



DERBY CITY COUNCIL

# Reconfiguration of Psychological Therapies Services and the Consolidation of Mental Health Wards by the Derbyshire Mental Health Services Trust

## Final Report of the Adult Services and Health Commission

3 September 2007

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# Reconfiguration of Mental Health Services

## Report of the Adult Services and Health Commission

### Introduction

1. NHS health bodies are required under section 7 of the Health and Social Care Act 2001 to consult with their local health overview and scrutiny committees on any proposals they may have for substantial variations or developments of health services. This is an important legal requirement as failure to adequately consult overview and scrutiny committee can result in them being referred to the Secretary of State for Health.
2. In order to support health bodies with their consultative requirements on substantial reconfigurations, Derby's health scrutiny committee produced a consultative form during 2006/07. This two part form developed in consultation with local Health Trusts and endorsed by the East Midlands Strategic Health Authority, enable health bodies to provide details of proposed changes in their services that could be considered substantial.
3. At the end of May 2007 Derbyshire Mental Health Services Trust submitted details on two schemes they wished to reconfigure. These involve making changes to the provision of Psychological Therapies Services across the whole of Derbyshire and the consolidation of two wards, Ward 12 in DRI and Lathkill ward in Kingsway at the Kingsway site.
4. The Chair and Vice Chair of the Adult Services and Health Commission considered the two completed forms and decided to hold an informal meeting with senior officers of the Trust to get a better understanding of the proposed changes and help them decide whether these were substantial. This meeting was held on 11 June and attended by a team of officers led by the Deputy Chief Executive of the Derbyshire Mental Health Services Trust. After listening to the proposals, the Chair and Vice Chair felt both proposals affected significant number of existing and future patients and merited detailed examination by the full Commission. The Deputy Chief Executive requested an early consideration by the Commission as the Trust wishes to implement the changes by October 2007. Since the agenda for the scheduled July meeting of the Commission had already been set, members agreed to hold a special meeting and receive evidence from the key stakeholders.
5. The special meeting of the Adult Services and Health Commission was held on Friday 20 July at which relevant stakeholders were invited to give evidence. These included Mike Shewan and his team of officers

from DMHT, Service Commissioners from Derbyshire County and Derby City PCT's, Trade Unions, Derby Homes, Derbyshire voice representing service users and Derby City Council's Mental Health Services Manager.

6. The Chair of Derbyshire County Council Healthier Communities Scrutiny Committee was also invited to participate in the meeting since the proposals affected Derbyshire County residents.

### **Reconfiguration Proposals for Psychological Therapies Services**

7. The Psychological Therapies services (or talking therapies as its is commonly known) include Cognitive Behaviour Therapy (CBT) and psychodynamic psychotherapy services. The Cognitive Behaviour Therapy helps people with problems such as depression, anxiety, low self esteem and phobias whilst the psychodynamic psychotherapy helps people to understand the roots of their difficulties, based on past experiences in order to learn the problems and move forward.
8. Psychological Therapy services are effectively provided by two specialist teams based in Derby. These employ 19 members of staff between them and provide services to patients from Derby and South of the County. Cognitive Behaviour Therapy is provided from Rykneld Clinic and the psychodynamic psychotherapy from Temple House. A Group Programmes is delivered from Duffield Road. There are no specialist psychological therapy services in the North of the County.
9. The proposal submitted by the Trust involves dissolving the current teams and redeploying the clinical post holders into Band 7 graded posts to be based within Community Mental Health Team's across the whole of the County. Two post holders will be redeployed into senior clinical Band 8A roles that would be responsible for clinical supervision of Band 7 post holders in respective specialism. A central hub would be established that acts as a centre for support, supervision and education for all the psychological therapy teams. The hub will include the Band 8A posts and other specialist roles that would be required to have a more Trust wide overview.
10. Under the proposed arrangements, patients requiring psychological therapy services will enter through the local Care Assessment Services teams at which the psychotherapist would play an advisory role during the assessment process. Waiting list for people assessed as requiring the service will be managed by individual Community Mental Health Teams in line with the revised 'internal waiting list' process agreed within the Business Unit of the Trust. The Trust believes the new structure will provide a more accessible, responsive and equitable service across the whole of the County.

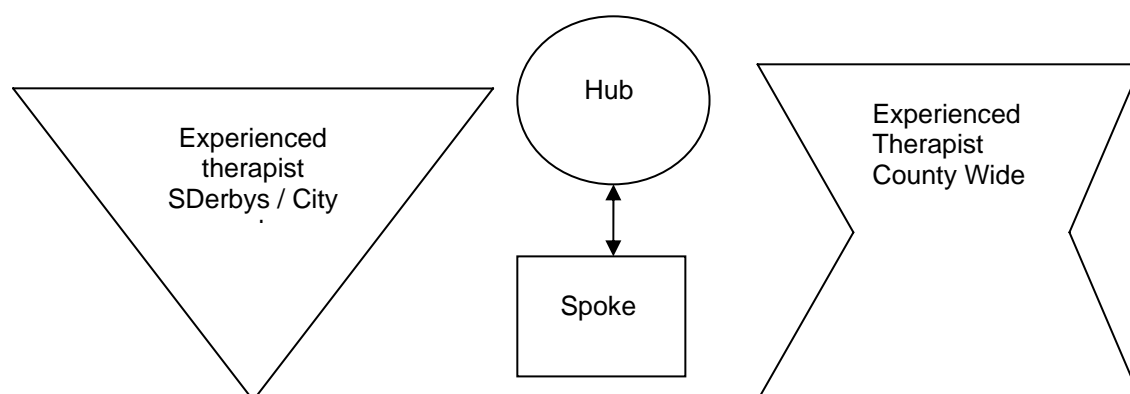
## Main Drivers for Change – Evidence from the Trust

11. National Guidance expects Mental Health Services Trusts to modernise their psychological services and reduce inequalities. The Trust is therefore required to respond to the public expectations and deliver shorter waiting times, reduce variations in quality, safety and access to the service and provide value for money. According to the Trust the main driver for change in Psychological Therapies service is about improving access to services, reducing waiting times and making the service more responsive to patients needs.
12. The Trust states that the proposals for change have been developed over a long period of time with number of service reviews carried out over the last seven years. These include:
  - SD Mental Health & Community NHS Trust - Review of psychological therapies which recommend Hub & Spoke model. The waiting times were 74 weeks showing increase in the demand.
  - Second review of psychological therapies carried out in 2003. This recommended reducing waiting times and also establishing a training strategy.
  - Derbyshire wide review of psychological therapies strategic commissioners group 2005. This recommended stepped model around hub and spoke delivery of service.
  - Trust Project Implementation Team 2006/07 which has attempted to review forward
13. The Trust has come under increasing pressure from the Derbyshire County PCT to deliver accessible service equally to all residents of the County and not just in Derby and South of the County. The Trust has also been approached to improve the service. It has received:
  - 5 complaints
  - 3 MP/elected member enquiries and
  - 2 complaints that have escalated to Healthcare Commission level
14. The Trust states that at the end of June 2007 there were 428 patients waiting for services with the longest wait of 186 week. Of these 200 patients were waiting for dynamic psychotherapy and 228 for CBT. Of the City County split, 234 patients were waiting for services from Derby of which 114 people were waiting for CBT and 120 for dynamic psychotherapy. The graph below shows the number of people on the waiting list over the last five years.

	April 2002	April 2003	April 2004	April 2005	April 2006	April 2007
Dynamic	194	177	176	218	204	201
CBT	229	322	333	381	267	243

15. The actual level of demand is unknown since the long waiting times are likely to have discouraged some patients from entering the service.
16. The Trust states that service users represented by the Derbyshire Voice have been fully engaged in the County wide service review. It states that feedback from current service users receiving extended treatment show that they seem to be satisfied with the service but patients who are facing a long wait contributed in part by long treatment episodes (of existing patients) are not happy with the resultant wait.
17. According to the Trust there are 9 members of staff in the CBT team who made 2400 contacts with patients during 2006/07 whilst Psychodynamic Psychotherapy has a team of 10 staff and made around 7000 contacts. Staff from Psychological Therapies was involved as part of the stakeholder group in the service review and have had the opportunity to be involved in the implementation team but have refused to participate in this process. Staff affected by the change will be managed through the "staff affected by change policy". Service is being developed in accordance with principles established by the Government which seeks to ensure the right numbers of people are offered the choice of the right service at the right time with the right results. The Trust believes the new structure will enhance local communities through the provision of locally accessible and responsive service as close to peoples home as possible. The benefits of the reconfigured service will include:
  - ◆ Be centred on the service user.
  - ◆ Be equitable across the whole range of potential service users across Derbyshire.
  - ◆ Provide and facilitate informed choice.
  - ◆ Respond appropriately to the diversity of service users
  - ◆ Integrate staff from all agencies involved in addressing psychological needs, drawing on all professional disciplines and therapeutic models.
  - ◆ Be locally accessible and co-ordinated and will manage and prioritise demand in order to be locally available.
  - ◆ Is evidence based
  - ◆ Be safe and effective, delivered by trained and supervised staff that operate in a governance framework.
  - ◆ Be comprehensive, offering a range of interventions addressing a range of tiers of need
  - ◆ Support and train staff within the service

## Proposed model for Psychological Therapies across Derbyshire



### Evidence from the Lead Commissioners

18. Jenny Swatton, Assistant Director at Derbyshire PCT presented the evidence on behalf of the service commissioners. Ms Swatton acts as the lead commissioner for both Derby City and Derbyshire County Primary Care Trusts.
19. Ms Swatton stated that various reviews have been undertaken to assess how the service could be best delivered across the County to provide an equitable service in line with national good practice. The focus is very much on working with Primary Care and providing access locally. The Commissioners wish to develop a model where patients enter the service through Primary Care and they have the knowledge and best access to the service. The aim is to get the patients quickly into the service at the most appropriate level of need.
20. The Commissioners believe that the best way to do this is to provide high level of Psychological Therapy in the primary care end, whether this is through the Mental Health Trust or other agencies. It recognises the need to provide additional funding for the voluntary and independent sector services.
21. There is currently no specification for the service and it has not been decided whether this will be delivered by DMHT or other agencies. Ms Swatton stated that services can be commissioned from other Trusts or from the private and voluntary sector through a tender process to get the best value for services. Some areas of the country have already started to do this. The PCTs are focused on the need for additional resources on the lower end of the spectrum with specialist services delivered through the Trust.

22. The Trust's proposals are in line with the model agreed through various reviews and through the Strategic Commissioning Group and user involvement group across the County. PCTs have just completed a vision for mental health services across the whole of Derbyshire. One of the biggest needs that came out from this exercise was the need for increased services at the Primary Care end of the spectrum. In terms of staffing levels, this will be determined by the organisation once it has been agreed where the funding will go. The commissioner's role is to specify the type and outcomes of service required. Any new specification will specify local access and short waiting times for patients.
23. Ms Swatton stated that additional resources have been identified that will go into the City and South Derbyshire later this year but this was through working with GP's

### **Evidence from Derbyshire Voice**

24. Ms Dawn Longdon-Whiting represented the views of the services users under the auspices of Derbyshire Voice and stated the process for consultation has always been through invitation by the DMHT to their meetings. The Modernisation Programme meetings organised by the Trust have been held monthly at St James House and Derbyshire Voice has regularly attended these over the last three to four years.
25. Representatives from Derbyshire Voice attend Trust meetings and report to their colleagues through feedback forms and at monthly meetings. The feedback forms go out to approximately 300 members of Derbyshire Voice and there have been 22-30 regular attendees at Derbyshire Voice monthly meetings.
26. Derbyshire Voice members have often discussed psychological therapies and most often this has focused on the length of time people have had to wait for the service. They would like the waits to be shorter as two and half years wait is a very long time to access the service. Unfortunately problems did arise with consultations as managers from Temple House and Duffield Road stopped attending and further discussions could not be had with them. However this allowed the representative of Derbyshire Voice to hold long discussions with the manager leading the meeting in relation to cutting waiting times for Psychological Services.
27. Ms Longdon-Whiting stated that Derbyshire Voice was aware of the modernisation programme but were not aware of the details until the release of the paper by the City Council. She believed that the lack of awareness was mainly as a result of meetings being cancelled for poor attendance. Some Trust staff members have complained to Derbyshire Voice that they have not been consulted. However Derbyshire Voice explained that they can and will only represent the views of the users of the service.



28. The current proposal was taken to the July meeting of Derbyshire Voice and members were asked for their comments. Everyone felt comfortable with the proposals as places the service in the community which will make travel easier for people and may cut down non attendances. However if the service is placed in the community, people may lose interaction with people from outside their area. 99% of the people were satisfied with the proposals. Only one person had concerns with the personality disorder services and felt the new process could stigmatise the issues.

### **Summary of the Evidence from Trade Unions**

29. A joint Statement from three Trade Unions AMICUS, RCN and Unison was read out by Sally Fairbrace, regional officer for Amicus. In the statement staff raised concerns about the detrimental effects of the proposals for reconfiguration of Psychological Therapies Services on the local population. The statement said no consultation had taken place with the specialist clinicians within the service and they were not aware of any plans to do so in the future. It stated that plans placed before the ASH Commission will dilute and reduce the availability, effectiveness, efficiency and quality of services for the people of Derby City and South Derbyshire and will have a detrimental affect on the health outcomes for the local population.
30. It was also stated that the clinical staff are fully supportive of the change leading to improvements and developments in Psychological Therapy Services. However, they felt that there are significant problems in the proposals being represented to the Commission. The Trusts submission is misleading, lacks coherence, is misinformed and underpinned by unsupported assertions.
31. The staff have never had any discussion or consultation about the proposals sent to the Scrutiny Commission. Service Managers have been attending meetings of the Project Team that was set up by the Trust to deliver modernisation and service developments. It was only after Service Managers had been unable to ascertain the nature and remit of the meetings and they had been told that their posts were considered to be formally "At Risk" did the Trade Unions advise Service managers to withdraw from the meetings until these matters were clarified.
32. The Trade Unions have also submitted further evidence in response to the proposals for reconfiguration of the Service.

## **Evidence from Derby City Council's Head of Strategic Commissioning and Service Development - Mental Health Services**

33. A written submission by the Derby City Council's Head of Strategic Commissioning and Planning - Mental Health was submitted to the Commission.

34. The statement relating to the Psychological Therapies Service Reconfiguration stated:

"The reason for reconfiguring the Psychological Therapies services is lack of access owing to long waiting lists for a service. This is a national problem. The usual ways to improve access are to increase capacity of the service (increased investment to increase staffing), reduce the length of intervention (brief interventions) and reduce demand (raise the threshold for a service) and redirect referrals elsewhere. It is not clear that any of these methods are being overly applied except the second one; by implication the service will be more effectively managed and this should increase throughput; and the last one because of the implication that some work currently being carried out by the Specialist Service could be carried out by members of the Community Mental Health Team.

The issues for me are:

- There are currently no psychological therapy services provided by the Trust in the north of the county. This reconfiguration will devolve the current city and south county service to all of the county. Does this not necessitate a reduction in service to residents in Derby? What is the current psychological therapy resource for Derby residents i.e. no of posts and what will it be in the new service?
- What is the trajectory for reduced waiting times for Derby residents – from the current 3 years to 18 months by what date?"

## **Consolidation of Lathkil ward and DRI's ward12 at Kingsway**

35. The second proposal for reconfiguration involves the consolidation of the Lathkil ward at Kingsway and ward 12 at the DRI into Lathkill ward. This is part of a Private Finance Initiative (PFI) which is expected to be completed by December 2008 and involves the reduction of 118 beds to 82 beds to be located at the Lathkil site at Kingsway. The Trust is using a two staged approach to reconfigure services and seeks to have all the services delivered from modern purpose built facilities for older people in Derby and South Derbyshire. The reconfigured wards will provide single sex provision on ground floor and improve the patient

experience. The Trust believes that the new provision will meet existing and future demands of the service.

36. The reconfiguration form submitted by the Trust shows occupancy rates of around 90% however, it has qualified these by saying that many of these patients have been in the system for a long time and these beds will not be replaced when they leave and the occupancy rate is closer to 80%. According to the Trust it has twice the national average number of beds per 10,000 population and also above average length of stay. The Trust states that there will be a reduction of 14 wte unqualified nursing staff following the consolidation and a better skills mix will be established for the interim and future service provision.

### **Evidence from Derby Homes**

37. Evidence from Derby Homes was presented by Maureen Davies, senior manager at Derby Homes. Ms Davies said that settled housing is very important and people with mental health problems are likely to live in one of Derby City Council properties of which there are 14000 or within the housing association or private rented sector which make up another 14000 properties.
38. Derby Homes is a caring landlord and is supportive and willing to work with different agencies to help people live in settled accommodation. It has gone to great lengths to help staff understand issues affecting people with mental health problems and have recently ran the MIND presentation for local staff briefing. However, the post letting service or the Housing People with Mental Health Protocol has not been fully considered in the reconfiguration document. There is a gap in the post letting support service. People living the social housing sector tend to have high levels of deprivation, poverty, worklessness and disabilities. There are also high proportion of older people and single mothers living in this sector and these factors need to be taken into account.
39. Derby Homes has a responsibility towards neighbours who have a right to live in a peaceful and quite environment. However there are experiences of noise, music being played late into the night and unwelcome visitors. Neighbours who are already under stress are becoming incredibly intolerant. Although Derby Homes is a tolerant organisation, there comes a point when it has to take punitive action which may include referring people to Housing Aid.
40. Ms Davies mentioned three very serious cases where the post letting side of the process hasn't been taken into consideration:
  - There was fire at Rivermead House which caused more than £100,000 worth of damage as well as frightening residents and putting their lives in serious danger. Derby Homes were unaware of the mental health problems of the resident linked to the fire before the incident.

- There was also a vulnerable tenant living in Alder Walk which Derby Homes were trying to support but in this instance the Police took the situation in their own hands and undertook crackhouse closure. As a consequence the Derby Homes had to provide settled accommodation for this vulnerable person following Police action.
- Recently a victim with significant mental health problems was murdered by his neighbour on one of the estates.

### **Evidence from Derby City Council's Mental Health Services Manager**

41. The written submission by the Derby City Council's Head of Strategic Commissioning and Planning - Mental Health related to consolidation of wards stated:

"The proposals are in line with the retraction of Kingsway Hospital agreed in 2002. The reliance on in patient beds as a core part of the service was to be replaced with a more community based service in which the emphasis was that people were to be treated and supported in their own homes. The Trust was therefore to reduce its in patient beds to approximately 80 and received funding to invest in community based services in particular the Older People's CMHT. The trend in bed usage I am assured is downwards – although I do find that hard to extract from the tables provided by the Trust – with a lot of work also having been done to reduce delayed discharges.

My issues are:

- we need to be assured that the community teams are able to absorb any additional pressures brought about by the further reductions in beds. They are already working under a lot of pressure
- we need to be assured that there is no pressure put on the community care budget by and additional placements in residential care arising from lack of beds. Will this be monitored?
- How many of the beds being reduced are currently being used by Derby residents?"

### **Conclusion**

42. Derbyshire Mental Health Services Trust's aim of reducing waiting times and improving access to psychological therapy services is welcomed. The Commission also supports the Trust's aim of providing equitable services across the whole of the County as it does not wish any patient to have to wait for up to 186 weeks to receive the service. However, the Commission feels that improvements in services in the North of the County should not be at the expense of people living in Derby and South Derbyshire.

43. The current structure for the provision of Psychological Therapies Services was established to provide services to patients in Derby and South of the Derbyshire County area and there are no comparable specialist services in the North of the County. This position was confirmed by the Trust Chief Executive in his statement to the ASH Commission on 20 July. The proposals for reconfiguration of the service is described as a hub and spoke model by the Trust and involves dispersing existing psychological therapy staff into smaller teams across the county. This will effectively reduce the level of resources currently being provided in Derby and South County and will undoubtedly affect services being provided to patients in this area.
44. Based on the evidence considered so far, the Commission remains unconvinced that the new structure will reduce waiting times and improve services for the patients in Derby. Although the patients in the north of the County will have access to services and this is welcomed by the Commission, it is likely that the quality of provision and access to Psychological Therapies for people in Derby will go down unless additional resources are provided.
45. The Commission recommends that the quality and access of services to patients in the North of the County should be brought up to at least the same level of those provided in the City and South County rather than a reduction downward to make services equitable.
46. The Trust says that the redeployment of staff is driven by the desire to improve access and is not a matter for the overview and scrutiny Commission. However, it is precisely the issue surrounding access and quality of provision of services for local residents that the Commission wishes to understand the staffing implications. Making changes to staffing structures will have an impact on the service provision in the City.
47. Evidence provided by the Trade Unions state that band 7 and 8a have not yet been defined by the Trust and no job description has been agreed with staff. They also state that according to the guidance issued by the Department of Health it is not possible to appoint psychological therapist on band 7 as they should be set at 8a as a minimum. Plans to change the existing job bands from band 8 to 7 will result in jobholders not required to hold nationally recognised qualifications and therefore not eligible for registration in the United Kingdom Council Psychotherapy, the registering body for psychotherapy qualified. If this was to be true then this could have a profound affect on the service as users would not receive treatment from qualified professionals. This in turn would reduce the quality of service for the patients.
48. On the proposals for the consolidation of wards, the commission welcomes the proposals to provide single sex wards and improve access to outside. The written evidence submitted by the Trust shows the average occupancy of around 90% and at this rate the number of

beds required would be 106. Even if the occupancy rate was around 80% as stated at the meeting, the number of beds required would be 94 which are still significantly greater than the proposed reduction to 82.

49. The Trust states that significant investment has been made over the last two years to improve provision in the community and if the numbers of beds are to be reduced then further investment will need to be made to meet the growing numbers of older people.
50. Although the evidence provided by Derby Homes relates to adult services provision rather than older people's services, the principles are still the same that the Trust and the Social Housing providers should work closer together to better meet the needs of people with mental health problems in the community.
51. Section seven of the Operational Policy provided by the Trust sets out four tiers of prioritises of referrals. Members are concerned that this policy is likely to reduce the provision of services for people in the Low tier. Section six of the same document covers discharge and transfer arrangements. Members recommend that the Trust defines what it means by recovery when discharging patients back into the Community.
52. The Commission appreciates the efforts being made by the Trust to involve the Commission in the changes being made to the services and will continue to have regular dialogue in future changes.

## **Recommendations**

53. The Commission believes both proposals are major reconfiguration as they affect a substantial number of current and future patients. The Trust had been informed of this position prior to the evidence gathering meeting held on 20 July and re-iterates it again.
54. Making structural changes is not easy and can have major implications for the services and therefore not to be taken lightly. The Trust should seek to involve people at an early stage particularly those people who will be directly affected by the changes such as staff and patients and seek to get the structures right the first time otherwise it could result in unwanted consequences such as demoralising staff, alienating patients. The Commission therefore recommends that the Trust undertakes consultation with all its major stakeholders including the staff and seriously considers their response before adopting the final structure. Although the lead on consultation for major changes is now being taken by the Primary Care Trusts, the Trusts still has an important role to play in the process
55. The Trust has a duty under the Health and Social Care Act 2001 to consult patients and public on changes to its services separate from

the duty to consult the O&S Committee. The Commission is disappointed that the Trust does not have a written consultation strategy, especially as since the Board accepted the Commission's previous recommendations contained in the Reconfiguration of Mental Health Services Report in 2005. The Commission recommends the Trust adopts a consultation strategy as matter of priority.

56. The Trust needs to give assurances that the changes in the structure will not reduce the quality and access of services for people in the city below the current level.
57. There is a gap in post-letting support which affects patients and their neighbours as evidenced by Derby Homes. Commission recommends continued partnership working and regular transfer of information to minimise future problems in post letting.

## Older People's Inpatient Data Analysis

Area		Measure	Target	Month			Trend	Capacity
				Jan	Feb	Mar		
41	Pete Emery	Beds	22	22	22	22	→	OBD capacity 8030 Demand at avg admission rate 6468 Beds required at avg admission rate 18
		Occupancy	95%	71%	91%	89%	↗	
		Admit	11	10	15	8	↘	
		LoS	49	49	45	54	↗	
		DTOC	0	0	1	1	↗	
		Compliment						
		Complaint						
45	Amala Abeyratne	Beds	22	22	22	22	→	OBD capacity 8030 Demand at avg admission rate 4312 Beds required at avg admission rate 12
		Occupancy	95%	93%	96%	85%	↘	
		Admit	7	11	5	6	↘	
		LoS	49	73	92	100	↗	
		DTOC	0	0	0	0	→	
		Compliment						
		Complaint						
12	Shirley Heldreich	Beds	16	16	16	16	→	OBD capacity 5840 Demand at avg admission rate 4032 Beds required at avg admission rate 11
		Occupancy	95%	92%	95%	82%	↘	
		Admit	6	7	5	6	→	
		LoS	56	59	68	64	→	
		DTOC	0	3	1	2	→	
		Compliment						
		Complaint						



14	Mik Hoskins	Beds	16	16	16	16	→	OBD capacity 5840 Demand at avg admission rate 4200 Beds required at avg admission rate 12
		Occupancy	95%	98%	96%	91%	↘	
		Admit	5	5	2	8	↗	
		LoS	70	82	92	82	→	
		DTOC	0	6	7	4	↘	
		Compliment						
		Complaint						
Edale	Sandra Till	Beds	14	14	14	14	→	OBD capacity 5110 Demand at avg admission rate 2920 Beds required at avg admission rate 8
		Occupancy	95%	99%	96%	97%	→	
		Admit	1	1	0	1	→	
		LoS	365	580	621	607	↗	
		DTOC	0	3	0	0	↘	
		Compliment						
		Complaint						