Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE (ARAC)

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Discharge Management - Progress Update on Management Response
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ceri Griffiths, Interim Assistant Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The NHS Wales Audit and Assurance Services undertook an internal audit of discharge processes across the health board in April 2024 and this report provides an overview of the key recommendations and updates against the agreed management actions.

ARAC are asked to take assurance from this report that all actions are being progressed and timescales are being met.

Cefndir / Background

This audit followed a previous review in 2021/2022 which highlighted that discharge processes were inconsistent and inefficient across the three counties and that government guidance in relation to managing patient discharge and hospital flow were not adhered to.

This updated internal audit by NWSPP found progress evident with the roll out of the Optimal Hospital Patient Flow Framework supporting reductions in discharge delays and that there were robust monitoring and reporting arrangements on patient discharge.

The report did highlight several high priority areas including:

- Lack of evidence to support any improvements in the alignment of discharge processes across the three counties
- Action plans for roll out of Optimal Patient Flow were incomplete and outdated
- Information captured in Frontier system was often incomplete and inaccurate

In response to the issues identified by this report and existing concerns over incidents and concerns relating to discharge, a discharge strategy group was established in April 2024 and developed a workplan in collaboration with the 6 Goals of Urgent and Emergency Care Workstreams. This group will be overseeing the implementation of the internal audit report and recommendations.

Asesiad / Assessment

Following the audit, several key recommendations were made

Recommendation 1 - The Discharge and Transfer of Care Adults Policy should be promptly reviewed and updated in line with national guidance.

Management response

The Discharge Strategy Group will review and update The Discharge and Transfer of Care Adults Policy in line with recent WG National Discharge Guidance, incorporating links to the Reluctant Discharge Policy and Care Home of Choice policy

Update:

The Discharge and Transfer of Care policy has been reviewed by the newly established Discharge Strategy Group. It was felt that there was value in adopting national discharge guidance and developing a Discharge Toolkit which would be accessible via SharePoint to support operational staff in discharge processes. The existing policy has been extended for 6 months and a draft of the toolkit is planned for completion in September 2024.

Recommendation 2 -

A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.

Management response:

A review of the current discharge processes in line with the principles of optimal hospital flow will be undertaken by the TUEC Programme, QIST and the Discharge Strategy Group to identify areas of variation and to establish a single consistent model for discharge processes, recognising that each county and local authority will have some natural variation.

Update:

A review of TUEC has been undertaken by the TUEC (6 Goals) project team and QIST team. The QIST team have reviewed all ward areas and are working with individual wards/sites to further improve. Ward Blueprint with a consistent model is available with supporting documentation and resources e.g. video clips, protocols etc. This will be referenced in the draft version of the discharge toolkit.

A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.

Management response:

Review all existing discharge patient information and develop a single Discharge Patient Information Leaflet to be implemented across all acute and community sites.

Update:

All current patient information has been collated and reviewed by the Discharge Strategy Group and a revised action developed to consider and adopt national patient information guidance leaflets where possible   A draft version of the patient information leaflets was planned for September 2024 but in recognition of the need to consult with Llais, a revised date of December 2024 has been provided.

Recommendation 4 - The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status

Management Response:

1. Local robust roll out plans to be developed & implemented by Operational teams, supported by the QIST Practitioners, to ensure consistent application of the Optimal Flow Framework across all clinical areas.

2. Review and update the Policy Goal 5 action plan and share with the Discharge Strategy Group and Managing Complexity and Conversion Group as part of the TUEC reporting structure.

3. Optimal Flow Framework Lead to be agreed, Local Operational Leads to be agreed and the Optimal Flow Task & Finish Group be re-established

Updates:

1. The roll out of Policy Goal 5 has been completed across all acute and community sites where appropriate. Initial audits have been completed with positive results and the QIST team are planning to implement regular and ongoing audits across sites.

2. The 6 Goals Workstream programme has been restructured and relaunched and PG5 work will form part of the inpatient workstream with dedicated workstream and project leads. Each workstream will develop their own workstream plan to deliver the program milestones which form part of the 2024/5 6 Goals Plan. This action is partially complete.

3. Programme leads have now been identified for the 4 new workstreams and which now supersede the optimal flow workstream. This action is now complete.

Recommendation 5 - Ward staff should ensure the Frontier system is promptly and accurately updated to reflect the patients' status as maintained on the whiteboards.

Management response:

Operational Management Teams to meet with QIST Practitioners to agree local communication / engagement plans ensuring all ward staff are aware of the importance of ensuring that the Frontier system is updated in a timely manner to ensure accuracy of data being collected.

Updates:

Completed by QIST team and shared with IT / Digital. This action is complete.

Recommendation 6.- An audit of the Frontier system should be undertaken to establish whether the data is complete and accurately reflects patients' status on the ward. Where issues are identified, consideration should be given to establishing the circumstances and implementing actions to address any issues, such as additional training.

Management Response:

Regular (bi-monthly) spot audits to be implemented by Senior Nurse Managers in clinical areas using Frontier to review compliance and accuracy with capturing data including EDD, D2RA Pathway and R2G.

Updates:

The board round audit template developed by QIST will be adapted for use by the senior nurse managers by September 2024. This will be included as part of ongoing Goal 5 implementation and monitoring/ assurance of Optimal Hospital Flow workstream.

Argymhelliad / Recommendation

The Committee is asked to **TAKE ASSURANCE** from this report that the recommendations from the internal audit are being addressed and managed.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.22 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality	7. All apply Choose an item. Choose an item.

Quality and Engagement Act (sharepoint.com)	Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. 3 Transforming Urgent and Emergency Care programme Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable.
Rhestr Termau: Glossary of Terms:	ARAC – Audit and Risk Assurance Committee TUEC - Transforming Urgent and Emergency Care WG – Welsh Government QIST - Quality Improvement Skills Training
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	Not applicable.
Cyfreithiol: Legal:	Not applicable.

Enw Da: **Reputational:**	Not applicable.
Gyfrinachedd: **Privacy:**	Not applicable.
Cydraddoldeb: **Equality:**	Not applicable.

Discharge Management - Progress Update on Management Response

ARAC – 13 August 2024

Transforming Urgent and Emergency Care Discharge Audit Internal Audit

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- **Purpose**
  - The overall objective of the audit was to seek assurance that discharge planning and management processes in place are effective and compliant with policies and guidance
- **Overview**
  - This audit followed a previous review in 2021/2022 which highlighted that discharge processes were inconsistent and inefficient across the three counties and that government guidance in relation to managing patient discharge and hospital flow were not adhered to.
  - This updated internal audit by NWSPP found progress evident with the roll out of the Optimal Hospital Patient Flow Framework supporting reductions in discharge delays and that there were robust monitoring and reporting arrangements on patient discharge.
  - The report did highlight several high priority areas including:
    - Lack of evidence to support any improvements in the alignment of discharge processes across the three counties
    - Action plans for roll out of Optimal Patient Flow were incomplete and outdated
    - Information captured in Frontier system was often incomplete and inaccurate

Key Recommendations

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Recommendation

1. The Discharge and Transfer of Care Adults Policy should be promptly reviewed and updated in line with national guidance.
2. A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.
3. A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.
4. The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status
5. Ward staff should ensure the Frontier system is promptly and accurately updated to reflect the patients' status as maintained on the whiteboards.

Management Response

1. The Discharge Strategy Group will review and update The Discharge and Transfer of Care Adults Policy in line with recent WG National Discharge Guidance, incorporating links to the Reluctant Discharge Policy and Care Home of Choice policy.
2. A review of the current discharge processes in line with the principles of optimal hospital flow will be undertaken by the TUEC Programme, QIST and the Discharge Strategy Group to identify areas of variation and to establish a single consistent model for discharge processes, recognising that each county and local authority will have some natural variation.
3. Review all existing discharge patient information and develop a single Discharge Patient Information Leaflet to be implemented across all acute and community sites.
4. Local robust roll out plans to be developed & implemented by Operational teams, supported by the QIST Practitioners, to ensure consistent application of the Optimal Flow Framework across all clinical areas.
5. Operational Management Teams to meet with QIST Practitioners to agree local communication / engagement plans ensuring all ward staff are aware of the importance of ensuring that the Frontier system is updated in a timely manner to ensure accuracy of data being collected.

Internal Audit Action Plan and Updates

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Report Issued By	Report Title	Assurance Rating	Priority Level	Recommendation	Management Response	Recommendation Owner	Revised Completion Date	Status	Progress update/Reason overdue
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	Medium	R1. The Discharge and Transfer of Care Adults Policy should be promptly reviewed and updated in line with national guidance.	The Discharge Strategy Group will review and update The Discharge and Transfer of Care Adults Policy in line with recent WG National Discharge Guidance, incorporating links to the Reluctant Discharge Policy and Care Home of Choice policy.	Interim Assistant Director of Nursing (Operations)	~~Jun-24~~ Sep-24	Red	The policy is currently being reviewed by the newly established Discharge Strategy Group and aiming to have a draft policy / framework ready by September 2024 which will supersede this policy
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	High	R2. A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.	A review of the current discharge processes in line with the principles of optimal hospital flow will be undertaken by the TUEC Programme, QIST and the Discharge Strategy Group to identify areas of variation and to establish a single consistent model for discharge processes, recognising that each county and local authority will have some natural variation.	Interim Assistant Director of Nursing (Operations)	~~Jul-24~~ Sep-24	Red	A review of TUEC has been undertaken by the TUEC (6 Goals) project team and QIST team. QIST team have reviewed all ward areas, there is a slide to demonstrate this and are working with individual wards/sites to further improve. Ward Blueprint with the consistent model is available with supporting documentation and resources e.g. video clips, protocols etc. This will be referenced in the discharge policy / framework.
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	High	R2. A review of discharge health and care service provisions across the three counties should be undertaken and aligned into a single, consistent model.	Review all existing discharge patient information and develop a single Discharge Patient Information Leaflet to be implemented across all acute and community sites.	Interim Assistant Director of Nursing (Operations)	~~Sep-24~~ Dec-24	Red	All current patient information is being collected. Plan to invite representation / set up a small T&F group to work with Llais to develop standardised patient and carer information. Aim to have a draft version by Sept 2024. Additional support has been identified to support specifically with development of patient information. On advice of the Interim Assistant Director of Nursing, completion date revised to December 2024.

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Report Issued By	Report Title	Assurance Rating	Priority Level	Recommendation	Management Response	Recommendation Owner	Revised Completion Date	Status	Progress update/Reason overdue
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	High	R4. The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status.	Review and update the Policy Goal 5 action plan and share with the Discharge Strategy Group and Managing Complexity and Conversion Group as part of the TUEC reporting structure.	Interim Optimal Flow Task & Finish Lead	~~Apr-24~~	Green	Completed by QIST and the 6 Goals Workstream has now been revised and will cover off this action. The 6 goals programme is being restructured and relaunched and PG5 work will form part of the inpatient workstream with dedicated workstream and project leads. Each workstream will develop their own workstream plan to deliver the program milestones which form part of the 2024/5 6 Goals Plan.
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	High	R4. The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status.	Optimal Flow Framework Lead to be agreed, Local Operational Leads to be agreed and the Optimal Flow Task & Finish Group be re-established	SRO TUEC Programme	Jul-24	Green	Programme leads have now been identified for the 4 new workstreams and which now supersede the optimal flow workstream so this action is complete.
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	High	R4. The Policy Goal 5 Roll Out Action Plan should be updated with commencement and target dates adjusted where delays have occurred in order to provide an accuracy position of the implementation status.	Local robust roll out plans to be developed & implemented by Operational teams, supported by the QIST Practitioners, to ensure consistent application of the Optimal Flow Framework across all acute and community wards.	Local Operational Leads – Optimal Flow	Jun-24	Green	Policy Goal 5 Rollout - This is complete In terms of roll out it is now rolled out to all acute and community sites where appropriate.
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	High	R5. Ward staff should ensure the Frontier system is promptly and accurately updated to reflect the patients' status as maintained on the whiteboards.	Operational Management Teams to meet with QIST Practitioners to agree local communication / engagement plans ensuring all ward staff are aware of the importance of ensuring that the Frontier system is updated in a timely manner to ensure accuracy of data being collected.	Local Operational Leads – Optimal Flow	~~Jun-24~~ Sep-24	Red	Work is ongoing with operational management triumvirates to ensure that all ward areas are fully engaged with the Frontier platform and the opportunities this provides to improve patient flow and therefore overall performance. A request has been put in to the data quality team to undertake an audit on the data integrity. This needs operational and clinical ownership and communication.

Report Issued By	Report Title	Assurance Rating	Priority Level	Recommendation	Management Response	Recommendation Owner	Revised Completion Date	Status	Progress update/Reason overdue
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	High	R5. Ward staff should ensure the Frontier system is promptly and accurately updated to reflect the patients' status as maintained on the whiteboards.	A review of potential WIFI connectivity issues limiting access to Frontier in some clinical areas to be completed and shared with the Managing Complexity Group and escalated as required.	Interim Optimal Flow Task & Finish Lead	May-24	Green	Completed by QIST team and shared with IT / Digital
Internal Audit	Transforming Urgent & Emergency Care – Discharge Management Final Internal Audit Report	Limited	Medium	R6. An audit of the Frontier system should be undertaken to establish whether the data is complete and accurately reflects patients status on the ward. Where issues are identified, consideration should be given to establishing the circumstances and implementing actions to address any issues, such as additional training.	Regular (bi-monthly) spot audits to be implemented by Senior Nurse Managers in clinical areas using Frontier to review compliance and accuracy with capturing data including EDD, D2RA Pathway and R2G.	Interim Assistant Director of Nursing (Operations)	~~Jun-24~~ Sep-24	Red	Board round audit template developed by QIST can be adapted for use by the senior nurse managers. Can be included as part of ongoing Goal 5 implementation and monitoring/ assurance of Optimal Hospital Flow workstream.

Recommendation

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ARAC is asked to take assurance that the Discharge Internal Audit report and management actions are under ongoing review and aligned to 6 Goals of Urgent and Emergency Care workstreams.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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