



17 January 2024

RQIA publishes its Recommendations for “Working Collaboratively to Reduce Harm”, through improved communication and collaboration across public and independent health and social care services, and for prioritisation of social care and workforce development.

Today, RQIA has published the findings of its ‘System Inspection’ in Southern HSC Trust area, undertaken in autumn 2023 as a response to the ongoing and persistent system pressures, particularly those affecting acute hospital services. The Inspection looked particularly at patients who were delayed in their discharge from the acute hospital, and the effectiveness of collaboration between acute services, community and social care services in meeting service user needs. The Inspection makes recommendations for improved communication and collaboration, within acute services, between the acute and community sectors; and with patients and families. It also identified that services that were well placed to meet the needs of patients beyond their hospital stay were in place, but did not have the capacity that was required to meet patients needs.

This Inspection, and others, recognises the immense efforts being made by staff throughout the health and social care system to maintain services and provide safe and caring treatment. It also recognises the distress endured by patients and families, as emergency services across Northern Ireland continue to face severe and sustained pressures. This impacts on the delivery of safe care to patients; and on the wellbeing of staff.

It is critically important that the whole health and social care system, both public and independent sector, acute and community services, work together. Patients must be able to access emergency care when this is needed, and be provided with timely access to the care and support they need in the community, once acute treatment has been completed.

The Inspection adds to the evidence of the harm that is caused when there are delays in patients accessing acute care. It shows the impact of delayed discharge on those patients ready to leave acute care, to be supported at home, in a care home setting or other community care. The two aspects are very much linked – if patients cannot leave hospital, new patients who need care urgently cannot get access to the acute care they need.

The inspection found examples of effective care outside hospital, including acute care at home, step down services in community care settings, and local care homes with bed availability. However, there was not sufficient capacity, through sufficient staffing, to cope with the number of patients who needed such care outside of the hospital.

Briege Donaghy RQIA Chief Executive said: “This inspection makes 11 recommendations for improvement, which we trust will be implemented together, by all those who are providing hospital, community, social care and primary care. Health and social care services are delivered through a mixed model of providers, the HSC Trusts, independent providers - particularly in care homes and domiciliary care - and General Practice. While each is commissioned and paid for in different ways, they must be equal partners in delivering local health and social care services.”

“The workforce challenge dominated all our findings. All the services we explored needed more staff. We know that the working population available in Northern Ireland is not growing in keeping with the growing needs for community care. There is a need therefore, to create conditions that attract staff to work in, and stay in, health and social care services. RQIA considers that the work of the Department of Health in reforming adult social care services and developing the totality of the health and social care workforce, is absolutely critical. This must be coupled with service reform to ensure sufficient capacity in community, social and primary care to meet our population needs; and make effective use of resources.”

“Without this, the pressures will continue across the system. These pressures will be most visible in our acute hospitals and ambulance services, and experienced by patients and by our emergency care staff ”.

“We wish to thank all the staff working in health and social care in the Southern Trust area, and across the region, and all patients and families who contributed to this inspection”.

ENDS

The overall findings of “Working Collaboratively to Reduce Harm” - RQIA System Inspection of a Local Health and Social Care System - Southern Health and Social Care Trust Area, will be published on RQIA’s website www.rqia.org.uk to ensure shared learning.

NOTES TO EDITORS

The RQIA was established by [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003](#). It is an independent health and social care regulatory body, whose primary duties are to keep the Department informed about the quality and availability of health and social care services, ensure regulatory compliance, and encourage improvement in the quality of services.

RQIA carry out inspections of statutory services provided by the Health and Social Care Trusts under our founding legislation, [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003](#). This is also the legislation that requires HSC Trusts to meet a statutory duty of quality for services.

In order to check if the service is meeting the minimum quality standards, RQIA use [The Quality Standards for Health and Social Care \(2006\)](#) as the framework for inspection. These set out five Standards that are required to meet minimum quality standards for HSC services.

The full report will be available at www.rqia.org.uk on 17 January 2024.

For further information, contact Malachy Finnegan, RQIA Communications Manager, email: malachy.finnegan@rqia.org.uk, tel: 028 9536 1921.

Recommendations from “Working Collaboratively to Reduce Harm” - RQIA System Inspection of a Local Health and Social Care System - Southern Health and Social Care Trust Area

Recommendation 1

The Southern HSC Trust Directors responsible for elective and unscheduled care should ensure there is appropriate information captured and shared during site control room meetings to provide adequate assurance that all bed capacity within the hospital is used to best effect each day; and that there is an appropriate and balancing of risks between those waiting for admission with the Emergency Department and those waiting for admission to a bed to undergo elective surgery.

Recommendation 2

The Department of Health should consider investing in the development of an automated, live and dynamic IT system which is capable of reporting available bed capacity in residential care homes and nursing homes, across the range of categories of care. This would support quicker and more accurate decision making in discharge planning.

Recommendation 3

The Southern HSC Trust should engage closely with its community of local GPs to work together to improve the content of and process for hospital discharge letters to support the safe transfer of care.

Recommendation 4

All HSC Trusts should work with all appropriate stakeholders to develop a clear local policy and implementation plan, which ensures that hospital discharge letters are copied to patients, in an accessible format when required, as key partners in their care.

Recommendation 5

All HSC Trusts must urgently establish a robust system of assurance and oversight of the validation and issuing of discharge letters to GPs at corporate, directorate and service level. If gaps in such assurance are identified, urgent action should be coordinated to address any backlogs of unissued letters, and local GPs and affected patients should be kept fully informed.

Recommendation 6

All HSC Trusts should consider and review the process in hospitals for documenting care needs and the recommendations for ongoing interventions where care is being transferred to registered providers in the community. This review should consider if transfer of care documentation supports rapid, risk-based decision making and embeds the concept of Discharge to Assess.

Recommendation 7

The Southern HSC Trust must immediately develop and implement a local escalation policy and operating procedure for its site control room. This should be supported this with effective induction and training of those staff charged with its operation and contributing to on-call on a day-to-day basis.

Recommendation 8

The Southern HSC Trust, and all HSC Trusts, should continue to strengthen and develop arrangements for collaborative planning with independent sector providers of domiciliary care agencies, residential care homes and nursing homes. This will ensure the harnessing of the collective intelligence of all providers, to ensure all opportunities for smoothing and expediting safe and timely discharge from hospital.

Recommendation 9

RQIA must raise awareness, and develop guidance, for HSC Trusts and independent sector providers on how categories of care for residential care homes and nursing homes are considered (from point of registration). Such guidance will explain the difference between a diagnosis and an assessed need. This should emphasise available flexibility which can enable a residential care home and/or nursing home to meet the needs of a prospective resident and safeguard the needs of current residents.

Recommendation 10

Independent sector providers of residential care homes and nursing homes must ensure that they execute in full their responsibilities, as detailed in the care standards and respond in an efficient manner to a request to assess a prospective resident who may be delayed in hospital. In addition, the Southern HSC Trust should ensure it has the relevant personnel and information available to enable the assessment to be undertaken. Consideration may need to be given to a seven-day service to enable the efficiency of discharge to be undertaken at weekends.

Recommendation 11

All HSC Trusts should collaborate to review their Acute Care at Home or Hospital at Home Services and benchmark their practice, criteria and ethos to understand how these services can be developed to best support risk management, admission avoidance and discharges, with a particular focus of the needs of elderly citizens.