



**REPORT TO:** East Lothian IJB – Audit and Risk Committee

**MEETING DATE:** 28 June 2018

**BY:** Chief Internal Auditor

**SUBJECT:** Internal Audit Report – Delayed Discharges

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## **1 PURPOSE**

- 1.1 To inform the Audit and Risk Committee of the recently issued audit report on Delayed Discharges.

## **2 RECOMMENDATION**

- 2.1 That the Audit and Risk Committee note the contents of the audit report.

## **3 BACKGROUND**

- 3.1 The NHS Lothian Internal Audit team recently carried out a review of the internal controls surrounding Delayed Discharges as part of the Audit Plan for 2017/18.
- 3.2 The main objective of the audit was to evaluate the adequacy and effectiveness of key internal controls in place over the management of Delayed Discharges.
- 3.3 The main findings from the audit work are outlined in the attached report.

## **4 ENGAGEMENT**

- 4.1 The findings from the review have been discussed with Management, but do not require wider engagement.

## **5 POLICY IMPLICATIONS**

- 5.1 None

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

## **7 RESOURCE IMPLICATIONS**

- 7.1 Financial - None  
7.2 Personnel - None  
7.3 Other - None

## **8 BACKGROUND PAPERS**

- 8.1 None

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# Internal Audit



## East Lothian IJB – Delayed Discharges

June 2018

### Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four
Significant Assurance	Significant Assurance	Significant Assurance	Significant Assurance

### Timetable

Date closing meeting held: 6 June 2018

Date draft report issued: 7 June 2018

Date management comments received: 8 June 2018

Date Final report issued: 8 June 2018

This report has been prepared for internal use as part of NHS Lothian's and East Lothian Integration Joint Board'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.

## **Introduction**

The Public Bodies (Joint Working) Scotland Act 2014 aims to provide better connected and co-ordinated services for adults through the integration of health and social care services. Through the Integration Scheme, East Lothian Council and NHS Lothian set up the East Lothian Integration Joint Board (ELIJB) which is responsible for directing the provision of delegated functions within East Lothian.

A delayed discharge occurs when a patient, clinically ready for discharge, is unable to leave hospital because the other necessary care, support or accommodation for them is not readily accessible and / or funding is not available, for example to purchase a care home place. There is healthcare evidence that patients who are delayed in hospital for more than 72 hours have worse health outcomes than those who go home sooner.

This audit reviewed the ELIJB controls established to ensure that delayed discharges are managed effectively.

## **Scope**

The objective of the audit was to evaluate the adequacy and effectiveness of the key internal controls in place over the management of delayed discharges. The audit included a review of the completeness and accuracy of admission dates, discharge dates, reasons provided for delays, the completeness and accuracy of reporting, and how issues are identified and escalated. That included sample testing of delayed discharges during 2017-18.

## **Acknowledgements**

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

## Executive Summary

### Summary of Findings

The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	There are comprehensive controls in place to monitor and report delayed discharges, which are operating effectively.	Significant Assurance	-	-	-	-
2	Delayed discharges KPIs have been agreed by the IJB Board and are regularly reported and monitored.	Significant Assurance	-	-	1	-
3	Delayed discharges performance information is complete and accurate, and supplied to the IJB Board in a timely manner.	Significant Assurance	-	-	-	-
4	Specific funding initiatives have been planned, including effective consultation on usage of funding.	Significant Assurance	-	-	-	-
<b>TOTAL</b>			-	-	<b>1</b>	-

### Conclusion

The area under review comprised 4 control objectives, of which all 4 received Significant Assurance.

There are good controls in place over delayed discharges within the IJB, including the implementation of key initiatives, and daily meetings to discuss individual patients who

discharges have been delayed. However, we have noted that the IJB Board does not always receive key delayed discharge statistics.

Five key initiatives are in place to manage delayed discharges. The Hospital to Home process is led by Senior Charge Nurses, and involves teams of Band 3 nurses moving patients out of hospital to be cared for at home. Care in the short term is provided by HSCP staff, with a collaborative allocation approach working with independent sector firms to arrange for them to provide care to the patients thereafter.

Hospital at Home is a consultant-led team of Advanced Nurse Practitioners and Allied Health Professionals who work on a virtual ward basis, providing care to patients in their own homes. Referrals to the service are mostly made by GPs, however there is also a role for this team in early supported discharge from hospital.

The Discharge to Assess service is led by physiotherapists, and involves fast-tracking patients out of hospital by providing more focused, intensive treatment and then continuing rehabilitation at the patient's home if required.

The HSCP manages a daily "huddle" at Roodlands Hospital which co-ordinates action on all admissions to acute hospitals and the activities of the three teams above.

Finally the Head of Access and Older People's Services (or deputy) chairs a weekly delayed discharge meeting at which all healthcare and social care delays are managed and resources deployed to minimise delayed discharges.

## **Main Findings**

East Lothian IJB has good controls over the management of delayed discharges. Key initiatives are in place to move patients from hospital to home as quickly and safely as possible, and to provide care at home instead of in a hospital environment. In addition, there are daily meetings where discussions are held about individual patients whose discharges have been delayed. Also, NHS Lothian's electronic system TrakCare is used to record delayed discharge information about individual patients.

We have one finding for improvement during the review:

- a review of the IJB Board minutes for the period June 2017 to April 2018 showed that key delayed discharge statistics were not always provided to the IJB Board. For the 11 months sampled (May 2017 to March 2018) no statistics on the number of patients delayed were reported for 4 (36%) months (August, September, October, and December 2017). Also, only the occupied bed days statistics for the period April to July 2017 were supplied to the IJB Board during the period sampled.

Further details of this finding are set out in the Management Action Plan.

## Management Action Plan

<p><b>Control objective 2.1: Delayed discharges KPIs have been agreed by the IJB Board and are regularly reported and monitored.</b></p> <p><b>Associated risk of not achieving the control objective: Delayed discharge KPIs are not always provided to the IJB Board.</b></p>	<p><b>Medium</b></p>
<p><u>Observation and risk</u></p> <p>In January 2017 the Ministerial Strategic Group for Health and Community Care announced the intention to assess the performance of IJBs in 2017-18 for six key areas, one of which was delayed discharges. East Lothian IJB uses two key measures of delayed discharge performance, namely the number of patients at the end of each month whose discharge was delayed, and the total number of occupied bed days for which patients have been delayed.</p> <p>These two performance measures should be reported to each meeting of the IJB Board, so that performance can be discussed and any issues identified. However, a review of the IJB Board minutes for the period June 2017 to April 2018 showed that:</p> <ul style="list-style-type: none"> <li>• Statistics on the number of patients at the end of each month whose discharge was delayed were not always provided to the IJB Board. For the 11 months sampled (May 2017 to March 2018) no statistics were reported for 4 (36%) of them (August, September, October, and December 2017)</li> <li>• The only occupied bed days statistics supplied to the IJB Board during the period sampled were for the months April to July 2017.</li> </ul> <p>If key statistics on delayed discharges are not reported regularly to the IJB Board there is an increased risk that performance issues are not quickly noted and resolved.</p>	
<p><u>Recommendation</u></p> <p>Key delayed discharge statistics should be reported in a timely and consistent manner to each meeting of IJB Board, namely the number of patients at the end of each month whose discharge was delayed, and the total number of occupied bed days for which patients have been delayed.</p>	
<p><u>Management Response</u></p> <p>The missing statistics on the number of patients whose discharges were delayed was partly due to the timing of IJB meetings which does not always match the timing of delayed discharge censuses. With regard to the reporting of the occupied bed days statistics, the IJB should receive quarterly performance reports but the validated data usually refers to periods several months before the date of the IJB meeting.</p> <p><u>The Management Action</u></p>	

Management will ensure that at each IJB the validated census number for all previously unreported months is reported. This will ensure that the IJB can have clear sight of every month's census number. The IJB will ensure that the quarterly performance report includes the most up to date validated month date on occupied bed days.

Responsibility:

David Small, Chief Officer, East Lothian IJB

Target date:

Immediate.



## Appendix 1 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

### Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	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)
<b>Limited assurance</b>	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>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• 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.</li> </ul> <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>

<p style="text-align: center;"><b>Moderate assurance</b></p>	<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. 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>
<p style="text-align: center;"><b>Significant assurance</b></p>	<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.</p> <p>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>