Southern Health and Social Care Trust

The Regulation and Quality Improvement Authority

# A Whole-System Approach

## Collaborative Evaluation and Learning

**March | 2026**

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# Foreword

As human beings, we all know that we are stronger, and can get more done, faster and better if we work together collaboratively and intelligently. This is especially the case in complex, fast-moving and human environments, such as health and social care, and in large and complicated networked systems with many 'inter' and 'co' dependencies.

Technically, there is a growing evidence base to show that 'whole-system working' leads to improved patient outcomes and enhanced patient experience; to better identification of opportunities for innovation and continuous improvement; to better use of resources; and to improved workforce wellbeing, stronger community engagement, and more effective tackling of health and social inequalities.

Despite this, 'whole-system' working, even within Northern Ireland's apparently structurally integrated Health and Social Care system, is very difficult to achieve, as the RQIA's 2024 report Working Collaboratively to Reduce Harm demonstrated. This report, A Whole System Approach, follows up on the recommendations of that earlier report, examines progress made, and considers why this has been so limited.

The overall conclusion is that 'whole-system' working requires deliberate action. It will not happen as a result of a directive, intent or goodwill alone. It needs to be built deliberately in a way that creates shared purpose, shared ownership of the flow of patients or service users between the component services, and shared ownership of the outcomes.

This report suggests ways forward, and, in this context, these fall largely to the RQIA, including, in particular, the need for RQIA to do more to support organisations seeking to work as a 'whole system'. Whilst writing reports and recording what was said and observed is valuable, if change is to result, this must be followed by concerted action and support to tackle the issues identified. Merely reporting on them is not enough.

The Authority is committed to working in partnership to overcome the barriers to more effective 'whole-system' service delivery. In the immediate term, it will consider how best to adopt the recommendations (and their spirit) into its response to the challenges being faced: the Reset Plan, Quality and Safety, and the response to the current financial challenges. The Authority's Regulation and Improvement functions and duties must also adapt to this context: proactively working to enable a 'whole-system' approach is a key response in this landscape.

In the medium term, as the Authority engages in the forthcoming Organisational Review and begins the development of the next iteration of its Strategic Plan, the Authority will consider and develop its approach to its roles across both the independent and the public sector to encourage and support collaborative and intelligent partnerships, especially at local levels through the neighbourhood approach.

# Foreword

On behalf of the Authority, I would like to commend, in particular, the leadership team of the Southern Health and Social Care Trust (SHSCT), who embraced the opportunity to study and reflect on whole-system working and its challenges in their area.

Similarly, the Independent Providers, care homes and domiciliary care agencies, and General Practice representatives, who welcomed being involved and were candid and open in sharing their experience, identifying opportunities for improvement. The Northern Ireland Ambulance Service (NIAS) contribution, adding experience of direct, daily contact with virtually all the organisations and people comprising the 'system' that delivers health and social care services in Northern Ireland, is particularly valuable.

The Q community shared their findings from engaging with healthcare organisations in other parts of the UK and Ireland and their framework identifies five underpinning principles and sets out a means to engage all involved in the 'system' on a shared, whole-system improvement approach; this offers practical and tested approaches to 'whole-system' working which we can draw on.

Finally, I would like to thank the RQIA Review Team and the Expert Facilitators, Michael Bloomfield and Peter McBride, for their skill, insights and commitment in producing this report.

Christine Collins, MBE
Chair, RQIA

# Acknowledgements

RQIA would like to thank all of those involved in this review. Thank you for your time and candid reflections, and for your ideas on moving forward.

This includes representatives from:

- Ann's Care Homes - Operations Manager
- Healthcare Ireland - Responsible Individual
- MD Healthcare - Responsible Individual and Registered Manager
- Sunnymead - Home Manager and Deputy Manager
- Connected Health - Chief Executive Officer
- Kingdom Healthcare - Responsible Individual
- Care Plus NI - Responsible Individual
- GPs - Co-Chair Southern GP Federation Support Unit and Chair of the Southern Local Medical Committee (LMC)
- SHSCT - Director of Adult Community Service
- SHSCT - Interim Executive Director of Nursing, Midwifery, Allied Health Professionals, Functional Support Services and Infection Prevention and Control (IPC)
- SHSCT - Director of Planning, Performance and Informatics
- SHSCT - Interim Medical Director
- SHSCT - Director of Children and Young People's Services/Executive Director for Social Work
- SHSCT - Project ECHO Lead

# Context

Health and Social Care (HSC) Trusts in Northern Ireland operate within a highly regulated environment characterised by strict financial controls, robust governance requirements and the stewardship of public funds. These statutory responsibilities shape how all Trusts must plan, commission and manage services and they place significant emphasis on formal accountability, value for money and adherence to established contractual obligations.

In practical terms this means that HSC Trusts engage with Independent Sector Providers of Home Care (also referred to as Domiciliary Care) and Care Home providers on the basis of a regional contract. The contract provides Trusts with direction in respect for example hourly rates and tariffs for placements. It is understood that both the Home Care and Care Home contracts are due to be reviewed and reissued, with an intention of addressing a range of operational issues within each.

As part of exploring local collaboration and working as a 'whole system', through local facilitated conversations senior leaders of the HSC Trust consistently expressed a clear desire to strengthen collaboration with Independent Providers within the locality, including General Practitioners, Care Home providers and Home Care providers. They recognised that effective whole-system working is essential to meet the growing needs of the population and to ensure continuity, quality of care and patient experience across organisational boundaries.

Trust Senior staff identified the increasing levels of complexity associated with caring for a rapidly increasing number of older service users, many with co-morbidities, and the wide spread geography, both urban and rural settings, contributing to the challenges. Leaders also acknowledged that the governance frameworks governing public bodies can inhibit the type of flexible, relational and co-productive approaches that genuine partnership working requires.

In practice, the need for rigorous contractual management can unintentionally strain relationships between Trusts and Independent Providers. Contractual enforcement, financial scrutiny and formal compliance processes - while necessary to safeguard public money - may be perceived by providers as punitive, or statutory organisations resistance to change.

This creates tension between the values and intentions of senior leaders, who articulated a strong commitment to collaborative working and the constraints of the system within which they must operate.

A less tangible, though significant component of the dynamic between Health and Social Care Trusts as a public sector body, and the independent sector as private entities, is the cultural difference in approach to finance. Within the public sector narrative, for those services commissioned or contracted, the focus appears to be on the scale of the investment and the consequent importance of getting value for money for the public purse, a focus that translates into high levels of scrutiny and a focus on unit cost.

# Context

The same model for financial scrutiny cannot be readily applied to Trust led services, and so almost impossible to get a like for like comparison because of the complexity of costing. The consequence of this appeared to create an underlying sense of unfairness expressed by the independent sector.

As a result, it seems that contractual and financial controls sometimes run counter to shared decision-making, innovation and whole-system problem solving. This dynamic presents an ongoing challenge for 'whole system' working and highlights the need to consider how accountability, contractual assurance and collaborative working can be better aligned in practice. While the intentions can coexist in theory, the current arrangements in place do not always make it easy to achieve this balance in practice.

It is important not to under estimate the complexity of the issues. They are not simply about economic models, but differences in culture and approach that are deep seated and deeply embedded.

This paper reflects on the challenges of 'whole system' working and makes recommendations for actions to further enable it.

# Independent facilitators

## Michael Bloomfield

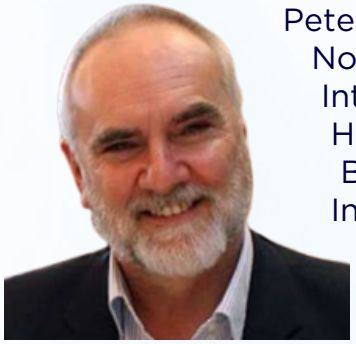
Michael Bloomfield is a distinguished public servant with 38 years' experience in Northern Ireland's public sector, including senior roles across government and health and social care.

He joined the Civil Service in 1987, moving to the Department of Health in 1997/1998, leading initiatives such as the 2002 Investing for Health Strategy. In 2007, he became Head of Performance Management in the Service Delivery Unit and then joined the Health and Social Care Board (HSCB) in 2009 as Assistant Director of Performance Management, advancing to Director of Corporate Services (2011), Performance Management and Service Improvement (2012), and Deputy Chief Executive (2016).

As Chief Executive of the Northern Ireland Ambulance Service (NIAS) from 2018 to 2025, he led transformative strategies amid challenges, improving operations, culture, and partnerships – resolving a 14-year pay dispute and integrating NIAS into system reforms.

He has chaired the HSC Trust Chief Executives Group, NICON, Northern Ireland Cancer and Major Trauma Networks and served on the NHS Confederation Board and NI Public Sector Chief Executives Forum.

## Peter McBride



Peter McBride has played a key role in civic leadership in Northern Ireland, chairing initiatives such as the Inter-Departmental Working Group on Mother and Baby Homes, Chair of NICVA, as well as nationally on the Board of BBC Children in Need; The Wheel; The International Dialogue Initiative; and, The Concord Foundation.

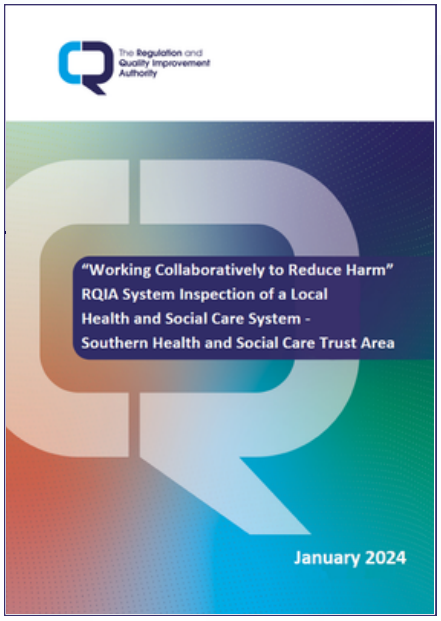
His career as a senior leader in the third sector spanned 30 years, culminating in roles as Group Chief Executive of Inspire, and Executive Director of The Cohen Center for Holocaust and Genocide Studies in the US.

His consultancy work spans senior leadership coaching, organisational culture, and trauma-informed practice across the private and public sectors. Peter remains based in Northern Ireland with ongoing international engagement.

# Report from the independent facilitated conversations with statutory and independent service providers in the Southern HSC Trust geographical area

Southern Health and Social Care Trust

# 1. Introduction




Towards the end of 2023, RQIA undertook a review of the Southern Health and Social Care Trust's (SHSCT) system for engaging with the independent residential and domiciliary care sectors. The title of the subsequent report was *Working Collaboratively to Reduce Harm* which was published in January 2024.

The recommendations of that report were intended to support service providers in the Southern HSC Trust area to work effectively together to improve local planning and whole-system processes, with a particular focus on improved unscheduled-care patient flow through the acute hospital and back into the community, and, as a result, reduce patient harm.

In July 2025, RQIA appointed us, Peter McBride and Michael Bloomfield, independent organisational consultants, to undertake an evaluation of the impact of this report, and the extent to which these recommendations have been adopted.

This report is a summary and analysis of the feedback from engagement with key stakeholders and a set of conclusions derived from that engagement.

We too propose a number of recommendations to further support whole-system working.

# 2. Terms of Reference

The Terms of Reference for this evaluation included the following key outcomes:

- establish what progress has been made towards implementing the recommendations from the 2024 Working Collaboratively to Reduce Harm report, and the impact of these;
- establish how the original report has encouraged and supported improvements in whole-system working from the experience of those involved, with a particular focus on partnership working and relationships between all those involved in the delivery of care, with examples, where available, of the issues and actions taken;
- identify barriers to effective whole-system working across boundaries, with examples, where available;
- identify opportunities to strengthen whole-system working to improve unscheduled-care patient flow and the patient experience through improved partnership working;
- identify learning for future investigations of this nature by RQIA in its Quality Improvement role.

# 3. Methodology

We met with representatives from a wide range of partner organisations who were engaged in the original RQIA report.

This included:

- people in senior leadership roles from the Southern HSC Trust's Community, Acute, Medical and Planning Directorates;
- Northern Ireland Ambulance Service (NIAS);
- Independent Sector Care Home and Domiciliary Care providers;
- the Southern Area GP Federation Support Unit.

The RQIA identified the Independent Sector Care providers and the GP Federation members to meet with, and arranged all meetings which were a combination of in-person and virtual meetings.

The main areas explored during engagement discussions, consistent with the Terms of Reference, were:

- to establish the level of awareness of the 2024 RQIA report *Working Collaboratively to Reduce Harm*, and the extent of involvement in implementing its recommendations;
- to establish the current status of the recommendations in terms of progress;
- to establish the extent of collaborative working between partners in the local system;
- to establish the nature of relationships between partner organisations;
- to identify any policies, practices and behaviours that inhibit effective whole-system working;
- to identify any policies, practices and behaviours that encourage effective whole-system working;
- to identify suggestions to strengthen whole-system working, leading to improved unscheduled-care patient flow.

# 4. Feedback from Engagement – Main Themes

This section highlights the main themes across a number of areas for which there was a considerable level of consistency:

## 4.1 RQIA report – *Working Collaboratively to Reduce Harm*

There was very limited awareness of the RQIA whole system inspection report published in 2024 among GPs and Independent Sector Care providers.

A small number had some recollection of it being published at the time, but most had only become aware of it through this evaluation process.

Similarly, in relation to the report's recommendations, there was very little knowledge of these or any process to oversee their implementation.

Southern HSC Trust senior leaders were aware of the report and advised that its recommendations were being addressed through the Trust's 'Timely Care' initiative to improve urgent and emergency care, not a separate process. They reported the focus of 'Timely Care' as being avoiding admission and timely discharge – aims that GPs and Independent Sector Care providers play a central role in achieving.

### a. Whole-System Working in the Southern Trust Area

- Feedback from Independent Sector Care providers was very consistent that they do not feel part of a system within the Southern Trust area. Most described a difficult relationship based heavily on contractual monitoring and compliance, not a partnership.
- Although a minority view, it should be noted that a small number expressed a positive relationship, describing where domiciliary care teams have good contact with Trust physiotherapists and Occupational Therapists if they require advice or assistance with a client.
- Independent Care providers and Trust teams both reported the other as perceived to be "cherry picking" the more straightforward care packages, leaving them to manage the more difficult packages, including in rural areas which present particular challenges for the Independent Sector due to the distances involved. Neither described working in a way that could be considered 'whole-system' or collaborative, describing a sense of separate entities.
- GPs also reported not feeling part of a 'whole system' or an equal partner and described a lack of joined up working with other organisations in the area.
- NIAS, commenting from a regional perspective rather than a Trust-area-specific one, reported an improvement in system working at senior level, but noted further work is needed to cascade this throughout teams.

# 4. Feedback from Engagement – Main Themes

## a. Whole-System Working in the Southern Trust Area

- NIAS reported that its relationships with GPs and Independent Sector care providers is less well developed than within other Trust areas. They identified significant opportunities through greater collaboration to avoid unnecessary conveyance to Emergency Departments (EDs) through, for example, easier access for paramedics to GPs for advice through a dedicated phone number, and increased support to care homes to avoid 999 calls.
- Care Homes also highlighted the potential benefits of working more as a whole system by having dedicated access to GPs and EDs for advice which may avoid the need to call for an ambulance and for an ED attendance.

## b. Culture and Relationships

- This is another area where there was a high level of consistency in the feedback from all the Independent Sector Care providers, with most describing a more difficult relationship with the Southern Trust than with other Trusts, where the provider had a presence across a number of areas of regionally.

- The relationship was described in terms such as “paternalistic”, “command and control” and having a lack of trust.

- Most Independent Sector Domiciliary Care providers referred to a relationship overly focused on contract monitoring and compliance, with more discussion about the financial aspects of service delivery than on the provision of care. There were many references to the Trust seeking to recover funding for under-delivery of hours provided rather than about how the available capacity could be best used for direct care.

- A number of Independent Providers advised that this has led to a culture where there is fear about reporting incidents or mistakes, as it is perceived that it will be treated as a contract non-compliance issue, not a learning opportunity.

- A number of senior Trust staff indicated that they are aware of a perception that it manages the care contracts tightly but considers this to be appropriate and necessary in the context of the considerable amount of public money involved.

- It was reported by Independent Providers that there is no opportunity to discuss greater flexibility over how the available domiciliary capacity should be best used. Examples cited include where the full 15 minutes is not required for a client who has family members present during the visit, or who only require supervision of medication, and the view expressed this ‘saved’ time could be better spent with other clients who require more care on a given day. It was reported by those who had a wider reach outside this geography, that such flexibility exists to a greater extent in other Trust areas.

- Most of the Independent Sector providers believe there is a general “suspicion” of their sector by many Trust staff, while not unique to the Southern Trust area, which they feel may stem from a lack of understanding and a mistrust of the commercial nature of their business. A number of comments, which it is claimed have been made, were used to support this view, which broadly related to ‘profit making’. It was reported that this is seen as more of an issue in the Southern Trust than other Trust areas.

- The Southern GP Federation representatives also described feeling “not valued or respected”, and characterised the relationship with the Trust as a lack of meaningful engagement; lack of communication; lack of consistency; and lack of trust.

## c. Engagement and Communication

- This theme overlaps with the previous area of culture and relationships, as effective engagement and communication are central to a positive culture and strong relationships.
- The Independent Sector Care providers and the Southern GP Federation Support Unit both referred to poor communication with the Trust, with emails often not replied to and no phone route to discuss issues or cases, including in relation to patient welfare and safeguarding.
- Independent Sector Care providers provided examples of patients being discharged with the wrong notes or inaccurate baseline assessments, and difficulty in speaking with the appropriate people to resolve this. It was indicated by some that this can result in early readmission to hospital as the appropriate care is not available.
- A number of Independent Sector Care providers reported little or no engagement with Trusts, not unique to the Southern Trust, in planning to respond to the additional pressures at Winter, and to explore what additional support they could potentially provide.
- It was reported that there is no regular forum to raise these issues and try to find solutions. It was suggested that the Care Home Managers Forum may provide an opportunity to address this if hospital discharge planners were to attend.
- The GP Federation reported a view that changes were introduced with no communication and pathways imposed with little or no engagement. They believe this leads to a lack of clarity about what services are available, possibly resulting in avoidable referrals and ED attendances.
- The GP representatives advised that they believe people are too busy, or perhaps unwilling, to spend some time in each other's service area which, they felt, would help to understand respective pressures, build relationships and identify joint solutions.
- They raised several issues that might well be considered normal business and expected to be discussed at a regular forum between the Federation and the Trust to find solutions. An example, referred to a reduced number of slots for GPs to work in the out-of-hours service making it less attractive for those willing to work; and a lack of medical cover for patients in step-down beds.
- The Trust Medical Director highlighted similar challenges around engagement and communication with GPs, given the lack of cohesion between Practices and the range of groups with different roles. He expressed a desire to find a way to improve communication and to dedicate time for engagement.
- All parties from each of the sectors raised the absence of a forum to engage around issues, to better understand each other's challenges, and find shared solutions. All parties indicated that they believe this would be beneficial and all engaged would be willing to participate.

## d. Inconsistent Application of Policies and Procedures

- The issue identified by most Independent Sector Care providers as the greatest inhibitor to whole-system working was the lack of consistent practices by Trusts across the region and the need for standardisation.

  They cited a number of examples, including how care home placement 'top-ups' (third party payments) are paid; the process for advising providers of patients requiring a new domiciliary care package to be discharged from hospital; and how long care packages are paid for when a client is admitted to hospital, and therefore their domiciliary care package held.

  On this last point, providers advised that while a number of Trusts pay to keep a package available for 14 days, they reported that the Southern Trust does not, and therefore the package is not available on discharge for a patient who requires only a relatively short hospital stay.

- Most of the Independent Providers engaged with, operate across several, if not all, Trust areas in the region, and report considerable variation in practices.

- NIAS, as a regional Trust, also highlighted the importance of standardisation across all Trusts in relation to alternative pathways to ED.

  Their teams work across multiple Trust areas and they referred to variation in the pathway name, means of referral and opening times of alternatives, make it more difficult to maximise utilisation of available capacity.

## e. Suggestions for Improvement

- During the course of the engagement process, a number of suggestions were put forward that were considered would improve working between the Trust, and all Trusts in the region, and Independent Sector Care providers. It is our view (independent facilitators) that these should be considered by existing groups with responsibility for the planning and performance of social care, including the Social Care Collaborative. It is not within the scope of this evaluation to assess the merits of such suggestions; however, they are deserving of consideration and they are recorded here for onward referral as appropriate to those best placed to consider them.

- Independent Sector Care providers consider that the current practice of putting domiciliary care packages required out to all providers at the same time wastes effort and puts providers in competition with each other. Some suggested a brokerage model, which would benefit from regional consistency if that could be achieved.

- Independent Sector Care providers responsible for running nursing and care homes advised that they accept their responsibility to take the financial risk in building a new home or expanding an existing one, but they believe this would be better informed and meet the needs of Trusts and patients if there was a strategic plan outlining future care home needs in terms of location, type and expected demand.

- Independent Sector Care providers advised that they believe they could deliver a better and more efficient service within the existing funding envelope if they had more flexibility in how they deliver the service. They reported a difficulty in having discussions to explore this potential, and the requirement remains to deliver the standard service according to the current contract.

- Independent Sector Care providers engaged with consistently reported that the 'block' rota in place in the Western Trust provides greater flexibility, especially in rural areas, allowing the amount of direct care time to be agreed taking account of travel times. They believe this model should be considered in the Southern Trust area.

- Independent Sector Care providers reported that there is no regular process to review clients' ongoing needs, and they believe there is potential to release capacity to support new clients if this was a feature of the delivery model. However, Trust staff reported that clients' needs are subject to an annual review.

# 5. Conclusions

Based on the extensive feedback offered during our engagement with senior leaders from the Southern HSC Trust: NIAS: Independent Sector Care Home and Domiciliary Care providers; and the Southern Area GP Federation Support Unit: we have concluded the following in relation to whole-system working in the Southern Trust area, in the context of the January 2024 RQIA Report *Working Collaboratively to Reduce Harm*:

**5.1** No specific arrangements were put in place following publication of the report in January 2024 to facilitate relevant partners to work together to implement the report's recommendations. The Southern Trust is addressing most of the recommendations under its 'Timely Care' initiative. While this makes sense rather than set up a separate process which would undoubtedly duplicate efforts, an opportunity to involve GPs and Independent Sector care providers who have such an important role in avoiding unnecessary ED attendances and supporting timely discharge has been missed, potentially limiting progress.

**5.2** While a number of examples of collaborative working were shared during this engagement, the relevant partners who all have key roles in relation to urgent and emergency care in the Southern Trust area are not yet operating as a 'whole system', working at scale across the locality, collaboratively in the best interest of patients and staff, in all sectors. The considerable pressure everyone is working under in their own respective areas is a significant factor in this, however, more needs to be done to build a culture that encourages and facilitates a shared approach to the planning and delivery of services, where everyone's contribution is respected and valued, and contractual arrangements are seen as underpinning to and not dominating relationships.

**5.3** There is recognition among partners of their shared aim to deliver the best possible care for patients and service users, however, more progress could be made if there were greater opportunities for engagement, both formal and informal, to discuss challenges, explore different ways of working and identify joint solutions. Such engagement opportunities would also help strengthen relationships, enabling more timely resolution of issues.

**5.4** The emphasis on contract management and compliance, while necessary and appropriate, may inhibit Independent Sector Care providers from exploring innovative practice, and potentially from reporting incidents which are an important part of an open and learning culture. The Independent Sector and Trust agree the need to change the nature of the contract, and this is currently being reviewed by the Social Care Collaborative. This provides a useful opportunity to address this issue.

# 5. Conclusions

The lack of consistency in processes across Trusts presents considerable difficulties for Independent Sector Care providers and must lead to variation in provision for service users. Such variation seems inconsistent with the current direction of travel of Trusts increasingly acting as a single system.

**5.6** There is a lack of understanding between the public and private sector of their respective business models, in particular in relation to funding and the need for the Independent Sector to be commercially viable to be able to provide a reliable, sustainable service. This has led to tensions between some Trust staff and a number of Independent Sector providers, for example in relation to different expectations of providing care packages in rural areas or keeping a package available while a service user is admitted to hospital. These may seem the right thing to do but may not be financially viable for a private sector organisation.

**5.7** It is surprising that there is not greater engagement between all provider sectors in the development of the Winter preparedness plan to identify actions all parts of the system could take to respond to the predictable pressures. This represents a missed opportunity to identify further measures to avoid ED attendances and support more timely discharge. Improved working relationships on a mainstreamed, ongoing, basis will also provide an improved basis for responding to times of particular demands.

**5.8** There are challenges for all sectors in obtaining timely advice from other parts of the system which could help avoid unnecessary 999 calls and ED attendances.

**5.9** There is limited opportunity for staff in all organisations to spend time with other partners, to understand their challenges, to build relationships and to identify joint solutions that would benefit all service users.

**5.10** The vast majority of social care in Northern Ireland is provided by the independent sector. With the increasing need to innovate and ensure there is genuine efficiency in the system, they are essential partners in these challenges, and the risks associated with their exclusion are significant. Meaningful engagement with them as equal partners in these challenges will be critical to the system achieving the changes that will be required over the coming years.

# 6. Recommendations

To address the main findings from this evaluation and support whole-system working in the Southern Trust area we make the following recommendations:

## Regulatory and Quality Improvement Authority

**6.1** RQIA should facilitate an engagement event with all partners involved in the 2024 report – *Working Collaboratively to Reduce Harm* – and those who participated in this evaluation to explore the issues identified around relationships, engagement, and communication, seeking to encourage agreement between those partners for a process of regular and effective ongoing engagement to strengthen whole-system working in the Southern Trust area between statutory and independent service providers

**6.2** RQIA should also consider facilitating a regional event, as the issues highlighted in this report are not unique to the Southern Trust area, with a view to considering regional mechanisms for efficiencies, including highlighting the best examples of brokerage models.

**6.3** RQIA should work with SPPG, and others, to agree arrangements to facilitate a process to support the implementation of recommendations from their service improvement reviews, involving all relevant partners. There should be visible ongoing oversight to monitor progress.

**6.4** RQIA should share the findings of this evaluation with SPPG and the Social Care Collaborative to consider the issues raised about the need for greater standardisation of the implementation of policies and procedures across all Trust areas.

**6.5** RQIA should explore, with SPPG and the Social Care Collaborative, the effectiveness of current arrangements for reviewing existing care packages. This should aim to ensure the best use of available domiciliary care capacity by:

- addressing the flexibility of rotas to provide care where it is most required;
- helping to mitigate the issue of travel time in rural areas.

**6.6** RQIA should explore with SPPG the potential to develop improved methods of contact between all parts of the system to seek immediate advice which may avoid the need for a 999 call and/or ED attendance, for example, a dedicated phone number.

# 6. Recommendations

## The Southern Health and Social Care Trust

**6.7** The Southern Trust should engage with Independent Sector Care providers to understand the constraints and requirements of their respective business models, with a view to fostering more collaborative professional relationships and a better understanding between the different models.

**6.8** The Southern Trust should review their arrangements for developing their Winter Plan, and also their 'Timely Care' initiative, to ensure appropriate involvement and input from Primary Care and Independent Sector Care providers who play a key role in avoiding unnecessary ED attendances and supporting timely discharge.

# 7. Next Steps

It is hoped the findings, conclusions and recommendations of this report prove useful in strengthening collaborative working in the Southern Trust area and ultimately in improving the experience of, and reducing the risk of harm to, unscheduled care patients.

As many of the issues identified will apply across all Trust areas, it is also hoped this report will provide a useful contribution to wider regional discussions.

If any further clarification of the issues contained in this report is required, we would be happy to provide. We would also be happy to support any follow-up work arising from this report, if that would be helpful.

***Peter McBride***

***October 2025***

***Michael Bloomfield***

***October 2025***

# Shared Learning: Examining the Q community's Cross System Improvement Framework to enable organisations working as a 'whole system'

# Describing the health and social care ‘whole system’ in Northern Ireland

## Introduction

RQIA invited the Q community to facilitate a small workshop within RQIA in mid-October 2025. This was held in preparation for the anticipated report on "whole-system" working from the two engaged facilitators, which is available in this document.

Q is a membership community that helps accelerate improvement in health and care across the UK and Ireland. It sustains a large, diverse improvement community that connects across sectors and countries. It enables people to share, learn and collaborate on pressing challenges and helps create the culture and conditions in which improvement efforts succeed.

In advance of receiving the report, RQIA wanted to explore how other jurisdictions were addressing the need for a range of diverse organisations to work together as a ‘whole system’, despite them having different commissioning arrangements.

How have others tackled this? Are there known and obvious challenges to whole-system working and are there known ways for organisations to overcome some of the barriers that prevent whole-system working?

We invited the Q community to share with us their experience and knowledge in this field. The workshop reflected on the need, across health and social care services in Northern Ireland, to work together as a ‘whole-system’ to plan and deliver services, with a particular focus, in the first instance, on unscheduled care.

By way of understanding this context a little more, an overview of the organisations involved in unscheduled care was described, as well as the interdependencies between them for patient flow in unscheduled care pathways.

## What is Unscheduled Care? (a simple overview)

Unscheduled care is an acute healthcare service. It generally involves a patient attending an acute hospital for emergency or urgent healthcare and is very often at an Emergency Department within an acute hospital.

There are many other pathways and services for acute healthcare needs too. For the purpose of the workshop, we used the Emergency Department – and the pathway into and onward from the ED – as a focus, by way of describing how organisations are involved.

Unscheduled care also involves preventing patients need to attend the acute hospital Accident and Emergency Department where there are alternative pathways or interventions.

For those who do need to attend the Emergency Department, it will, for example, include emergency ambulance transportation for patients, which often requires waiting for a place in ED to be able to transfer their patient to acute care, and the flow out of the acute hospital to the person's own home, rehabilitation or to longer-term care in a care home.

The patient's GP needs to be aware of what has happened and what part General Practice and primary are needed to support the patient after hospital. This whole journey involves many organisations from the health and social care system.

## The Health and Social Care 'System' in Northern Ireland

Identifying those organisations involved in the journey of the patient through unscheduled care we see:

- HSC Trusts;
- Northern Ireland Ambulance Service;
- Independent Sector Care Homes;
- Independent sector domiciliary care providers;
- General Practice
- Primary Care Services.

Each organisation is commissioned and funded in different ways:

**HSC Trusts:** Provide integrated health and social care in Northern Ireland.


**General Practice and Primary Care:** Contracted by the Department of Health through the Strategic Planning and Performance Group.

**The Northern Ireland Ambulance Service (NIAS):** A statutory service and HSC Trust, commissioned by the Department of Health.

**Independent Sector Care Homes:** About 95% of residential and nursing care homes in Northern Ireland are provided by Independent Providers. Care homes must register with RQIA but are not commissioned at scale. HSC Trusts will, rather, have a contact with a care home and patients/residents will choose a place in a care home of their choice, pending if they are content with a care home selected by the Trust that can meet their needs and the Trust is prepared to pay for that placement (subject to a financial assessment of the individual's situation).

Or, alternatively, if a family member is prepared to pay a supplementary payment to the tariff, then perhaps a different care home can still meet the person's needs, albeit in a different location.

Care homes are paid by the HSC Trusts based on the number of placements or beds occupied – with a payment made for each individual person. Several Trusts may have patients/residents placed in the same care home. Care homes can also accept private patients/residents.

## The Health and Social Care 'System' in Northern Ireland

**Independent Sector Domiciliary Care Services:** About 75% of Domiciliary Care Services are provided by the Independent Sector. HSC Trusts will have tendered for these services and will have issued contracts to a number of providers. Payment may be based on the number of service users and/or time spent in service users' homes so the income for the provider can vary.

All of these services are needed to enable the flow of patients in the unscheduled care pathways, and possibly others including community/voluntary organisations.

**Families and carers:** Throughout the entire journey for the patient, family and carers are critical to care and support, particularly outside of hospital, and certainly for vulnerable adults and the frail, older population.

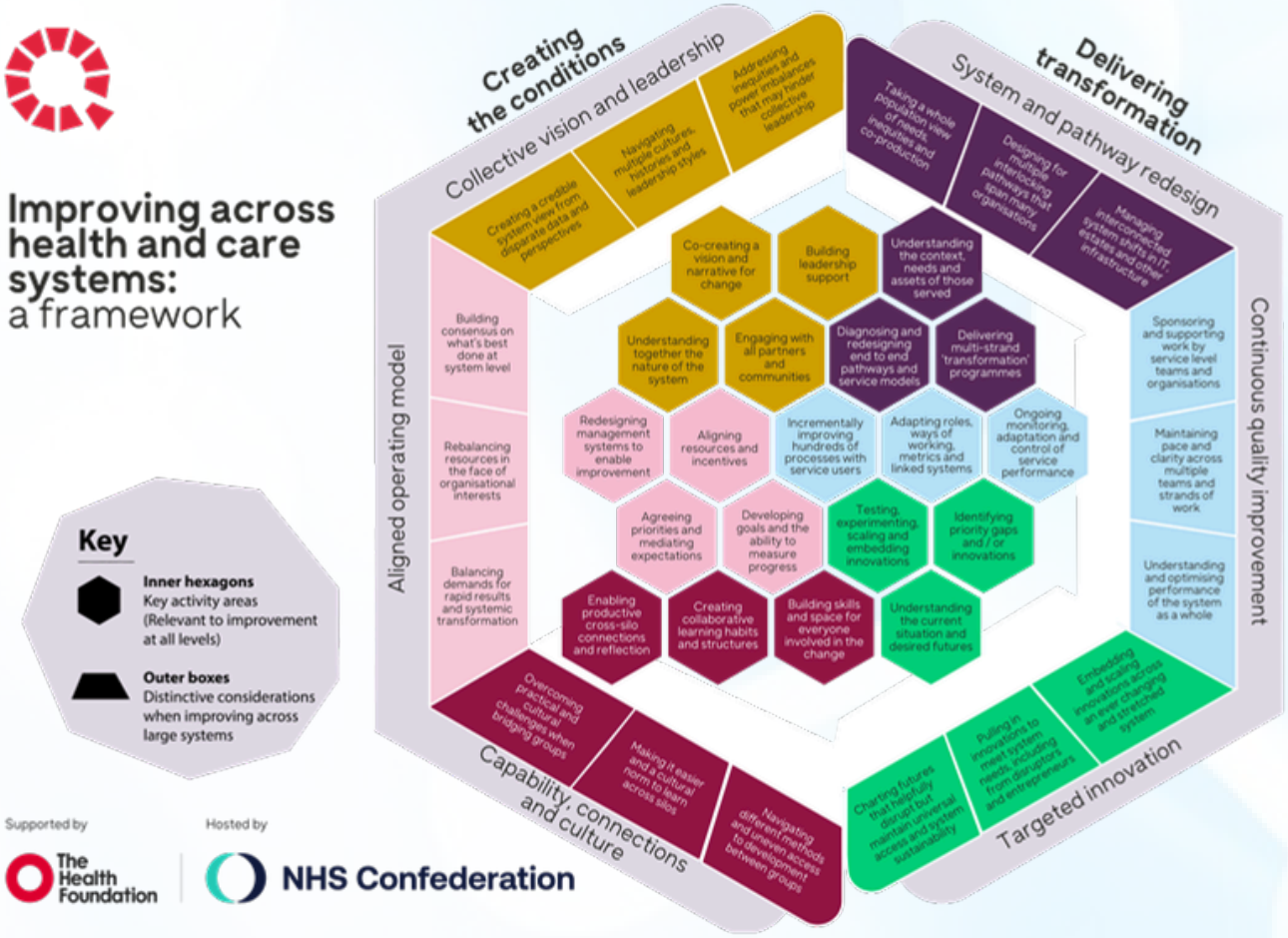
Given the need for all of the above organisations to be involved in the patient's unscheduled care journey,

it seems reasonable that all organisations should work together in a collaborative way to make the best use of the collective resources available and ensure the pathway and experience is as streamlined as possible, in providing the best possible outcome.

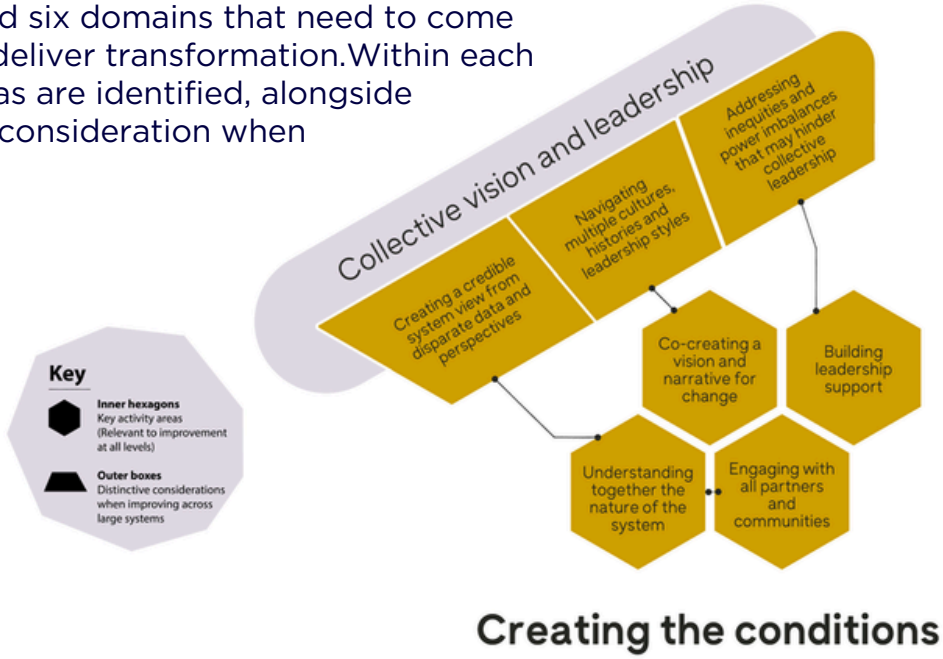
Why is it, therefore, so difficult for organisations to work as a 'whole system'?

# Insight from the Q community - What it takes to create 'whole-system' working

The Q community worked with experts in large scale change and people across the UK and Ireland to develop a framework that sets out the key components of what it takes for organisations to improve together, as a 'system'.

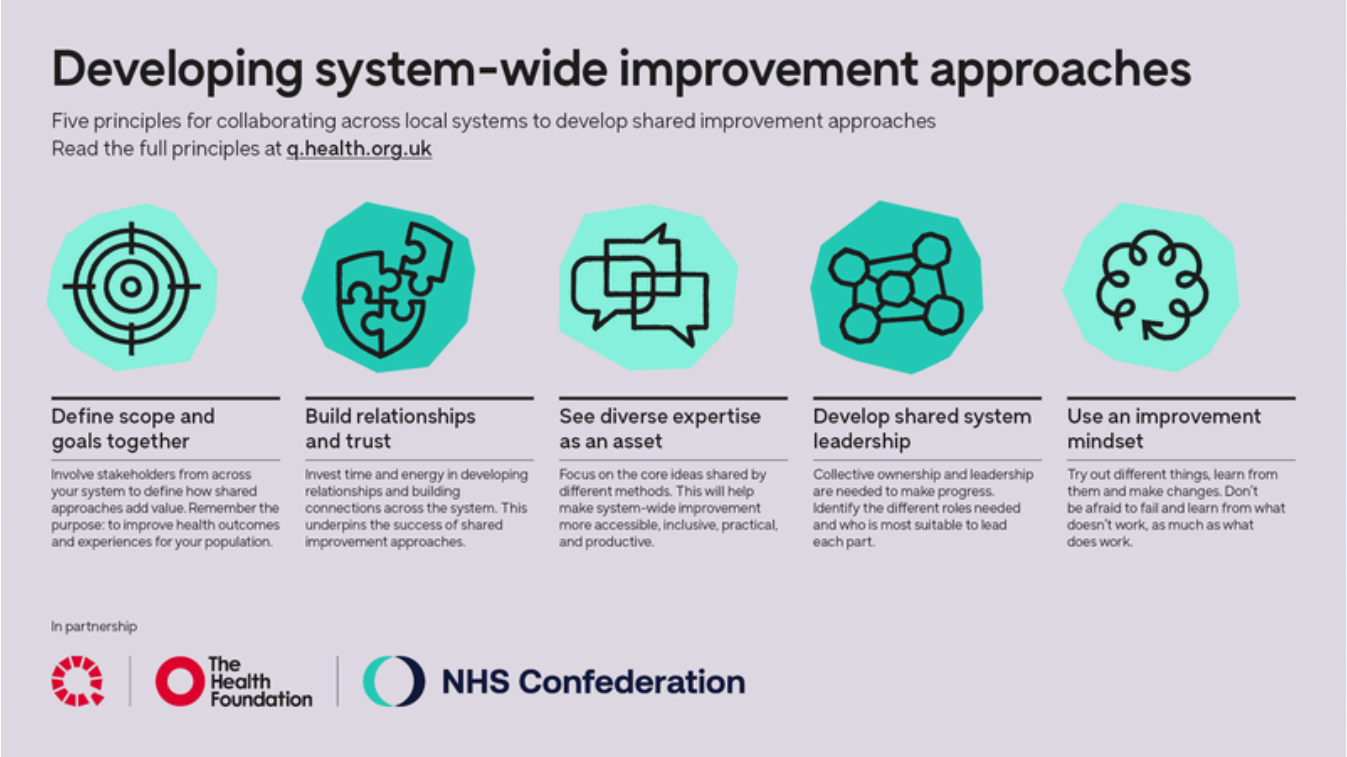



This framework identified six domains that need to come together to enable and deliver transformation.Within each domain, key activity areas are identified, alongside areas that need distinct consideration when working across systems.



## The Q community

The Q community, with NHS Confederation, have also co-developed five principles for developing a shared approach to improvement when working across organisations within a system, drawing primarily on learning from Integrated Care Systems in England. The five principles illustrated in the graphic below with further detail in the full report.



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