

# Management of Bed Capacity

## Final 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

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# Executive Summary

## Purpose

This review has sought to provide assurance on the arrangements of established bed capacity baselines, and the allocation and utilisation of beds including the use and de-escalation of surge beds.

## Overview

Positive actions have been undertaken to remodel ward established core bed numbers and reducing surge beds at Withybush General Hospital as part of the Target Intervention programme, scrutiny of surge usage and de-escalation at daily hospital and Health Board patient flow meetings and the coordinated approach to reviewing established core bed number against nurse staffing levels as part of the statutory requirement for Section 25B wards.

However, we have concluded **limited** assurance on this area with the following findings requiring management attention:

- Little to no evidence to support established core bed numbers for Section 25A wards [High Priority]
- Variances in the established core bed numbers [High Priority]
- Multiple sources of established core bed numbers with varying figures [High Priority]
- Lack of a formal service change process, including the adjustment established core bed numbers [High Priority]
- Interpretation of surge and 'flex' beds potentially led to variances in established core bed numbers [Medium Priority]

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

| Objectives  | Related Findings | Assurance         |
|---|------------------|-------------------|
| 1 Established ward bed base numbers have been agreed across the Health Board  | 1, 2, 3          | <b>Limited</b>    |
| 2 Service changes accurately reflect the establishment resource required and is supported by key data, including acuity levels and key quality drives | 4                | <b>Limited</b>    |
| 3 A process for the utilisation and de-escalation of surge beds, including the authorisation of resources, has been agreed and implemented            | 5                | <b>Reasonable</b> |

### Management Actions

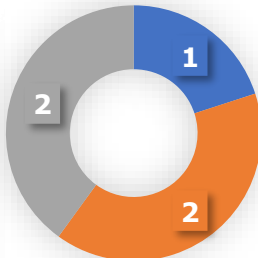


High Priority



Medium Priority

### Themes



- Communication & Engagement
- Information, Data Quality & Data Accuracy
- Quality, Safety & Patient Experience

### Risk Types

Quality or Safety Issues

# Findings & Agreed Action Plan

**Objective 1:** Established ward bed base numbers have been agreed across the Health Board **Limited**

## Overview / Summary of Observations

Established core bed numbers are regularly reported to the hospital and Health Board patient flow meetings through the daily 'sitrep' reports. The reports also details other key related information including the number of occupied beds, utilised surge beds and patient 'boarding' numbers.

Established core bed numbers are also recorded in the WPAS<sup>1</sup> and reported on the Health Board's IRIS Dashboard, whilst a review and calculation of Section 25B wards are undertaken as per the requirement of the Nurse Staffing Levels (Wales) Act.

The approach taken to calculating nurse staffing levels for Section 25B wards considers numerous key factors including bed numbers. The recent Internal Audit Nurse Staffing Act report (Ref. HDU-2425-18) confirmed that all Section 25B wards demonstrated compliance with the prescribed methodology and triangulated approach set out within the Act.

However, this approach is currently not a requirement under the Act for Section 25A wards. Whilst we noted the same approach is considered when reviewing Section 25A wards, there was a lack of evidence from key factors to justify established core bed numbers.

A reconciliation of the established core bed numbers recorded in the patient flow daily 'sitrep' reports identified variances against the core bed numbers held by Finance and Informatics, including the reporting of closed wards.

| Key Findings   | Risk & Impact   | Agreed Management Action  |
|--|---|---|
| <p>1 <b>Evidence to Support Core Bed Numbers</b></p> <p>A review of Section 25A wards across the Health Board's four acute sites noted very little evidence to support the established core bed numbers.</p> | <p>Patient safety is impacted due to inappropriately resourced wards resulting from no review of supporting data.</p> | <p><b>Agreed Action:</b></p> <p>An exercise on the reconciliation of actual numbers of core beds within the WPAS system will be undertaken to ensure the accuracy of reported number.</p> |
|  | <b>High Priority</b>  | <p><b>Expected Evidence of Implementation:</b></p> <p>1) Agreed implementation plan for core bed reconciliation on WPAS.</p>  |
| <b>Theme:</b> Quality, Safety & Patient Experience   | Control Operation   | <p><b>Officer:</b> Deputy General Manager Carmarthenshire</p> <p><b>Date:</b> 31<sup>st</sup> March 2025</p>  |

<sup>1</sup> Welsh Patient Administration System

|          |   |  |   |
|----------|---|--|---|
| <p>2</p> | <p><b>Established Core Bed Numbers</b></p> <p>Of the 69 acute hospital wards listed on WPAS (and published on the IRIS Dashboard), testing identified:</p> <ul style="list-style-type: none"> <li>• Five wards that are closed continue to be listed in WPAS with assigned established core bed numbers.</li> <li>• 21 wards where bed numbers on the patient flow daily 'sitrep' reports do not match to the figures listed in the WPAS.</li> <li>• 18 wards where bed numbers held by Finance do not match the figures listed in the WPAS.</li> <li>• 12 wards where bed numbers held by Finance do not match the figures listed in the patient flow daily 'sitrep' reports.</li> <li>• 11 wards that were not listed on either the patient flow daily 'sitrep' reports or Finance held information.</li> </ul> | <p>There is a financial risk to the Health Board due to the incorrect reporting of established core bed numbers.</p> | <p><b>Agreed Action:</b></p> <p>Following an exercise on the reconciliation of actual numbers of core beds with the WPAS system, this will be shared with other departments and services to ensure ward core bed numbers correctly aligned.</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1) Agreed implementation plan for core bed reconciliation on PAS and the sharing of agreed number with other departments and services</li> <li>2) Process in place for monthly bed returns from Senior nurse managers and subsequent PAS updates</li> <li>3) Power BI dashboard available to view returns</li> </ol>  |
|          | <p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>  | <p>Control Operation</p>   | <p><b>Officer:</b> Deputy General Manager Carmarthenshire &amp; Head of Information Services</p> <p><b>Date:</b> 31<sup>st</sup> March 2025</p>   |
| <p>3</p> | <p><b>Consolidation of Core and Surge Bed Numbers</b></p> <p>There is a lack of a triangulated approach and a central repository to ensure the accuracy of current established core and surge bed numbers across the organisation that employees, departments and services can access.</p>  | <p>Multiple sources holding core bed number resulting in the use and reporting of incorrect data.</p>                | <p><b>Agreed Action:</b></p> <p>The triangulation of data in a central repository will be addressed as part of the implementation of the new <i>Pt-Flow</i> and <i>E-Obs</i> system – a hospital wide 'at a glance' summary is included in the deliverable system – for all staff that need access to this.</p> <p>In the meantime, appropriate staff will be trained on how to record opening of beds identifying them as surge on the WPAS.</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1) A central repository for ward bed numbers will be establish following the configuration and implementation of the new <i>Pt-Flow</i> and <i>E-Obs</i> system</li> <li>2) Agreed training plan for recording beds as surge and record of training undertaken</li> </ol> |
|          | <p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>  | <p>Control Design</p>  | <p><b>Officer:</b> Deputy General Manager Carmarthenshire</p> <p><b>Date:</b> 31<sup>st</sup> March 2025 (interim solution) then involvement in <i>E-Obs</i> system configuration when available</p>  |

**Objective 2:** Service changes accurately reflect the established resource required and is supported by key data including acuity levels and key quality drivers

**Limited**

### Overview / Summary of Observations

The Designated Person responsible for calculating NSL for Section 25B wards on behalf of the Health Board is the Director of Nursing, Quality & Patient Experience aided operationally by the Head of Nursing for Professional Standards and Regulation and Finance Business Partner (Planning & Major Projects). A review the NSL of each ward to ensure they have been accurately calculated in line with bed numbers and the other key supporting data

Where adjustments to established core bed number are required to be made, this would be communicated to the Finance Business Partner who would calculate the cost of the adjustment before submitting it to the Designated Person for scrutiny and approval. The Designated Person presents these changes on a six-monthly basis to the Health Board with the recent NSL paper submitted in November 2024.

A review of the proposed service changes to Padarn Ward in the recent NSL paper confirmed that supporting data, including established core bed numbers was reviewed, in addition to acuity levels, key quality indicators.

However, there is a lack of a formal service change process, including adjustments of established bed core numbers for all other Section 25 wards.

| Key Findings  | Risk & Impact  | Agreed Management Action   |
|---|--|--|
| <p>4 <b>Service Changes Process</b></p> <p>There is a lack of a formal service change process, including the adjustment of established bed core numbers for all Section 25 wards.</p> | <p>Patient safety is impacted due to inappropriately resourced wards resulting from no review of core bed numbers.</p> | <p><b>Agreed Action:</b></p> <p>To ensure a consistent approach for service changes, the establishment of a change procedure to modify core bed numbers will be developed. This solution will be superseded following the implementation of the new <i>Pt-Flow</i> and <i>E-Obs</i> system.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>1) Agreed sign-off procedure for changes to core bed numbers and completion of implementation confirmation</p> |
| <p><b>Theme:</b> Quality, Safety &amp; Patient Experience</p>   | <p><b>High Priority</b></p> <p>Control Operation</p>   | <p><b>Officer:</b> Deputy General Manager Carmarthenshire</p> <p><b>Date:</b> 31<sup>st</sup> March 2025</p>   |

**Objective 3:** A process for the utilisation and de-escalation of surge beds, including authorisation of resources, has been agreed and implemented

**Reasonable**

### Overview / Summary of Observations

There is a clear Health Board-wide process in place for the utilisation and de-escalation of surge beds. The impact of key defined factors, including delayed patient discharge, ambulance handover/ emergency department numbers, closure of beds, infection control issues and the repatriation of patients contribute to increased service demands that result in the temporary use of surge beds.

Actions to de-escalate the use of surge beds was evident at the daily hospital and Health Board patient flow meetings with scrutiny evident from the identified organisational lead including ad hoc meetings throughout the daily to obtain updates and review progress of implemented actions.

The use of surge beds requires additional resource to be committed by the ward in order for the beds to be utilised, whilst 'flex beds' is the use of additional beds within the established resource (i.e. no commitment of additional expenditure required).






We noted that the interpretation of surge and 'flex' surge beds varies across staff and sites that has potentially led to variances in established core bed numbers (as identified in Objective 1).

A review of hospital bed provision and alternative care models has been undertaken as part of the Health Board's Targeted Intervention (TI) programme Financial Roadmap (Domain 1 - Finance, Strategy & Planning). These plans include the net reduction of 35 closed beds at WGH, 25 of which are surge beds, whilst additional plans to close the forecast deficit include operational teams being tasked with setting out actions and steps to close all remaining surge capacity. We can confirm that the submission of bed remodelling proposals for WGH wards to the Financial Control Steering Group (FCSG) in October 2024. The proposal was subsequently approved by the FCSG.

| Key Findings |   | Risk & Impact   | Agreed Management Action  |
|--------------|---|---|---|
| 5            | <p><b>Surge and Flex Beds</b></p> <p>The interpretation of surge beds and 'flex' beds varies across staff and sites that has potentially led to variances in established core bed numbers (as identified in Objective 1).</p> | <p>Patient safety and financial risk is impacted due to the varied interpretation of surge and 'flex' beds resulting in incorrect bed numbers being reported.</p> | <p><b>Agreed Action:</b></p> <p>To confirm the consistent interpretation of surge beds and 'flex' beds, actions will be taken to as part of the new <i>Pt Flow</i> and <i>E-Obs</i> system development, to ensure a clear delineation of all the bed types on the hospital 'at a glance' view to be included.</p> <p><b>Expected Evidence of Implementation:</b></p> <ol style="list-style-type: none"> <li>1) The configuration of the hospital 'at a glance' view on the new <i>Pt-Flow</i> and <i>E-Obs</i> system to clearly identify surge and 'flex' beds</li> <li>2) Agreed training plan for recording beds as surge and record of training undertaken</li> </ol> |
|              |   | <p><b>Medium Priority</b></p>   | <p><b>Officer:</b> Deputy General Manager Carmarthenshire &amp; Head of Information Services</p>  |
|              | <p><b>Theme:</b> Communication &amp; Engagement</p>   | <p>Control Operation</p>  | <p><b>Date:</b> 31<sup>st</sup> March 2025</p>  |

# Appendix A

## Assurance Opinion

|  |                       |  |
|--|-----------------------|--|
|  | <b>Substantial</b>    | Few matters require attention and are compliance or advisory in nature.<br><b>Low impact</b> on residual risk exposure.  |
|  | <b>Reasonable</b>     | Some matters require management attention in control design or compliance.<br><b>Low to moderate impact</b> on residual risk exposure until resolved.  |
|  | <b>Limited</b>        | More significant matters require management attention.<br><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.<br><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.<br>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.

