



| | |
|---|--|
| Meeting of East Renfrewshire Health and Social Care Partnership | Performance and Audit Committee |
| Held on | 20 March 2019 |
| Agenda Item | 6 |
| Title | Performance Report – Specialist Learning Disability Service |
| <p>Summary</p> <p>This report provides an overview of the key performance issues for the Learning Disability In-patient Service, and in particular the admission and discharge activity throughout 2018.</p> <p>This is the third full year performance report. The report outlines the activity throughout the year and highlights particular challenges relating to patient flow / delayed discharge and waiting times. These are all subject to continuous governance and are being reported to all IJB's involved. The service is subject to redesign, with a particular focus on the responses to people who exhibit challenging behaviour and are at risk of placement breakdown and can become inappropriately delayed in hospital. This is a Board wide piece of work designed to focus equally on community and inpatient interventions</p> | |
| Presented by | Tom Kelly, General Manager Specialist Learning Disability Service |
| <p>Action Required</p> <p>Members of the Performance and Audit Committee are asked to note and comment on the report.</p> | |

BLANK PAGE

**PERFORMANCE REPORT
SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES**

January 2019

Tom Kelly, General Manager Specialist Learning Disability Services

1. PURPOSE

The purpose of this paper is to provide data on the performance of Specialist Learning Disability In Patient Services with a particular focus on Admission and Discharge activity throughout 2018.

This is the second full year report following the development of a set of Key Performance indicators. The senior management team recognise in going forward that the indicators will evolve to ensure data which is useful is captured. Our aim here is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

2. BACKGROUND

This report focuses on activity relating to our Assessment and Treatment Services (Blythwood House and Claythorn House) which has 27 beds across the two sites. The service is available to people with a learning disability residing in 9 Health and Social Care Partnerships, 6 of which are within the NHS GGC boundary and 3 which are provided via service level agreements in areas outwith NHS GGC.

The data in this report is collected from our bed management system and EDISON/TrakCare. There are some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in this report.

3. KEY MESSAGES

- Beds are largely occupied by people who were admitted due to challenging behaviour. Of these patients, the majority have been occupying a bed in excess of a year and are likely to have lost their community placement.
- People are more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.
- Placement breakdown is common and impacts significantly on ability to achieve timely discharge.
- More than half of all beds are occupied by delayed discharges, with the majority of patients having no discharge plans in place.

4. REPORT

Overview of Activity in 2018

- In total 23 people were referred, of the referrals, 13 were admitted directly to the service. (NB – The admissions do not include transfers from Mental Health & Acute services)
- 16 patients were discharged in 2018
- Bed occupancy was 100% with a waiting list throughout 2018

Chart 1 gives a breakdown of activity by area. It should be noted that each year less people who are admitted are discharged and therefore the service ‘gathers’ people, this is further illustrated later in the report.

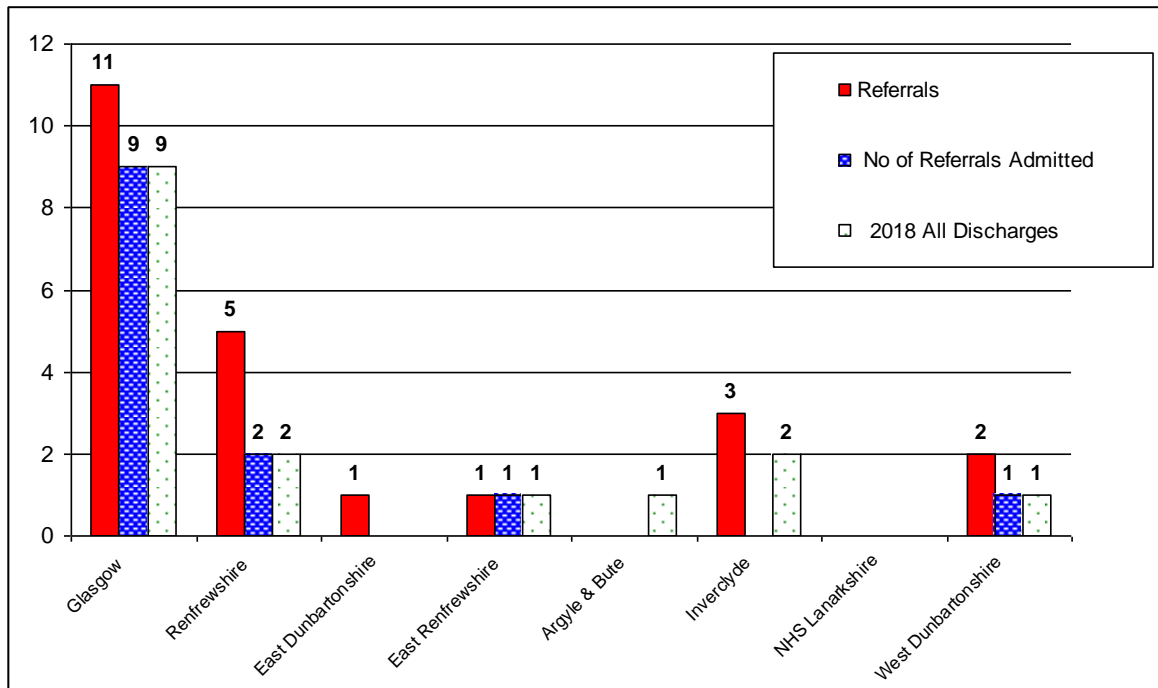


Chart 1 – Referral, admission & discharge rates by area.

Referrals to service

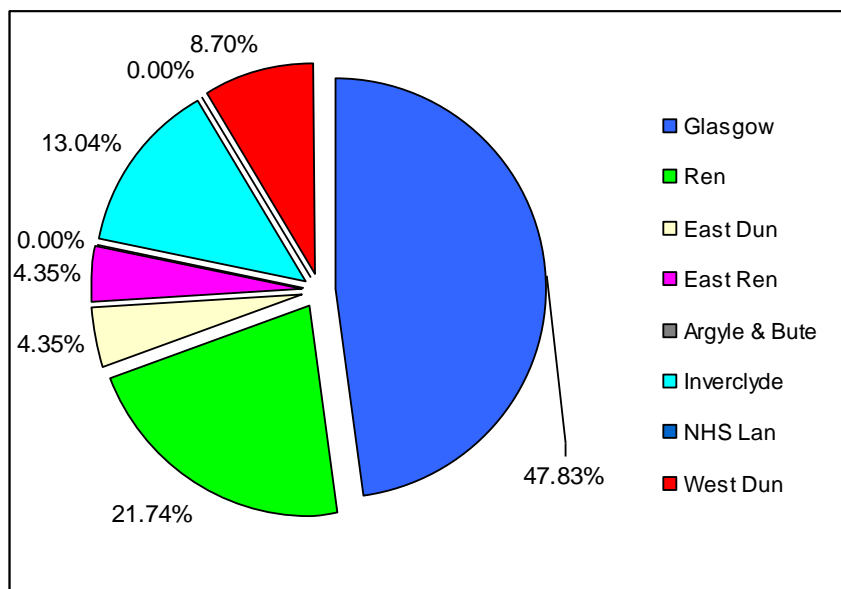


Chart 2- Percentage

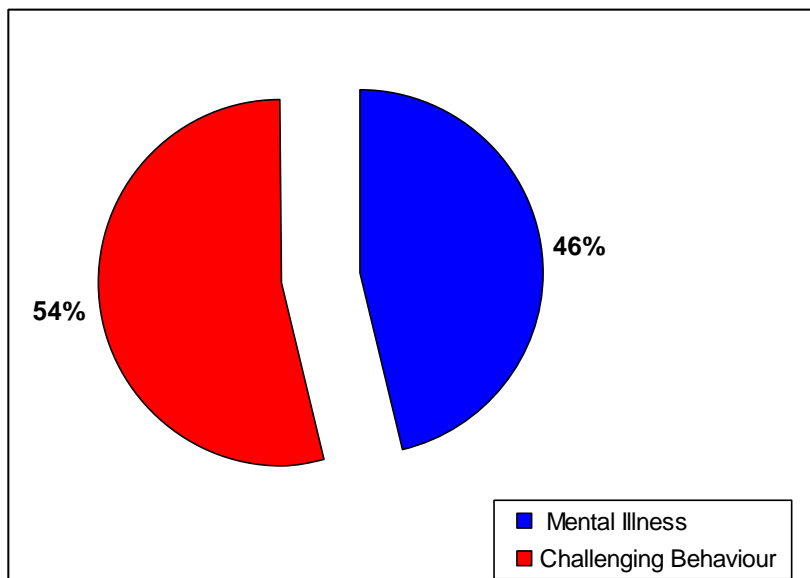
Referrals by Area

This illustrates the referrals to the service by area. Proportionally referral and admission rates are likely to be within expected levels for each area. However this year, in both Inverclyde and West Dunbartonshire there has been more than expected for the period. 10 of the referrals received were not admitted. Of these 10, 4 people remain on the waiting list, 3 of which are currently awaiting transfer from General Adult Mental Health Services. 1 individual is still residing within their current placement awaiting transfer to SLDS Inpatient services. 6 individuals were removed from the waiting list as admission was no longer required.

Reason for Admission, why are people admitted to the service?

- 46% of admissions in 2018 were due to mental illness
- 54% were due to Challenging behaviour
- 46% of people either lost their placement prior to or on/during admission

Chart 3 - Reason for Admission



The table below gives the primary reason for admission by area and number of placement breakdowns either prior to or at point of admission.

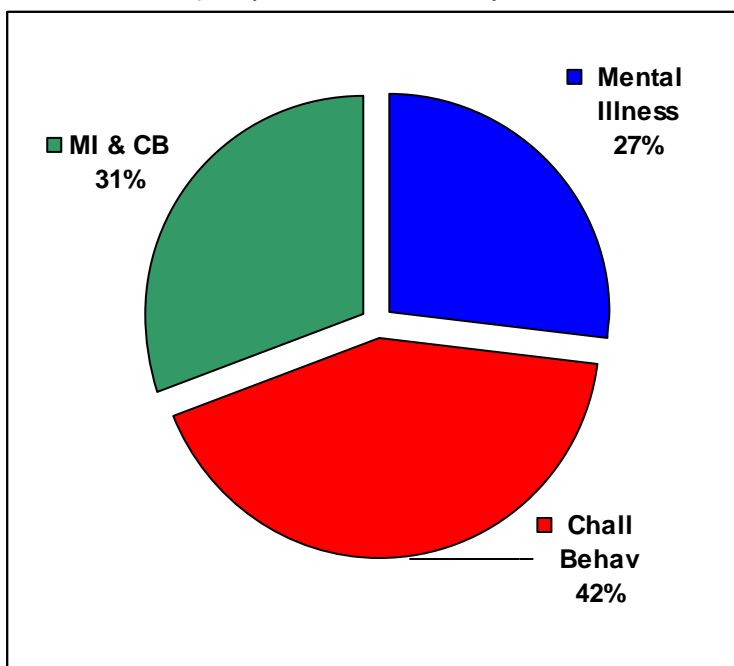
| | No of Referrals Admitted | Mental Illness | Challenging Behaviour | MI & CB | Resulting in Placement Breakdown |
|----------------------------|--------------------------|----------------|-----------------------|----------|----------------------------------|
| Glasgow | 9 | 4 | 5 | | 4 |
| Renfrewshire | 2 | 1 | 1 | | 1 |
| East Dunbartonshire | 0 | | | | |
| East Renfrewshire | 1 | 1 | | | |
| Argyle & Bute | 0 | | | | |
| Inverclyde | 0 | | | | |
| NHS Lanarkshire | 0 | | | | |
| West Dunbartonshire | 1 | | 1 | | 1 |
| | 13 | 6 | 7 | 0 | 6 |

Bed Occupancy as at 31st December 2018

- 27% of people who remained in beds at 31st December 2018 were admitted because of Mental Illness
- 42% who remained were originally admitted because of challenging behaviour
- 62% of the patient population at 31st December 2018 had experienced a breakdown of their placement

The table below shows the reasons for admission of the 26 patients occupying beds on the 31 December 2018 by area. As this is a census position it does not relate directly to the patient population in section 3 above, since a number of patients admitted prior to 2018 were in beds as at 31st December 2018 and some patients admitted in 2018 have been discharged. One patient from NHS Lanarkshire occupies 2 beds.

Chart 4 Bed Occupancy on 31st December by reason for admission

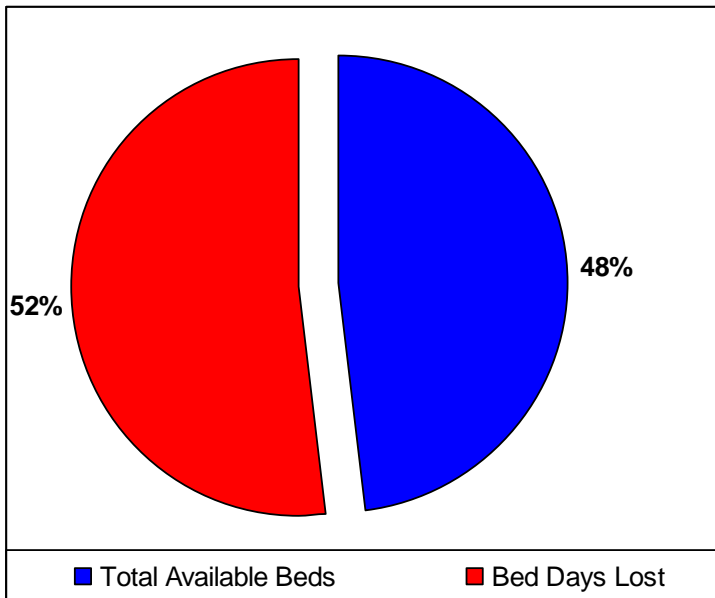


| | Beds Occupied Dec 2018 | Mental Illness | Challenging Behaviour | MI & CB | Resulting in Placement Breakdown |
|---------------------|------------------------|----------------|-----------------------|----------|----------------------------------|
| Glasgow | 19 | 6 | 6 | 7 | 12 |
| Renfrewshire | 4 | 1 | 3 | | 2 |
| East Dunbartonshire | 0 | | | | |
| East Renfrewshire | 0 | | | | |
| Argyle & Bute | 0 | | | | |
| Inverclyde | 0 | | | | |
| NHS Lanarkshire | 2 | | | 2 | 1 |
| West Dunbartonshire | 1 | | 1 | | 1 |
| | 26 | 7 | 10 | 9 | 16 |

Bed Days Lost 2018

- Of 9490 bed days 4956 days are lost due to delayed discharge (52%)
- Delayed discharge rates have fluctuated throughout the year to a similar position as last year
- Glasgow, Renfrewshire and Lanarkshire all have delayed discharges

Chart 5 Bed Days Lost to Delayed Discharge as proportion of total bed days



Length of Stay/Delayed Discharges

This table illustrates the lengths of stay and the numbers of people classified as delayed discharge on TrakCare on 31st December 2018. From this it can be seen that:

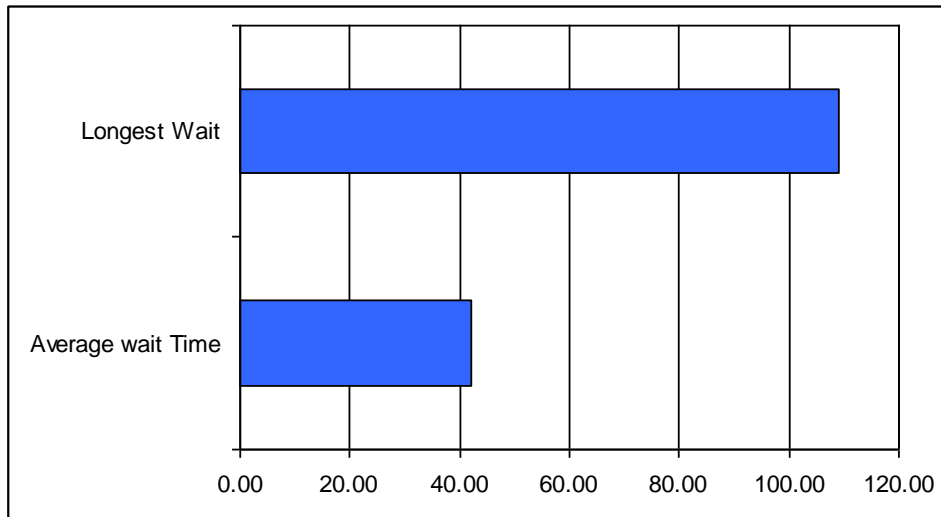
- 58% of Glasgow, 75% of Renfrewshire and 100% of Lanarkshire patients on 31st December 2018 were classified as delayed discharge.
- 73% of Glasgow, 67% of Renfrewshire and 50% of Lanarkshire patients who are ready for discharge did not have established discharge plans in place.

| | Patients at 31st December 2018 | Longest Length of Stay (Days) | Shortest Stay (days) | Of which have established discharge plan | Of which do not have established discharge plan | Delayed Discharges | Bed Days lost Delayed Discharges during 2018 |
|---------------------|--------------------------------|-------------------------------|----------------------|--|---|--------------------|--|
| Glasgow | 19 | 3441 | 28 | 3 | 16 | 11 | 3252 |
| Renfrewshire | 4 | 2415 | 288 | 2 | 2 | 3 | 974 |
| East Dunbartonshire | 0 | | | | | | N/A |
| East Renfrewshire | 0 | | | | | | N/A |
| Argyle & Bute | 0 | | | | | | N/A |
| Inverclyde | 0 | | | | 0 | | N/A |
| NHS Lanarkshire | 2 | 2358 | 1639 | 1 | 1 | 2 | 730 |
| West Dunbartonshire | 1 | 22 | | | 1 | | N/A |
| | 26 | 8236 | 1955 | 6 | 20 | 16 | 4956 |

Waiting Times of 13 Admitted

- Average waiting time for admission is 42 days
- The longest wait was 109 days (over 15 weeks)
- Waiting times are a result of slow turnover and excessive lengths of stay
- The length of time people had to wait for admission is excessive compared to other mental health services and outwith the HEAT Target of 12 weeks

Waiting Times (2018) – Days



- 82% of Glasgow referrals were admitted
- 40% of Renfrewshire patients were admitted
- 100 % of East Renfrewshire referrals were admitted
- None of Inverclyde referrals were admitted
- 50 % West Dunbartonshire referrals were admitted

| | Referrals Not Admitted | Removed not Requiring Admission | Still on Waiting List |
|----------------------------|------------------------|---------------------------------|-----------------------|
| Glasgow | 2 | 2 | |
| Renfrewshire | 3 | 1 | 2 |
| East Dunbartonshire | 1 | 1 | |
| East Renfrewshire | | | |
| Argyle & Bute | | | |
| Inverclyde | 3 | 1 | 2 |
| NHS Lanarkshire | | | |
| West Dunbartonshire | 1 | 1 | |
| | 10 | 6 | 4 |

As a result of continuous 100% occupancy, the service is often unable to admit a number of people requiring assessment & treatment as detailed above. These people are either waiting to transfer from a mental health bed or waiting in the community. A further group of people are removed from the waiting list as admission was no longer required or an alternative has been established.

Summary and Actions

- Glasgow is currently reviewing all patients within assessment and treatment to explore future commissioning requirements. This is being done alongside resettlement plans for longer stay patients not featured in this performance report. Glasgow has reported that they intend to discharge 10 patients in April/May 2019.
- Renfrewshire are exploring commissioning options with an aspiration to develop suitable services locally.
- As a result many people who are delayed in hospital do not have a clear and tangible plan about their future care arrangements. This has been more present in 2018 than previous years.
- Delayed discharge rates have increased from the reported figure in the Mental Welfare Commission report 'No through Road' January 2016. This is to be a focus of MWC work in 2019.
- Future redesign of the service is dependent on excessive delays being addressed in order to effectively understand what the future in patient bed requirements are.
- Effective use of systems which ensure visibility of the excessive lengths of stay are essential. Edison has now changed to TrakCare.
- Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.
- There is a fundamental human rights issue for the people who find themselves living in hospital settings for prolonged periods often with no plan for discharge. There are further negative implications for families and carers.
- There is a requirement to improve the length of time people wait to be admitted / receive treatment; this can only be improved by addressing the issue of slow turnover.

BLANK PAGE