

NHS Lothian

Internal Audit Report 2021/22

Delayed Discharges

Assurance Rating: **Moderate Assurance**

Date: August 2022

Final Report

Contents

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1 Executive Summary

2 Management Action Plan

3 Appendices

Timetable

- Date closing meeting held: 11 May 2022
- Date draft report issued: 12 May 2022
- Date management comments received: 8 June 2022
- Date Final report issued: 3 August 2022
- Date presented to Audit and Risk Committee: 22 August 2022

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

Executive Summary

Introduction

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support, or accommodation for them is not readily accessible and/or funding is not available or reasons to do with legal processes in relation to a person's mental capacity. For the purposes of our review, we will focus on the Scottish Government definition of a delayed discharge, which NHS Lothian code and subsequently report.

It is important that there are robust processes and controls in place for monitoring and reporting of delayed discharges to enable effective action to be taken to improve the patient discharge process. An important solution to delayed discharge is better joint working between health and social care services. To support this aim local health and social care systems were integrated through the Public Bodies (Joint Working) (Scotland) Act 2014. The key aim of this legislation was the improvement of experience for the patient and families and continuous improvement in the outcomes that the services achieve.

NHS Lothian work with Four Integration Joint Boards (IJB). The IJBs and NHS Lothian, via Health and Social Care Partnerships continue to work together to reduce the number of bed days lost to delayed discharges.

Scope

The objective of the audit was to assess the effectiveness of the processes and controls place related to delayed discharges which maximise bed capacity to reduce delayed discharge.

We have considered the controls in place to the following risks to the organisation:

- Standard Operating Procedures (SOP)s are not in place to guide the discharge process.
- Documentation does not clearly detail those criteria which are used to determine when the patient no longer needs to stay in hospital. A written plan is not produced, setting out a relevant assessment. This plan is not communicated to all members of the Multi-Disciplinary Team, patient, carers and next of kin, as relevant.
- Discharge planning does not commence on admission and as such discharge dates are not identified in a timely manner.
- Multi-Disciplinary Reviews and Consultant led reviews are not performed as agreed/planned.
- Processes do not ensure that all people who no longer meet the clinical criteria to reside for inpatient care in acute hospitals are discharged as soon as possible.
- There is a lack of communication between relevant staff (within NHS Lothian and the HSCPs) to ensure timely discharge through the appropriate pathway.

- A case manager is not assigned to all those requiring health and/or social care and support post discharge. As such relevant services to coordinate care and support to aid discharge are not aligned.
- There is little or no reporting on the number of bed days lost to delayed discharges.
- Analysis of reasons contributing to delayed discharges is not undertaken and as such lessons learned are not identified, escalated or shared with the wider team.

Approach

We have undertaken interviews with staff and performed sample testing relating to delayed discharges. The period of testing covered by this review was 1 April 2021 to the 31 December 2021.

A complete list of staff involved in the audit and documents reviewed can be seen at Appendix 2.

Acknowledgments

We would like to thank all staff consulted during this review for their assistance and cooperation.

Limitations in Scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks that exist in this process are out with the scope of this review and therefore our conclusion has not considered these risks. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

This review focused on arrangements within NHS Lothian. Whilst the interface with the IJBs will be considered any controls relating to IJB will not be tested. For the purpose of this review, we will focus on the working arrangements with Edinburgh City Council IJB, East Lothian IJB and Midlothian IJB but the findings will be shared with all four IJBs where appropriate.

This report does not constitute an assurance engagement as set out under ISAE 3000.

Summary of Findings

We have concluded that the controls in place in respect of NHS Lothian's delayed discharges processes provides a **MODERATE** level of assurance. The table below provides a summary of the findings. The ratings assigned are based on the agreed internal audit rating scale (**Appendix 4**).

Detailed findings, recommendations and agreed management actions are found in Section 2 of this report. A summary of the interface arrangements between East Lothian, Midlothian, Edinburgh and NHS Lothian is provided in Appendix 1

Moderate Assurance with improvement required

HIGH	MEDIUM	LOW	ADVISORY
-	3	-	2

Ref	Issue	H	M	L	A
2.1	<p>Risk area as per scope: Analysis of reasons contributing to delayed discharges is not undertaken and as such lessons learned are not identified, escalated or shared with the wider team.</p> <p>Pan Lothian performance reporting reports against different trajectories to those agreed between the Scottish Government and the NHS Lothian Board. Additionally there is limited reporting against trajectories at the IJB's.</p>	-	1	-	-
2.2	<p>Risk area as per scope: Standard Operating Procedures (SOP)'s are not in place to guide the discharge process.</p> <p>Documentation does not clearly detail those criteria which are used to determine when the patient no longer needs to stay in hospital. A written plan is not produced, setting out a relevant assessment. This plan is not communicated to all members of the Multi-Disciplinary Team, patient, carers and next of kin, as relevant.</p> <p>The Discharge Policy and supporting procedures are outdated and current procedures are not being followed.</p>	-	1	-	-
2.3	<p>Risk area as per scope: Documentation does not clearly detail those criteria which are used to determine when the patient no longer needs to stay in hospital. A written plan is not produced, setting out a relevant assessment. This plan is not communicated to all members of the Multi-Disciplinary Team, patient, carers and next of kin, as relevant.</p> <p>There is no defined criteria to determine the end of a patient's medical stay.</p>	-	1	-	-

Ref	Issue	H	M	L	A
2.4	<p>Risk area as per scope: Processes do not ensure that all people who no longer meet the clinical criteria to reside for inpatient care in acute hospitals are discharged as soon as possible.</p> <p>Learnings through response to COVID-19 may not be shared across NHS Lothian and the HSCP's.</p>	-	-	-	1
2.5	<p>Risk area as per scope: Analysis of reasons contributing to delayed discharges is not undertaken and as such lessons learned are not identified, escalated or shared with the wider team.</p> <p>Equipment for patient's is not ordered in a timely manner, patient's are not assigned a named officer for discharge and there is a lack of support and training for next of kin.</p>	-	-	-	1
TOTAL		0	3	1	2

Main Findings

NHS Lothian set a Pan Lothian delayed discharges trajectory of 263 for the quarter ended 31 December 2021 within Remobilisation Plan 4. In the most recent performance reported to the NHS Lothian Board in February 2022, the trajectory reported against was 248 for December 2021. This meant that this presented a bleaker position on how much the trajectory had been exceeded by. Additionally, no evidence could be obtained which detailed individual trajectories for the HSCPs within IJB reporting.

NHS Lothian have a Discharge Policy and a number of supporting procedures in place for discharging patients. Whilst these documents are available to applicable staff on the website, the documents not been updated and reviewed since as far back as 2011. As a result the policy and supporting procedures may not be reflective of current practice. This was evidenced during our sample testing of delayed discharges between 1 April 2021 and 31 December 2021 which identified a number of processes that were not being followed.

There is also no consistent documented criteria for determining when a patient no longer needs to stay in hospital. As such different approaches are taken by the Western General and the Royal Infirmary Edinburgh.

Main Findings cont.

Appendix 1 outlines a list, while not exhaustive, of the discharge planning support arrangements East Lothian, Midlothian and Edinburgh HSCPs have in place. A number of these has been introduced or enhanced in response to COVID-19. It is clear that learnings could be shared amongst the HSCPs to enable further improvements to be made. Therefore, while the management responses have, where applicable, been responded to from an Acute perspective, feedback from the East Lothian, Midlothian and Edinburgh HSCPs has also been included as Appendix 2.

We were made aware that equipment required for patients' homes is not ordered immediately following assessment and is instead ordered once rehabilitation has commenced. Additionally, patients are not assigned a named officer who is responsible for coordinating their discharge from hospital. There is also no support or training for next of kin to help deal with family members who have social care requirements.

Follow Up

Approximately two weeks following issue of the final Internal Audit report, a member of the Audit Team will issue an 'evidence requirements' document for those reports where management actions have been agreed.

This document forms part of the follow up process and records what information should be provided to close off the management action. The follow-up process is aligned with the meetings of the Board's Audit & Risk Committee. Audit Sponsors will be contacted on a quarterly basis with a request to provide the necessary evidence for those management actions that are likely to fall due before the next meeting of the Audit and Risk Committee.

Management Action Plan

Risk area as per scope: Analysis of reasons contributing to delayed discharges is not undertaken and as such lessons learned are not identified, escalated or shared with the wider team.

Finding 2.1 – Pan Lothian performance reporting reports against different trajectories to those agreed between the Scottish Government and the NHS Lothian Board. Additionally there is limited reporting against trajectories at the IJB's.

Medium

Control

As part of Remobilisation Plan 4 (RMP4), a Pan Lothian trajectory of 263 delayed discharges at month end for the quarter ending 31 December 2021 was agreed and approved by Scottish Government and the NHS Lothian Board in December 2021.

Observation

The Performance report presented to the NHS Lothian Board in February 2022 detailed delayed discharges for the month of December 2021. Our review of the document found that it made reference to a trajectory of 248 rather than the trajectory of 263 agreed in RMP4. As such, the board were informed that the target had been exceeded by 44 (Delayed discharges for the month of December 2021 stood at 292); however, if compared against the target set out in RMP4, the target was only exceeded by 29. Therefore the performance report was reporting against a different trajectory to that agreed by the Scottish Government and NHS Lothian Board.

Additionally, the Performance report includes a line graph which details Pan Lothian delayed discharges. We noted that the graph refers to a trajectory of 172 for all delayed discharges. Again this is not consistent with the trajectory outlined in RMP4. There is a line graph which details Edinburgh HSCP delayed discharges for the reporting period; however, there is no graphical representation for the other three HSCP's.

RMP4 tasks each HSCP with setting their own trajectories and subsequently monitoring progress. The performance reporting to the NHS Lothian Board notes that East Lothian and Midlothian IJB's are maintaining delayed discharge levels below trajectories. Agreed trajectories for each IJB are included within the Executive Leadership Team (ELT) Performance Data Pack Snapshot. However, our review of reporting presented to the East Lothian IJB, Edinburgh IJB and Midlothian IJB found no reference to trajectories for delayed discharges and there was also limited performance reporting on delayed discharges in general. Edinburgh IJB do, however, present a systems pressure report which does include commentary on the current position of delayed discharges with Edinburgh HSCP. Additionally, we found a reference to a target of 13 or less within the Midlothian IJB Directions 2021-22.

Risk

There is a risk that trajectories agreed with Scottish Government will not be met if not widely, timely and consistently communicated to staff and performance actively tracked.

Recommendation

Trajectories agreed with the Scottish Government should be consistently applied Pan Lothian and set for the HSCP's. Performance reporting should be updated to provide the delayed discharge position for not just Pan Lothian but also each HSCP to allow management and the IJB's to scrutinise more clearly performance against trajectories. Where trajectories are not met, this should be highlighted to management and the IJB's to better allow health and social care to be held to account.

Management Response

Acute

Management accept this recommendation.

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2.

Management Action

Acute

Management will ensure that the Performance report presented to the NHS Lothian Board, and detailing delayed discharges will be subject to increased scrutiny to confirm the accuracy of the information being reported. The Deputy Chief Executive is not responsible for reporting at the IJB Boards and this would sit within the remit and scope of each Chief Officer respectively

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2

Responsibility:

Deputy Chief Executive

Target Date:

31 August 2022

Risk area as per scope:

Risk 1 – Standard Operating Procedures (SOP)'s are not in place to guide the discharge process.

Risk 2 – Documentation does not clearly detail those criteria which are used to determine when the patient no longer needs to stay in hospital. A written plan is not produced, setting out a relevant assessment. This plan is not communicated to all members of the Multi-Disciplinary Team, patient, carers and next of kin, as relevant.

Finding 2.2 – The Discharge Policy and supporting procedures are outdated and current procedures are not being followed.

Medium

Control

NHS Lothian have a Discharge Policy and a number of supporting procedures in place. These documents detail the processes that should be followed when discharging patients. They are available to all staff responsible for discharge processes within the organisation via the website.

Observation

We reviewed the policy and supporting procedures which ascertained that they are outdated and have not been reviewed for a number of years. The Discharge Policy was last updated in March 2011, the Discharge Procedure in September 2012, the Discharge Checklist in September 2015 and the Moving On leaflet, which is provided to patients and families prior to discharge, in July 2015. There is an action plan in place to develop a Pan Lothian Discharge and Transfer Policy; however, it is yet to be finalised, approved and embedded across the organisation, and has been in draft since 2021.

Additionally, our testing over a sample of delayed discharges between 1 March 2021 and 31 November 2021 identified a number of processes that are not being followed such as:

- Patient's key information summary, which is GP created, not always being checked on admission.
- Patient's not having an agreed treatment plan in place within 24 hours of admission.
- Patient's routine was not always documented within their electronic patient record (EPR).
- Referrals for Packages of Care (POC) not being submitted before a patient becomes delayed.
- Multi-disciplinary meetings, rapid rundowns and whiteboard meetings to discuss Estimated Date of Discharge (EDD) do not occur in a consistent manner.
- At whiteboard meetings, dates are clearly displayed and aligned on TRAK. Although updates to TRAK do not always happen in real time.
- Information on discharge locations / providers is not always readily available.

Risk

Staff could be following incorrect discharge processes procedures because of outdated SOPs which could result in the ineffective and inefficient discharge of patients.

Without a defined criteria setting out when a patient no longer needs to stay in hospital, patients may not be discharged in a timely manner which then holds up beds to be utilised by more urgent patients.

Recommendation

The new Pan Lothian Discharge and Transfer Policy should be finalised, approved and implemented as soon as possible.

The SOPs that support the Discharge and Transfer policy should be reviewed and updated to ensure they are an accurate reflection of the current discharge processes.

Once the policy and supporting procedures have been updated, they should be communicated to staff and training should also be developed and rolled out across the organisation for staff who are involved in the discharge process.

A new discharge from hospital leaflet that sets expectations of patients and families should be developed to allow for effective conversations with patients and families. This should include clear roles and responsibilities for staff involved in discharging patients. Clear information and advice for patients and families should be included on the effects of "bed rest" and the benefits of activity and rehab in line with infection, prevention control guidance.

Wards should be reminded that they need to check a patient's Key Information Summary upon admission to hospital; ensure that all patients have an agreed treatment plan in place within 24 hours of admission; and document a patient's routine within their Electronic Patient Record.

Recommendation cont.

Management could consider the introduction of an electronic whiteboard that could update TRAK automatically and would support the duplicate tasks that have to be undertaken.

Consistent MDTs and Rapid Rundown's should be agreed and introduced Pan Lothian to ensure discharge dates are regularly reviewed.

The discharge co-ordinator roles should be fully utilised Pan Lothian to assist with the completion of the discharge checklist.

The availability of information of discharge locations and providers should be made available in a central location Pan Lothian to enable discharge planning to occur in a timely manner.

Management Response

Acute

The new Pan Lothian Discharge and Transfer Policy should be finalised, approved and implemented as soon as possible. - **Complete**

The SOPs that support the Discharge and Transfer policy should be reviewed and updated to ensure they are an accurate reflection of the current discharge processes. – **Agreed by Acute**

Once the policy and supporting procedures have been updated, they should be communicated to staff and training should also be developed and rolled out across the organisation for staff who are involved in the discharge process. – **Agreed by Acute**

A new discharge from hospital leaflet that sets expectations of patients and families should be developed to allow for effective conversations with patients and families. This should include clear roles and responsibilities for staff involved in discharging patients. Clear information and advice for patients and families should be included on the effects of "bed rest" and the benefits of activity and rehab in line with infection, prevention control guidance. - **Complete**

Wards should be reminded that they need to check a patient's Key Information Summary upon admission to hospital; ensure that all patients have an agreed treatment plan in place within 24 hours of admission; and document a patient's routine within their Electronic Patient Record. – **Agreed by Acute**

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2

Management Action

Acute

- All patients with a KIS will have KIS reviewed on arrival.
- An agreed treatment plan within 24 hours is deemed neither realistic nor deliverable from a clinical perspective due to the complexity and co-morbidities of some patients. Nursing Teams document patient routines and wards will be reminded through Associate Medical Directors & Associate Nurse Directors.

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2.

Responsibility:

Chief Officer, Acute Services

Target Date:

30 September 2022

Risk area as per scope: Documentation does not clearly detail those criteria which are used to determine when the patient no longer needs to stay in hospital. A written plan is not produced, setting out a relevant assessment. This plan is not communicated to all members of the Multi-Disciplinary Team, patient, carers and next of kin, as relevant.

Finding 2.3 – There is no defined criteria to determine the end of a patient's medical stay.

Medium

Control

The current discharge policy states: 'Discharge criteria should be relevant to the aims and objectives of each clinical area, and these should be clearly documented in real time.'

Observation

During our review we were not able to find consistent criteria in place that determines when a patient has reached the end of their medical stay and is suitable for care elsewhere. At Royal Infirmary Edinburgh (RIE), wards and units informally work to the principle that if the patient no longer requires a treatment or service that only the hospital can provide then they are suitable for discharge / transfer. At the Western General, a 'Home First' approach has been adopted at multi-disciplinary team (MDT) meetings, asking 'why not home, why not now.' However, this does not routinely occur across the whole site.

Risk

Without a defined criteria setting out when a patient no longer needs to stay in hospital, patients may not be discharged in a timely manner which then holds up beds to be utilised by more urgent patients.

Recommendation

An agreed criteria for discharge should be developed as part of the Pan Lothian Discharge and Transfer Policy. This should be communicated to staff via the intranet.

Once the criteria has been implemented this should form part of the conversations at MDTs across NHS Lothian.

Management Response

An agreed criteria for discharge should be developed as part of the Pan Lothian Discharge and Transfer Policy. This should be communicated to staff via the intranet. - **Complete**

Once the criteria has been implemented this should form part of the conversations at MDTs across NHS Lothian. – **Underway**

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2.

Management Action

Acute

- Ensuring the criteria form part of the conversations at MDTs across Lothian is being progressed as part of the Discharge without Delay (DwD) programme.

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2.

Responsibility:

Programme Director, Unscheduled Care

Target Date:

31 March 2023

Risk area as per scope: Processes do not ensure that all people who no longer meet the clinical criteria to reside for inpatient care in acute hospitals are discharged as soon as possible.

Finding 2.4 – Learnings through response to COVID-19 may not be shared across NHS Lothian and the HSCP's.

Advisory

Control

The HSCP's have discharge planning and support arrangements in place in order to move patients from acute settings to more suitable locations to support ongoing care.

Observation

We have compiled a list, while not exhaustive, of the discharge planning and support arrangements and processes in place for East Lothian, Midlothian and Edinburgh HSCP's which can be found at **Appendix 1**. The list was created through discussions with management and review of documentation received. It can be ascertained that each HSCP has reacted significantly to the pandemic by adapting processes and increasing resources. However, the arrangements are varied across each HSCP and this could provide an opportunity for management and the IJB's to share learnings and arrangements to facilitate further improvement across each HSCP.

Additionally, all clinical notes are recorded on TRAK, with discharge plans are included as a matter of course. The community teams have access; however, ward-based teams do not have access to community systems. Discharge hub facilitators do communicate the information to Social Workers where involved with a patient. Community Psychiatric Nurses (CPN's) and district nursing teams are also kept abreast of requirements for discharge.

Risk

Without sharing lessons learned from COVID-19, NHS Lothian and the HSCP's may not be able make improvements to their discharge planning and support arrangements which could result in patients staying in acute settings longer than they need to.

Recommendation

Management and the IJB's could consider more robust sharing of learnings from COVID-19, such as formal lessons learned exercises, as well as discharge initiatives and processes implemented across Pan Lothian to allow the HSCP's to identify areas for improvement for their own discharge arrangements.

Management of NHS Lothian and the HSCP's should explore the systems that are used and identify is there can be any sharing of information or use of systems to enable to staff working in Health and staff working in Social Care to be able to access each other's information.

Management Response

Acute

Agreed.

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2.

Management Action

This recommendation will be subject to discussion at the next Chiefs Forum. An action to add this to the next available agenda for the four HSCP Chief Officers and Acute Services Chief is agreed.

Responsibility:

N/A - Advisory

Target Date:

N/A - Advisory

Risk area as per scope: Analysis of reasons contributing to delayed discharges is not undertaken and as such lessons learned are not identified, escalated or shared with the wider team.

Finding 2.5 – Equipment for patients is not ordered in a timely manner, patients are not assigned a named officer for discharge and there is a lack of support and training for next of kin.

Advisory

Control

The Discharge Hubs discuss and confirm the Estimated Date of Discharge with the patient, and where appropriate relatives and carers. The Discharge Hub will involve patients and carers throughout the discharge process to ensure they are fully on-board and the correct decisions are being made.

The Estimated Date of Discharge is proactively managed against the treatment plan on a regular basis by the Discharge Hubs and changes communicated to the patient and carers and where appropriate, relatives.

Assessments are made on admission as to what adaptations the patients house will require for return. The process to install these is implemented immediately e.g. grab rails, ramps.

Observation

The HSCP's have adopted the Home First / discharge to assess models as part of their discharge arrangements. These models focus on providing short-term care and re-ablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home meaning people no longer need to wait unnecessarily for assessments in hospital. In turn this reduces delayed discharges and improves patient flow. While these models are in place, there is still increasing levels of delayed discharges due to resource constraints, with patients remaining in hospital longer than they need to. Additionally, we were made aware that while assessments are made on admission, equipment required is not ordered until rehabilitation is underway. This could also cause a delay in the patient being discharged if equipment is not readily available.

Putting in place a named individual who is responsible for coordinating a patient's discharge as soon as they arrive can aid timely decision making and provide a single point of contact. However, our testing identified that the discharge process is managed by teams across NHS Lothian.

We also found no evidence of support and training in place for next of kin to help them in dealing with family members with social care requirements.

Risk

If equipment required for patient's homes is not ordered immediately following assessments, this could result in a patient's discharge being delayed if equipment is not readily available.

Without appropriate guidance, support and training, next of kin may be resistant in having family member's discharged from hospital which could result in patient's holding up beds that could be used for other patients.

Recommendation

Management and the IJB's could develop joint plans to reduce delayed discharges.

Clear information and advice could be developed for patients and families on the effects of "bed rest" and the benefits of activity and rehab in line with infection, prevention control guidance. This should also include information to advise that home is best.

Ordering of equipment required for patients' homes could be ordered following the assessment completed on admission.

Consideration could be given to assigning a patient a named officer who is responsible for coordinating their discharge as soon as they arrive.

Training and support could be established for next of kin to help them in dealing with family members with social care requirements.

Management Response

Recommendations

Management and the IJB's could develop joint plans to reduce delayed discharges. – **N/A for Acute**

Clear information and advice could be developed for patients and families on the effects of “bed rest” and the benefits of activity and rehab in line with infection, prevention control guidance. This should also include information to advise that home is best – **Agreed by Acute**

Ordering of equipment required for patients' homes could be ordered following the assessment completed on admission. **Recommendation not accepted by Acute - as patient's condition could change from admission. Discharge equipment such as raised toilet seats / commodes / walking aids etc. are provided for discharge from Acute and complex equipment such as hoists beds etc. are requested as part of the discharge process.**

Consideration could be given to assigning a patient a named officer who is responsible for coordinating their discharge as soon as they arrive. – **Acute Response - Patients have a named nurse and named Consultant who is responsible for coordinating their care and liaising with other services as required to ensure timely planned discharges.**

Training and support could be established for next of kin to help them in dealing with family members with social care requirements. – **N/A for Acute**

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2.

Management Action

Acute

- Therapy Leads will update information on pyjama paralysis and associated posters / pop ups. Will develop a patient information leaflet as part of Planned Date of Discharge (PDD) implementation - part of the DWD national programme of work.
- Wards will be reminded that the named nurse and Consultant take a leadership role in coordinating care and liaising with other services to achieve a timely discharge

East Lothian, Edinburgh and Midlothian HSCP

Refer to Appendix 2.

Responsibility:

Chief Officer, Acute Services

Target Date:

30 September 2022

Appendices

Appendix 1 – Discharge Arrangements for the HSCPs

HSCP	Arrangements
East Lothian	<ul style="list-style-type: none"> • Patient Flow and Site and Capacity support expanded to work 7 days a week • Inpatients in East Lothian Community Hospital (ELCH) have a dedicated case coordinator to act as the link across all medical and social care professionals and the designated family contact • In ELCH, rapid ward rundowns occur daily • Collaborative MDT discharge planning is in place for all patients at ELCH facilitating 7 day discharge • Teams carry out effective 'in-reach' and active 'pulling' of East Lothian patients from three acute hospitals in Lothian. • Increased Discharge to Assess capacity and planned prevention of admission slots – this is assisting in maintaining the HSCP's consistently good Delayed Discharge performance. • Increased Hospital to Home provision and internally managed and provided Homecare • An Integrated Care Allocation Team was established to ensure the Independent Sector are fully engaged with care package allocation. • Above trajectory performance in maintaining low delayed discharges • Block contracts in place with care homes to support discharges within hospital settings – used for interim placements • Further integrated Home Care, Hospital to Home and Care Allocation teams to increase responsiveness and capacity in admissions avoidance and discharge planning and support, through flexible approaches to facilitate hospital discharge and to respond to community pressures.
Midlothian	<ul style="list-style-type: none"> • Daily delayed discharge calls to discuss plans • Flow report produced to review health and social care delays • Continually look to use step down beds at Midlothian Community Hospital and interim beds. • Enhanced Home First Model • 7-day operation of Single Point of Access, Flow Hub and Home First • Additional recruitment for Discharge to Assess to remove delays from RIE • Delays part of performance monitoring system built into weekly EMT tracking • Able to maintain patient flow from acute service and delayed discharges remain within agreed trajectory.
Edinburgh	<ul style="list-style-type: none"> • Home First Navigators on site at RIE and WGH. • Discharge to Assess pathway and service fully utilised to create an alternative pathway to admission. • Additional Social Work resource in place to promote Home First approach and early supported discharge. • Tests of change underway to roll out Planned Date of Discharge at RIE and WGH. • Providing a systems pressure report to the IJB which details the delayed discharges position. • Continuing to implement One Edinburgh approach to optimise capacity available with existing Home Care service and external care providers. • Established a Command Centre in December 2021 to enable active crisis management – to ensure they have a view of critical data in order to make informed decisions, allocate resources based on need and maximise capacity. • Utilising block contracts at care homes to secure extra beds at care homes.

Appendix 2 – HSCP Responses

East Lothian HSCP

Finding 2.1

Management Response:

Delayed discharge numbers are actively tracked by East Lothian HSCP.

- Delayed discharge data, along with details of performance against the trajectory / benchmarking targets, is distributed to key East Lothian staff on a daily basis and also discussed each day at a morning activity meeting.
- ELHSCP produces a monthly trajectory for delayed discharges that is monitored through monthly censor reports.

Management Action

- Continue to closely monitor delays against trajectory.
- Consider whether more frequent reporting of delayed discharge data to IJB would be appropriate

Finding 2.2

Management Response:

- The draft Pan Lothian Discharge and Transfer Policy needs to reflect the activity and pathways in each respective H&SCP. As stated in 2.5, 'the arrangements are varied across each HSCP'.
- Consideration of delayed discharge performance needs to take into account the full health and social care system.

Management Action:

- Continue to contribute the development and delivery of a Pan Lothian Discharge and Transfer Policy.

Finding 2.3

Management Response:

- The home first principle is adopted within East Lothian all patients within the Royal and Western are reviewed daily to establish where they are in their journey and if medically fit we aim to pull them to ELCH for discharge planning or ongoing rehabilitation or discharge the from the acute site.
- The East Lothian ICAT team will have been following these patient from the point of admission.

Management Action:

- Continue with current process.

Finding 2.4

Management Response:

Approaches and areas of focus vary across the Lothian HSCPs.

- Learning and sharing between acute sites and HSCPs took place during the pandemic.
- There is potential to establish a forum made up of multi-disciplinary staff and managers from across the 4 HSCPs to further support shared learning.
- Social work and district nurses are part of the discharge planning for patients from East Lothian.

Management Action:

- Consult with other HSCPs to set up forum.
- Continue to run daily activity huddles that involve all key professionals. .

Appendix 2 – Continued

East Lothian HSCP - Continued

Finding 2.5

Management Response:

- East Lothian Community Hospital (ELCH) OTs and PTs assess patients on admission and prescribe appropriate equipment for discharge home. Most items are held in our onsite satellite store. This allows for provision of equipment on day of discharge. Larger equipment is delivered directly from ATECH 24 in Edinburgh this includes a rapid response service if the discharge date has expedited due to care availability / commencing sooner than expected.
- Our discharge to assess pathway enables inpatient staff at both ELCH and from acute hospitals to identify equipment required on day of discharge, which is supplied from our satellite store. It is then then delivered, fitted and assessed by our community therapists. This negates any delay to the discharge arrangements.
- However, our satellite stock is heavily dependent on supply and delivery from ATECH 24, which, we are aware on occasion, there have been supply issues.
- There have also been national supply issues in relation to equipment needed for telecare services. This has been the result of global supply chain issues and electronic chip shortage during the last 18 months. This has resulted in considerable delays in receiving telecare equipment.
- In recent years, we have created a skill mix post to manage our satellite store, ensuring that the processing and local reimbursement of equipment is completed timeously. Due to the size of our geographical location, we have established 3 satellite stores in addition to the one at ELCH in order to create efficient access for equipment across the county.
- There have been recent situations where requests for larger adaptations have been requested for discharge from hospital e.g., ramps and stairlifts. However, due to the processes required for installation this can rarely be achieved. We would work in collaboration with our inpatient colleagues to explore short-term options i.e., safe single level living to facilitate discharge home until this process is in place.
- We have recently invested in staff training to enable timely training and education and family members who may be engaging in an informal caring role to support someone home and which may include the use of moving and handling equipment including single handed care. This aims to reduce any delay, carer stress and seeks to improve the confidence of informal carers in these roles.

Management Action:

- Review satellite store arrangements, including consideration of whether we have the right level of staffing to support this across East Lothian.
- Continue careful monitoring of stock, ensuring equipment is returned once no longer required and is reused if still fit for purpose. This approach helps to ensure stock turnover and prevents lack of equipment provision contributing to delayed discharge.
- Review current staffing arrangements and effectiveness of 'train the trainer role' in supporting and facilitating earlier discharge from ELCH.

Appendix 2 – Continued

Midlothian HSCP

Finding 2.1

Management Response:

Trajectory figures are set by HSCP in conjunction with NHS Lothian – they are noted in IJB Directions and these Directions are available to all on IJB

There is a Midlothian HSCP delays oversight group which looks at trends and the underlying reasons for delays and formulates actions on daily basis. A weekly Directors meeting is also in place at present.

There is a daily tracking system in place for delays which is reviewed and monitored daily, forming the basis of MDT discussion

Midlothian HSCP have Delays tableau dashboard in place for monitoring delays and undertake deep dives into data at oversight meetings

Management Action:

Performance is reviewed at Senior management meetings, Finance and performance group, and updated through Direction/ MSG reporting to IJB.

Finding 2.2

Management Response:

Midlothian HSCP have SPOA which tracks all inpatients from Midlothian in acute hospitals and identifies planned date of discharges. This information is reviewed daily at our multidisciplinary meeting.

Management Action:

None

Finding 2.3

Management Response:

Midlothian HSCP have a fully embedded discharge to assess team with clear criteria for early referral to support discharge home with rehabilitation, equipment and care at home options available.

Management Action:

None

Finding 2.4

Management Response:

Discharge without delay is being implemented within Midlothian Community Hospital to support patient flow.

Management Action:

Continue to monitor this as part of our IJB Strategic plan SPOTLIGHT programme Planning is underway to define the full continuum of an older peoples' model of care for Midlothian Community Hospital, embedding local KPIs to maintain a quality improvement approach to maintaining flow and supporting local care.

Appendix 2 – Continued

Midlothian HSCP

Finding 2.5

Management Response:

Planned date of discharge is being implemented in Midlothian Community Hospital. There is a focus on how facilitated conversations take place at an early stage with families to ensure we have a collaborative approach to co-ordinating discharge from hospital to home.

We have an increased focus on “active wards” – so that rehabilitation is not just about time with the therapy staff and that activity and independence are always promoted by all staff members.

Management Action:

Review this and monitor progress through our Midlothian Community Hospital SPOTLIGHT updates.

Appendix 2 – Continued

Edinburgh HSCP

Finding 2.1

Management Response:

Delayed Discharge numbers are regularly tracked and reported in Edinburgh HSCP. Trajectories for improvement and actions to deliver these have been set and daily reports are monitored actively.

Management Action:

To continue to monitor progress against trajectories and report these as appropriate.

Finding 2.2

Management Response:

Action as set out in pan-Lothian response

Management Action:

As above

Finding 2.3

Management Response:

This is being addressed through the pan Lothian work as set out in the Acute response and also through the Discharge Without Delay programme which Edinburgh HSCP are taking forward in partnership with Acute. We support actions to enable early conversations with patients about their eventual discharge and planning for this

Management Action:

Discharge without Delay programme is being implemented in Edinburgh with the initial tests of change being identified as taking place in wards at RIE and WGH.

We will continue to participate in work to ensure early discharge planning happens routinely.

Finding 2.4

Management Response:

Home First model is implemented across Edinburgh HSCP and within our acute hospitals. We are also implementing an action plan in relation to Discharge Without Delay with the aim of ensuring early planning for discharge.

We have in place a systems pressure plan which seeks, among other actions, to reduce delays and this is closely linked to our DD trajectories and is monitored very regularly.

Management Action:

Implement action plan for Discharge without Delay.

Finding 2.6

Management Response:

Nil return.

Management Action:

Nil return.

Appendix 3 – Staff Involved and Documents Reviewed

Staff Involved

- Director of Acute Services
- Chief Officer, Edinburgh IJB
- Chief Officer, East Lothian IJB
- Chief Officer, Midlothian IJB
- North East Locality Manager, Edinburgh HSCP
- Performance and Evaluation Manager, Edinburgh HSCP
- Interim Chief Nurse, East Lothian HSCP
- Western General Site Director
- Royal Infirmary Edinburgh Site Director
- Unscheduled Care Service Improvement Manager
- Discharge Coordinator
- Head of Primary Care and Older Peoples Services, Midlothian HSCP

Documents Reviewed

- NHS Lothian Discharge Policy March 2011
- NHS Lothian Discharge Procedure September 2012
- NHS Lothian Discharge Toolkit
- NHS Lothian Discharge Checklist September 2015
- NHS Lothian Hospital Based Complex Clinical Care Policy November 2015
- NHS Lothian Moving On Leaflet July 2015
- NHS Lothian Draft Discharge and Transfer Policy v1.6 October 2021
- NHS Lothian Board Papers, including Performance Reports October 2021 – February 2022
- Daily Delayed Discharge Reporting November – December 2021
- Census Data April – September 2021

Appendix 4 – Our IA Report assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Definition	When Internal Audit will award this level
Significant assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>
Moderate Assurance	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied.</p> <p>There remains a moderate amount of residual risk.</p>	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Limited Assurance	<p>The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.</p>	<p>This may be used when:</p> <ul style="list-style-type: none"> There are known material weaknesses in key control areas. It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
No assurance	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p>	<p>The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)</p>

Appendix 3 - Continued

The table below describes how we grade our audit recommendations based on risks

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Key activity or control not designed or operating effectively ▪ Potential for fraud identified ▪ Non-compliance with key procedures / standards ▪ Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Important activity or control not designed or operating effectively ▪ Impact is contained within the department and compensating controls would detect errors ▪ Possibility for fraud exists ▪ Control failures identified but not in key controls ▪ Non-compliance with procedures / standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> ▪ Minor control design or operational weakness ▪ Minor non-compliance with procedures / standards
Advisory	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> ▪ Information for management ▪ Control operating but not necessarily in accordance with best practice



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