Leicestershire Partnership NHS Trust

Discharge Policy

This policy sets out the overarching principles related to discharge.

This Policy is further supported by service specific Standard Operating Procedures to support safe discharge.

Key words: Discharge, transfer, inpatient, community

Version: 1.0

Approved by: Safety Forum

Ratified By: Safety Forum

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Type of Policy: Clinical

Contents

Policy On a Page

SUMMARY & AIM

This policy sets out the overarching principles related to discharge.

This policy is further supported by local Standard Operating Procedures to support safe discharge within services specific to specialities.

This Policy has been written to provide guidance on overarching principles to assist the multi-professional team in achieving safe and timely discharge. The policy outlines the principles of effective discharge and the responsibilities of Trust staff.

KEY REQUIREMENTS

The need to ensure that patients have a good experience whilst in our care and that discharge is safe, timely, coordinated, and well communicated.

Patients should be regarded as partners in their own care throughout the discharge process and their choice and autonomy should be respected.

There needs to be a robust system in place to continue the care and to manage any risk with the involvement of patients, carers, and a range of professional groups, other agencies and organisations.

Whether at home or in a community setting, individuals should be discharged to the best place, at the right time to meet their needs in a safe, appropriate and timely way. This process should be person-centred, strengths-based and driven by choice, dignity and respect that maximises their independence and leads to the best possible sustainable outcomes.

TARGET AUDIENCE:

This policy applies to all staff employed within LPT and temporary workforce.

TRAINING

Any training requirements will be based on individual staff need and facilitated by service areas.

1.0 Quick look summary

This Trust discharge policy has been written to provide guidance on overarching principles to assist the multi-professional team in achieving safe and timely discharge. The policy outlines the principles of effective discharge and the responsibilities of Trust staff.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1.0	November 2024	New overarching Policy

For Further Information Contact: Assistant Director of Nursing and Quality

1.2 Key individuals involved in developing and consulting on the document.

- Jane Martin, Assistant Director of Nursing and Quality
- Medical Director
- Interim Director of Nursing, AHP's and Quality
- Heads of Nursing for 3 Directorates
- AHP Clinical Leads
- Psychology
- Medics
- Patient Safety Team
- Legal Team
- Patient Experience and Involvement Team
- Pharmacy
- Trust Policy experts

1.3 Governance

Level 2 or 3 approving delivery group – Safety Forum

Level 1 Committee to ratify policy – Safety Forum

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 (Amendment) Regulations 2023 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment due to the protected characteristics as set out in the Equality Act 2010.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that Due Regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies, procedures, and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to Appendix 4 of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- Have capacity take the decision at the relevant time.
- Have received sufficient information to make the decision.
- Not be acting under coercion or duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Discharge: the act of concluding an episode of care. This may include handing over responsibility of care to another service or care provider.

Transfer: Transfer is defined as the movement of a patient and their care and treatment needs from one inpatient ward/ unit to another or to a different community team for continuation of care.

2.0 Purpose and Introduction/Why we need this policy.

This policy sets out the overarching principles related to discharge.

This policy applies to all staff employed within LPT and temporary workforce.

This Trust discharge policy has been written to provide guidance on overarching principles to assist the multi-professional team in achieving safe and timely discharge. The policy outlines the principles of effective discharge and the responsibilities of Trust staff.

This Policy is further supported by service specific Standard Operating Procedures. These Standard Operating Procedures will outline specific requirements related to safe discharge for that service and/or profession. The Standard Operating Procedures will also identify ways of working that are most appropriate to a particular clinical approach, profession or service based on risk and may not meet the overarching principles of discharge identified in this policy.

3.0 Policy Requirements

The need to provide high quality care at the right time, in the right place, delivered by the right people is of paramount importance to ensure we use services effectively, supporting and promoting recovery.

Equally important is the need to ensure that patients have a good experience whilst in our care and that discharge is safe, timely, coordinated, and well communicated.

LPT recognises the contribution that effective discharge care planning makes to high quality service provision, continuity of care and the recovery journey.

In most instances, a discharge is not the end of care, but a transfer in the location of delivery of care. Therefore, there needs to be a robust system in place to continue the care and to manage the risk usually with the involvement of patients, carers, and a range of professional groups, other agencies and organisations.

Hospital discharge is a process and not an isolated event at the end of a patient's stay. It is the final stage in an individual's journey through hospital following the completion of their care and move to an environment best suited to meet any ongoing health and care needs they may have. This can range from going home with little or no additional care to a short-term package of home-based or bed-based care and recovery support in the community, pending assessment of any longer-term care needs.

Whether at home or in a community setting, individuals should be discharged to the best place, at the right time to meet their needs in a safe, appropriate and timely way. This process should be person-centred, strengths-based and driven by choice, dignity and respect that maximises their independence and leads to the best possible sustainable outcomes.

The underpinning principles of effective discharge are:

1. Effective **communication** across the multidisciplinary team
2. Alignment of services to ensure **continuity of care.**
3. **Involvement** of patients / families / carers
4. Efficient systems to support the process.
5. Clear multidisciplinary **clinical management plans**
6. Early identification of discharge **date**
7. Review and **audit** of practice

4.0 Discharge Process

4.1 Introduction

Individuals should be regarded as partners in their own care throughout the discharge process and their choice and autonomy should be respected wherever possible. Information should be given in a format that meets the individuals communication needs.

On admission, or before where possible, inpatient teams should agree a clear purpose for the admission and an estimated discharge date for when this will be achieved. This work should be done with the person at the centre of discharge planning, and, with their consent their family, chosen carer or carers (including parents and guardians for children and young people) and relevant professionals.

Processes should be in place to identify people who may be at risk of a delayed discharge (for example, due to social care or housing needs) at the point of admission or before. Factors that could delay discharge (for example, the need for suitable housing or accommodation and/or a care package) should be reviewed at regularly agreed intervals throughout the inpatient stay and proactive action should be taken to address any barriers.

Information should be shared across relevant health and care teams and organisations across the system in a secure and timely way to support best outcomes. There should be ongoing communication between hospital teams and community services involved in onward care during the admission and post-discharge.

Assessing for long-term needs at an optimised point of recovery or stability improves people's outcomes.

The date of discharge should be confirmed with patients and their families (if the person consent), and care homes. The time to give this information should be needs led but giving at least 24 hours' notice where possible.

If a patient is admitted without being registered with a General Practitioner (GP) or moves address prior to discharge requiring a different GP, the patient, family or carers/care provider should register the patient with the GP before discharge. If this is not possible the individuals

leading the discharge must register the patient. In both scenarios the new GP details must be added to the patients electronic record before discharge to ensure the discharge information is sent to the correct GP. The process for this is to be covered in individual service SoP's

People on all pathways should be discharged as early in the day as possible, ideally before 5pm, as agreed with people and their family members or carers and any providers of onward care and support.

Patients should be informed to plan their own transport arrangements for discharge. Patients with a clinical need can be referred for ambulance transport.

It is important that the Quick Reference Guide for Discharging patients on their Electronic (EPR) Patient record is followed. Clinically, it is important to ensure completion of all aspects of the care, any letters sent or onward referrals before discharging the patient from the EPR system, this includes closing all the electronic tasks.

Risk Management

Discharge requires active risk management across the system.

Ensure that 'safety netting' is provided whereby the individual, family and carers are provided with advice on discharge. The individual, family and carers should be given the contact details of someone who they can talk to about their discharge and advised to make contact if they are concerned about anything.

Patients discharged from psychiatric in-patient care should be followed up within 72 hours of discharge in all cases**.**

Capacity

Capacity will be assumed and assessed if there is a reason to believe a person may lack the mental capacity to make relevant decisions about their discharge arrangements at the time the decisions need to be made, a capacity assessment should be conducted as part of the discharge planning process. Mental capacity is decision and time-specific, and assessments should be specific to the decisions to be made rather than generally. Where the person is assessed to lack the mental capacity to make a relevant decision about discharge, any best interests decision must be made in line with the Mental Capacity Act and fully documented. Further support can be requested from the safeguarding Team.

Deprivation of Liberty

In certain circumstances during discharge planning, health and care providers might determine that someone is, or will be, 'deprived of their liberty' because of the proposed arrangements for their care and treatment. In these circumstances, decision makers must comply with the legal requirements regarding the person's right to liberty.

In some cases, it may be appropriate for an independent advocate to support an individual during the discharge planning process, and this may be a legal requirement.

Homelessness and patients with no recourse to public funds (NRPF)

Identify at the point of admission anyone who is experiencing homelessness or threatened with homelessness. They should refer the person to the relevant local authority homelessness or housing options teams as early as possible during their stay, under the requirements of the Homelessness Reduction Act 2017, if the person consents. Refer to flow chart 1.

4.2 Medication

4.2.1 Discharge Medication on To Take Out (TTO)

As soon as the decision to discharge is made, the discharge medications should be prescribed in accordance with the Medicines Management Policy.

- Details to Include:
    - Names of medications.
    - Dosage and strength.
    - Route of administration (e.g., oral, topical, injection).
    - Frequency and timing of doses.
    - Duration of therapy (if not long term).
    - Reason for each medication.
    - The number of days of discharge medication will be based on the risks associated and the toxicity of the medication.

- Special Considerations:
    - Highlight any changes from pre-admission medications.
    - Indicate any medications that were stopped or modified, with reasons.

Prior to the patient leaving the ward, discharge medications must be checked against the discharge letter. Two Nurses/MAT should endorse the discharge letter and sign the TTO bag once complete.

The quantity supplied will not exceed one calendar month's supply.
Any risks/concerns identified by the MDT should be communicated to the Pharmacy team.

Where it has been identified that the patient might benefit from input from their local community pharmacy on discharge, the pharmacy team seek consent from the patient and if given, send a summary of their discharge medication to their nominated community pharmacy. The Service will:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce the risk of harm from medicines at transfers of care.
- Improve patients' understanding of their medicines and how to take them following discharge from hospital.
- Reduce hospital readmissions.

4.2.2. Storage and Handling of TTOs

On receipt of TTOs, ensure they are stored securely until the patient's discharge.

- For Controlled Drugs (CDs) supplied by the Pharmacy Department, these must be entered into the patient's own CD register and stored securely until discharge.
- If a Depot injection is included with the TTOs, remove it and do not give it to the patient. RMNs must then contact the Community Nurse to arrange for the collection of the depot.
- Pharmacy may request that certain products from the ward, such as antibiotics, topical products, or valproate, be added to the TTO bag. The Pharmacy team will discuss this with the ward team in advance to ensure that the required supply is available. They will then indicate on the green TTO bag which products should be included. These products will already be labelled with directions, but they should still be checked at the ward level before adding to the TTO bag.

4.2.3 Patient/Caregiver Education

- Purpose:
- Ensure the patient and/or caregiver understands how to manage medications safely.
- Content:
  - Clear instructions on how and when to take each medication.
  - Potential side effects and what to do if they occur.
  - Warning signs that require immediate medical attention.
  - Proper storage instructions.
  - Importance of adherence to the prescribed regimen.
- Method:
  - Provide verbal explanations.
  - Supply written materials or a printed medication guide.

4.2.3 On-going Prescribing

- Include details on where and how to access future supplies, particularly for high-risk medications or specialised treatments.
- Ensure Shared Care Agreements are completed prior to discharge.

4.2.4. Communication with Next Healthcare Provider

- Timing: Share this information promptly to avoid gaps in care.

4.2.5. Monitoring and Follow-Up

- Specify if any post-discharge monitoring is required (e.g., lab tests, blood pressure checks).
- Outline any medications requiring follow-up dosing adjustments.

4.2.6. Documentation Requirements

- Ensure all aspects of discharge planning are clearly documented in the patient’s medical record.
- Include evidence of patient/caregiver education and receipt of discharge letter.

4.2.7. Special Populations

- Address specific considerations for vulnerable populations:
    - Frailty: Simplified regimens to reduce polypharmacy risks.
    - Patients with cognitive or physical impairments: Consider adaptations such as compliance aids to assist with concordance with medication.

4.3 Professional who is discharging patient from inpatient care.

On the day of discharge the discharging professional must confirm that the patient is clinically fit to leave hospital or discharged form community caseload and check that all arrangements are in place with the patient, family/carer.

A copy of the discharge summary letter (TTO) should be ready 24 hours before discharge/transfer wherever possible and sent to the GP.

The discharge/ transfer of care letter must be proofread and checked through and given to the patient/carer at the time of discharge with an opportunity to discuss the content and to ask questions.

The letter should be used to confirm the patients/ carers understanding of their condition, treatment, medicines and ongoing care needs at the time of discharge.

The professional discharging the patient should also confirm that the patient and/or carer understands the information provided regarding their condition including expected signs to look for and when and who to contact for help and advice.

The discharging professional is responsible for ensuring the patient and/ or carer understands their medication regime on discharge by discussing the following:

- The name of medication
- The purpose of the medication
- The times the medication is to be administered.
- Make note of any special instructions including side effects

The discharging professional will give the patient/family member/carers details of any follow up appointments, tests or investigations.

4.4 Disagreement or concerns related to discharge.

It should be acknowledged with patients, that discharges and transfers are often an anxiety provoking time. Patients should be provided with support through this process, having the opportunities to discuss concerns as well as other issues.

There may be occasions where patients, or their family, carers refuse discharge despite being clinically fit.

If the patient does not agree with the discharge plan, explore the reasons for this. It is important to demonstrate and document the availability and suitability of after-care arrangements.

Regular communication with the patient, family and carers must be provide all relevant information to assist the patient in participating in the plan for discharge.

If a patient's preferred care package or placement is not available once they are clinically ready for discharge, an available alternative that is appropriate for their short-term recovery needs should be offered while they await availability of their preferred choice.

Taking formal legal action to remove a patient from hospital is always a last resort. However, with determined opposition to discharge from a patient, or their family, carers who no longer requires inpatient care, contact to be made with the Trust legal team to consider legal proceedings.

Where a professional (including medical professionals and social care professionals) disagrees with a patient's choice, in most cases a person who has mental capacity to decide what care and support they would like on discharge, will make the final decision. If an individual with the relevant capacity refuses the provision of care, then ultimately this decision should be respected and this fully documented.

4.5 Self-Discharge against medical advice

Self-discharge against medical advice may be a significant risk to both the patient and the Trust and on occasions to the public. Patients are under no obligation to follow the medical advice, but it is crucial that they understand the implications of a decision to self-discharge and whether they have the capacity to refuse treatment.

Patients or families wishing to take their own/ their loved one's discharge will be advised by nursing staff initially to stay. Medical staff/ANP should also be involved in encouraging the patient/ family to stay, informing them of the risks associated with self-discharge. If they believe leaving hospital is not in the patient's best interest medically a Consultant/ANP should decide as to whether this constitutes a safeguarding issue.

If capacity is questioned the Consultant or ANP should assess capacity in relation to the patients' ability to decide to self-discharge and this should be recorded on the 'Discharge against medical advice form' and scanned onto the patient record.

If the patient has capacity and is adamant that they wish to leave hospital by their own means, the patient should be assessed and discussed with the senior doctor available (including on-call consultant if necessary). The assessing doctor should provide an explanation of the clinical problem and suggested management plan. Furthermore, any discussion of treatment should mention of not only the complications of treatment, but also the potential consequences of declining treatment. The patient should be asked to sign the discharge against medical advice form, which should be countersigned by the Medic/ANP present. This should then be scanned on to the EPR.

If the patient does not have capacity the Consultant, ANP and Lead Therapist need to make a best interest's decision whether the patient needs to be detained in hospital and consider whether an urgent Mental Health Act Assessment is required.

Patients will be offered a prescription for relevant medication. If the patient is unwilling to wait for the medication to be dispensed this should be recorded in the notes and the GP informed.

5.0 Duties within the Organisation

Policy, Guideline or Procedure / Protocol Author

Lead Director

The Medical Director and Director of Nursing, AHP and Quality have overall responsibility for the quality of medical and nursing intervention to support the policy.

Directors, Heads of Service

Has responsibility for ensuring that there are effective arrangements for discharge and transfer of care planning within their Directorates.

Closely monitor hospital discharge performance data to ensure discharge arrangements are operating effectively and safely across the system.

The Heads of Nursing, Deputy Heads of Nursing and Matrons

Responsible for ensuring compliance with this policy, supporting audit, reviewing results and implementing change where appropriate.

Within inpatient services identify people at risk of delayed discharge and ensure this is escalated according to local protocols, so an assessment can take place if required.

Provision for senior clinical staff to be available to provide clinical advice to ward, discharge staff and community teams and support appropriate risk management.

The Ward Sister/Charge nurse/Matron/Clinical Team Lead

Responsibility for ensuring that systems are in place to facilitate a safe, timely discharge for all patients under their care.

Ensure that standards of discharge planning are maintained and that staff report any examples of nonadherence to the policy.

Discharge needs to be coordinated through a multidisciplinary approach by the Ward Sister/Charge nurse/clinical team lead or their deputy, to enable discharge.

Medics

All patients in their care have an estimated discharge date (EDD) within 24 hours of admission.

To Take Out (TTO) prescriptions for discharge are written at least 24 hours before discharge or as soon as practicable when discharge is confirmed with than 24 hours' notice. If the patient requires dossette box or controlled drugs these should be requested as soon as possible.

The Consultant and MDT have responsibility for agreeing the patient is ready for discharge/transfer and that this is recorded in the medical notes as 'medically optimised' for discharge (the discharge ready date). This is a statutory requirement under the Care Act 2014.

Complete an electronic discharge summary letter.

Staff

Ensure that patients and their chosen carers (including those with parental responsibility for children and young people) are the centre of discharge planning and are actively involved throughout the process, with appropriate input from relevant professionals and services involved in their ongoing care.

Work with patients and their chosen carers to inform care plans and discharge planning, including undertaking risk assessments.

Ensure that required medication and essential equipment are provided at the point of inpatient discharge, and that information about this is provided to onward care providers, the individual and, where appropriate, their family and chosen carer or carers.

The patient has any tests required for discharge e.g., Swabs.

Maintain timely and high-quality transfer of information, including discharge plans and care and treatment plans where appropriate to relevant professionals and organisations/providers.

Identify carer or carers, including young carers and other children within the family unit, who may need information and/or support, including signposting for carers assessments with the Local Authority as appropriate, making sure this is recorded on electronic records.

Identify any looked-after children or any children who may be at risk of becoming a looked-after child, and work closely with the local authority in discharge planning.

Identify people experiencing or at risk of homelessness on admission, and with the person's consent, make a referral to the relevant local authority as early as possible during their stay.

Ensure an opportunity is given to patients and carers to feedback on their experiences of the service i.e., friends and family test.

Multi-Disciplinary Team (MDT)

Other relevant professionals should be involved, and joint assessments should take place where appropriate.

All members of the (MDT) have the responsibility to ensure patients their families and carers are consulted and regularly updated about discharge planning.

Ensure the provision of community equipment to support discharge as required.

Take part in assessing the longer-term or ongoing needs of an individual as required, in conjunction with local authorities.

6.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision at the time.

If the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

7.0 Monitoring Compliance and Effectiveness

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

Be realistic with the amount of monitoring you need to do and time scales.

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
All	Adherence to principles of Policy	Monitoring of complaints, compliments, incidents	Directorate Governance	Directorate quality meetings

8.0 References and Bibliography

- Department of Health and Social Care & NHSE (2022) Hospital discharge and community support: key messages for all staff: Guidance. Gov.UK 27.10.2022
- Department of Health and Social Care & NHSE (2024) Discharge from mental health inpatient settings: statutory guidance. Gov.UK 26.01.2024.
- Department of Health and Social Care & NHSE (2024) Hospital discharge and community support guidance: statutory guidance. Gov.UK 26.01.2024
- University of Manchester (2023) The National Confidential Inquiry into Suicide and Safety in Mental Health: Safer services: A toolkit for specialist mental health services and primary care

9.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Flow Chart 1: MANAGEMENT OF PEOPLE WITH NO RECOURSE TO PUBLIC FUNDS (NRPF)

- The Trust has a general duty of care to take reasonable steps to discharge safely.
- The Trust may discharge in absence of safe discharge arrangements, if all appropriate avenues to secure discharge to appropriate accommodation or care have been exhausted
- Burden of decision to discharge rests with the Trust

Check does the person have somewhere to stay.
Check does the person have income?
Can Care Team confirm patient has NRPF?

Refer to HET / In-reach - if HET / In-Reach
Establish patient has NRPF, no income, nowhere to stay confirmed by HET / In- reach.

If patient has capacity (in relation to accommodation decisions) - ask patient if they want a flight to their home country

If patient accepts offer of repatriation, bed management to arrange (cost effective solution)

If patient refuses offer of repatriation, Trust to refer case to Local Authority (social services) for confirmation that patient has NRPF and further consideration.

(LA will consider under section 19 Care Act 2014 and section 1 Localism Act 2011, including Human Rights and needs assessment, considering whether patient has any vulnerabilities that need to be considered that may otherwise amount to breach of Human Rights)

LA confirms NRPF and patient has no place to stay.

Trust to consider decision by LA (including whether LA has offered repatriation / cost of ticket home)

If Trust believes decision is flawed, then try to resolve informally with LA (only consider judicial review as a last resort – seek legal advice)

If Trust is satisfied with LA's decision, discuss situation with the patient and repeat the option of flight to their home Country (if patient accepts, then bed management to arrange)

If patient has mental capacity and refuses offer of repatriation, Trust should consider the following before discharge (not an exhaustive list):

1) Has LA provided access to information regarding third sector support / charities that may be able to assist patient (provide short term stay in hospital whilst being explored), such as:

    a. Where to access immigration advice
    b. Local destitution charities
    c. Home Office asylum support
    d. Home Office voluntary returns service
    e. Signposting to the NRPF Network website

2) What is likely effect of discharge on patient's immediate health – does patient have significant ongoing needs increasing likelihood of return to hospital?

3) Consider whether the duty to levy charges under the Charges to Overseas Visitors Regulations 2015, as amended in 2017, applies (may encourage patient to leave bed)

4) Consider inviting Home Office immigration enforcement team to exercise its powers to enforce the patient's removal (may encourage patient to agree to discharge and repatriation)

Trust may discharge person with NRPF from hospital as homeless.

If patient does not have mental capacity (to make decisions about accommodation / repatriation) – seek legal advice regarding options for place of discharge:

- Application to Court of Protection – seek Order that it is in patient's best interests to be transferred to an alternative placement on an interim basis; or

- Consider Trust's powers to arrange a direct transfer from UK hospital bed to hospital bed in their country of origin without a court order (must ensure NRPF; publicity concerns)

In all cases where the clinical team is concerned about a safeguarding concern, please escalate to the Clinical Decisions Meeting for multi-agency decision making.

Appendix 1 Training Needs Analysis

Training topic:	Discharge	
Type of training: (see study leave policy)	Not Required^ Mandatory (must be on mandatory training register) * Role Essential (must be on the role essential training register) * **Desirable ***	
Directorate to which the training is applicable:	**Adult Mental Health*** **Community Health Services *** **Enabling Services *** **Families Young People Children / Learning Disability/ Autism Services** **Hosted Services ***	
Staff groups who require the training:		
Regularity of Update requirement:		
Who is responsible for delivery of this training?	Local induction	
Have resources been identified?		
Has a training plan been agreed?		
Where will completion of this training be recorded?	ULearn * Other (please specify) *	
How is this training going to be monitored?		
Signed by Learning and Development Approval name and date	Alison O Donnell	Date: March 2025

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes.

Respond to different needs of different sectors of the population yes.

Work continuously to improve quality services and to minimise errors yes.

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes.

Help keep people healthy and work to reduce health inequalities yes.

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes

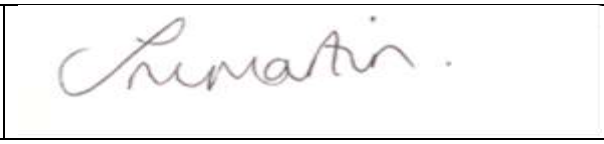
Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Discharge Policy
Date Screening commenced	21.11.2024
Directorate / Service conducting the assessment	Enabling
Name and role of person undertaking this Due Regard (Equality Analysis)	Jane Martin, Assistant Director Nursing & Quality
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To set out the overarching principles related to discharge. This policy is further supported by service specific Standard Operating Procedures	
OBJECTIVES: This Policy has been written to provide guidance on overarching principles to assist the multi-professional team in achieving safe and timely discharge. The policy outlines the principles of effective discharge and the responsibilities of Trust staff.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	Positive Impact
Disability	Positive Impact
Gender reassignment	Positive Impact
Marriage & Civil Partnership	Positive Impact
Pregnancy & Maternity	Positive Impact
Race	Positive Impact
Religion and Belief	Positive Impact
Sex	Positive Impact
Sexual Orientation	Positive Impact
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	**No**
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4
If this proposal is low risk, please give evidence or justification for how you

reached this decision:			
Overarching Policy outlining discharge principles. Specific details are within service specific Standard Operating Procedures			
Signed by reviewer/assessor		Date	21.11.2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	As above	Date	

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.			
Name of Document:	Discharge Policy		
Completed by:	Jane Martin		
Job title	Assistant Director Nursing and Quality	**Date** 21.11.2024	
Screening Questions		**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to conduct the process described within the document.		No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to conduct the process described within the document.		No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		No	

7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	**Not applicable**	
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust