



Meeting of East Renfrewshire Integration Joint Board	Performance and Audit Committee
Held on	4 April 2018
Agenda Item	9
Title	Specialist Learning Disability Inpatient Services Performance Report
<p>Summary</p> <p>This paper provides an update on the Specialist Learning Disability In Patient Services performance, with a particular focus on admission and discharge activity throughout 2017.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note the report.</p>	

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**PERFORMANCE AND AUDIT COMMITTEE****4 APRIL 2018****Report by Julie Murray, Chief Officer****SPECIALIST LEARNING DISABILITY INPATIENT SERVICES**
PERFORMANCE REPORT**PURPOSE OF REPORT**

1. 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 2017.
2. There had not previously been a standard reporting mechanism on the range of key performance issues for the service. To address this, a set of Key performance indicators have been developed. This is the second full year report. The senior management team recognise going forward the indicators will require to evolve to ensure they capture data which is useful. Our aim here is to ensure visibility of the key issues for patients and highlight areas for improvement.

RECOMMENDATION

3. Performance and Audit Committee members are asked to note the report.

BACKGROUND

4. This report focuses on activity relating to our Assessment and Treatment Services (Blythwood House and Claythorn House) which have 27 beds across the two sites. The service is available to people with 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.
5. The data in this report is collected from our bed management system and EDISON, there are some limitations in the data given that this is the first year of collation and previous year's activity, namely patients admitted in the previous years but not yet discharged are included in this report.

Key Messages

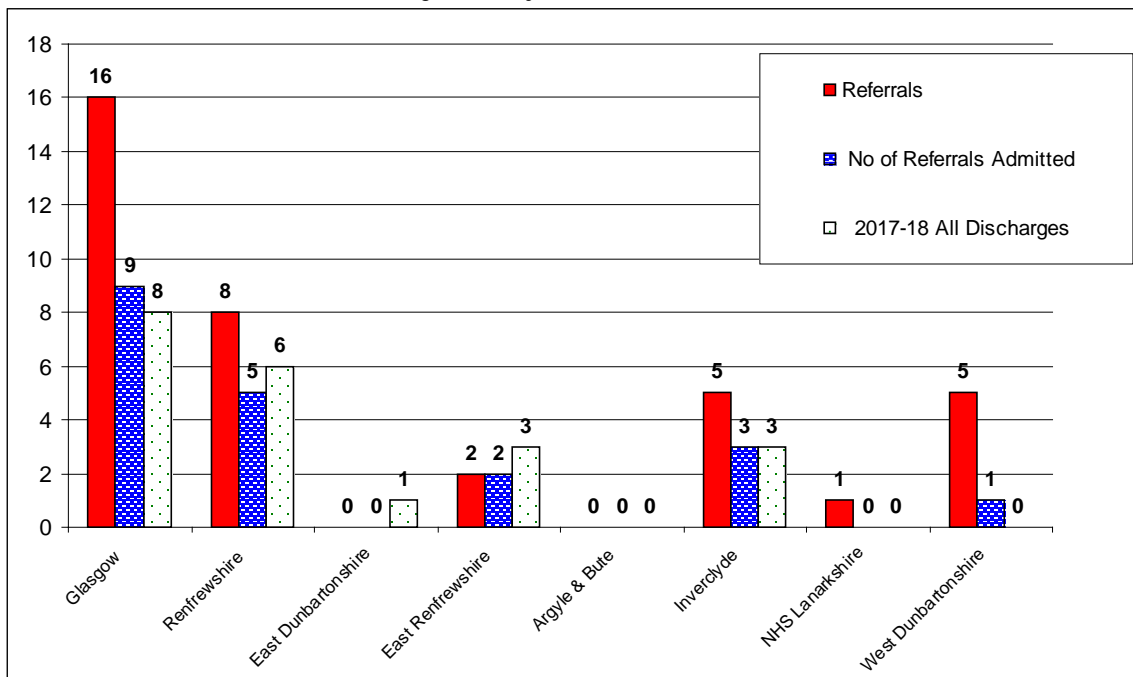
6. Beds are largely occupied by people who were admitted due to challenging behaviour, of which the majority have been occupying a bed in excess of a year and are likely to have lost their community placement.
 - People are more likely to be discharged within a reasonable timescale if their primary reason 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.

REPORT

Overview of Activity in 2017

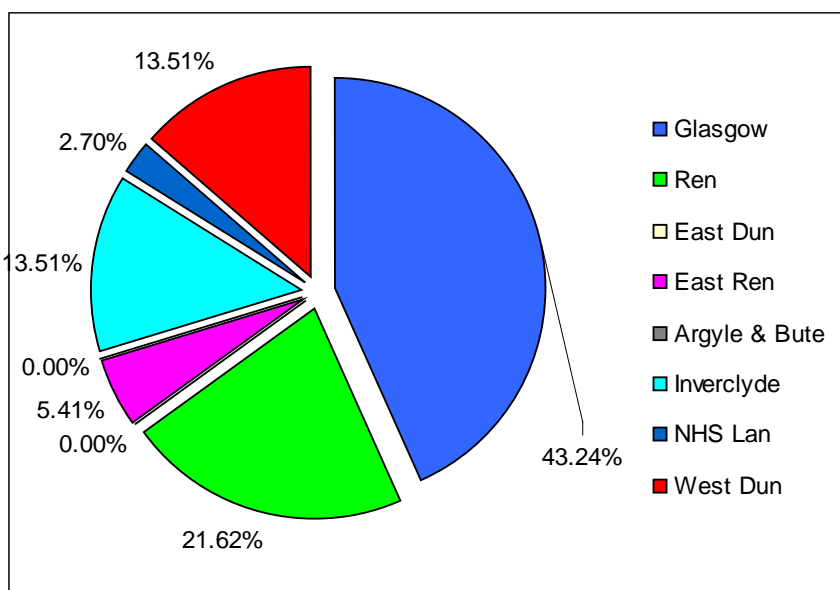
7. In total 37 people were referred, 20 admitted and 21 discharged in the same year.
8. Bed occupancy was 100% with a waiting list throughout 2017.
9. Chart 1 gives a breakdown of activity by area. It should be noted that each year less people who are admitted are discharged and therefore the service 'gathers' people, this is further illustrated later in the report.

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



Referrals to service

Chart 2- Percentage



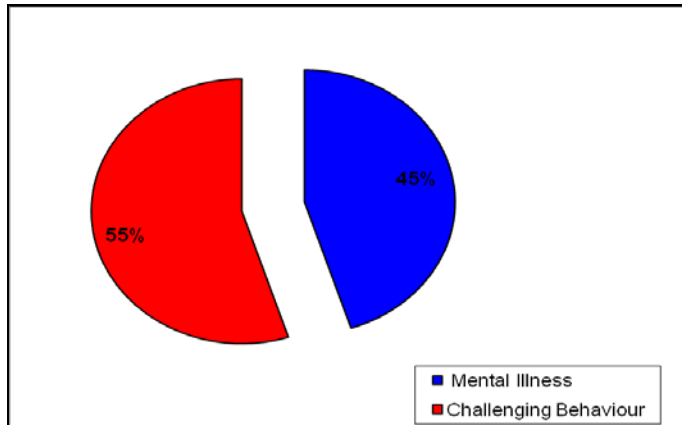
Referrals by Area

10. 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, Inverclyde and West Dunbartonshire have been more than expected for the period. 16 of the referrals received were not admitted. 9 of these individuals were admitted and discharged from General Adult Mental Health Services with 1 still 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?

- 45% of admissions in 2017 were due to mental illness
- 55% were due to Challenging behaviour.
- 45% of people either lost their placement prior to or on/during admission

Chart 3 - Reason for Admission



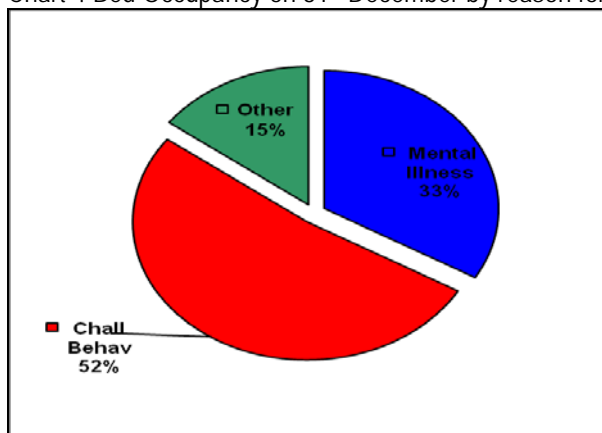
11. The table below gives the primary reason for admission by area and number of placement breakdowns either prior to or at point of admission.

	No of Referrals Admitted	Mental Illness	Challenging Behaviour	Other	Resulting in Placement Breakdown
Glasgow	9	3	5	0	5
Renfrewshire	5	4	1	0	1
East Dunbartonshire	0	0	0	0	0
East Renfrewshire	2	1	1	0	0
Argyle & Bute	0	0	0	0	0
Inverclyde	3	1	2	0	2
NHS Lanarkshire	0	0	0	0	0
West Dunbartonshire	1	0	1	0	1
	20	9	11	0	9

Bed Occupancy

- 33% of people who remained in beds at 31st December 2017 were admitted because of Mental Illness
 - 52% who remained were originally admitted because of challenging behaviour.
 - 74% of the patient population at 31st December 2017 had experienced a breakdown of their placement
12. The tables below give reasons for admission of the 26 patients occupying beds on the 31 December 2017, 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 to prior to 2016 were in beds as at 31st December 2017 and some patients admitted in 2016 had been discharged. One patient from NHS Lanarkshire occupies 2 beds.

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

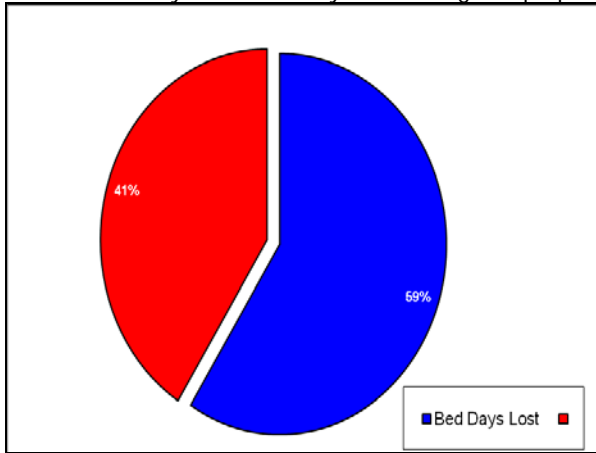


	Beds Occupied Dec 2017	Mental Illness	Challenging Behaviour	Other	Resulting in Placement Breakdown
Glasgow	17	6	8	3	13
Renfrewshire	4	2	2	0	2
East Dunbartonshire	0	0	0	0	0
East Renfrewshire	0	0	0	0	0
Argyle & Bute	1	0	1	0	1
Inverclyde	2	0	2	0	2
NHS Lanarkshire	3	1	1	1	2
West Dunbartonshire	0	0	0	0	0
	27	9	14	4	20

Bed Days Lost

- Of 9724 bed days 5741 days are lost due to delayed discharge (59%)
- Delayed discharge rates have increased in 2017
- Glasgow, Renfrewshire, Argyle & Bute 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

13. This table illustrates the lengths of stay and the numbers of people classified as delayed discharge on EDISON on 31st December 2017. From this it can be seen that:

- 69% of Glasgow, 50% of Renfrewshire, 33% of Inverclyde and 100% of Lanarkshire patients on 31st December 2017 were classified as delayed discharge.
- 92% of Glasgow & 100% Renfrewshire patients who are ready for discharge did not have established discharge plans in place.
- 50% of Inverclyde had no discharge plan in place.
- 100% of Lanarkshire patients have no established discharge plan in place.

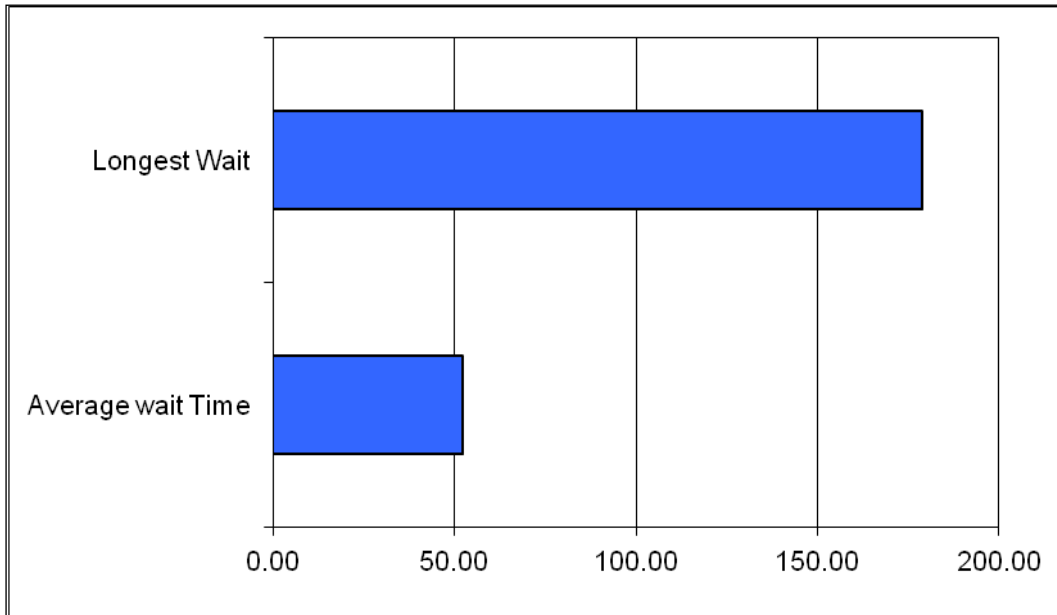
	Patients at 31.12.2017	Longest Length of Stay (Days)	Shortest Stay (days)	Of which have established discharge plan	Of which do not have established discharge plan	Delayed Discharges	Bed Days lost Delayed Discharges during 2017
Glasgow	17	3075	107	4	13	10	3497
Renfrewshire	4	2049	59	2	2	2	748
East Dunbartonshire	0	0	0	0	0	0	N/A
East Renfrewshire	0	0	0	0	0	0	N/A
Argyle & Bute	1	479	479	0	1	1	374
Inverclyde	2	1440	215	1	2	0	374
NHS Lanarkshire	2	1992	1273	0	2	2	748
West Dunbartonshire	0	0	0	0	0	0	N/A
	26			7	20	16	5741

Waiting Times

- Average waiting time for admission is 52 days
- The longest wait was 179 days (over 25 weeks)
- Waiting times are a result of slow turnover and excessive lengths of stay

14. Despite almost continuous 100% occupancy the service managed to admit the majority of people requiring assessment and treatment eventually.
15. 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 (2017) – Days



- 56% of Glasgow referrals were admitted.
- 63% of Renfrewshire Patients were admitted.
- 100% of East Renfrewshire referrals were admitted.
- 60% of Inverclyde referrals were admitted.
- 20 % West Dunbartonshire referrals were admitted.

16. Only 1 referral from Lanarkshire which resulted in no admission.
17. Where an admission did not occur this would have been due to the following reasons:
 - Admission was no longer required.
 - Admitted to general adult mental health bed and discharge following treatment.
 - Referral.

Summary and Actions

18. Glasgow are 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.
19. Renfrewshire are exploring commissioning options with an aspiration to develop suitable services locally.
20. Progress to identify / develop options for people is without timescale at this stage.
21. As a result many people who are delayed in hospital do not have a clear and tangible plan about their future care arrangements.

22. Delayed discharge rates have increased from the reported figure in the Mental Welfare Commission report 'No through Road' January 2016.
23. 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.
24. Effective use of systems which ensure visibility of the excessive lengths of stay are essential therefore the application of the Edison system has been a positive development for people, the service and HSCP partners.
25. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.
26. 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.
27. 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.

RECOMMENDATIONS

28. Performance and Audit Committee members are asked to note the report.

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February 2018

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