

# Discharge Management

## Draft Internal Audit Report

2024/25

Hywel Dda University Health Board



Limited Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

HDU-2425-13

October 2024

November 2024

December 2024

Andrew Carruthers, Chief Operating Officer

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
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# Executive Summary

## Purpose

This review has sought to provide assurance on the controls and processes in place for the safe and efficient discharge of patients, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report (H DUHB-2324-05).

## Overview

Whilst positive progress has been made since the previous Internal Audit report with two agreed management actions (one 'High' priority & one 'Medium' priority) fully implemented, work remains ongoing to address remaining actions (two 'High' priority & one 'Medium' priority). Testing was also undertaken to seek assurance on the safe, efficient and timely discharge of patients through the accurate and complete documenting of discharge planning within the various electronic systems (Frontier and WNCR) and manual patient medical records in line with the *Discharge and Transfer of Care - Adults Policy*.

We have concluded **limited** assurance on this area with the following matters requiring management attention:

- Instances of incomplete and inaccurate information retained within the Frontier system [High Priority]
- Instances of limited discharge planning documentation within manual and electronic systems [High Priority]
- The adoption of national discharge guidance to replace the extant policy and development of a supporting toolkit is ongoing [Medium Priority]
- The development of a patient information leaflet following a review of discharge processes across the counties is ongoing [Medium Priority]

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunity for enhancement has been identified that do not impact the overall opinion and are highlighted for management information:

- Exploring opportunities for the rollout of discharge-focused whiteboards at Bronglais General Hospital

## Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 A Health Board-wide discharge process has been developed, which reflects national requirements and good practice guidance	1 & 2	<b>Reasonable</b>
2 The patient discharge process has been consistently implemented across the Health Board and is complied with to ensure that patients are safely and efficiently discharged from hospitals care.	3 & 4	<b>Limited</b>

### Management Actions

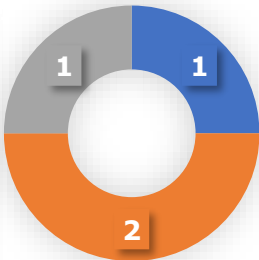


High Priority



Medium Priority

### Themes



- Communication & Engagement
- Information, Data Quality & Data Accuracy
- Policies & Procedures

### Risk Types

Quality or Safety Issues

# Findings & Agreed Action Plan

**Objective 1:** A Health Board-wide discharge process has been developed, which reflects national requirements and good practice guidance

**Reasonable**

**Overview / Summary of Observations**

The previous Internal Audit report identified four matters arising under this objective and have been followed up as part of this audit review.

Positive steps were taken to fully implement the mapping of discharge processes to understand programmes of work and governance arrangements to identify gaps or areas not captured (Matter Arising 3) and the updating of the Policy Goal 5 roll out action plan (Matter Arising 4).

Actions remain ongoing on the review and updating of the *Discharge and Transfer of Care Adults Policy* (Matter Arising 1), and the review of provisions of health and care services across the three counties into a single, consistent model (Matter Arising 2).

At the time of fieldwork, the Discharge Strategy Group was reviewing whether there was value in adopting national discharge guidance to replace the extant *Discharge and Transfer of Care Adults Policy* in addition to the development of a discharge toolkit to support operational staff in discharge processes. A revised deadline date was set for December 2024.

A review of discharge health and care provisions across the three counties has been undertaken and established the streamlining and standardisation of discharge processes whilst recognising some variances per county and local authority. Work is ongoing to develop a single discharge patient information leaflet to reflect the discharge processes in place with a target date set for December 2024.

New recommendations have been raised where appropriate and supersede those raised in the previous audit report.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Discharge Policy and Toolkit</b></p> <p>The Discharge Strategy Group felt that there was value in adopting national discharge guidance and developing a discharge toolkit that would be accessible via SharePoint to support operational staff in discharge processes.</p> <p>The existing policy was extended by six-months and a draft of the toolkit was planned for completion in December 2024.</p>	<p>Inconsistent and inappropriate working practices impacting of the safe and timely discharging of patients.</p>	<p><b>Agreed Action:</b></p> <p>The adoption of the national discharge guidance is well progressed and currently going through the Written Control Document review and approval process and due for completion in January 2025.</p> <p>The development of the toolkit and SharePoint site is well progressed with a completion date on track for December 2024 with a launch date set for due in January 2025.</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1) Formal adoption of the national discharge guidance document with evidence of dissemination to staff</li> <li>2) Completion of the discharge toolkit including the uploading onto the SharePoint site</li> </ol>
	<p><b>Medium Priority</b></p>	<p><b>Officer:</b> Interim Assistant Director of Nursing</p>

	<b>Theme:</b> Policies & Procedures	Control Design	<b>Date:</b> 31 <sup>st</sup> January 2025
2	<b>Discharge Provisions Across Counties</b> Work is ongoing to develop a single discharge patient information leaflet to reflect the discharge process in place across the organisation following the streamlining and standardisation of the processes across the three counties. The target date for completion is December 2024.		<b>Agreed Action:</b> Work is ongoing in the development of a patient discharge information leaflet and is on course for completion by December 2024.
		<b>Medium Priority</b>	<b>Expected Evidence of Implementation:</b> 1) The dissemination of the patient discharge information leaflet to all ward staff
	<b>Theme:</b> Communication & Engagement	Control Operation	<b>Officer:</b> Interim Assistant Director of Nursing <b>Date:</b> 31 <sup>st</sup> December 2024

**Objective 2:** The patient discharge process has been implemented consistently across the Health Board and is complied with to ensure that patients are safely and efficiently discharged from hospital care

**Limited**

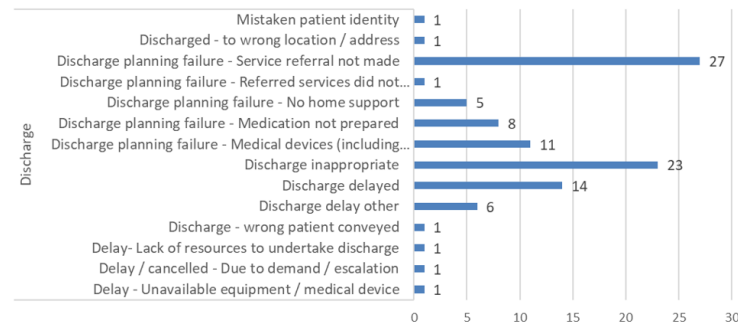
### Overview / Summary of Observations

Internal Audit visited 10 wards across the four acute hospital sites over the period 10-16 October 2024 and confirmed that the Optimal Hospital Patient Flow Framework and its key principles were embedded into the patient discharge process through regular board rounds and afternoon huddles that were attended by a variety of staffing groups.

Whilst the whiteboards on the sampled ward captured key discharge elements (e.g. D2RA, expected date of discharge (EDD), pathway, actions, etc.) we noted that a project had commenced to develop discharge-focused whiteboard at BGH.

Since the previous Internal Audit report, a hospital discharge review was undertaken by Llais West Wales and a discharge focused quality and safety presentation was submitted to the Operational Planning, Governance and Performance meeting. Both reports highlighted the key complaint themes, such as discharge planning failures and inappropriate/delayed discharge, received by the Health Board in 2023 – see full table below.

Discharge incidents - Unscheduled Care (2023)



Testing was undertaken to ensure evidence of the safe and timely discharge of patients through the accurate recording of planning through the Frontier and WNCR systems, and medical notes. This testing incorporated the matter arising from the previous Internal Audit report regarding the incomplete recording of key discharge information within the Frontier system (Matter Arising 5).

Concluding our review of sampled patient from the Frontier system for the period 10-16 October 2024 identified instances where information was incorrectly recorded or missing, whilst testing of the WNCR system and patient medical records identified limited discharge planning documentation retained on file.

New recommendations have been raised where appropriate and supersede those raised in the previous audit report.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Frontier System</b></p> <p>Of the total 174 patients, 41 had not been assigned a simple/complex discharge status within 24 hours of arrival on the Frontier system.</p> <p>A detailed sample of 50 patients was tested and identified the following:</p> <ul style="list-style-type: none"> <li>• seven instances where the patients had not been allocated a D2RA pathway</li> <li>• 15 instances where the D2RA pathway does not appear to match the patients' current medical situation</li> <li>• four instances were identified where an EDD had not been recorded</li> </ul>	<p>Inaccurate or incomplete information retain impacting on the safe and timely discharge of patients.</p> <p style="text-align: center;"><b>High Priority</b></p>	<p><b>Agreed Action:</b></p> <p>Regular audits to be undertaken by the QIST Team of the Frontier system to identify hot spot wards where issues are identified in completion of the Frontier system records.</p> <p>The QIST Team would link in with any hot spot wards to understand the issue they face and to aid them in their completion of the system through additional training and signposting to the new SharePoint site.</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1) Evidence to support the regular auditing of the Frontier system to be undertaken by the QIST Team</li> <li>2) Engagement with identified hot spot wards including actions to address the identified risks</li> </ol> <p><b>Officer:</b> Improvement and Transformation Lead</p>
<p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>	<p>Control Operation</p>	<p><b>Date:</b> 31<sup>st</sup> March 2025</p>
<p>4 <b>Documentation of Discharge Planning</b></p> <p>Of the 100 patient records reviewed within WNCR, eight had partially completed discharge elements whilst 19 had not been completed.</p> <p>A sample of 20 patient manual medical notes were tested. A total of four files had been identified where there was limited discharge planning documentation evident of patient clinical file and the WNCR discharge section had been partially or not completed.</p>	<p>Inappropriate discharge planning undertaken impacting on the safe and timely discharge of patients.</p>	<p><b>Agreed Action:</b></p> <p>During the launch period of the SharePoint site, ward staff will be educated on the information and compliance requirements in line with national and local requirements.</p> <p>The SharePoint site will be updated to include the need for ward staff to fully complete the discharge element within the WNCR system.</p> <p><b>Expected Evidence of Implementation:</b></p>

		<ol style="list-style-type: none"> <li>1) Evidence of staff education and required compliance with the WNCR system following the development of the SharePoint site</li> <li>2) A review of WNCR records for to ensure compliance with requirements</li> </ol>
<b>Theme:</b> Information, Data Quality & Data Accuracy	<div style="background-color: red; color: white; text-align: center; padding: 2px;"><b>High Priority</b></div> Control Operation	<b>Officer:</b> Interim Assistant Director of Nursing <b>Date:</b> 31 <sup>st</sup> March 2025

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

