

Mental Health 2021 Benchmarking Analysis for NHS Wales

**NHS Benchmarking Network
Report Version 1, 6th December 2021**

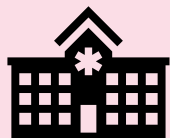
Contents

	Page
• Executive summary	3
• Introduction	4
• Patient demographics	5
• Adult acute	10
• Older adult	18
• Specialist beds	23
• Inpatient incidents	34
• Inpatient workforce	37
• Community based support	43
• Crisis and Liaison	47
• Conclusions and contact details	52

Mental Health in Wales - 2021 key findings & Executive Summary



Benchmarking Network



Inpatient care



Occupancy

80% bed occupancy
(excluding leave) in Adult
Acute beds



Length of Stay

25 days (excluding leave)
in Adult Acute beds



Mental Health Act

25% of Adult Acute
admissions were
detentions under the MHA



Community care



Caseloads

1,556 people per 100,000
population receiving
community-based support



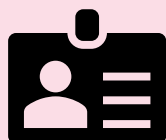
Contacts

21,416 community
contacts delivered per
100,000 population



Crisis support

2,539 Crisis Team
contacts delivered per
100,000 population



Workforce



Nurses

8.4 WTE nurses per 10
adult acute beds



Vacancies

12% vacancy rate in
adult acute services



Turnover

10% turnover rate
(annual) in adult acute
wards

Source: 2020/21 NHS Benchmarking Mental Health collection

Positions are 2020/21 averages unless otherwise stated

Introduction

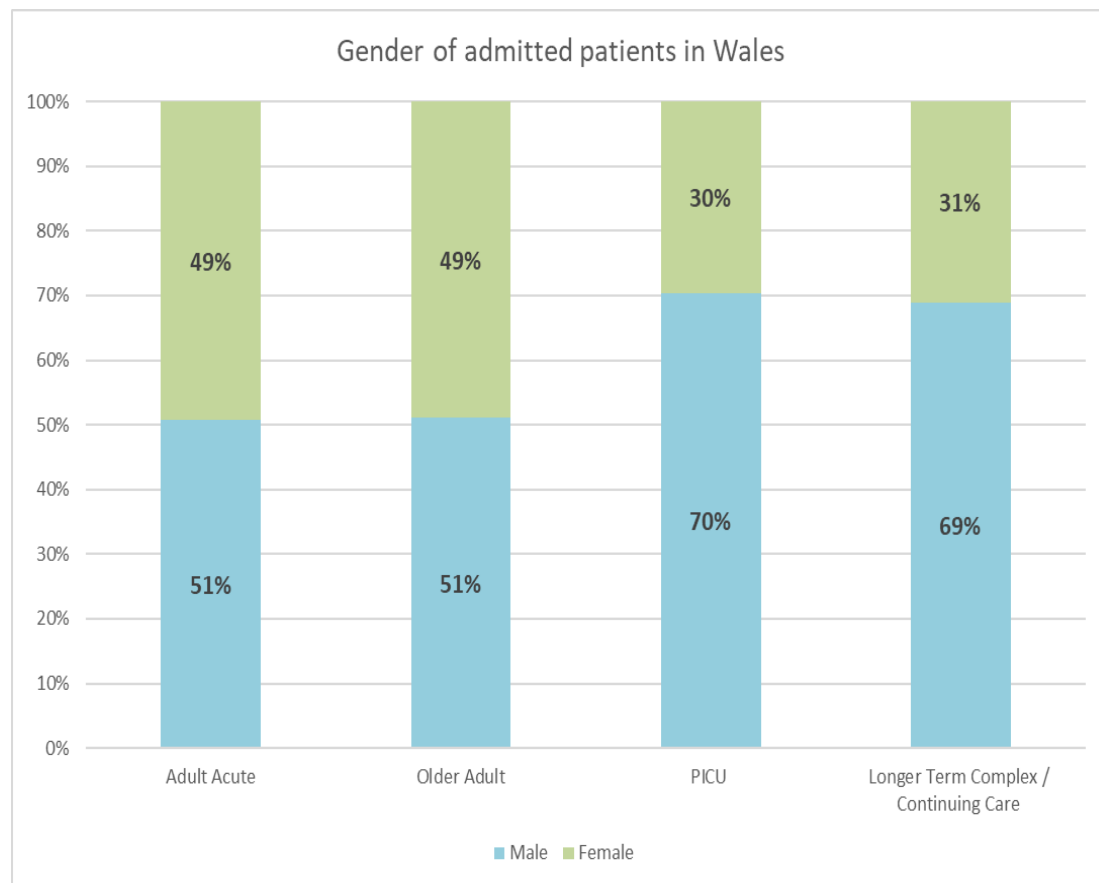
- This year is the 10th anniversary of the NHS Benchmarking Network (NHSBN) providing comprehensive analytics to the UK mental health sector. The breadth and depth of data collected over this period allows for detailed time-series comparisons to be conducted as well as commenting authoritatively on the position of UK mental health services.
- The annual NHSBN mental health benchmarking reports have become fixed points in understanding how the mental health sector is performing and how new policies and the financial framework impact on the size and shape of the sector. Much of the narrative reinforces national policies such as the expansion of community based care, and wider strategies such as the commitment to quality and transparency evident in the current focus on reducing the use of restrictive practices in mental health services.
- 2020/2021 has been a unique year with the impact of the Covid 19 pandemic emerging during March and the decision to impose UK national lockdowns at points throughout the year. The impact of Covid in terms of service disruption, recovery, and transformation is clearly outlined in the monthly reports that NHSBN have provided across mental health, learning disability and autism services across the UK. All seven Welsh Health Boards are actively submitting data to our monthly Covid reporting project.
- The impact of Covid-19 is evident in some of the 2020/21 benchmarking data with the recovery of services from the initial disruption. In inpatient services there is clear evidence of a reduction in length of stay and bed occupancy. Overall community caseloads and contacts have increased when compared to the previous year. With referrals increasing providers may need to prepare for the pressures of increasing demand. Part of the Covid-19 response has been a switch to digital care in adult mental health services which helped to continue service access during extended periods of national lockdown and social isolation. The introduction of industrial scale telephone based care also helped maintain service contact rates although most providers acknowledge this as a short to medium term offer.
- As well as reading this national report individual Health Board's should refer to both their annual benchmarking report and monthly Covid reports to be able to fully navigate the complex story of 2020/21 and the impact of Covid.
- The NHS Benchmarking Network team would like to thank our colleagues in all Health Boards, Welsh Government, and National Collaborative Commissioning Unit for their help and support in enabling a comprehensive national benchmarking process to take place for mental health services in Wales.

Patient demographics (gender)

This year's benchmarking collection explored Black and Minority Ethnic (BAME) and gender equalities in mental health services for the second time. UK wide data collected as part of the wider mental health benchmarking project confirmed over-representation of BAME groups in both the admissions to mental health beds and admissions under detention in 2020/21.

For Wales, BAME reporting is included in this report for the first time. However, the data is not consistently recorded, with a high level of 'unknown' responses. It is important that Health Boards explore their position for this metric in relation to the ethnicity of their catchment area and use this data to appropriately advance mental health equalities in future.

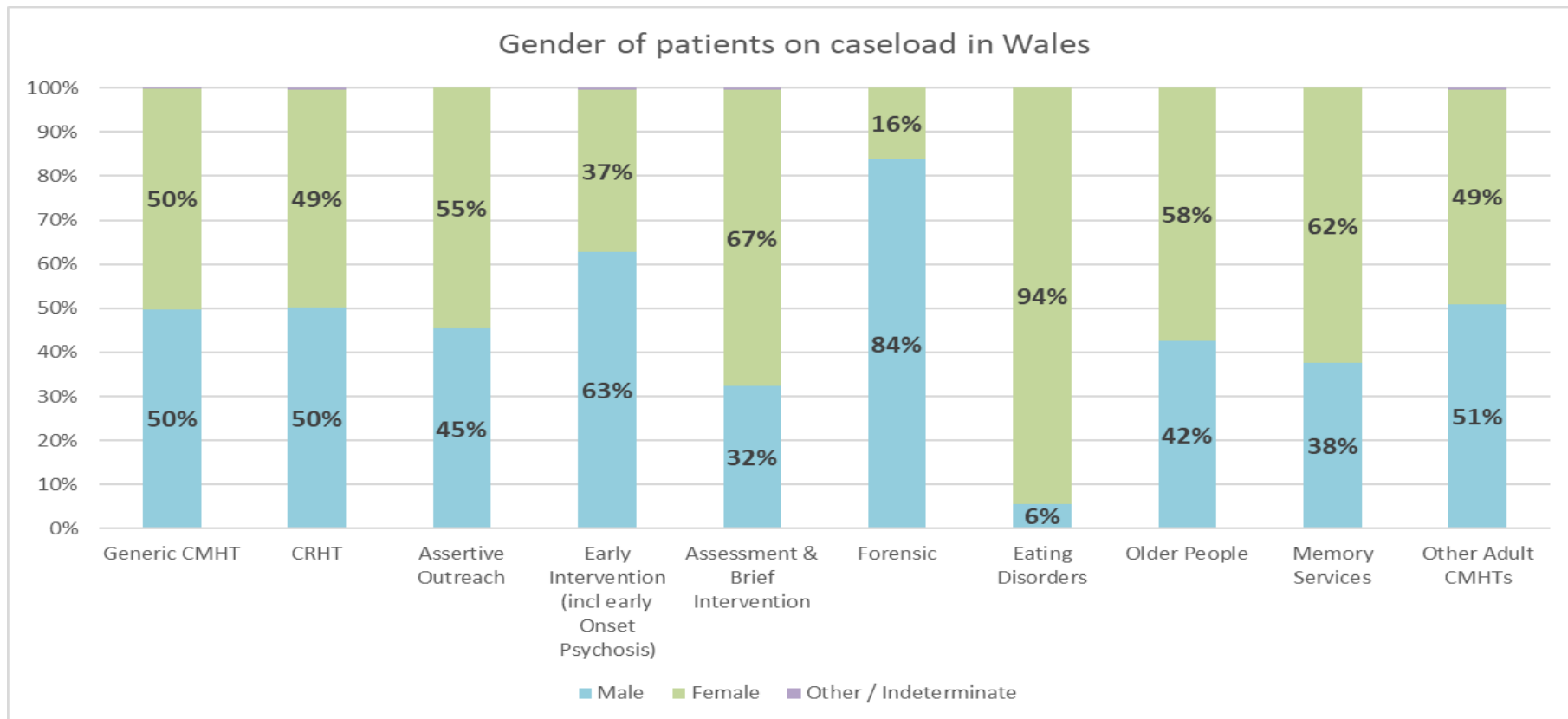
Inpatient settings: gender



The NHS Benchmarking Network collection included gender profiling for the second time in 2021. This data shows the proportion of patients admitted, and on community caseloads, by gender.

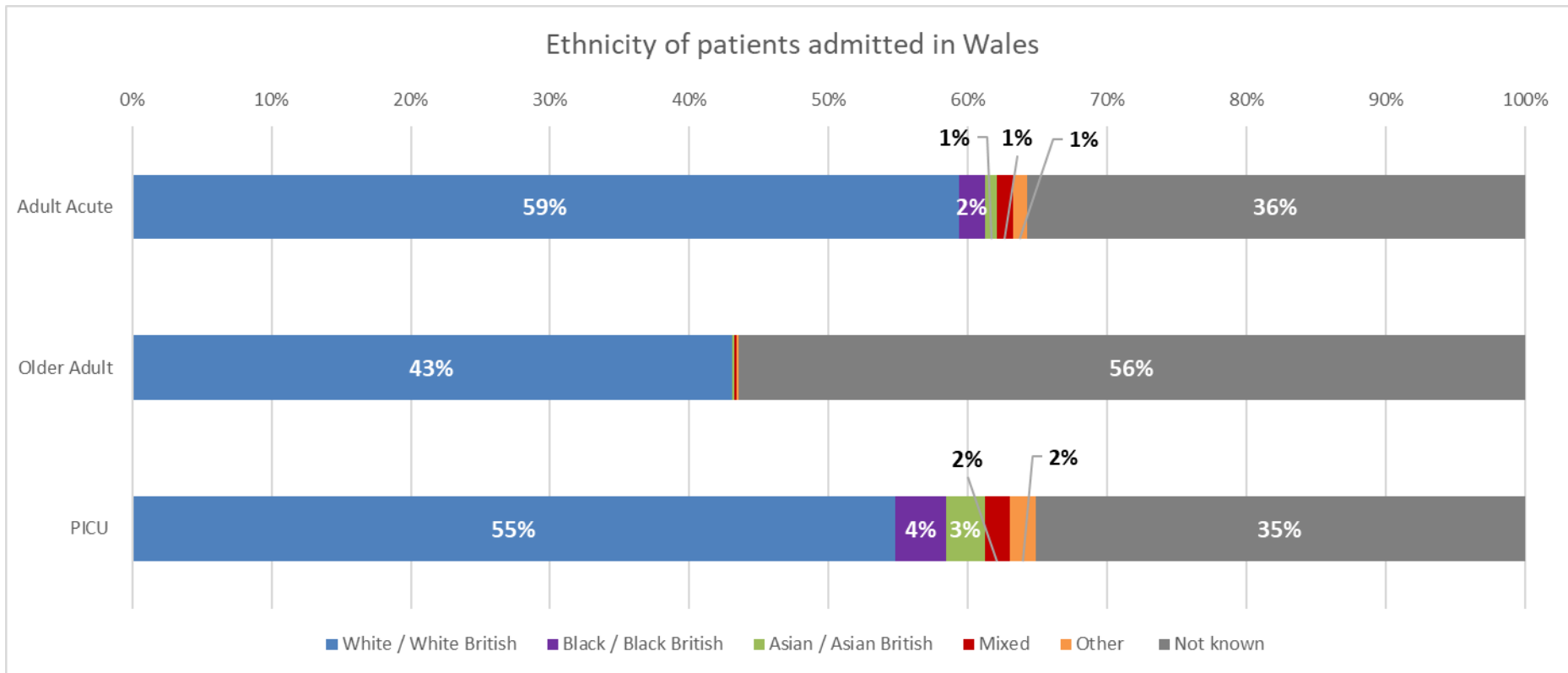
In the inpatient setting, more males than females were admitted during the year; this is consistent across all 4 bed types. When looking at the adult acute and older adult beds, 51% of patients were male and 49% female. The gender profile was notably different when looking at patients in the PICU and Longer Term Complex Care settings. In these settings approximately 69% of patients were male compared to 30% females.

Community caseload: gender



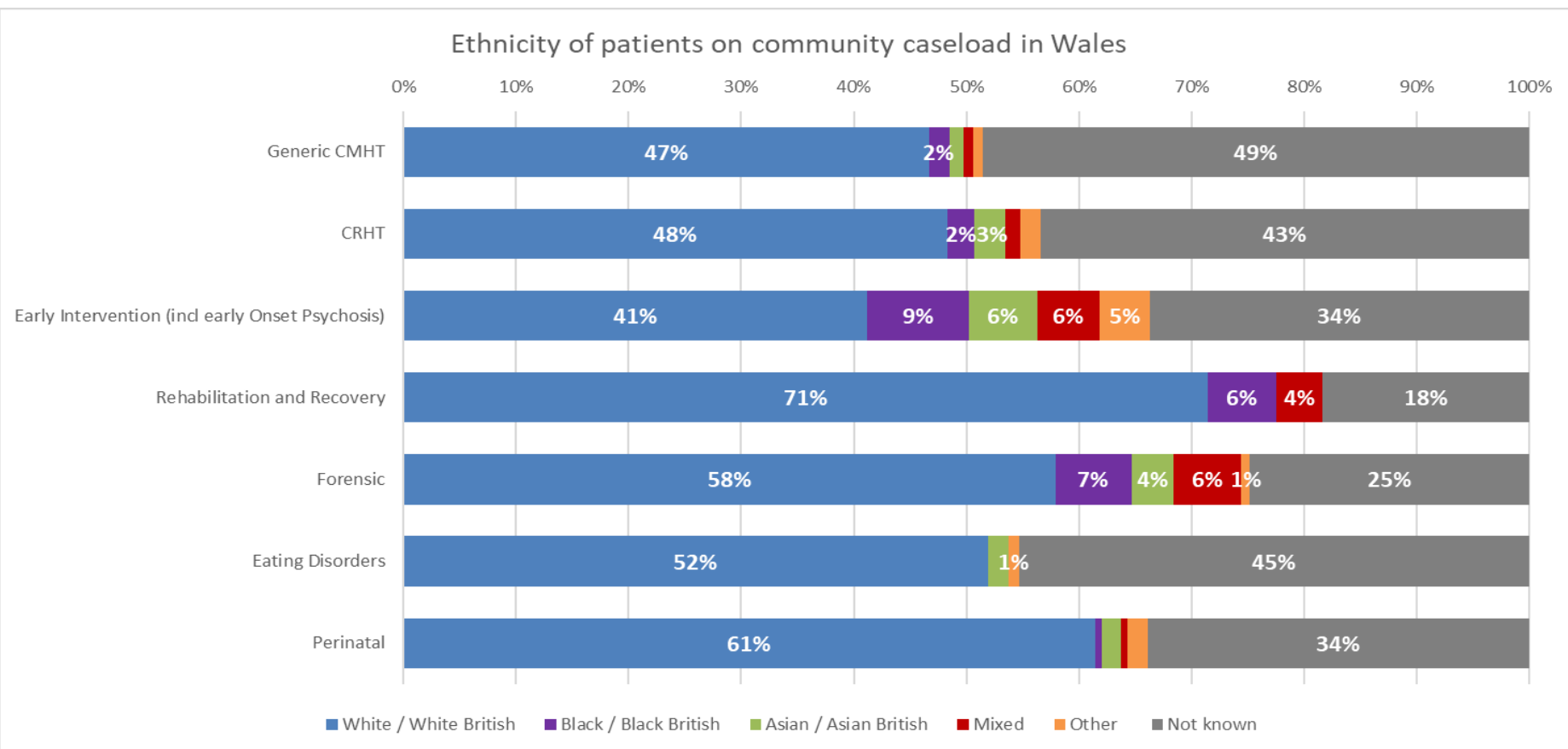
Community team data showed a more balanced gender profile in the generic CMHTs, CRHT and Other Adult CMHTs. There was a dominance of male service users in early intervention and forensic services. Community eating disorder teams reported the highest proportion of females, 94% of service users.

Inpatient settings: ethnicity



Ethnicity data for patients admitted to an in-patient ward was provided by four of the Welsh Health Boards and shows high levels of 'not known' ethnic status within the data.

Community caseload: ethnicity

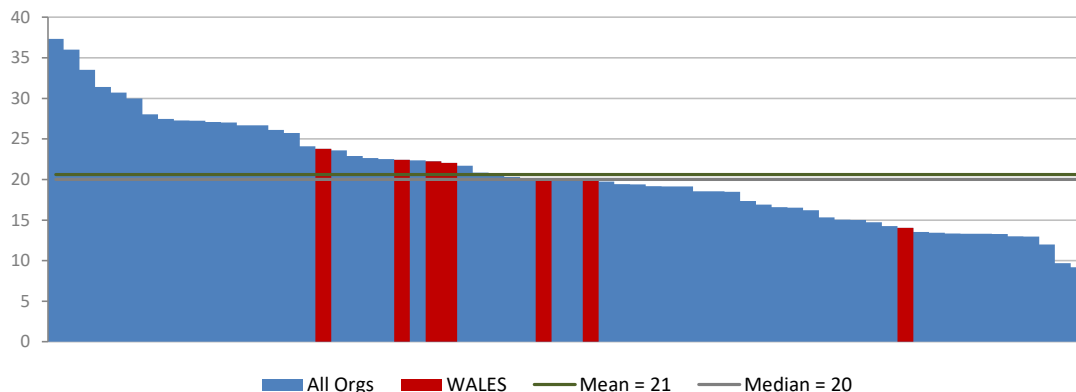


The ethnicity data for patients on community caseloads from Welsh Health Boards is shown here for the first time. Three health Boards provided data and levels of completeness within the data varies. Data quality has impacted on the veracity of the analysis.

Adult Acute services

Adult Acute beds

Adult acute beds per 100,000 resident population at 31st March 2021



Adult acute beds per 100,000 resident population at 31st March 2021



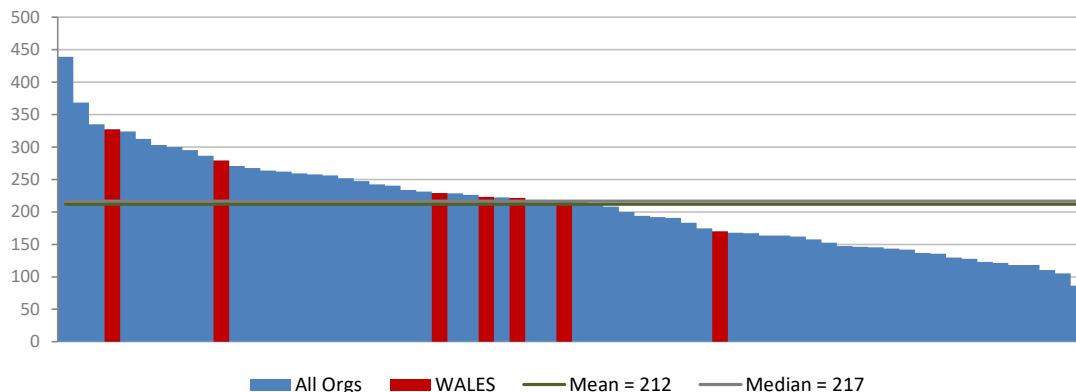
There has been a sustained reduction in bed numbers since the project's inception in 2012. This year adult acute beds showed a broadly stable position with the previous year. Participants reported a median position of 20 beds per 100,000 population as at 31st March 2021.

Bed availability in 2020/21 was affected due to Covid restrictions on inpatient environments, community teams, staff sickness absence and the redeployment of staff and premises to support the Covid-19 response.

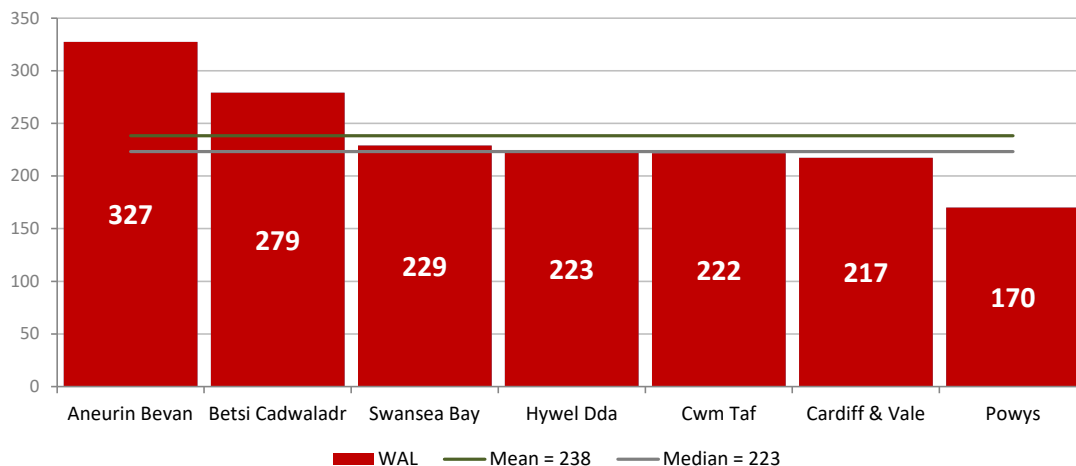
Across Wales, the median position was 21 beds per 100,000 population, with a range from 14 to 24 between health boards.

Adult Acute admissions

Adult acute admissions per 100,000 resident population



Adult acute admissions per 100,000 resident population

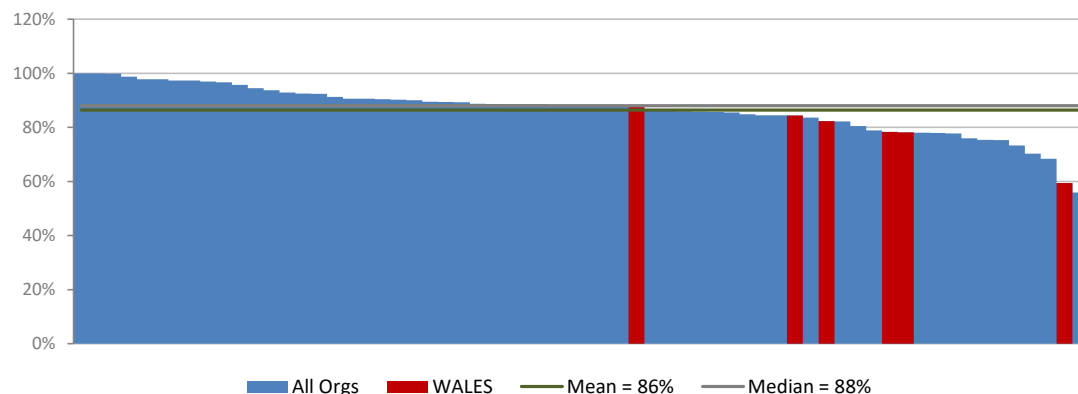


Admission rates triangulate with bed numbers and length of stay to give an overall picture of an inpatient service. This year's UK median position of 217 admissions per 100,000 population compares to 206 in 2019/20 and 242 in 2013/14.

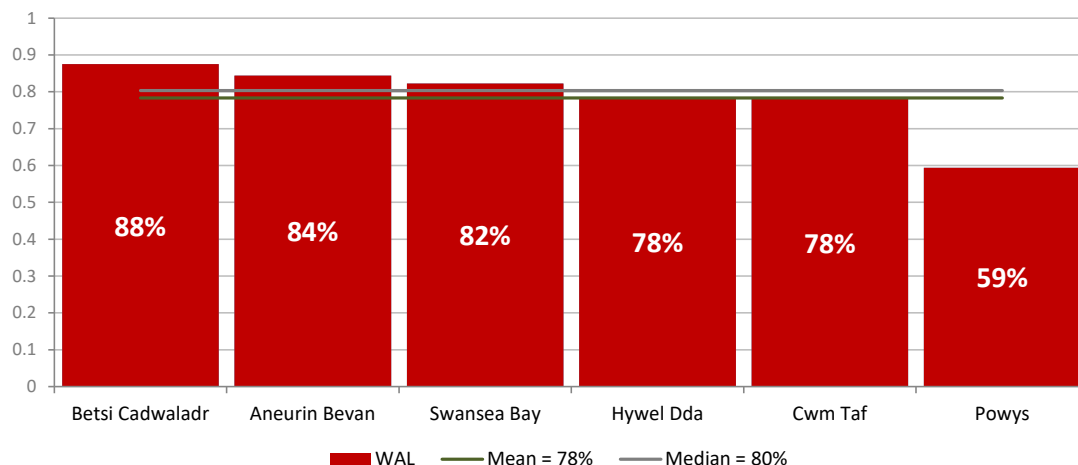
Within Wales, the admission rate is higher, with a median position of 223 admissions per 100,000 population. All Health Boards report admission rates at or above the wider UK average with the exception of Powys. This is achieved through faster turnover and shorter than average length of stay in adult acute beds in Wales.

Adult Acute bed occupancy

Adult acute bed occupancy rates (excluding leave)



Adult acute bed occupancy rates (excluding leave)



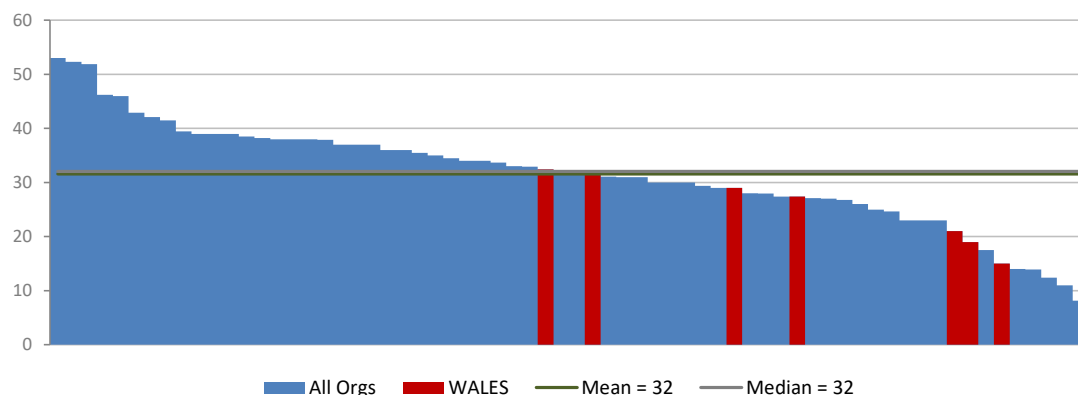
Bed occupancy figures show the number of days in a year that beds were occupied, as a proportion of all available bed days during that period, and make adjustments for beds that are temporarily closed. Bed occupancy excluding leave cannot exceed 100%, i.e. every bed being occupied every night of the year.

Participants have reported bed occupancy increasing in recent years, from 91% in 2011/12. This year's UK median position of 88% is a reduction on previous years and is a reflection of the significant disruption in bed occupancy since the start of 2020/21.

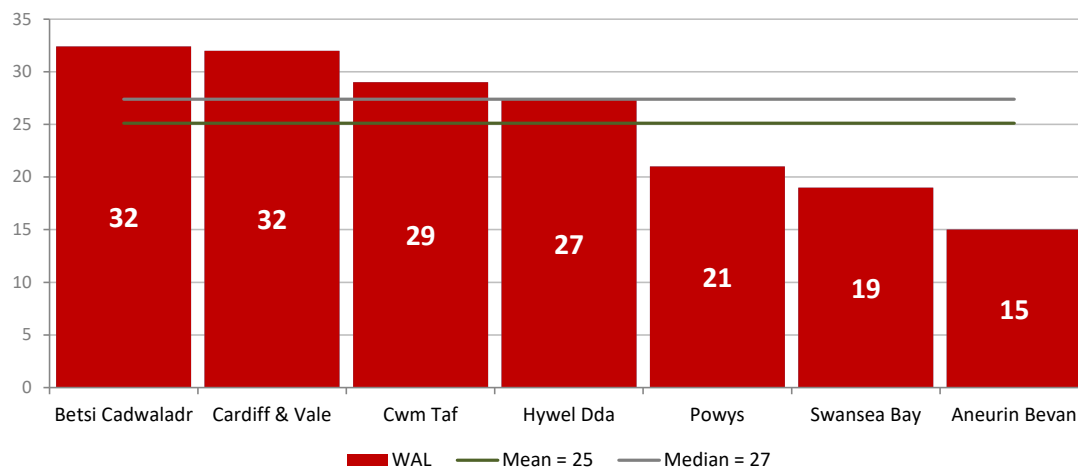
Positions for Wales show variation from 59% to 88% bed occupancy, a reduction on previous year's positions. A total of five of the six Health Boards able to submit this data reported occupancy figures at or below the UK average position.

Adult Acute length of stay

Adult acute mean length of stay (excluding leave)



Adult acute mean length of stay (excluding leave)

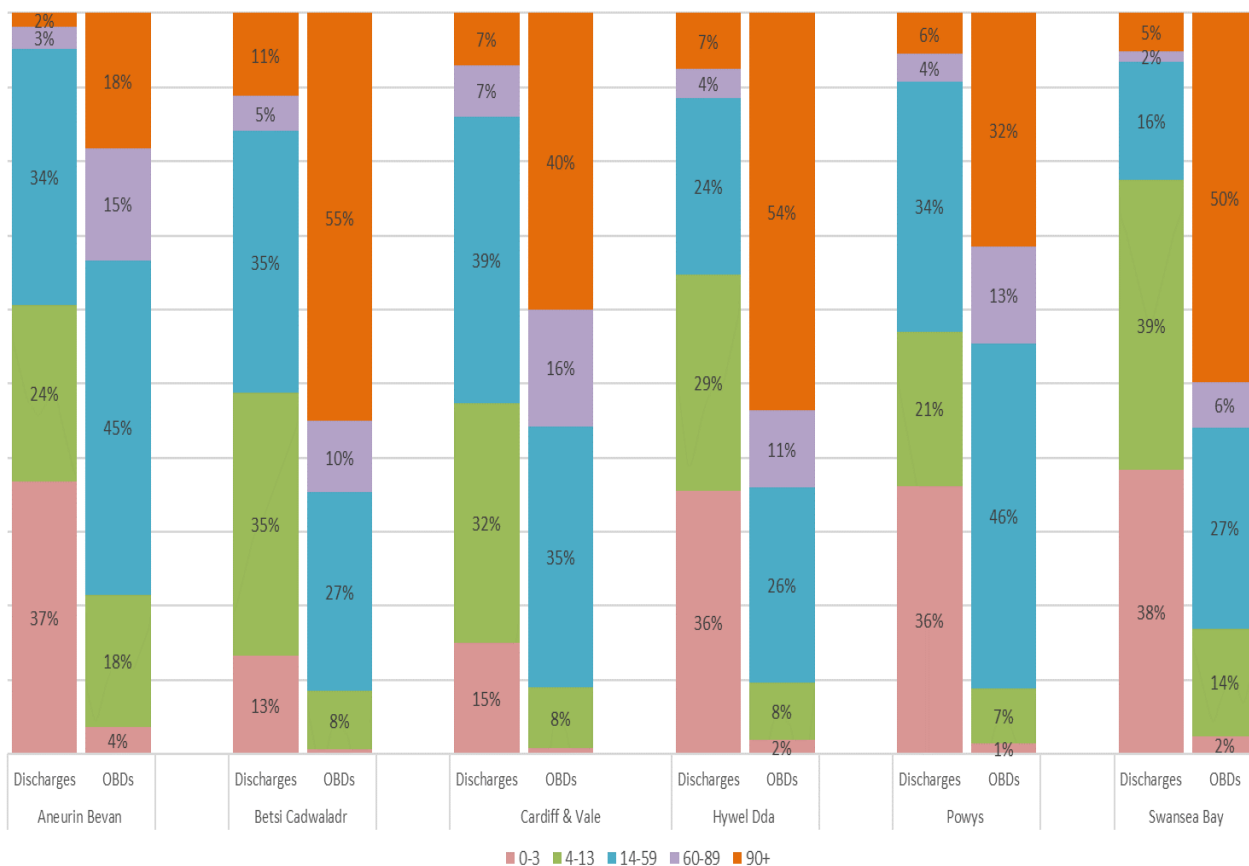


Length of stay for adult acute beds sees variation on both a year to year basis and within year across different participants. This year's UK mean position of 32 days is a reduction from 2019/20 and a return to levels seen in 2018/19

Wales consistently reports lengths of stay shorter than the UK average. This has continued this year with all Health Boards at or below the UK average, with three Health Boards in the lowest quartile. These positions support the greater number of admissions reported earlier, by increasing throughput through the beds.

Length of stay profiling

Adult Acute Discharges and OBD profile

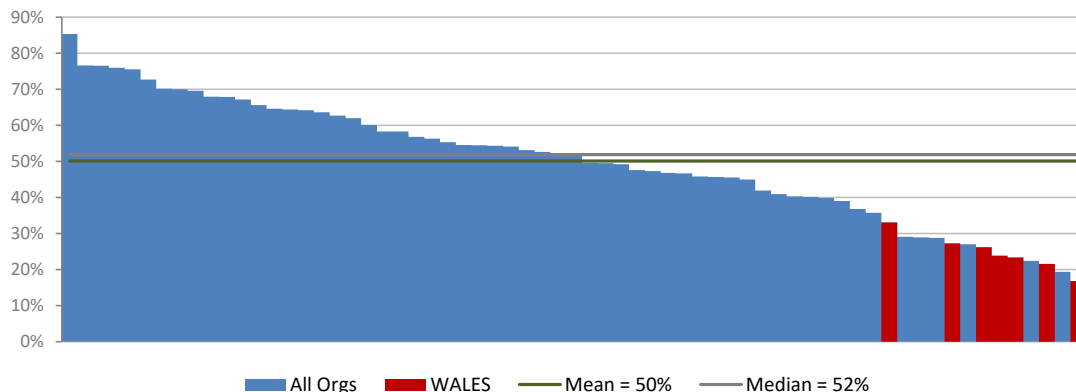


Length of stay profiling provides another perspective on average length of stay, and highlights the impact on bed availability of long stay patients. In Betsi Cadwaladr 55% of occupied bed days over the year were for patients who stayed over 90 days, though this cohort represents just 11% of patients. In contrast, the 13% of patients in Betsi Cadwaladr whose admissions lasted 3 days or less consumed just 1% of the OBDs over the year.

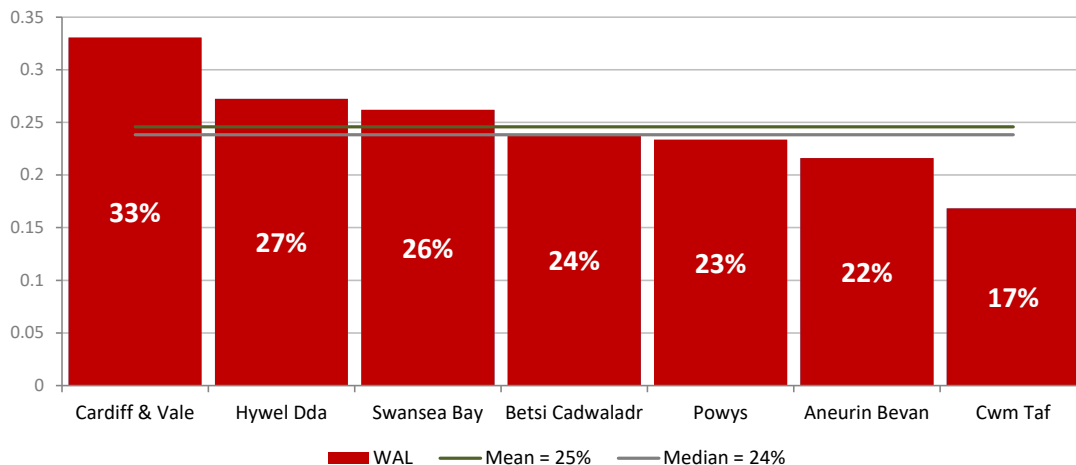
The area least impacted by long stay patients was Aneurin Bevan, where 18% of OBDs were attributed to the 2% of patients discharged after 90 days or longer. This data reaffirms the relatively short-stay, rapid access and high throughput model delivered in Aneurin Bevan UHB.

Adult Acute Mental Health Act admissions

Adult acute admissions under the Mental Health Act



Adult acute admissions under the Mental Health Act



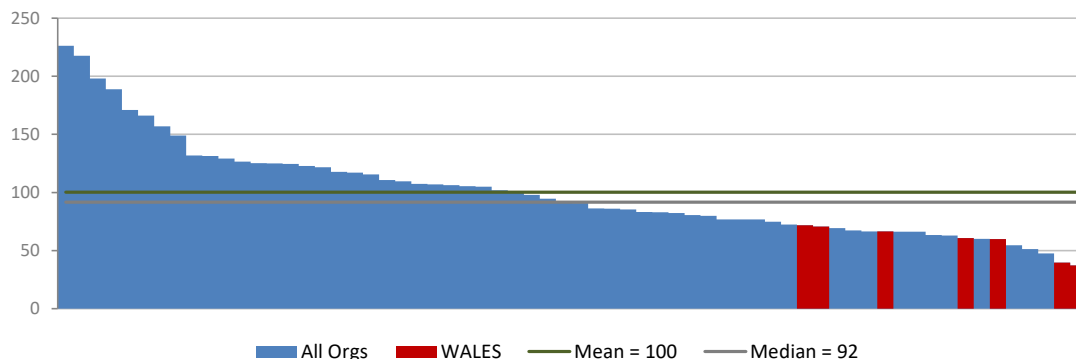
Analysis of the use of the Mental Health Act across the UK shows that 50% of admissions to adult acute beds in 2020/21 were for patients who were detained at the point of their admission, the highest position reported in the lifetime of the project. In addition, some patients are admitted on a voluntary basis but then subject to detention during their episode of care.

The make up of Welsh adult acute admissions is substantially different, with on average only 25% of admissions during the year being for patients detained at the point of admission. Of the four areas with lowest detentions across the UK, two of these are in Wales.

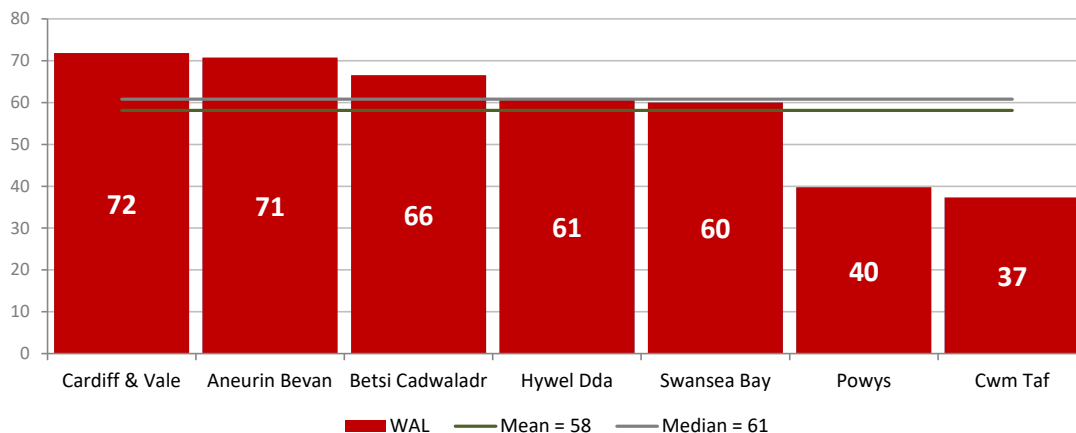
The low use of the Mental Health Act in Wales contributes to the lower average length of stay reported in Wales.

Adult Acute Mental Health Act admissions

Adult acute admissions under the Mental Health Act per 100,000 resident population



Adult acute admissions under the Mental Health Act per 100,000 resident population



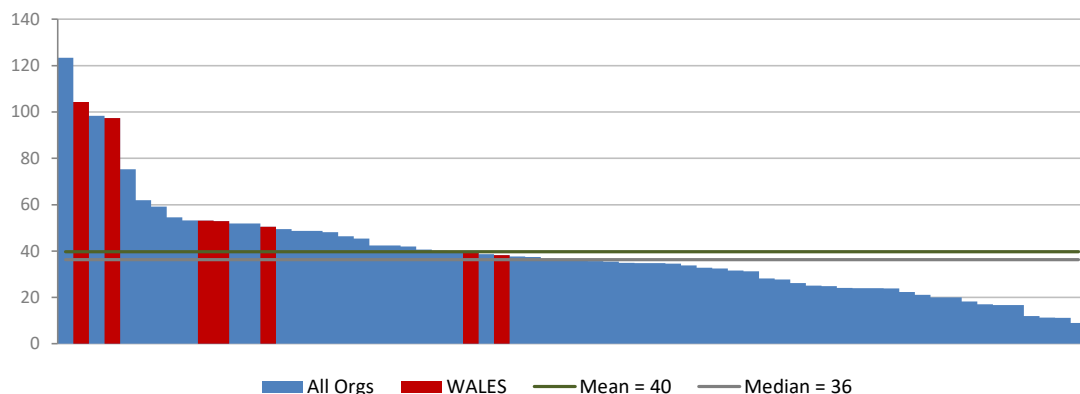
It is also useful to consider background detention rates, relative to population size. These figures are less influenced by bed numbers and admission rates. In 2020/21, across the UK there were 100.3 admissions to adult acute beds under the Mental Health Act, per 100,000 resident population. This compares to 91.3 in 2019/20.

Across Wales, detention rates are notably lower, with a national average of 58 admissions per 100,000 population. All Health Boards in Wales reported detention rates below the wider UK average, with two less than half the UK average position.

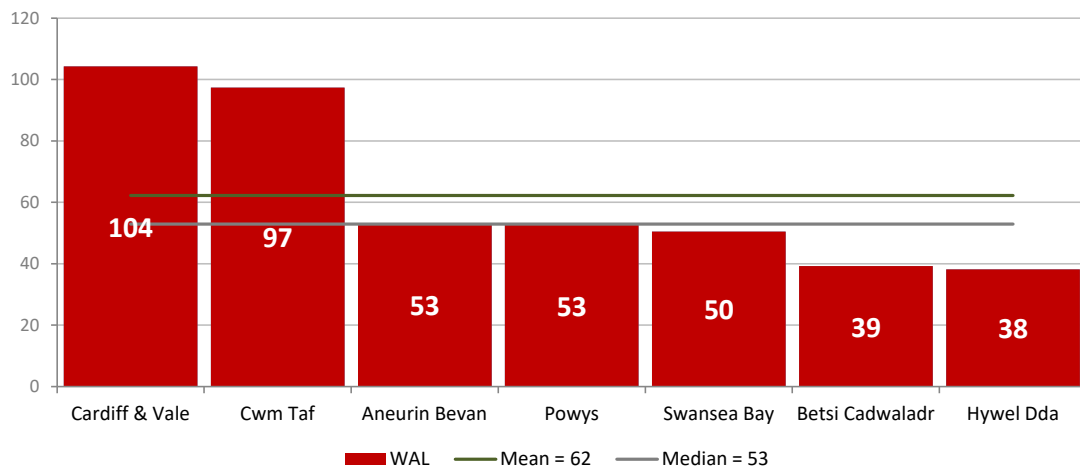
Older adult beds

Older Adult beds

Older adult beds per 100,000 resident population at 31st March 2021



Older adult beds per 100,000 resident population at 31st March 2021

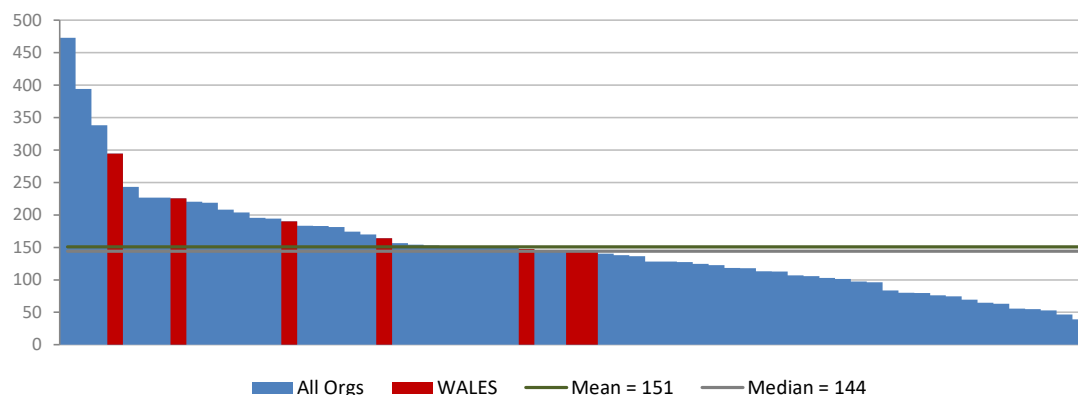


Across the UK, Older Adult beds have continued to decline and inpatient capacity for older adults is the smallest since the benchmarking project began at 36 per 100,000 resident population aged 65+ as at 31st March 2021. This compares to 20 adult acute beds per 100,000 resident population aged 16-64.

Within Wales, there is strong provision of Older Adult inpatient beds, and two of the five largest providers in the UK (relative to population size), are within Wales. The Welsh average position of 53 beds per 100,000 population (aged 65+) is around 50% higher than the wider UK average.

Older Adult admissions

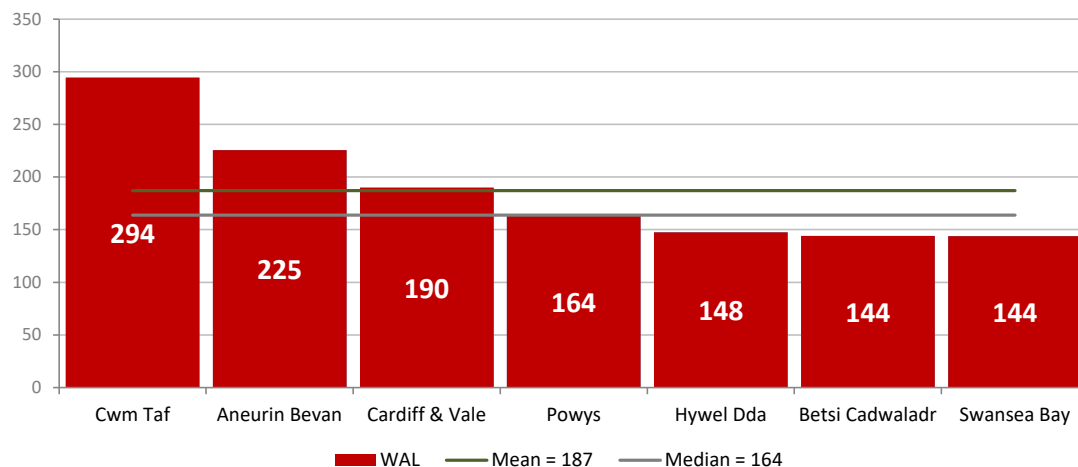
Older adult admissions per 100,000 resident population at 31st March 2021



The decline observed in Older Adult admission rates reflects both diminishing bed availability and the rising lengths of stay reported in older adult services. This year's median position of 144 per 100,000 population is a slight increase from the 142 per 100,000 population recorded in 2019/20.

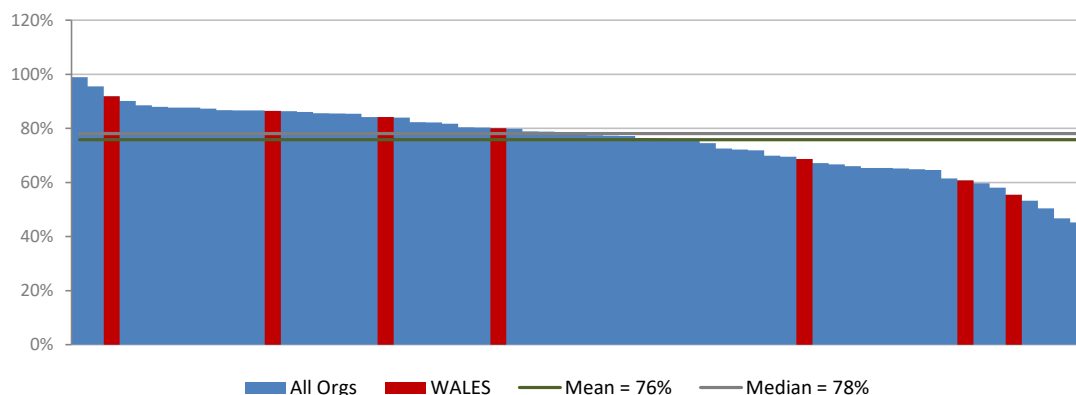
Data from Welsh providers tells a different story, with a median position of 164 admissions per 100,000 population. This is facilitated both through higher bed numbers and lower lengths of stay in some Health Boards.

Older adult admissions per 100,000 resident population at 31st March 2021

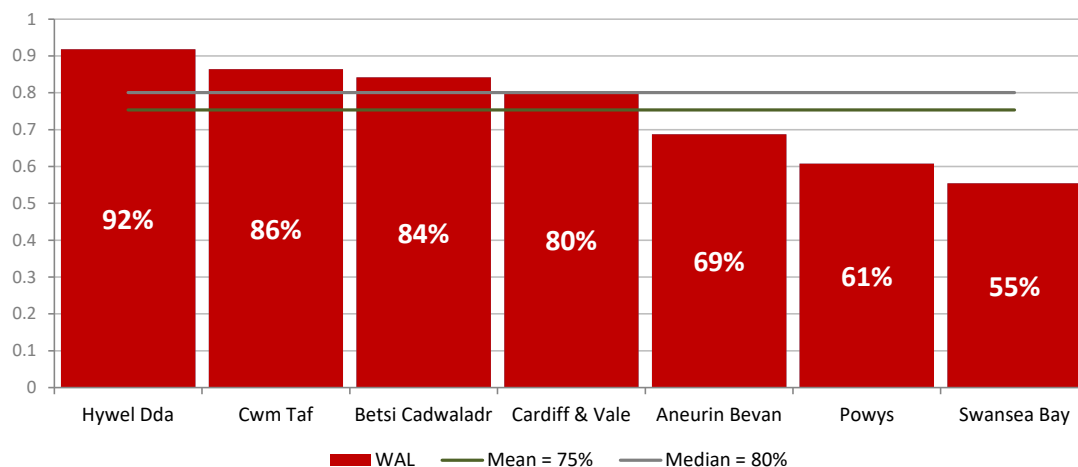


Older Adult bed occupancy

Older adult bed occupancy rates (excluding leave)



Older adult bed occupancy rates (excluding leave)

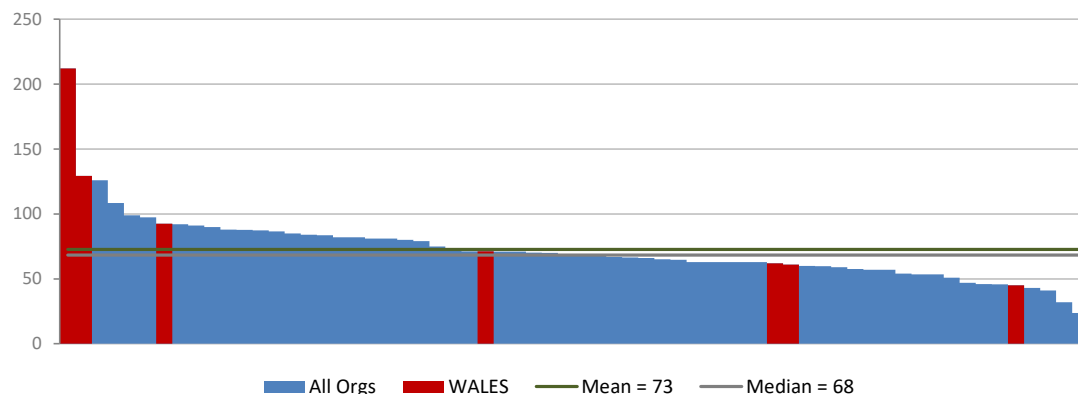


Bed occupancy for Older Adult beds should be seen in the context of higher rates of bed provision compared to adult acute services. This year, participants reported bed occupancy of 78% excluding leave in older adult services, a reduction from 88% in 2019/20 and significantly below the 88% bed occupancy levels in adult acute.

Although Wales reports above average bed provision, figures for the full year show some capacity within the system, with a median position of 80% occupancy during 2019/20. The range between Health Boards, however, is substantial, from 55% to 92%.

Older Adult length of stay

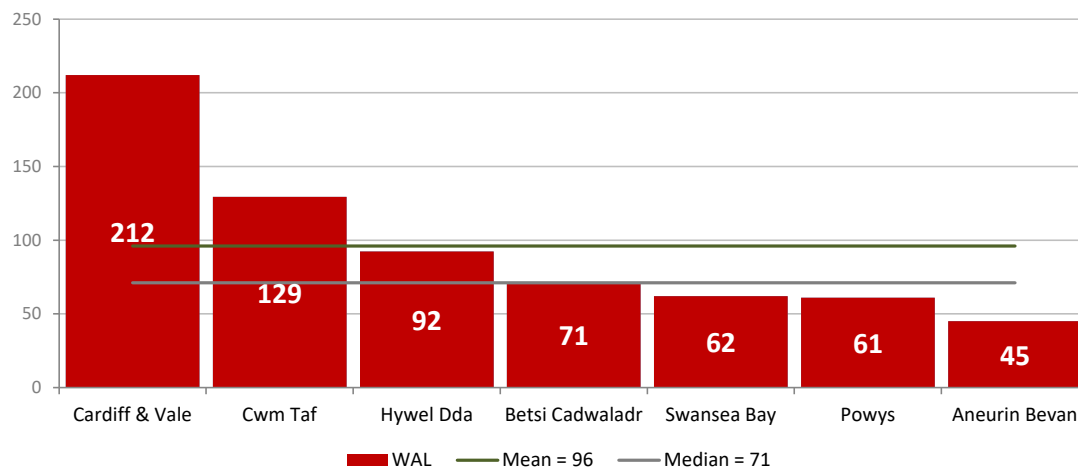
Older adult mean length of stay (excluding leave)



The length of stay for older adults saw a decrease, from 74 days last year to 73 days this year.

This UK-wide decrease is not replicated within Wales, where the average length of stay has increased to 96 days with two Health Boards having the longest lengths of stay reported across UK providers in 2020/21. There is a wide variation in lengths of stay reported in Wales with a range between 45 days and 212 days.

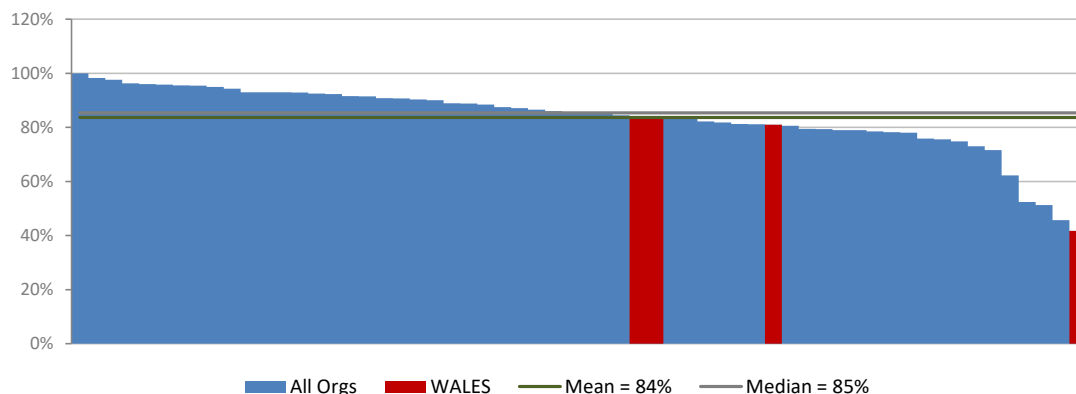
Older adult mean length of stay (excluding leave)



Specialist beds

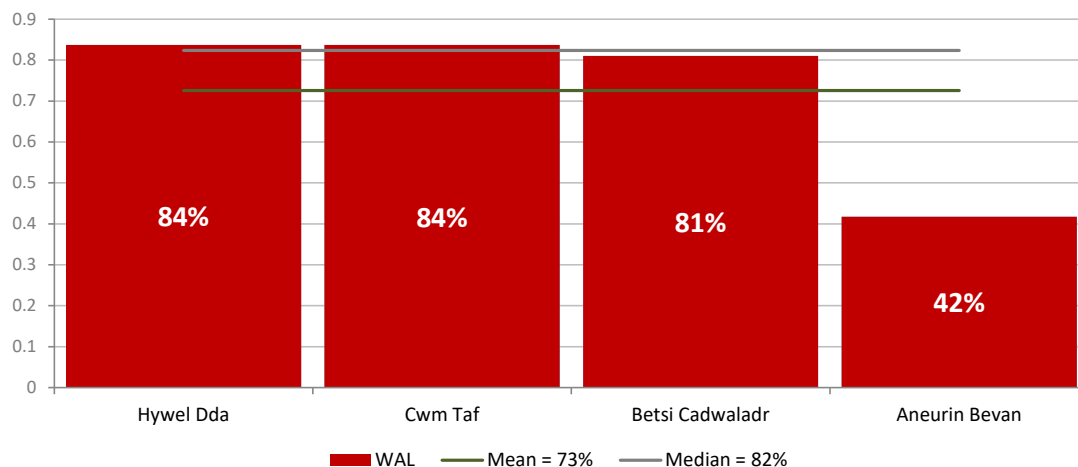
PICU

PICU bed occupancy (excluding leave)



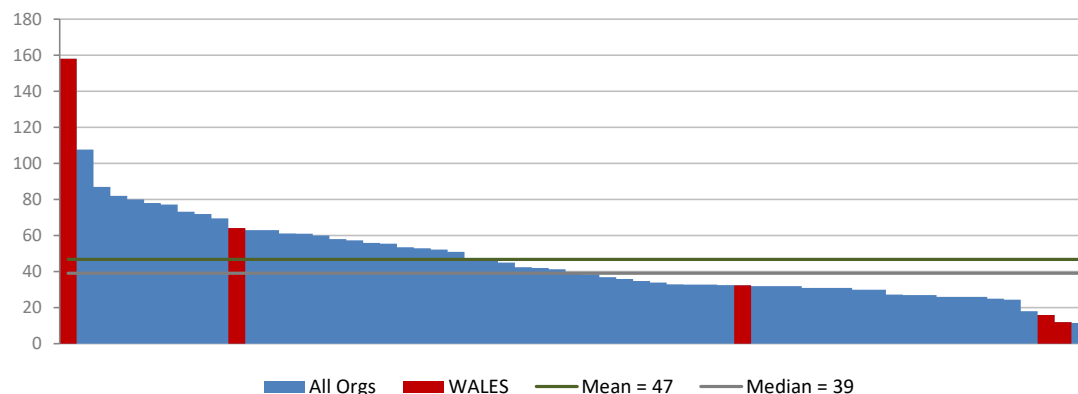
Four Welsh Health Boards supplied data on PICU bed occupancy. The UK average reduced from 88% to 84% in 2020/21. Previously, the Wales bed occupancy position has been similar to the UK wide position, however, bed occupancy has reduced to 73% in 2020/21 with each of the four boards reporting a reduction in bed occupancy.

PICU bed occupancy (excluding leave)



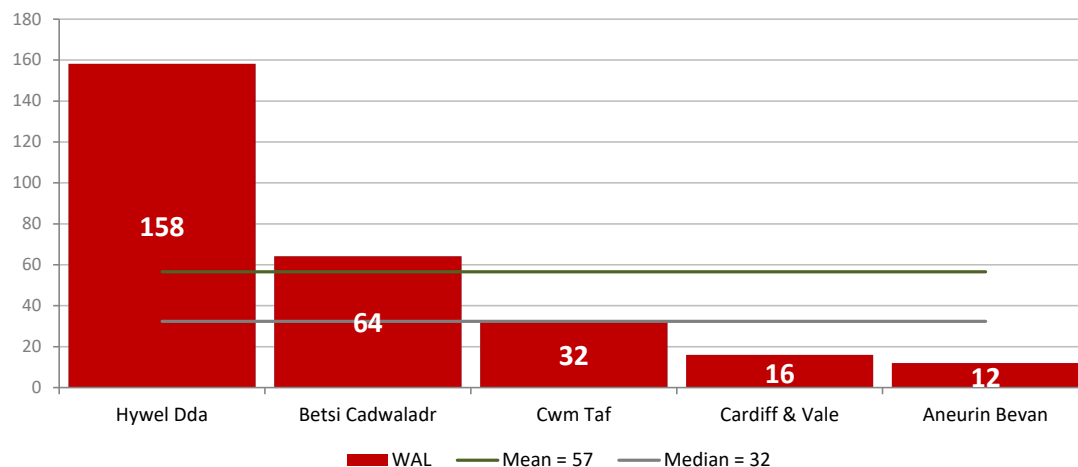
PICU

PICU mean length of stay (excluding leave)



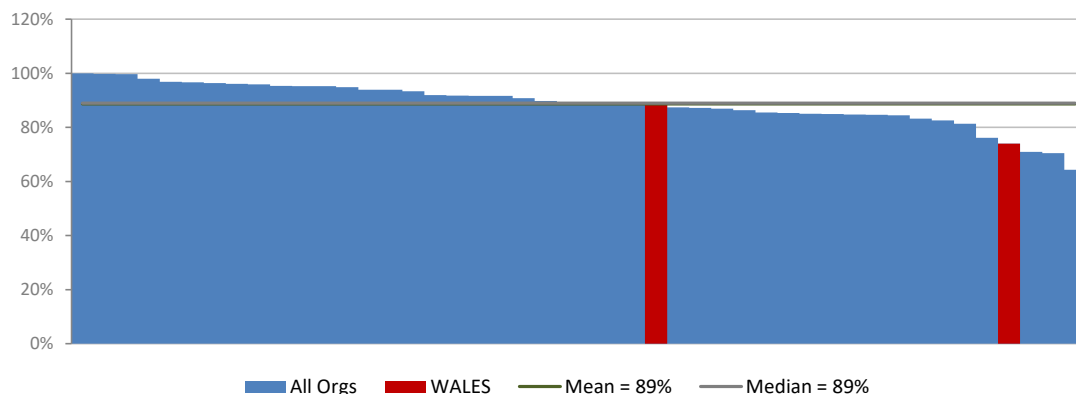
Length of stay in PICU has risen in recent years, and now averages 47 days across the UK. Data from Hywel Dda UHB suggests long length of stay in PICU beds (at 158 days) compared to between 12 and 64 days in the other Health Boards. Two Health Boards are in the lowest four providers across the whole of the UK for PICU length of stay.

PICU mean length of stay (excluding leave)



Low Secure

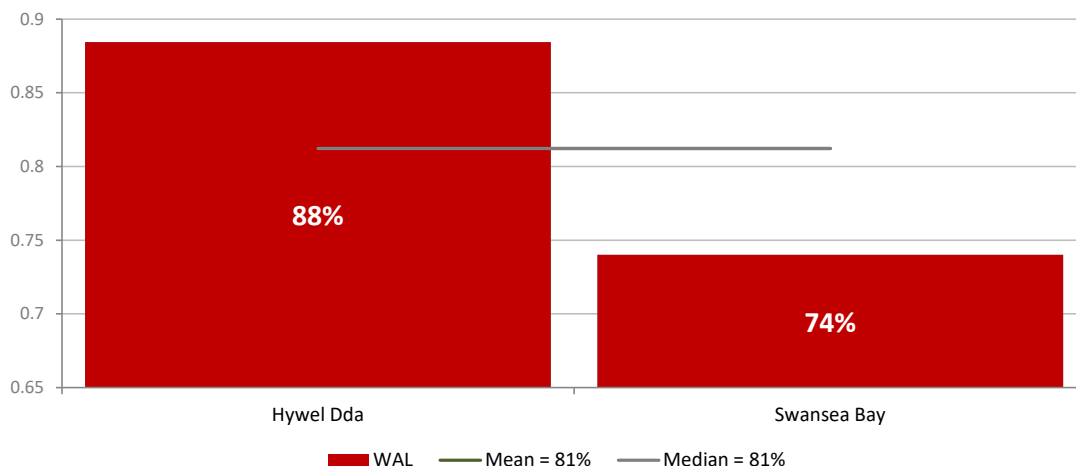
Low Secure bed occupancy (excluding leave)



Low Secure beds typically have high rates of bed occupancy, although this year's figures of 89% (UK) and 81% (Wales only) is a decrease on the 2019/20 position. There has been a reduction in the number of Welsh providers reporting this type of bed occupancy in 2020/21.

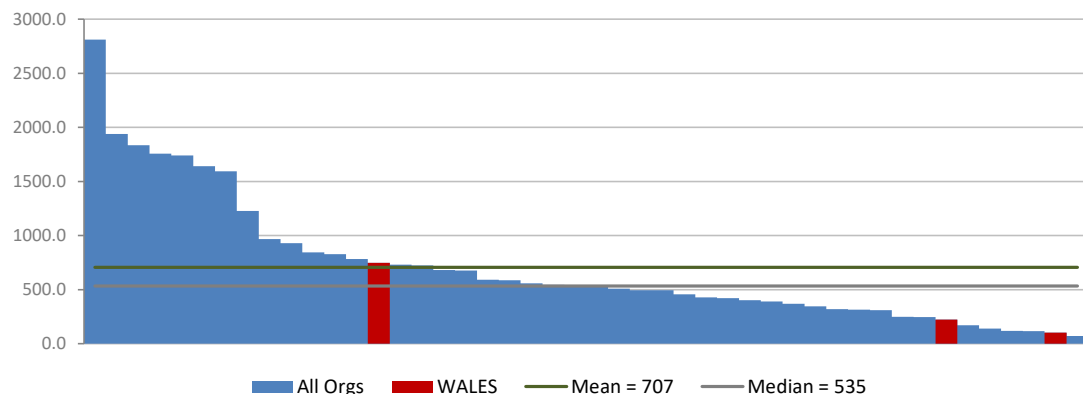
It should be noted that Swansea Bay UHB's 74% bed occupancy position places it in the fourth lowest place of all UK participants.

Low Secure bed occupancy (excluding leave)



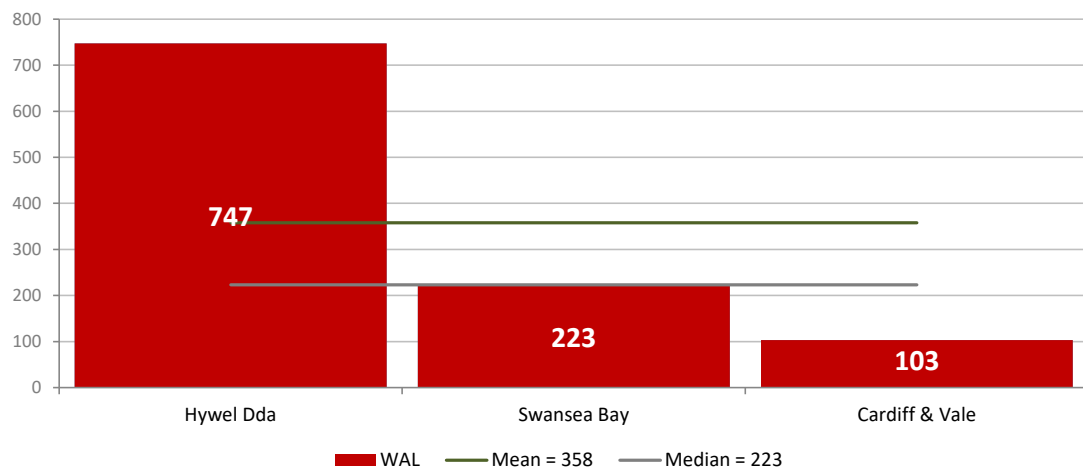
Low Secure

Low Secure mean length of stay (excluding leave)



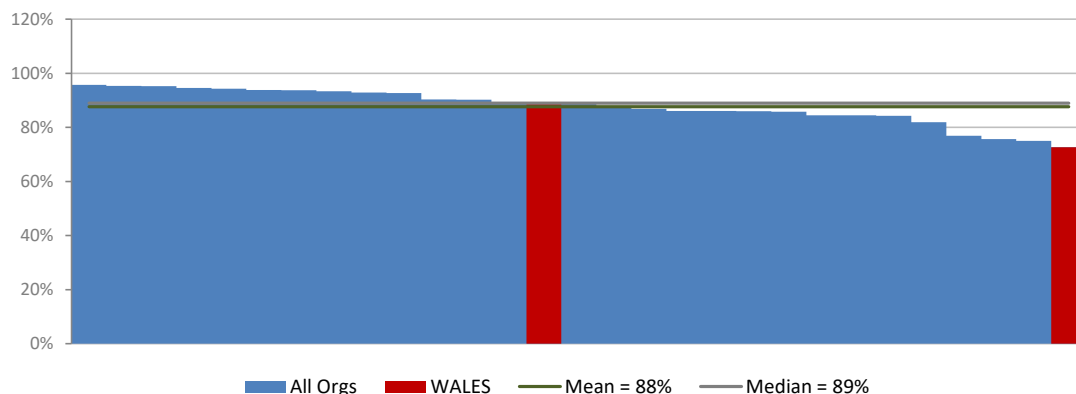
Low Secure length of stay across the UK is now 707 days. Within Wales, the figures is 358 days, around 11 months shorter. Indeed, in two of the Welsh Health Boards, length of stay in low secure beds is less than 1 year on average, measured from patients who have been discharged during the previous 12 month period.

Low Secure mean length of stay (excluding leave)



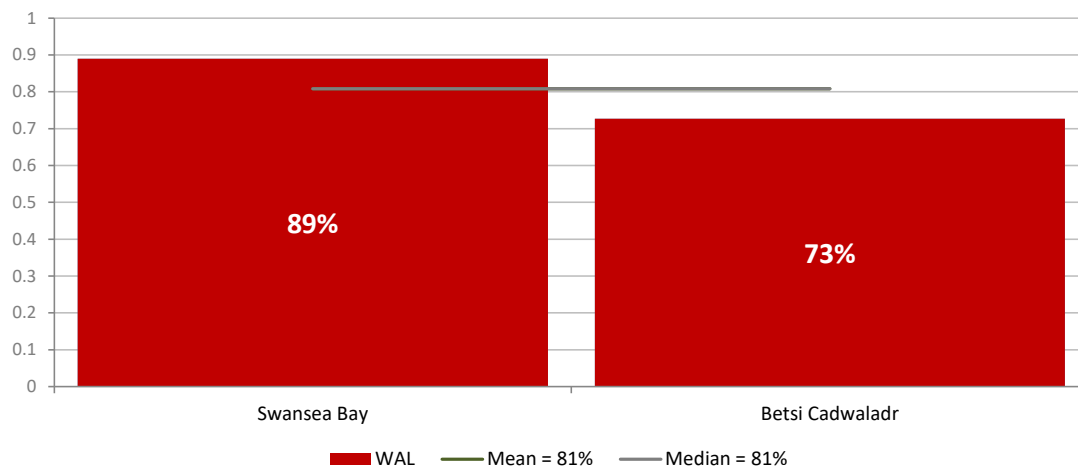
Medium Secure

Medium Secure bed occupancy (excluding leave)



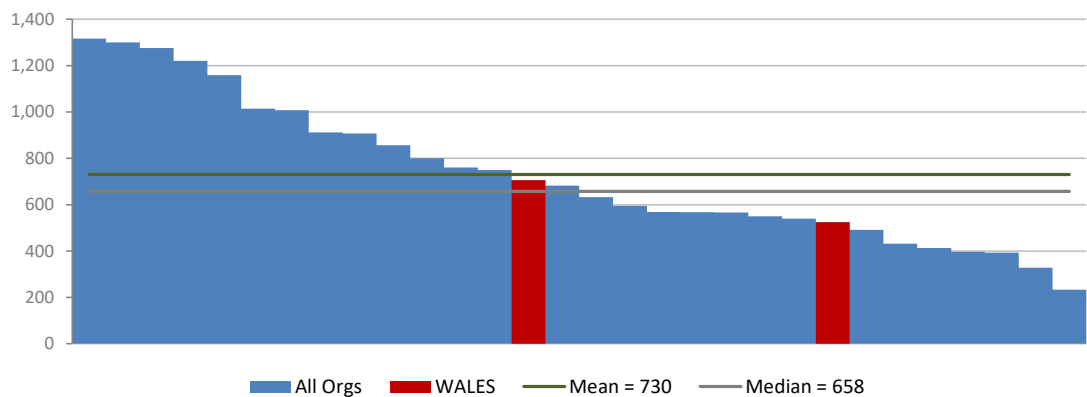
Two Health Boards provided Medium Secure service data. There is little variation on this metric across the UK, with most units typically between 85% and 95% occupied.

Medium Secure bed occupancy (excluding leave)



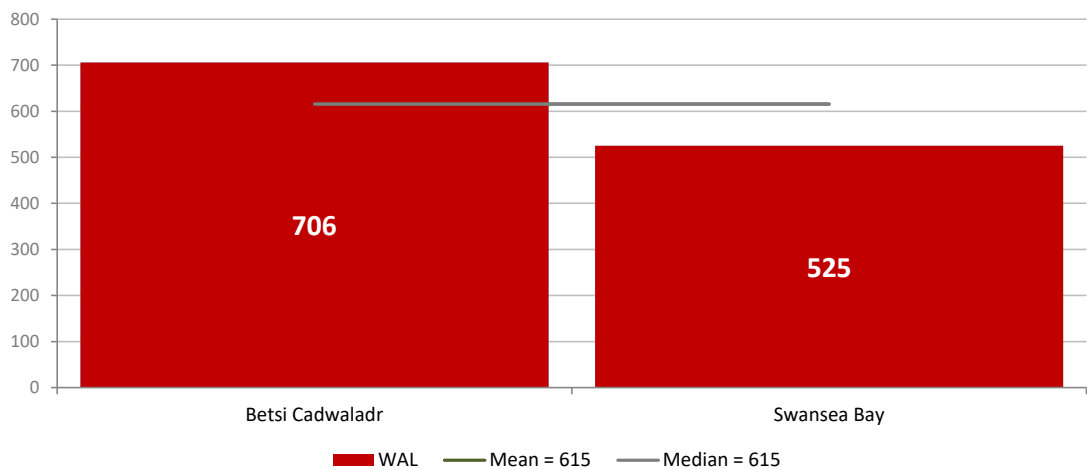
Medium Secure

Medium Secure mean length of stay (excluding leave)



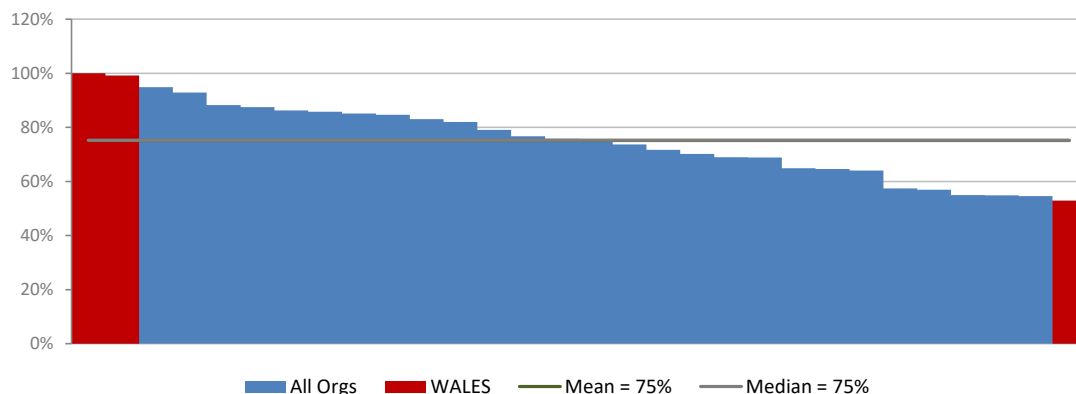
At 615 days, Medium Secure length of stay in Wales is around 3.7 months shorter than across the rest of the UK, based on patients who have been discharged during the preceding 12 months.

Medium Secure mean length of stay (excluding leave)



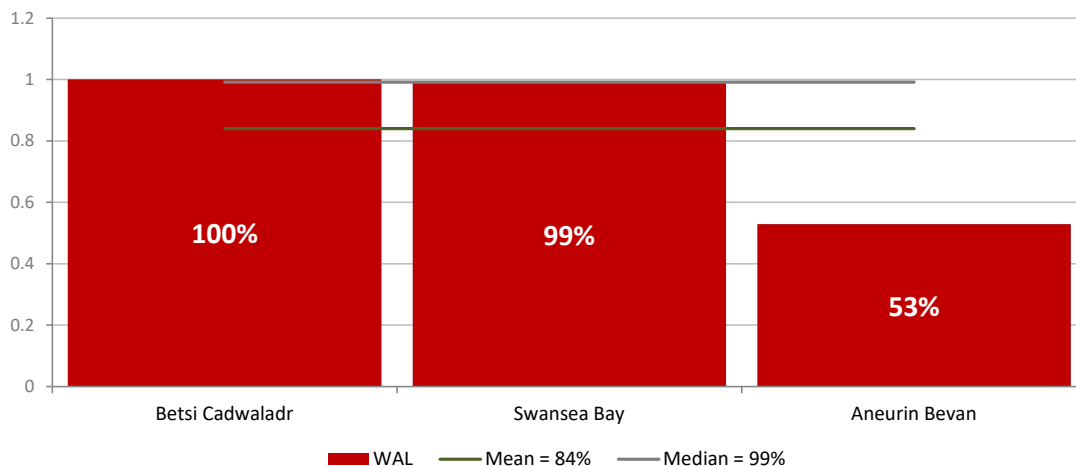
Longer Term Complex Care

Longer Term Complex / Continuing Care bed occupancy (excluding leave)



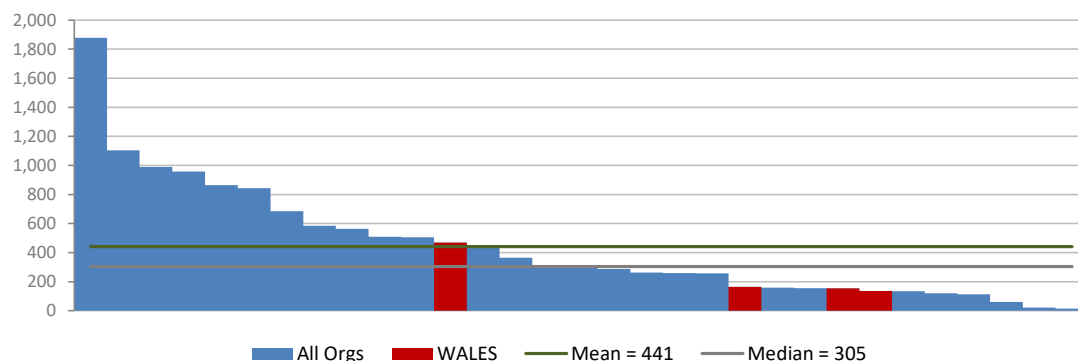
The variation in bed occupancy in Longer Term Complex and Continuing Care in Wales for 2020/21 is shown in the charts. Two Welsh Health Boards occupy the highest position in the UK with a third Health Board having the lowest bed occupancy in the UK.

Longer Term Complex / Continuing Care bed occupancy (excluding leave)

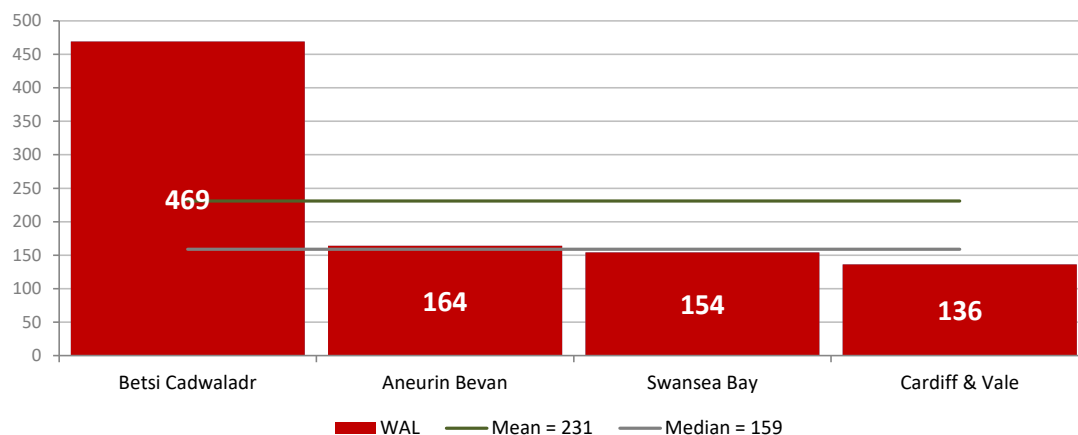


Longer Term Complex Care

Longer Term Complex / Continuing Care mean length of stay (excluding leave)



Longer Term Complex / Continuing Care mean length of stay (excluding leave)

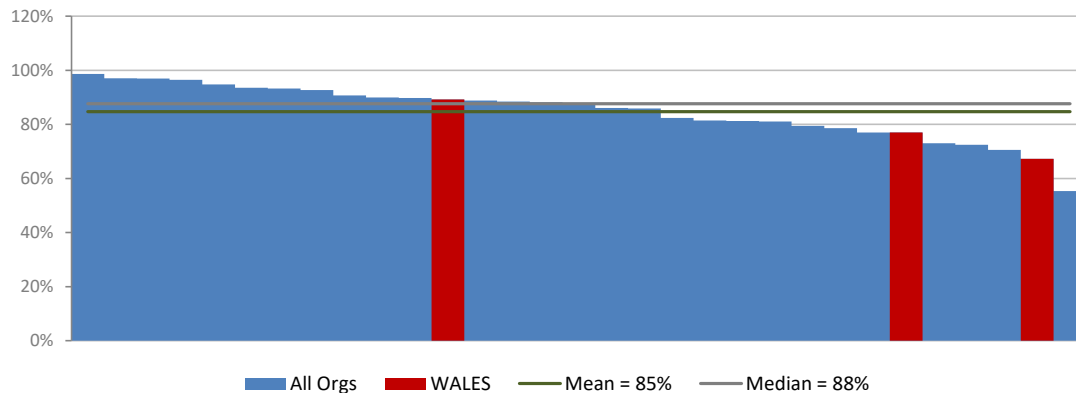


Longer Term Complex and Continuing Care wards in Wales report shorter than average length of stay, at 231 days, compared to 441 days for the full UK distribution. However, the UK-wide figure is skewed by a small number of providers with exceptionally high length of stay of 3 years or more.

The UK median average length of stay at 305 days is perhaps more representative of the overall market average. Even with this adjustment to the average used NHS Wales retains its position as a relatively short-stay system for longer term rehabilitation.

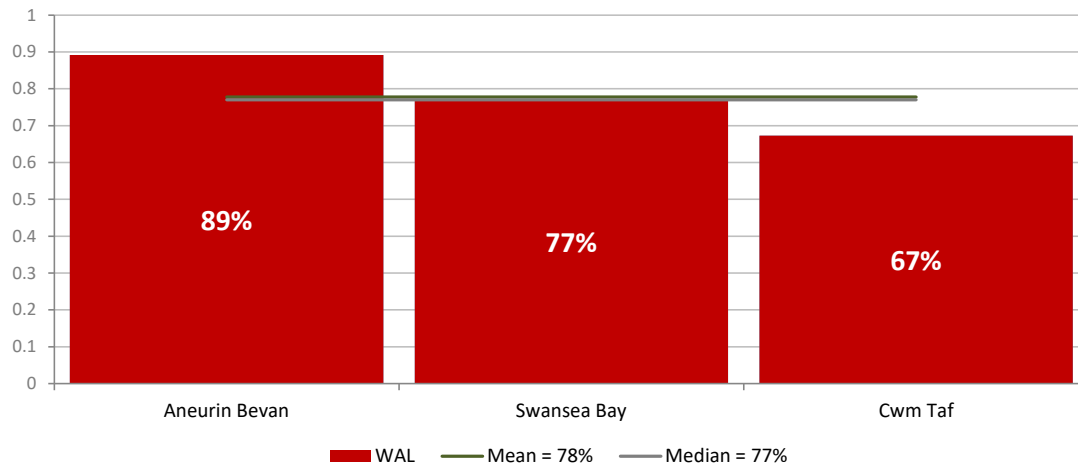
High Dependency Rehabilitation

High Dependency Rehabilitation bed occupancy (excluding leave)



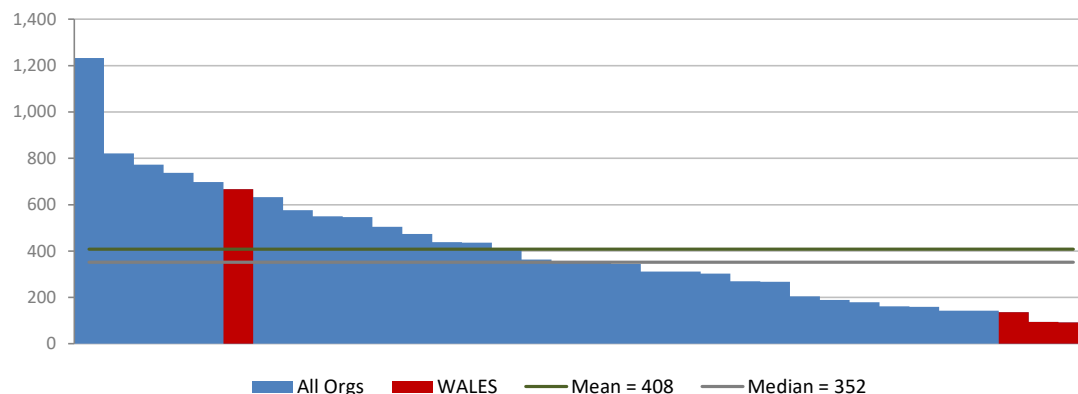
Within High Dependency Rehabilitation units, bed occupancy reduced in Wales to 78% from 82% in 2019/20. This was below the UK national average of 85%.

High Dependency Rehabilitation bed occupancy (excluding leave)



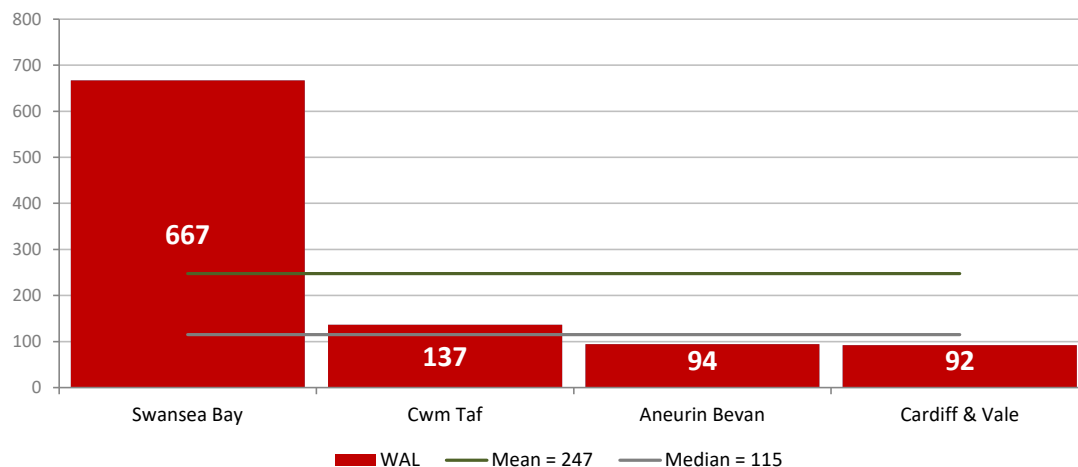
High Dependency Rehabilitation

High Dependency Rehabilitation mean length of stay (excluding leave)



Length of stay in High Dependency Rehabilitation units in Wales averages 247 days, which is below the wider-UK average. There is wide variation shown in the Wales Health Boards with three boards occupying the lowest three positions in the UK.

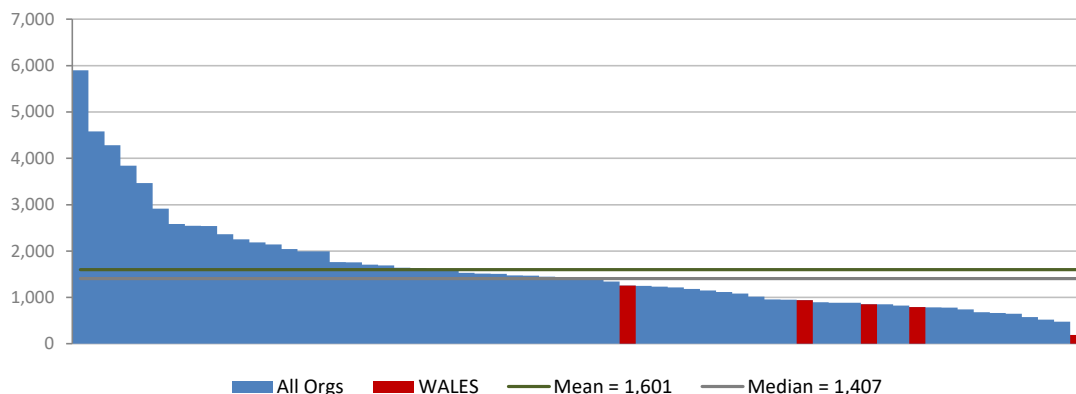
High Dependency Rehabilitation mean length of stay (excluding leave)



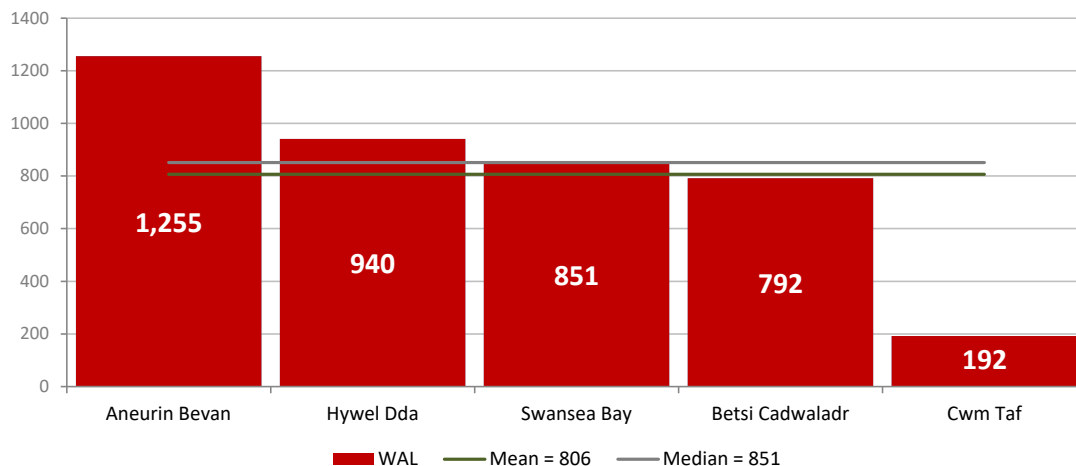
Inpatient incidents

Use of restraint

Adult acute restraint per 100,000 occupied bed days



Adult acute restraint per 100,000 occupied bed days



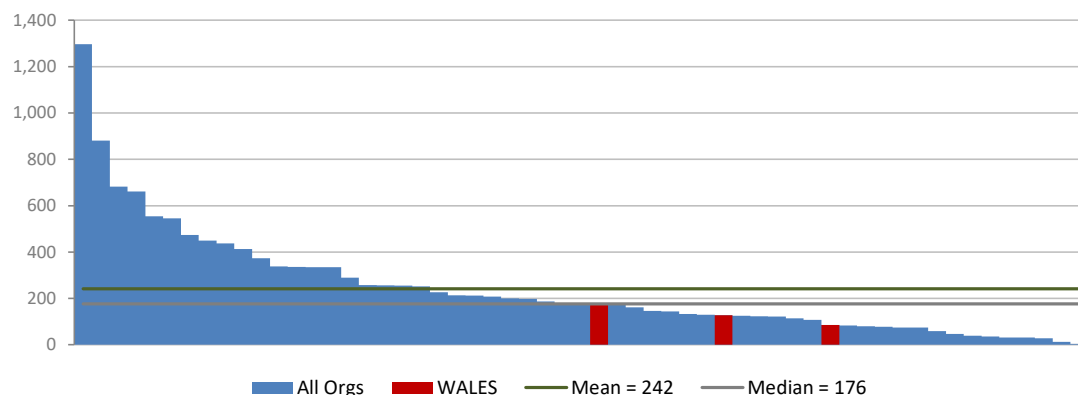
Incident rates provide another perspective on the quality of a service, by highlighting any areas of concern in an inpatient environment. This data is disaggregated to ward type to account for differences in patient cohort between services.

Participants reported increases in the use of both restraint and prone restraint in both adult and older adult acute services.

Use of restrictive practices is notably lower in Wales, with an average of 806 uses of restraint per 100,000 occupied bed days in adult acute services. This is roughly half the rate of restraint reported elsewhere in the UK which average 1,601 incidents per 100,000 occupied bed days.

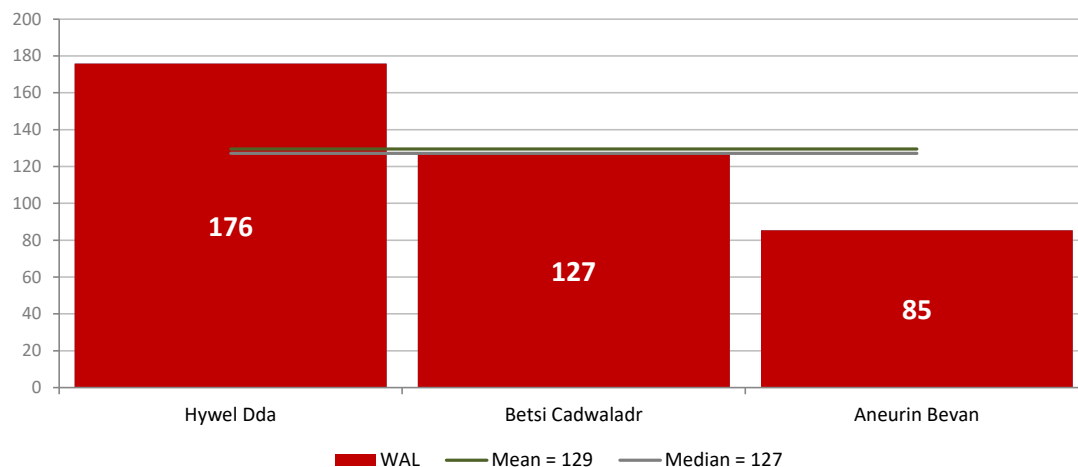
Use of prone restraint

Adult acute prone restraint per 100,000 occupied bed days



The data on prone restraint rates also illustrate a positive position for Wales, with a rate of 129 per 100,000 occupied bed days. This is just less than a half of the average rate seen elsewhere in the UK. None of the Welsh Health Boards report above average use of prone restraint.

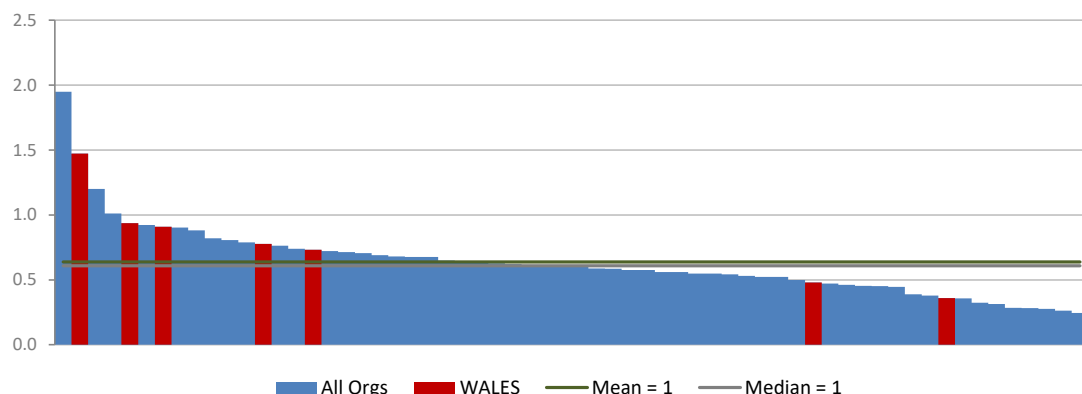
Adult acute prone restraint per 100,000 occupied bed days



Inpatient workforce metrics

Adult Acute workforce (Psychiatry)

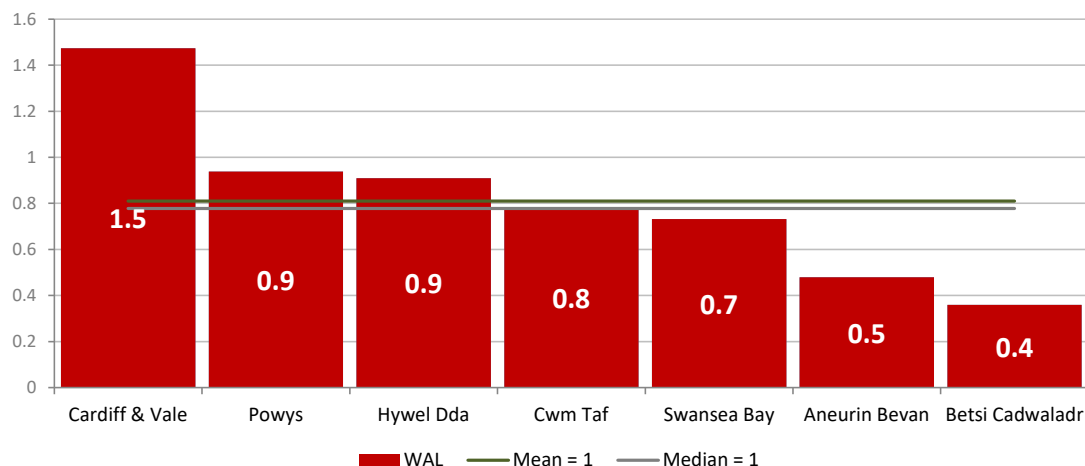
Adult acute consultant psychiatrists per 10 beds



Inpatient workforce rates continue to remain relatively stable. This year's rates are equivalent to one consultant psychiatrist per ward (typically 18-22 beds).

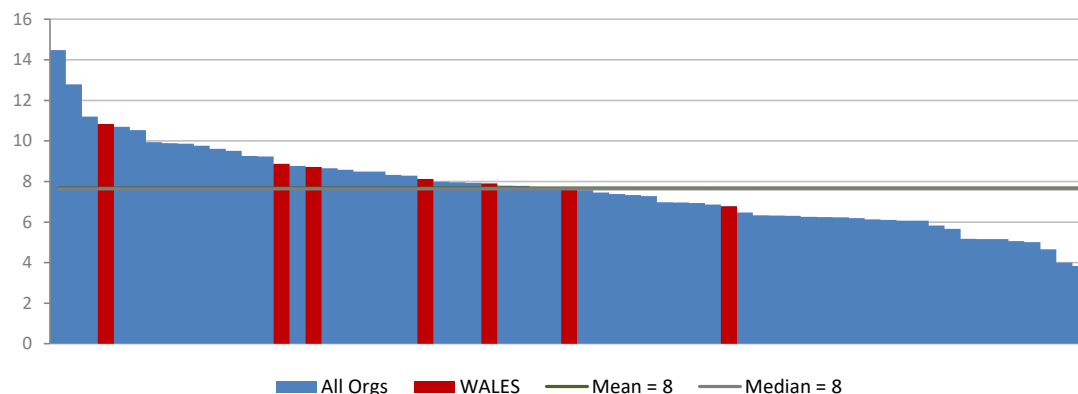
Wales reports higher rates on average, with 0.8 WTE consultant psychiatrists per 10 adult acute beds compared to a UK average of 0.6 WTE per 10 beds. The position for NHS Wales is skewed by the 1.5 WTE consultant psychiatrists per 10 beds reported by Cardiff and Vale UHB.

Adult acute consultant psychiatrists per 10 beds



Adult Acute workforce (Registered Nursing)

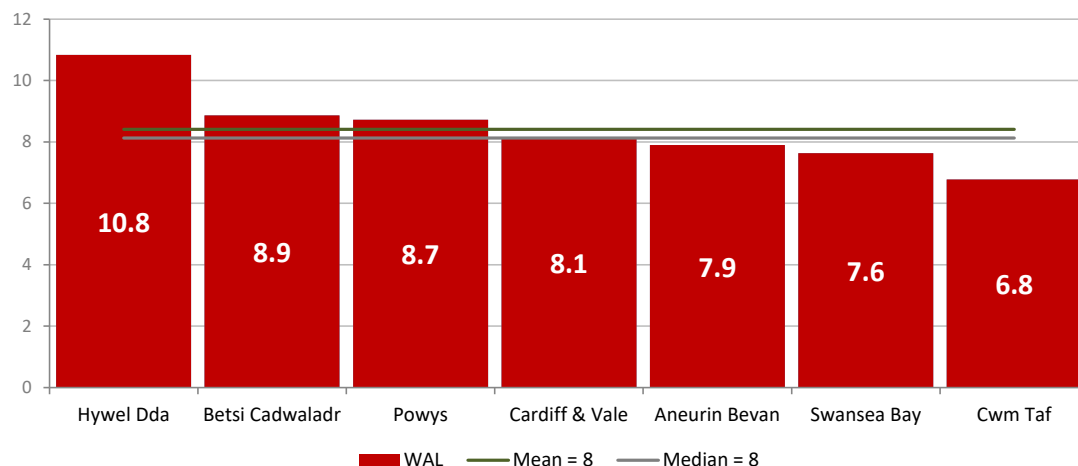
Adult acute registered nurses per 10 beds



Nursing levels in Wales are higher than the wider UK average, at 8.4 WTE per 10 adult acute beds.

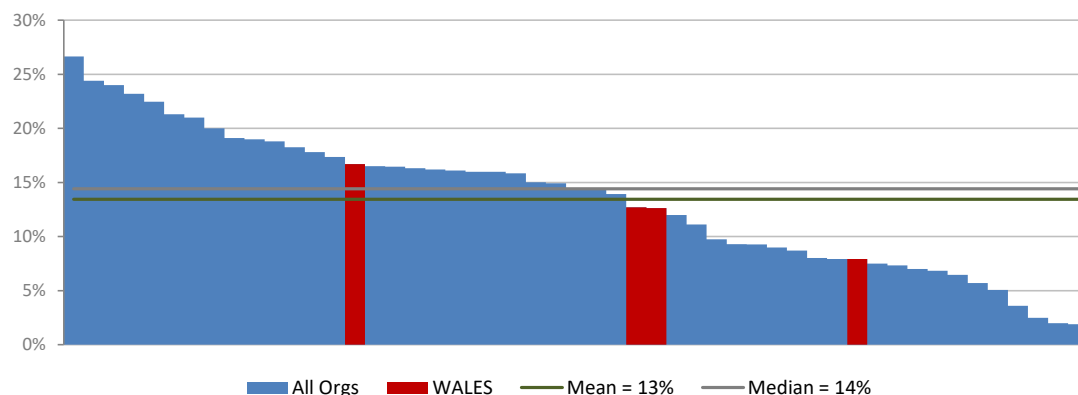
Although most Health Boards are positioned close to this average there is wide variation between the 10.8 WTE per 10 beds reported by Hywel Dda UHB and the 6.8 WTE per 10 beds reported by Cwm Taf UHB.

Adult acute registered nurses per 10 beds



Adult Acute vacancies

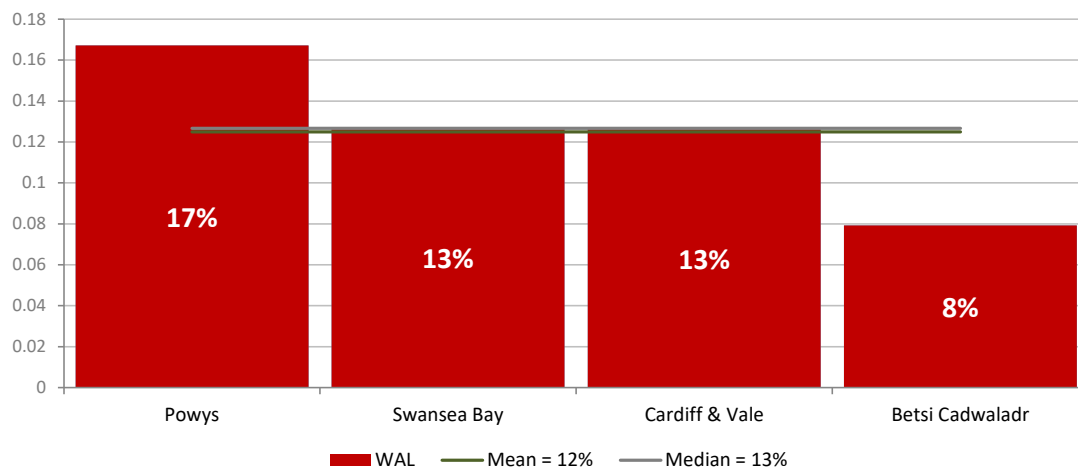
Adult acute WTE vacancies as % of staff in post



The vacancy rate within adult acute services in Wales is 12%, and compares to 13% across the UK as a whole. There is some variation between Health Boards, perhaps reflecting the local population and employment market.

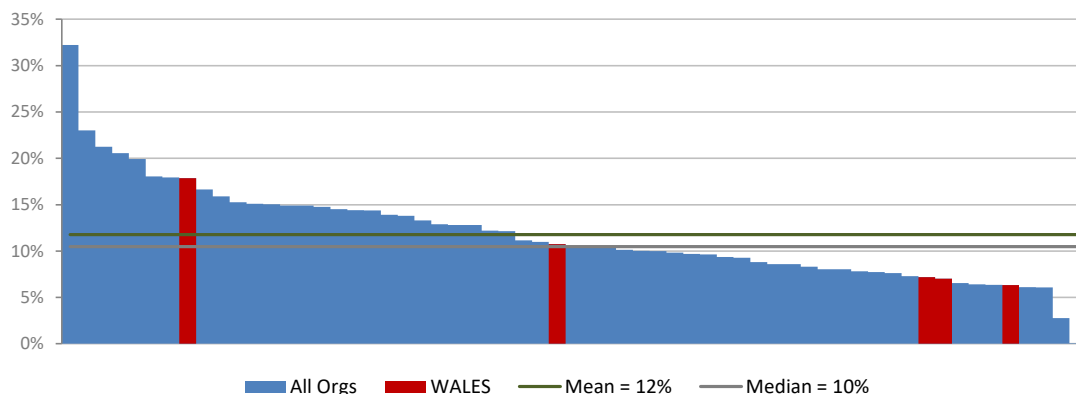
Only 4 of the 7 Health Boards were able to provide data on mental health vacancy levels.

Adult acute WTE vacancies as % of staff in post



Adult Acute turnover

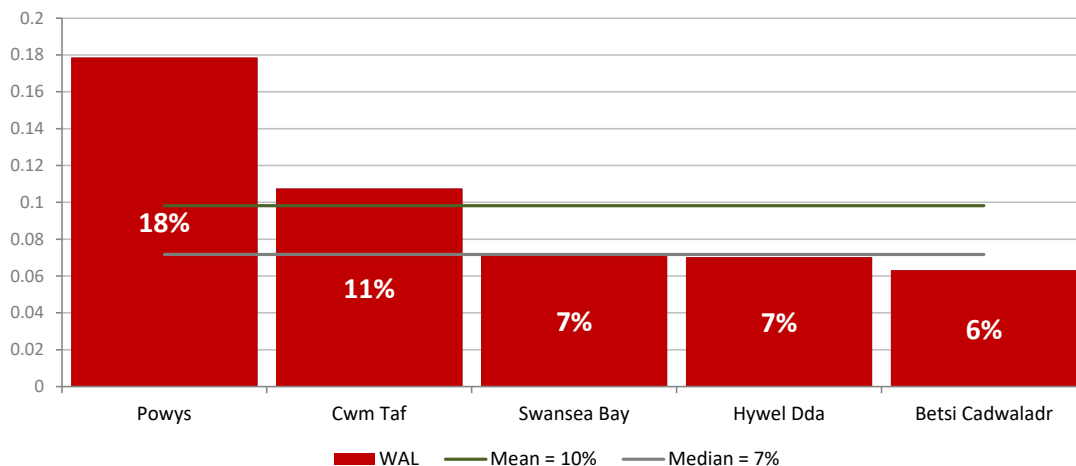
Adult acute staff turnover %



Staff turnover is also similar between Wales (10%) and the rest of the UK (12%). Powys reported the highest turnover in Welsh Health Boards at 18% of posts changing.

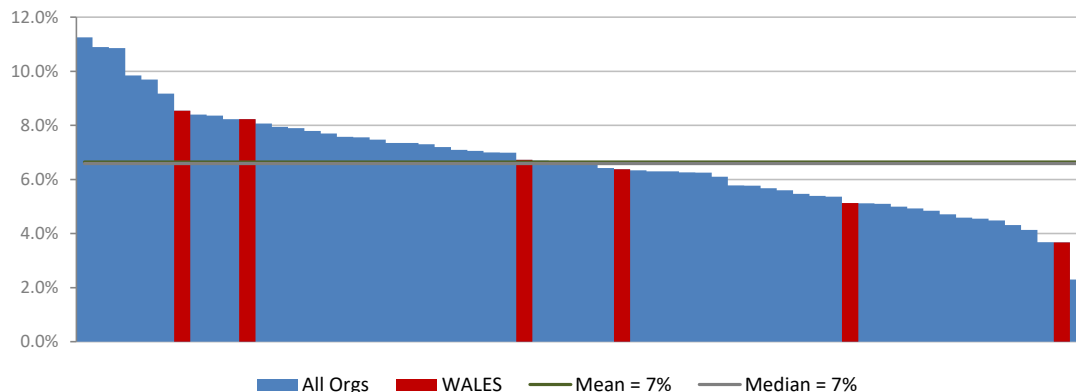
Turnover levels in Swansea Bay, Betsi Cadwaladr and Hywel Dda UHBs at 7% and 6% respectively are amongst the lowest in the NHS.

Adult acute staff turnover %



Adult acute sickness / absence

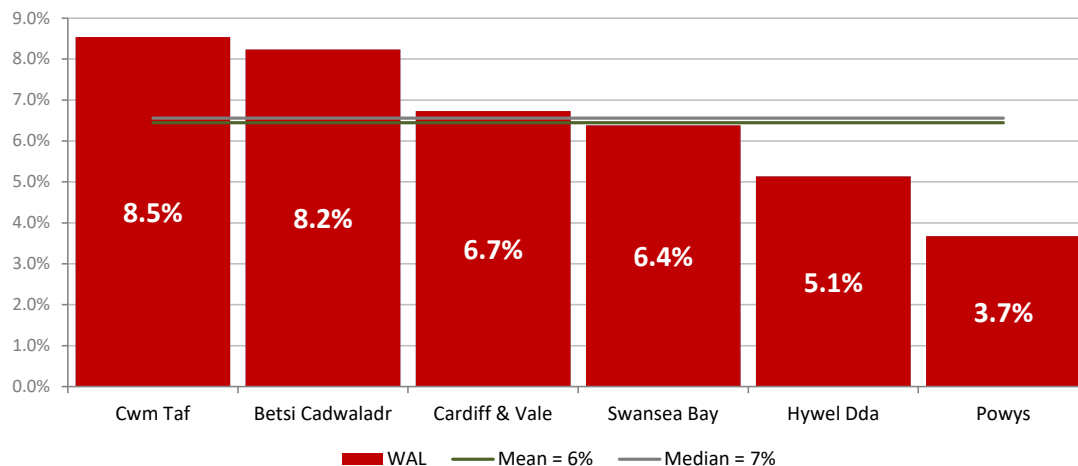
Adult acute staff sickness absence %



Staff sickness / absence was an average of 6% in Wales in 2020/21, this was slightly lower than the rest of the UK (7%) and a reduction on the previous year when the average was 7%.

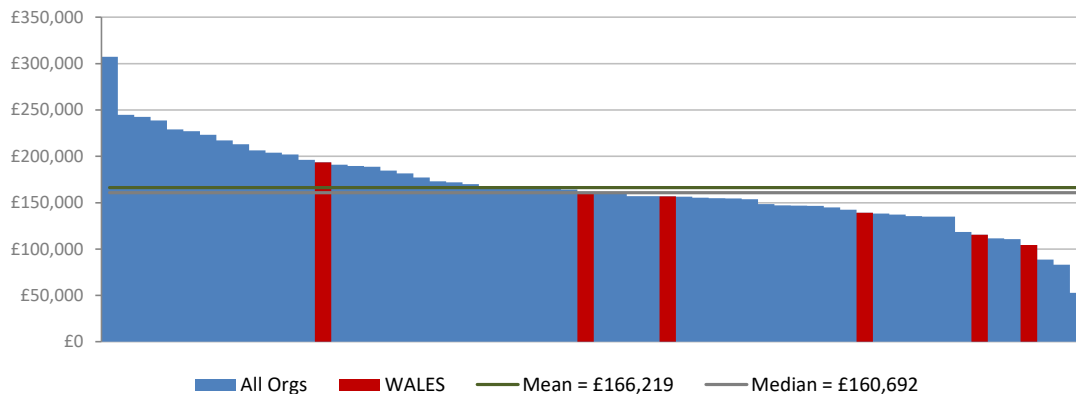
Variation is evident between the boards, with Powys having the second lowest reported sickness absence rate in the UK at 3.7%, whereas Cwm Taf and Betsi Cadwaladr had sickness absence rates above the UK national average.

Adult acute staff sickness absence %



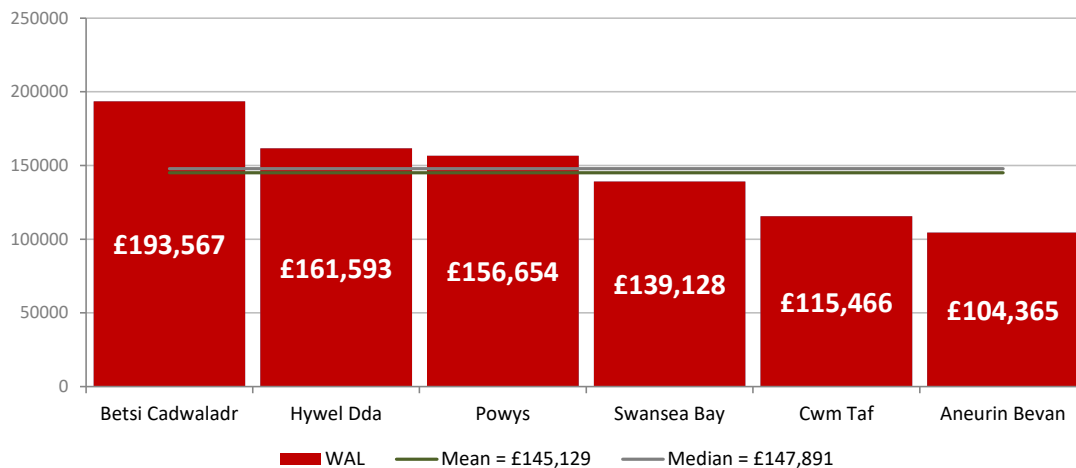
Adult Acute bed costs

Adult acute cost per bed



Average adult acute bed costs have risen steadily over the last 8 years, from £113,055 in 2012/13. Costs include service delivery, staffing and skill mix, estates costs, and corporate overheads. Costs increased substantially in the Covid year with the UK average of £166k per bed compared to a Wales position of £145k per bed. This is the indicative cost of running one bed for one year with a wide range evident in Wales from £104k per bed p.a. in Aneurin Bevan UHB up to £194k per bed p.a. in Betsi Cadwaladr UHB.

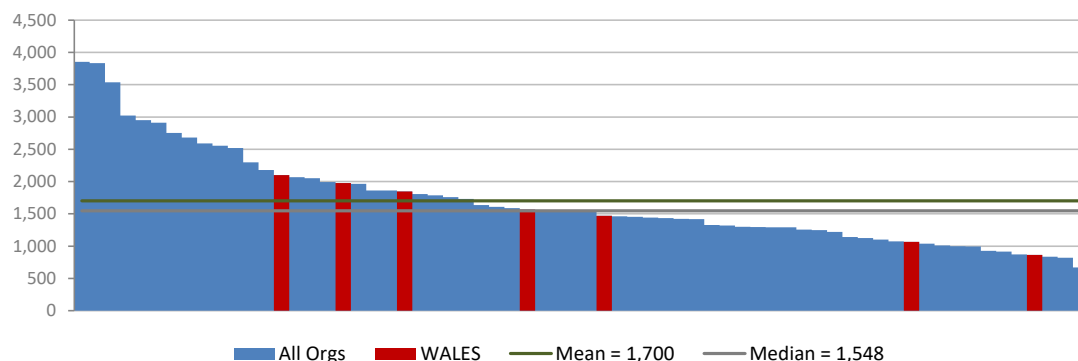
Adult acute cost per bed



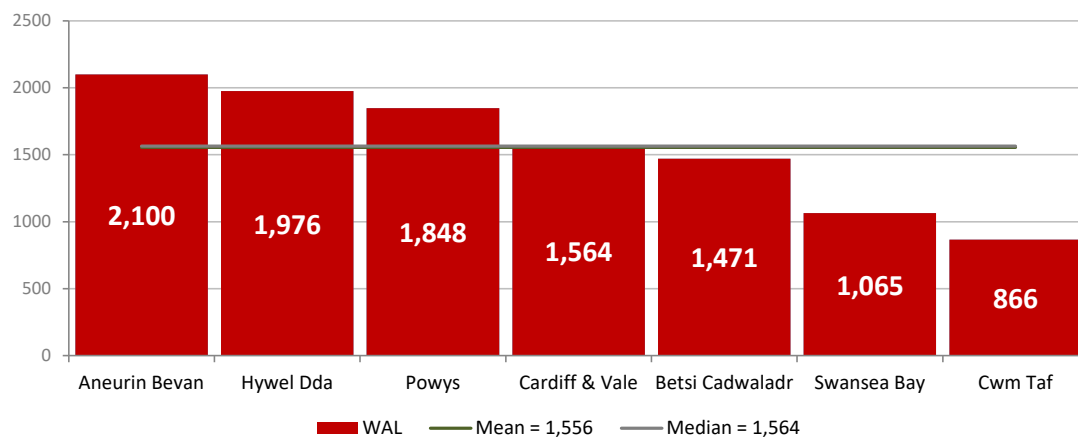
Community based support

Community caseloads

Total community caseload per 100,000 resident population at 31st March 2021



Total community caseload per 100,000 resident population at 31st March 2021



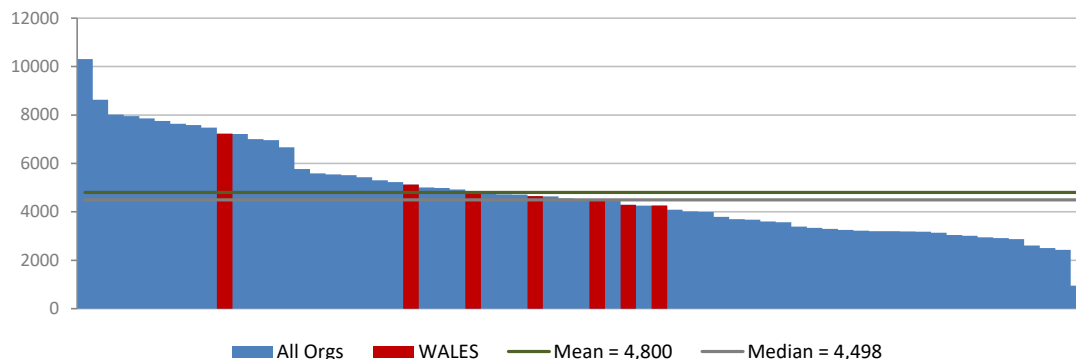
Community based care is the most frequently accessed NHS specialist mental health service, serving over 800,000 people across the UK at 31st March 2021. The two key measures of community capacity are caseload and contacts.

Wales reports fewer people on community caseloads than elsewhere in the UK, at 1,556 per 100,000 population against a UK average position of 1,700. These figures are a snap-shot of those in contact with services on a specific date.

The median position for Wales of 1,564 on caseload per 100,000 population is more comparable with the UK median and adjusts for the low caseloads reported by Cwm Taf Morgannwg UHB.

Community referrals

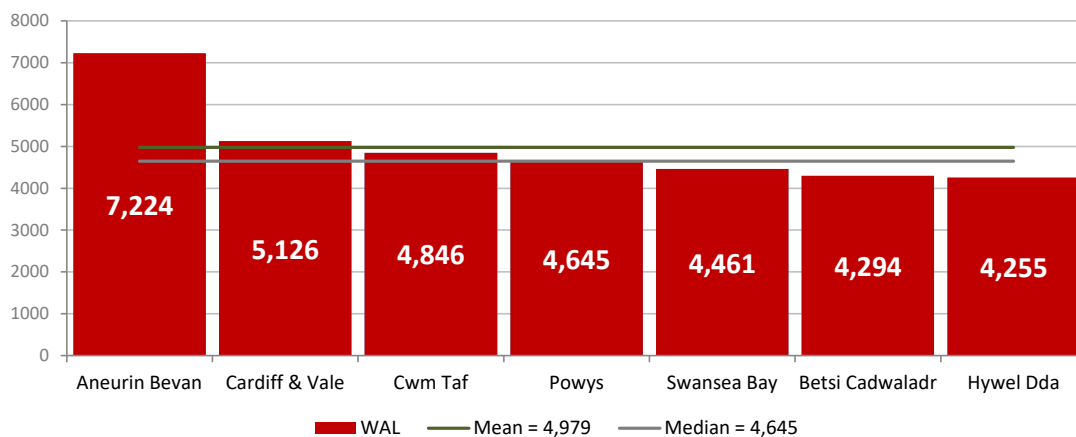
Total community referrals received during 2020/21 per 100,000 resident population



Referrals to community caseloads are higher in Wales than the rest of the UK. There were an average of 4,979 referrals received per 100,000 population during 2020/21 in Wales compared to 4,800 elsewhere in the UK.

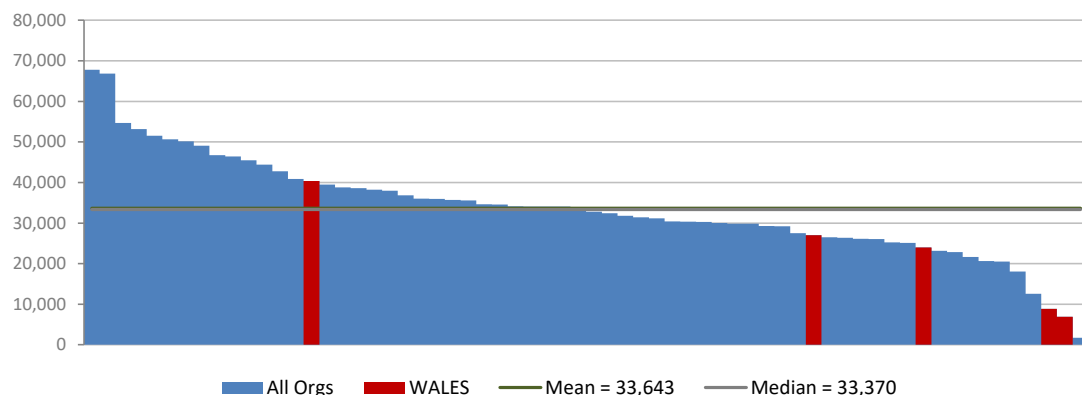
Three Health Boards had higher than the UK average for referrals received: Aneurin Bevan, Cardiff and Vale and Cwm Taf.

Total community referrals received during 2020/21 per 100,000 resident population



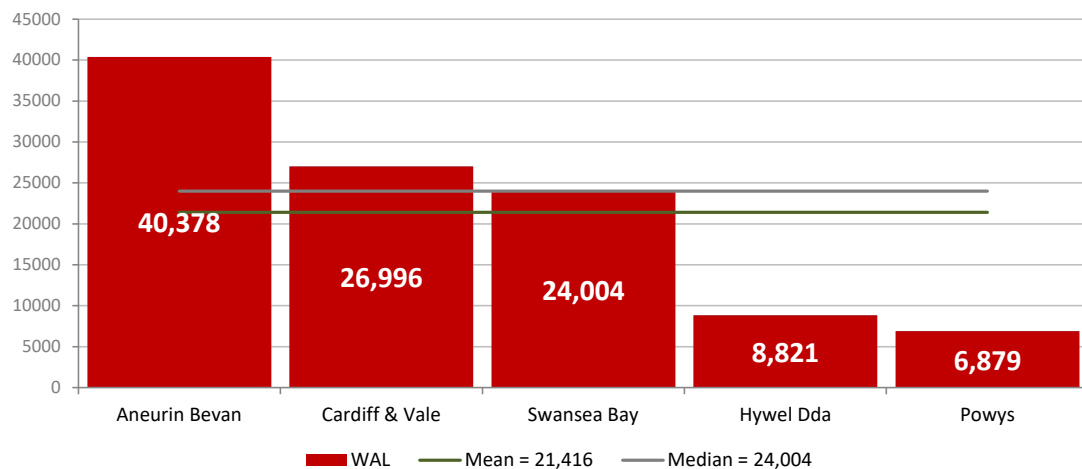
Community contacts

Total community contacts per 100,000 resident population



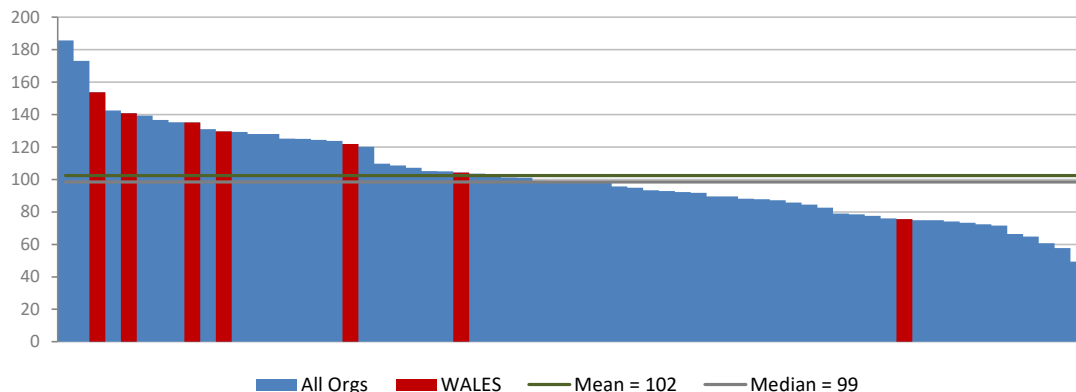
Contacts is a measure of the number of face to face and non face to face contacts delivered by a community team to patients on their caseload, and to those who are being assessed. Five Health Boards provided this data. Contact rates are lower than the UK average, at 21,416 per 100,000 population compared to 33,643 elsewhere in the UK.

Total community contacts per 100,000 resident population



Community workforce

Community total WTE per 100,000 resident population (age 16+)



Most people in contact with specialist mental health services receive their support in the community. Wales reports a strong community workforce, with 123 WTE per 100,000 population, compared to 102 across the wider UK. Only one Health Board (Betsi Cadwaladr UHB) falls below the UK average position.

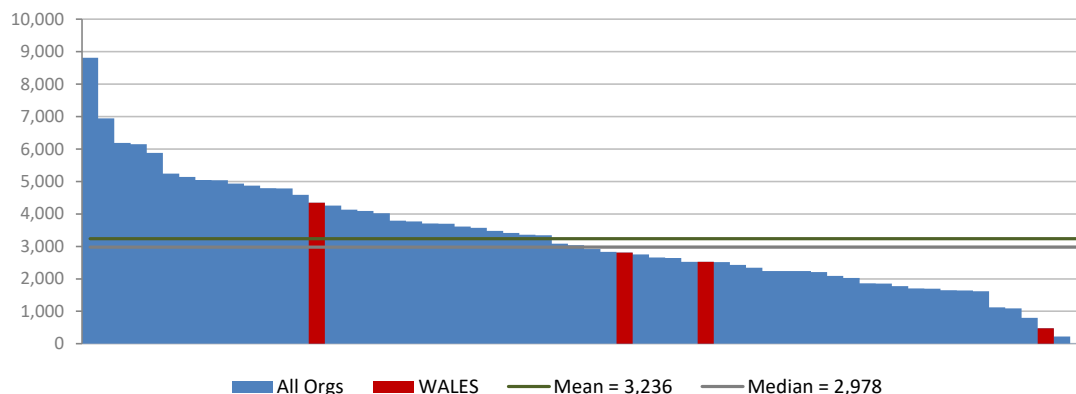
Community total WTE per 100,000 resident population (age 16+)



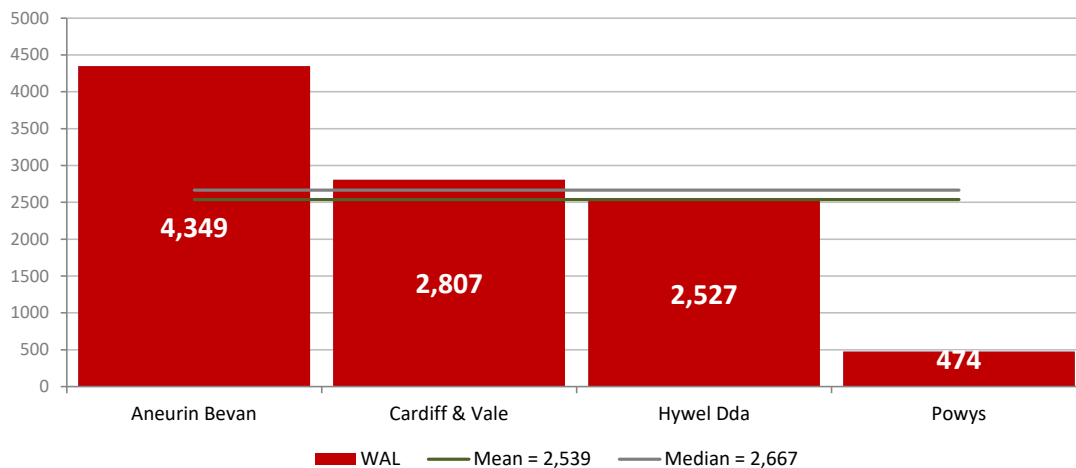
Crisis and Liaison

Crisis team contacts

CRHT face to face contacts per 100,000 resident population



CRHT face to face contacts per 100,000 resident population

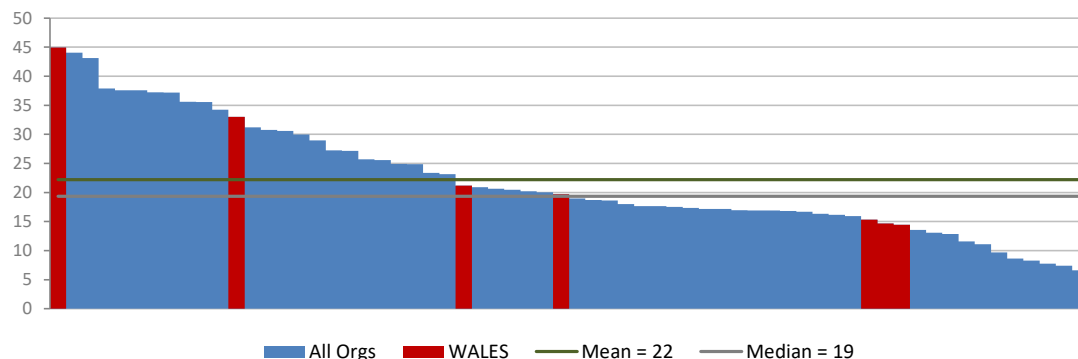


Crisis Resolution and Home Treatment (CRHTs) provide vital support to patients experiencing a crisis. Data from Welsh Health Boards is reduced with four providers reporting face to face contacts compared to six providers in 2019/20, impacting on average rates compared to the UK population. Face to face contacts for community services generally reduced in 2020/21 and the data reported shows a reduction in contacts at the Health Boards.

Access to support from CRHT services appears to be highest in Aneurin Bevan UHB where 4,349 face to face contacts per 100,000 population were delivered in 2020/21. This position of high intensity and widely available CRHT support in ABUHB aligns well with the Boards low reliance on inpatient beds and short length of stay for acute admissions.

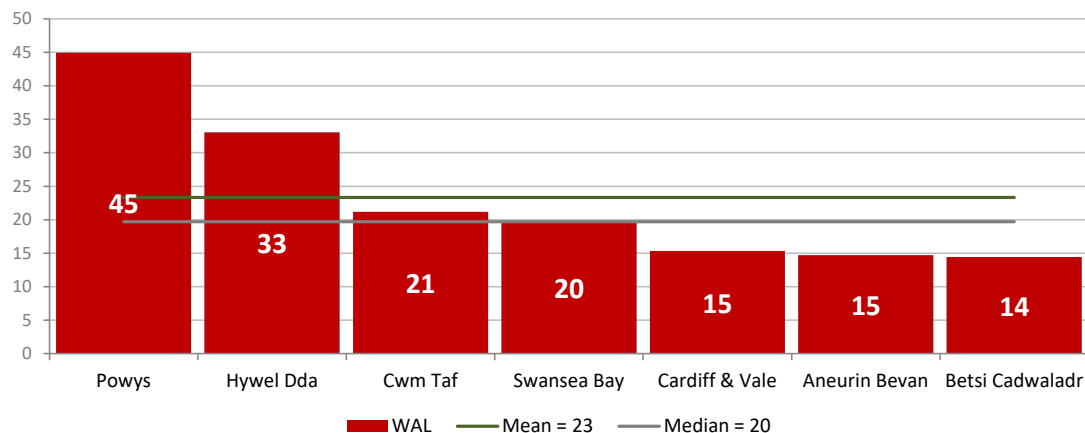
Crisis team workforce

Total staff working in CRHT teams per 100,000 resident population at 31st March 2021



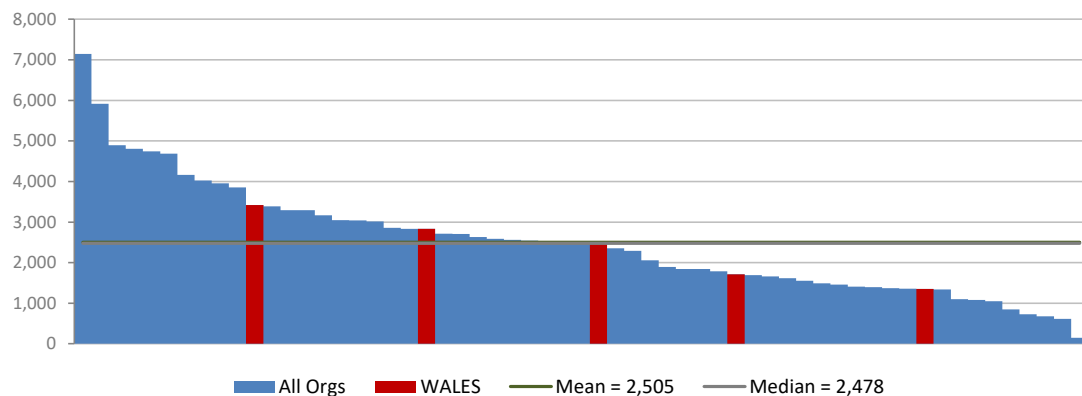
There have also been increases in the size of the workforce in both CRHT teams and psychiatric liaison settings. Across the UK there are now 22 WTE working in CRHT teams per 100,000 population, but this figure rises to 23 WTE per 100,000 population in Wales.

Total staff working in CRHT teams per 100,000 resident population at 31st March 2021



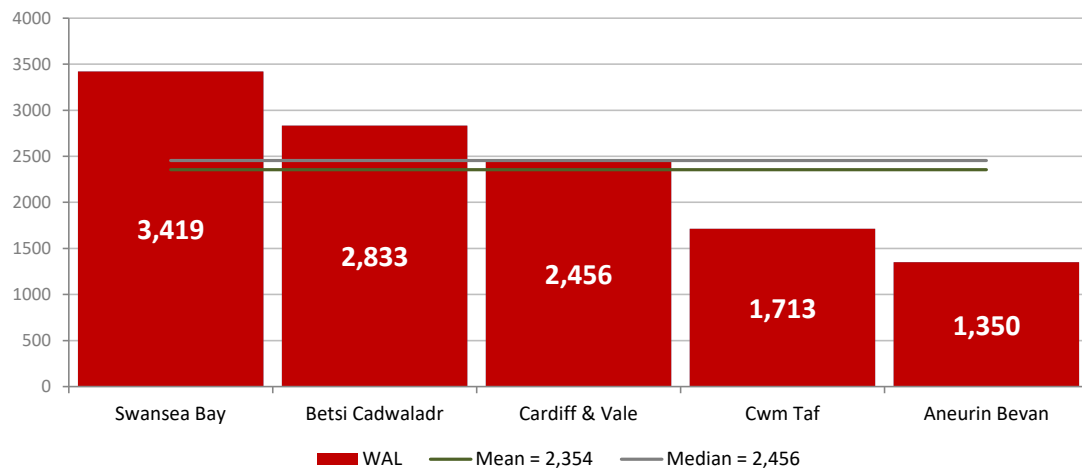
Psychiatric Liaison

Psychiatric Liaison contacts per 100,000 resident population



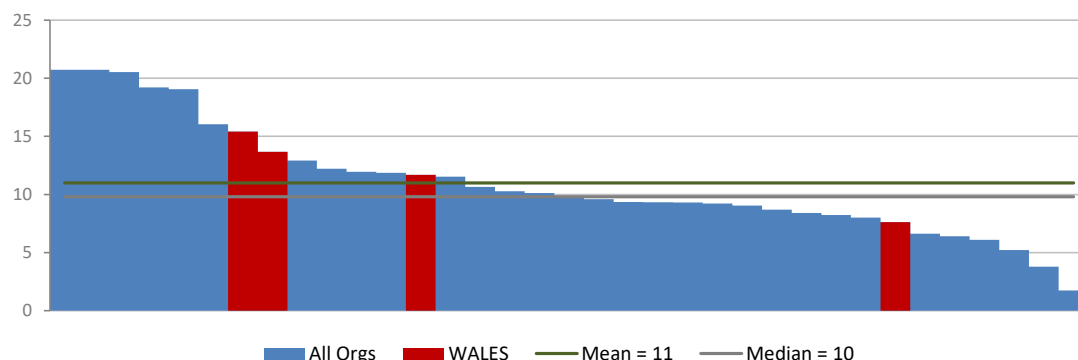
Psychiatric liaison contacts in Wales were below the rate in the wider UK, at 2,354 per 100,000 population in Wales (compared to 2,505 UK-wide).

Psychiatric Liaison contacts per 100,000 resident population



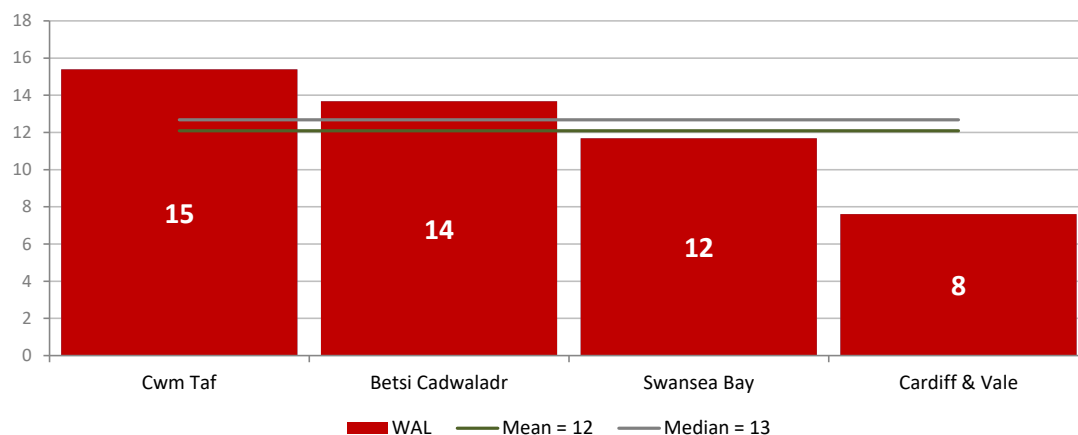
Psychiatric Liaison workforce

Total staff working in psychiatric liaison per 100,000 resident population at 31st March 2021



The psychiatric liaison workforce in Wales is slightly larger than in the rest of the UK with 12 WTE per 100,000 population, compared to 11 WTE per 100,000 population elsewhere.

Total staff working in psychiatric liaison per 100,000 resident population at 31st March 2021



Conclusions

- We would like to express our thanks to all Health Boards in Wales for their contributions to the 2021 mental health benchmarking process during what continues to be a challenging year for the NHS. The depth and breadth of the data provided allows us to generate confident comparisons, and the 10-year benchmarking history allows overall trends in service demand and provision to be explored in Wales and across the wider UK.
- The impact of Covid-19 is evident in some of the 2020/21 benchmarking data with the recovery of services from the initial disruption. In inpatient services there is clear evidence of a reduction in length of stay and bed occupancy.
- This year's project saw changes in some of the trends seen for acute inpatient care over recent years, with bed occupancy rates falling, along with average lengths of stays for adult and older adult acute bed types. Admission rates to adult acute and older adult acute services continue to be higher in Wales than in rest of the UK. The proportion of adult acute admissions that were for detained under the mental health act continued to increase and this year rose above 50% for the first time, meaning over half of all adult acute admissions in the UK were detained. The make up of Welsh adult acute admissions is substantially different, with on average only 25% of admissions during the year being for patients detained at the point of admission. Of the four areas with lowest detentions across the UK, two of these are in Wales. Monthly Covid reports produced by the Network highlight the acceleration in detention levels from April 2020 onwards.
- Bed occupancy rates fell across most inpatient bed types, although it remains high, with only Mother and Baby (60%), Eating disorders (69%), Longer term complex / continuing care (75%) and older adult acute (78%) beds averaging below the 85% target recommended by RCPsych.
- Most service users receive their mental health care in the community. Overall, Welsh Health Boards report lower caseload levels than elsewhere in the UK. It should be noted that the definition of a patient being on a caseload was altered for the 2020/21 data collection after consultation with the Mental Health Reference Group. The definition was amended to 'patients who have had two or more clinical contact appointments as part of the episode of care'.

Conclusions (cont'd)

- The incident metrics data continues to show a commitment to transparency in reporting adverse incidents. Increases were recorded in both restraint and prone restraint in adult acute settings. Use of restrictive practices is notably lower in Wales, with an average of 806 uses of restraint per 100,000 occupied bed days in adult acute services. This is roughly half the rate of restraint reported elsewhere in the UK which average 1,601 incidents per 100,000 occupied bed days. Prone restraint rates also illustrate a positive position for Wales, with a rate of 129 per 100,000 occupied bed days which is just less than a half of the average rate seen elsewhere in the UK. None of the Welsh Health Boards report above average use of prone restraint.
- This year's benchmarking collection explored BAME and gender equalities in mental health services for the second time. This year's benchmarking collection explored Black and Minority Ethnic (BAME) and gender equalities in mental health services for the second time. UK wide data collected as part of the wider mental health benchmarking project confirmed over-representation of BAME groups in both the admissions to mental health beds and admissions under detention in 2020/21. For Wales, BAME reporting is included in this report for the first time. However, the data is not consistently recorded, with a high level of 'unknown' responses. It is important that Health Boards explore their position for this metric in relation to the ethnicity of their catchment area and use this data to appropriately advance mental health equalities in future.
- We hope that this year's benchmarking process has been rewarding for members and has provided useful intelligence for local assurance and strategy development. The Covid-19 Monthly Tracker for Mental Health, Learning Disability and Autism will continue through the rest of 2021/22, to support members understand the impact of the Covid-19 pandemic on mental health services across the UK.
- Further comments or questions on any aspect of this report should be addressed to either Stephen Watkins (s.watkins@nhs.net) or Janet Heaton (j.heaton3@nhs.net).