current concerns and issues.
- To note the actions being taken to eliminate, reduce and manage the risks.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The report provides key information on how mental health services identifies and manages key risks and issues in accordance with the Risk Management Policy
Financial Assessment, including Value for Money	Risk management is an important aspect of financial management and a key component in reducing future risk of financial liability and sustainability
Quality, Safety and Patient Experience Assessment	Risk Management is integral to the delivery of safe, quality services to patients
Equality and Diversity Impact Assessment (including child impact assessment)	Robust risk assessment processes inform the Health Board's approach to understanding equality issues
Health and Care Standards	Relevant to Care Standards 2,3,4,5 and 6
Link to Integrated Medium Term Plan/Corporate Objectives	All Divisional IMTP priorities are risk assessed and rated with a number of strategic priorities highlighted in the report. The correct assessment of risk is a key component of the IMTP assurance and delivery process.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The delivery of safe and effective risk management supports Health Board Well-Being Objective 9. WBFGA considerations are included within consideration of individual risks.
Glossary of New Terms	None
Public Interest	

National Collaborative Commissioning Unit

Quality Assurance & Improvement Services

Amber Review & Mental Health

Shane Mills
Director of Quality & Patient Experience



Clinical Response Models

Call Categories Wales

- Immediately Life-threatening
- Serious not Life-threatening
- Neither serious or Life-threatening

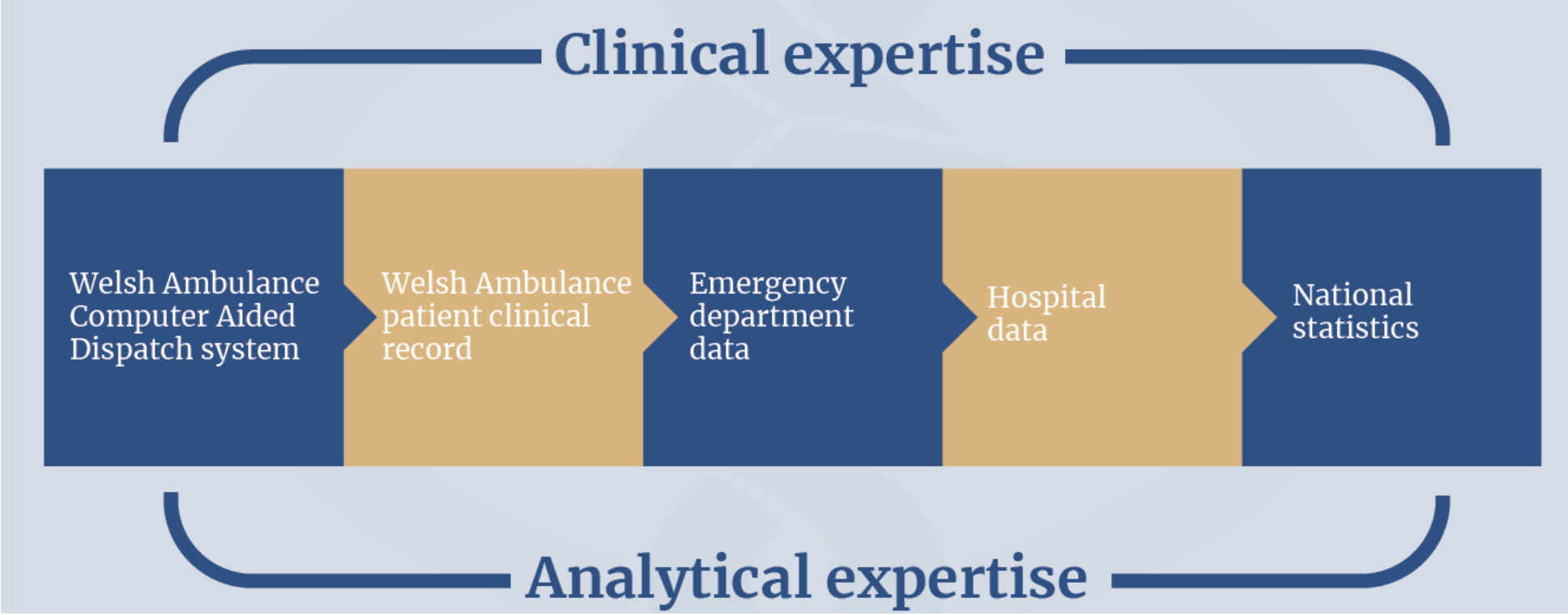
Call Categories Scotland

- Immediately Life-threatening
- Serious not Life-threatening
- See, Treat & Refer
- Hear, Treat & Refer
- Non-Emergency

Call Categories England

- Life-threatening calls
- Emergency Calls
- Urgent Calls
- Less Urgent Calls

Integrated Information Environment



Calls to Welsh ambulance April 2016-March 2018

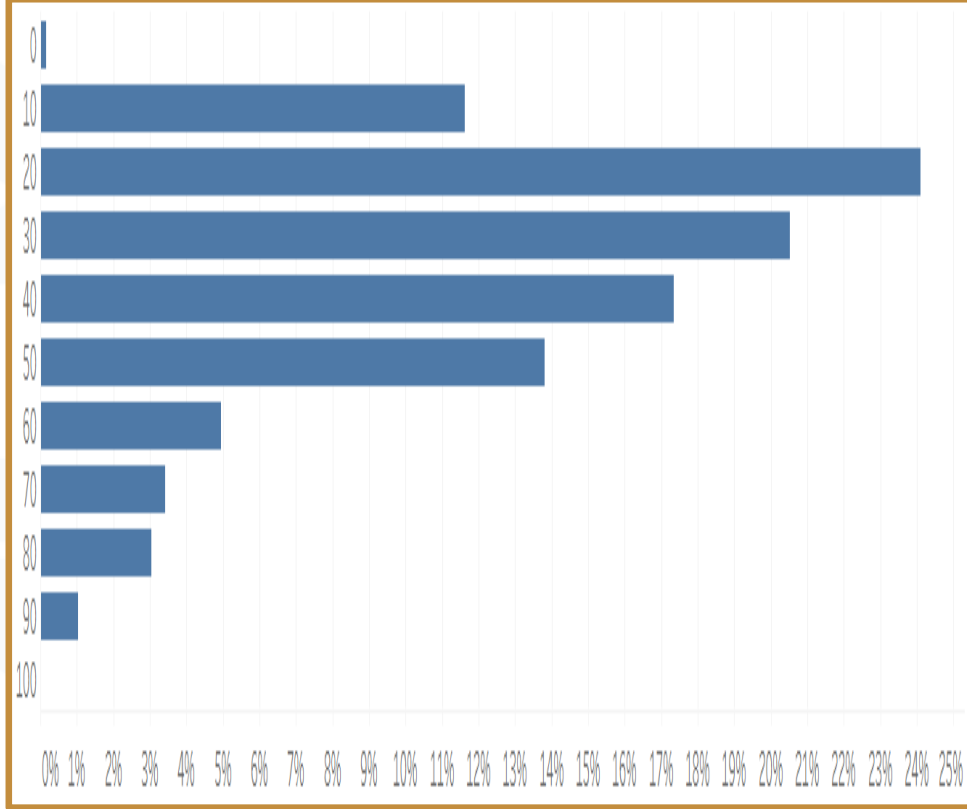
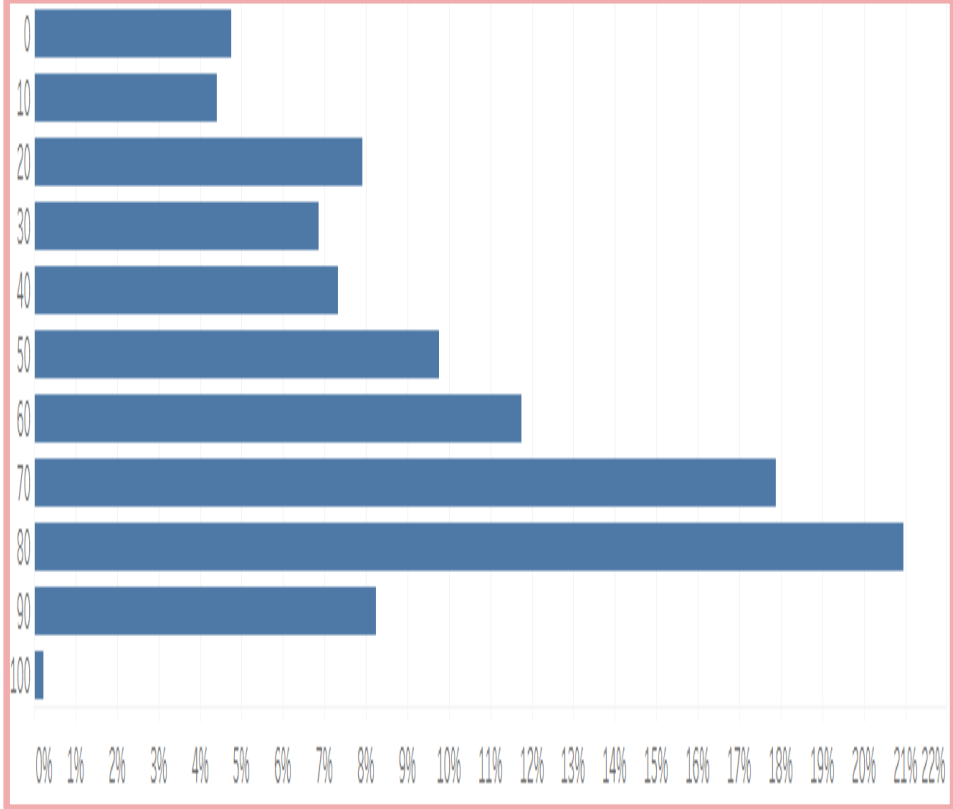


FALLS	123208	14.3%
HEALTH CARE PROFESSIONAL	105298	12.2%
BREATHING PROBLEMS	98684	11.4%
CHEST PAIN	97922	11.3%
SICK PERSON - SPECIFIC DIAGNOSIS	78005	9.0%
UNCONSCIOUS/FAINTING(NEAR)	51940	6.0%
STROKE - CVA	33297	3.9%
HAEMORRHAGE/LACERATIONS	31680	3.7%
CONVULSIONS/FITTING	29538	3.4%
PSYCH/ABNORMAL BEHAVIOUR/SUICIDE	28230	3.3%

Age

All calls

MH



MH Benchmarking 2018

Time

All calls MH

Calls by Weekday Hour - all incidents

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
12 AM	32.0	29.8	29.8	30.5	30.6	40.9	46.5
1 AM	28.2	27.0	26.7	26.3	27.6	38.3	43.6
2 AM	26.7	23.3	22.2	24.4	24.8	32.4	38.9
3 AM	23.1	21.1	20.8	21.8	22.2	27.5	32.3
4 AM	20.8	19.8	19.7	19.3	20.2	22.4	26.0
5 AM	20.2	19.1	19.3	18.8	19.2	20.8	23.1
6 AM	24.0	22.6	23.0	22.9	24.1	23.0	23.3
7 AM	36.1	32.2	32.7	32.5	32.4	32.5	30.9
8 AM	48.0	45.9	45.1	44.7	45.6	43.0	41.3
9 AM	58.8	56.6	56.5	56.7	56.5	51.1	50.8
10 AM	61.5	59.4	58.3	59.0	60.7	55.7	55.3
11 AM	61.7	60.4	59.8	58.8	61.4	57.1	56.7
12 PM	66.9	63.4	63.4	65.2	64.5	58.0	57.6
1 PM	70.8	68.4	68.4	67.0	68.8	54.7	54.2
2 PM	67.3	63.2	64.5	65.1	64.1	53.5	53.7
3 PM	60.3	57.8	59.7	59.3	59.1	53.8	52.3
4 PM	55.7	55.2	54.8	54.2	56.3	52.5	50.7
5 PM	53.0	52.2	52.4	52.0	53.9	52.0	49.9
6 PM	52.2	53.2	51.3	51.5	52.5	50.7	50.5
7 PM	52.9	51.7	50.2	50.7	52.3	51.6	49.9
8 PM	47.8	48.9	47.3	47.2	50.3	53.1	49.6
9 PM	45.9	45.9	44.2	44.6	49.0	53.8	46.4
10 PM	40.5	40.5	42.2	41.8	47.1	51.9	43.3
11 PM	36.5	34.9	36.6	37.4	43.5	50.3	38.0

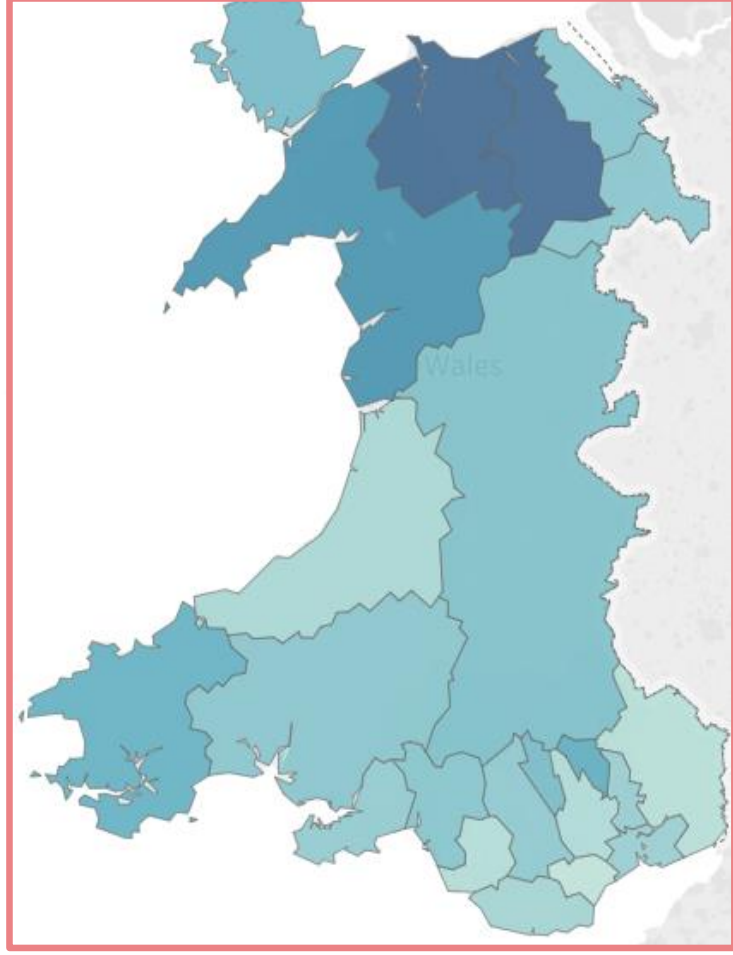
Calls by Weekday Hour - all incidents

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
12 AM	1.7	1.5	1.3	1.4	1.4	1.9	1.8
1 AM	1.3	1.1	1.2	1.5	1.4	1.8	2.0
2 AM	1.1	1.0	0.9	1.2	0.9	1.6	1.6
3 AM	1.0	0.7	0.8	0.9	0.9	1.2	1.4
4 AM	0.7	0.5	0.5	0.6	0.7	1.0	1.0
5 AM	0.4	0.4	0.5	0.5	0.4	0.5	0.7
6 AM	0.4	0.3	0.4	0.4	0.3	0.6	0.6
7 AM	0.4	0.5	0.4	0.4	0.6	0.6	0.6
8 AM	0.7	0.6	0.5	0.5	0.6	0.6	0.6
9 AM	0.7	0.8	0.7	0.8	0.6	0.8	0.7
10 AM	0.8	0.8	0.7	0.7	0.8	0.7	0.7
11 AM	0.9	1.0	1.0	0.9	1.0	1.0	0.8
12 PM	0.9	1.2	1.1	1.0	1.1	1.1	1.0
1 PM	1.2	1.1	1.3	1.1	1.3	1.4	1.1
2 PM	1.4	1.3	1.5	1.4	1.1	1.3	1.3
3 PM	1.5	1.5	1.3	1.4	1.5	1.4	1.3
4 PM	1.6	1.4	1.3	1.5	1.7	1.4	1.3
5 PM	1.5	1.5	1.4	1.4	1.4	1.2	1.3
6 PM	1.6	1.4	1.3	1.3	1.5	1.5	1.7
7 PM	1.6	1.4	1.6	1.7	1.9	1.9	2.0
8 PM	1.6	1.8	1.6	1.7	1.8	1.7	1.9
9 PM	1.9	1.8	1.8	1.8	1.8	2.1	1.9
10 PM	1.7	1.6	1.6	1.5	1.8	1.8	1.8
11 PM	1.6	1.6	1.6	1.7	1.7	1.7	1.8

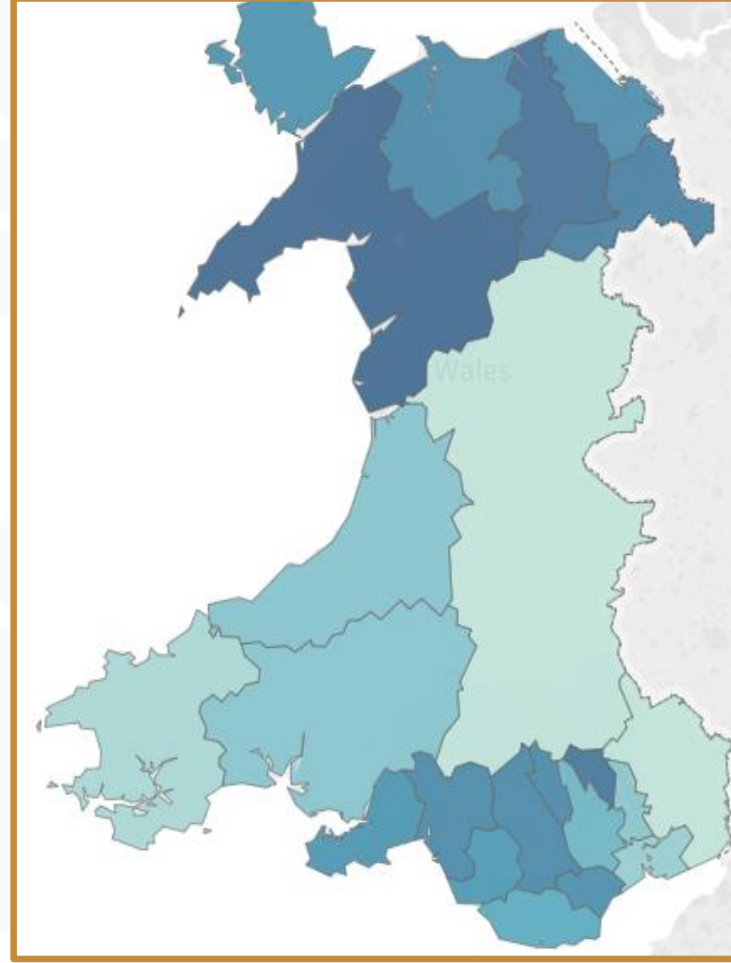
MH Benchmarking 2018

Geography

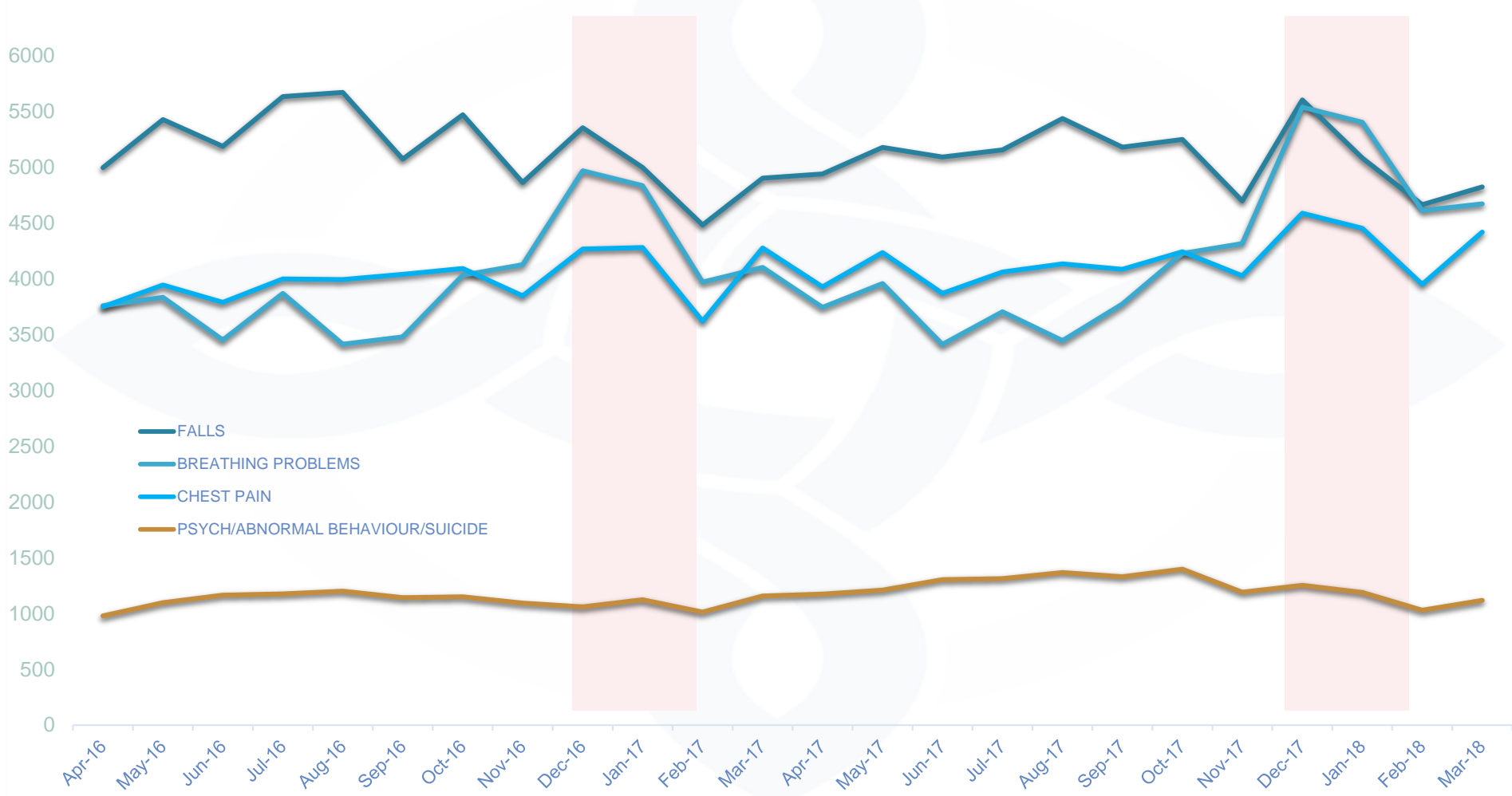
All calls



MH



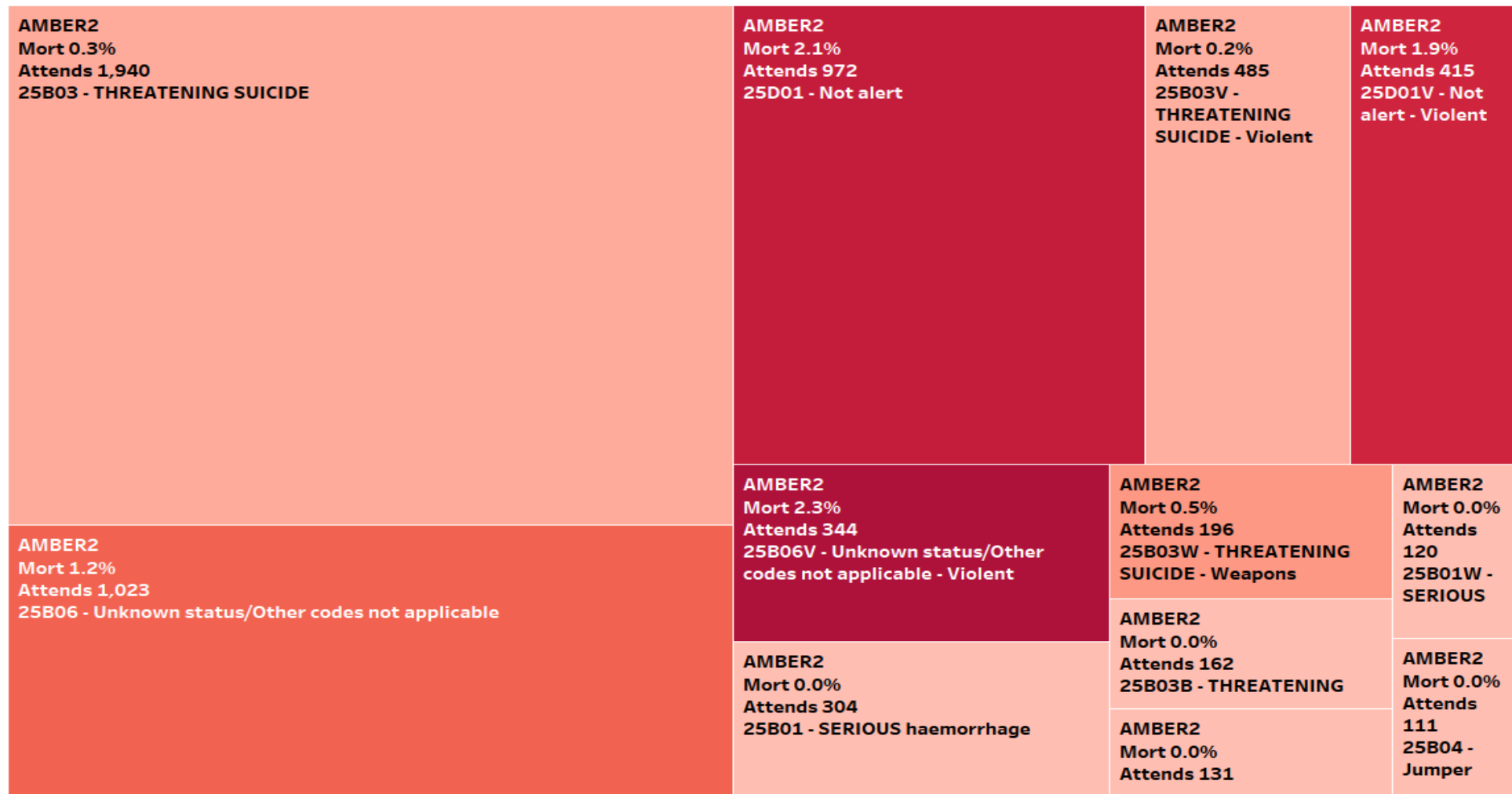
Seasonal variation



MH Benchmarking 2018

Mortality for Mental Health by Priority and Dispatch codes

(size of rectangles denote number of linked conveyances, shades of red denote relative rates of mortality, including all hospital deaths and deaths up to 90 days post discharge, Data from 1/4/16-31/03/17)



MH Benchmarking 2018

Ambulance pathway

Attended
scene

- 81.2%
- 60.9%

Treated at
scene

- 8.2%
- 4.7%

Conveyed to
Hospital

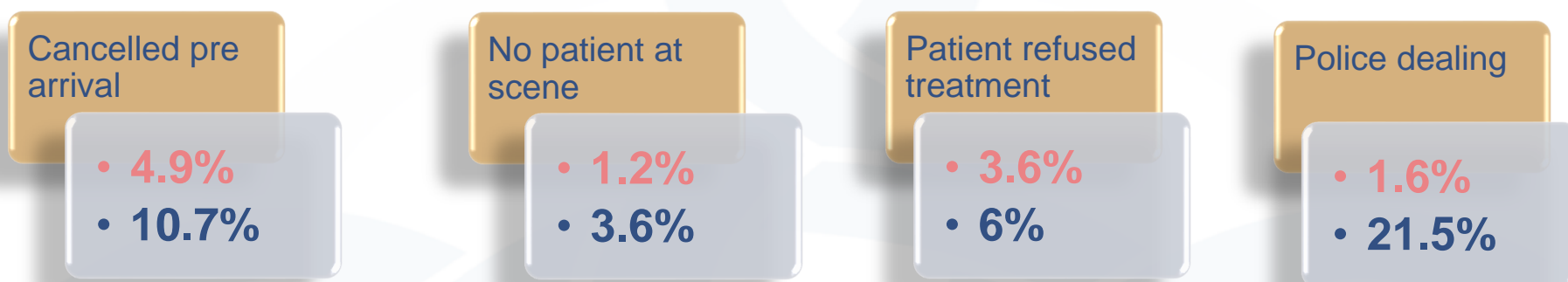
- 58.5%
- 35%

- All calls
- MH



MH Benchmarking 2018

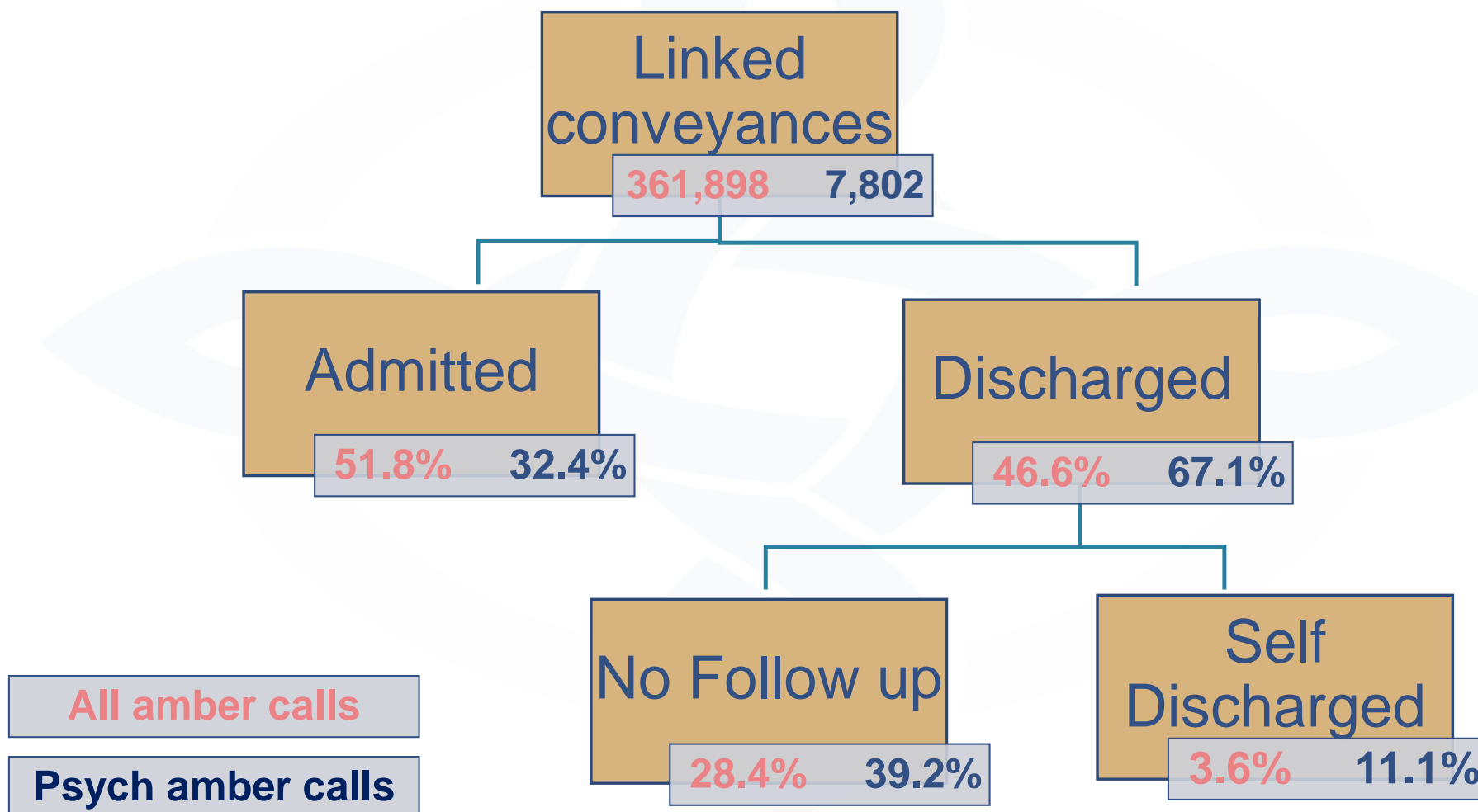
Ambulance outcome



- All calls
- MH



Arrivals at Hospital



Thank you

Shane Mills
 Director of Quality & Patient Experience
 NHS Wales
 National Collaborative Commissioning Unit
 Unit 1 Charnwood Court
 Heol Billingsley
 Parc Nantgarw
 Cardiff
 CF15 7QZ



(01443) 744928

Shane.Mills2@Wales.NHS.UK





NHS
WALES
GIG
CYMRU

Quality Assurance Team

Tîm Sicrhau Ansawdd

Adult Mental Health Benchmarking Results 2018

Zoë Morris, 4th December 2018

Raising standards through sharing excellence



Overview

- **Benchmarking work programme**
- **Background and Process**
- **Benchmarking findings**
 - Community mental health services
 - Inpatient mental health services

Benchmarking work programme 2018



- Mental Health inpatient & community care
- Children's mental health
- Learning Disability



- Community physical healthcare services
- Community hospitals



- Emergency Care
- Radiology
- Pharmacy
- Theatres
- Older people
- Acute therapies
- Outpatients



- Integrated Care
- Medicine Management
- Urgent Care
- Planned Care



- Shared & Corporate Functions



- Intermediate care

Background and Process 2018



MH reference group direction and content management



Trust and LHB Chief Executive consultation



Definitions development



Collection process April – June 2018



Telephone helpline, e-mail, and Q&A support to members



Data validation – consistency review, outlier feedback, member review



Draft benchmarking reports issued for validation – September 2018



Publication of report and MH benchmarking toolkit – November 2018



Benchmarking Network



Participants

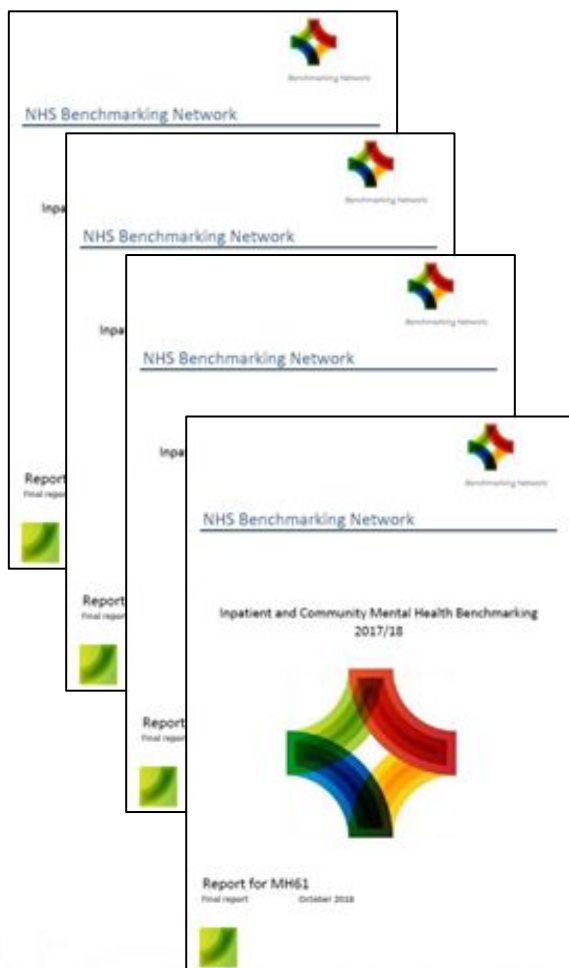
- 71 submissions received
- **100% Health Boards in Wales**
- 100% of Mental Health Trusts in England
- Independent sector representation
- Scotland, Northern Ireland and Jersey



Benchmarking Network



Mental Health Benchmarking Outputs



Benchmarking Network

Benchmarking Results 2018: Community Mental Health Services

Raising standards through sharing excellence

Caseload per 100,000 population



- Caseloads have been decreasing
- Per 100,000 population

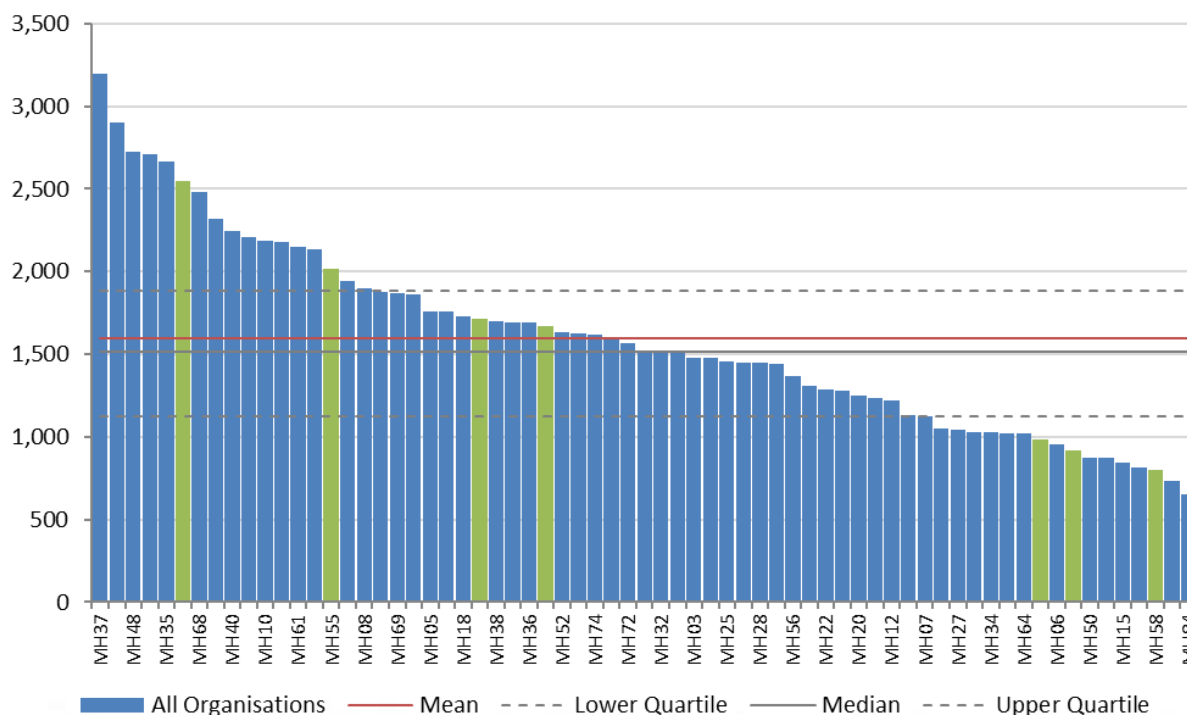


1598



1523

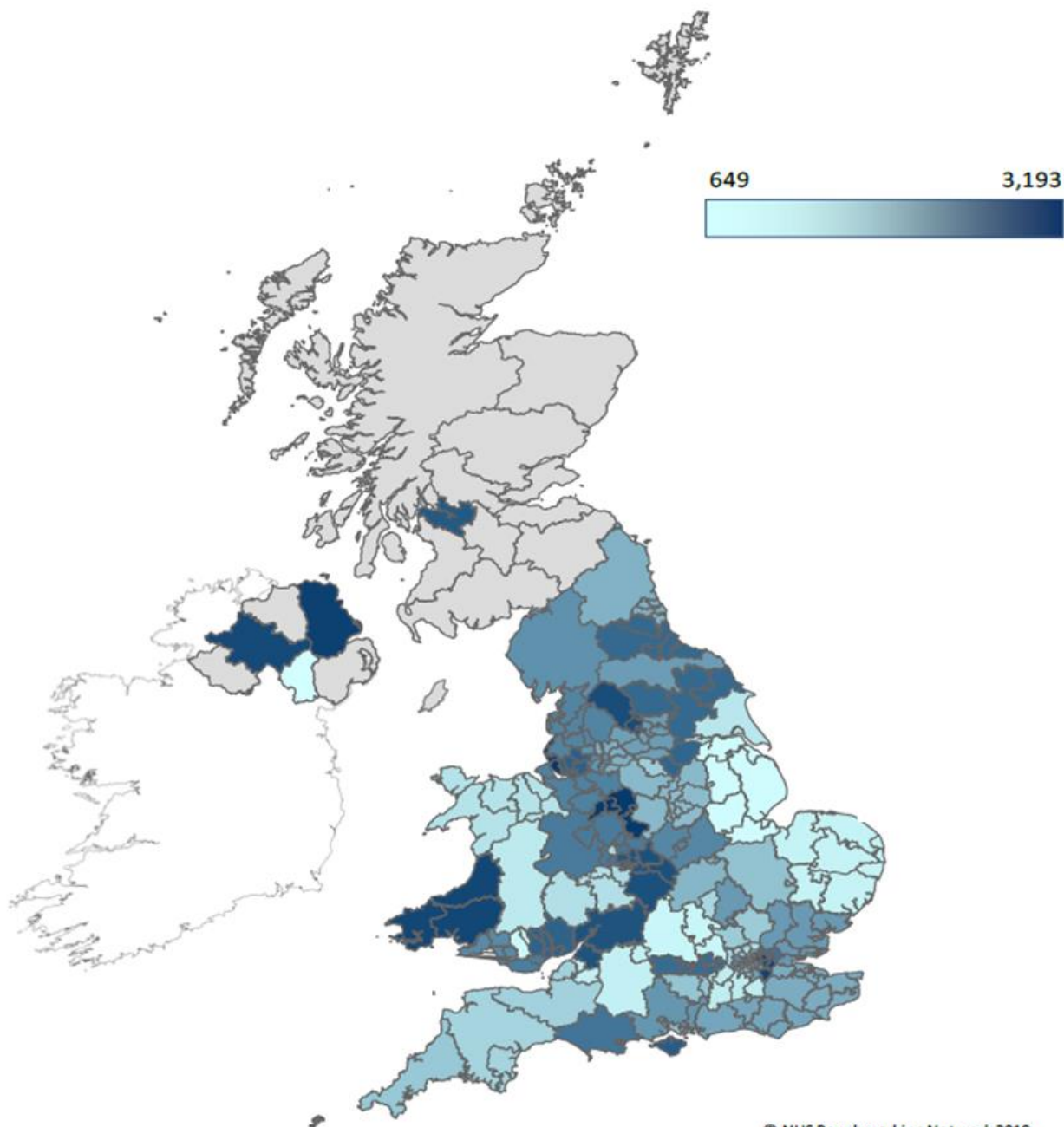
Total caseload for Community Mental Health Teams as at 31/03/18 per 100,000 registered population



Benchmarking Network

Caseload by region

Community caseload on 31st March 2018 per 100,000 population (age 16+)



© NHS Benchmarking Network 2018

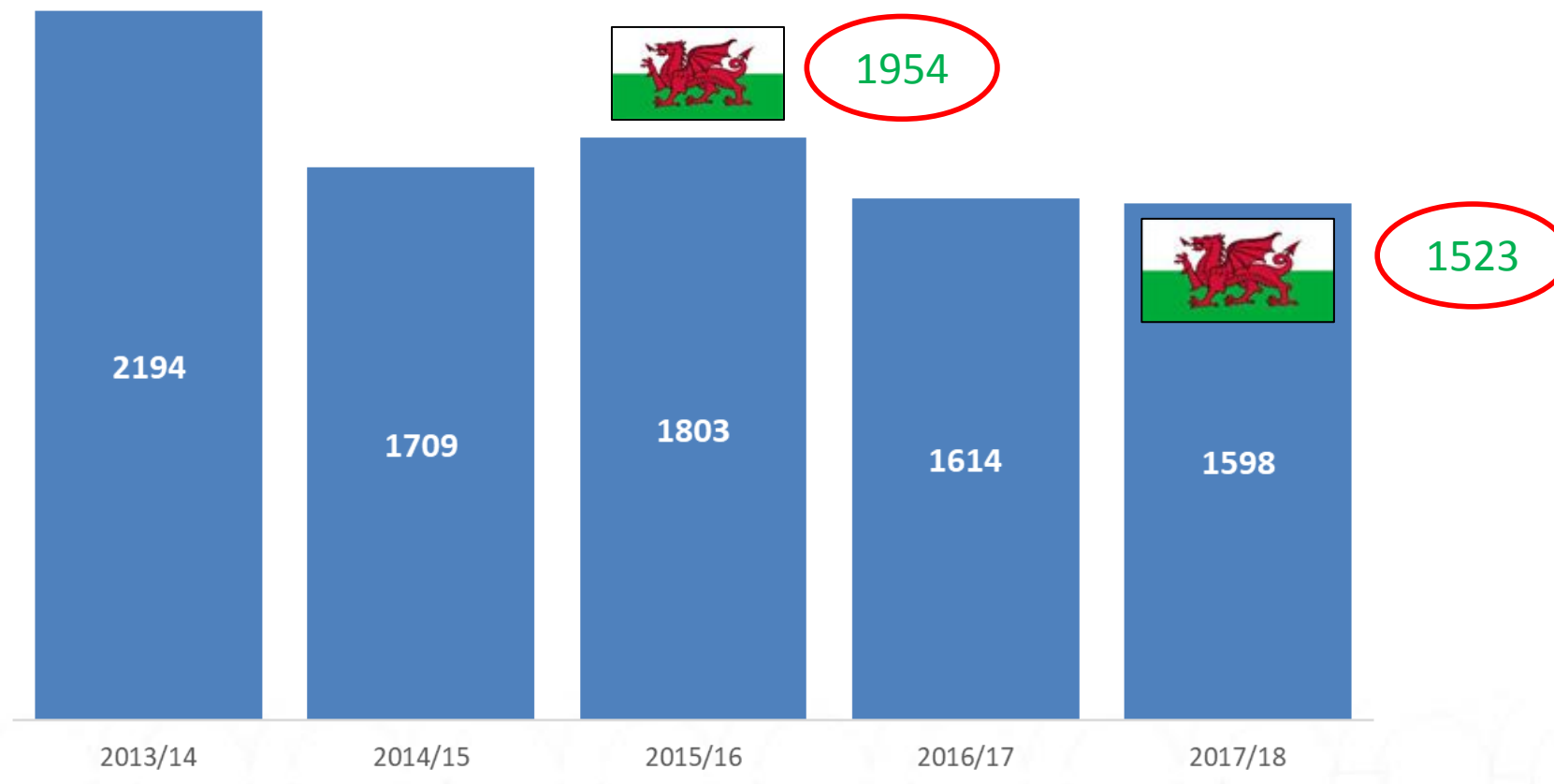
NHS

Benchmarking Network



Caseload trends - UK

Total community caseload per 100,000 registered population (age 16+)





Contacts per 100,000 population

All CMHTs - Total contacts 2017/18 per 100,000 registered population

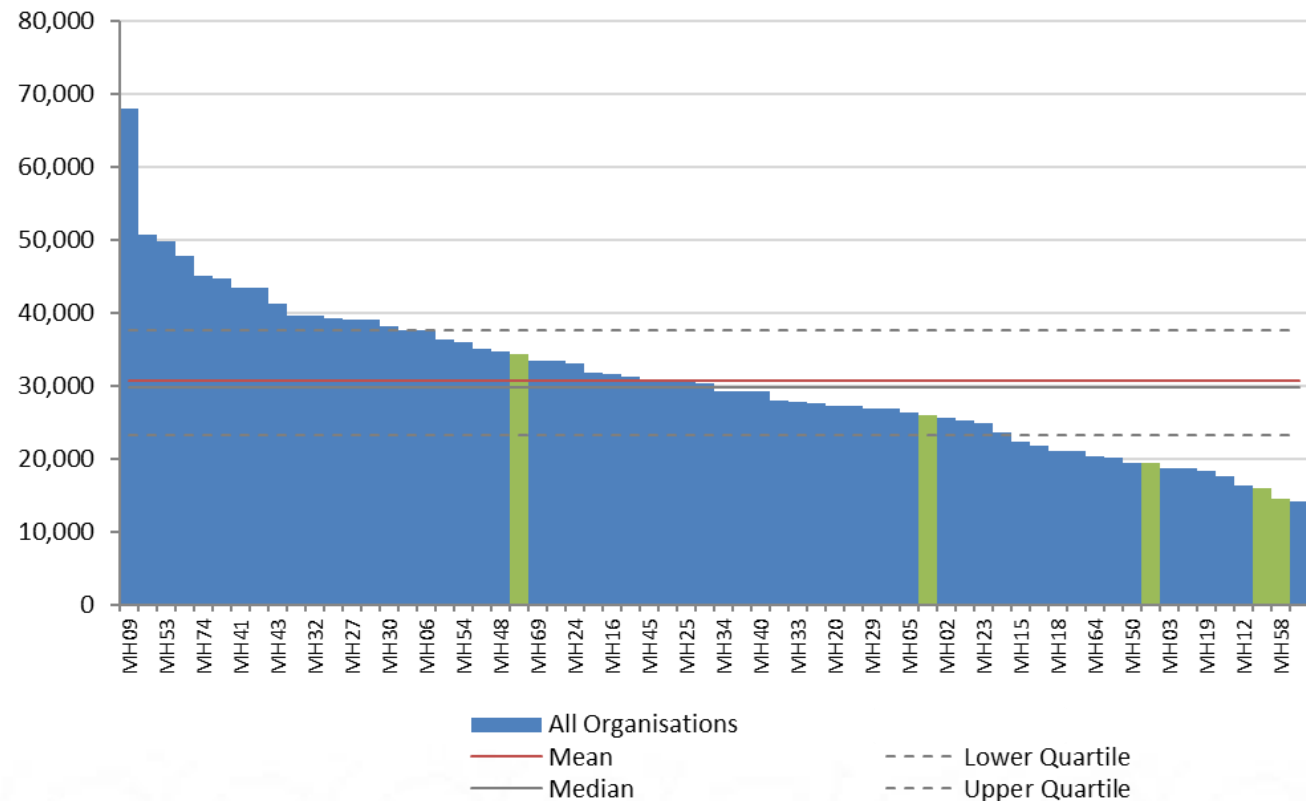
- Average contacts delivered in year, per 100,000 registered population



30,817



22,115

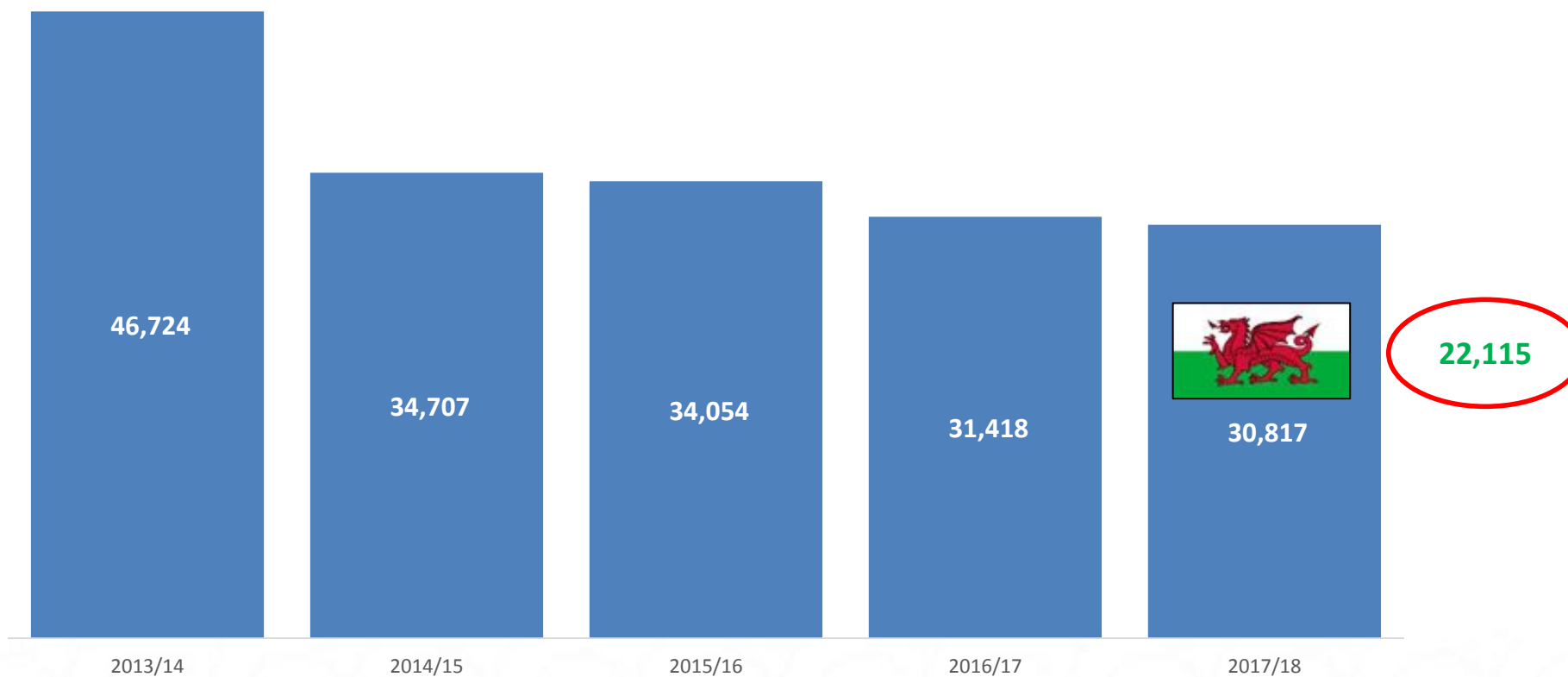


Benchmarking Network

Contacts trends



Total community contacts per 100,000 registered population (age 16+)





Community workforce

- Community workforce per 100,000 population



84 WTE



108 WTE

- Per 100 patients on the caseload

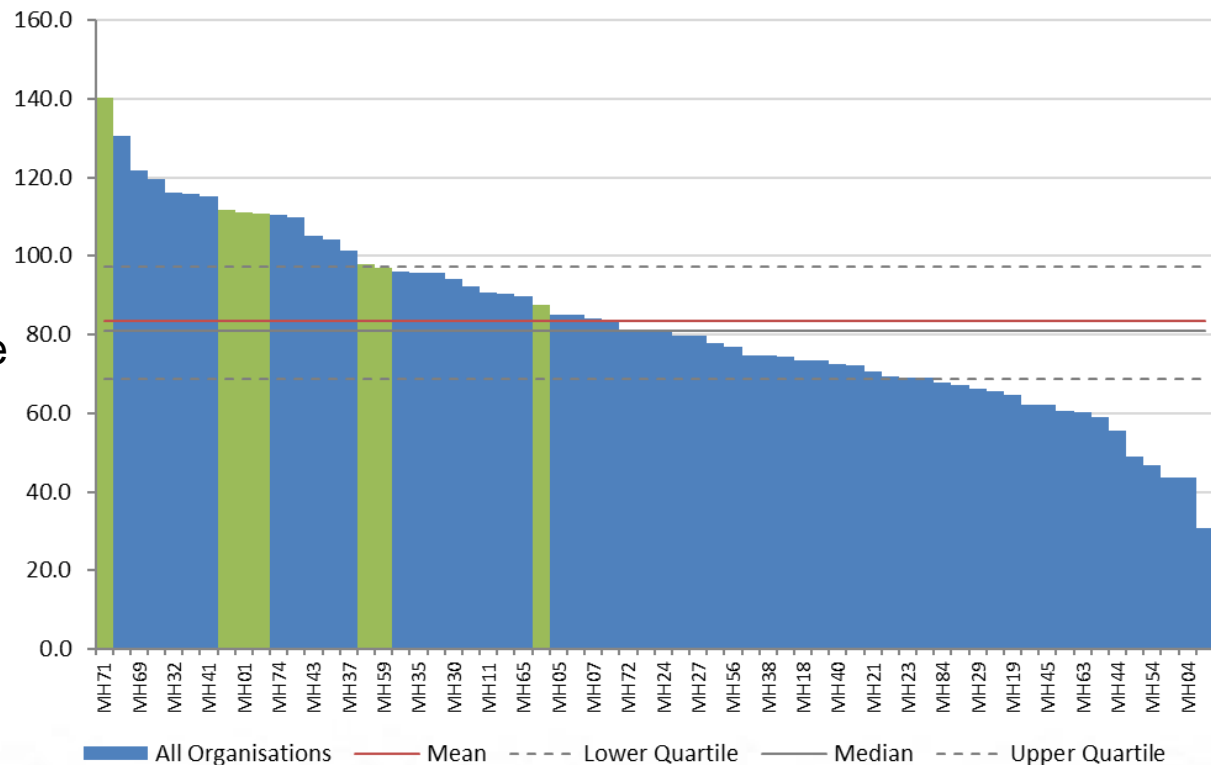


5.8 WTE



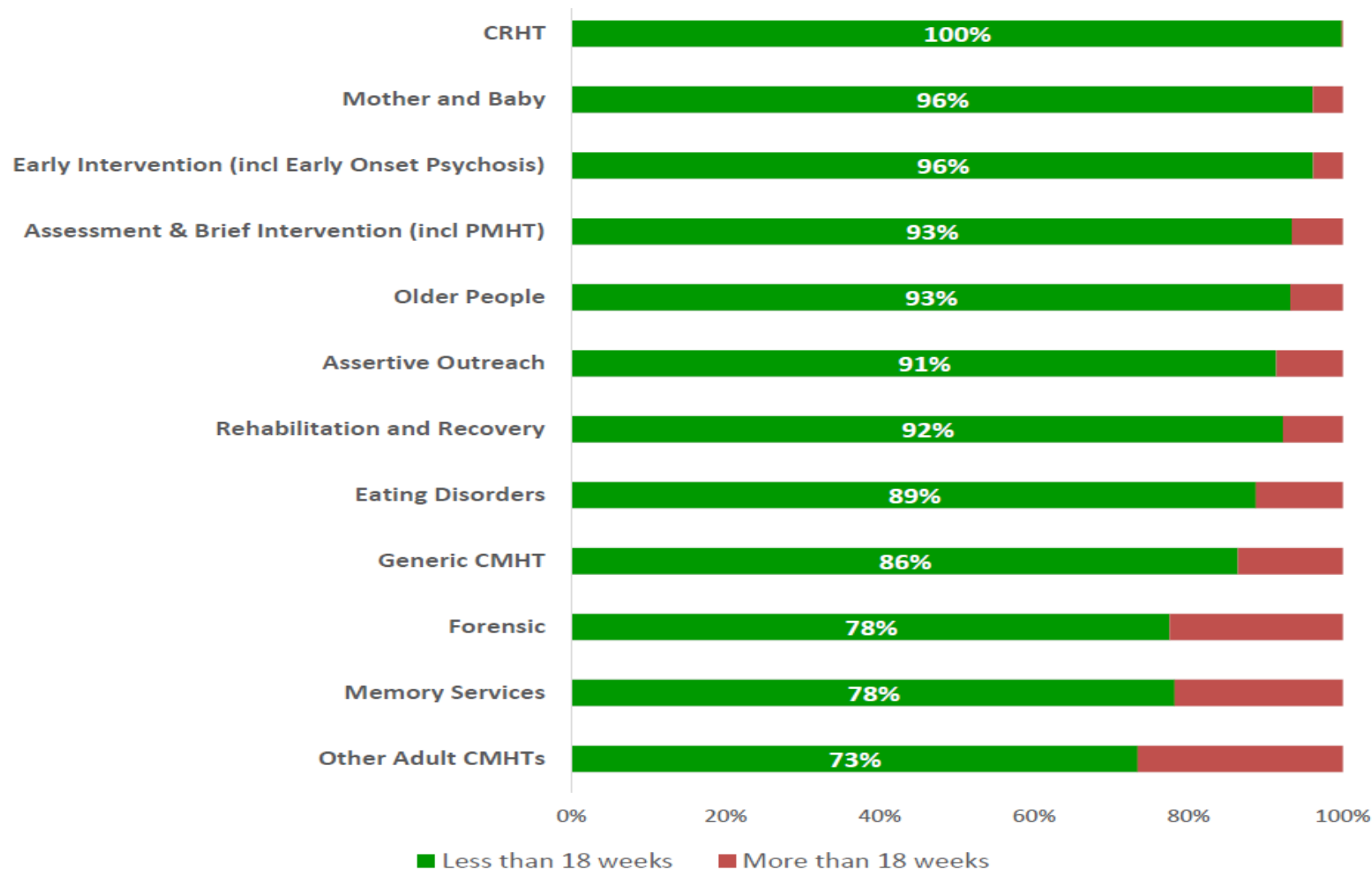
8.5 WTE

All CMHTs - Total WTE per 100,000 registered population





Waiting times



Benchmarking Network

Benchmarking Results 2018: Inpatient Mental Health Services

Raising standards through sharing excellence

What type of beds do we have?



Adult Acute
36%



Older Adult
19%



PICU
4%



Eating Disorders
1%



Mother and Baby
1%



Low Secure
9%



Medium Secure
10%



High Secure
3%



High Dep Rehab
5%



Long Term Complex
7%



Neuropsychiatry
1%



Other MH Beds
4%



29% Adult acute
26% Older adult
3% PICU

5% Low secure
6% Medium secure

9% HD rehab
14% LTCC
1% Neuropsychiatry
8% Other

Adult Acute services

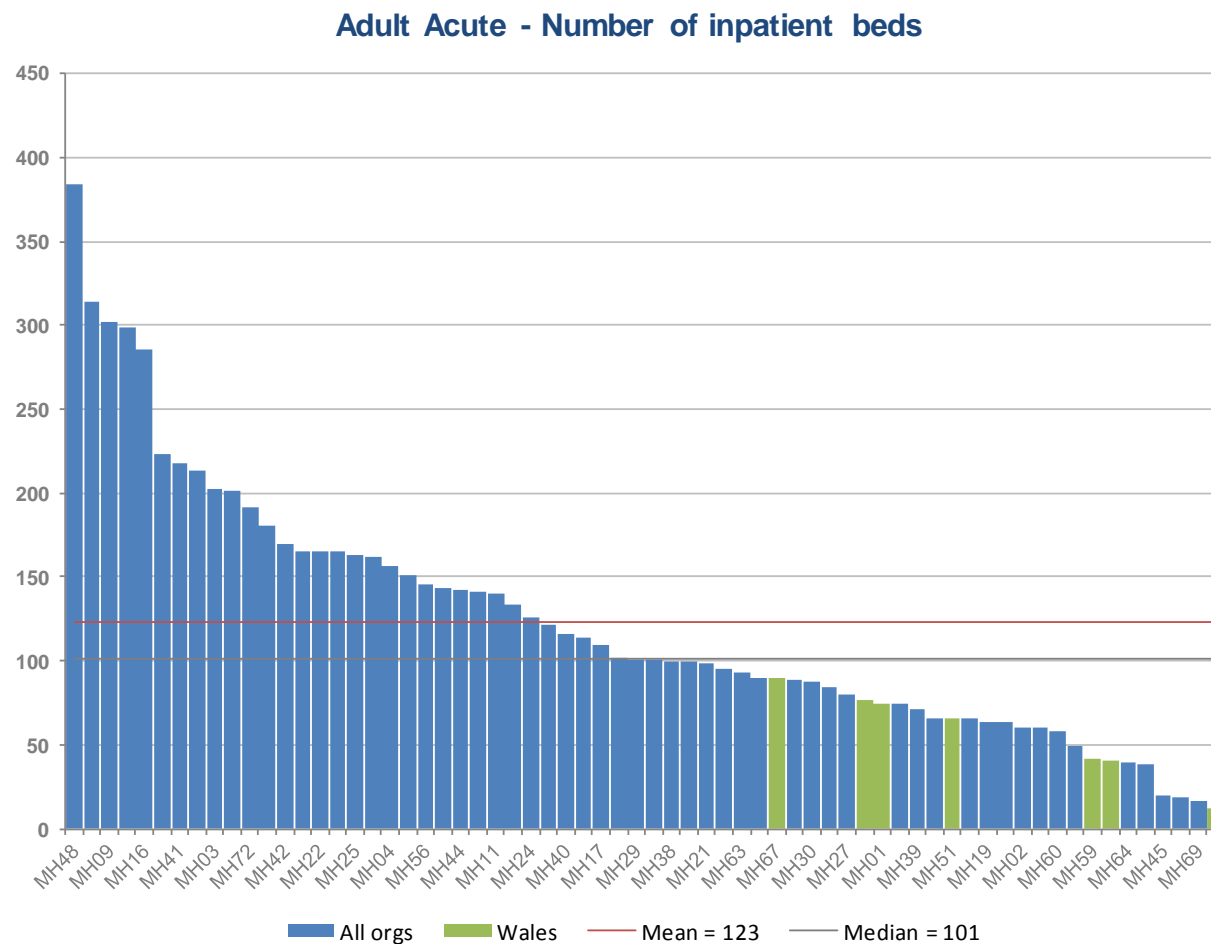
Raising standards through sharing excellence



Adult acute bed numbers

Absolute bed numbers, not benchmarked.

Wales Health Boards are generally smaller than English Trusts.



Adult acute beds by population



Wales reports average bed provision per 100,000 population (age 16 – 64)



20

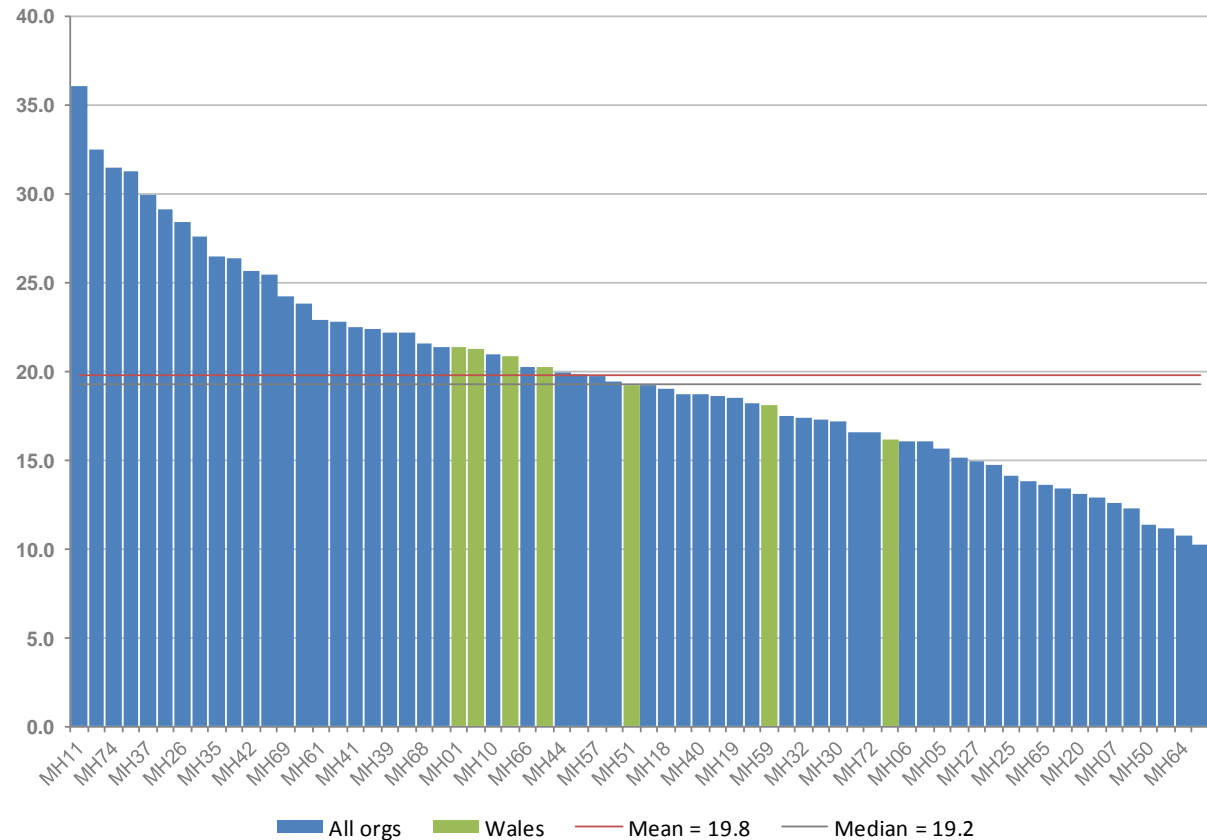


20

UK figures have been decreasing

Wales figures have remained steady for last 4 years

Adult Acute - Number of inpatient beds per 100,000 registered population



Benchmarking Network



Admissions by population

Wales reports largely above average admissions per 100,000 population.

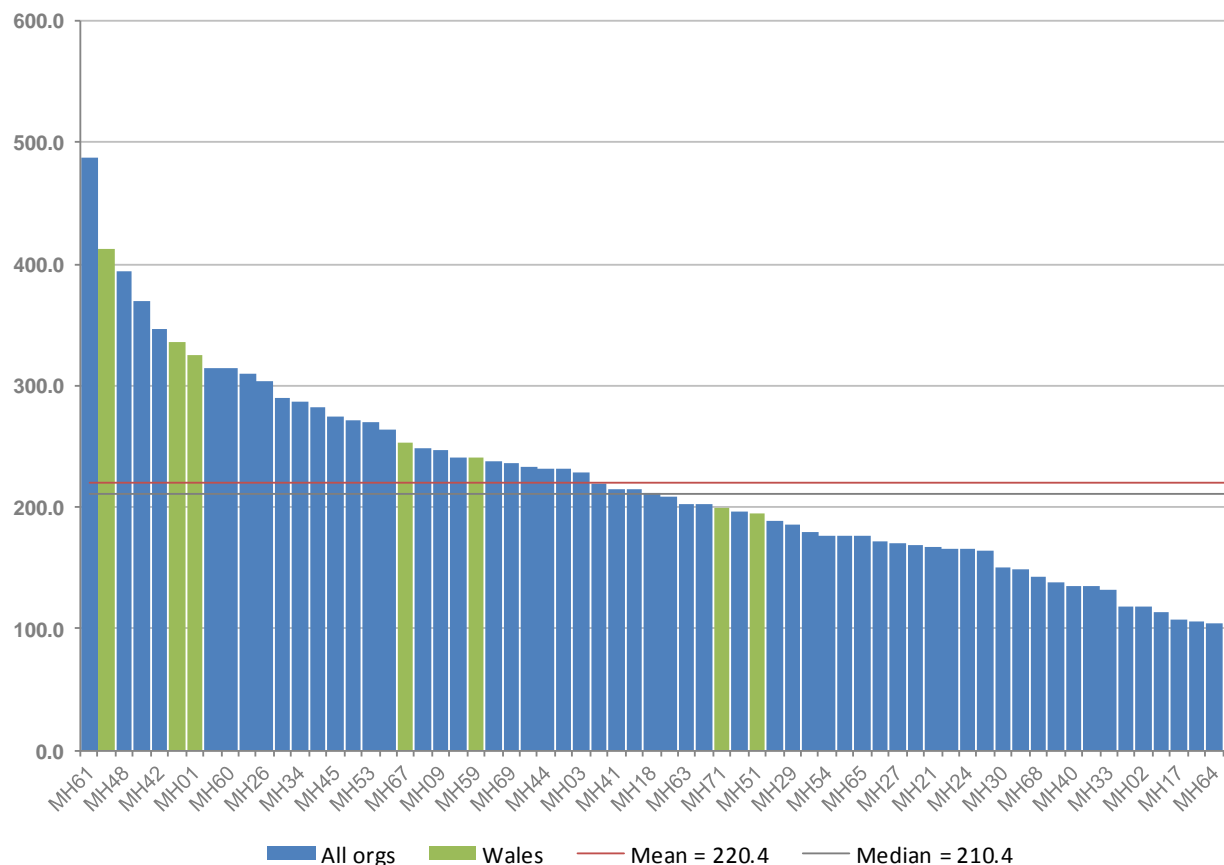


221



280

Adult Acute - Number of admissions per 100,000 registered population





Mental Health Act use

Use of Mental Health act is lower in Wales.

Greater proportion of admissions to AA beds admitted on a voluntary basis.



37%



18%

Proportion subsequently detained



16%

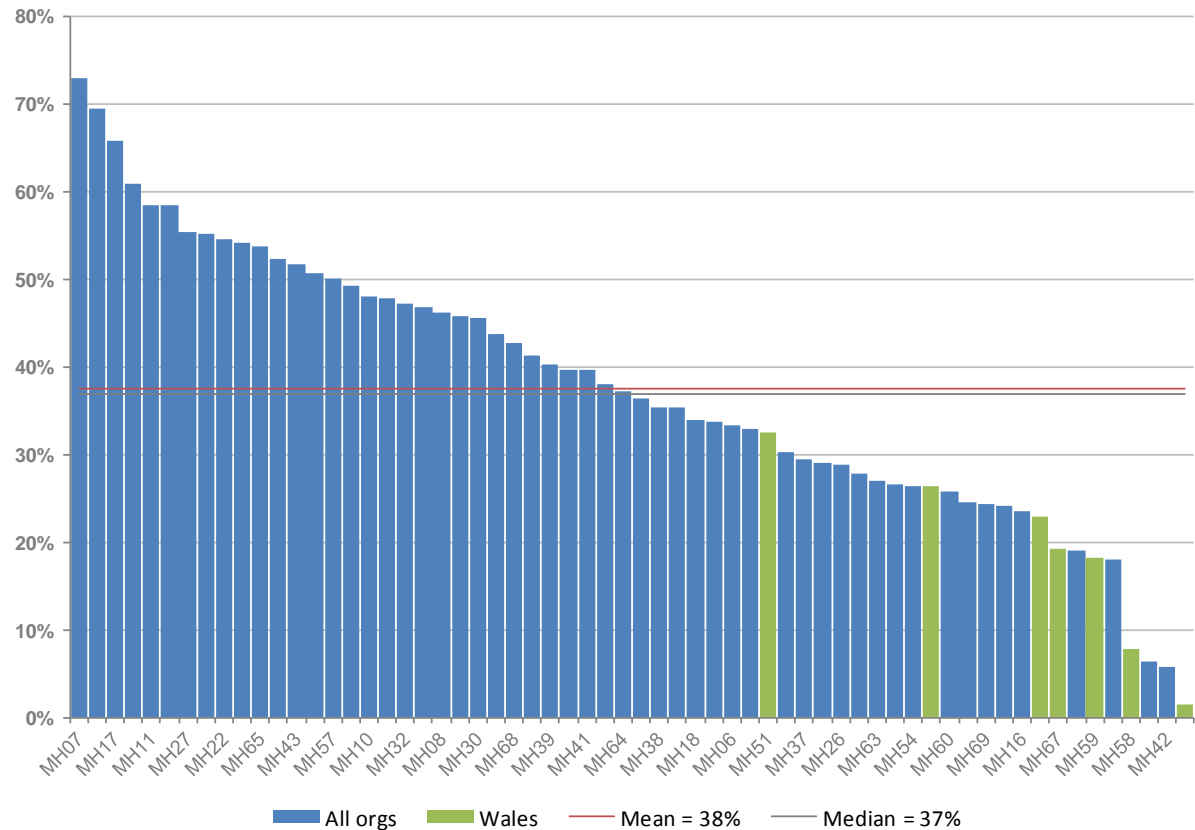


17%



Benchmarking Network

Adult Acute - Number of admissions under Mental Health Act section during the year as a % of admissions





Adult Acute bed occupancy

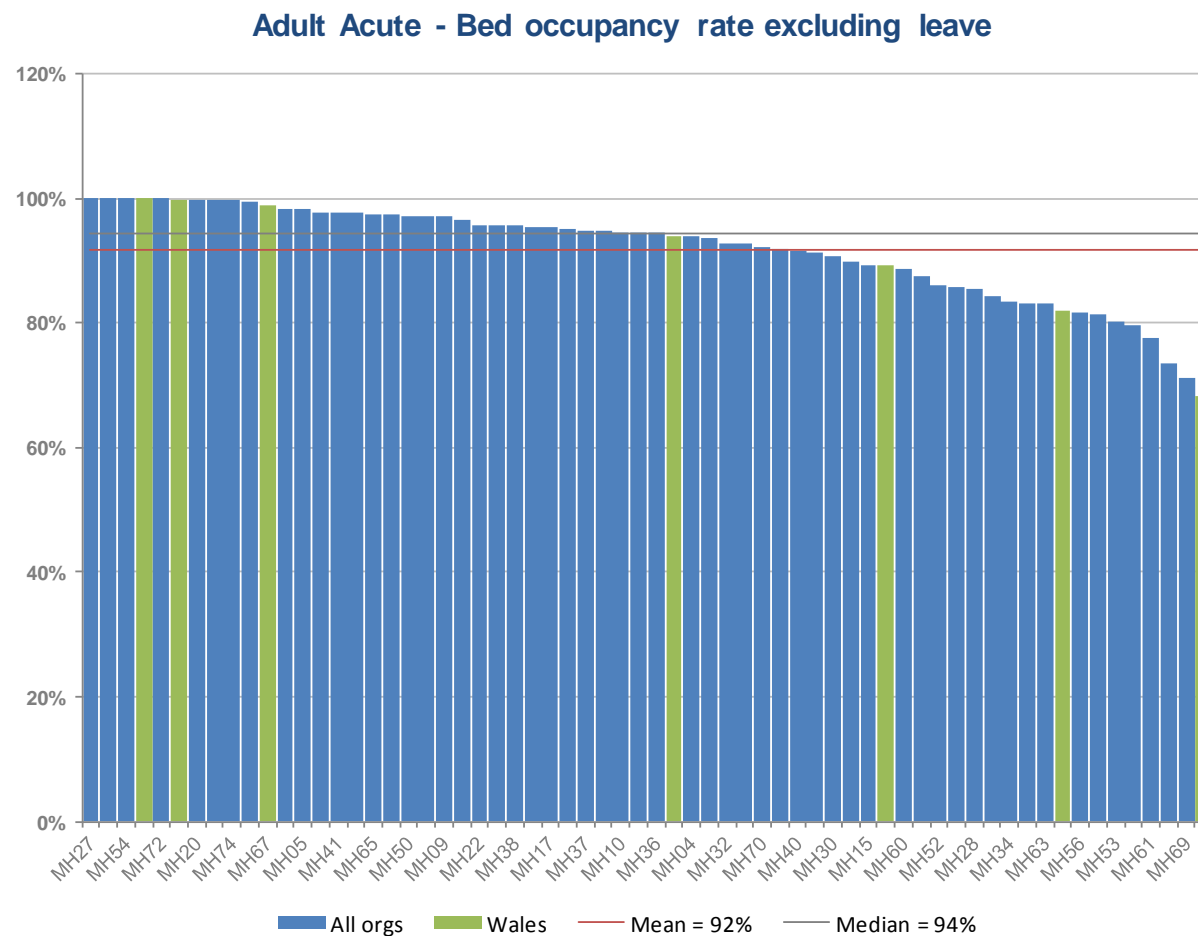
Variation in bed occupancy across Wales.



92%



90%



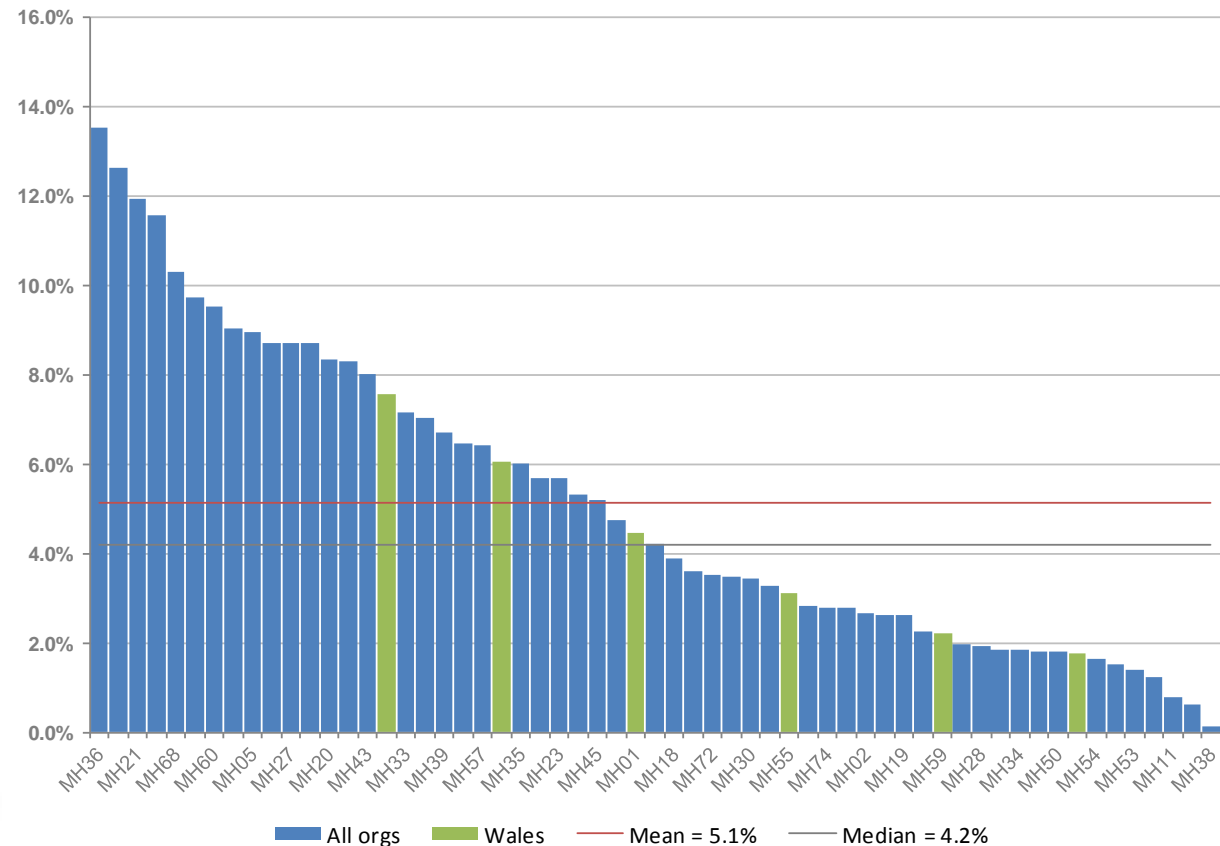
Benchmarking Network



Delayed Transfers of Care

NB: different methodology for measuring / reporting.

Adult Acute - Total number of bed days lost as a % of occupied bed days excluding leave





Length of stay

Shorter length of stay in Wales.



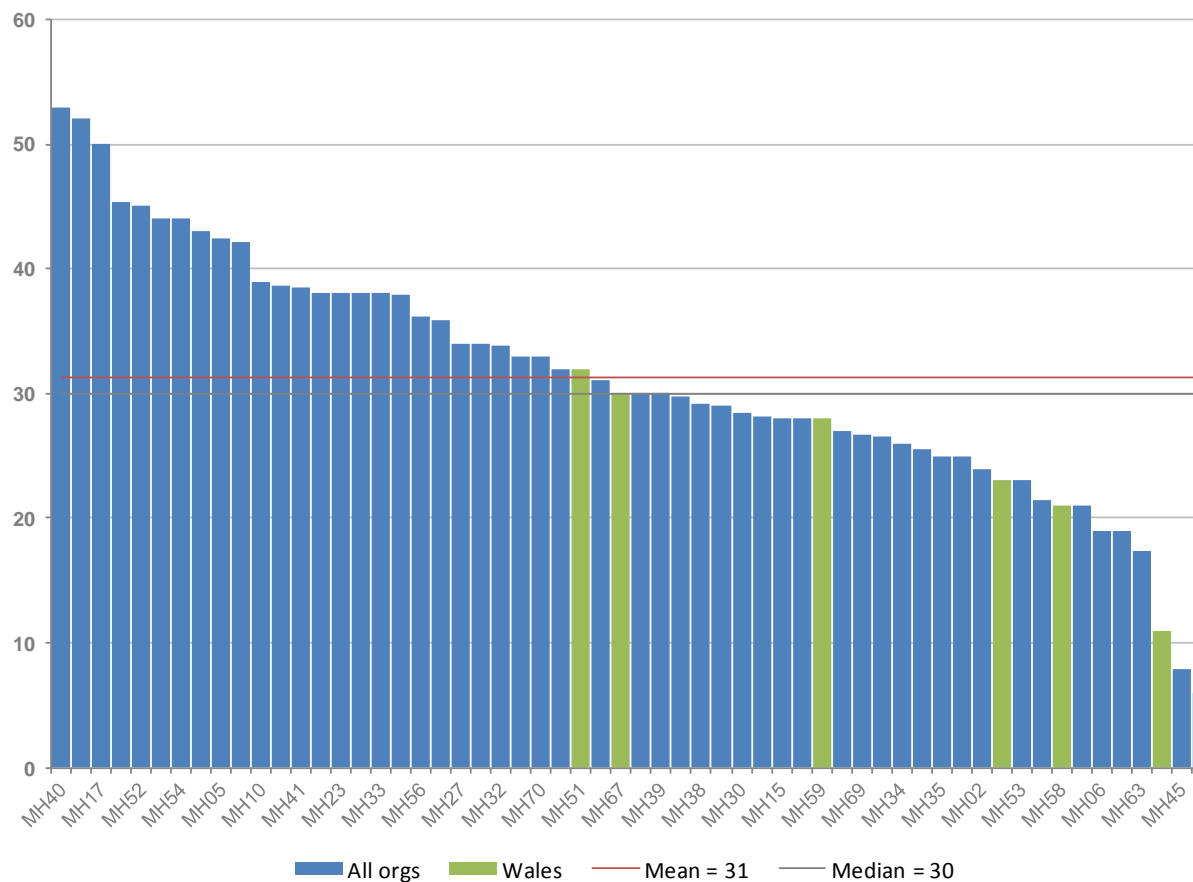
31 days



24 days

Different model of care:
more admissions but
shorter LOS

Adult Acute - Mean length of stay (excluding leave)



Benchmarking Network

Older Adult care

Raising standards through sharing excellence



Older adult beds by population

3 Health Boards in top 10 across UK.

Uses population for age 65+.

Wales provision 50% higher than UK average.

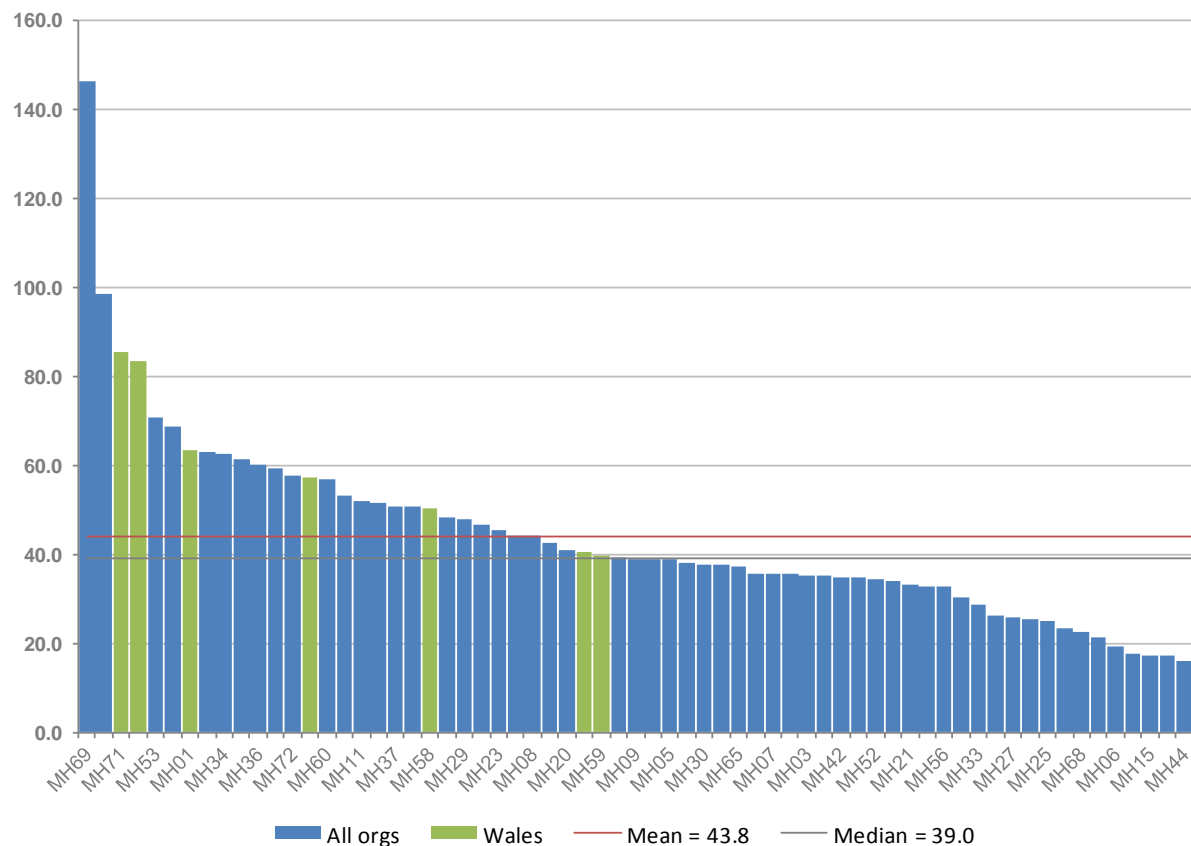


39



60

Older Adult Acute - Number of inpatient beds per 100,000 registered population



Benchmarking Network



Older adult admissions

Older Adult Acute - Number of admissions per 100,000 registered population

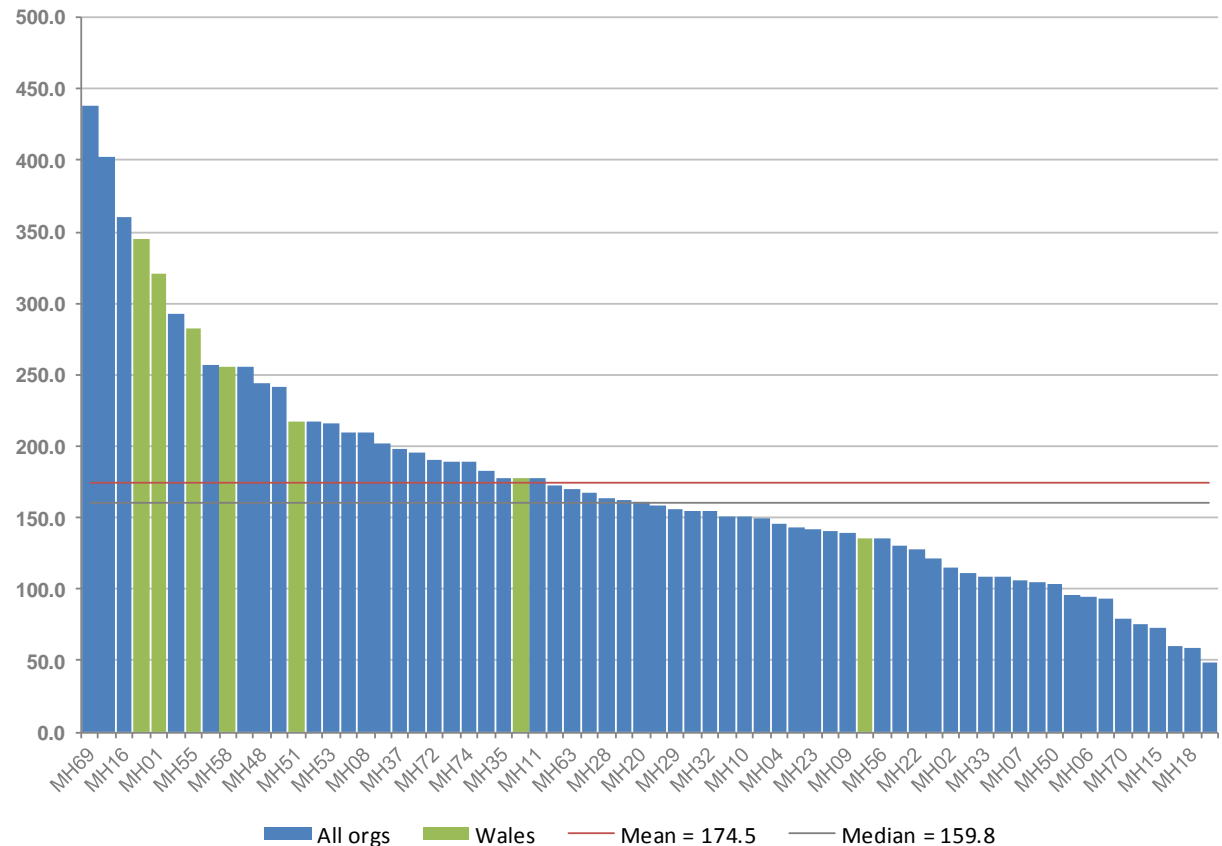
Admission rates for older adults also higher in Wales.



174



248



Benchmarking Network



Length of stay

Variation in length of stay for older adult acute beds.

May reflect availability of other rehab beds locally.

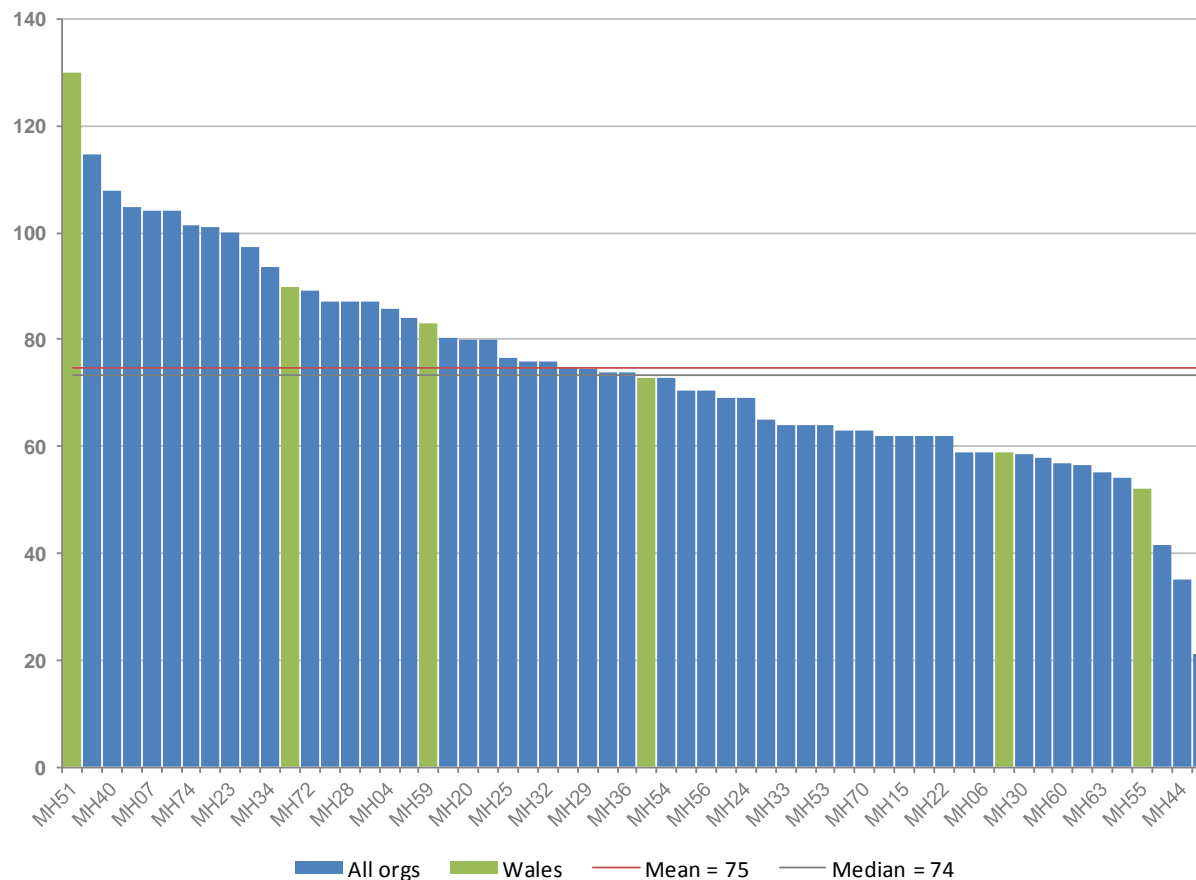


74 days

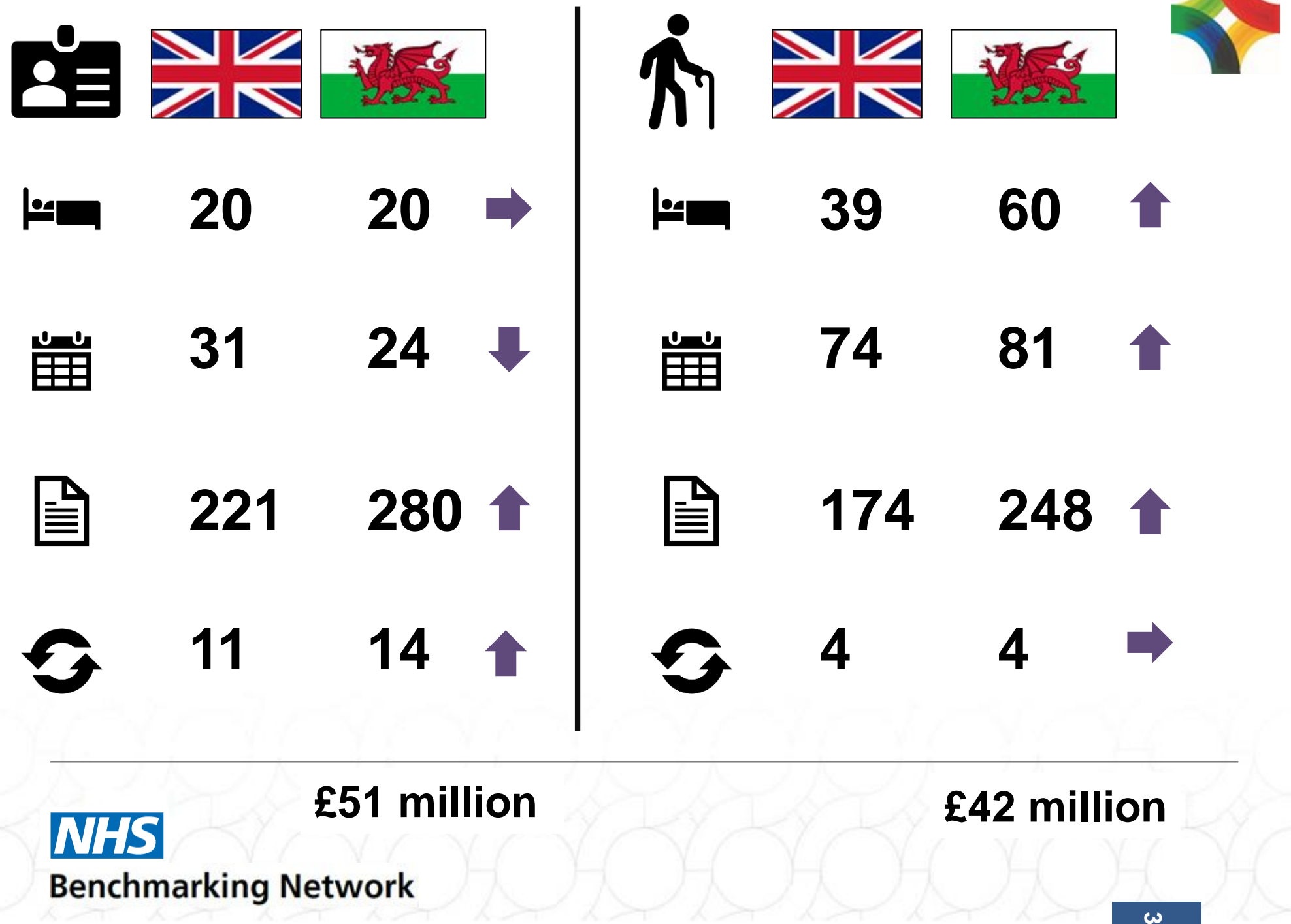


81 days

Older Adult Acute - Mean length of stay (excluding leave)



Benchmarking Network





Bed occupancy

Bed occupancy rate
excluding leave

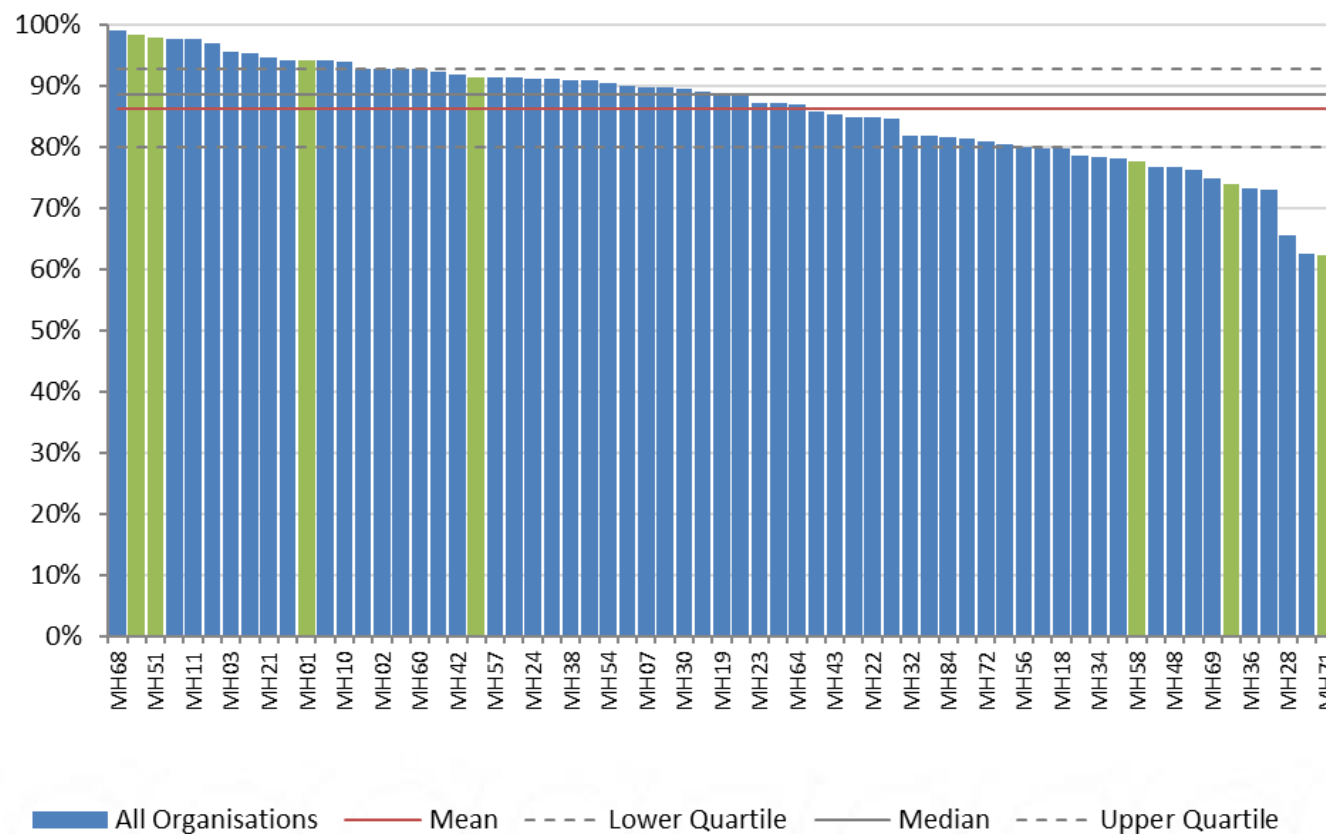


86%



85%

Number of occupied bed days (excluding leave) as a % of
available bed days



Benchmarking Network

Workforce

Raising standards through sharing excellence



Adult acute workforce

Per 10 beds, only one Health Board below average.

3 in top 10 for UK.

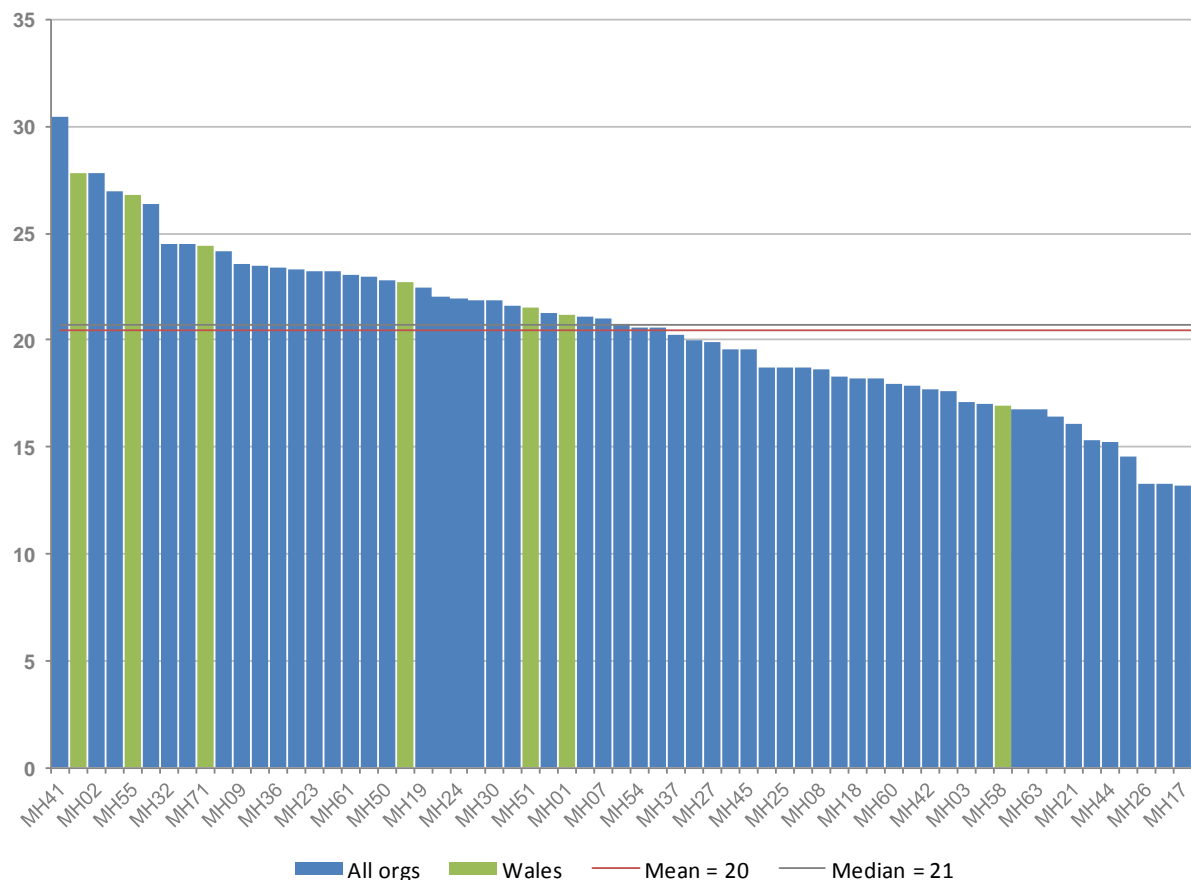


20 WTE



23 WTE

Adult Acute - Total staff per 10 beds



Benchmarking Network



Workforce profile



37%	Nursing		39%
40%	Support workers		40%
6%	Psychiatry		7%
4%	Clinical Psychology & OT		4%
6%	Admin		5%
7%	Other		5%





Benchmarking Network

Finance

Raising standards through sharing excellence



Inpatient costs

	Per bed		Per admission	
Adult acute	£140,182	£126,707	£13,223	£9,860
Older adult acute	£134,949	£116,728	£34,875	£31,454
PICU	£258,729	£237,542	£51,023	£30,426

Cost per patient on the caseload



- Average per patient on a Generic CMHT caseload (year of care)

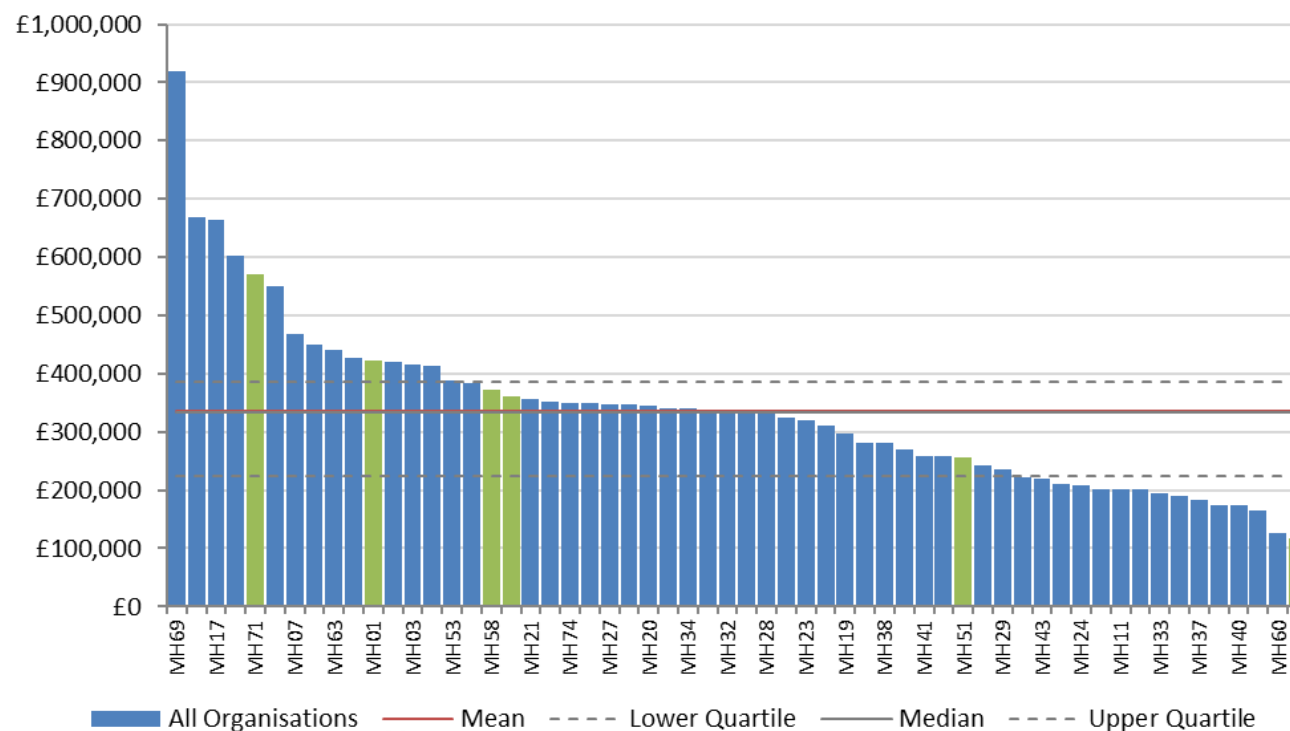


£3,367



£3,502

Generic CMHT - Total costs including allocation of overheads and corporate costs 2017/18 per 100 patients on Generic CMHT caseload



Benchmarking Network



Beds vs Community care



1 adult acute bed = 42 patients on a Generic CMHT caseload



1 adult acute bed in Wales = 36 patients on a Generic CMHT caseload





£51 million



£42 million



£34 million

Adult acute, older adult, rehab only
Excl. PICU, forensic, neuropsych.
NHS only

£146 million

All community teams



Benchmarking Network

Safety and Quality

Raising standards through sharing excellence



Ligature incidents

- Ligature incidents per 100,000 OBDs on Adult Acute

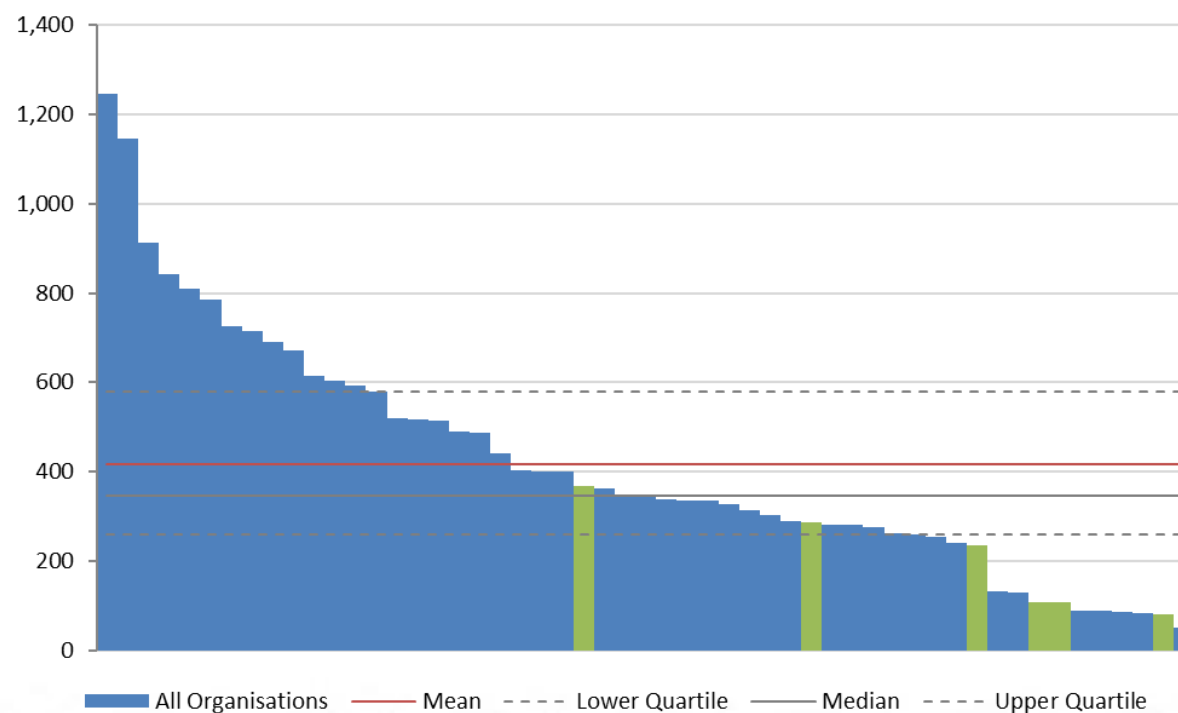


417



197

**Adult Acute - Number of incidents involving ligatures 2017/18
per 100,000 occupied bed days excluding leave**





Use of restraint

- Incidents of restraint per 100,000 OBDs for Adult Acute

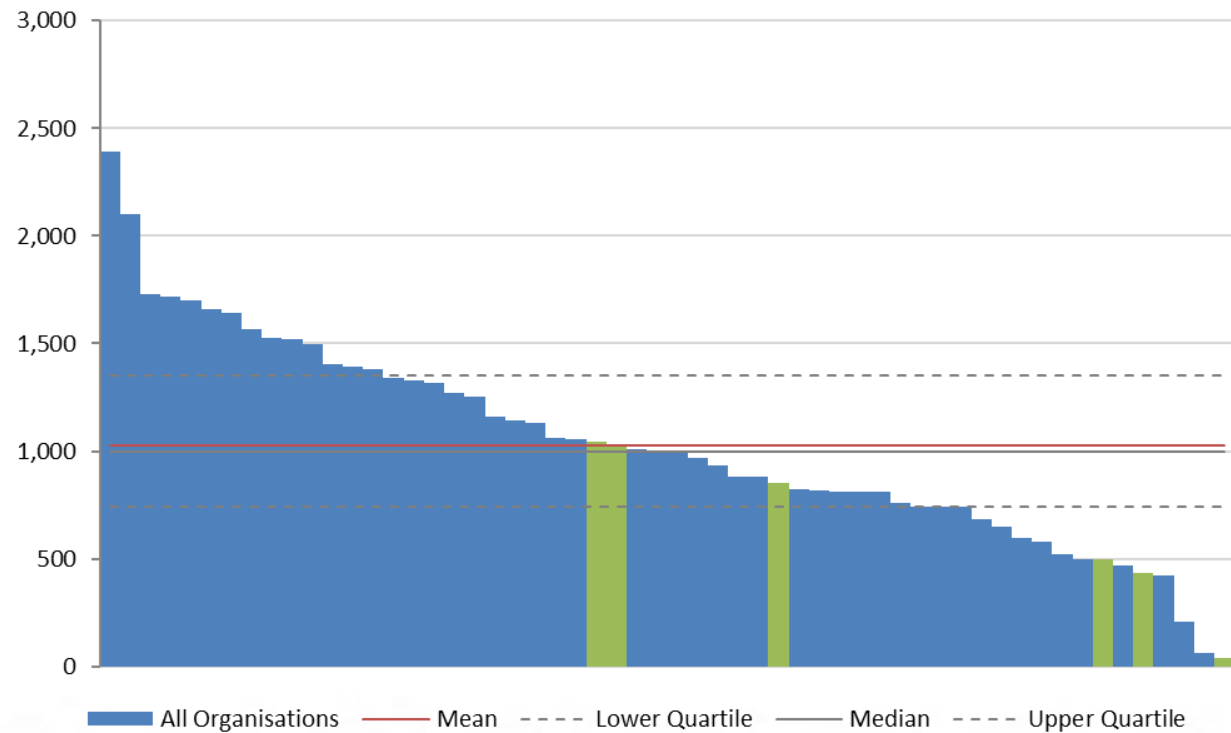


1029



648

Adult Acute - Number of incidences of use of restraint in 2017/18 per 100,000 occupied bed days excluding leave



Incident trends



Rates per 10,000 OBDs	Adult Acute	Older Adult	PICU
Ligature incidents	42	1	77
Restraint	103	87	437
Prone restraint	20	3	102
Violence towards staff	55	95	218
Violence towards other patients	30	50	100

CAMHS incidents

Ligature incidents – 350 per 10,000 OBDs

Restraint – 704 per 10,000 OBDs

Prone – 84 per 10,000 OBDs

Violence towards staff - 120 per 10,000 OBDs

Violence towards patients – 55 per 10,000 OBDs



Benchmarking Network



Conclusions and opportunities for Wales

- Shorter AA LOS and lower use of the Mental Health Act
- Fewer incidents in inpatient wards
- High inpatient staffing levels and skill mix comparable with UK
- Lower costs – per bed and per admission
- Large inpatient rehab provision (12% beds UK; 23% beds Wales)
- Community caseloads reducing

National Collaborative Commissioning Unit Quality Assurance & Improvement Services

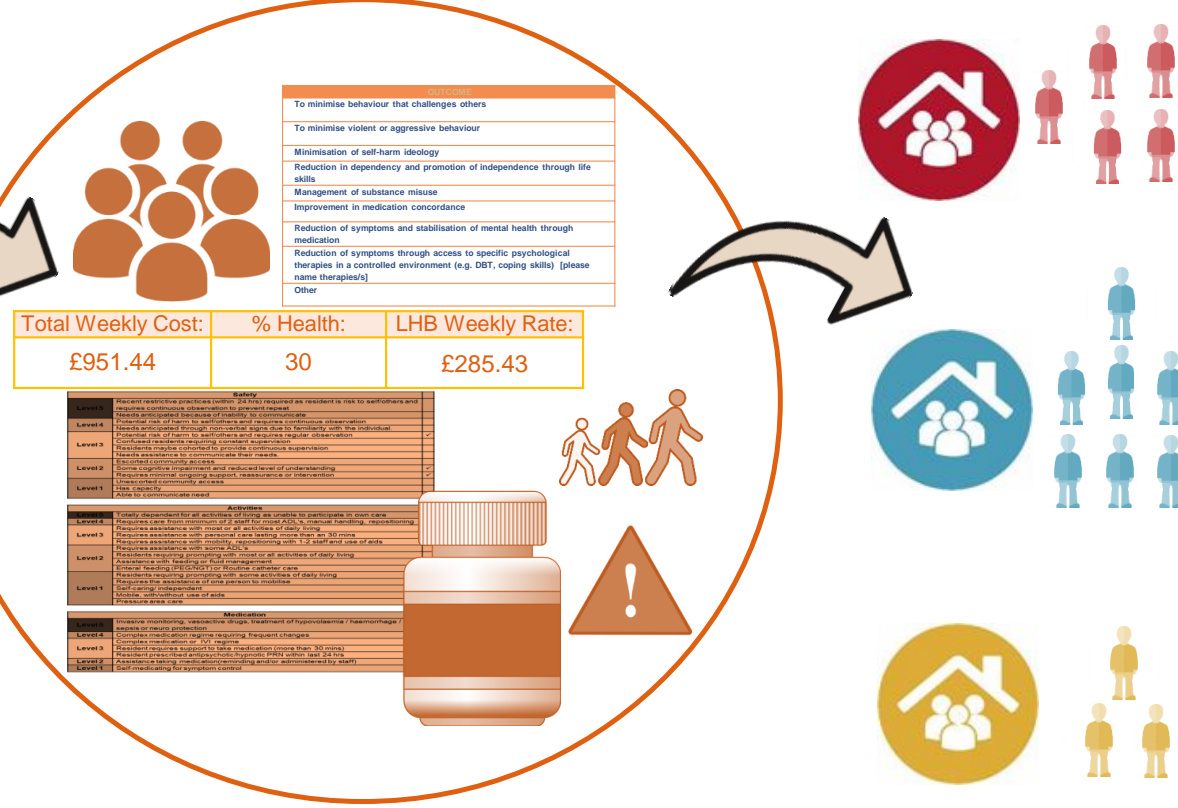
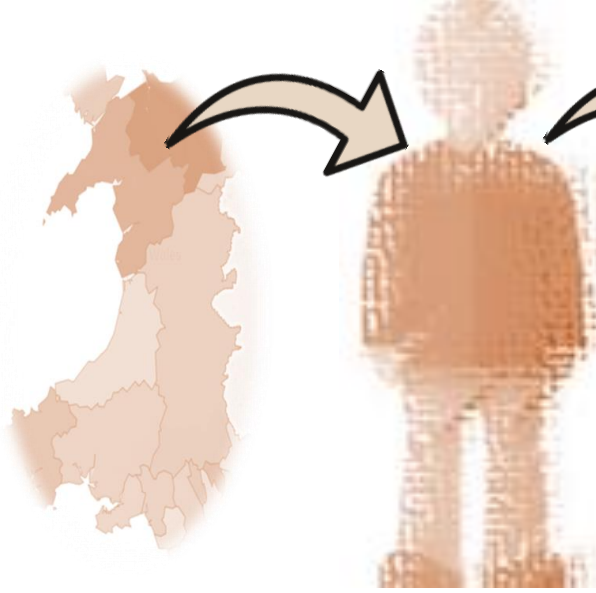
Improving quality, experience and value



Shane Mills
Director of Quality & Patient Experience



Local care mapping process



Local Care Mapping Programme



The care homes



8 / 10 (5 HB) LD / ASD



8 / 10 (5 HB) LD / ASD



10 / 10 (3 HB) LD / MH / ASD



5 / 6 (4 HB) LD / MH / ASD



6 / 8 (5 HB) LD / MH / ASD



5 / 6 (2 HB) LD / ASD



17 / 17 (6 HB) LD / ASD

**7 homes, 67 beds, 59 occupied (average 85%),
51% of the placements have funding by health**



The residents



5/5 LD&ASD 100% DOLS



3/3 LD, 20% DOLS



2/3 LD&MH, 1/3 LD, 100% DOLS



**1/4 LD&MH&ASD, 1/4 LD&MH,
1/4 LD&PD, 1/4 LD&ASD&PD
100% DOLS**



**2/5 LD, 2/5 LD&ASD, 1/5 LD&PD
60% DOLS**



**1/2 LD&ASD, 1/2 LD,
100% DOLS**



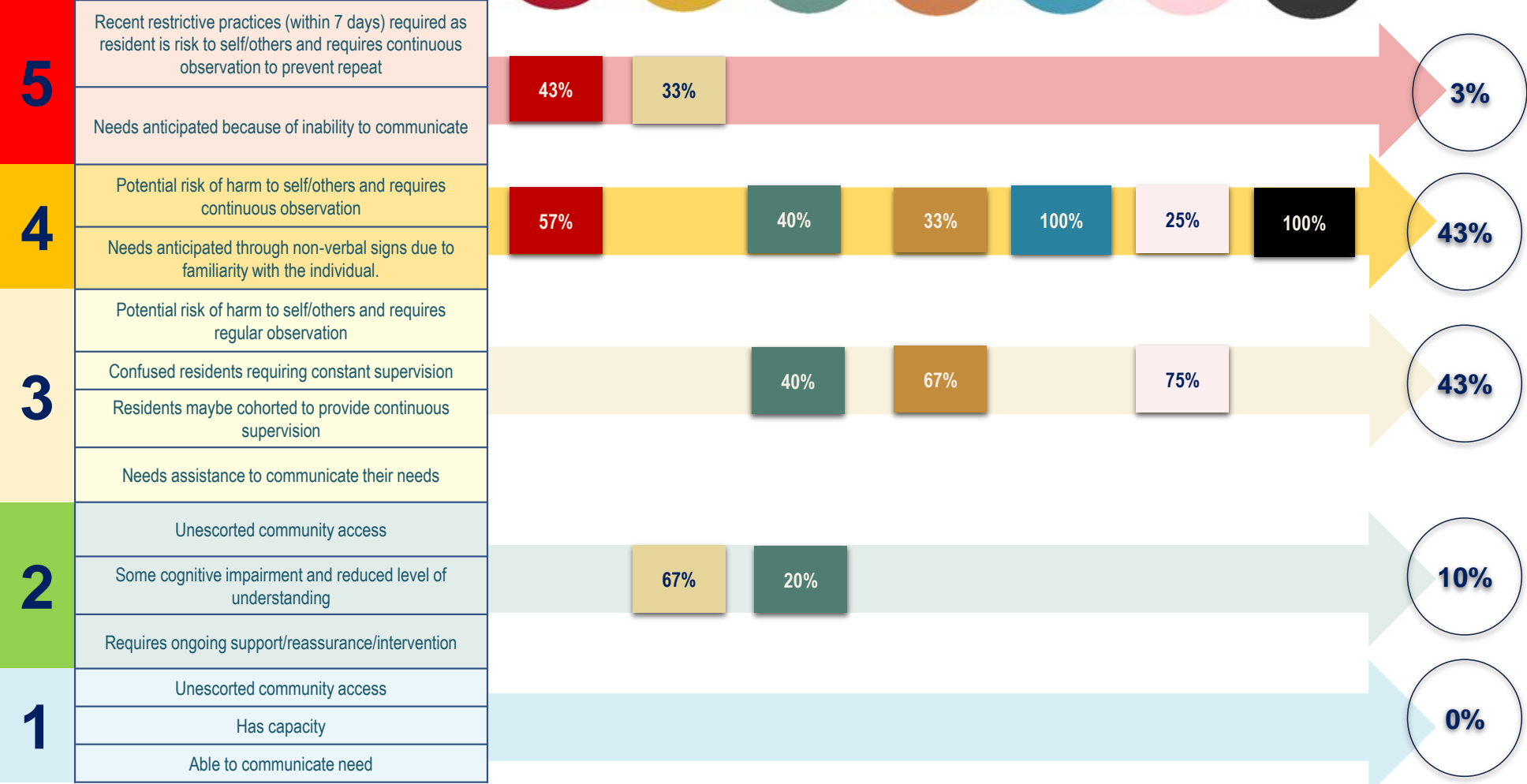
**4/6 LD & ASD, 2/6 LD
100% DOLS**

**Secondary 46 % ASD, 18% MH, 18% PD, 7% PTSD
80% DoLS**



Level of care

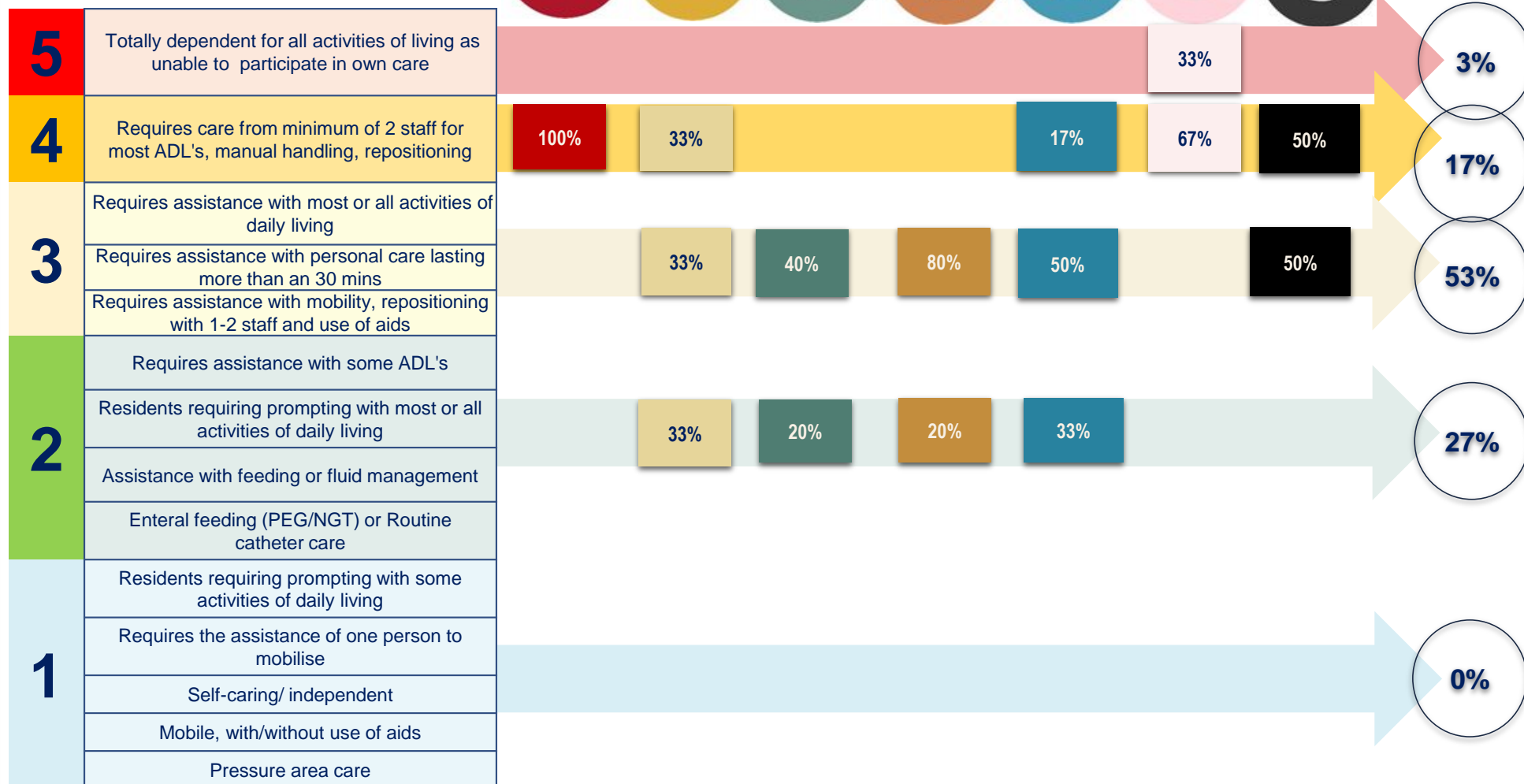
RISK





Level of care

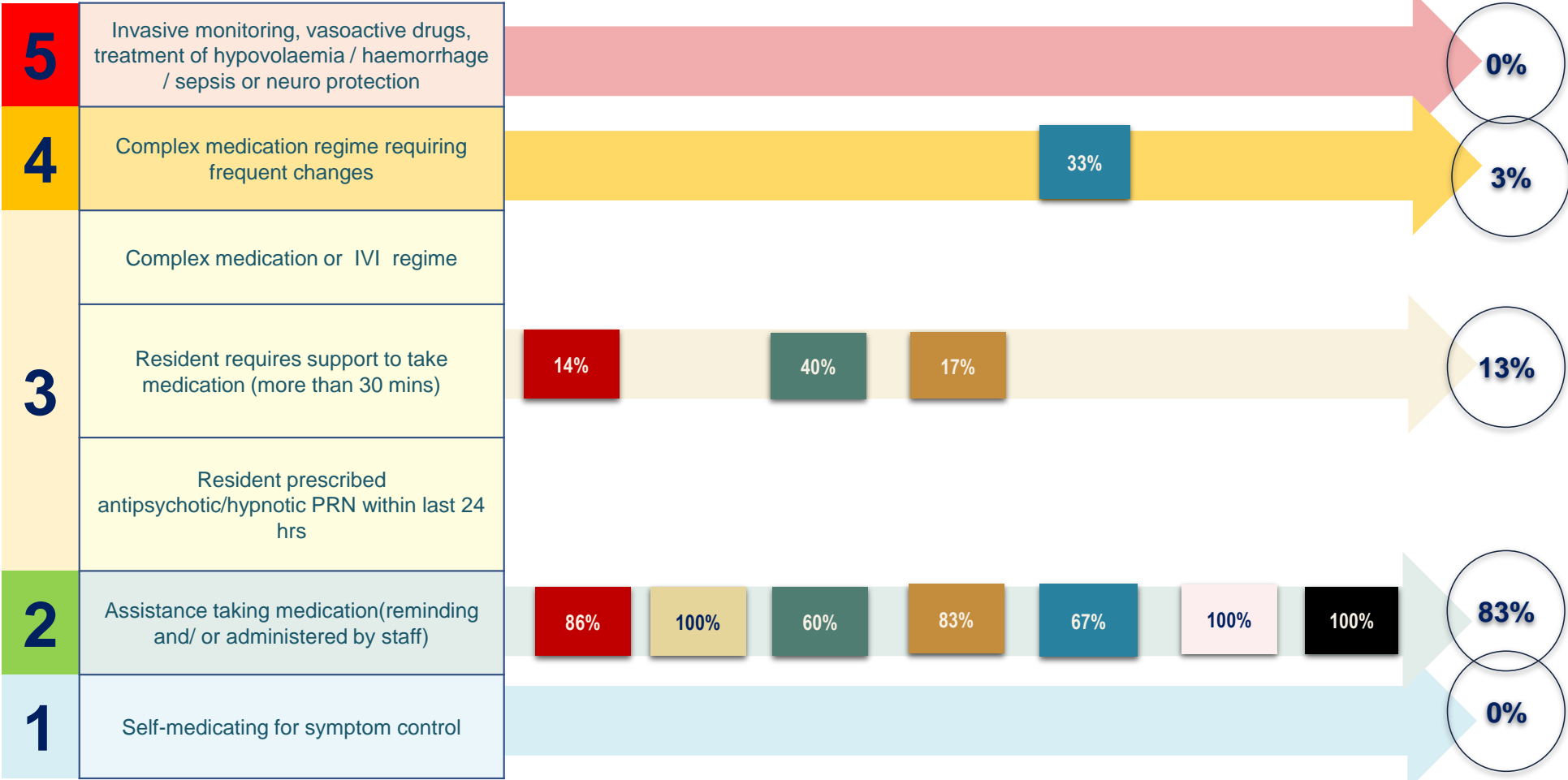
Activities



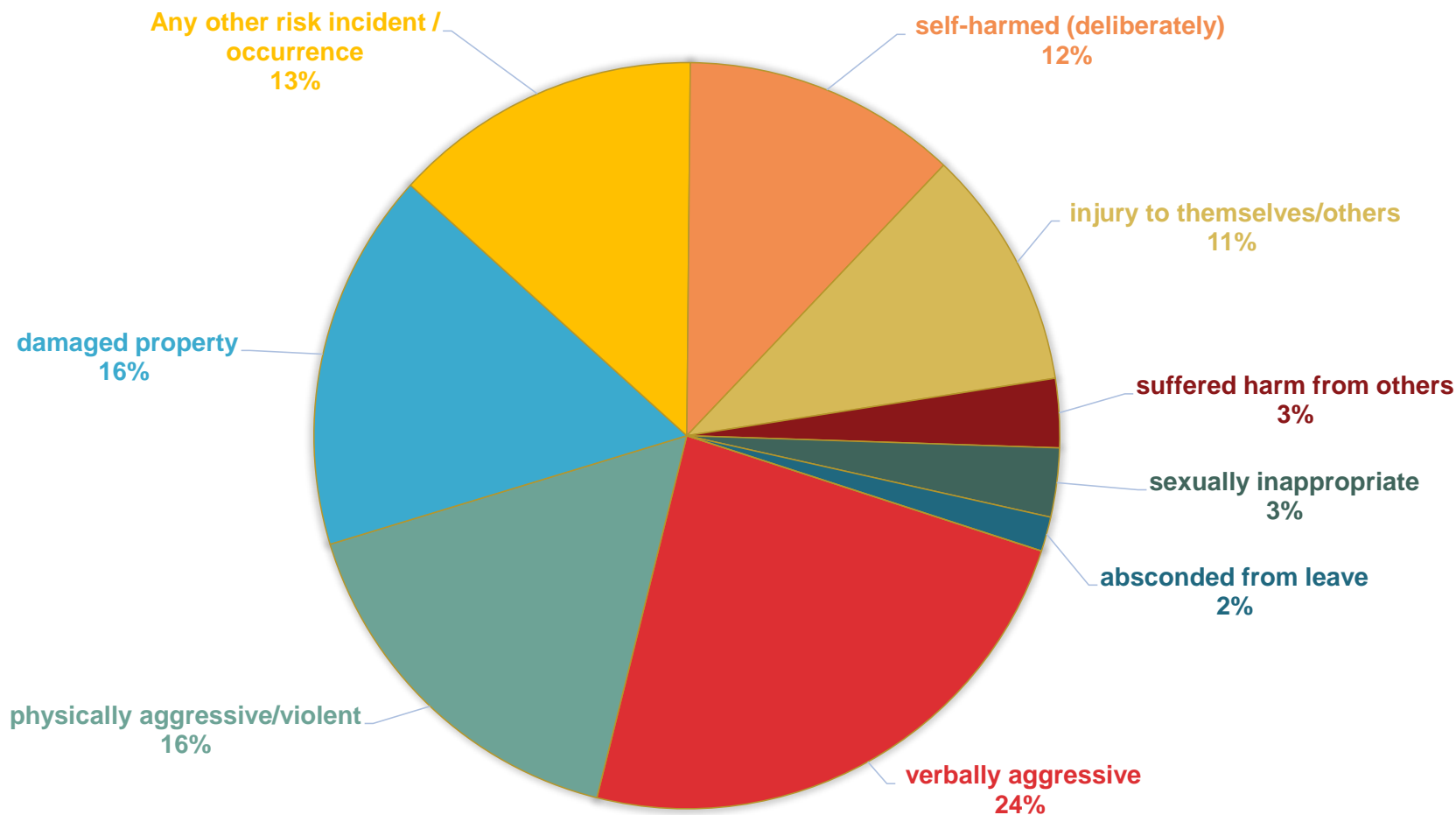
Local Care Mapping Programme



Level of care
Medication



Current Risk Indicators





Psychotropic Prescribing



REGULAR 53%

AS REQUIRED 3%

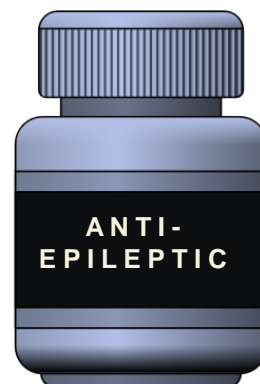


REGULAR 13%

AS REQUIRED 37%



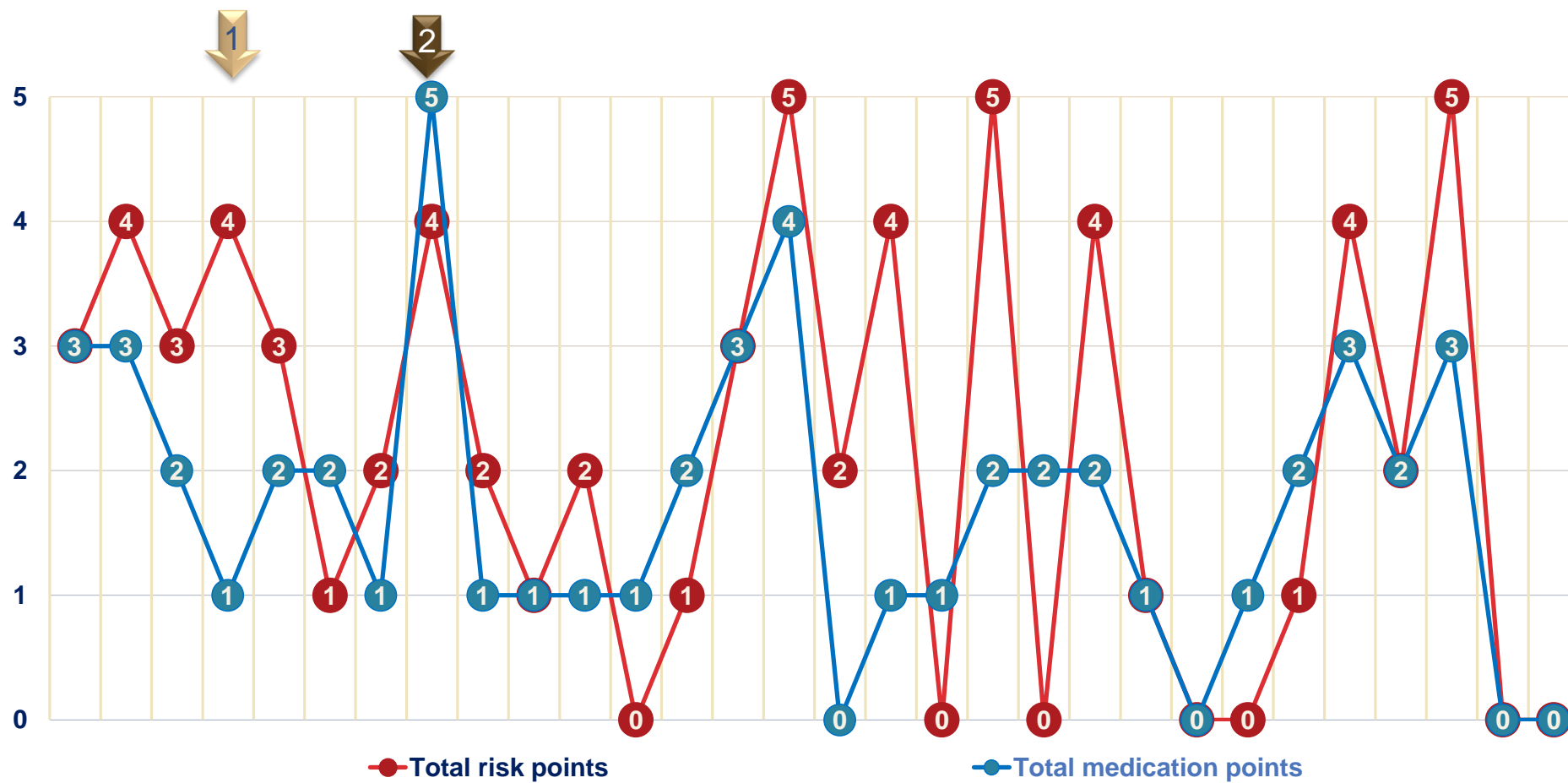
REGULAR 27%



REGULAR 40%



Association of Risk & medication



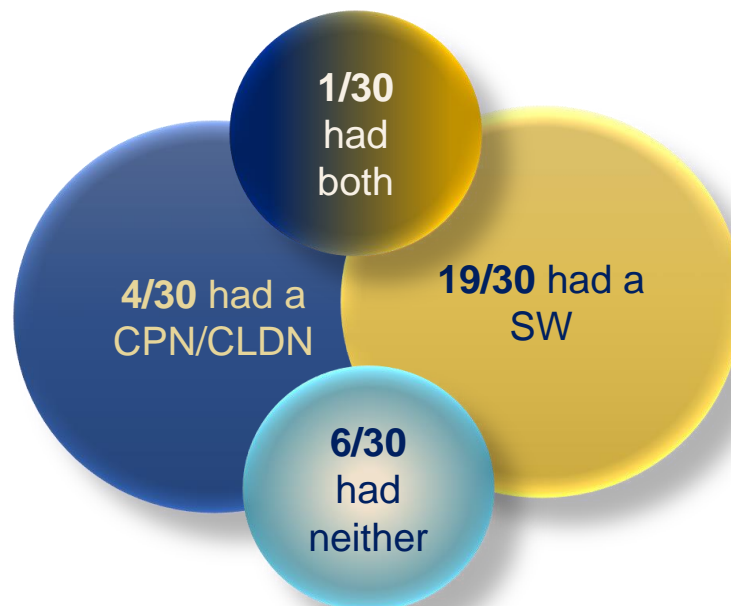
Care/support plans



100% had a support plan

90% of support plans addressed all needs

39% of support plans had progressive outcomes



9/30 HAD A CTP REVIEW RECORDED



Length of stay



1-12 YRS, (AVERAGE 7) 50YRS



1-3 YRS, (AVERAGE 2) 6YRS



9-20 YRS, (AVERAGE 14) 43YRS



1-3 YRS, (AVERAGE 2) 8YRS



2-9 YRS, (AVERAGE 4) 20YRS



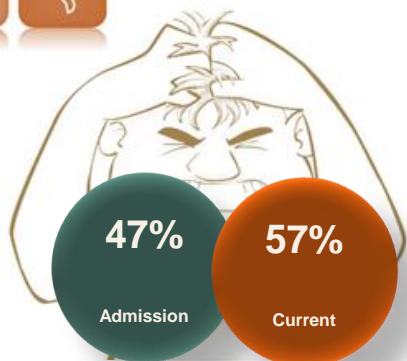
2-3 YRS, (AVERAGE 2) 4YRS



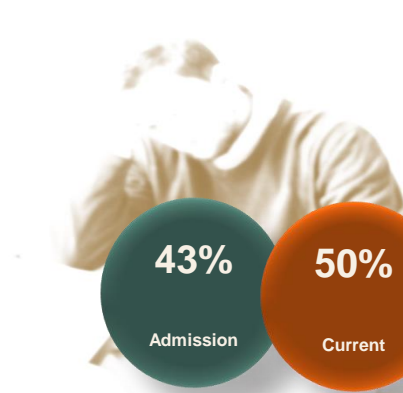
1-4 YRS, (AVERAGE 2) 15YRS

**AVERAGE 5 YEARS/MEDIAN 3 YEARS
TOTAL 145 YEARS OF CARE**

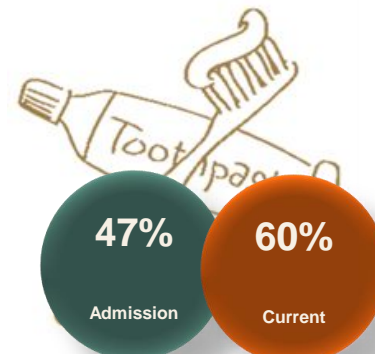
Outcomes



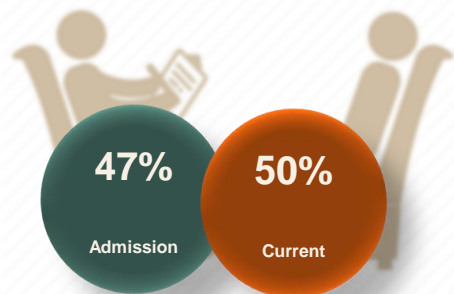
Reduce/ minimise violence, aggression, behaviours that challenge



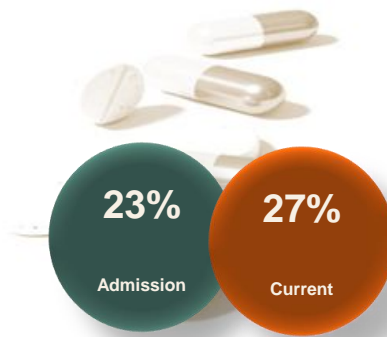
Reduce/minimise/ control self-harm, self-harm ideology



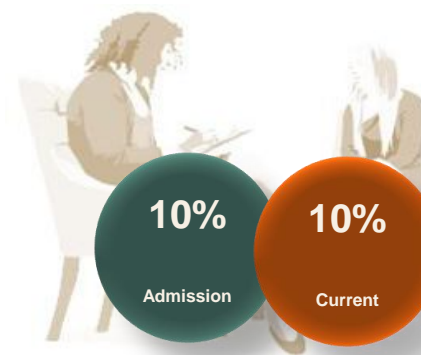
Reduce dependency and promote independence through life skills



Empower through hope, positive regard, psychosocial interventions



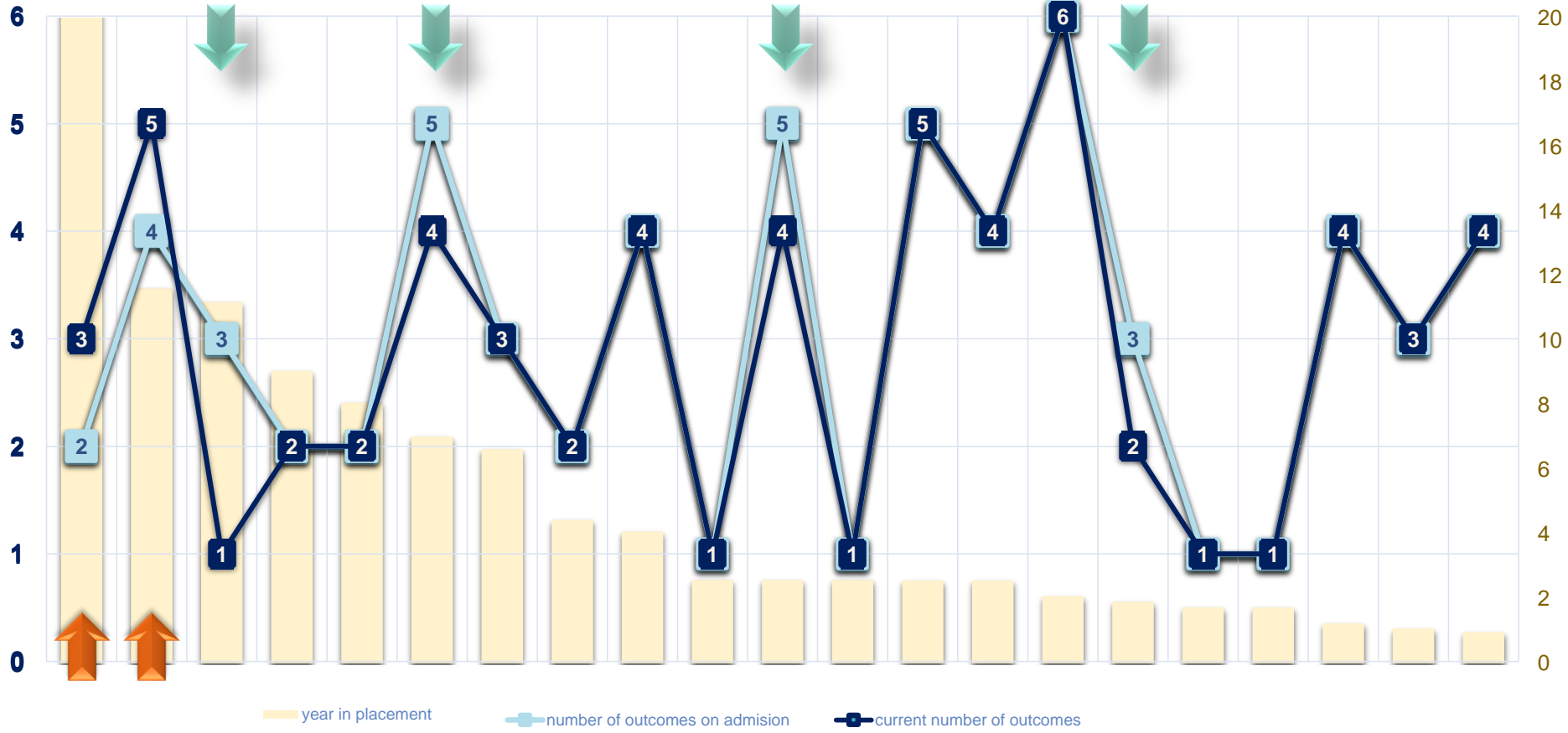
Reduce/ minimise symptoms of mental illness or distress through pharmacology



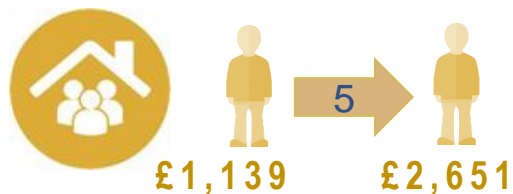
Achieve positive outcomes through specific psychological therapies



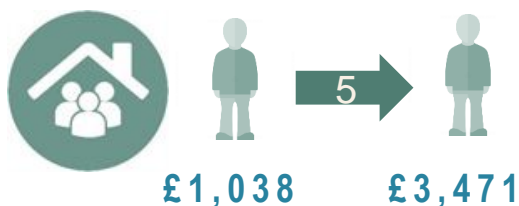
Outcomes over time



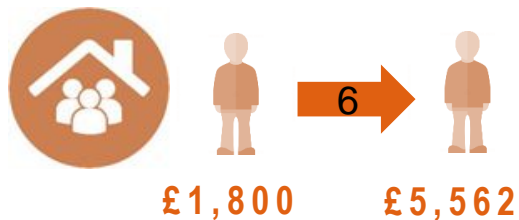
£ Price



£6,171 PW

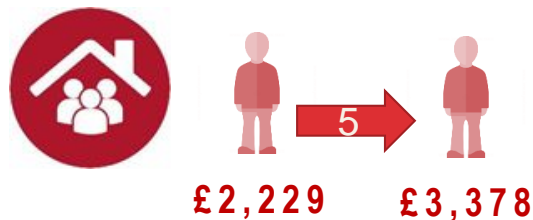


£10,595 PW

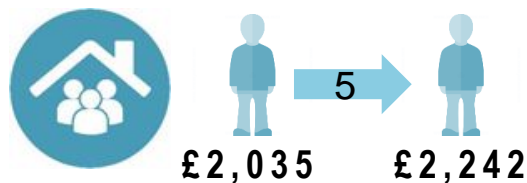


£17,900 PW

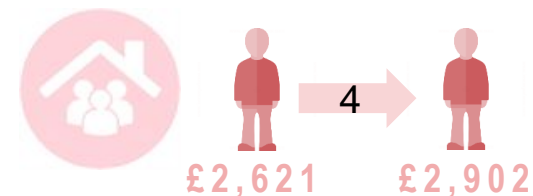
£68,727 PW



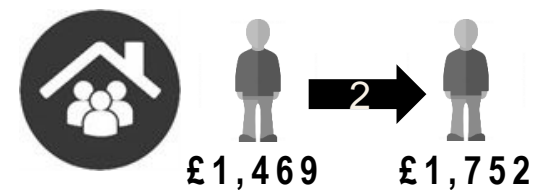
£19,085 PW



£6,457 PW



£11,100 PW



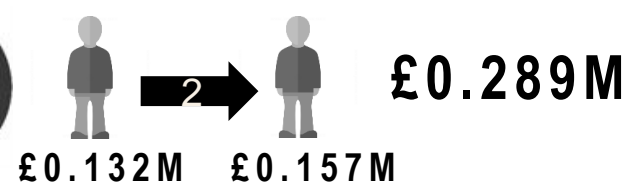
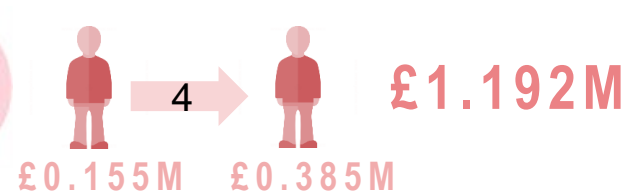
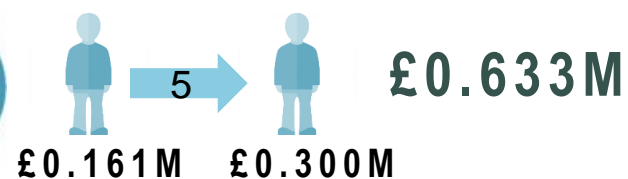
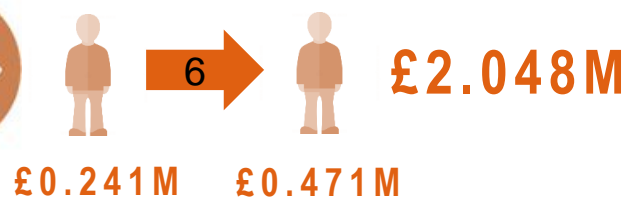
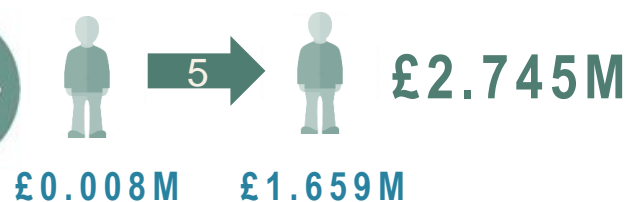
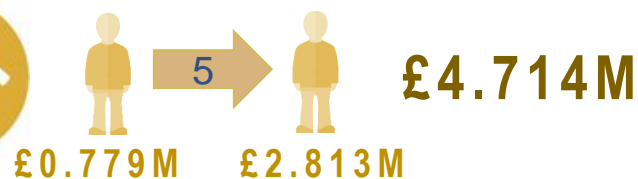
£3,221 PW

£3,573,808 PA

£326 PER DAY



Price over time



£18,494,353

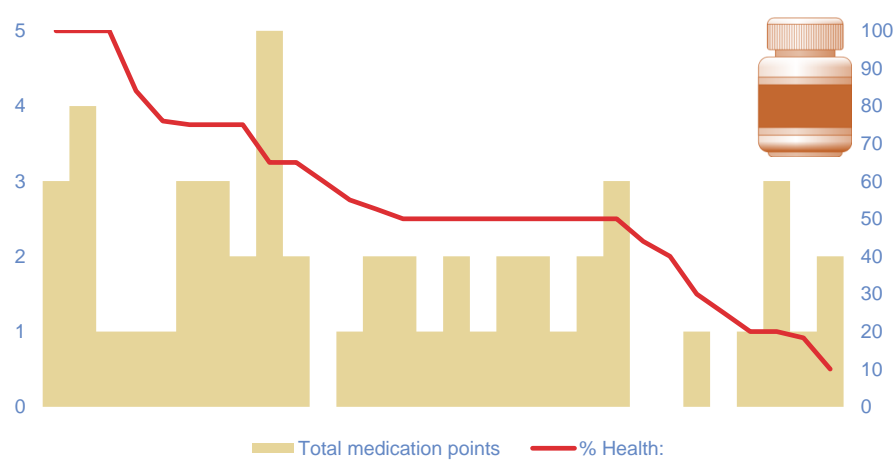
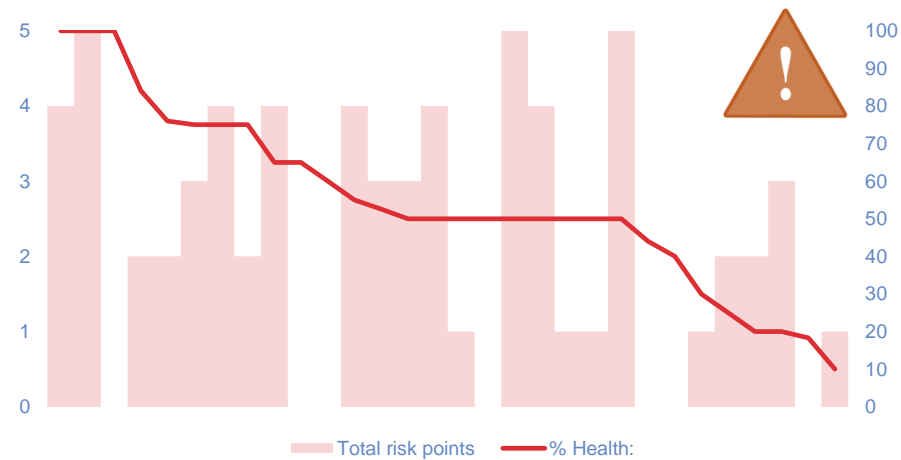
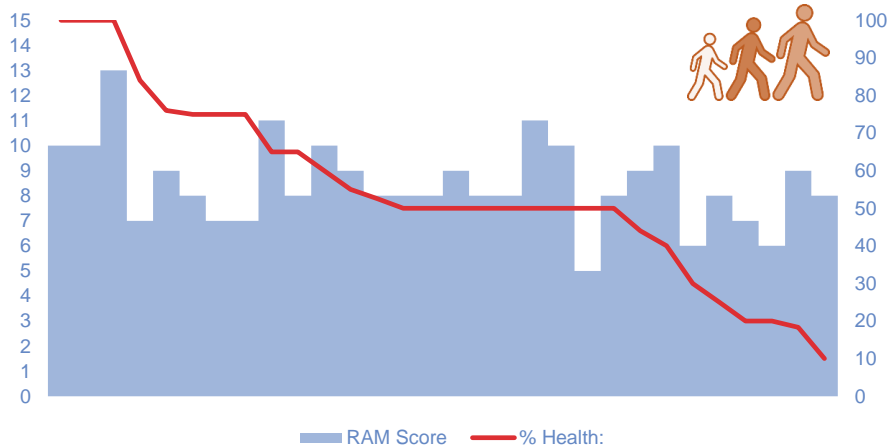
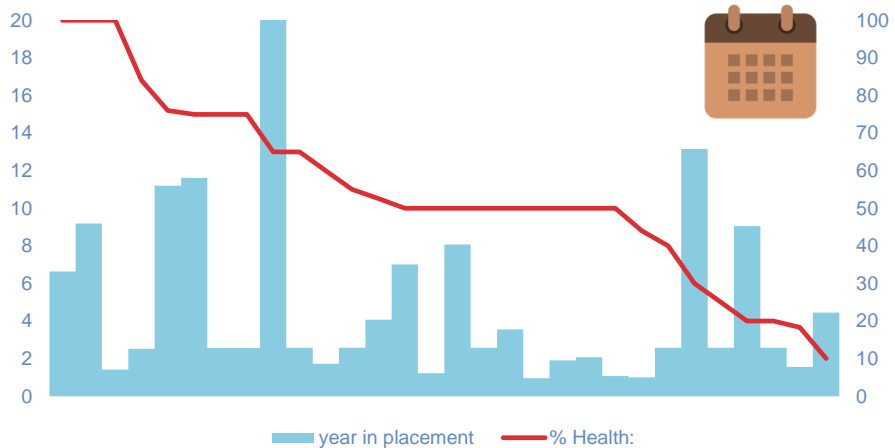
Local Care Mapping Programme

3.6



Health contribution

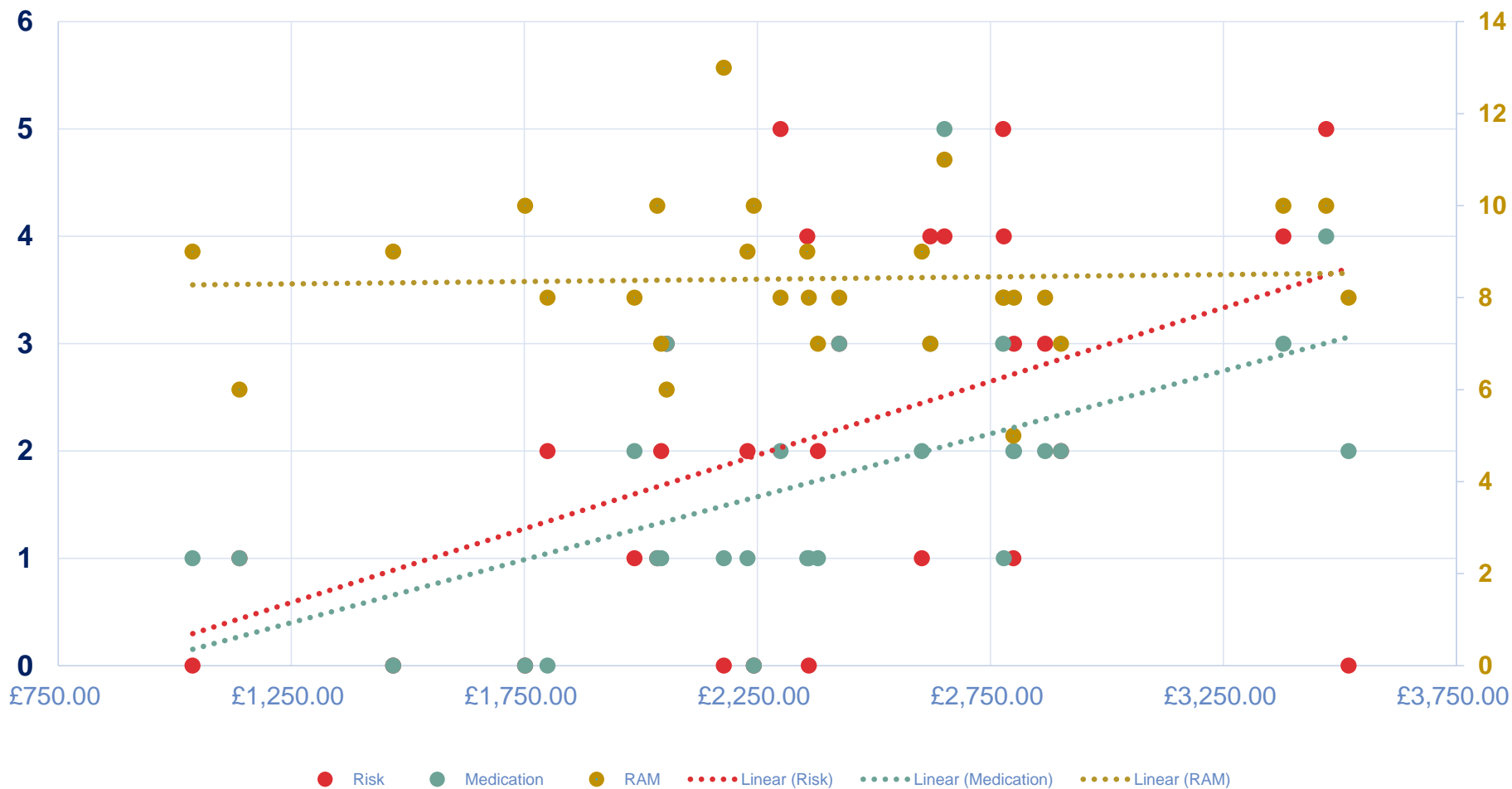
Mental Health and Learning Disabilities Committee - Thursday 7 February 2019-07/02/19



Local Care Mapping Programme



Value

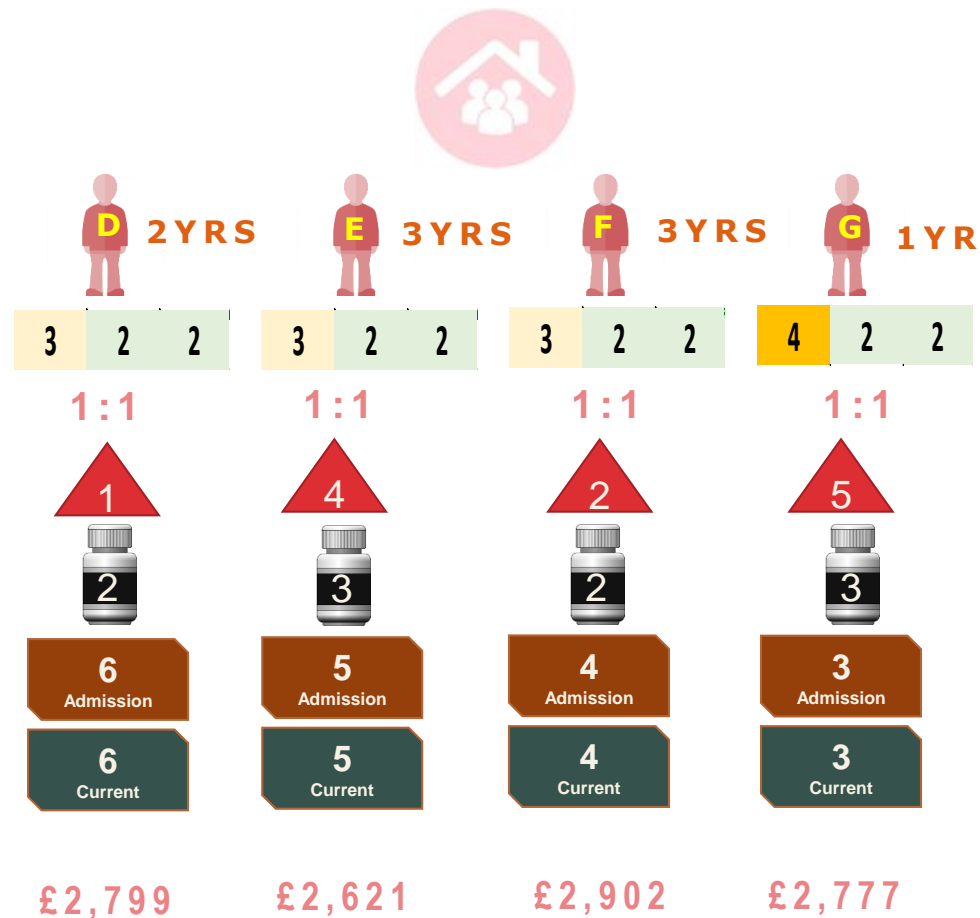
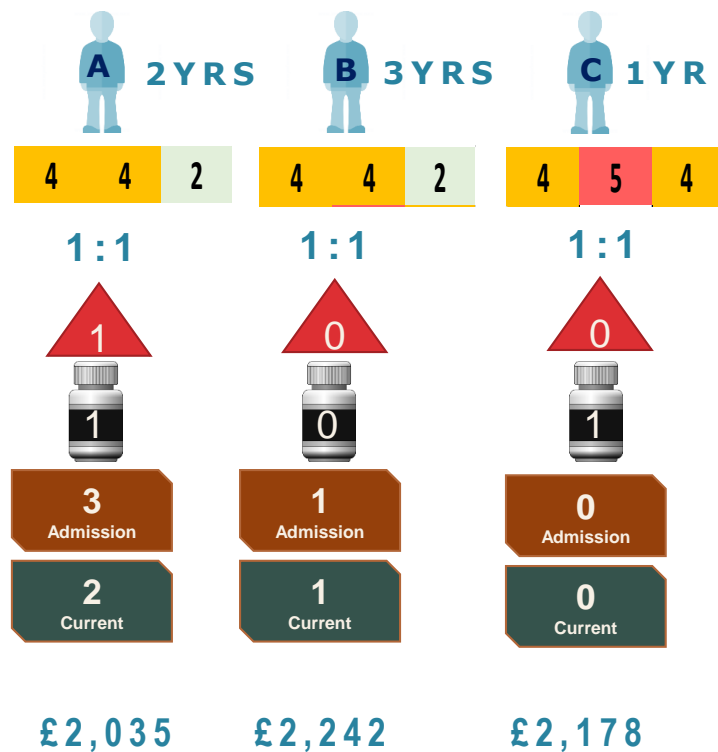




Value at personal level



1



Thank you

Shane Mills
 Director of Quality & Patient Experience
 NHS Wales
 National Collaborative Commissioning Unit
 Unit 1 Charnwood Court
 Heol Billingsley
 Parc Nantgarw
 Cardiff
 CF15 7QZ



(01443) 744928

Shane.Mills2@Wales.NHS.UK





CAMHS Benchmarking Results 2018

Zoë Morris, 4th December 2018

Raising standards through sharing excellence



Participants

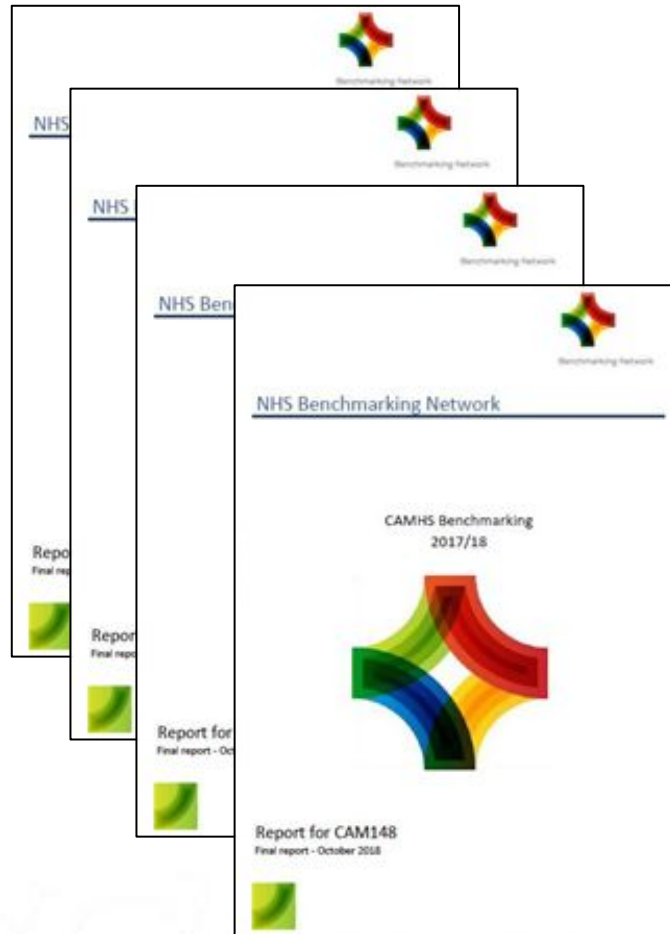
- 107 submissions received
- Majority of community providers in England
- 100% of inpatient providers in England
- 100% Independent Sector providers in England
- **100% Health Boards in Wales**
- Scotland, Northern Ireland and Jersey
- Largest ever dataset



Benchmarking Network



CAMHS Benchmarking Outputs



- Bespoke reports
- National report
- Toolkit



Benchmarking Results 2018



Benchmarking Network

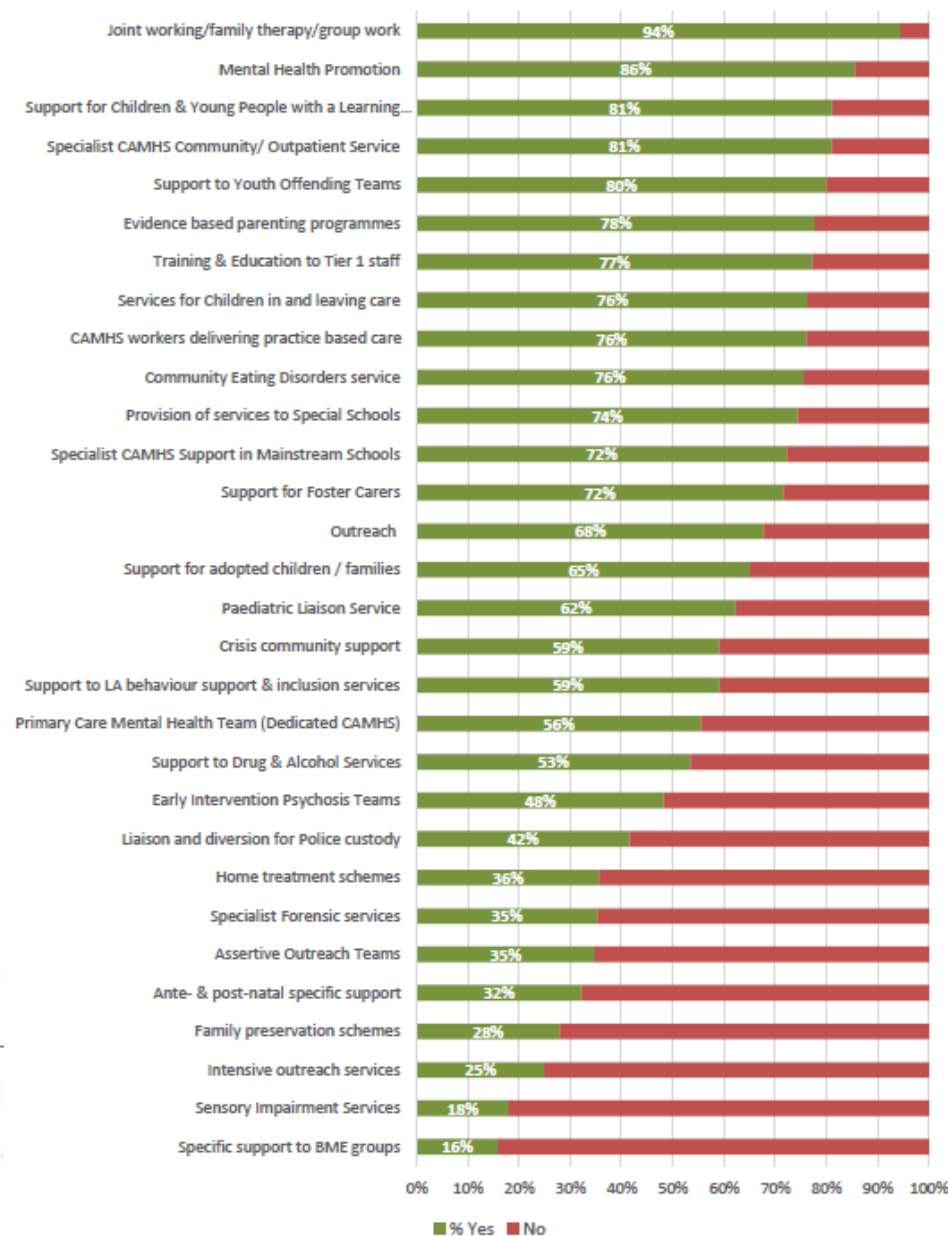
Community service models and provision



Huge variety in scope of CAMHS offer but broad consistency around

- Family therapy – 94%
- Mental health promotion – 86%

59% offer community based Crisis support



Benchmarking Network



Referrals to CAMHS

Highest level of demand ever reported



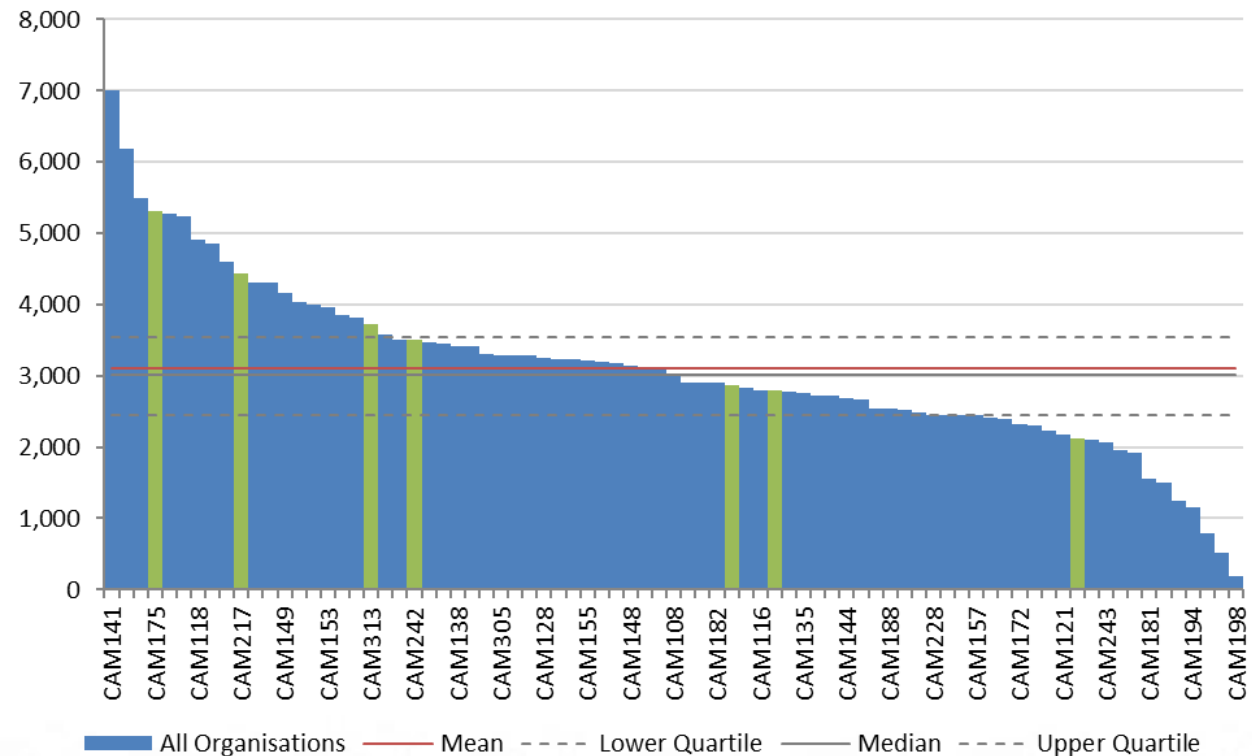
3113



3539

referrals received per 100,000 population (age 0-18)

Total - Total referrals into CAMHS 2017/18 per 100,000 population covered by service - aged 0-18



Benchmarking Network



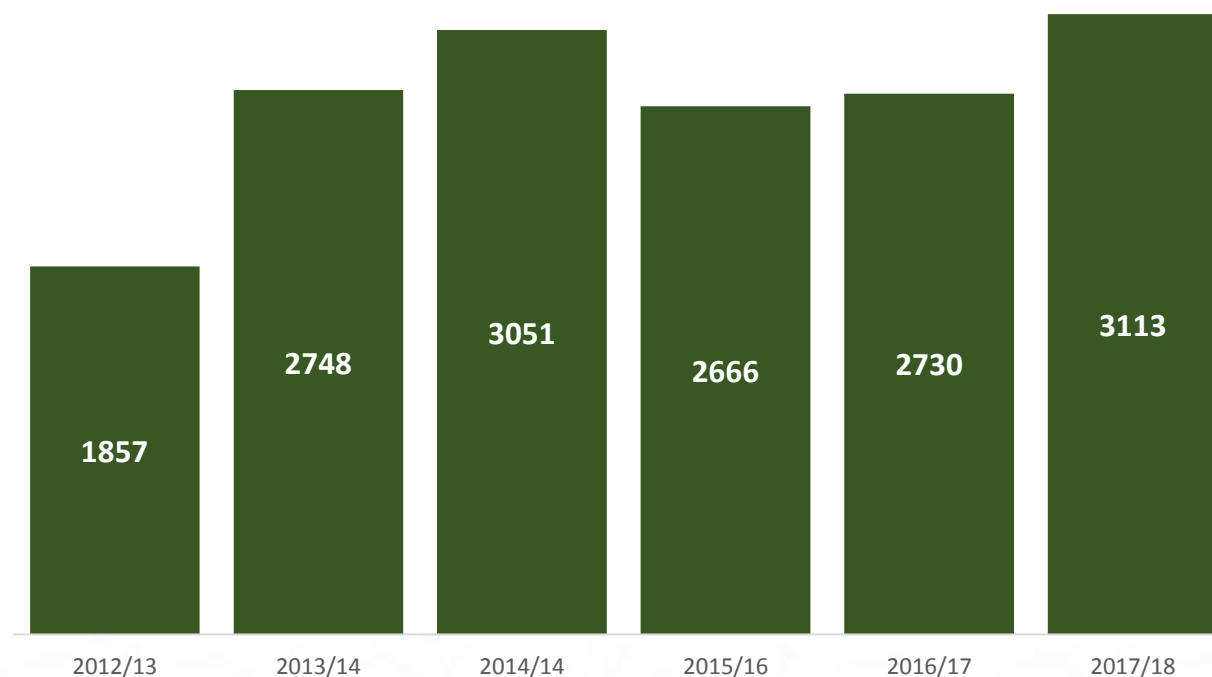
Increase in demand for CAMHS



Referrals received per 100,000 population (age 0-18)

Referral rates
68% higher than 5
years ago

Rates **14%** higher
than last year

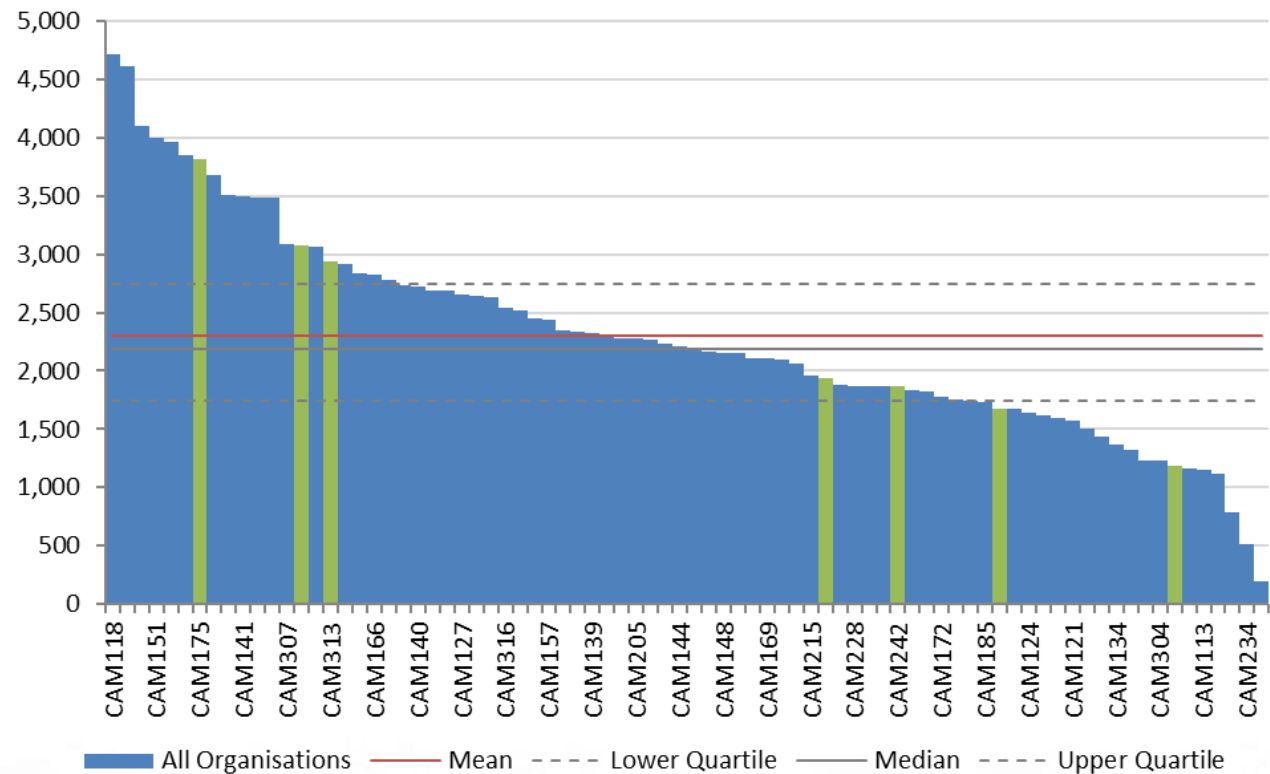


Benchmarking Network



Referrals accepted by CAMHS

Total - Total referrals accepted by CAMHS 2017/18 per 100,000 population covered by service - aged 0-18



2305



2359

referrals accepted per
100,000 population
(age 0-18)



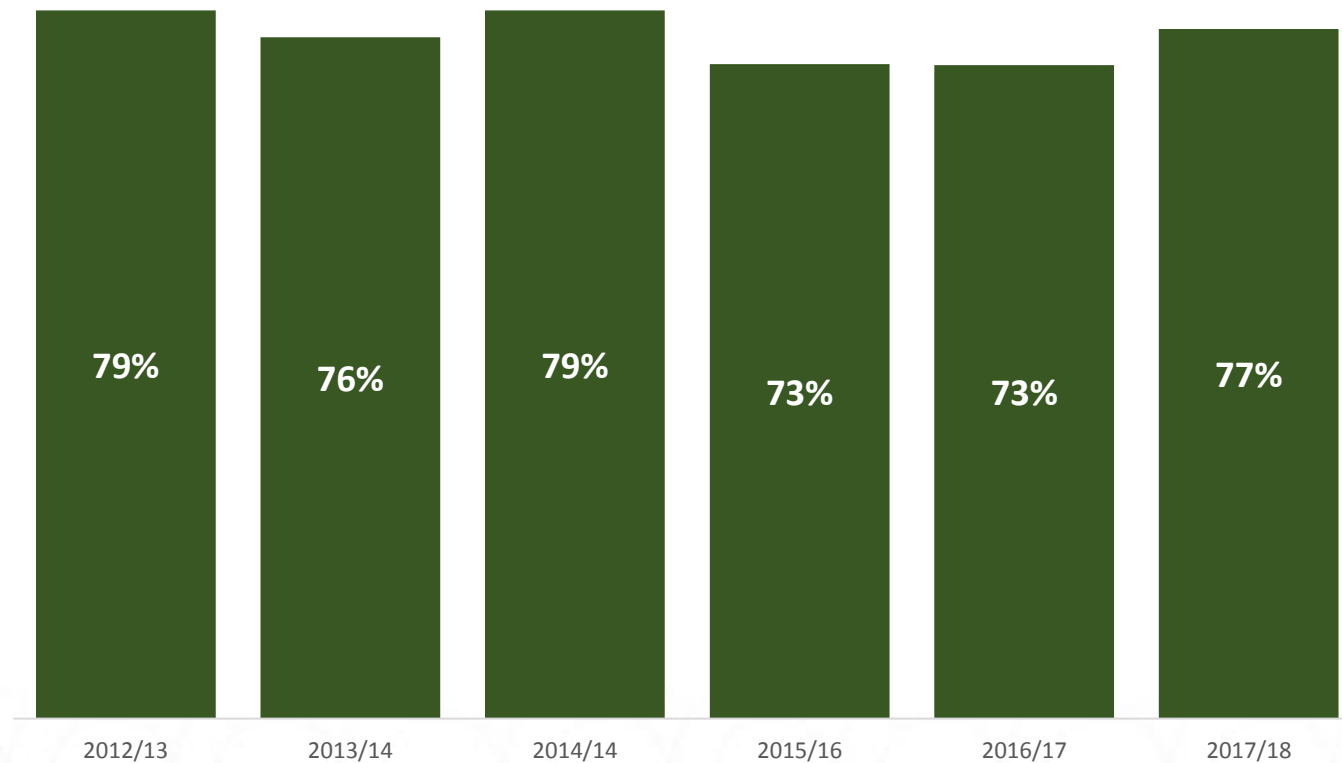
Benchmarking Network



Referrals accepted by CAMHS



Referral acceptance rate



Benchmarking Network



Waiting times – CAMHS

Average waits referral to first routine appointment

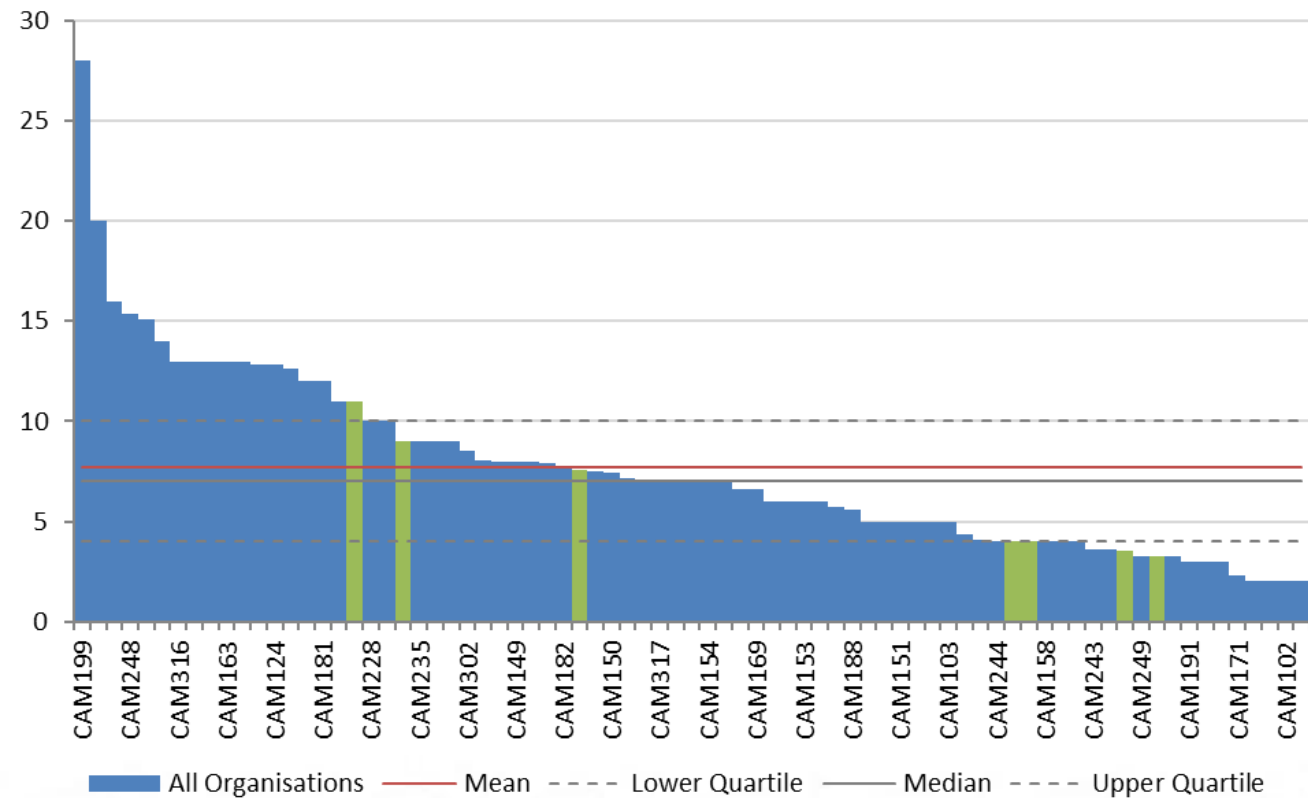


8 weeks



6 weeks

CAMHS excluding ASD - Mean waiting time from referral to 1st appointment for routine appointments (weeks)



Benchmarking Network



Waiting times - ASD

Waiting times for ASD notably longer

Waits for first assessment

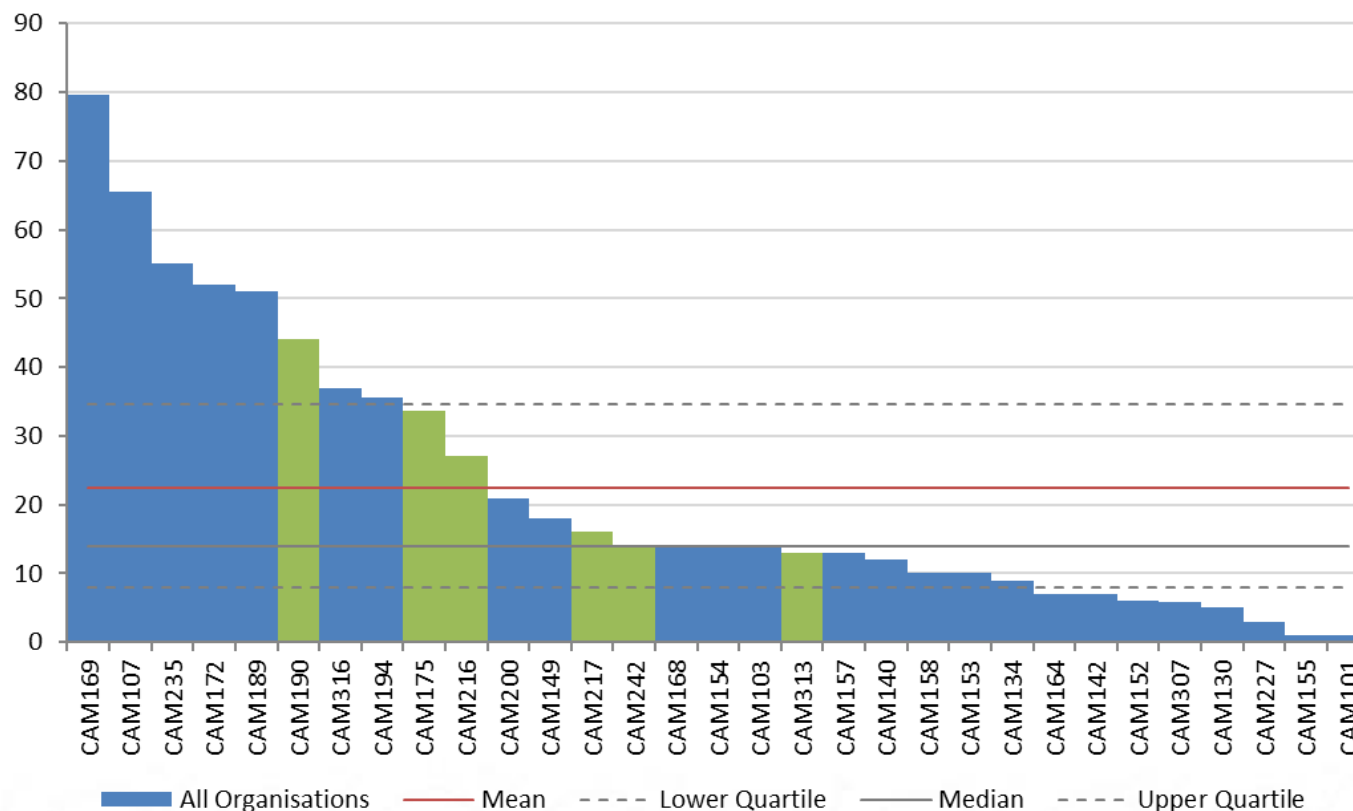


22 weeks



25 weeks

ASD - Mean waiting time from referral to 1st appointment for routine appointments (weeks)



Benchmarking Network

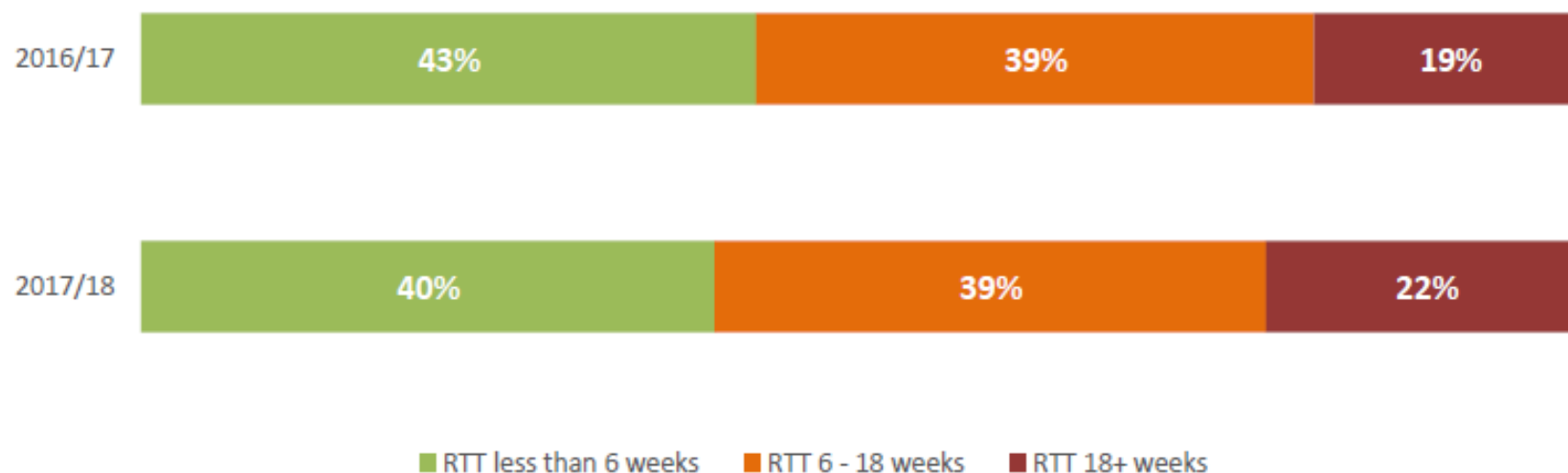
Referral to Treatment



Deterioration in RTT access experience in 2017/18

40% have RTT < 4 weeks (*was 43% last year*)

22% have RTT > 18 weeks (*was 19% last year*)





Conversion rate - CAMHS

Assessment to treatment (caseload)



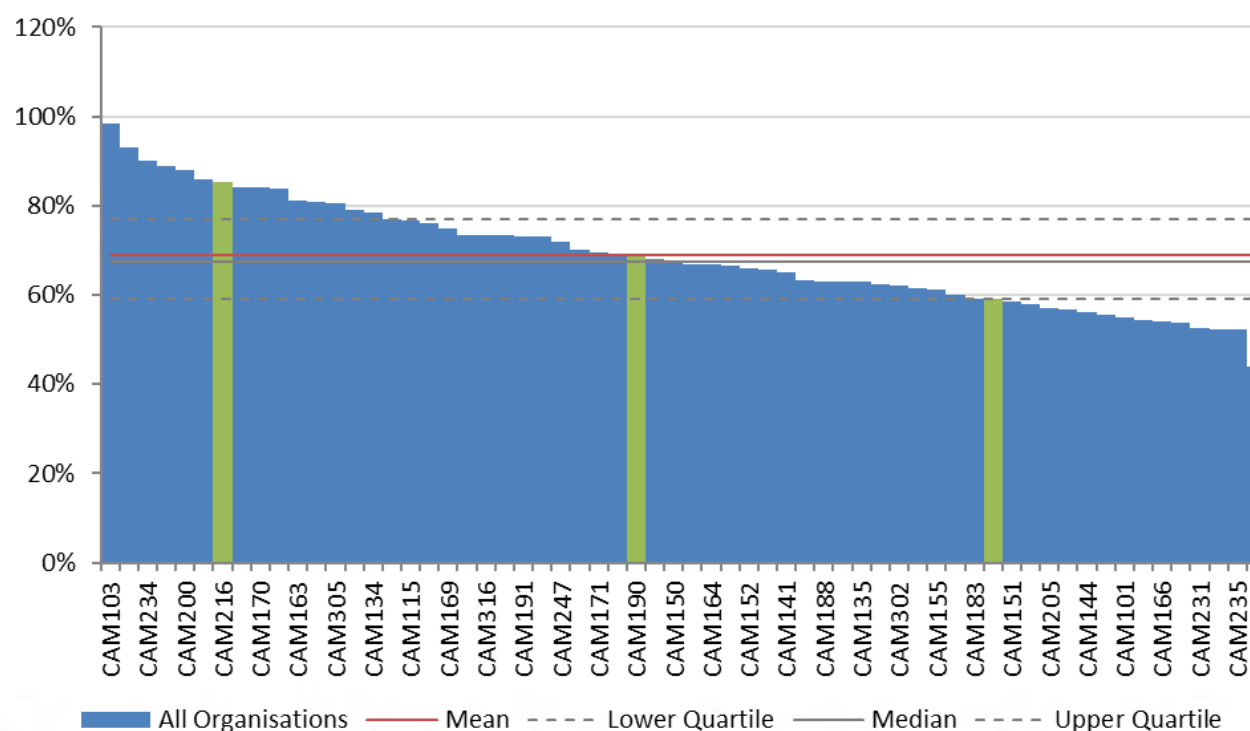
69%



71%

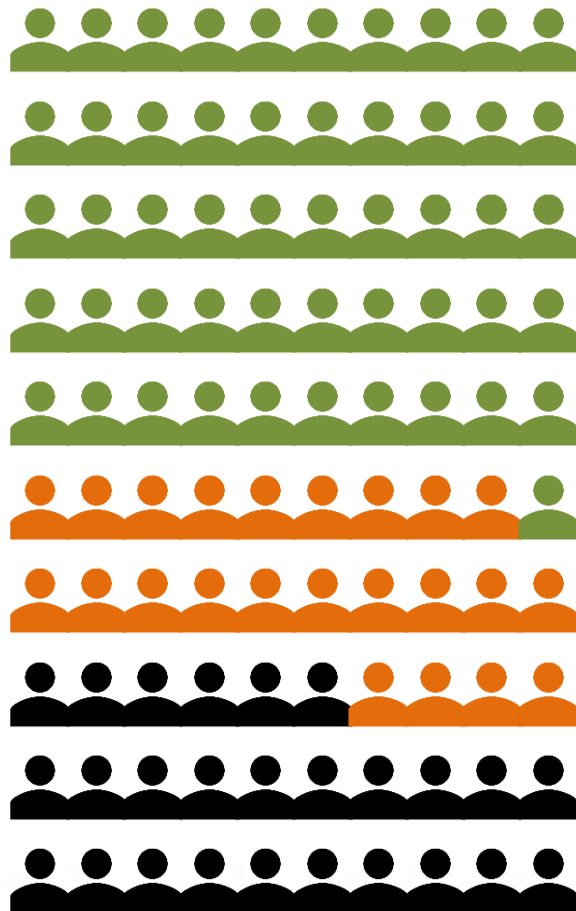
- Second lowest rate seen through lifetime of project
- Lower conversion due to
 - rise in brief interventions (limited to 1 appointment)
 - increase in thresholds for ongoing treatment

CAMHS excluding ASD - Conversion % rate i.e. % of patients who had a first appointment who also had a second / subsequent appointment





Referral to caseload

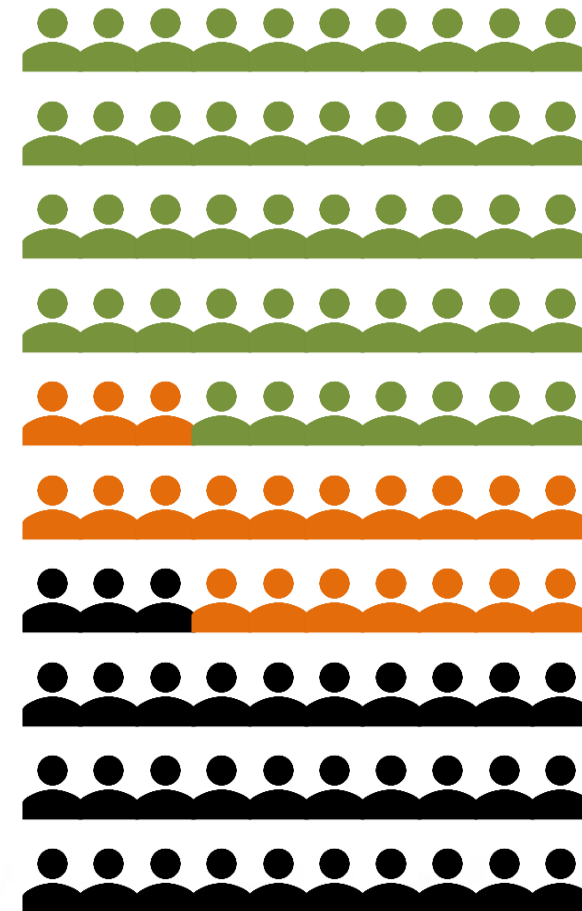


For every 100 referrals:

51 47
Enter onto caseload

23 20
1+ appointment

26 33
No F2F appointment





Caseload



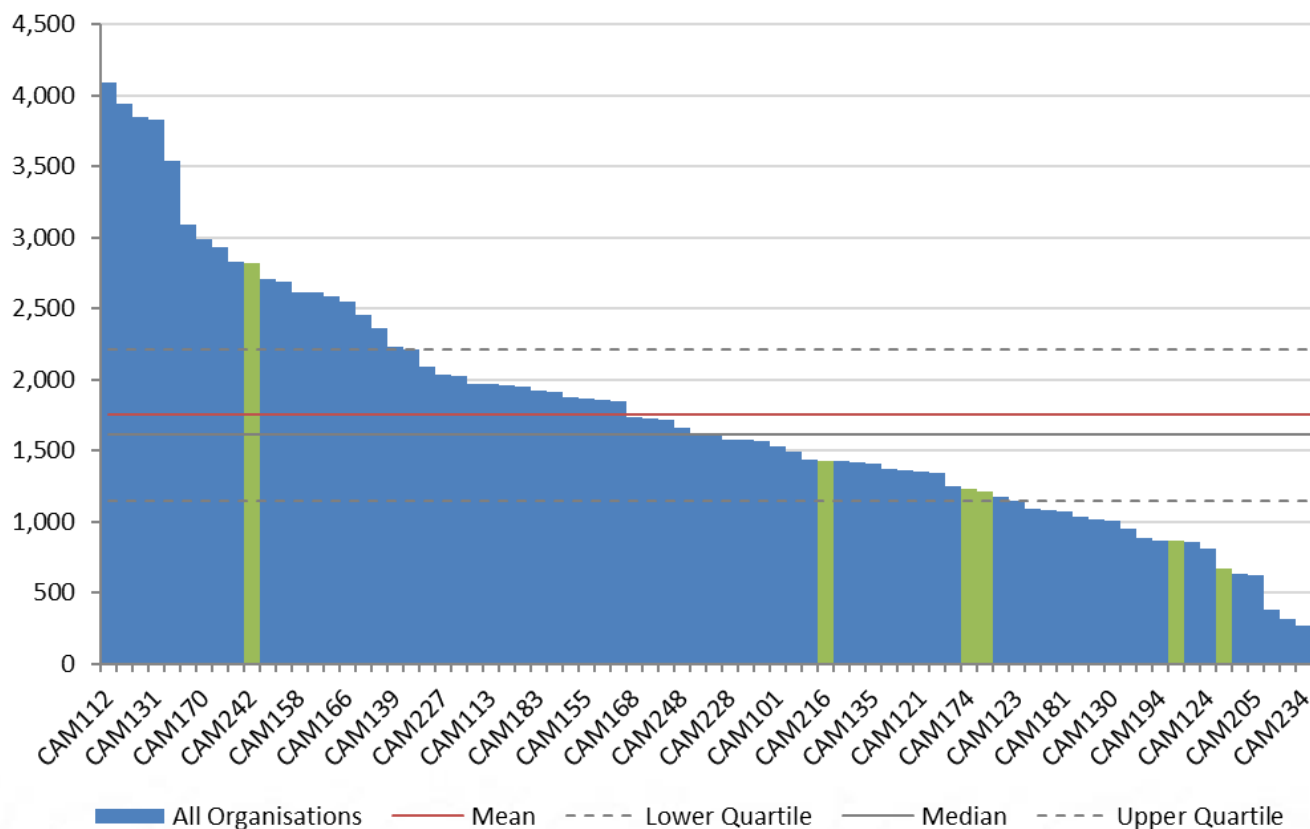
1754



1370

CYP per 100,000
population (age 0-18)
on caseloads at year
end - 31st March 2018

**Total - Number of patients on the caseload as of 31st March 2018
per 100,000 population covered by service - aged 0-18**



Benchmarking Network



Contacts



19,901

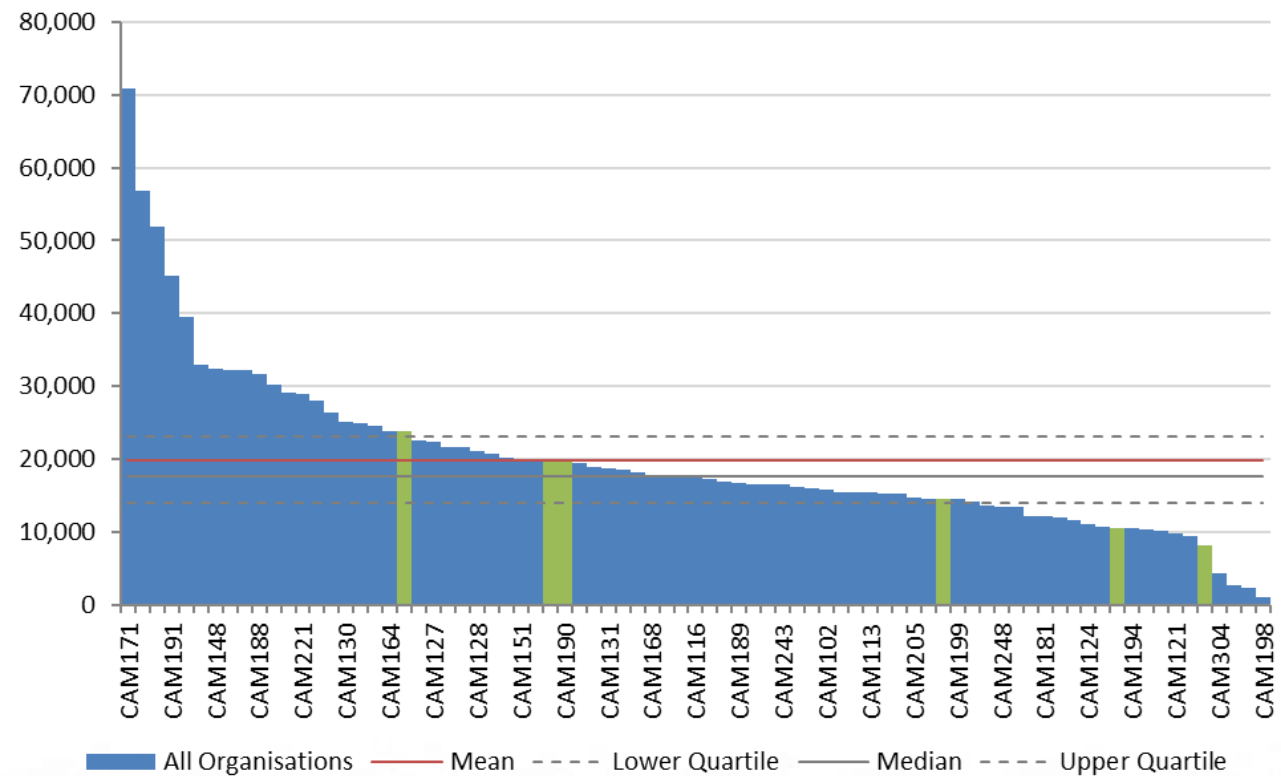


16,084

contacts per 100,000
population (age 0-18)

(corresponds to lower
caseloads in Wales)

**Total number of contacts - 2017/18 per 100,000 population
covered - aged 0-18**



Benchmarking Network



Community Workforce



Benchmarking Network



Community workforce

- Further increase in community WTE



75 WTE

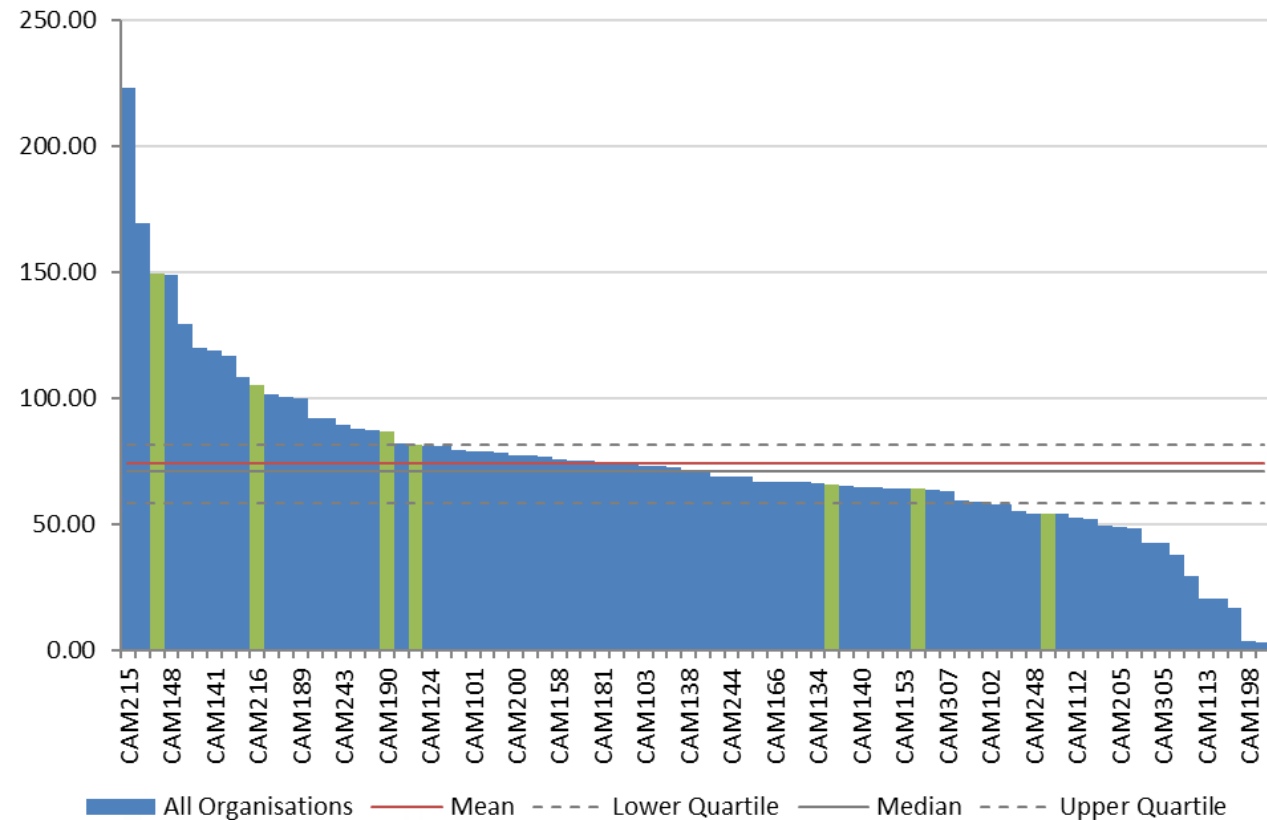


87 WTE

per 100,000
population (age 0-18)

5th consecutive year of
increase

Total WTE per 100,000 population - aged 0-18



Benchmarking Network



Community workforce

Per 100 patients on caseload



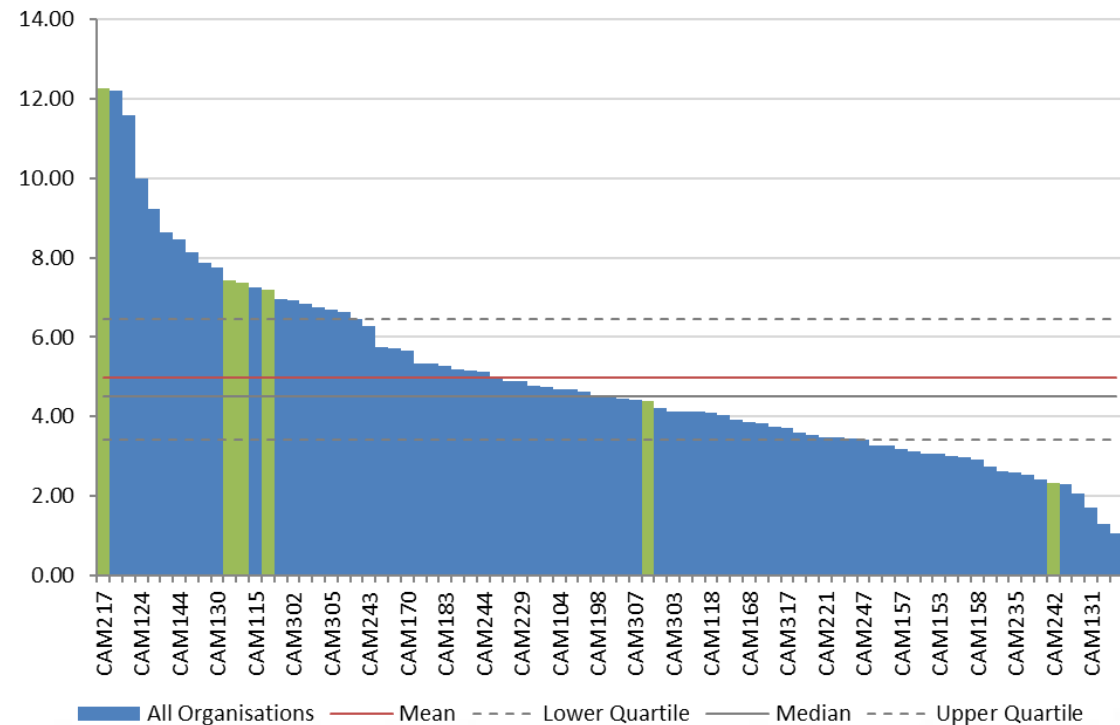
5 WTE



6.8 WTE

per 100 patients on caseload

Total WTE per 100 patients on caseload



Benchmarking Network

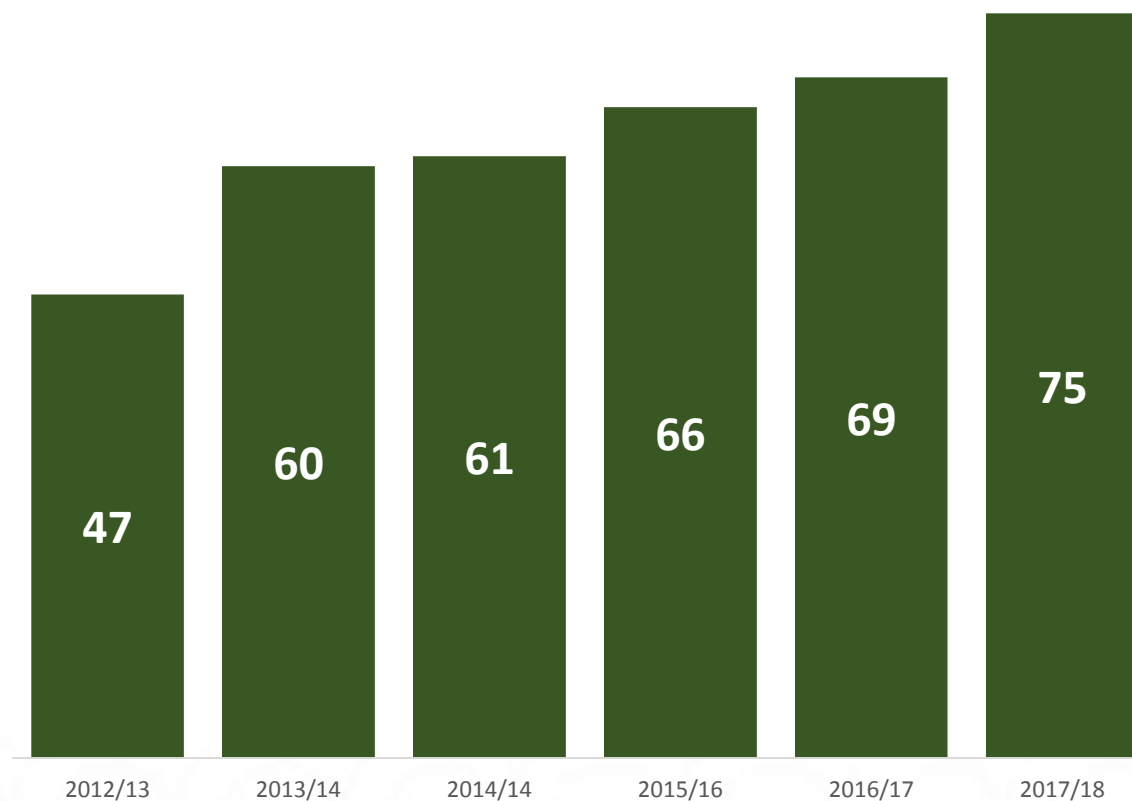


Growth in workforce











Community WTE per 100,000 population (age 0-18)

60% increase in
workforce numbers
in last 5 years



Community CAMHS workforce profile



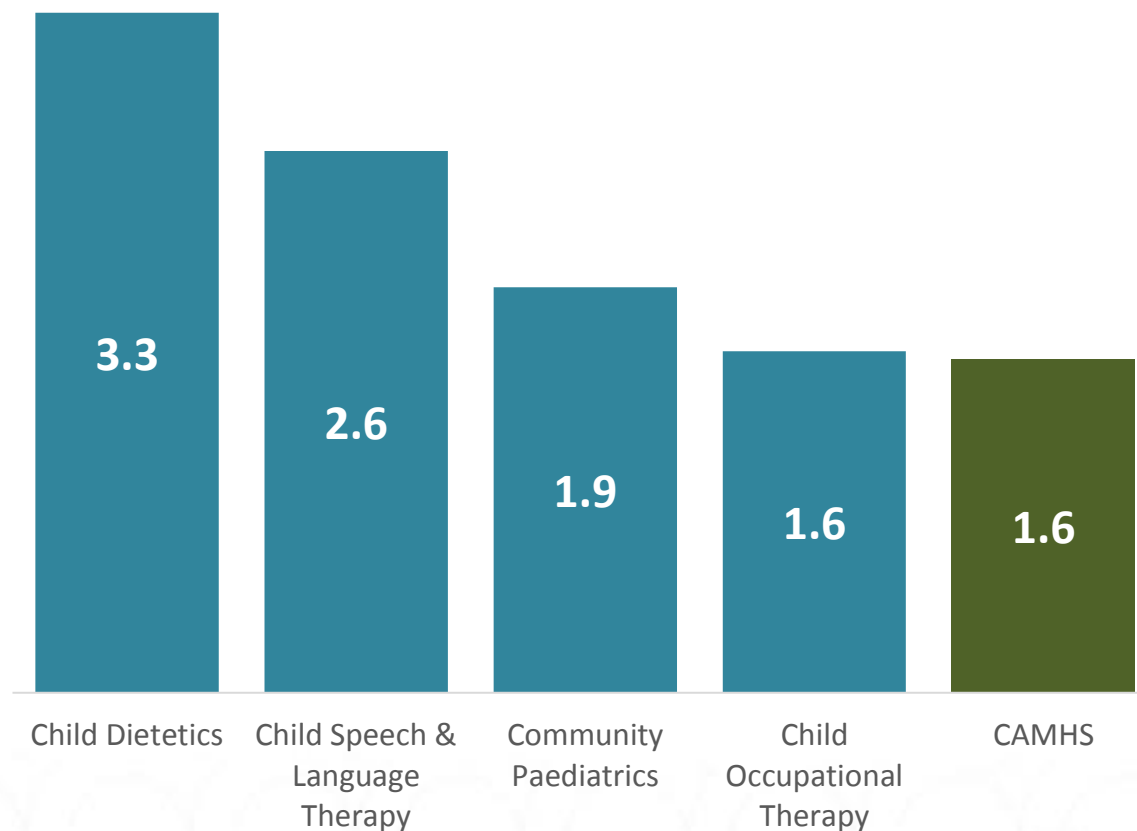
		
30%	Nursing 	37%
8%	Medical 	9%
16%	Clinical Psychology 	12%
10%	Therapists and AHPs 	13%
5%	Support worker 	6%
18%	Admin 	19%

Contacts per clinical WTE per day



Contacts per clinical WTE per day

- Average 360 contacts per clinical WTE in CAMHS
- Adjusted for annual leave and bank holidays



Benchmarking Network



Vacancy rates



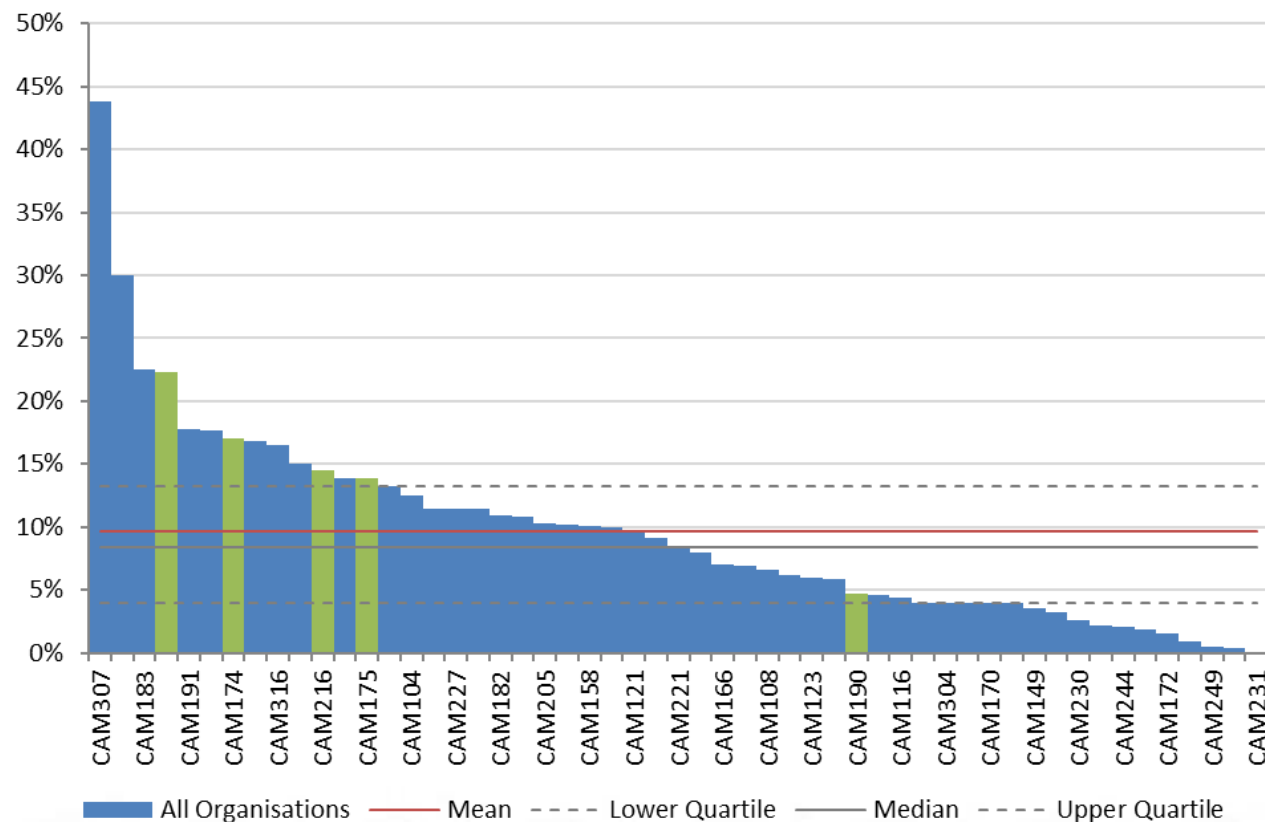
10%



14%

Ongoing vacancy rate despite increases in community workforce.

Community - Vacancy % rate



Benchmarking Network





Community Finance



Benchmarking Network

Community Costs



		
£5.4 million	Per 100,000 population	£5.6 million
£3078	Per patient (year of care)	£4087
£284	Per contact	£345



Inpatient CAMHS



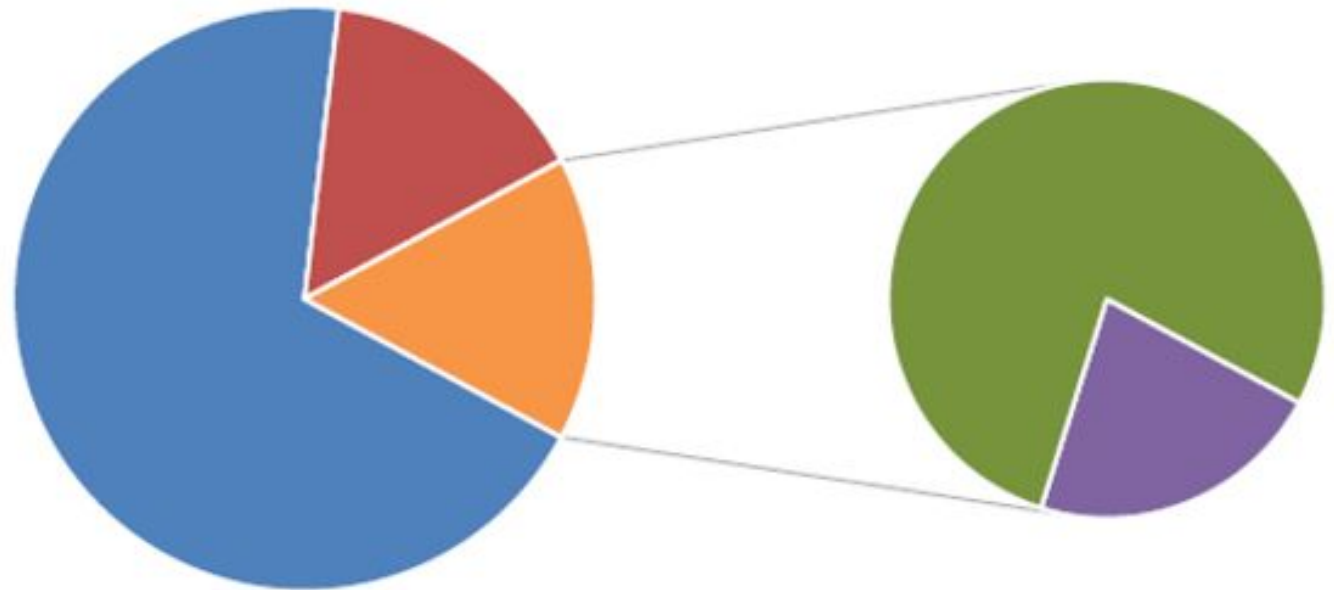
Benchmarking Network



Bed profile

CAMHS bed provision

- General Admission CAMHS
- Eating Disorders
- Secure
- Medium Secure
- Low Secure



Benchmarking Network



Length of stay



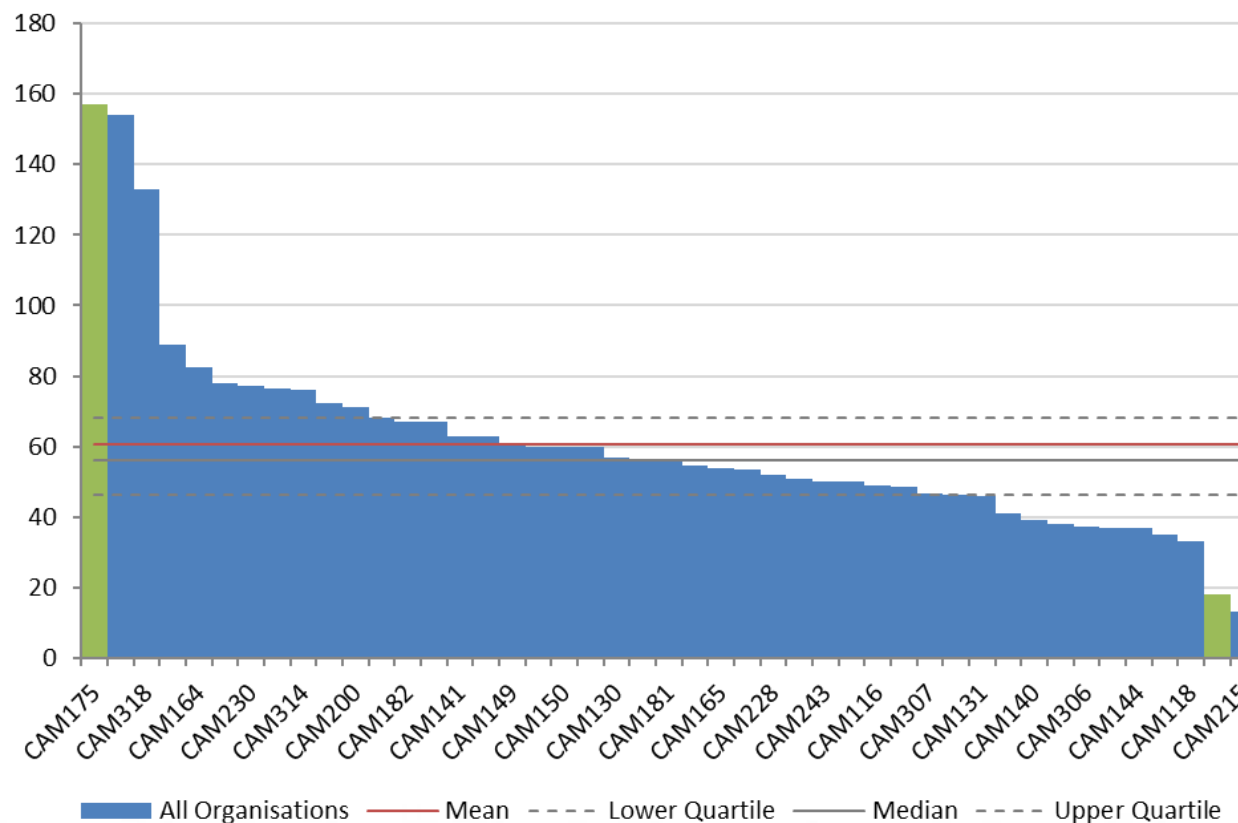
Specialty	LOS (days) excluding leave	
	2017/18	2016/17
General Admission CAMHS	61	74
Eating Disorder CAMHS	146	103
Secure CAMHS	255	307
<i>Adult Acute</i>	31	31
<i>Eating Disorder (adults)</i>	106	104
<i>Low Secure (adults)</i>	710	617



Length of stay

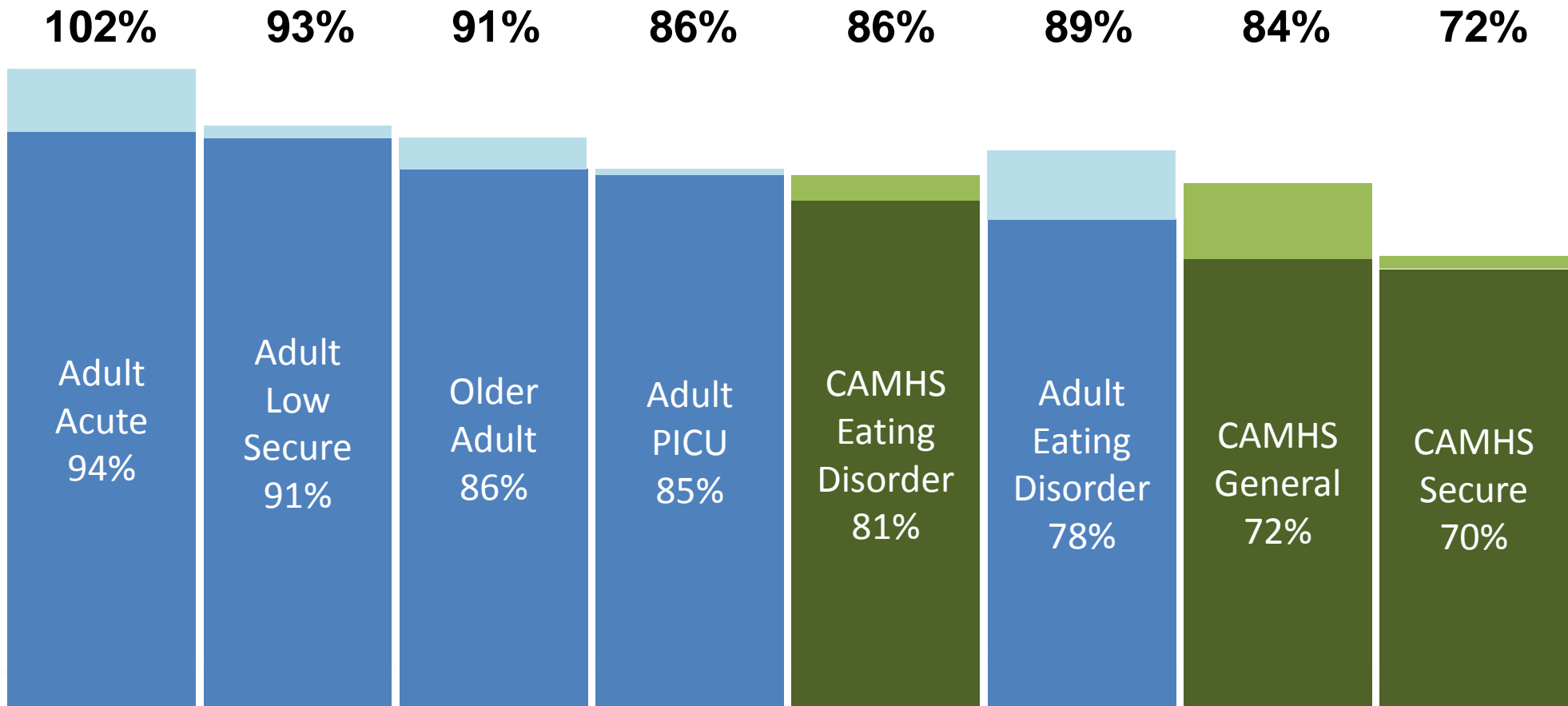
Notable variation between 2 units

General Admission CAMHS - Mean LOS (days) (excluding leave)





Bed Occupancy



Benchmarking Network



59% /
88%

3.6



Inpatient workforce



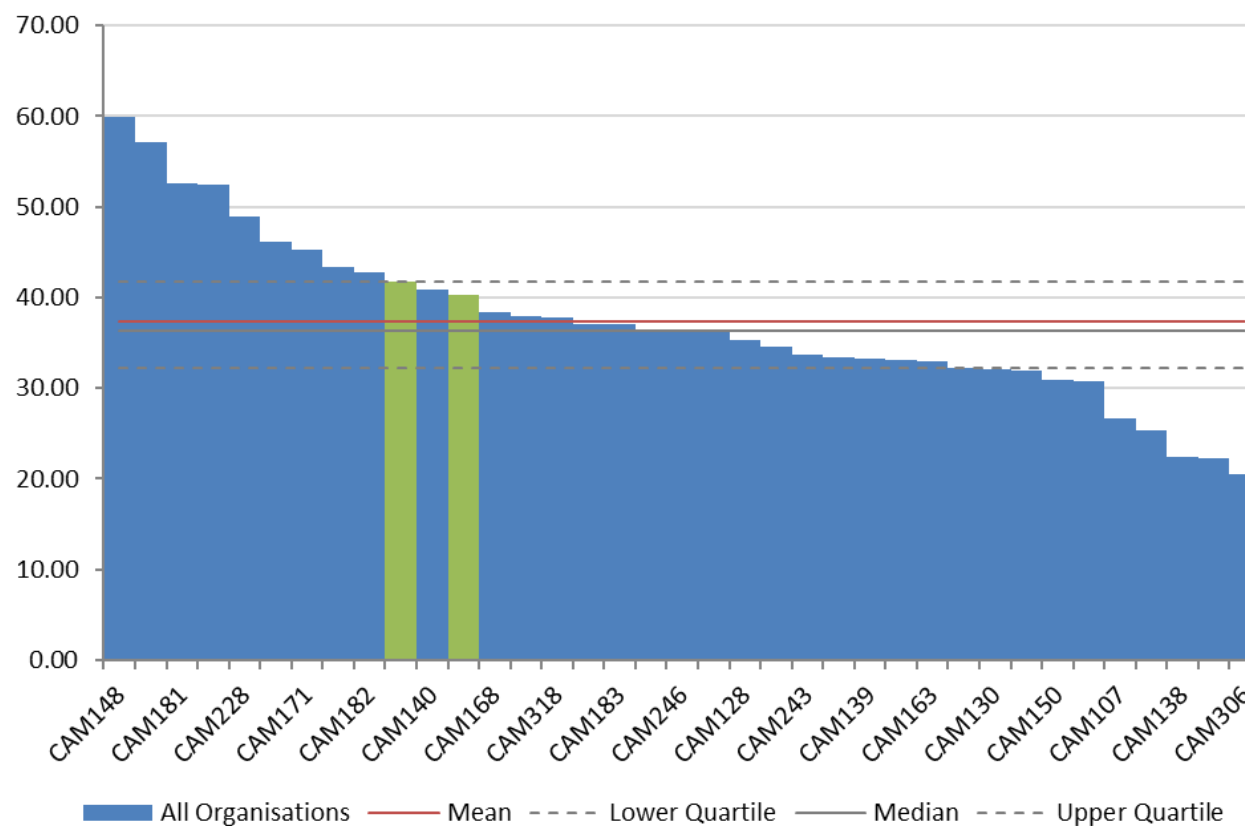
38 WTE



41 WTE

per 10 beds

Total wte per 10 beds



Benchmarking Network

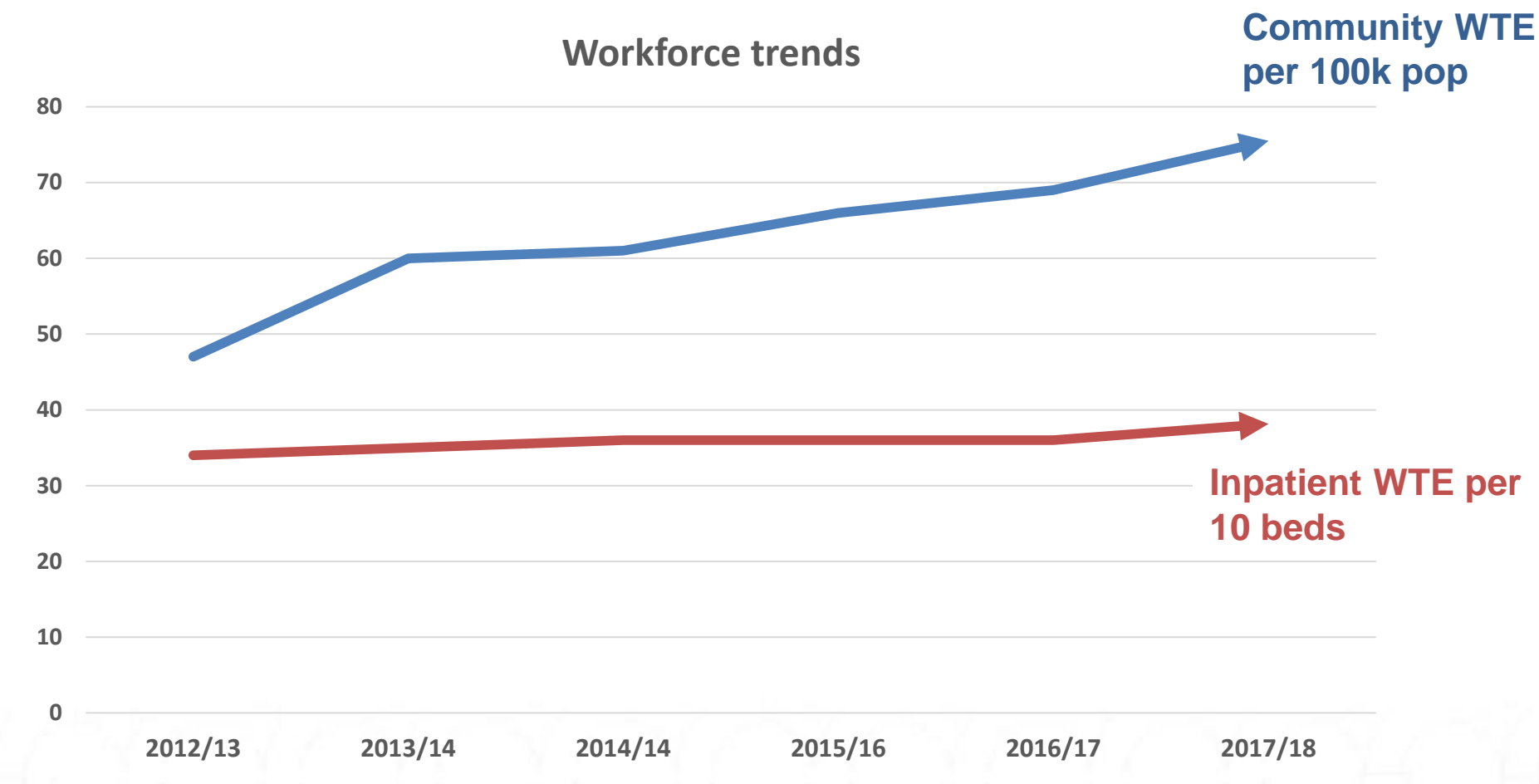


Workforce comparisons



	Workforce per 10 beds
CAMHS Secure	50
PICU	42
CAMHS General	37
CAMHS Eating Disorder	36
Low Secure	26
Adult Eating Disorder	23
Older Adult	22
Adult Acute	20

Changes in workforce



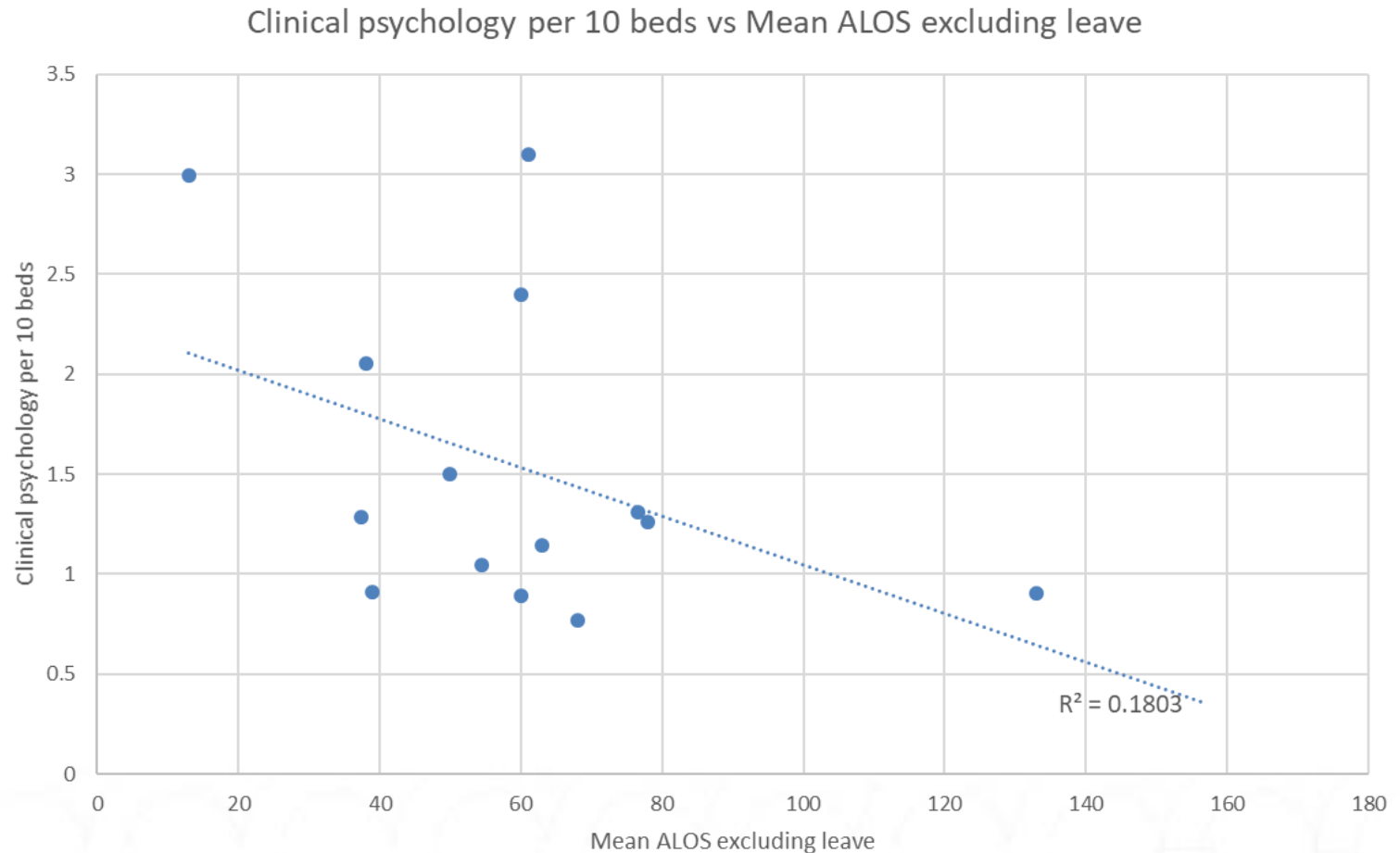
Benchmarking Network

Impact of therapy services



Does the level of therapy input impact ALOS?

Services with **more** clinical psychology per 10 beds, have **shorter** length of stay







Inpatient Finance



Benchmarking Network



Cost per bed & per admission

	Cost per bed	Cost per admission
General Admission CAMHS	£221,480	£58,080
	 £228,618	 £65,521
Eating Disorder CAMHS	£186,821	£113,989
Secure CAMHS	£333,978	£359,254
<i>Adult Acute</i>	<i>£140,182</i>	<i>£13,223</i>
<i>Eating Disorder (adults)</i>	<i>£152,165</i>	<i>£58,733</i>
<i>Low Secure (adults)</i>	<i>£162,439</i>	<i>£726,781</i>



Incidents, Quality & Outcomes



Benchmarking Network



Use of restraint

Use of restraint lower in Wales



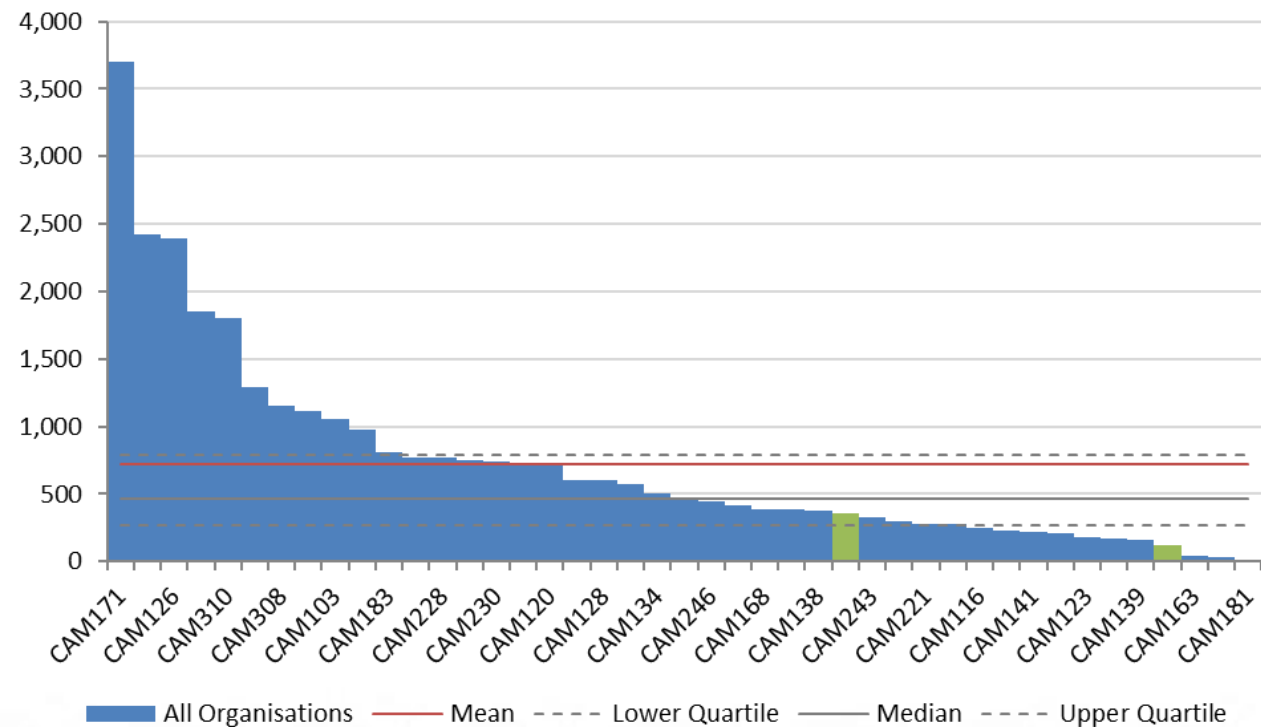
719



238

per 10,000 OBDs excluding leave

General Admission CAMHS - Number of incidences of use of restraint in 2017/18 per 10,000 occupied bed days excluding leave



Benchmarking Network



Prone restraint

Use of prone restraint
lower in Wales



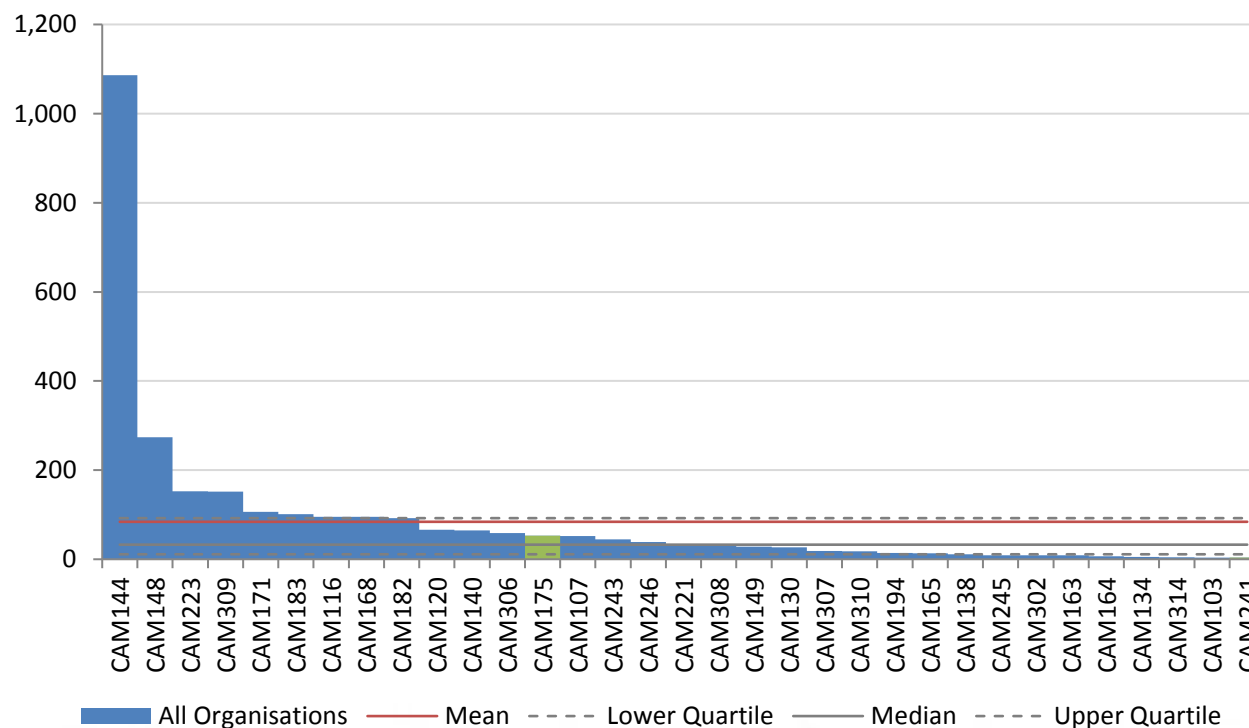
84
(33 Median)



28

per 10,000 OBDs
excluding leave

General Admission CAMHS - Number of incidences of use of prone restraint in 2017/18 per 10,000 occupied bed days excluding leave

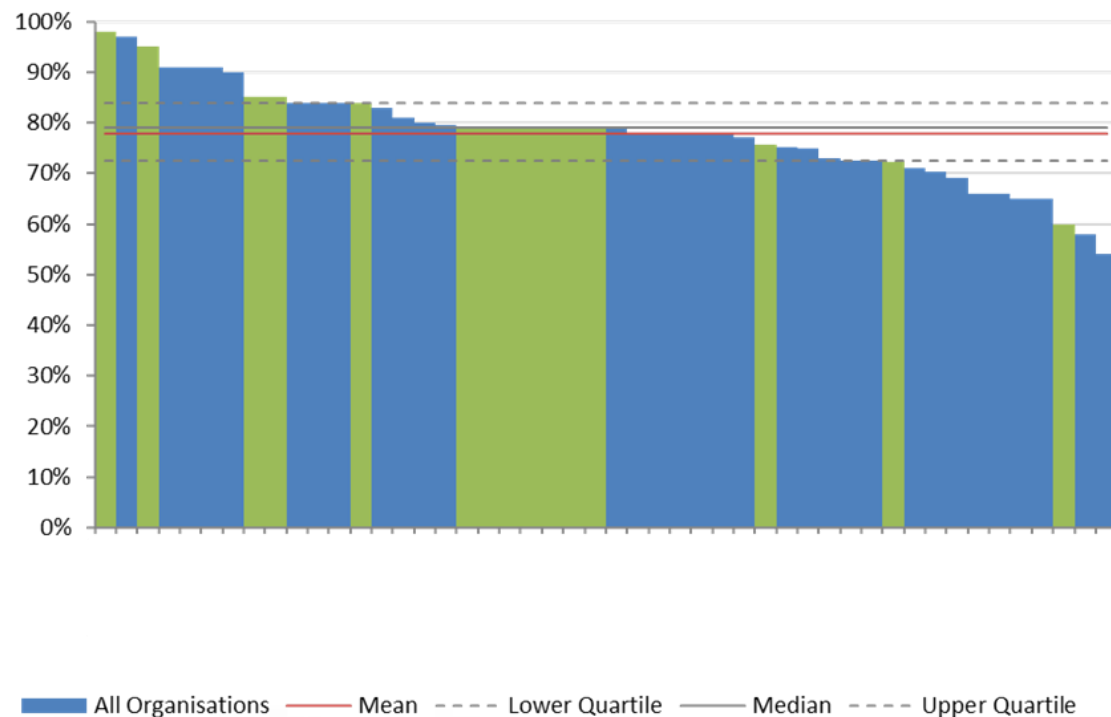




Staff satisfaction

- 78% staff satisfaction (NHS staff survey)
- Steady over recent years
- North West peer group shown

NHS Staff Survey results % feeling satisfied with the quality of work and patient care they are able to deliver



Friends & Family Test |

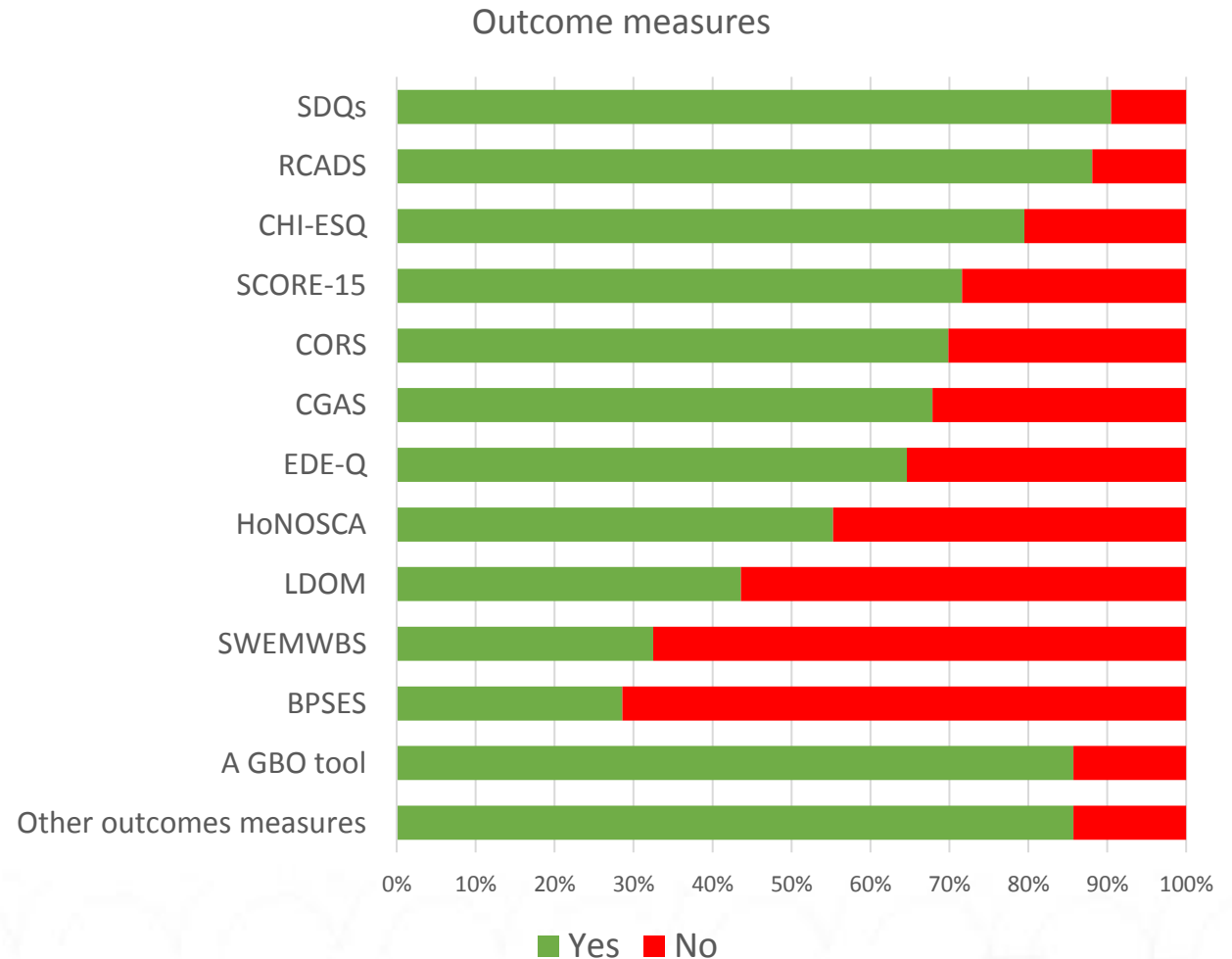
**CAMHS****86%****A&E****87%****Adult Mental Health****88%****Ambulance****91%****Inpatient****96%****Maternity****97%****Community Nursing****97%****Dental****98%****Benchmarking Network**

Outcome measures



- Wide range in outcome measures in use between and within organisations

Different outcome measures used	Proportion of organisations
1 or 2	2%
3 to 5	19%
6 to 10	53%
More than 10	26%





Conclusions

- High demand for community CAMHS in Wales
 - Lower initial acceptance rate for referrals
 - Higher conversion to second appointment
- Shorter waiting times than UK average
- Smaller caseloads and fewer contacts...but more staff
- Strong MDT skill mix
- Productivity opportunities...