

Final Internal Audit Report

Hospital Discharges – Data Quality

November 2024

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Assurance Level	Issues Identified	
Substantial	Priority 1	0
	Priority 2	5
	Priority 3	1

Confidentiality and Disclosure Clause

This report ("Report") was prepared by Forvis Mazars LLP at the request of London Borough of Croydon and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

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Please refer to the Statement of Responsibility in Appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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1. Introduction

- 1.1 NHS bodies and local authorities work together to plan, commission and deliver discharge services for residents that are effective and affordable within the budgets available to NHS commissioners and local authorities, pooling resources where appropriate.
- 1.2 Hospital discharge is the final stage in a patient's journey through hospital following the completion of their acute medical care, when they leave the acute setting and move to an environment best suited to meet any ongoing health and care needs. Some patients may go home with little or no additional care (simple discharge), while others may be discharged with a short-term package of home-based or bed-based care and recovery support in the community, pending assessment of any longer-term care needs (complex discharge).
- 1.3 Croydon Council (Council) has implemented an integrated discharge team to provide integrated services between NHS (hospitals) and the Council. This has helped resolve data quality issues previously arising in this area due to disjointed systems and teams.
- 1.4 The NHS does not have access to social care systems currently. To resolve this the Council is in the process of developing and implementing a new system, Patienteer, to help integrate both the NHS's and Council data system. The first version of this system was trialled in July 2024 in one of the Hospital wards and the Council are planning a general roll-out to all wards in mid-September 2024, and to be implemented with no issues by March 2025.
- 1.5 The process of discharging patients from hospital starts with a part A referral or discharge assessment (D2A) being sent from the NHS to the Council's triage email inbox. This form is picked up by a member of the Triage Team, who enters all information from the form onto the LiquidLogic¹ system and confirms that the patient is ready for discharge. Once this is complete, LiquidLogic automatically routes the referral to the Brokerage Team, who will set up the patient's care package ready for the patient to be discharged from hospital.
- 1.6 After the patient has been discharged, and the initial short-term care package has been delivered, an officer is sent to the patient to conduct a Part B assessment. During this assessment, they will evaluate if the patient requires a long-term support package, if they can be discharged, or if they need additional short-term care. If the patient no longer requires short term care, then a Part C assessment will be carried out six weeks later to ensure they are well, and their plan can be closed down on LiquidLogic.
- 1.7 The new system is aimed to combat the issues of communication between both the NHS and the Council and being able to tell the stage of the discharge from both sides.
- 1.8 This audit was part of the agreed Internal Audit Plan for 2024/25.

¹ LiquidLogic is the casework management system used by Adults Social Care & Health.

2. Key Issues

Priority 2 Issues

Testing of a sample of 20 hospital discharges found that eight did not include information on whether the NHS had been contacted to confirm the discharge. **(Issue 1)**

Testing of a sample of 20 hospital discharges found that two did not include information on whether a Part B assessment had been carried out, and three did not include information on whether a Part C assessment had been carried out. **(Issue 2)**

Testing of a sample of 20 hospital discharges found that there were delays in nine instances of notifying the Brokerage Team for patients needing care packages upon discharge at the same time that the referral was entered into LiquidLogic. Additionally, in four instances, there was a delay in the care packages starting following referrals to the Brokerage Team. **(Issue 3)**

The Discharge Tracker used by both the NHS and Council did not include complete information around patient ID numbers, Officer names, and the dates that key parts of the process took place on. **(Issue 4)**

The monthly LIFE performance report did not include information on the quality of data. Whilst the LIFE Service and Development Manager stated that this report is provided to the Neighbourhood Board, we did not receive evidence of this. **(Issue 5)**

The Priority 3 finding is included under item 4 below.

3. Actions and Key Findings/Rationale

Control Area 1: Identification and Notification of Hospital Discharges

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 1
2	<ol style="list-style-type: none"> Staff reminded on the procedure to update the Hospital Discharge Tracker that the IDT(Hospital Team) have been contacted to confirm discharge. Full role out of Patienteer to be in place by January 2025 and that all steps around discharges are included within this. 	<p>Expected Control</p> <p>The NHS is contacted to confirm the patient's discharge prior to the support package being agreed. Once the NHS has been contacted, a note of this is added on LiquidLogic.</p> <p>Finding/Issue</p> <p>Testing of sample of 20 referrals, from January to July 2024, to confirm whether the above information had been entered correctly found that eight did not include any information confirming whether the NHS had been called to confirm the discharge. Three of these did include information stating that the Next of Kin (NOK) had been contacted and a further two stated that voicemails had been left for the NOK. However, there was no record of a returned call or response from the NOK.</p> <p>At the time of internal audit, the Council was in the process of introducing a new system, Patienteer, which was being trialled for some Hospital wards at the time of audit and was due to be rolled out in full in September 2024. The Head of Adults Placement, Brokerage & Market Management stated that the new system would have an automated feature which flagged when these areas have not been completed and prevents the referral from moving forward until these had been.</p> <p>Risk</p>
Responsible Officer		Deadline
Head of Hospital Services, ASCH; One Croydon Alliance		29/10/2024 31/01/2025

		If the NHS is not contacted prior to the patient's care package being set up there is a risk that the patient is not ready for discharge and the package is arranged prematurely. This can result in wasted resources and financial loss for the Council.
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Control Area 1: Identification and Notification of Hospital Discharges

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 2
2	<p>3. Staff reminded on the procedure to fully update the Hospital Discharge Tracker and for this to be reviewed at daily meetings.</p> <p>4. New hospital Power Business Intelligence Report to be in place to show issues where Part B and Part C have not been completed and for this to be used in operational meetings to bring these up to date.</p>	<p>Expected Control</p> <p>Information about a patient discharge is accurately recorded in the Liquid Logic system including:</p> <ul style="list-style-type: none"> • Date picked up from inbox • Call to the NHS and to NOK if required • Key information about the property e.g., if there is a key box, its code • How many careers are required • What care is required • If there is a preference on the care provided. <p>There is a process map that sets out the different steps to be taken in entering the referral into LiquidLogic.</p> <p>Finding/Issue</p> <p>A data analytics exercise was performed of the full list of referrals shared with Internal Audit for the period January to July 2024 to ensure that all fields had been entered.</p> <p>This found (from the 1829 referrals within the list) that:</p> <ul style="list-style-type: none"> • Two did not record whether the referral was for a new discharge or if it was a restart of a previously considered discharge; and • 40 did not record a care provider, despite the care start date having been added. <p>Further data analytics could not be performed as several data fields in the spreadsheet were not clearly labelled and information on fields the data referred to were not provided upon request.</p>
Responsible Officer		Deadline
Head of Hospital Services, ASCH; One Croydon Alliance		<p>29/10/2024</p> <p>31/01/2025</p>

		<p>A sample of 20 referrals, from January to July 2024, was selected from the above list to assess if all information had been uploaded to the LiquidLogic system, including care package details, Part A Referrals, Part B and Part C assessments. It was found that:</p> <ul style="list-style-type: none"> • Two referrals did not record information on the Part B assessment; and • Three referrals did not record information on the Part C assessment and did not include any additional information on whether there was a reason for these having not been carried out. <p>Risk</p> <p>If information regarding hospital discharges is not uploaded to the Liquid Logic system, there is a risk that these are not being dealt with in line with the Process Map. This can result in care being inappropriately planned and undertaken or not being carried out at all.</p>
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Control Area 1: Identification and Notification of Hospital Discharges

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 3
2	<ol style="list-style-type: none"> Staff reminded on the procedure to fully update the Hospital Discharge Tracker and for this to be reviewed at daily meetings. Set up relevant timeframes for actions with Patienteer system to monitor progress of tasks. 	<p>Expected Control</p> <p>Each step in the discharge process is actioned in a timely manner, such as assigning the referral to a Triage Officer, uploading the information to LiquidLogic and informing everyone in the process of the stage it is at. This will help ensure that the case progresses to the next stage on LiquidLogic and can be passed onto the Brokerage Team or the Hospital Discharge Officer. There is a process map which sets out the different steps to be taken in processing a discharge.</p> <p>Finding/Issue</p> <p>Testing of a sample of 20 referrals, from January to July 2024, to establish whether referrals had been processed in a timely manner identified that three care packages started two days after the referrals were made to the Brokerage Team and one started five days later.</p> <p>Additionally, it was noted that for 9 referrals, that the Brokerage Team was not notified of the patient needing a care package on the same day on which the information was entered into LiquidLogic regarding the patient's discharge. There were therefore delays of notification to the team (spanning between 1 and 14 days) following the entry of the referral in LiquidLogic.</p> <p>Risk</p> <p>If referrals are not progressed through each stage of the process in a timely manner, there is a risk that patients will stay in hospital longer than required. This can result in</p>
Responsible Officer	Deadline	
Head of Hospital Services, ASCH; One Croydon Alliance	29/10/2024 30/01/2025	<p>It was noted in discussion with management that there is no specific target for how quickly a discharge request should be processed, although it was suggested that referrals should ideally be processed within 1-2 days.</p>

		dissatisfaction from patients and their families, and reputational damage for the Council.
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Control Area 2: Support Packages for Hospital Discharges

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 4
2	<ol style="list-style-type: none"> Staff reminded on the procedure to fully update the Hospital Discharge Tracker and for this to be reviewed at daily meetings. Set up of Patienteer to move to automated system and removal of manual spreadsheets. 	<p>Expected Control</p> <p>Information regarding support packages is communicated between the NHS, Triage Team and Brokerage Team in a timely manner including when the patient is ready for discharge, when the Triage Team has received the referral and when the Brokerage Team has set up a support package.</p> <p>Finding/Issue</p> <p>When a patient is ready to be discharged from hospital, the information to process this is shared with the Triage Team, who receive the information and then pass it to the Brokerage Team, who agree the care package and notify the Integrated Discharge Team (IDT) that the care package is ready. The target is for these steps to occur as soon as information is received by each team.</p> <p>Additionally, the Council have a Discharge Tracker used by above teams. This Tracker is held on the IDT Microsoft Teams channel and is updated by each officer to share the progress of each case across the teams.</p> <p>A review of the Discharge Tracker for entries between January to July 2024 found the following for the 971 cases recorded:</p> <ul style="list-style-type: none"> One case (<1%) did not have an NHS number; Nine cases (1%) did not have a LiquidLogic Adults' Social Care System (LAS) number; 232 cases (24%) did not have the date the D2A form was received; 113 cases (12%) did not have the name of the Triage Worker; 33 cases (3%) did not have the date the Triage was complete; 139 cases (14%) did not have the date the Brokerage was complete and the IDT were informed; and
Responsible Officer	Deadline	
Head of Hospital Services, ASCH; One Croydon Alliance	29/10/2024 30/01/2025	

		<ul style="list-style-type: none"> • 141 cases (16%) did not have an allocated Brokerage worker. <p>Risk</p> <p>If information regarding hospital discharges is not communicated between the different parties within the process there is a risk that care packages can be set up or patients who are not ready to leave, or not be set up for ones who are. This can result in delays in the discharge process resulting in financial and resource loss for the Council.</p>
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Control Area 4: Monitoring and Reporting

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 4
2	New hospital Power Business Intelligence Report to be in place to monitor performance and to move away from manual spreadsheets and systems to report on performance. Reports to be presented to SMT, DMT and Neighbourhood Board.	<p>Expected Control</p> <p>The Living Independent for Everyone (LIFE) Team has processes in place to monitor the quality of data and report progress to relevant management.</p> <p>Finding/Issue</p> <p>The LIFE team produce a monthly LIFE performance report including a summary of the current performance of referrals into LIFE and the number and length of care packages which are provided and the outcome of referrals. However, this report does not include information on the quality of the data.</p> <p>The LIFE Service & Development Manager stated that this report was provided to the Neighbourhood Board, however no evidence of this was provided during the audit.</p> <p>The Head of Adult Placement Brokerage & Market Management provided Internal Audit a document from November 2023, which inferred that the Council was in the process of creating a Power BI dashboard, which will extract all relevant information from LiquidLogic to enable the whole process of hospital discharges to be monitored. It was intended that this report will show how the team is performing as a whole, as well as how individuals are performing, and will be used to help manage demand and expectations for Hospital Discharges. This report will be provided to and will be reviewed by senior management.</p> <p>Risk</p> <p>If the Council does not have oversight over the quality of the data produced for hospital discharges, there is a risk they are unaware on issues occurring and unable to monitor these effectively. This can result in the key risks in the process being missed and going unnoticed for a significant period of time.</p>
Responsible Officer	Deadline	
Head of Hospital Services, ASCH; One Croydon Alliance	30/01/2025	

4. Priority 3 Issues

Agreed action	Findings
<p><u>Control Area 1: Identification and Notification of Hospital Discharges</u></p> <p><u>Action proposed by management:</u></p> <ol style="list-style-type: none"> 1. Staff reminded on the procedure to fully follow the required procedure set out. 2. Set up of Patienteer to move to automated system and removal of manual spreadsheets/processes <p><u>Responsible Officer:</u> Head of Hospital Services, ASCH; One Croydon Alliance</p> <p><u>Deadline:</u> 29/10/2024 & 31/01/2025</p>	<p>Expected Control</p> <p>The Council has a process in place to collect and monitor data which is provided regarding hospital discharges, ensuring it is accurate and complete.</p> <p>Finding/Issue</p> <p>The Council has a Process Map which shows how data is collected and monitored during the Hospital Discharge process. The Triage Team however stated that the process was not always followed in practice, as some team members did not always follow the sequence of the process. In particular, the following issues were noted:</p> <ul style="list-style-type: none"> - The email inbox does not show the categorisation of who is working on a referral, which can result in duplication of effort. There is a risk that the same referral may get picked-up by two officers. They will not both be able to submit the referral, but this will only become apparent at the end of the process where one officer would process the referral ahead of the other. However, no cases of this occurring were observed by Internal Audit, as there will be no record in place where this has occurred. - At the time of internal audit, the Council was in the process of moving to a new system, Patienteer. On this system, the NHS will upload referrals straight onto Patienteer which is pulled onto the Council's LiquidLogic system. The Triage team will pick up the referrals from here and send it to the Brokerage team. <p>This new system was launched in July 2024 and still experienced issues at the time of audit. Walkthrough found that some referrals</p>

Agreed action	Findings
	<p>were being input into Patienteer, and others were not. This meant that the team had to cross reference Patienteer and the inbox to ensure they had not missed any referrals or were not processing referrals which had already been picked-up.</p> <p>Risk</p> <p>Where there is not a clear process in place, which is followed by all staff, there is a risk that referrals are not being dealt with accurately and efficiently. This can lead to patients being missed or staff duplicating the same tasks, wasting staff time. Both these issues can result in financial losses for the Council.</p>

AUDIT TERMS OF REFERENCE

Hospital Discharges – Data Quality

1. INTRODUCTION

- 1.1 Hospital discharge is the final stage in an individual's journey through hospital following the completion of their acute medical care, when they leave an acute setting and move to an environment best suited to meet any ongoing health and care needs, they may have. This can range from going home with little or no additional care (simple discharge), to a short-term package of home-based or bed-based care and recovery support in the community, pending assessment of any longer-term care needs (complex discharge).
- 1.2 NHS bodies and local authorities in local areas work together to plan, commission and deliver discharge services that are effective and affordable within the budgets available to NHS commissioners and local authorities, pooling resources where appropriate.
- 1.3 The Council has implemented an integrated discharge team providing integrated services between NHS (hospitals) and the Council. This has helped resolve the data quality issues previously arising in this area due to disjointed systems and teams. Previously NHS did not have access to social care systems. NHS now has agreed access to input data on to the Council Adults Social Care & Health (ASCH) system. This is linked to Patienteer (NHS system) for seamless data integration and flow of hospital discharges.
- 1.4 This audit is part of the agreed Internal Audit Plan for 2024/25.

2. OBJECTIVES AND METHOD

- 2.1. The overall audit objective is to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.
- 2.2. The audit will for each controls / process being considered:
 - Walkthrough the processes to consider the key controls;
 - Conduct sample testing of the identified key controls, and
 - Report on these accordingly.

3. SCOPE





- 3.1 This audit, focused on Hospital Discharges: Data Quality was undertaken as part of the 2024/25 Internal Audit Plan. The specific scope included the following areas and recommendations:

Control Areas/Risks	Issues Raised		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Identification and Notification of Hospital Discharges	0	3	1
Support Packages for Hospital Discharges	0	1	0
Data and Systems Integration	0	0	0
Monitoring and Reporting	0	1	0
Total	0	5	1

Definitions for Audit Opinions and Identified Issues

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

	Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are constantly applied.
	Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance of the controls which may put this achievement at risk.
	Limited Assurance	There are significant weaknesses in key areas of system controls and non-compliance that puts achieving the system objectives at risk,
	No Assurance	Controls are non-existent or extremely weak, leaving the system open to the high risk of error, abuse and reputational damage.

Priorities assigned to identified issues are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period.
Priority 3 (Low)	Although control weaknesses are considered to be relatively minor and low risk, still provides an opportunity for improvement. May also apply to areas considered to be of best practice that can improve for example the value for money of the review area.

Statement of Responsibility

We take responsibility to London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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