

Transforming Urgent and Emergency Care Discharge Audit Internal Audit April 2024

Recommendations and Actions

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 NHS Wales Shared Services Partnership (NWSSP) 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 - Action plans for roll out of Optimal Patient Flow were incomplete and outdated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 via the Frontier system was often incomplete and inaccurate

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 Welsh Government (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 Transforming Urgent and Emergency Care (TUEC) Programme, Quality Improvement and Service Transformation (QIST) and the Discharge Strategy Group will 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. To 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.

Discovery Report: Patient Discharge



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A discovery piece of work was also commissioned in April 2024 by the HDUHB Research, Innovation and Improvement team to capture and understand staff experiences of working across services that aid and support patient discharges to understand their views of what works well, what frustrates them and where we need to think differently.

- The research focused on collative and understanding the views of staff across the 3 counties and a Discovery report will be produced for each county to provide staff's perspectives on working across patient discharge services. A system wide report will also be developed to provide a regional overview for the Health Board to consider. The recommendations from this piece of work will be presented to our Chief Operating Officer by Autumn 2024. A case study compendium will also be developed to capture and celebrate some of the great work our staff are currently delivering.
- As at the 16 July 2024 the team had met with 140 staff members from across HDUHB, which included a vast range of roles such as: Senior Nurse Managers, Clinical Informatics Nurses, Health Care Support Workers, Discharge Liaison Nurses, Consultants, Pharmacists, Quality Improvement and Service Transformation Practitioners, Junior Sisters.
- We have also collated 72 x completed surveys, and observed a number of meetings such as: the TUEC G5 - Board Rounds, Huddles and Frontier Assurance Forum, and Board Rounds.

Alignment to Quality, Safety and Patient Experience



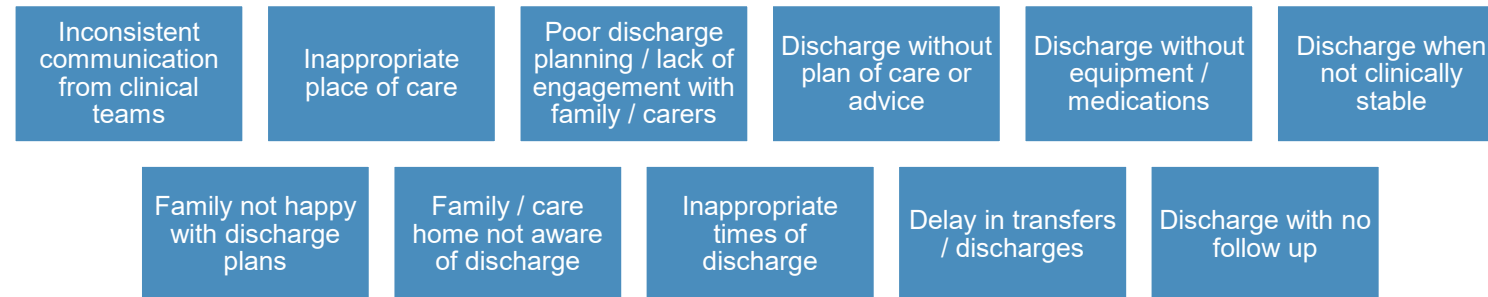
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A review in October 2023 identified several common themes from incidents, complaints and safeguarding concerns related to discharge.

- Overall patient experience from ED remains positive (>85%) but experience in relation to place of care had decreased.
- With an emphasis on improving patient flow by adopting approaches such as patient boarding protocols and adopting continuous flow models, there may be a negative impact on patient experience:
 - Inappropriate place of care (due to likely increase in number of ward / bed moves, not being in a designated bed space, corridor care)
 - Perception of discharges being inappropriate or unsafe (discharge at risk, disagreement with family / care providers on patients suitability for discharge).

Themes identified from concerns, complaints and incidents



Communication clearly needs to be improved with staff holding early strength-based discussions with patients / families / carers to include:

- Early expectation setting / Realistic outcomes
- Standardised staff, patient and family information which is accessible and up to date

System wide approach to risk

- Facilitating robust community safety netting
- Ensuring community based rapid response / urgent response mechanisms are well established

Discharge Strategy Working Group established in January 2024 (working alongside and supporting / enabling 6 Goals Workstreams)

Current work plan includes:

- Review and update the HDUHB Discharge and Transfer of Care Policy
- Review Discharge Liaison Services to support and facilitate a Ward Led Discharge approach
- Development of a Toolkit for staff to use to improve discharge planning and processes aligned to national and local workstreams
- Provision of training and education for implementation of Toolkit
- Ensure that all current national guidance is reflected in HDUHB Policy and Toolkit
- Consider and incorporate findings from Discharge Discovery Report
- Improve the quality, safety and experience of patient discharge across all areas
- Identify and monitor metrics relating to quality, safety and experience of discharges as well as patient flow and performance
- Develop standardised information leaflets to support staff, patients, families and carers



Workstream 3: Safe Hospital Care actions relating to discharge:

- Board round guidance updated to emphasise requirement for timely Frontier updates
- Review of Optimal Flow Implementation on all sites (including Discharge to Recover and Assess (D2RA) pathways/ deconditioning/ board rounds/ afternoon huddles/ Frontier/ discharges before 12 noon)
- Review and update site Optimal Flow implementation plans
- Development of Criteria led discharge guidance (and patient information) to improve timely discharge
- Scoping to improve weekend discharges and utilization of discharge lounges

Discharge Strategy Working Group – Action Plan



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Recommendations / Areas for Improvement	Actions	Lead	Update: 24th July 2024
Ensure there is a clear and consistent approach to discharge planning and discharge across the health board.	Develop a Discharge Strategy and Toolkit which will:		
	1. Provide all staff involved with discharge with clear, simple and straightforward guidance through the development of a discharge toolkit / strategy (linking in to online resources already developed)	All	Discussed on 20th June and agreement reached to progress a Discharge Toolkit rather than a standard Discharge Policy. Draft proposed to be developed to be suitable for online / access via SharePoint with content behind variety of tiles. Action: Group to review draft version to date and consider if any additional elements are required to be added in. Group to consider which 'boxes/ they will be able to provide information / flowcharts etc on and forward to Ceri Griffiths (Interim Assistant Director of Nursing) (CG)
	2. Ensure all national and local policies related to discharge and patient flow are easily accessible and accompanied with simple and easy to follow guidance / flowcharts		
	3. Embed into practice national policies including Reluctant Discharge and Care Home of Choice		
	4. Improve the standard of discharge planning and discharge practices		
	5. Where possible standardise discharge practices with clear roles, responsibilities and expectations aligned to each element of discharge planning and discharge		
	6. Undertake a review of the current discharge liaison / patient flow services across acute and community sites, identify any variation and establish core principles and roles / responsibilities.		
	7. Review potential of developing action cards for individual roles and responsibilities		
Establish a single consistent model for discharges processes, recognising that each county and local authority will have some natural variation	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 identify areas for development	AB	Completed
Improve the standard of discharge planning and discharge practices	Develop safe discharge out of hours guidance (Obmudsman report)	CG	Draft completed & to be included in toolkit
	Demonstrate improvements and reductions in:		
	1. Discharge related incidents,	All to review and comment	Group to consider metrics to be used and share with CG or at next meeting. Agreed that these metrics should be quality, safety and patient focused as performance metrics already captured through UEC Workstreams
	2. Safeguarding concerns		
	3. Patient complaints		
	4. Improving patient experience with discharge processes		



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Recommendations / Areas for Improvement	Actions	Lead	Update: 24th July 2024
Review and develop a revised discharge checklist / discharge support tool to help staff ensure discharges are safe	Review current discharge checklists	All	For discussion in August meeting
	Survey staff to understand what information they would want in a discharge checklist too, barriers and difficulties with current processes, identification of any IT system / support etc.		
	Develop a revised discharge checklist which meets the requirements of the discharge toolkit and the needs of staff and patients in safe discharges		
Patient information - accurate, appropriate, accessible and fit for purpose	Review all existing discharge patient information and develop a single Discharge Patient Information Leaflet / resource to be implemented across all acute and community sites.		
	Do literature search / review of national discharge documents / policies which will influence the development of the leaflet	CG	Completed - resources shared in teams channel for discussion and review
	1. Meet with Discharge Liaison Nurses / Patient Flow Coordinators to understand what patient information is already in place and what is felt essential to include in a health board standardised patient leaflet	CG	Information shared
	2. Link in with Susan Woodthorpe re discharge audit and findings relating to patient experience	CG / MD	Study completed - Await final report
	3. Link in with Patient Experience Team (Jeff Bowen) re standards / processes for developing HB patient information leaflets	CG / MP	Completed
	4. Link with Llais to scope patients, families and carers preference for accessing discharge related information	CG	To be completed once draft leaflets developed – Aim Sept 2024
	5. Explore potential for developing patient internet site with all information related to discharge available	CG	To be explored by UEC workstream - update in August 2024
	5. Develop / review hospital information leaflets for patients and their families on admission to hospital, which will enable clear expectation setting of discharge planning from the point of admission.	CG / JS / MP	Ongoing – aim to have final drafts by September 2024
	6. Share draft information leaflets with relevant groups and workstreams for agreement to pilot	ALL	All draft information shared in team channel



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Improve the standard of discharge planning and discharge practices	Develop safe discharge out of hours guidance (Ombudsman report)	CG	Draft completed & to be included in toolkit
	Demonstrate improvements and reductions in:		
	1. Discharge related incidents,	All to review and comment	Group to consider metrics to be used and share with CG or at next meeting. Agreed that these metrics should be quality, safety and patient focused as performance metrics already captured through UEC Workstreams - deferred to August 2024
	2. Safeguarding concerns		
	3. Patient complaints		
	4. Improving patient experience with discharge processes		
Review and develop a revised discharge checklist / discharge support tool to help staff ensure discharges are safe	Review current discharge checklists	All	CG to invite Judith Bowen to group to support with review and development of any new discharge checklists - completed
	Survey staff to understand what information they would want in a discharge checklist too, barriers and difficulties with current processes, identification of any IT system / support etc.		
	Develop a revised discharge checklist which meets the requirements of the discharge toolkit and the needs of staff and patients in safe discharges		

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.



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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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The Committee 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.



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