Hywel Dda University Health Board

Review of Discharge Processes (Follow-up)

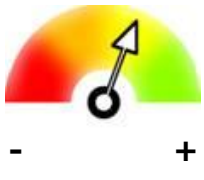
Final Internal Audit Report

2018/19

Private and Confidential

NHS Wales Shared Services Partnership

Audit & Assurance Services

Reasonable Assurance

Previous Audit Rating Limited

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Auditor:	Rhian Williams
Executive sign off:	Joe Teape, Director of Operations
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Committee:	Audit & Risk Assurance Committee

ACKNOWLEDGEMENT
NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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1. Introduction and Background

The follow-up audit of Discharge Processes has been completed in line with the Internal Audit Operational Plan 2018/19; the subsequent report will be submitted to the Executive Director and the Audit & Risk Assurance Committee.

The relevant lead Executive Director for the assignment is the Director of Operations.

An audit was undertaken in August 2017 (audit reference HDHB-1718-12) to review the effectiveness of arrangements in place to ensure discharge processes are compliant with Health Board policies and procedures. The audit derived a limited assurance rating. At the conclusion of the review, actions were agreed to address issues raised.

2. Scope and Objectives

The overall objective of this audit was to establish progress made by management to implement actions agreed to address key issues identified during the 2017/18 review, of the effectiveness of arrangements in place to ensure discharge processes are compliant with Health Board policies and procedures.

It is important to note that this audit looks only at the progress made to implement the agreed recommendations of the previous audit.

3. Associated Risks

The risks considered in the review are as follows:

i. The risk that discharge planning is not considered prior to or at the point of patient admission and does not involve appropriate staff;

ii. The risk that the expected date of discharge (EDD) is not reviewed regularly and on-going care requirements are not actioned promptly, leading to a delay in discharge;

iii. The risk that relevant information relating to discharge is not captured in patient notes or the Clinical Portal;

iv. The risk that performance relating to discharge process and completion of discharge summaries is not regularly monitored and poor performance is not addressed; and

v. Recommendations have not been addressed as agreed by management.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the Discharge Processes is **Reasonable** Assurance.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

Of the six recommendations made in the original 'Review of Discharge Processes' audit, three had been implemented in full, whilst three recommendation had been partially implemented. Two recommendations have been made as a result of the follow-up testing, covering the implementation of the audit tool and approval of the complex discharge standards.

Recommendations		Progress on Implementation			
Made	**Accepted**	**In Full**	**In Part**	**Not Implemented**	**Superseded**
6	**6**	**3**	**3**	**0**	**0**

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Assurance Summary

The summary of assurance given against the individual recommendations raised in the original report is described in the table below:

	Assurance Summary*			
Original Recommendations				
Recommendation 1 – Policies, Procedures and Staff Training				✓
Recommendation 2 – Simple/Complex Discharge			✓	
Recommendation 3 – Expected Date of Discharge				✓
Recommendation 4 – Patient Involvement			✓	
Recommendation 5 – Discharge Summary Letters				✓
Recommendation 6 – Discharge Summary Letters			✓	

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

Design of Systems/Controls

The findings from the review have highlighted **two** issues that are classified as weaknesses in the system control/design for discharge processes. These would be identified in the Management Action Plan as (D).

Operation of System/Controls

The findings from the review have highlighted no issues that are classified as a weakness in the operation of the designed system/control for discharge processes.

6. Summary of Audit Findings

The key findings from this review are reported in the Follow-up Action Plan below.

7. Summary of Recommendations

A summary of these recommendations by priority is outlined below:

Priority	H	M	L	Total
Number of recommendations	**0**	**2**	**0**	**2**

Priority/Finding/Recommendation 2017/18		Management Response 2017/18	Position at March 2019
1.	Finding Limited training is available to frontline staff on the management of patient discharge and transfer. Training is not provided at induction, nor is refresher training offered. Recommendation As per the Discharge and Transfer of Care Policy, all frontline staff should have access to appropriate training in the management of patient discharge and transfer.	We recognise that our training for front line staff is ad hoc. Issues relating to staff skills and competence in discharge planning have been highlighted in other recent reports. Therefore, the action we will take is to identify the training currently provided, undertake a skills gap audit with the Heads of Nursing and provide training as appropriate. The aim will be to ensure that staff most involved in the discharge process are provided with regular updates. Carol Cotterell (Assistant Director Operational Nursing & Quality Acute Services) – April 2018	**FULLY IMPLEMENTED** A review was carried out in September 2018 of 'Discharge Planning' training available to acute service nursing staff. As a result of this review, in February 2019 a planned monthly programme of Discharge Planning Training commenced across acute/community sites for all nursing staff. In addition, the Assistant Director of Nursing & Quality Acute Services noted that: • Multi-disciplinary workshops on the introduction of the Welsh Government Delivery Unit (DU) initiative "Safer Patient Flow Bundle" had been delivered in September 2018. A key component of the bundle included EDD and discharge planning; and • Following a review of the UHB Care Home of Choice Policy and the development of a checklist and algorithm to reflect the pathway, training sessions were delivered during December 2018, January/February 2019 that included emphasis on the need to identify EDD and requirements to

Priority/Finding/Recommendation 2017/18		Management Response 2017/18	Position at March 2019
			support discharge during the admission process.
2.	Finding Review of 20 patient notes identified only 5 cases where the patient discharge was explicitly recorded as likely to be complex or simple. Recommendation Staff should be reminded to record the nature of the patient's discharge, as appropriate.	Whilst this has been given a low priority finding recognition and recording of complex & simple discharges has a significant impact on patient flow and capacity & demand management. The Health Board has developed complex discharge standards these are currently being audited as part of a pilot. This will lead to a more detailed wider baseline assessment across the Health Board. This will lead to better differentiation and identification of simple & complex discharge pathways. Consideration is being given to the development of documentation on which complex discharge pathways will be recorded and monitored. Mandy Davies (Assistant Director Quality Improvement) – May 2018	**PARTIALLY IMPLEMENTED** Complex discharge standards have been rolled out to staff as part of on-going training. However, our review highlighted that the standards are dated 2016 and remain in draft format. A recommendation has been made in relation to this – **see Finding 1 in Appendix B**. A centralised reporting tool to record and monitor the complex discharge pathway has been rolled out in the form of the 'Complex Patient SharePoint'. As of 1st April 2019, this will be the method of reporting across all acute and community hospitals. The system provides live data for recording and reporting of complex patients awaiting discharges. The Unscheduled Care Board will be provided with a monthly dashboard report, whilst a standard operating procedure is currently being finalised for approval.
3.	Finding Review of a sample of 20 patients identified only 6 cases where the EDD had been recorded and	The process for recording EDD needs to be reviewed as it is currently recorded in a number	**FULLY IMPLEMENTED** The Safer Patient Flow bundle has been adopted (included in the Annual Plan 2019/20) and rolled

Priority/Finding/Recommendation 2017/18		Management Response 2017/18	Position at March 2019
	set within 24 hours of admission. [Due to the lack of consistent EDD recording in patient notes, it was difficult to establish whether EDDs were proactively managed in the sample of cases selected.] <u>Recommendation</u> Staff should be reminded of the importance of recording EDDs in patient notes and communicating the EDD, as appropriate.	of different formats. This will be requested at the next Unscheduled Care Board. Mandy Davies (Assistant Director Quality Improvement) – May 2018 In order to engage multi-disciplinary clinicians, the Hospital Clinical Directors, lead nurses and General Managers will remind staff of the importance of both EDD recording and discharge planning. Triumvirate Teams – 30th April 2018	out across the Health Board. This bundle focuses on ensuring that an estimated date of discharge (EDD) is in place for all patients, agreed at the board round and communicated to the patients and families/carers. EDD's are now input onto a daily 'live' spreadsheet which can be compared to data on the Welsh Patient Administration System (WPAS). The daily live spreadsheet is shared with the acute site triumvirate team and clinical site lead, allowing them to identify current and forecast patient discharge numbers. Where issues relating to the lack of EDDs being recorded, this will be picked up during the 'Board Round'.
4.	<u>Finding</u> One case was identified where there was very little evidence of the involvement of the patient or patient's family/carer/advocate in discharge planning. (It should be noted, however, that in this one case, the nursing notes were missing from the patient's file.) <u>Recommendation</u> Staff should be reminded of the importance of ensuring the patient and patient's family and/or	Action to be taken by Senior Nurses to conduct an audit of documentation to assess patients' and their families' involvement in discharge planning. The criteria for this audit will be incorporated into the management response to Finding 1 with a focus on skills. Carol Cotterell (Assistant Director Operational Nursing & Quality Acute Services) – June 2018	**<u>PARTIALLY IMPLEMENTED</u>** Following a 'discharge planning' audit in September 2018, a 'Discharge and Transfer of Care Audit Tool' was developed and incorporated into the Senior Nurse Management Spot Check Audit cycle, which will be carried out across acute site every six months, or sooner if required. We were informed by the Assistant Director Operational Nursing & Quality Acute Services that the implementation of the audit tool will commence in 2019/20; however, as at the time of fieldwork no audits have been

Priority/Finding/Recommendation 2017/18		Management Response 2017/18	Position at March 2019
	carers are involved in discharge planning.		undertaken – **see Finding 2 in Appendix B**. The audit tool will facilitate in ensuring discharge planning is carried out following the correct guidelines which will aid the process of patients and their families being involved in the process. Also, via the adoption of 'The Safer Patient Flow bundle' an EDD is in place for all patients, agreed at the board round and communicated to the patients and families/carers.
5.	Finding From the sample of 20 patient notes reviewed, 9 discharge summary letters were found to be unsatisfactory. Recommendation Staff should be reminded of the importance of issuing appropriate discharge summary letter on a timely basis.	The Health Board has been working on developing its electronic processes in relation to discharge summaries and is awaiting implementation of Medicines Transcribing and e-Discharge (MtED) timescales for full implementation April/May 2019. However, Medical staff and Nursing staff will be reminded about the importance of issuing appropriate discharge summary letter on a timely basis. Mandy Davies (Assistant Director Quality Improvement) & Phil Kloer (Medical Director & Director of Clinical Strategy)	**FULLY IMPLEMENTED** In December 2018, a letter from the Medical Director communicated to staff the importance of complying with the Royal College of Physicians Medical Records Keeping Standards to ensure discharge information and records are accurately maintained. As of November 2018, rollout of MTeD is 50% complete Health Board wide with over 85% of Medical wards now operating. One hospital is over 95% complete. Further implementation across the Health Board is subject to agreement to increase Pharmacy resource. This forms part of the Hywel Dda

	Priority/Finding/Recommendation 2017/18	Management Response 2017/18	Position at March 2019
		– August 2018	Annual Plan 2019/20. The Health Board is also rolling out Electronic DALS (Discharge Advice Letters) to GP's via the Welsh Clinical Portal to ensure patient discharge information is communicated to primary care partners.
6.	Finding There is no monitoring mechanism in place within the Health Board to ensure that discharge summary letters are appropriate and are issued in a timely manner. Recommendation A monitoring mechanism should be introduced to ensure discharge summary letters are appropriate and are issued on a timely basis.	The annual audit plan will incorporate an audit of discharge summaries which will provide a monitoring mechanism of the Health Board's Performance in relation to timeliness and quality of discharge summaries. Sharon Daniel (Assistant Director of Nursing Infection Prevention & Control) – 3 August 2018	**PARTIALLY IMPLEMENTED** Whilst we can confirm that the 'Discharge and Transfer of Care Audit tool' has been developed and will be incorporated into the Senior Nurse Manager Spot Check Audit cycle, we were informed by the Assistant Director of Nursing that the audit programme for 2019/20 had not been finalised at any group or committee – **see Finding 2 in Appendix B**.

Finding 1: Complex Discharge Standards (D)	Risk
The Complex Discharge Standards are dated 2016 and continue to remain in draft format.	Details within the standards may not be current and could lead to staff being misinformed.
Recommendation 1	**Priority level**
Management should ensure the current draft Complex Discharge Standards are formally approved and communicated to staff.	**MEDIUM**
Management Response 1	**Responsible Officer/ Deadline**
The standards were not originally developed and signed off by local authority partners, therefore it is the health board's intention to review the standards, in partnership with local authority colleagues and then refresh the standards, in particular the timescales associated with the pathways. These will then be fully approved by all parties. This is part of a larger piece of work where the health board is implementing the All Wales Discharge to Assess pathways. Alongside this the health board's informatics department are working on a set of performance measures against these, with the aim to start to have some clearer accountability for discharge to complement the existing front door measures.	Deputy CEO / Director of Operations September 2019

Finding 2: Discharge & Transfer of Care Audit (D)	Risk
Whilst a 'Discharge and Transfer of Care Audit Tool' has been developed, no audits have been undertaken at the time of fieldwork. The audit tool will be incorporated into the Senior Nurse Manager Spot Check Audit cycle with the aim of commencing in 2019/20. However, we were informed by the Assistant Director of Nursing that the audit programme has not been finalised at any group or committee.	Lack of a monitoring mechanism in place in regard to the discharge and transfer of care of patients.
Recommendation 2	**Priority level**
Management should ensure an audit programme that incorporates the Discharge & Transfer of Care audit tool is developed and formally agreed for 2019/20.	**MEDIUM**
Management Response 2	**Responsible Officer/ Deadline**
An audit process has been started via the Senior Nurse Manager Spot Check Audits and will continue on a 6 monthly basis. The first tranche were conducted in March /April on all acute sites and improvement plans are being developed and will be monitored via scrutiny meetings. Local Training is on-going as the evidence reveals elements of non- compliance and therefore will be continued on a long term basis. This has been discussed at length with the Heads of Nursing & will be monitored from a nursing perspective as discharge is not exclusively a nursing issue but a multidisciplinary responsibility.	Assistant Director Operational Nursing & Quality Acute Services Complete with on-going audits and monitoring

Appendix B - Assurance opinion and action plan risk rating

2018/19 Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

 **Limited Assurance -** The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows:

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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