

## **ADULT MENTAL HEALTH PAPER 1 : Vale Monitoring Group 13/06/2011**

**VALE MONITORING GROUP: 13<sup>th</sup> June**

### **ADULT MENTAL HEALTH INPATIENT AND COMMUNITY ACTIVITY TRENDS**

#### **1. BACKGROUND**

- 1.1 The purpose of the monitoring framework is to demonstrate the degree to which patterns of inpatient and community activity are consistent with sustainable and ongoing bed use at the Boards projected required level of 12 beds, which when achieved would then trigger a further submission to the Cabinet Secretary to further review the proposal to transfer this adult mental health inpatient activity from Christie Ward at the Vale of Leven to Gartnavel Royal. The further correspondence from the Cabinet Secretary has now confirmed the period of monitoring is to last until circa June 2011 prior to any further reporting back to the Cabinet Secretary to review any decision relating to the long term position of Christie ward.
- 1.2 The activity trends provide transparent information for inpatient and community services which enable the Monitoring Group to consider:
- the level of inpatient bed use
  - the degree to which levels of bed use are consistent with the Vale Vision eventual projected bed use of 12 adult acute beds
  - the degree to which levels of boarding activity are no greater than historic levels
  - the level and robustness of community services to manage people in community settings with reduced reliance on admission to inpatient services
- 1.3 This summary report captures activity equivalent to that previously provided in Christie ward for the Vale catchment area. This activity equates to adult acute inpatient functions. The Monitoring group have requested a more focussed summary of the information which is reflected in the shortened format below based on tables 3 and 6 of the full monitoring report. The full monitoring report data is attached as an appendix.

#### **2. SUMMARY AND COMMENTARY ON TRENDS IN THE MONITORING FRAMEWORK DATA : Period 3 months 01/02/2010 to 30/04/2011**

- 2.1 The full monitoring report is provided as appendix 1. This section has sought to draw out the salient points from the data in terms of the framework set out in paragraph 1.3.
- 2.2 In relation to the Christie ward catchment (D&A/H&L) the position is summarised in table 3 of the monitoring report reproduced overleaf. The table shows inpatient adult acute activity equivalent to that previously provided in the Christie ward. The most recent data for the 3 month period to 30/04/2011 and the one month period of April 2011 are shown in the last two lines of the table.

**Table 3. Monthly patterns of service use compared over time**

	<b>Inpatient Services ( Vale/Christie catchment activity)</b>									
	Admsns	Occpd Beds Vale **	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	bed s wte			
Baseline period 12 months to Oct 07	13	18	20	0	2.7	4.3	1.7		44	21%
last 12 months to 31/12/2010	11	13	13	0	2.1	2.9	0.5	0	29	18%
Last 12 months to 31/01/2011	11	12	12	0	1.8	2.6	0.5	0	29	17%
Last 12 months to 30/04/2011	10	11	11	0	1.7	2.1	0.4	0	27	17%
3 months to 31/08/2010	10	11	12	0	1.0	3.0	0.8	1	34	10%
3 months to 31/10/2010	10	12	13	0	2.3	5.7	1.1	1	40	24%
Last 3 months to 31/12/2010	13	13	13	0	3.7	2.0	0.3	0	31	29%
Last 3 months to 31/01/2011	11	11	11	0	2.0	1.0	0.1	0	26	18%
Last 3 months to 30/04/2011	9	8	8	0	1.0	0.0	0.0	0	26	12%
Last one month to 30/04/2011	8	8	8	0	2.0	0.0	0.0	0	33	25%

Key points to note comparing the most recent 3 month period to the previously reported 3 month period are:

- admissions have reduced from 11 to 9 per month
- occupied beds have reduced from 11.2 to 7.8 per month
- lengths of stay are unchanged at 26 days
- boarded admissions have reduced from 1 admission per month to nil admissions per month
- boarded bed use has reduced marginally from 0.1 beds per month to nil beds per month
- readmissions have reduced from 2 per month to 1 per month

Levels of bed use have continued on a downward trend with levels of bed use in the most recent reported one month period of April 2011 of 7.6 beds.

Having further checked the numbers reported to the January meeting of the Monitoring Group it became clear that the figures were wrongly reporting activity in Rutherford ward at GRH as “boarded” activity. The definition of “boarded” activity relates to patients who were not admitted to GRH but instead to other GG&C hospitals (or very exceptionally to a hospital outwith GG&C). The numbers have therefore been revised so that reporting of boarding activity only captures patients admitted to a hospital other than GRH. At this stage the historic data has been “cleaned” for all periods in the table except the periods to 31/08 & 31/10 2010. The data for these outstanding periods will be audited and revised in time for the next monitoring meeting beyond the June meeting.

The table below shows community activity for the whole West Dunbartonshire catchment.

	Community Services: (WD Catchment)						
	Crisis Services				Primary Care		CMHT
			Admit via				
	Accepted to Service	Case-load	Crisis Team	Other Routes	Advice Clinics	1 to 1 Therapy	Case Load
Baseline period 12 mnths to October 07	14*	7			36*	n/a	??
last 12 months to 31 <sup>st</sup> Jan 2011	41	13			68	n/a	1303
last 12 months to 30 <sup>th</sup> April 2011	42	14			70	n/a	1317
last 3 months to 31 <sup>st</sup> Aug 2010	44	12			78	n/a	1248
last 3 months to 31 <sup>st</sup> Oct 2010	39	11			80	n/a	1381
last 3 months to 31 <sup>st</sup> Dec 2010	35	12			60	n/a	1298
last 3 months to 31 <sup>st</sup> Jan 2011	40	13			56	n/a	1343
last 3 months to 30 <sup>th</sup> April 2011	39	15			72	n/a	1349

Key points to note when comparing the last 3 months to 30/04/11 to the previous 3 month period to 31/01/10 for community activity are:

- return to average levels of activity for PCMHT activity , & no significant change to CMHT caseloads
- levels of current community activity for crisis and primary care are significantly higher than historic levels

**APPENDIX 1**

**FULL MONITORING REPORT TABLES**

## **INPATIENT AND COMMUNITY ACTIVITY : 01/05/2010 - 30/04/2011 : (12 month period)**

**Table 1. Vale Christie Activity : last 12 mnths : actual figures**

Vale/Christie	Inpatient Services							
	Admsns	Occpd bed days	Daily Occpd Beds	Delayed disch	Re-admsn in 1 month	Patients 6 mnths+	Ave LOS (Days)	Re-admsn as % all admsns
Dumbarton / Alexandria	88	3106	9	0	14	0	34	16%
Helensburgh	36	720	2	0	6	0	21	17%
Clydebank	0	0	0	0	0	0	0	
Other	3	26	0	0	1	0	7	33%
<b>Total</b>	<b>127</b>	<b>3,852</b>	<b>11</b>	<b>0</b>	<b>21</b>	<b>0</b>	<b>27</b>	<b>17%</b>

### **NOTES**

1. The table shows all inpatient activity at the Vale Christie Ward
2. The majority of activity relates to the catchment populations of Dumbarton & Alexander/Helensburgh & Lomond
3. A small amount of activity relates to non catchment use of beds
4. The tables show the total activity over the last 12 months and last 3 months
5. Boarding figures are available on a robust basis from July 2009 with data prior to that date being dependant on more ad hoc and less robust; boarding figures are therefore provided from July 2009 reporting mechanisms

**Table 2. Vale Christie activity monthly average: last 12 mnth period**

Vale/Christie	Inpatient Services							
	Admsns	Occpd bed days	Daily Occpd Beds	Delayed disch	Re-admsn in 1 month	Patients 6 mnths+	Ave LOS (Days)	Re-admsn as % all admsns
Dumbarton / Alexandria	7.3	259	9	0.0	1.2	0	34	16%
Helensburgh	3.0	60	2	0.0	0.5	0	21	17%
Clydebank	0.0	0	0	0.0	0.0	0	0	
Other	0.3	2	0	0.0	0.1	0	7	33%
<b>Total</b>	<b>10.6</b>	<b>321</b>	<b>11</b>	<b>0.0</b>	<b>1.8</b>	<b>0</b>	<b>27</b>	<b>17%</b>

### **NOTES**

1. The table is in essence the same as table 1 but shows the numbers per average month rather than the actual numbers over the full year
2. Monthly boarded activity is adjusted to take account of part year reporting period of 7 months

**Table 3. Monthly patterns of service use compared over time**

	Inpatient Services ( Vale/Christie catchment )						
	Admsns	Occpd Beds Vale	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Ave LOS (Days)	Re-adm as % all admsns
Baseline period 12 mnths to Oct 07	13.0	18.3	20.1	0.0	2.7	44	21%
Last 12 months to 30/04/2011	10.3	10.5	10.8	0.0	1.7	27	17%
Last 3 months to 30/04/2011	8.7	7.8	7.8	0.0	1.0	26	12%
Last 1 month to 30/04/2011	8.0	7.6	7.6	0.0	2.0	33	25%

**NOTES**

1. This table seeks to illustrate the trends over time for average monthly patterns of inpatient service use for the Vale/Christie catchment
2. The development of crisis services for the Vale catchment was implemented in Oct 2007; the one year period prior to that date is therefore used to establish a "before and after" baseline
3. The figures for the last 3 months reflect the more recent trends in patterns of service use

**Table 4 : All WDC community services activity last 12 month period : actuals**

WDC	Community Services : ( WDC catchment )							
	Crisis Services					Primary Care		CMHT
	Accepted to service		Caseload	Alternative to Adm	Early discharge	Advice clinics	1 to 1 Therapy	case load
Dumbarton / Alexandria	212		66			286	n/a	798
Helensburgh	57		11			94	n/a	375
Clydebank	204		75			458	n/a	712
Other	32		11					
<b>Total</b>	<b>505</b>		<b>163</b>			<b>838</b>	<b>n/a</b>	<b>1884</b>

**Table 5 : All WDC community services activity last 12 month period : mnthly average**

WDC	Community Services : ( WDC catchment )							
	Crisis Services				Primary Care		CMHT	CMHT
	Accepted to service		Caseload	Alternative to Adm	Early discharge	Advice clinics	1 to 1 Therapy	case load
Dumbarton / Alexandria	18		5.5			24	n/a	798
Helensburgh	5		0.9			8	n/a	375
Clydebank	17		6.2			38	n/a	712
Other	3		0.9					
<b>Total</b>	<b>42</b>		<b>14</b>			<b>70</b>	<b>n/a</b>	<b>1884</b>

Notes : Caseload based on unique patients on overall CMHT caseload

**Table 6 : Monthly patterns of service use compared over time**

	Community Services : ( WDC catchment )							
	Crisis Services				Primary Care		CMHT	CMHT
	Accepted to Service		Caseload	Alternative to admission	Early discharge	Advice clinics	1 to 1 Therapy	case load
Baseline period 12 mnths to Oct 07	14*		7.25*			36*	?	n/a
Last 12 months to 30/04/2011	42		14			70	n/a	1884
Last 3 months to 30/04/2011	39		15			72	n/a	1970
Last 1 month to 30/04/2011	45		15			61	n/a	1951

**NOTES**

1. This tables seeks to illustrate the trends over time for average monthly patterns of service use for community services
2. The development of crisis services for the Vale catchment was implemented in Oct 2007 the one year period prior to that date is therefore used to establish a "before and after" baseline; crisi services for Clydebank have been in place since c2001
3. Primary care services were developed in Dumbarton/Alexnadria/Helensburgh/Lochside from June 2009 and therefore monthly averages are commence from that date
3. The figures for the last 3 months reflect the more recent trends in patterns of service use
4. Baseline figures for primary care and crisis reflect Clydebank activity only as servcies for the remainder of WDC were put in place later : ie Oct 2007 for crisis and June 2009 for primary care ; estimated notional baseline figure at this stage pending actuals
5. CMHT figures for baseline period not yet available

## **ADULT MENTAL HEALTH : PAPER 2 : PATIENT SURVEY**

### **Mental Health Services**

#### **Patient Experience Information**

#### **Patients transferred from Vale of Leven Hospital to Gartnavel Royal Hospital following the fire in Christie Ward**

##### **Background**

In response to a request from the Vale of Leven Monitoring Group, a survey was undertaken in order to seek service users and carers experience of admission to Gartnavel Royal Hospital following the fire in Christie Ward. The survey was conducted in addition to the routine data collected as part of gathering patient experience within mental health in-patient services.

The questionnaire that was used to provide base line information was originally developed in partnership with 40 service users and carers based on their direct experience of in-patient services.

##### **Methodology**

The survey was issued during November 2010 to those individuals who were receiving in-patient care at that time. It was also sent to those who had been discharged from hospital since Christie Ward was relocated to Gartnavel Royal Hospital. In addition to seeking the views of patients, the experience of carers/significant others were also included within the survey process.

The survey was intended to be stage one of a two stage process. In stage two it was planned to conduct a series of semi-structured interviews in order to provide 'richer' data.

The survey was distributed within the Ward at Gartnavel Royal for those individual who were in-patients. Postal surveys were distributed to those people that had been discharged, and to carers/significant others.

Following the completion of this process all recipients were contacted again to ask if they wished to take part in a semi-structured interview.

##### **Responses**

80 questionnaires were distributed, 40 to service users and 40 to carers. A total of 23 responses were received giving an overall response rate of 28.75%. This response rate is commensurate with other postal / paper questionnaires of this type.

An invitation was then extended to all 80 individuals contacted in the first round to take part in semi-structured interviews to be held within the ward or in the local area where ever was most convenient. Unfortunately there were no responses at this stage.



Informal feedback was obtained with assistance from West Dumbartonshire service user's network as to possible reasons for the poor uptake of stage 2. The anecdotal information suggests that many individuals and families had been in contact with services for some considerable time and felt that they had previously made their views known regarding their experience of service provision. Other factors that are likely to have had an impact on the disappointing uptake are people's response to experiencing an acute episode of mental illness. It is often the case that these symptoms are very traumatic in their own right and people's coping strategy in their recovery can be to distance themselves from any reminders of that time. Whilst this may be a choice of some individuals, others find it helpful to provide feedback on their experience and services must continue to find ways to gather this information by a variety of means.

## **Themes**

### Hospital Facilities

The facilities of the hospital were recognised by the majority of respondents as being good to excellent.

"The hospital environment is an improvement on any other experience".

"The feeling of space is welcome. There could be more privacy for visiting".

"Good to get your own room"

"Much more space, don't feel everything is on top of you"

"Some pictures on the wall would be good"

Whilst the majority of respondents did not have trouble travelling to the hospital around 50% felt that the extra time involved was inconvenient

Noted below are some of the written responses in relation to travelling;

"It's a forty minute round trip, a long way to travel for one hour visiting"

"The biggest problem for visitors is parking"

"Twice the distance of the local unit difficult to visit when working full time"

"Better than the Vale, but I am in Clydebank"

"Disabled parking at hospital not monitored –spaces usually have cars without disabled badges"

"Parking situation during the week for visitors is difficult"

### About the admissions process:

The majority of patients reported that they were given a clear explanation of the admissions process and that their friends and families were involved where this was appropriate.

Of the 23 returns 7 carers accompanied their relative to hospital during admission. The majority of those who accompanied their relative felt welcome,

got the help they needed from staff, and had a clear explanation of the process.

3 carers who attended with their relative did not feel as involved in the admission process as they would have liked. It should also be noted that those carers who attended the ward after the initial admission process felt that staff could have been more proactive in providing help and information.

#### About care on the ward:

Overall the experience for both patients and carers was very positive, with staff perceived as approachable, visiting times suitable, and individuals were aware of the key staff involved in their care. However work is still required around better involvement in the care planning process. Ten services users indicated they were not involved in this, with a further six indicating they didn't know or could not recall being involved.

"I am able to see the doctor regularly"

"I knew some of the staff from Christie which was helpful"

"I knew what was going to happen to me but can't remember any care plan"

"Talked to the nurses a lot"

#### **Actions**

The issues around the monitoring of disabled bays, and visitor's car parking have been raised with Facilities and local site managers in order to ensure that the regulations that are in place are observed and monitored by the car parking attendant.

Specific plans are in place to improve engagement with carers using the 'Triangle of Care' model.

Local art work is now displayed on the walls of the hospital in response to comments that the environment required some colour.

#### **Summary**

Patient experience of care within Gartnavel Hospital was in the main very positive. The facilities of the hospital were viewed as a significant improvement on previous experiences. 7 relatives / carers responded to the questionnaire and echoed the positive experience of patients however, 4 people expressed concern that they had to travel further to visit family members. Mental Health services will continue to gather information on patient experience as part of routine data collection.

May 2011