

Improving the Involvement of Unpaid Carers in Hospital Discharge Planning

Change Package

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1. Introduction

The aim of this change package is to provide guidance for staff to make improvements so that during planning for patients' discharge from hospital, unpaid carers have an improved experience, are involved, and have access to support if needed. Where carer involvement is improved, evidence shows that this reduces delayed discharges and minimises staff time and workload waste.

A change package consists of several high-level outcomes supported by activities that when implemented, bring about improvement. It brings together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

Why we developed this change package

Simply put, carers have the right (in law) to be identified and involved in hospital discharge planning.

Evidence shows that if we identify carers early, involve them in discharge planning, and support them through the process, delays are reduced, discharge is smoother, and patients are less likely to have unplanned readmissions soon after discharge because their carers are better equipped to cope. However, we know from research, and from staff and carer feedback, that carers are not consistently identified, involved, or supported.

For that reason, we have designed this change package to support hospital teams and their partners to improve active leadership, identification, involvement, and support, and to monitor the impact of this on staff, hospital systems and carers themselves.

A note about the law

The Carers (Scotland) Act 2016 was introduced to provide carers in Scotland with additional rights. Part 4, section 28 provides unpaid carers the right to be involved in planning for discharge when the cared for person is admitted to hospital. This part of the act places a duty on each health board to involve the carer before a cared-for person is discharged from hospital including by informing them of the intention to discharge in good time, and taking into consideration carers views while planning the discharge.

Scottish Government defines unpaid carers as those who, “provide care and support to family members, friends, and neighbours. The people they care for may be affected by disability, physical or mental ill-health, frailty, or substance use. A carer does not need to be living with the

person they care for. Anybody can become a carer at any time in their life and sometimes for more than one person at a time. Carers can be any age from young children to very elderly people.” (Scottish Government, 20161).

Hospital staff and others working with unpaid carers should be aware of and understand this definition. Unpaid carers themselves do not need to know this nor identify themselves as carers, to have the right to be involved in discharge planning or to be supported to do so. It is important to be sensitive to the potential that someone may decline the role of carer.

How this change package was developed

This change package was developed by Healthcare Improvement Scotland’s Unpaid Carers Improvement Programme with input from subject matter experts from across health, social care, the third sector and with unpaid carers who have lived experience of the hospital discharge processes. It is also informed by research, policy, and guidance.

It has been designed to support teams to improve the experience of unpaid carers in accordance with the Carers (Scotland) Act 2016. It introduces change activities that when tested and implemented bring about improved outcomes for unpaid carers and the people they care for.

Who this change package is for

This change package is for teams in health boards, health and social care partnerships (HSCPs) and third sector partners planning to improve the involvement of unpaid carers during hospital discharge. Whilst it emphasises what hospital teams can do; the change package is for use by anyone who works with patients and their carers to support discharge.

What this change package includes

- driver diagram,
- change ideas,
- measurement plan, and
- supporting evidence, guidelines, and resources and tools.

¹ <https://www.gov.scot/policies/social-care/unpaid-carers/>

How to use this change package

This is a resource to support teams to use quality improvement methods to improve person centred and coordinated involvement of unpaid carers in hospital discharge planning processes.

Although the change ideas and measures within this package are based on research, evidence, and existing good practice, not all will be relevant for every context. It is advised that local systems and ways of working are investigated and understood before change ideas are agreed. While we expect this to provide ideas and inspiration, we recommend that multi-disciplinary teams supporting discharge also develop their own change ideas which fit their local improvement priorities and contexts.

It would be helpful to involve someone with quality improvement knowledge and skills to support the development of change ideas and measures that fit local contexts. They can also advise on measurement which is a vital element of any improvement work informing direction, impact of change, and next steps.

2. Project Aim

All quality improvement projects should have an aim that is:

- Specific
- Time-bound
- Aligned to the organisation's objectives, and
- Numeric

The aim for local improvement to involve unpaid carers in hospital discharge is:

Unpaid carers are involved in discharge planning for the cared-for person (in line with the Carers (Scotland) Act 2016 and have an improved experience.

By [insert date], hospital team/s will take steps so that unpaid carers:

- **Are identified within 24 hours of the patient's admission,**
- **Are supported where needed, and**
- **Report a better experience of their involvement in hospital discharge planning.**

3. Driver diagram and change ideas

What is a driver diagram?

A driver diagram visually presents an organisation's or team's theory of how an improvement goal will be achieved. It articulates which parts of the system need to change, in which way and includes ideas of how to make this happen. It is used to help plan improvement projects and ensure team engagement.

The primary drivers are the key components of the system that need to change to deliver the aim. The secondary drivers are the processes that influence the primary drivers.

Changing the processes outlined in the secondary drivers should change the primary drivers and deliver the aim.

What are change ideas?

Change ideas are specific, practical changes the project team can make to change the processes in the secondary drivers. The following pages provide a range of change ideas for person-centred care planning.

They are grouped by the primary driver they influence. Project teams should select change ideas to test and implement. A range of change ideas will be needed to ensure there are changes to all primary drivers.

This change package does not contain an exhaustive list of change ideas. Project teams can also generate their own change ideas to help drive change in the secondary drivers. One way of generating ideas is to use the question "How might we...?" For example, "How might we engage relatives and carers more meaningfully?"

How to use the driver diagram

A project's driver diagram should be updated regularly, as the project team acquires new local knowledge, experience, and learning through testing (PDSA cycles). If you are not sure where to start, then consider your local priorities and/or context and begin by using recognised quality improvement tools² to support in pinpointing the most impactful areas to begin improvement activities.

² <https://learn.nes.nhs.scot/1262>

Driver Diagram: Improving Carer Involvement in Hospital Discharge

Aim <i>(what we are trying to achieve)</i>	Primary Drivers <i>(we need to ensure)</i>	Secondary Drivers <i>(which requires)</i>
<p>Unpaid carers are involved in discharge planning for the cared-for person (in line with the Carers (Scotland) Act 2016) and have an improved experience.</p> <p>By [insert date], hospital team/s will take steps so that more unpaid carers:</p> <ul style="list-style-type: none"> • are identified within 24 hours of patient admission, • are supported where needed, and • report a better experience of their involvement in hospital discharge planning. 	<p>1. Senior leaders provide direction and leadership to involve and support unpaid carers</p>	<p>a. Leaders provide direction on developing and maintaining organisational systems to support the involvement of unpaid carers.</p> <p>b. Senior managers enable integrated joint working across services and agencies.</p> <p>c. Leaders enable unpaid carers to be included in co-design of discharge processes and support for carers.</p> <p>d. Leaders support the wellbeing and psychological safety of staff working with unpaid carers through discharge.</p>
	<p>2. Early identification of unpaid carers supporting discharge</p>	<p>a. Unpaid carers are reliably identified within 24 hours of patient admission.</p> <p>b. Processes are in place to record the identity of the unpaid carer(s)</p> <p>c. Processes are in place to communicate the identity of the unpaid carer(s) to the care team.</p> <p>d. Unpaid carers are given advice and information about their rights and local carer support.</p>
	<p>3. Unpaid carers are involved as equal partners in discharge planning</p>	<p>a. Routinely involve and consult unpaid carers in discharge planning decisions.</p> <p>b. A system is in place to recognise and use the abilities of the unpaid carer.</p> <p>c. Arrangements are in place to monitor and review systems to involve unpaid carers.</p>
	<p>4. Unpaid carers are offered support during planning for discharge</p>	<p>a. Identification of the needs of unpaid carers</p> <p>b. Access to services relevant to unpaid carers</p>

Primary Driver 1: Senior leaders provide direction and leadership to involve and support unpaid carers

Secondary Driver	Change Ideas		
Leaders provide direction on developing and maintaining organisational systems to support the involvement of unpaid carers (1a)	Develop a cross organisational vision for involving unpaid carers in hospital discharge planning (1a1)	Build links and joint working with local HSCP Unpaid Carer strategic leadership groups (1a2)	Evaluate and monitor staff competencies to involve carers in discharge planning (1a3)
	Routinely monitor staff experience of involving unpaid carers in discharge planning specifically to maintain and improve systems (1a4)	Develop work patterns to enable responsive support to unpaid carers (1a5)	Develop processes that support shared decision making with the individual, family, carers, and MDT (including at the end of life) (1a6)
	Deliver effective care coordination to improve carer and patient experience (1a7)	Senior leaders undertake training to raise their awareness of carers rights and health boards legal obligations e.g. complete EPiC (Turas) (1a8)	
Leaders enable integrated joint working across services and agencies (1b)	Processes are in place to enable teams to work together to support unpaid carers, building trusting relationships (1b1)	Unpaid carer strategic plans in place for integrated joint work across health, social care, third and independent sectors (1b2)	Reliable processes are in place to share information between internal teams and services (1b3)
	Secure, compliant, and reliable processes are in place to share information between health, social care, third and independent sectors (1b4)	Promote local unpaid carer support services and community assets (1b5)	Commission services that support unpaid carers during discharge in partnership with HSCP and third sector stakeholders (1b6)
Leaders enable unpaid carers to be included in co-design of discharge processes and supports for carers (1c)	Routinely invite unpaid carers to service improvement meetings (1c1)	Use recognised frameworks such as 'This is me' to support routine engagement with unpaid carers (1c2)	To inform service improvement, actively encourage carers to provide feedback on their own experience of the patients discharge (via Care Opinion, adapted 'What Matters to You?', or your own form) (1c3)

	Establish processes that enable unpaid carers to routinely inform and be part of discussions with the team supporting discharge (1c4)	Involve unpaid carers as partners in co-design programmes/activities that focus on improving their experience (1c5)	
Leaders support the wellbeing and psychological safety of staff working with unpaid carers through discharge (1d)	Establish wellbeing strategies that incorporate improvement in staff and unpaid carer interactions (1d1)	Structure regular 1:1 and debrief opportunities for staff working with unpaid carers to reflect on relationships and wellbeing e.g., personal development appraisals or supervision (1d2)	Provide staff with the opportunity to discuss their experiences working with unpaid carers through a safe space peer support group (1d3)

Primary Driver 1: Resources and Tools

Resource name	Detail	Link
Quality Improvement Zone <i>NHS Education Scotland</i>	NHS Education for Scotland's QI Zone offers resources and information to enhance workforce skills and confidence, promoting the use of QI methodology for improved services and outcomes.	https://learn.nes.nhs.scot/741 <i>(Training Resource)</i>
Quality Improvement Made Simple <i>The Health Foundation</i>	This guide focuses on quality improvement and is especially useful for health care staff leading fast and efficient service change.	https://www.health.org.uk/publications/quality-improvement-made-simple <i>(Publication)</i>
The improvement journey <i>The Health Foundation</i>	This report is a practical guide to developing an organisation-wide approach to improvement. It summarises the benefits of such an approach and outlines the key elements and steps that NHS trust leaders should adopt when pursuing this agenda.	https://www.health.org.uk/publications/reports/the-improvement-journey <i>(Publication)</i>
Strategic planning: good practice framework <i>Healthcare Improvement Scotland</i>	Framework to support the development and monitoring of strategic plans.	https://ihub.scot/media/6879/good-practice-framework-for-strategic-planning.pdf <i>(Publication)</i>
Journey Mapping <i>Scottish Government</i>	A Journey Map visually shows the experience of a person interacting with a service over time. It helps to understand the individual steps a user takes, the channels they access it by and their satisfaction levels at different points.	https://learnden.com/journey-mapping/ <i>(Visual)</i>
Leadership walk-rounds and safety conversations <i>Healthcare Improvement Scotland</i>	These improvement tools foster a safety culture by connecting senior staff with frontline staff through structured conversations, addressing patient safety concerns, teamwork, communication, and leadership, thereby improving patient care.	https://ihub.scot/project-toolkits/safety-principles/safety-principles/leadership-and-culture-principle/leadership-walk-rounds-and-safety-conversations/ <i>(Online Resource)</i>
Always Events <i>NHS England</i>	Always Events® is a methodology for improving the quality of care by understanding the needs of service users, their families, and carers.	https://www.england.nhs.uk/always-events/ <i>(Online Resource)</i>

<p>Moving from Quality Improvement to Quality Management <i>Healthcare Improvement Scotland</i></p>	<p>A framework that goes beyond quality improvement to one which is inclusive of all the key components of quality management. This framework could be applied at any level of the health and care system, from national through to Board through to clinical and care delivery teams.</p>	<p>https://ihub.scot/media/9012/qitoqms-vfinal.pdf <i>(Publication)</i></p>
<p>Hospital discharge - general guidance <i>Carers Trust UK</i></p>	<p>This toolbox aims to enhance hospital discharge experiences for carers by identifying effective strategies and providing a foundation for implementing legislative advice.</p>	<p>https://carers.org/resources/all-resources/142-carers-and-hospital-discharge-toolkit-for-london-hospitals-and-community-providers <i>(Publication)</i></p>
<p>The Triangle of Care - A Guide to Best Practice in Mental Health Care in Scotland <i>Carers Trust Scotland</i></p>	<p>Carers Trust Scotland developed the Triangle of Care model, a tool for improved carer involvement in mental health settings, aiming to enhance collaboration between service users, carers, and professionals.</p>	<p>https://carers.org/downloads/resources-pdfs/thetriangleofcare-thirdedition.pdf <i>(Publication)</i></p>
<p>Care Opinion <i>NHS Scotland</i></p>	<p>Care Opinion is an online platform so people can share honest feedback easily and without fear; stories are directed to wherever they can help make a difference, and everyone can see how and where services are listening and changing in response</p>	<p>https://www.careopinion.org.uk/services/nhs-scotland <i>(Website)</i></p>

Primary Driver 2: Early identification of unpaid carers supporting discharge

Secondary Driver	Change Ideas		
<p>Unpaid carers are reliably identified within 24 hours of patient admission (2a)</p>	<p>Establish a process to identify carers prior to admission for scheduled care e.g., using information available on SAS admissions forms or future care plans (prev. Anticipatory) (2a1)</p>	<p>Introduce established conversation tools to get to know what and who matters to the patient whilst in hospital including their unpaid carers. Examples include 'Getting to know me' or 'Carers passport (2a2)</p>	<p>Hold a routine discussion with patients to inform them about how their unpaid carers will be involved in planning their discharge (2a3)</p>
	<p>Develop a shared team definition of an unpaid carer to support identification (2a4)</p>	<p>Develop a shared team language sensitive to people who do not see (or do not wish to see) themselves as unpaid carers (2a5)</p>	<p>Develop and implement an unpaid carer identification checklist (2a6)</p>
	<p>Introduce carers awareness and rights into team induction (2a7)</p>	<p>Develop guidance and a shared team language, which eliminates discrimination and is sensitive to carers with protected characteristics (2a8)</p>	
<p>Processes are in place to record the identity of unpaid carer(s) (2b)</p>	<p>Improve/Introduce processes that reliably obtain patient and unpaid carer consent to record identity and to share their information (in accordance with GDPR and Safeguarding) (2b1)</p>	<p>Establish a reliable unpaid carer identification recording mechanism (2b2)</p>	<p>Use digital systems such as admissions forms/Trakcare to record unpaid carer identity (2b3)</p>
<p>Processes are in place to communicate the identity of the unpaid carer(s) to the care team (2c)</p>	<p>Implement processes and tools to share unpaid carer information with multi-disciplinary and multi-agency teams and services involved in discharge (2c1)</p>	<p>Incorporate into structured staff handovers, information about unpaid carers identity and any support needs (2c2)</p>	<p>Include carer information and communication on 'What matters to you?' boards (where permission is given) (2c3)</p>
	<p>Reliably communicate newly identified unpaid carers in discharge or safety huddles (2c4)</p>	<p>Utilise care team communication boards to indicate that a carer has been identified (2c5)</p>	

Unpaid carers are given advice and information about their rights and local carer support (2d)	Establish a reliable approach to routinely offer unpaid carers information on support and carers rights (2d1)	Improve/introduce accessible and visible methods of sharing information with unpaid carers about support available (2d2)	Increase availability of information to unpaid carers on available support and their rights in a range of formats and languages (2d3)
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Primary Driver 2: Resources and Tools

Resource name	Detail	Link
Equal Partners in Care – EpiC <i>NHS Education Scotland</i>	A learning resource for health and social care staff which will help you (and the staff or students you support) to have better interactions with carers.	https://www.nes.scot.nhs.uk/nes-current/equal-partners-in-care/ (Training Resource)
Carer involvement in Hospital discharge <i>NHS Education Scotland</i>	This resource raises awareness amongst hospital staff of their responsibilities in ensuring NHS boards meet the duty to involve carers in the discharge of the cared for person from hospital.	https://learn.nes.nhs.scot/8349 (Training Resource)
Anticipatory Care Planning toolkit <i>Healthcare Improvement Scotland</i>	This HIS guide outlines four key steps for anticipating care plans: preparation, meaningful conversations, documentation, sharing, and review, with tools and resources to support each step, assisting health and social care professionals in ACP.	https://ihub.scot/project-toolkits/anticipatory-care-planning-toolkit/anticipatory-care-planning-toolkit/tools-and-resources/ (Online Resource)
Future Care Planning resources <i>University of Edinburgh</i>	Resources supporting around Future Care Planning though with a particular emphasis on planning for deterioration. Provides guidance on structured conversations	https://www.spict.org.uk/red-map/ (Online Resource)
Falkirk Winter Pressures Project <i>Falkirk HSCP</i>	Think home, think community – addressing the challenges in unscheduled care. Visual of the joint working of five local voluntary organisations and Falkirk Health and Social Care Partnership who set out to enable people admitted to hospital to return home in a timely and safe manner.	https://falkirkhscp.org/spotlight-on-falkirks-winter-pressures-project/ (Publication)
Protected Characteristics <i>Equality and Human Rights Commission</i>	Explanation of the 9 protected characteristics from the Equality Act 2010	Protected characteristics EHRC (equalityhumanrights.com) (online resource)
LGBT Carers <i>Vocal</i>	Information for staff to support LGBT+ carers where additional challenges may be present and who may have concerns that services might not meet their needs.	https://www.vocal.org.uk/carer-support/info-for-carers/lbgt-carers/ (Online Resource)

Primary Driver 3: Unpaid carers are involved as equal partners in discharge planning

Secondary Driver	Change Ideas		
Routinely involve and consult unpaid carers in discharge planning decisions (3a)	Routinely raise staff awareness of the teams' role and responsibilities in involving carers in discharge planning and build their skills and knowledge to support this e.g., EPiC training (3a1)	Introduce a person-centred approach to identifying how individual unpaid carers wish to be involved in discharge planning decisions, for example 'active listening' and 'good conversations' (3a2)	Establish a process to enable routine and timely involvement of carers in discussions about planned date of discharge (3a3)
	Routinely document discussions and decisions made with unpaid carers about discharge planning (3a4)	Routinely access and use information provided by unpaid carers as part of discharge planning processes (3a5)	Establish a process that provides unpaid carers with a single point of contact (3a6)
A system in place to recognise the strengths and abilities of the unpaid carer in their role (3b)	Establish a routine mechanism to provide unpaid carers with the knowledge, skills and confidence needed to care for the patient once discharged (3b1)	Routinely identify if and how unpaid carers wish to participate in daily personal care and ensure all teams members are aware (3b2)	Enable unpaid carers participation in daily care for patient while in hospital (where they wish to) (3b3)
Arrangements in place to routinely monitor and review systems to involve unpaid carers (3c)	Initiate a monitoring and review process to establish how effectively unpaid carers are being involved in discharge planning (3c1)	Gather and monitor data on compliance with local arrangements for involving unpaid carers e.g., sampling records, using local data recording methods (3c2)	Utilise care team experience feedback to inform improvement of processes and systems of identification and support for unpaid carers (3c3)
	Routinely gather and use unpaid carer experience feedback to inform improvement of processes and systems which identify, involve, and support unpaid carers (3c4)		

Primary Driver 3: Resources and Tools

Resource name	Detail	Link
Raising carer awareness of discharge process <i>NHS Forth Valley</i>	Created by NHS Forth Valley, this Discharge without Delay resource explains the Planned Date of Discharge pathway through an animated video for both patient and carers.	https://youtu.be/zqAH4k5II4U <i>(Video)</i>
Getting to know me <i>Alzheimer Scotland</i>	Alzheimer Scotland's Dementia Nurse Consultants and the Scottish Government developed a document that gathers patient information and carer input for staff to provide optimal care.	https://www.alzscot.org/our-work/dementia-support/information-sheets/getting-to-know-me <i>(Printable Information Sheet)</i>
Near me – Evidence Base <i>Technology Enabled Care</i>	National video-conferencing platform used for consultations. Available to all health boards. Could be used to engage with carers unable to attend meetings. No need to download any software.	https://tec.scot/programme-areas/near-me/evidence-base <i>(Online Resource)</i>
Near me – evaluation of the video consulting service in Scotland during Covid-19 <i>Scottish Government</i>		https://www.gov.scot/publications/evaluation-near-video-consulting-service-scotland-during-covid-19-2020-main-report/ <i>(Publication)</i>
Multidisciplinary team meetings: Guidance notes on multidisciplinary team (MDT) meetings <i>Healthcare Improvement Scotland</i>	Guidance on setting up and running multi-disciplinary team meetings including the involvement of carers support staff. (frailty) and North Lanarkshire Physiotherapy early involvement of MDTs in discharge project.	https://ihub.scot/media/6101/20180827-mdt-guidance-document-v20.pdf <i>(Publication)</i>
Increasing Collaborative Discharge Planning Conversations <i>NHS Education Scotland</i>	Improvement project storyboard - Increasing Collaborative Discharge Planning Conversations – How QI made this possible	https://learn.nes.nhs.scot/69402 <i>(Training Resource)</i>

<p>What matters to you <i>Healthcare Improvement Scotland</i></p>	<p>"What matters to you?" is a tool that encourages meaningful conversations between healthcare providers and patients, utilizing person-centred approaches to establish relationships and understand their priorities.</p>	<p>https://www.whatmatterstoyou.scot/resources/ <i>(Printable leaflets/posters)</i></p>
<p>Emotional Touchpoints (carer feedback) <i>Healthcare Improvement Scotland</i></p>	<p>Tried and tested resource. Simple, printable, and adaptable depending on local or person need. Guidance re how to use, advantages and challenges provided. Can also be used to raise staff awareness.</p>	<p>https://www.hisengage.scot/equipping-professionals/participation-toolkit/emotional-touchpoints/ <i>(Online Resource)</i></p>
<p>Carers Passport <i>Carers UK</i></p>	<p>A Carer Passport scheme enables a conversation, providing a practical prompt to talk about caring, which recognises that carers and those they care for do not necessarily label themselves and their situation in this way. Most effectively delivered as part of a package of carer friendly practices.</p>	<p>https://www.carerpassport.uk/hospitals/in-action/ <i>(Website)</i></p>
<p>Active listening <i>NHS Education Scotland</i></p>	<p>This article explains the five components of active listening and offers suggestions for demonstrating these in conversation.</p>	<p>https://learn.nes.nhs.scot/6409 <i>(Training Resource)</i></p>

Primary Driver 4: Unpaid carers are offered support during planning for discharge

Secondary Driver	Change Ideas		
Identification of the support needs of unpaid carers (4a)	Leaders encourage and support staff to take the time to engage in good conversations to support carers to share their needs, questions, and concerns (4a1)	Develop a system to identify Adult Carer Support Plans or Young Carer Statements as soon as an unpaid carer is identified (4a2)	Provide opportunities for staff to reflect, discuss and share how they identify carer stress (4a3)
	Develop a process to rapidly identify and refer to local carer organisations, carers who support people with terminal or life-limiting illness (see further information on responsibilities and refer to regulation) (4a4)	Develop a communications approach that supports sensitive conversations with unpaid carers in terms of their culture, language, beliefs and identity (4a5)	Raise awareness with pastoral or psychological care staff to better identify and support carers (4a6)
Access to services relevant to unpaid carers (4b)	Assign clear responsibilities to those in the team who will actively support carers through discharge planning i.e., carer support worker (4b1)	Establish dedicated hospital based unpaid carer support roles to work jointly with local carer centres or organisations (4b2)	Routinely collect data for planning purposes to support an understanding of how many unpaid carers require support (4b3)
	Ensure systems and teams competence to make referrals to carer support services, including for new and temporary staff (4b4)	Routinely offer unpaid carers an information leaflet signposting them to relevant local support at the right time for the carer (4b5)	Establish team relationships with local carers centres to understand and keep up to date with available support services for carers (4b6)

Primary Driver 4: Resources and Tools

Resource name	Detail	Link
Caregiver stress: symptoms <i>Careline365</i>	Highlights what to look out for to help identify carer stress. Also offers advice on how carers can protect their own health and wellbeing while caring for someone else's.	Caregiver Stress: Symptoms, Causes & Techniques To Cope Careline365 (Website)
The Carer Support Needs Assessment Tool Intervention (CSNAT-I)	The CSNAT is a comprehensive tool developed and validated in research studies for bereaved and current patient carers, identifying areas of support need.	https://csnat.org/ (Website)
Local Carer Centre Information <i>Care Information Scotland</i>	Website lists all Carer Centres that offer practical support, advice and information to carers and staff in local areas	https://careinfoscotland.scot/topics/support-for-carers/carers-centres/ (Online Resource)
Hospital discharge and community support guidance <i>UK Department of Health & Social Care</i>	This guidance sets out how NHS and local authorities in England can plan and deliver hospital discharge from acute and community hospitals. It could be used to inform local service planning and delivery. This guidance applies in relation to adults being discharged from acute hospitals and community rehabilitation units.	https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance (Online Resource)
Coming out of hospital <i>Carers UK</i>	This factsheet explains to unpaid carers what to expect, the steps that should be followed, their rights as a carer, and what to do if things go wrong. It could be used as is or used to inform a locally developed information sheet.	https://www.carersuk.org/media/14vm0g5x/coming-out-of-hospital-scotland_april-2023-24.pdf (Printable Information Sheet)
Care information Scotland <i>Scottish Government</i>	Scottish Government funded website which provides information, advice, and links about care services for people living in Scotland, including support and services available for carers at a local level.	https://www.careinfoscotland.scot/ (Website)
Improving national outcomes for Black and Minority Ethnic Carers <i>Minority Ethnic Carers of People Project (MECOPP)</i>	A series of briefing sheets providing learning to support good practice when working with carers from black and minority ethnic groups with the aim of improving carer access to health and social care services	https://www.mecopp.org.uk/resources/briefing-sheets (Online Resource)

4. Measurement

Measurement is an essential part of improvement as it helps the project team understand if the changes they are making are leading to improvements. If you expect carers or staff to notice an improvement from the changes you make, include measures to evidence that your change is having the desired effect from their perspective. Gathering feedback using a locally produced feedback form may help with this.

Types of measurement

Below is an outline of three types of measures used in improvement.

- **Outcome measures** are used to understand if the changes are resulting in improvements towards the aim.
- **Process measures** demonstrate that change ideas are improving the underlying processes that contribute towards the outcome.
- **Balancing measures** are used to determine if the changes are affecting things elsewhere in the system (unintended consequences).

Data collection and sampling method

The following measurement plan defines what to measure to answer high-level questions that can be adapted and expanded as your local context requires. You will need to agree based on local contexts who, what, where, when (frequency) and how you will collect your data to answer the questions in the measurement plan.

The measurement plan is for project teams to use when planning improvements involving carers in planning for the patient's discharge. You may identify other concepts and changes that require their own measurement to further understand your progress towards improved involvement.

Contact your local improvement advisor should you wish to discuss measurement for improvement further.

Measurement Plan

Outcome measures		
No.	Measure	What and how to measure
1	Unpaid carers identified	<p>% of carers identified</p> <p>Calculation: Divide number of carers identified (numerator) by number of patients admitted (denominator) then multiply by 100.</p> <p>Numerator: No. of patients with carer identified Denominator: No. of patients admitted [in period]</p>
2	Unpaid carers identified within 1 day (24 hrs) of patient admission	<p>1. Time taken to identify unpaid carers from admission</p> <p>Calculation 1: Subtract date and time unpaid carer identified from date and time person admitted to hospital to establish hours/minutes taken to identification of unpaid carer.</p> <p>Record: Date and time patient admitted Record: Date and time carer identified</p> <p>2. % of carers identified within 1 day (24hr) of patient's admission</p> <p>Calculation 2: Divide the number of unpaid carers identified in 24 hours (numerator) by the number of patients identified as having an unpaid carer (denominator) then multiplying by 100.</p> <p>Numerator: No. of unpaid carers identified within 24 hours of admission Denominator: No. of patients with identified unpaid carer</p>

<p>3</p>	<p>Unpaid Carers are involved in discharge planning in the way they want to be</p>	<p>1. Satisfaction ratings of involvement in discharge planning (as a percentage)</p> <p>Use an existing survey tool or develop a local questionnaire to record unpaid carers views on how well they were involved in discharge planning, or use the following Likert scale:</p> <p><i>Q: I was involved as much as I wanted to be in the decisions about discharge from hospital:</i></p> <ul style="list-style-type: none"> • <i>Strongly agree</i> • <i>Agree</i> • <i>Neither agree nor disagree</i> • <i>Disagree</i> • <i>Strongly disagree</i> <p>Calculation 1: Count the total number of responses for each category, then divide this count by the total number of respondents and multiply by 100.</p> <p>Numerator: No. of responses for each category Denominator: Total number of respondents</p> <p>2. % of unpaid carers satisfied with the level of involvement in discharge planning</p> <p>Calculation 2: Divide total number of unpaid carers surveyed (denominator) by total number of unpaid carers reporting positive responses (Strongly agree and Agree), then multiply by 100.</p> <p>Numerator: No. of unpaid carers reporting satisfaction with their level of involvement Denominator: No. of identified unpaid carers surveyed</p>
<p>4</p>	<p>Carers who need it, are sufficiently supported</p>	<p>1. Overall satisfaction rating with support during discharge as a percentage</p> <p>Calculation 1:</p>

	<p>during the discharge process</p>	<p>Count the total number of responses for each response category, then add together the counts for Strongly agree and Agree, then divide this count by the number of respondents and multiply by 100.</p> <p>Use an existing or locally developed questionnaire to record unpaid carers views on how well they were supported during discharge planning. You may also wish to consider incorporating this Likert scale question:</p> <p><i>Q: I was supported as much as I wanted to be during the discharge from hospital process:</i></p> <ul style="list-style-type: none"> • <i>Strongly agree</i> • <i>Agree</i> • <i>Neither agree nor disagree</i> • <i>Disagree</i> • <i>Strongly disagree</i> <p>It will be helpful to include additional questions that gather insights into:</p> <ul style="list-style-type: none"> • how much time was spent on caring conversations with staff • if unpaid carers understood how decisions were made • if there was clear understanding of terminology used • how they were supported to be involved in discharge process • if they were assisted to understand and given support with any new caring roles or activities • how they were supported with their caring role where new needs were identified for the patient during the discharge process • what ongoing support they might need and if they know how to access that <p>2. % of unpaid carers satisfied with the level of support given during discharge</p> <p>Calculation 2: Divide total number of unpaid carers surveyed (denominator) by total number of unpaid carers reporting positive responses (Strongly agree and Agree), then multiply by 100.</p> <p>Numerator: Total carers reporting satisfaction with support received Denominator: Total carers provided with support</p>
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Process measures

No.	Measure	What and how to measure
5	Unpaid carers are involved in discharge planning	<p>% of unpaid carers who are actively involved in discharge planning</p> <p>Calculation: No. of carers involved in planning for discharge (numerator) and divide by the no. of identified carers (denominator) then multiply by 100</p> <p>Numerator: No. of carers involved in planning for discharge Denominator: No. of identified carers</p>
6	Unpaid carers have had discussions with staff to identify their support needs	<p>% of unpaid carers who have had a discussion about their support needs and the outcome of the discussions is recorded</p> <p>Calculation: No. of unpaid carer records with support need outcomes recorded (numerator) and divide by the no. of identified carers (denominator) then multiply by 100</p> <p>Numerator: No. of unpaid carer records with support need outcomes recorded (including where no support is needed) Denominator: No. of identified carers</p>
7	Unpaid carers are provided with information regarding local carer support services	<p>% of unpaid carers are provided with information on carer support services</p> <p>Calculation: No. of identified carers provided with carer support information (numerator) and divide by the no. of identified carers (denominator) then multiply by 100</p> <p>Numerator: No. of identified carers provided with carer support information Denominator: No. of identified carers</p>

Balancing measures

No.	Measure	What and how to measure
8	Readmissions to hospital of people with an identified unpaid carer within 14 days of discharge	<p>% of people with an identified unpaid carer, discharged from hospital, who experience an unscheduled readmission to hospital within 14 days of discharge</p> <p>Calculation: Number of people with an identified unpaid carer, who have an unscheduled readmission to hospital within 14 days of discharge (numerator) divided by number of people discharged who had an identified unpaid carer (denominator) then multiply by 100</p> <p>Numerator: Number of people with an identified unpaid carer, who have an unscheduled readmission to hospital within 14 days of discharge Denominator: Number of people discharged who had an identified unpaid carer</p>
9	Discharges delayed due to readiness of unpaid carers	<p>1. % of delayed discharges due to unpaid carer readiness</p> <p>Calculation 1: No. of discharges delayed due to carer reasons (numerator) divided by no. of discharges delayed (denominator) multiplied by 100</p> <p>Numerator: No. of discharges delayed due to carer reasons Denominator: No. of discharges delayed</p> <p>Further information may be collected relating to: Breakdown of carer reasons for delay (e.g., power of attorney/guardianship, support needs of carer, carer concerns regarding decision to discharge, carer readiness for patient discharge, etc)</p> <p>2. % of days/hours delayed due to unpaid carer readiness</p> <p>Calculation 2:</p>

		<p>Total no. of days/hours discharges delayed due to carer readiness (numerator) divided by Total no. of discharge delayed days/hours (denominator) multiplied by 100</p> <p>Numerator: Total no. of days/hours discharges delayed due to carer readiness Denominator: Total no. of discharge delayed days/hours</p>
10	Staff are enabled to involve unpaid carers in discharge planning	<p>[locally defined measure]</p> <p>Develop a local staff survey that takes into consideration staff views on:</p> <ul style="list-style-type: none"> • being able to hold caring conversations with unpaid carers during the discharge process • having enough time to have a caring conversation • confidently explaining how decisions are being made to unpaid carers • feeling confident in explaining any new caring role required on discharge • feeling confident about providing support or signposting to support to help unpaid carers manage any new needs the patient might have on discharge • if they have easy access to information to offer unpaid carers about the support available to them if by involving unpaid carers they have reduced unnecessary steps, actions or time during the discharge process

Appendix 1 – Evidence and Guidelines

Primary Driver 1: Senior leaders provide direction and leadership for unpaid carers as equal partners in care		
Evidence and Guidelines		
Issue	Detail	Link/Citation
Scottish Government National Carers Strategy	The National Carers Strategy 2010-2015 outlines the Scottish Government's policy of treating carers as equal partners in care, as outlined in CA16 Statutory Guidance.	National Carers Strategy: https://www.gov.scot/publications/caring-together-carers-strategy-scotland-2010-2015/pages/0/
Scottish Government guidance on expectation that health boards will ensure workforce aware and have required training to meet the duties (Statutory Guidance)	The health board is responsible for ensuring professionals are trained and aware of their duty and can consider using the EPIC national framework and online learning resource to support professionals to involve carers in care planning and decision-making.	Carers (Scotland) Act 2016, Paras 4.2.20 and 21: https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/
Scottish Government guidance on legal requirement for health boards (with local authorities) to involve unpaid carers in designing and delivering services	Section 27 mandates local authorities and health boards to involve carers and their representatives in carer services, ensuring strategic involvement in service design and delivery, considering needs and evaluation methods.	Carers (Scotland) Act 2016, Section 27: https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/
Evidence on effectiveness of Leadership WalkRounds	This large study found that Positive Leadership WalkRounds (PosWR) exposure was associated with improved healthcare worker well-being and safety culture.	Bryan Sexton, Kathryn C. Adair, Jochen Profit, Jonathan Bae, Kyle J. Rehder, Tracy Gosselin, Judy Milne, Michael Leonard, Allan Frankel, Safety Culture and Workforce Well-Being Associations with Positive Leadership WalkRounds (PosWR), The Joint Commission Journal on Quality and Patient Safety, Volume 47, Issue 7, 2021, Pages 403-411, ISSN 1553-7250, https://doi.org/10.1016/j.jcjq.2021.04.001 .

Primary Driver 2: Early identification of unpaid carers supporting discharge

Evidence and Guidelines		
Issue	Detail	Link/Citation
Identification of unpaid carers Evidence on carer self-identification and potential impacts	In Scotland, more than half of carers take over a year to recognize their role, with 26% taking over 5 years with some groups taking longer. Not identifying as a carer negatively impacts finances and physical health.	Missing Out: The Identification Challenge (Carers UK, November 2016): https://www.carersuk.org/media/fqkkeyih/cuk-crd-research-report-2016-web.pdf
Identifying unpaid carers (Statutory guidance) including prior to admission (scheduled care)	All identified carers must be involved in a patient's discharge process noting that carers may not always be the most frequent visitors, next of kin, or welfare guardians. Where hospital admission is planned carers can be involved in discharge planning prior to admission and professionals may find it useful to identify if anticipatory care (or future care) plans exist. Special considerations may be needed for involving unpaid carers, for example, those who may not be able to travel to the hospital.	Carers (Scotland) Act 2016, Paras 4.2.25 4.2.27, 4.2.28, 4.2.29: https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/
Identifying unpaid carers: language considerations (Statutory guidance)	Professionals should be aware that using alternative language may help with identifying whether they have a caring role. For example: 'do you look after...' or 'do you provide any support to...'	Carers (Scotland) Act 2016, Para 4.2.33: https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/
NICE Guidance on involving carers in discharge planning	This guidance emphasizes the role of family and carers in reducing readmissions after hospital stays and provides guidance on transitioning to community settings for adults with social care needs.	Quality statement 5: Involving carers in discharge planning: https://www.nice.org.uk/guidance/QS136/chapter/Quality-statement-5-Involving-carers-in-discharge-planning

Primary Driver 3: Unpaid carers are involved in discharge planning as an equal partner

Evidence and Guidelines

Issue	Detail	Link/Citation
Scottish Government guidance regarding initiating involvement: discussion with patient and carer (Statutory guidance)	If possible, a discussion between professionals, the patient, and the unpaid carer is expected to take place to begin to involve the carer including helping them understand what they might reasonably expect to happen in the hospital discharge process.	Carers (Scotland) Act 2016, Para 4.2.24: https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/
Evidence for structured processes for clinicians to conduct guided conversations with carers to support improved communication using 'good conversations', 'This is me' or similar.	TOP 5 is a structured process that involves clinical staff and carers to record nonclinical communication tips and management strategies for dementia patients. This study found that it improved clinician satisfaction and that carers appreciated the opportunity to share information with staff. Similar to the UK Alzheimer's Society's "This is me" tool, it is a structured communication process which helps healthcare professionals understand individual dementia patients' needs.	Luxford, K., Axam, A., Hasnip, F., Dobrohotoff, J., Strudwick, M., Reeve, R., & Viney, R. (2015). Improving clinician–carer communication for safer hospital care: A study of the 'TOP 5' strategy in patients with dementia. <i>International Journal for Quality in Health Care</i> , 27(3), 175– 182. https://doi.org/10.1093/intqhc/mzv026
Evidence of feasibility – and difficulties - of implementing structured procedures.	The study demonstrates that a structured approach to care, involving clear, manualised clinical procedures, can facilitate improved communication and be appreciated by patients, clinicians, and carers. However, implementing these procedures may be challenging without organisational support.	Kaselionyte, J., et al 2019, ""It's a matter of building bridges..." - feasibility of a carer involvement intervention for inpatients with severe mental illness.", <i>BMC Psychiatry</i> , vol. 19, no. 1, pp. 268 https://dx.doi.org/10.1186/s12888-019-2257-6
Evidence for a structured approach to multi-disciplinary teamwork involving patients and unpaid carers	A study using a QI approach found that a collaborative patient rounds approach in a Kentucky hospital involving patients and their unpaid carers, was associated with reduced 30-day readmissions, enhanced	Li, J., et al 2018, "Interprofessional Teamwork Innovation Model (ITIM) to promote communication and patient-centred, coordinated care.", <i>BMJ Quality & Safety</i> , vol. 27, no. 9, pp. 700-709 (single study) https://qualitysafety-bmj-com.knowledge.idm.oclc.org/content/27/9/700

	communication, and resulting improved time savings reported among team members.	
Evidence of potential barriers if there is a culture of families seen as recipients of care and not active partners	<p>Nurses may feel they have met carers' needs by informing them after a decision has been made, and there can be some reluctance to engage with patient relatives, but carers often desire more active involvement.</p> <p>Kydonaki et al. suggest a cultural shift from family as care recipients to active participants, requiring trust, rapport, and recognition of values. Caswell proposes a negotiated communication model.</p>	<p>Caswell G., et al 2015, "Communication between family carers and health professionals about end-of-life care for older people in the acute hospital setting: A qualitative study.", <i>BMC Palliative Care</i>, vol. 14, no. 1, 01 Aug 2015 A study on end-of-life care in four acute wards in a UK hospital</p> <p>Kydonaki, K., et al 2020, "Family Involvement in intensive care: A qualitative exploration of critically ill patients, their families and critical care nurses (input study)", <i>Journal of Clinical Nursing (John Wiley & Sons, Inc.)</i>, vol. 29, no. 7, pp. 1115-1128. A Scottish study at two adult ICUs</p>
Review of Shared Decision Making	Review of what works in Shared Decision Making with a specific focus on Realistic Medicine. See section 2 for a <u>synthesis of recent Scottish and international evidence on shared decision-making</u> .	<p>Shared decision making in realistic medicine: what works, Published 29 March 2019 Directorate Healthcare Quality and Improvement Directorate, Scottish Government ISBN 9781787817036 https://www.gov.scot/publications/works-support-promote-shared-decision-making-synthesis-recent-evidence/pages/3/</p>
Evidence on decision aids and their use supporting shared decision making.	Thomas Agoritsas and colleagues present a new electronic model that aims to enhance shared decision making between clinicians and patients at the point of care.	<p><i>BMJ (Online)</i>, 350, g7624–g7624. https://doi.org/10.1136/bmj.g7624</p>

Primary Driver 4: Unpaid carers are offered support during planning for discharge

Evidence and Guidelines		
Issue	Detail	Link/Citation
Evidence of savings made by having a role/person/team with responsibility for carers	Jarvis et al (2019) conducted a pilot project in Scotland, involving a physiotherapist working as a full-time carer support worker in a stroke unit, resulting in a 9-day median reduction in stay and considerable potential savings, along with increased carer confidence and wellbeing.	Jarvis, A., et al 2019, "Caring for the carer of someone who has had a stroke: findings from an innovative project", International Journal of Therapy and Rehabilitation, vol. 26, no. 8, pp. 1-11 .https://ihub.scot/media/9107/involving-carers-in-hospital-discharge-evidence-summary.pdf
Scottish Government publication about differences in carers' needs arising from diversity in culture, language, and identity as well as socioeconomic differences	Scotland's Carers report highlights inequalities among unpaid carers, with women being the majority, men comprising 40%, and high-intensity carers disproportionately from deprived areas. Carers are most commonly aged 55-64 but those 65 and over are most likely to provide over 20 hours of care per week. Young carers are more likely to be in lone parent families and in deprived areas. Carers often experience poor mental and physical health, compounded by existing inequalities, particularly in complex and demanding situations.	Scotland's Carers (2015): https://www.gov.scot/publications/scotlands-carers/
Evidence on how caring can exacerbate poverty	Reviews interaction with benefits including means testing rules which can mean the loss of benefits even when someone is working part time on minimum wage.	Unpaid care and poverty: unpaid carers' priorities for change through participatory co-design: https://www.jrf.org.uk/social-security/unpaid-care-and-poverty-unpaid-carers-priorities-for-change-through-participatory
Guidance regarding expectation of joint multi-agency working to ensure unpaid carers are supported	Health boards are responsible for supporting carers during hospital discharge, but it is expected that health, social care, and third sector professionals will collaborate to ensure patient and carer support.	Paras 4.2.22, Carers (Scotland) Act 2016: https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance-updated-july-2021/pages/1/
Carers (Scotland) Act 2016 Terminal Illness Directions Integrated Authorities July 2021	Directions under section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 extension of responsibility in 2016 for the integration authority to offer an adult carer support plan to the carer of someone with a terminal illness within two working days of identification of the carer	https://www.gov.scot/publications/carers-scotland-act-2016-terminal-illness-directions-integrated-authorities-july-2021/

Further information

Visit Unpaid Carers Improvement Programme [webpages](#) to find more information and resources

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