Partneriaeth Cydwasanaethau
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Shared Services Partnership
Audit and Assurance Services

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

FINAL INTERNAL AUDIT REPORT

2019/20

Swansea Bay University Health Board

Discharge Summary Communication: Improving Performance

(SBU-1920-028)

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Service

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Audit and Assurance Services conform to all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

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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

The Robert Powell Investigation (February 2012) recommended that General Practitioners needed to be adequately informed, in writing, of the material facts and intended course of further investigation when a patient is discharged from hospital. The timely provision to general practice of an appropriately completed discharge summary has been identified as an important factor in maintaining the continuity of care and reducing the incidence of readmission.

In September, the health board Integrated Performance Report indicated that only 36% of discharge summaries were sent to GPs within 24 hours, and 55% within 5 days. It was proposed that a formal recovery plan be developed.

Following commencement of the audit, an early discussion with the Medical Director's team in respect of the timing of recovery plan implementation, and the emerging pandemic during the fieldwork period, have caused us to alter our audit approach and limit coverage on corporate and unit arrangements. Consequently, we are reporting our findings without the usual assurance barometer, recognising this limited scope. Nonetheless we have highlighted some issues for consideration by management and recommendations to address them in due course.

2 SCOPE AND OBJECTIVES

The overall objective of this audit was to review the arrangements in place to improve compliance with targets for discharge summary completion.

The audit scope has considered the following:

- The effectiveness of corporate arrangements to monitor implementation of the recovery plan, its impact on performance and additional action required.
- The consideration of discharge summary performance information at Unit performance and/or quality & safety meetings and actions to drive improvement.

3 ASSOCIATED RISKS

The following inherent risks associated with this subject area were considered at the outset of the audit:

- Ineffective corporate direction and oversight could result in a lack of improvement.

- Lack of monitoring at Unit level could limit the pace of progress against actions agreed corporately and locally.

4 AUDIT FINDINGS

4.1 RECOVERY PLAN

Early in the audit it was established that the original intent expressed in September 2019 to develop a recovery plan did not progress. The Deputy Medical Director leading on this area for the Executive Medical Director informed us that in the preparations for developing such a plan, he and the Chief Medical Information Officer had visited wards and spoken with medical staff about the barriers to completion of discharge summaries. The visits had highlighted the implementation of the new NWIS-developed MTeD system, to replace the current EToC system, as being key to improvement. However, it was recognised that the MTeD system did not communicate with the health board theatres system (TOMS) and so required that information on surgical interventions needed to be transcribed from one system to another manually. This presented risk in terms of accuracy, so the health board requested an improvement to MTeD so that it could receive TOMS information electronically; however, this being a nationally developed system it is reliant upon NWIS to make these changes. Completion of these upgrades were not expected within the current financial year. Consequently we were informed that it was decided to pause development of a recovery plan until that tool was in place and to refocus then.

The DEMD indicated that the recovery plan has not featured in subsequent performance report action updates.

Whilst the above is acknowledged, recording the pause in development of a recovery plan explicitly in a subsequent performance report would have presented the position more clearly for a reader.

We have not raised any recommendations for action currently, but note this for information and future consideration.

4.2 CORPORATE MONITORING

The Deputy Medical Director informed us that discharge summaries are discussed at the Executive Medical Director's regular meetings with Unit Medical Directors, and each of the Unit Medical Directors had given him the assurance that it was a subject on the agendas of their local unit meetings. These EMD meetings with UMDs are not documented.

While these meetings are not recorded, we note that high level scrutiny of discharges has been evident at some of the Quarterly Unit Performance Review meetings during the year. Discharge performance is received routinely within the overall dashboard performance information presented at each Quarterly Unit Performance Review meeting. Documentation issued following meetings indicate that performance has been discussed at a number of meetings with Units. High level actions have been included in an action tracking table. While discussion is not evident at all meetings, we note the tracker is updated and included in subsequent meeting papers with brief narrative notes of progress. As at Q3 all unit actions remained in progress or the rollout of the improved MTeD is awaited.

See Findings 1 & 2 at Appendix C

4.3 Dashboard

The Information Portal presents data generated within MTeD and EToC systems that enables discharge summary performance to be monitored by management & clinicians. It presents performance according to unit, specialty, consultant and ward, across a selection of time periods and measured against a number of targets: percentage completed within 24 hours; percentage completed within 5 days; and total percentage completed within the time period. It is a useful tool for managing performance and is the basis of reported performance figures.

The completion of a discharge summary currently involves two steps: the sign-off of a pharmacist following their review of medications; and the sign-off of the discharging clinician approving the summary as complete for transmission to primary care. Only the second of these steps is required to transmit the summary. While we were shown that a discharge summary transmitted to a GP would be clearly watermarked as having medication checks outstanding in these circumstances, we are aware that the system nonetheless counts the summary amongst those completed within reported figures. We understand that it is not possible to report on the numbers transmitted that are fully or partially completed.

See Finding 3 at Appendix C

4.4 Engagement with LMC

WHC/2018/014 published on 3rd May 2018 set out the All Wales Communication Standards between Primary & Secondary Care [‘the Standards’]. The Health Board has developed DatixLite, which presents a short online form in which GPs can record and submit communication issues that breach the Standards. Incidents can be

categorized according to the standard breached, by hospital and by specialty. In addition to the categories set out in the Standards, a further category available to GPs allows the recording of instances where an Electronic Transfer of Care (EToC) clinic letter has not been received or clinical information is incomplete. There is a free text box into which more specific details can be entered if required.

This is a positive step to facilitate the resolution of issues and engage with partners in primary care. Data generated from DatixLite has been presented to general practice representatives regularly at Local Medical Committee meetings during 2019/20.

We were provided separately with the data collected for 11 months of 2019/20. In total 84 issues were escalated via this means by general practice.

The figures for Quarter 1 were circulated amongst Unit Medical Directors, but there is no routine mechanism operating currently to review how the issues are addressed. We were informed that this may be picked up at the Executive Medical Director's meetings with Unit Medical Directors.

See Finding 4 at Appendix C

4.5 UNITS

A limited desktop review of documents provided by units indicates that discharge summary performance has featured on the agendas and discussion of recent unit meetings (we reviewed the papers of Morriston, Singleton and Neath Port Talbot). Within papers provided a number of discussions look forward to the implementation of MTeD as bringing potential for further improvement. We have not reviewed the extent of action at units or verified action taken in view of the emerging pandemic situation.

As noted earlier, it would be appropriate to implement a quality improvement initiative / recovery plan when the revised MTeD is rolled out widely to ensure other constraints and issues are addressed via a mechanism corporately coordinated programme of improvement.

No further matters arising

5 CONCLUSION

Recognising that the development of the recovery plan has paused pending the implementation of national system improvements, we have limited the scope of our corporate work to a consideration of

high level oversight at the executive quarterly performance review meetings and a discussion of electronic systems with the programme manager. Additionally, fieldwork in respect of unit actions has been restricted to a limited review of desktop papers. We have not sought further discussions with clinicians at units during March/April in view of the emerging pandemic.

Consequently, we have closed this audit and are reporting our findings narratively without the usual assurance barometer, recognising the limited scope of work undertaken. Nonetheless we have highlighted some issues for consideration by management and recommendations to address them in due course. These are presented for consideration at the appropriate time when the new electronic system is in place and the pandemic risk has abated.

A further review of arrangements to management improvements in discharge summary communication will be included in our considerations for the next year's audit planning round.

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.

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.