

Discharge Management (Follow Up)

Final Internal Audit Report

2024/25

Hywel Dda University Health Board

Contents

Executive Summary1
Status of Previously Agreed Management Actions2
Appendix A4

Review Reference	HDU-2425-34
Fieldwork	May 2025
Executive Sign Off	3 June 2025
Audit Committee	June 2025
Executive Lead	Andrew Carruthers, Chief Operating Officer
Audit Team	James Johns, Head of Internal Audit Sophie Corbett, Deputy Head of Internal Audit



Executive Summary

Purpose

The overall objective of this follow-up review was to assess the progress in implementing the actions agreed with management to address the issues identified in the previous Discharge Management audit (HDU-2425-13). This review focuses on progress made on the implementation of actions and is not a full re-audit of the topic area; therefore, an assurance rating has not been assigned.

Overview

The agreed management actions raised in the original Discharge Management report were reviewed and a summary of their status is noted in the table below:

Ref.	Matter Arising	Priority Rating	Implemented	Partially Implemented	Not Implemented
1	Discharge Policy and Toolkit	Medium	✓		
2	Discharge Provisions Across Counties	Medium	✓		
3	Frontier System	High	✓		
4	Documentation of Discharge Planning	High			✓

A review of supporting documentation confirmed the implementation of three matters arising in the previous internal audit report. A *Hospital Discharge Guidance* document has been produced that has adopted the Welsh Government guidelines, whilst a patient discharge information leaflet has been developed that unifies the discharge process across all sites of the organisation. Both documents have been uploaded onto a dedicated discharge SharePoint site for staff to access.

The Quality Improvement and Service Transformation (QIST) Team have implemented internal controls to ensure the accurate completion of patient discharge records on the Frontier system including the development of an audit work plan to review D2RA and board rounds across wards, regular feedback to sites of compliance against D2RA and completion of Frontier system. The QIST Team also identify hotspot areas that display poor compliance with D2RA and completion of Frontier and are contacted to arrange additional training for staff.

Further work is required as we again identified the continued lack of discharge information being fully recorded in the WNCR¹ system for a sample of patients discharged in April 2025.

Further details on each recommendation are provided below.

¹ Welsh Nursing Care Record

Status of Previously Agreed Management Actions






Ref	Original Key Finding	Original Responsibility & Timescale	Priority Rating	Status
1	<p>Discharge Policy and Toolkit</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>Interim Assistant Director of Nursing</p> <p>31 January 2025</p>	Medium Priority	<p>Implemented</p> <p>A <i>Hospital Discharge Guidance</i> document has been produced, that has adopted the Welsh Government guidelines, was submitted and approved by the Clinical Written Control Documentation Group on the 10 April 2025.</p> <p>In addition, the Hospital Discharge Toolkit has been developed bringing together tools, guidance documents and online resources to support employees and teams to ensure patients are discharged safely and timely.</p> <p>Both the document and toolkit are available to staff on the SharePoint site.</p>
2	<p>Discharge Provisions Across Counties</p> <p>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.</p>	<p>Interim Assistant Director of Nursing</p> <p>31 January 2025</p>	Medium Priority	<p>Implemented</p> <p>A patient discharge information leaflet has been produced to provide patients, relatives and unpaid carers with a step-by-step guide on the expected discharge processes that they'll encounter, including preparations for discharge and what happens on the day of discharge.</p> <p>The patient information leaflet has been uploaded onto the SharePoint site.</p>
3	<p>Frontier System</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"> seven instances where the patients had not been allocated a D2RA pathway 	<p>Improvement and Transformation Lead</p> <p>31 March 2025</p>	High Priority	<p>Implemented</p> <p>The Quality Improvement and Service Transformation (QIST) Team have also developed a work plan to review the implementation of D2RA within wards across the organisation. Concluding these visits, the QIST Team undertake regular D2RA pathway and board round audits that includes testing to ensure the D2RA pathway recorded on the ward PSAG² board accurately correlates to Frontier system.</p>

² Patient status at a glance

Ref	Original Key Finding	Original Responsibility & Timescale	Priority Rating	Status
	<ul style="list-style-type: none"> • 15 instances where the D2RA pathway does not appear to match the patients' current medical situation • four instances were identified where an EDD had not been recorded 			<p>The QIST Team also provide feedback to sites and teams via a monthly 'Safe Hospital Care' presentation whereby site and individual ward compliance against D2RA and completion of Frontier system are detailed. The presentation highlights both the best and poorest performing wards are highlighted in addition to poor performing wards.</p> <p>The QIST Team on identifying a hotspot areas that is poorly performing in terms of recording D2RA compliance on the Frontier system are contacted and arrangements are made to provide additional training to staff.</p>
4	<p>Documentation of Discharge Planning</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>Interim Assistant Director of Nursing</p> <p>31 March 2025</p>	<p>High Priority</p>	<p>Not Implemented</p> <p>No evidence was received by Internal Audit to support the implementation of the agreed management actions including (i) staff education and required compliance with the WNCR system following the development of the SharePoint site, and (2) a review of WNCR records for to ensure compliance with requirements.</p> <p>Testing was undertaken on a sample of 50 patients discharged from acute hospital sites during April 2025 to ensure the discharge element within the WNCR system has been fully completed. Concluding testing, we identified 34 out of the 50 sampled patients had a completed discharge element on their WNCR record, with high levels of compliance displayed for Withybush General Hospital patients.</p>

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	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](#)



Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Hywel Dda University Health Board Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

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.

