



# Item No. 8

Meeting Date: Wednesday 26<sup>th</sup> October 2022

## Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

**Report By:** Chief Internal Auditor for the Integration Joint Board  
**Contact:** Duncan Black  
**Tel:** 0141 287 4053

### Review of Delayed Discharges

<b>Purpose of Report:</b>	To present to the IJB Finance, Audit and Scrutiny Committee details of the internal audit work undertaken in relation to Delayed Discharge.
<b>Background/Engagement:</b>	The Integrated Joint Board is required to comply with Article 7 of the Local Authority Accounts (Scotland) Regulations 2014. The regulations require a local authority to operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.
<b>Governance Route:</b>	The matters contained within this paper have been previously considered by the following group(s) as part of its development.  HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> (please note below) Not Applicable <input checked="" type="checkbox"/>
<b>Recommendations:</b>	The IJB Finance, Audit and Scrutiny Committee is asked to:  a) note the content of the report; and

	b) recommend that the Head of Audit and Inspection submits a further report to the IJB Finance, Audit and Scrutiny Committee on the implementation of the actions contained in the attached Action Plan.
--	--

**Relevance to Integration Joint Board Strategic Plan:**

To provide assurance on various aspects of the Strategic Plan.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	None
--	------

<b>Personnel:</b>	None
-------------------	------

<b>Carers:</b>	None
----------------	------

<b>Provider Organisations:</b>	None
--------------------------------	------

<b>Equalities:</b>	None
--------------------	------

<b>Fairer Scotland Compliance:</b>	None
------------------------------------	------

<b>Financial:</b>	None
-------------------	------

<b>Legal:</b>	None
---------------	------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Sustainable Procurement and Article 19:</b>	None
--	------

<b>Risk Implications:</b>	None
---------------------------	------

---

<b>Implications for Glasgow City Council:</b>	The current internal auditors of the Council will continue to report to the Council on operational matters relating to Social Care services.
---	--

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The current internal auditors of the NHSGG&C will continue to report to the NHS Board on operational matters relating to NHS services.
--	--

## **Glasgow City Integration Joint Board Delayed Discharges**

### **1. Introduction**

- 1.1 As part of the agreed Internal Audit plan we have carried out a review of the arrangements for discharging patients from hospital stays when a barrier to discharge has been identified (for example, where a care package is required), specifically in relation to cases where this has resulted in a delay in the patient being discharged.
- 1.2 A delayed discharge occurs when a patient, who has been deemed medically fit to leave hospital, is unable to do so because the necessary care, support or accommodation arrangements are not in place, or funding is not available to deliver the care needed; therefore, any patient that cannot leave hospital on the day of their discharge is officially recorded as a delayed discharge. Annual data for 2020/21, published in November 2021 by Public Health Scotland, shows that Glasgow City had the highest average daily number of beds occupied by people delayed in their discharge with 137, followed by City of Edinburgh, North Lanarkshire, and Fife, with 90, 83 and 82 respectively.
- 1.3 When NHS Greater Glasgow and Clyde (NHSGGC) staff identify that a hospital patient will require support beyond home care or other community services, a referral is made by hospital ward staff to the Glasgow City Health and Social Care Partnership (GCHSCP) dedicated Social Work (SW) Hospital Discharge Team who will consider the range of options available to allow the patient to be discharged from hospital, including the arrangement of suitable care accommodation or a package of care support.

- 1.4 When a patient is declared fit for discharge it is immediately recorded within NHSGGC's patient record system. Daily reports are generated from the NHSGGC patient record system by staff based in GCHSCP, and these show the number of delayed discharges, along with the category they fall under, for example Adults with Incapacity (AWI). AWI patients account for a significant number of delayed discharge cases and at the time of the audit, approximately half of all delays were for AWI patients.
- 1.5 Improved performance in relation to delayed discharges, specifically reductions in the time taken to discharge patients, have been included within the Glasgow City Integration Joint Board (IJB) Strategic Plan, and performance in relation to delayed discharge is subject to ongoing monitoring by the Scottish Government's Ministerial Strategic Group.
- 1.6 The purpose of the audit was to ensure there are sufficient and appropriate controls in place covering the arrangements for discharging patients from hospital when they are deemed medically fit, and for the ongoing management of delayed discharges. The scope of the audit included:
- Reviewing delayed discharge improvement plans in place to ensure roles, responsibilities and timescales for implementation were clearly defined and communicated;
  - Ensuring that delayed discharge plans are regularly reviewed and updated;
  - Reviewing the arrangements for joint working between the partner organisations, GCHSCP and NHSGGC;
  - Reviewing the arrangements for the delivery of the delayed discharge improvement plans;
  - Ensuring that appropriate arrangements are in place for the scrutiny of delayed discharge cases and the delivery

- of improvement plans; and
- Performing a detailed case review of a sample of delayed discharge cases.

1.7 This audit was undertaken in two phases; the first phase reviewed the processes in place while the second phase involved a 'deep dive' into a sample of delayed discharge cases.

1.8 In parallel to our audit for the IJB, the NHSGGC Audit Team (Azets) undertook a separate review of delayed discharges within the NHSGGC as part of the 2021/22 Internal Audit Plan. To coordinate audit activity and avoid duplication of effort, we maintained regular contact with the NHSGGC Audit Team at each stage of our audit work.

## 2. Audit Opinion

2.1 Based on the audit work carried out a reasonable level of assurance can be placed upon the control environment. The audit has identified some scope for improvement in the existing arrangements and three recommendations which management should address.

## 3. Main Findings

3.1 We are pleased to report that the key overarching governance controls are in place. We recognise that performance in relation to delayed discharge is demand led, which in the first instance is driven by NHSGGC staff deeming patients medically fit to leave hospital. This is out with the control of GCHSCP staff. Arrangements are in place within the GCHSCP to assist in the delivery of the delayed discharge improvement plans, including:

- An operational action plan aimed at driving improvements in AWI discharge arrangements has been approved by senior management from both the GCHSCP and NHSGGC.
- Development and implementation of an AWI tracker to monitor the key areas within the process which are impacting on delayed discharges.
- Arrangements are in place for the scrutiny of individual cases to determine underlying issues impacting patients' ability to be discharged from hospital, to identify action that can be taken and, where appropriate, escalation arrangements are in place to discuss cases with senior management.
- Standard and bespoke data reports on patient information, extracted from the NHSGGC patient record system, can be obtained by GCHSCP management, as required, to provide up-to-date information on the areas with the most significant impact on delayed discharge levels.
- Key performance information has been identified and is subject to scrutiny through the IJB Finance, Audit and Scrutiny Committee (FASC).
- Establishment of a city-wide Older Peoples Team within the GCHSCP who are responsible for the review and follow up of delayed discharge cases for this client group.
- Appointment of key personnel to have oversight of the delayed discharge process and to embed utilisation of the AWI tracker.
- Allocation of a dedicated Commissioning Officer to work within the GCHSCP to support discharge planning and

interface with care providers.

- Development of a Local Authority Discharge to Assess Pathway, in partnership with Public Health Scotland, to help improve discharge pathways.

3.2 Although we have found that the key controls are in place, delayed discharges continue to present a challenge to all involved, not least the patient. Therefore, to gain a better understanding of the process and where delays may occur, we selected a sample of 10 delayed discharge cases from a report showing all live cases as of the 2<sup>nd</sup> December 2021; we then shared the sample with NHSGGC's Audit Team to allow a comprehensive end-to-end review. Through examination of the recorded case notes and discussions with GCHSCP officers and NHSGGC's Audit Team we identified common themes which may be contributing to the delays. These are detailed in the following paragraphs and in the action plan.

### 3.3 Information Sharing

We were advised that the quantity and quality of information provided to the GCHSCP on the discharge referral e-form varies greatly and often does not include enough detail to determine the care package requirements and commence putting these in place; this can add to delays because of the time taken for the GCHSCP to acquire the patient information, which is required to progress the discharge process, from NHSGGC. Through discussion we also identified that there are occasions where there is insufficient lead in time for the care package to be put in place before the patient is declared medically fit for discharge. Conversely, there are occasions where the lead in time given is too long, and the package is either in place too soon or the patient's needs change in the weeks from the date of referral to being medically fit for

discharge, which results in revision of the arrangements in place.

### 3.4 Communication Arrangements

There are arrangements in place which allow both individual case information and more strategic performance information to be considered and discussed at various joint working forums where there is representation from both GCHSCP and NHSGGC. However, we found that the joint working group for acute delays oversight, which was established to discuss delayed discharges for Glasgow City on a four-weekly basis, had not been operational since early 2020 as a result of the COVID-19 pandemic. It should be noted that a similar delayed discharges group, which has attendees from all six local authorities across NHSGGC, continues to meet on a regular basis.

### 3.5 Shared Procedures

Through our discussions we identified that there is a lack of shared procedures and processes between the partners, which may contribute to the issues identified in relation to information sharing. Also, there does not appear to be a full awareness around the entire process for the patient/service user by both NHSGGC and GCHSCP, meaning that working relationships may suffer and opportunities for improvement may be missed. For example, we were advised that the discharge procedure can revert to the start of the process should the staff member named on the NHSGGC referral e-form not be available to provide additional information (i.e., due to being on leave); during this time the patient's discharge is delayed further if aspects of the process need to be reperformed. Shared processes, including agreed

handover procedures, would allow understanding of the arrangements in place and facilitate improved joint working arrangements.

### 3.6 Legal Intervention

From review, many of the cases on the delayed discharge report include notes relating to court proceedings, these can be required when care plans are disputed, or a patient is recorded as an AWI. The legal process is lengthy, and we were advised that this often delays discharges by a significant number of days through missed and rearranged court dates. As part of the legal process, paperwork must be served to the hospital ward and this is currently sent to a named individual within the ward. However, if that named individual is not available to receive the legal papers they cannot be legally served, and the court date may be missed. There is no agreed process for the coordination and completion of court documentation for those types of discharge cases.

### 3.7 Residential Care for AWI Patients

We were advised that there are additional challenges in finding suitable care packages for some AWI patients with complex needs, particularly those that are not permitted to return to a previous care provider or where there are family choice protocols to be considered, and that this can add a significant number of days to a discharge case. We found that the processes and the roles and responsibilities for the escalation of delayed discharge cases, particularly in relation to AWI cases, have not been agreed and documented between the SW Hospital Discharge Team and SW Commissioning Team.

3.8 An action plan is provided at section four outlining our observations, risks and recommendations. We have made three recommendations for improvement. The priority of each recommendation is:

Priority	Definition	Total
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	2
Medium	Less critically important controls absent, not being operated as designed or could be improved.	1
Low	Lower level controls absent, not being operated as designed or could be improved.	0
Service Improvement	Opportunities for business improvement and/or efficiencies have been identified.	0

3.9 The audit has been undertaken in accordance with the Public Sector Internal Audit Standards.

3.10 We would like to thank officers involved in this audit for their cooperation and assistance.

3.11 It is recommended that the Head of Audit and Inspection submits a further report to the IJB Finance, Audit and Scrutiny Committee on the implementation of the action contained in the attached Action Plan.

#### 4. Action Plan

**Title of the Audit:** Glasgow City Integration Joint Board – Delayed Discharges

No.	Observation and Risk	Recommendation	Priority	Management Response
<b>Key Control:</b> Effective joint working arrangements are in place and discharge procedures are documented in full and available to all relevant parties				
1	<p>Through our case review we identified several areas where the joint working arrangements in place between NHSGGC and the GCHSCP, can be improved.</p> <p>A referral e-form is completed by NHSGGC and sent to the SW Hospital Discharge Team providing details of the patient’s anticipated care needs upon discharge from hospital. We identified that there can be a disparity between the quantity and quality of information provided on this referral form and that the information required by GCHSCP staff to make an assessment on what care a patient will require upon discharge is not always included. This can result in additional delays if further discussions between GCHSCP staff and the NHSGCC medical staff are required to ascertain the required detail to determine the level of social work support required for the patient.</p> <p>The GCHSCP and NHSGGC joint working group which had previously been in place to discuss delayed discharge cases with general managers from the NHSGGC is not currently operational.</p> <p>A case being assessed for discharge may have to be re-assigned either within NHSGGC or GCHSCP due to staff leave or working patterns. We were advised that, where a case is re-assigned details of the work already undertaken in relation to the discharge will not always be captured as part of the handover process and may lead to some or all of</p>	<p>Management from the partner organisations should:</p> <ul style="list-style-type: none"> <li>• Determine if the delayed discharges joint working group, or similar, should be re-established; and</li> <li>• Work together to understand and document all stages of the discharge process from end-to-end, this should include the opportunities for improvement detailed in the observation: optimal timeframes, referral paperwork, and case handover arrangements.</li> </ul> <p>Thereafter management should review the process to identify any further opportunities for improvement. The revised process should then be agreed, documented and issued to all relevant parties.</p>	<b>High</b>	<p><b>Response:</b> Accepted.</p> <p>The delayed discharges joint working group meets twice weekly with representatives across GCC and Clyde and the six local authorities of the board. These meetings were initially every day (COVID) and have reduced recently to Wednesday and Friday, with daily reporting on delays to the Chief Officer.</p> <p>Discharge without Delay is underway as a national programme to improve joint working between Acute colleagues, Social Work and other agencies. The intention is to digitalise the referral process which will require input from eHealth; Social Work and Health to improve pathways, information sharing and communication.</p> <p>It is anticipated implementation of the “Planned Date of Discharge Initiative” will promote effective joint working across Acute sites with HSCP and Social Work colleagues to improve the transition from hospital to home, or homely setting.</p>



No.	Observation and Risk	Recommendation	Priority	Management Response
	<p>the referral assessment work having to be re-performed.</p> <p>The time taken to discharge a patient from hospital is calculated from the date the patient is deemed medically fit for discharge, however in cases where a care package is required referrals to the GCHSCP usually take place before this date, although there is no requirement for this to happen. The arrangements for providing advance detail regarding patients being considered for discharge have not been formally agreed. There is no optimum agreed referral period to ensure enough lead in time to put the appropriate support arrangements in place, whilst not allowing too much time that the patients' needs change substantially thus negating earlier preparations.</p> <p>Where effective joint working arrangements are not in place, there is a risk that the discharge process is not being effectively managed, and patients are not able to be discharged from hospital at the earliest opportunity.</p>			<p><b>Officer Responsible for Implementation:</b> Chief Officer (IJB); and Assistant Chief Officer for Operational Care Services.</p> <p><b>Timescale for Implementation:</b> Ongoing</p> <p>Progress review in 6 months.</p>
<b>Key Control:</b> Agreed processes are in place to ensure that legal requirements are adhered to and completed in a timely manner.				
2	<p>In some circumstances, GCHSCP staff are required to liaise with the Scottish Court Service to progress a patient's discharge. This can occur where the patient is deemed not to have the capacity to make decisions about their care, or arrangements are being disputed, and power of attorney or guardianship is not already in place (for example, AWI patients). The aim of the court proceedings is to appoint a guardian to act in the best interest of the patient and facilitate the discharge from hospital.</p>	<p>Management involved in legal proceedings from the partner organisations should agree a process for the completion of legal duties, including the receipt of legal papers. Also, arrangements should be put in place to provide the SW Hospital Discharge Team with regular updates on all cases as they progress through the legal process.</p> <p>To facilitate the timely receipt and processing of legal documentation, and to ensure that court hearings can be held as soon as possible,</p>	High	<p><b>Response:</b> Accepted.</p> <p>Glasgow HSCP have developed a live AWI tracker to monitor themes and issues emerging when stages are delayed out with agreed Key Performance Indicators (KPI's).</p> <p>Glasgow has recruited two additional solicitors to maximise and progress the Local Authority legal pathways for service users in</p>

No.	Observation and Risk	Recommendation	Priority	Management Response
	<p>When legal intervention is required, solicitors acting on behalf of the GCHSCP will serve legal papers regarding court proceedings to a named staff member within NHSGGC, this is typically the person deemed responsible for the care of the patient, i.e., Charge Nurse within the ward. However, we were advised that, as the papers are marked private and confidential, if the named staff member is not available to sign for the papers then they will be returned, and a new court date will have to be set. This then extends the time that a patient deemed medically fit to be discharged must remain in hospital.</p> <p>Although the GCHSCP have a legal team who liaise with the Scottish Court Service, there is no agreed process to ensure that legal updates on case information is being passed on to the SW Hospital Discharge team.</p> <p>Failure to receive and attend to legal documentation in a timely manner increases the risk of significant delays to patient discharge which impacts patient wellbeing and prevents hospital resources from being used in the most effective way.</p>	<p>management should explore the options available to ensure that legal papers can be accepted when they are first served. This could include having central coordinators for both GCHSCP and NHSGGC.</p>		<p>hospital who lack capacity to make decisions on their welfare and finances.</p> <p>An interface meeting with Scottish Government has been established to progress the digitalisation of the form 20/22 and Interlocutor agreement. This is scheduled every six weeks.</p> <p>A weekly AWI/Complex Delays meeting within Glasgow HSCP Social Work colleagues supports the sharing of information and progression of cases that have been significantly delayed.</p> <p>A specific email inbox has been established to receive notification from the Office of Public Guardianship (OPG).</p> <p><b>Officer Responsible for Implementation:</b> Assistant Chief Officer for Operational Care Services; and Service Manager, Hospital Social Work Team.</p> <p><b>Timescale for Implementation:</b> 31 March 2023</p>

No.	Observation and Risk	Recommendation	Priority	Management Response
<b>Key Control:</b> Suitable arrangements are in place in GCHSCP to identify care solutions in a timely manner.				
3	<p>We were advised that there are additional challenges in finding suitable care packages for some AWI patients, particularly those that are not permitted to return to a previous care provider, and that this can add a significant number of days to a discharge case. The SW Hospital Discharge Team will liaise with the SW Commissioning Team to identify a potential care home location for the patient.</p> <p>We found that the process and the roles and responsibilities of the SW Hospital Discharge Team and SW Commissioning Team for the escalation of discharge cases, particularly in relation to AWI cases, could be improved with clearly documented processes clarifying the interaction and information flow between teams. We were informed that work is ongoing to develop a standard operating procedure to establish the arrangements to be followed in these situations.</p> <p>Failure to formalise the arrangements for identifying complex care arrangements increases the risk that suitable care options which allow a patient to be discharged from hospital are not identified and secured at the earliest opportunity, leading to further delays for the patient.</p>	<p>Management should ensure that the standard operating procedure being developed is completed, agreed and rolled out to responsible officers as soon as possible.</p> <p>The operating procedure should clearly define and document the roles, responsibilities and escalation arrangements between the SW Hospital Discharge Team and the SW Commissioning Team.</p>	Medium	<p><b>Response:</b> Accepted</p> <p>Commissioning have drafted standard operating procedures and they are currently being refined. The standard operating procedures will be launched between relevant teams and reviewed on an on-going basis.</p> <p>A series of care home webinars with 99 Glasgow care homes has been successful in ensuring communication and dialogue continues to be open, to maximise placements in and around Glasgow and redress the potential barriers to admission.</p> <p>Weekly strategic interface meetings with the Commissioning Team have supported regular communication and highlights any issues in securing placements for our longest and most complex delays.</p> <p><b>Officer Responsible for Implementation:</b> Head of Commissioning</p> <p><b>Timescale for Implementation:</b> 31 December 2022 (launch of procedures)</p>