



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2017
Agenda Item	8
Title	Performance Report: Specialist Learning Disability In Patient Services
<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 2016.</p> <p>There has 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. 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.</p>	
Presented by	Tom Kelly, General Manager Specialist Learning Disability Services
<p>Action Required</p> <p>The Performance and Audit Committee are asked to note and comment on the report.</p>	

BLANK PAGE

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE & AUDIT COMMITTEE

29 March 2017

Report by Julie Murray, Chief Officer

PERFORMANCE REPORT: SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES

PURPOSE

The purpose of this paper is to provide data on the performance of Specialist Learning Disability in Patient Services particular focus on Admission and Discharge activity throughout 2016 (01.01.2016 – 22.12.2016).

There has 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. 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.

BACKGROUND

This report focuses on activity relating to our Assessment and Treatment Services (Blythswood House and Claythorn) 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.

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

- 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.
- Almost half of all beds are occupied by delayed discharges, with the majority of patients having no discharge plans in place.

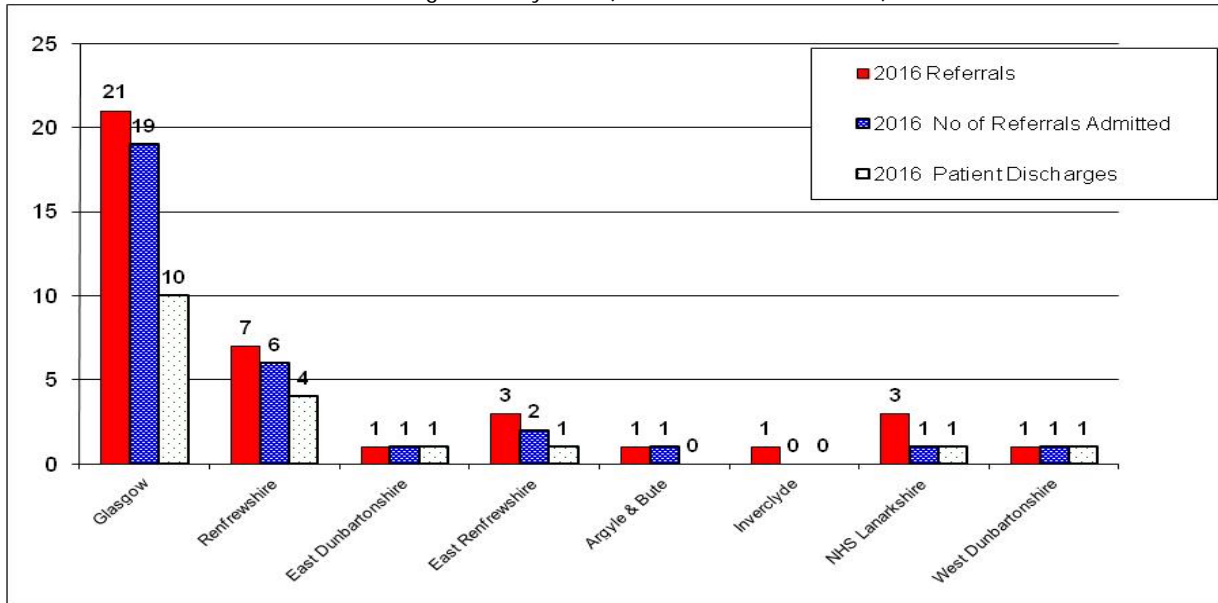
REPORT

Overview of Activity in 2016

- In total 38 people were referred, 31 admitted and 18 discharged in the same year.
- Bed occupancy was 100% with a waiting list throughout 2016

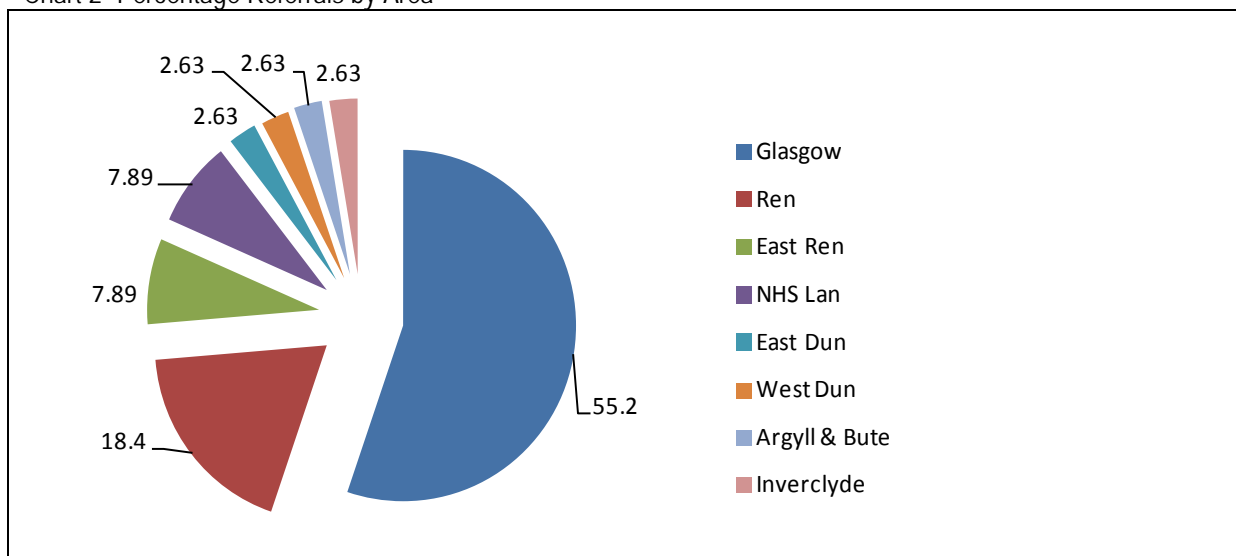
Chart 1 gives a breakdown of activity by area. It should be noted that each year less people who are admitted are discharged and therefore the service ‘gathers’ people, this is further illustrated later in the report.

Chart 1 – Referral, admission & discharge rates by area (01.01.2016 – 22.12.2016)



Referrals to service

Chart 2- Percentage Referrals by Area

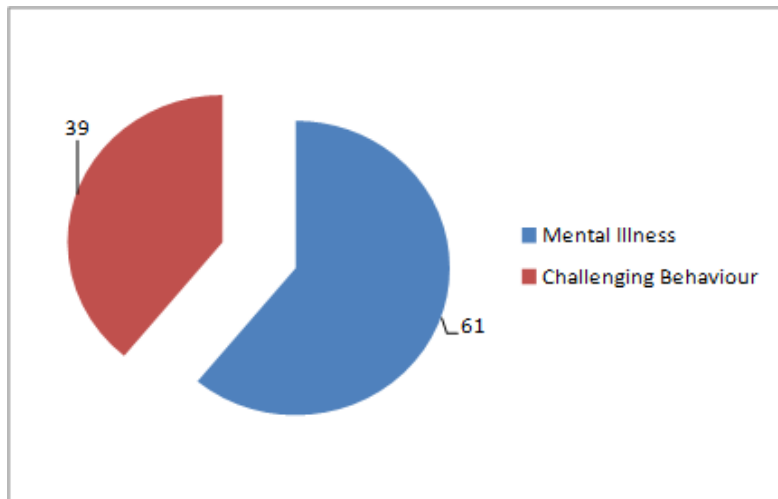


This illustrates the referrals to the service by area. Proportionally referral and admission rates are likely to be within expected levels for each area, with the exception of CAMGLEN area which is higher than expected. Despite the very low availability of beds at any one time the service has managed to admit the majority of people referred.

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

- 61% of admissions in 2016 were due to mental illness
- 39% were due to Challenging behaviour.
- 35% of people either lost their placement prior to or on/during admission

Chart 3 - Reason for Admission



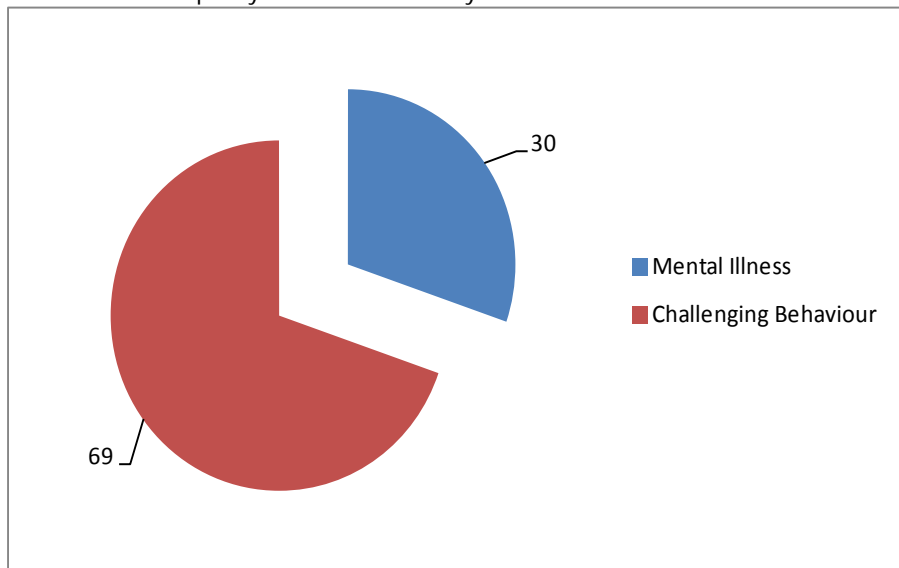
The table below gives the primary reason for admission by area and number of placement breakdowns either prior to or at point of admission.

Admissions by Area	2016 No of Referrals Admitted	Major Mental Illness	Challenging Behaviour	Other	Placement Breakdown
Glasgow	19	13	6	0	7
Renfrewshire	6	4	2	0	2
East Dunbartonshire	1	0	1	0	1
East Renfrewshire	2	0	2	0	0
Argyle & Bute	1	0	1	0	0
Inverclyde	0	0	0	0	0
NHS Lanarkshire	1	0	0	0	0
West Dunbartonshire	1	1	0	0	0
	31	19	12	0	10

Bed Occupancy

- 30% of people who remained in beds at census date were admitted because of Mental Illness
- 69% who remained were originally admitted because of challenging behaviour.
- 73% of the patient population at census date had experienced a breakdown of their placement

Chart 4 Bed Occupancy on 22 December by reason for admission



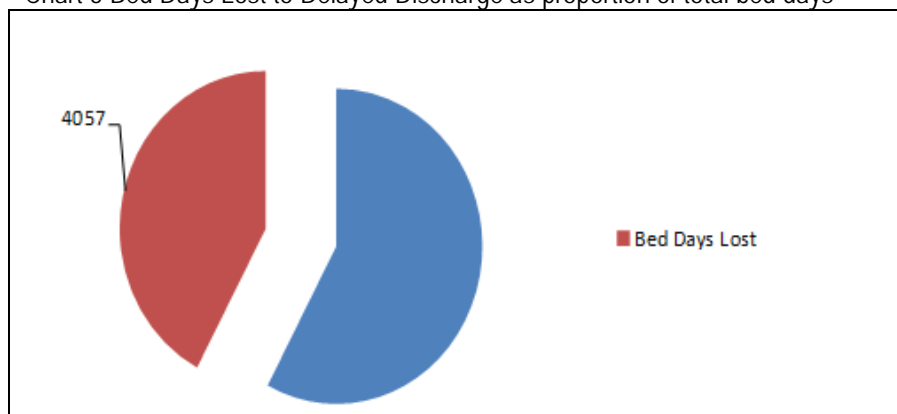
The table below gives reasons for admission of the 26 patients occupying beds on the 22 December 2016 broken down by area. As this is a census position it does not relate directly to the patient population in section 3 above, since a number of patients admitted to prior to 2016 were in beds at the time of the census and some patients admitted in 2106 had been discharged at the time of the census.

	Patients at Dec 2016	Major Mental Illness	Challenging Behaviour	Other	Resulting in Placement Breakdown
Glasgow	16	6	10	0	12
Renfrewshire	4	1	3	0	3
East Dunbartonshire	0	0	0	0	0
East Renfrewshire	1	0	1	0	0
Argyle & Bute	1	0	1	0	0
Inverclyde	2	1	1	0	2
NHS Lanarkshire	2	0	2	0	2
West Dunbartonshire	0	0	0	0	0
	26	8	18	0	19

Bed Days Lost

- Of 9612 bed days 4057 days are lost due to delayed discharge (42%)
- Delayed discharge rates have increased in 2016
- Glasgow, Renfrewshire and Lanarkshire are the only areas with delayed discharges

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



This table illustrates the lengths of stay and the numbers of people classified as delayed discharge on 22 December 2016. From this it can be seen that:

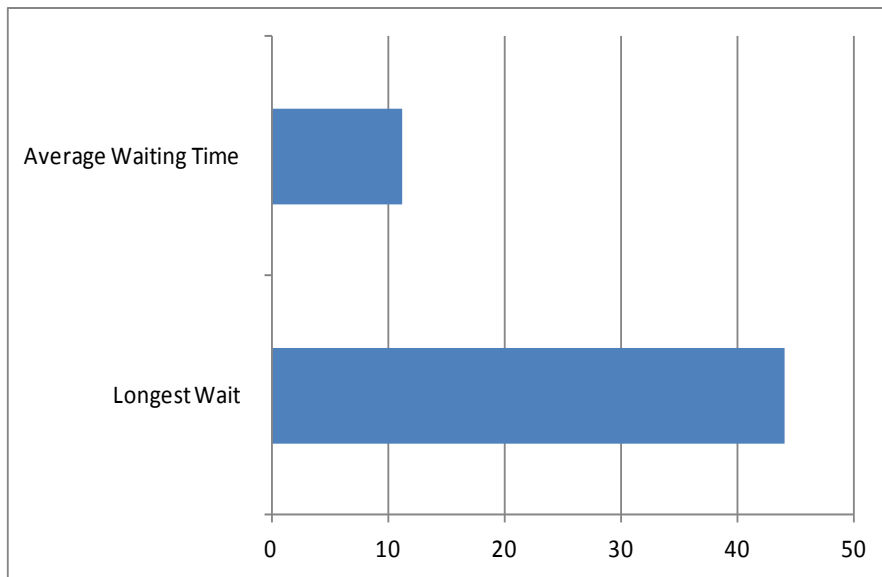
- 50% of Glasgow & Renfrewshire patients on the day of the audit were classified as delayed discharge.
- 75% of Glasgow & Renfrewshire patients who are ready for discharge did not have discharge plans in place.
- 100% of Lanarkshire patients were delayed and did not have discharge plans

	Patient* at 22 Dec 2016	Longest Length of Stay (days) Years	Shortest Length of Stay (days)	Of which have established discharge Plan	Of which do not have established discharge Plan	Delayed Discharges	*Bed Days lost Delayed Discharge
Glasgow	16	(2912) 7.97 years	(10)	4	12	8	2745
Renfrewshire	4	(1675) 4.58 years	(45)	1	3	2	406
East Dunbartonshire	0	0	0	0	0	0	N/A
East Renfrewshire	1	(7)	0	0	0	0	N/A
Argyle & Bute	1	93	0	0	0	0	N/A
Inverclyde	2	(1066) 2.92 years	(50)	0	0	0	N/A
NHS Lanarkshire	2	(1618) 4.43 years	(899) 2.46 years	0	0	2	906
West Dunbartonshire	0	0	0	0	0	0	0
	26	-	-	5	15	12 (46%)	4057

Waiting Times

- Average waiting time for admission is 11.4 days
- The longest wait was 44 days (over 7 weeks)
- Waiting times are a result of slow turnover and excessive lengths of stay
- Despite almost continuous 100% occupancy the service managed to admit the majority of people requiring assessment and treatment
- The length of time people had to wait for admission is excessive compared to other mental health services.

Waiting Times (Jan to Dec 2016) – Days



- 90% of Glasgow

referrals were admitted.

- 85% of Renfrewshire Patients were admitted.
- 66 % of East Renfrewshire referrals were admitted.
- 0% of Inverclyde referrals were admitted (1 referral).
- 100 % East Dunbartonshire and West Dunbartonshire referrals were admitted (1 referral each)

Of the areas outside of the GGC boundary Argyll and Bute referred one person who was admitted NHS Lanarkshire HSCPS referred three people and admitted one.

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
- Inappropriate referral

Summary and Actions

- Glasgow City HSCP 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.

- Renfrewshire HSCP is exploring commissioning options with an aspiration to develop suitable services locally.
- Progress to identify / develop options for people is without timescale at this stage. As a result people who are delayed in hospital do not have a clear plan about their future care arrangements.
- Delayed discharge rates have increased from the reported figure in the Mental Welfare Commissions report 'No through road' January 2016.
- Future redesign of the service is dependent on excessive delays being addressed in order to effectively understand the bed requirement for the future service.
- 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.
- There is a human rights issue for the people who find themselves living in locked hospital settings for prolonged periods often with no plan for discharge. The Mental Welfare Commission is monitoring this.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, HSCP: Julie Murray

Tom Kelly, General Manager Specialist Learning Disability Services

Tom.Kelly@ggc.scot.nhs.uk

March 2017

BACKGROUND PAPERS

None

KEY WORDS

Performance; KPI; LD; Learning Disability

BLANK PAGE