The Regulation and Quality Improvement Authority

"Working Collaboratively to Reduce Harm" RQIA System Inspection of a Local Health and Social Care System - Southern Health and Social Care Trust Area

January 2024

Glossary of Terms

Term	Description
Health and Social Care (HSC)	Services available from health and social care providers across a variety of settings, including hospitals, care homes, agencies and community settings.
The Southern HSC Trust Area	The geographical area identified as a 'local health and social care system' for the focus of this review, within which a range of HSC services are provided by 'system partners'.
System Partner/s	A range of HSC organisations, agencies and registered providers, collaboratively delivering HSC care within the Southern HSC Trust Area, of which include: • Southern HSC Trust • General Practitioners (GPs) • Northern Ireland Ambulance Service (NIAS) • RQIA Registered Providers (both statutory service providers and independent sector providers)
The Southern HSC Trust	The Southern HSC Trust provides health and social care services across three council areas, namely, Mid Ulster; Armagh, Banbridge and Craigavon; and Newry, Mourne and Down. It delivers services from a number of hospitals, community-based settings and in some cases directly in individuals' homes.
HSC Trusts	Collective reference to all six HSC Trusts: • Northern HSC Trust • Belfast HSC Trust • Southern HSC Trust • South Eastern HSC Trust • Western HSC Trust • Northern Ireland Ambulance Service (NIAS)
Registered Providers	Establishments which are required to register with RQIA to provide health and social care services in Northern Ireland. For the purpose of this report, the registered providers referenced are: • domiciliary care agencies; • residential care homes; and • nursing homes.

Term	Description
Independent Sector Provider	An independent sector provider is a private sector healthcare company which can be contracted by an HSC Trust in the provision of healthcare, or in the support of the provision of healthcare. These companies may provide primary care or community care such as nursing, residential or domiciliary care.
Statutory Provider/s	RQIA Registered services, where an HSC Trust is the registered as responsible for this service.
Nursing Home	RQIA Registered, for defined categories of care - any premises used, or intended to be used, for the reception of, and the provision of nursing for, persons suffering from any illness or infirmity.
Residential Care Home	RQIA registered, for defined categories of care, which provides or is intended to provide residential accommodation with both board and personal care for persons in need of personal care.
Domiciliary Care Agency	RQIA registered agency, which provides a range of services put in place to support an individual in their own home (to include home care, personal care and other associated domestic services).
Categories of Care	Categories of care specify for whom the establishment is registered to provide a service. As per Part II Schedule 8 of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005, residential care homes and nursing homes can register to deliver the following categories of care: • Old age not falling within any other category - I • Service users who are over 65 years of age but do not fall within the category of old age - E • Dementia - DE • Mental disorder excluding learning disability or dementia - MP • Mental disorder excluding learning disability or dementia – MP(E) • over 65 years learning disability - LD • Learning disability – over 65 years LD (E) • Physical disability other than sensory impairment - PH Physical disability other than sensory impairment – PH (E) • over 65 years past or present drug dependence - D • Past or present alcohol dependence - A • Terminally ill - TI • Sensory impairment - SI

Term	Description
Types of 'Service Users'	Service Users - individuals who receive care or services across a range of HSC services and settings. As this report refers to a range of HSC settings 'service users' is generally referenced as individuals who may access multiple services or settings in their journey Service users (in a specific HSC settings) include: • Patients – individuals who receive care or services from ambulance services, hospitals or nursing home settings • Clients – individuals who receive care or services from domiciliary care agencies • Residents – individuals who receive care or services from residential care home settings
Patient Flow	Efficient and appropriate utilisation of beds required to balance the demands of emergency and elective clinical activity.
Integrated Care System (ICS)	Integrated Care System. ICS NI is the new commissioning framework for Northern Ireland; it describes one system but local areas will be given responsibility for planning local services based on need and only those services that require a regional perspective will be planned regionally.
Acute Care at Home (ACAH)	Acute Care at home is a consultant led community service to deliver acute, non-critical care in the community. The service is available to older people in their own home or nursing or residential home.
PAS	Patient Administration System is an electronic based record management system.
Subject Matter Expert	Someone with specific knowledge in a specific area. Often their competencies are developed through years of on the job experience and education in their field.
Complex Discharge	A discharge is regarded as complex when it can only take place following the implementation of significant home based or community based services.
Simple Discharge	Any discharge which does not meet the definition of complex discharge.
Site control room	A designated room where meetings are held in relation to the flow of patients into and out of hospital. The site control meetings are attended by senior staff from each service division to provide information and support optimal decision making in relation to patient flow.

Term	Description
Encompass	Encompass is a Health and Social Care programme that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. Encompass will be in use across all HSC Trusts in Northern Ireland to create better experiences for patients, service users and staff. Encompass will give patients and service users the ability to view and update their health information online wherever and whenever they like. It will also make it easier for HSC staff to view important information about their patients and service users both in a clinical setting and while working in the community.
Strategic Planning and Performance Group (SPPG)	The Strategic Planning and Performance Group plans and oversees the delivery of HSC services for the population of Northern Ireland. The Group is part of the Department of Health and is accountable to the Minister for Health. It is responsible for planning, improving and overseeing the delivery of effective, high quality, safe HSC services within available resources.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating, inspecting and reviewing the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections identify best practice, highlight gaps or shortfalls in services requiring improvement and protect the public interest. Our work is delivered by a core team of staff and may also be supported by independent assessors, who are either experienced practitioners or experts by experience. RQIA's inspection reports are available on our website at www.rqia.org.uk

RQIA is committed to conducting inspections and reviews, taking into consideration RQIA's four key domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well-led?

RQIA would like to thank all system partners within the Southern HSC Trust Area, Care Opinion and service users and their relatives for contributing their time and providing evidence to support this work. RQIA recognises and commends the dedication and commitment of staff working across the Southern HSC Trust Area to deliver HSC services.

Contents

1. Executive Summary

This system inspection of the Southern HSC Trust Area is RQIA's considered response to the ongoing intelligence it receives in respect of seemingly intransigent system pressures, particularly as such pressures affect acute hospital services and its integration with community and social care services to meet service user needs. RQIA selected the Southern HSC Trust area for this system inspection, which was welcomed by the Southern HSC Trust.

As this inspection report is published, the system remains in a significantly difficult winter period, though we understand that such pressures are now an all year, persistent phenomenon. Ambulance services and Emergency Departments (EDs) carry a significant burden of the risk and it is most often in these settings that service users experience the impacts and harms associated with overcrowding, and delays in being able to respond to those who need their services in a timely way. While the impact and harms are most obvious in the ED and in ambulance response, it is understood the causative factors may not always originate in these settings.

RQIA's role is to provide an independent assessment of the extent to which independent sector providers comply with specific standards and regulations set out in legislation; and to monitor Health and Social Care Bodies, including HSC Trusts, who have a statutory duty, under that same legislation for these services, to meet the Quality Standards[1] set out for Health and Social Care in Northern Ireland.

There are five such Quality Standards which must be complied with. Where these minimum standards are not being met, then RQIA can ask the HSC Trusts (including NIAS), to take forward improvement actions across all of these areas:

- Corporate leadership and accountability of organisations
- Safe and effective care
- Accessible, flexible and responsive services
- Promoting, protecting and improving health and social well being
- Effective communication and information.

[1] Quality Standards for Health and Social Care (health-ni.gov.uk)

RQIA's programme of regulation and inspection differs between its registered independent sector providers and in monitoring the quality of services provided by HSC Trusts, because of the differences in legislation. This 'system inspection' sought to bring these different approaches together to enable a deeper understanding of the extent of shared responsibility across HSC Trusts and with independent sector providers, examining shared responsibility for service user safety, a person centred approach and shared risk management. It is RQIA's experience as a service and system regulator that only when the whole system (all of the organisations who collectively provide for the needs of the service user) pulls together with shared purpose, can the required progress be made against seemingly intractable problems.

The inspection found that the system was performing poorly against a full range of established regional targets. There were signs that it was not improving, and in some cases continuing to deteriorate, as evidenced by numbers of delayed discharges, ambulance response times, ambulance handover delays, times waiting for admission to a hospital bed and times waiting for triage in ED. Performance varies considerably across the week, including in respect of the number of simple discharges from hospital, indicating that despite significant increase in seven day working, twilight and weekend services, the commissioned funded full seven-day service to facilitate reliable discharges each day remains an aspiration.

In respect of working together as system partners to ensure timely and safe discharge from hospital, some positive examples are highlighted within the report, such as the proactive Intermediate Care Service; the Acute Care at Home Service; and the roles of the Discharge Expeditors and Patient Flow Teams within the Southern HSC Trust.

The inspection found that improvement was required in all aspects of working together across the system, as evidenced by access to quality information and appropriate sharing of this to enable informed decisions to be made. The quality of information shared with GPs and with registered providers of nursing homes, residential care homes or domiciliary care agencies, remained an ongoing challenge and the process of embedding the ethos of Discharge to Assess[2], and nurse led discharge required further focused work. In particular, the operation of the site co-ordination and control room in Craigavon Area Hospital was in the process of

[2] Quick Guide: Discharge to Assess (www.nhs.uk)

review and improvement, and staff required training and support as well as clear operational processes and guidelines, to enable effective execution of this function.

It is important to note that staff across the entire Southern HSC Trust, service users and families, engaged extensively with RQIA through the process of the inspection and were very well informed and exercised about these issues. The Southern HSC Trust is encouraged to continue its work in engaging with all groups of staff and service users and independent sector providers about these intractable issues and fully harness the insights and ideas from staff and service users that may help to address them.

The Integrated Care System Board, which has been established in Southern HSC Trust since May 2023, is embarking on a pilot of a new way of commissioning and planning services. This brings with it an important opportunity to scale up a new way of working together locally to commission and shape provision of services, monitor their performance and share the information which can drive forward truly effective integrated working.

The work of the Department of Health's Adult Social Care Collaborative in forwarding the reform of Adult Social Care Services, further to the Public Consultation 2022 is absolutely critical. This is in view of the enormous workforce challenges and the expansive gap in capacity in community based care, which in turn impacts on the speed at which people can leave hospital when they are in need of short term or long term packages of support at home.

The inspection makes 11 recommendations to support improvement. These are aimed at the Southern HSC Trust and the relevant system partners regulated by RQIA (both statutory HSC providers and independent sector providers). It is our view that even modest improvement in specific aspects of this system working collaboratively, has the potential to make life altering differences to those who may otherwise be delayed in receiving acute care when they need it.

In addition to these recommendations, it is recognised that far-reaching change is required across our wider HSC system to ensure collaboration and integrated working is embedded at every level, within every HSC Trust and service, and that social care reform moves at pace. As such, it is the view of RQIA that all possible influence should be levied from all system partners to support the Department of Health in the rapid delivery of this work.

2. Introduction and Background

2.1 Background

RQIA continues to receive intelligence indicative of sustained escalation of pressures across Northern Ireland's hospital system. During the Autumn of 2023, RQIA reflected on its recent inspection findings and considered how best to respond, recognising the complex system-wide causative factors which impact upon these issues. Rather than focus only on the inspection of the hospital-part of the system in isolation, RQIA undertook to develop a new approach - the examination of a local system. This first inspection of its type focused on the Southern HSC Trust Area.

A key aspect of this system inspection is the impact of, and reasons for, extended patient stays in hospital, beyond the point of when medical needs have been met (referred to as 'delayed discharges'). Across Northern Ireland, there could be in excess of 500[3] beds occupied by those who are medically fit and awaiting discharge, most waiting in excess of the regional agreed targets (4 hours for simple discharges and 48 hours for complex discharges[4]). A discharge is regarded as complex when it can only take place following the implementation of significant home-based or other community-based services (including residential care homes or nursing homes) or requires the installation of adaptations/provision of specialist equipment. Simple discharges are those not regarded as requiring these specialist provisions. Reasons for delayed discharge were reported as complex and multifaceted, ranging from a lack of suitable placements in residential care homes or nursing homes to availability of care packages and the service user/family choice of placement. RQIA is of the view that even a modest improvement in timeliness of safe patient discharge has the potential to make a life-saving/altering difference to someone in need of urgent medical care and reduce potential harm to those who remain inappropriately in acute hospital facilities, after they have been declared medically fit for discharge.

[3] SPPG Regional Delayed Transfer of Care Dashboard

[4] SPPG Delayed Transfers of Care from General Acute Sites Definitions June 2023, (Implemented August 23) noting that simple discharges target changed from 6hrs to 4hrs in August 2023

Similarly, in Northern Ireland, as we enter this winter period, the acute hospital system and ambulance service will continue to operate under the most severe pressure. The collective responsibility of all system partners who provide health and social care (be it acute, ambulance, community or residential social care) is to work together to reduce the harm caused as a consequence of delays in access to emergency care.

This report is focused on the mechanisms for ensuring timely discharges within the HSC system in the Southern HSC Trust Area, however it is intended that the learning derived from the review of this system can be utilised and reflected upon by HSC services within other locations across Northern Ireland.

Emergency Departments in Northern Ireland have recently participated in a Getting It Right First Time[5] exercise, which has examined the association between ED waiting times and mortality measures. At a time when it is clear that an unacceptable number of people are suffering preventable harm associated with delays in accessing the care they need [6], all HSC Trusts must be able to evidence that local systems are optimised through effective working relationships with system partners, to reduce harm caused by delays in accessing emergency care, and leaving acute care when those acute needs have been met. This requires collaborative partnership working from, and with, independent sector providers, such as residential care homes, nursing homes and domiciliary care agencies as well as services across the wider HSC system in Northern Ireland.

2.2 Overview of The Southern HSC Trust Area

The Southern HSC Trust is the largest provider of HSC services within the area. According to the Southern HSC Trust Annual Report[7] (published in November 2023), between April 2022 and March 2023 the Southern HSC Trust delivered services to a population of 388,688 people, employed 14,887 staff and spent around 2.6m every day delivering services. This includes:

- 199,558 outpatient appointments;
- 23,398 Acute Care at Home visits;

[5] Home - Getting It Right First Time - GIRFT

[6] Layout 1 (aace.org.uk)

[7] https://southerntrust.hscni.net/download/26/annual-reports/14371/annual-quality-report-22-23.pdf

- 158,854 ED attendances (3% increase from previous year); and
- 5,385 Domiciliary care packages.

When comparing the five HSC Trusts (excluding NIAS) in Northern Ireland in 2010-2020, the Southern HSC Trust has had the largest population increase (9.3% change, compared to 3% change in the Western HSC Trust area)[8]. Southern HSC Trust also had the smallest proportion of people over 65 of the five HSC Trusts.

Table 1: Population Information by Trust Geographical Area (NISRA).

Population Categories	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NI Complete
Total Population (2020)	359,230	480,194	364,191	**388,688**	303,207	1,895,510
Children (0-15 years)	69,754	97,761	73,105	**89,719**	65,477	395,816
Young Working Age (16-39 years)	124,472	138,700	101,817	**117,618**	89,149	571,756
Older Working Age (40-64 years)	109,164	157,719	119,586	**122,648**	98,872	607,989
Older (65+ years)	55,840	86,014	69,683	**58,703**	49,709	319,949
Population Change % (2010-2020)	3.30%	4.10%	5.30%	**9.30%**	3.00%	5%
Proportion of Older (65+ years)	15.54%	17.91%	19.13%	**15.10%**	16.39%	16.88%

Although the Southern HSC Trust has the smallest proportion of the population aged over 65 (2010-2020), the Southern HSC Trust further advised that the over 65 population in 2023 is 63,517 expecting to rise to 96,826 by 2043[9].

[8] NINIS: Northern Ireland Neighbourhood Information Service (nisra.gov.uk)

[9] 2018-based Population Projections for Areas within Northern Ireland | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

Ambulance services within the Southern HSC Trust area are provided by the Northern Ireland Ambulance Service (NIAS). There is a Divisional Headquarters at Craigavon Area Hospital and six static ambulance stations (Craigavon, Armagh, Banbridge, Dungannon, Kilkeel and Newry). Additional response vehicles are located at various deployment points across Southern HSC Trust area, based on identified need. Ambulances are dispatched across the region in response to 999 calls based on the clinical need of the patient.

There are 94 community pharmacies[10] across the Southern HSC Trust area and 72 General Practices, which have around 425,000 registered patients. The General Practices are aligned to three federations, shown in Figure 1 (Armagh & Dungannon GP Federation (orange), Craigavon GP Federation (blue) and Newry & District GP Federation (green)), supported by the Southern Federation GP Support Unit[11].

Figure 1. Location of General Practitioners in the Southern HSC Trust Area

RQIA registers residential care homes, nursing homes and domiciliary care agencies as providers of service (registered providers). Registered providers of such services comprise

[10] Advised by the Department of Health Policy Area

[11] Federation | Southern Fsu | Northern Ireland

of both independent sector providers as well as statutory providers across the Southern HSC Trust area. Within the area there are 48 registered Nursing Homes, providing a total of 1960 beds, and 30 Residential care homes, providing a total of 608 beds[12]. There are also 18 domiciliary care agencies registered to provide home care packages to over 5000 people.

Figure 2: Location of Registered Domiciliary Care Agency Providers in Southern HSC Trust Area

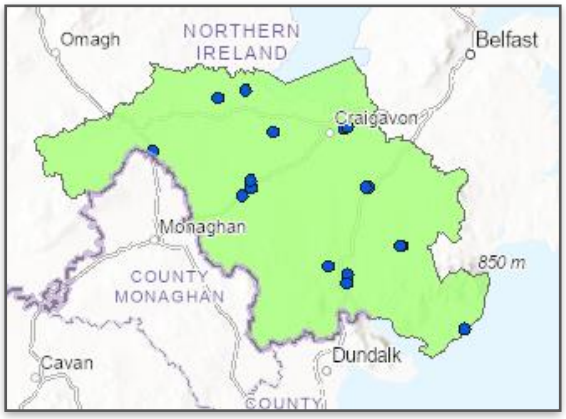
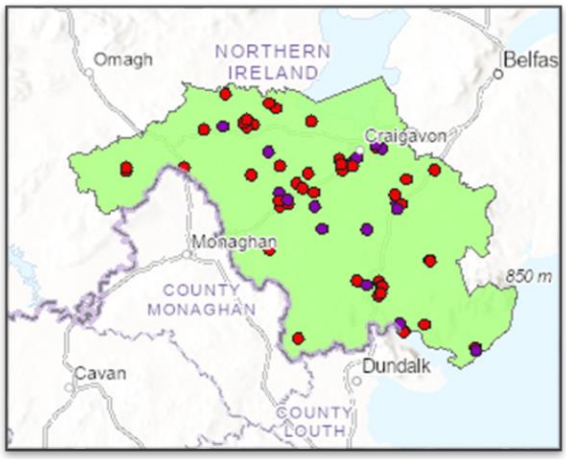


Figure 3: Location of Registered Nursing Home (Red) Residential (Blue) Care Home Providers in the Southern HSC Trust Area



[12] 4d5d1f7f-93a0-4812-b966-a073e1a333ed.pdf (rqia.org.uk)

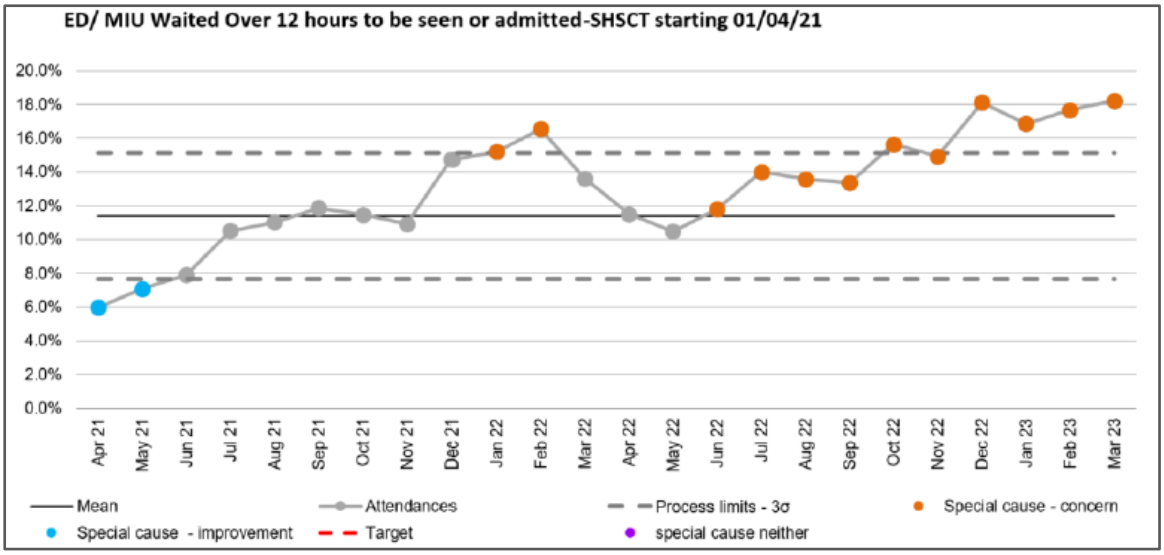
2.3 Impact of Delayed Discharge

RQIA often receives intelligence from a range of sources, including staff, service users, other regulators and trade union organisations, about the real harm caused to service users, and the impact on the safe delivery of care. RQIA has heard evidence of harm resulting from delayed community ambulance response, excessive waiting times in ambulances outside the ED and excessive waits for admission within an ED due to overcrowding. Staff within EDs have reported increases in hospital acquired infections, pressure sores, and incidences of delirium and deteriorating physical independence associated with protracted hospital stays and long waits in the ED, when waiting for admission to a hospital ward.

One strand of this inspection was a site visit to the ED in Craigavon Area Hospital. This ED was extremely overcrowded, with the equivalent of two wards of patients who required admission to a hospital ward, being cared for by the staff within the ED. On review of the information within the Southern HSC Trust Annual Quality Report (November 2023) the situation is not improving and appears to be escalating further as the service enters a new Winter season.

In the two EDs across the Southern HSC Trust (Daisy Hill Hospital and Craigavon Area Hospital) the time between triage and examination increased from an average of 63.2 minutes in (2021/22) to 65.5 minutes (2022/23). The number of people leaving the ED before treatment increased from 6.15% to 7.8% in the same period. It was observed that all HSC Trusts across Northern Ireland are experiencing a steep increase in waiting times and overcrowding in their EDs. In 2022/23, 14.7% of patients who attended the Southern HSC Trust EDs or Minor Injuries Units waited over 12 hours to be seen or admitted, representing a stark 22.4% increase from the 2021/22 position of 11.4%).

Table 2: Emergency Department and Minor Injuries Unit - Proportion who waited over 12 hours to be seen or admitted



On 4 October 2023, the Department of Health (DoH) in Northern Ireland published a collection of actions which spanned the whole system as part of its winter preparedness plan[13]. In parallel the DoH committed to publishing fortnightly the performance of HSC Trusts against a range of important targets for all HSC Trusts and Acute Hospitals in Northern Ireland. The bulletin published fortnightly by the DoH demonstrate that in the Southern HSC Trust, in respect of ambulance response time to calls in the community, that the average time for response for category 1 ambulance calls was 14 minutes (longest in comparison to the other four HSC Trusts) and category 2 ambulance calls was 55 minutes (second longest with the South Eastern HSC Trust at 1 hour 2 minutes). In respect of the time taken for patients arriving at ED by ambulance, to be handed over to hospital clinical teams in Southern HSC Trust, 18% of handovers exceeded 2 hours (second highest, with South Eastern HSC Trust at 46%).[14]

[13] doh-winter-plan-2023-24.PDF (health-ni.gov.uk)

[14] Unscheduled care service pressures – Discharge Rates for Patients who are Medically fit - Monday 30 October 2023 to Sunday 12 November 2023 | Department of Health (health-ni.gov.uk)

2.4 Inspection Terms of Reference

The agreed Terms of Reference for the RQIA Inspection of a local health and social care system within the Southern HSC Trust Area were designed to:

- Assess the effectiveness of integrated working between the Southern HSC Trust and the independent sector providers and statutory providers registered with RQIA, and Acute and Community Services, to address the issue of delayed discharges, within a local system;

- Assess the level of shared responsibility and management of risk across providers with a local system, in respect of the issues of delayed discharges, with its known impact on service user outcomes;

- Report on the perspectives of all relevant stakeholders including, GPs, Service Providers registered with RQIA (including both independent sector providers and statutory), NIAS, Commissioners (the SPPG), Trust Clinical Staff and Trust Management;

- Validate the number and category of available community beds, and other service capacity indicators, within the Service Providers registered with RQIA (including both independent sector providers and statutory) within this area, and the reasons for any underutilisation of capacity. (See RQIA published Census Report)

- Report on the experience of those service users who are delayed in their discharge and/or their relatives and the extent to which service user choice plays a part in effective discharge;

- Identify any opportunities for improvement/optimisation of discharges from hospital; and

- Publish a report of the findings including a Quality Improvement Plan, or escalation under RQIA's enforcement as required.

2.5 Inspection Methodology

This inspection methodology was designed to scrutinise the effectiveness of collaborative working of statutory bodies (Southern HSC Trust, NIAS) and registered service providers (independent sector providers) across the Southern HSC Trust Area. Views were also sought from GPs, service users and their relatives.

- Prior to inspection RQIA reviewed and assessed data collected by the Southern HSC Trust and the Strategic Planning and Performance Group (SPPG) of the DoH, on the factors reported as causing delays leaving hospital, such as availability of domiciliary care packages, availability of suitable residential care home and nursing home placements and service user choice.

- RQIA undertook a site visit to Craigavon Area Hospital on the 25, 26 and 27 September 2023 and scrutinised 19 individual service user journeys, engaging with a range of staff within the hospital and across independent sector providers involved in discharge planning.

- During the site visit RQIA observed the functioning of the Control Room, the arrangements for oversight of the site and the management of risk across the hospital.

- During October 2023 RQIA engaged with partners across the system to capture experiences associated with delayed discharges, to identify good practice and highlight opportunities for improved integrated working.

- Critically important to all of RQIA's assurance activities is the gathering of evidence to understand the experience of service users and their relatives. This included RQIA speaking to service users and relatives in the hospital as well as interviewing a number of people who had been previously discharged. Additionally, RQIA reviewed reports and evidence held by the Patient Client Council (PCC) and by 'Care Opinion'.

- During and following the site visit to Craigavon Area Hospital, engagements took place with a wide range of staff, both through group discussions and one to one engagement.

- An online feedback form was developed to enable staff across the entire Southern HSC Trust to share their views with inspectors and ideas for improvement, with over 100 staff responding.

- The inspectors were supported by a group of Subject Matter Experts across a range of relevant fields (GPs, emergency medicine, independent sector providers, Patient Client Council, and hospital management and site coordination). Subject Matter Experts were available during the inspection to answer specific questions, and provide constructive challenge and feedback on the outcomes of the inspection.

- Verbal feedback from this inspection was shared with Southern HSC Trust Senior Managers at an initial feedback session on the 15 November 2023, to provide an opportunity for challenge and to validate findings.

3. Inspection Findings

The findings of this inspection are outlined in accordance with the Terms of Reference under the two headings of 'Integrated Working' and 'Shared Responsibility and Management of Risk'.

3.1 Integrated Working

During the inspection RQIA sought evidence of the effectiveness of integrated working to assess how system partners worked together to achieve the mutual objective of expediting patient flow through the hospital.

Working arrangements between the Southern HSC Trust staff, GPs, NIAS and RQIA registered providers were explored. All system partners were observed to be working under significant and increasing pressures, were experiencing continued growth in demand for their services with subsequent unmet need, and all were directly impacted by the issue of delayed discharge. All partners demonstrated an acute understanding of the importance of the contribution they could make to alleviating pressures within the hospital system, the significance of their respective roles and the impacts of decisions they made.

3.1.1 Integrated Working: Information Sharing

Integrated working requires system partners to be well informed with appropriate, timely and quality information, to enable dynamic responses to escalating risk and to evaluate competing priorities. Within the infrastructure of the Southern HSC Trust Directorates of Adult Care Services, which includes; Medicine and Unscheduled Care; Surgery and Clinical Services; Adult Community Services; and Mental Health and Disability Services, all demonstrated a shared understanding of each directorate's priorities and pressures, and Senior Management Teams met regularly to respond to issues and share relevant information.

Opportunities were identified for improvement in information sharing related to inter-directorate working within the Southern HSC Trust. Staff from the surgery and clinical services directorate attended the control room and it was observed that there were, on each day of the visit, unoccupied beds which had been ring-fenced for pending admission for elective surgery.

It is understood that the Southern HSC Trust is required to take action to deliver increased levels of surgical activity and it is also noted there is a critical balance of risks to ensure that high priority elective surgeries can proceed as planned. There are material patient risks associated with cancelling such operations to allow for additional medical admissions. However, inspectors sought, but did not find, evidence that all available surgical bed capacity was being fully used on each day of the inspection across the site, or that sufficient focus was being given to the scrutiny of this capacity; as during the four daily Control Room meetings, little discussion or challenge was observed regarding these surgical beds. It is RQIA's view that better information sharing and scrutiny should be demonstrated to provide the Senior Management Team assurance of utilisation of all available capacity each day and thus support robust operational responses to escalating risk.

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.

Effective integrated working begins with integrated planning, which in turn requires sharing of information about the challenges with, and the performance of, the local health and social care system. Similarly, accurate coding of the reasons that a person is delayed in their discharge allows staff to understand where the opportunities may lie for system improvement and better working together. Inspectors noted that for simple discharges, despite delay reasons being captured on Patient Administration System (PAS) information was not validated, and ongoing scrutiny of performance of simple discharge delays were neither requested, nor the reasons for delay interrogated or monitored. Information for the reasons for complex delays was, in contrast, widely reported within the Southern HSC Trust and shared onward to the regional dashboards and utilised in decision making. When inspectors reviewed a number of cases of patients who were delayed in their discharge, there were examples of some patients who were not medically fit for discharge, although they had been coded as such.

Integrated working requires a clear understanding of the available capacity across the entire system, both in hospital and to support placement in the community. Information about community bed availability in the Southern HSC Trust area, within Residential Care and Nursing Care Homes was gathered manually by staff through telephone calls and emails, with some teams and services duplicating in this process at times.

Neither the bed capacity reporting functionality within the RQIA Web Portal (discontinued from 6 November 2023), or the local Southern HSC Trust manual systems, could provide live or dynamic information on available bed capacity. As a result, staff within the Southern HSC

Trust could not reliably identify if an available bed, in a care home, was being held for a community admission or respite admission. Inspectors considered the current manual process to be time consuming, inefficient and often duplicated, both for the residential care home staff and nursing home staff and for those professionals seeking to identify placements for prospective residents.

Suggestions were made to inspectors that there would be merit in regional investment in an automated IT system to enable all HSC Trusts to track availability of beds (places) across the various categories of care and home types, and identify any specific recurring gaps in provision to enable both faster placements and better forward planning.

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.

3.1.2 Integrated Working: Communication across the System

Direct communication between system partners is critical to support integrated working and becomes more even important when a system is operating under extreme pressure, as it was at the time of this inspection.

A positive finding related to GP liaison through the Associate Medical Director for Primary Care; this liaison role was found to be very much valued by both the Southern HSC Trust and GPs; RQIA viewed this as a demonstration of the importance with which the Southern HSC Trust held the relationships with its local GPs.

As part of this inspection evidence was sought of cross system communication and discharge planning to promote continuity of care and safe discharge. As an example, RQIA considered

the hospital discharge letter issued to a GP, containing critical information to support safe transfer of care. All HSC Trusts use an electronic document transfer system to send letters to GPs which requires verification and approval by the hospital doctor, to ensure a final and accurate version of the letter is issued. In September 2023, following a review of a local incident, the Southern HSC Trust identified that a large number of letters had not been verified and thus potentially had not been issued. This issue was known to have previously arisen in other HSC Trusts in Northern Ireland.

Of the letters which had been verified and received, GPs have described variability in the quality and accuracy of the information within these letters, which sometimes did not contain the relevant information highlighting the immediate actions required by the GP. It was described that service users may also misunderstand what actions are appropriate for follow - up by a GP and at times expected them to address issues that required follow up by specialist consultants. The risks of poor communication were described by GPs as potentially very significant.

More positively, inspectors also heard from the Southern HSC Trust GP liaison that efforts continue to be made to improve the GP letter template, the content and the detail within discharge letters; this remained an ongoing challenge with high turnover of staff, though evidence was provided that these issues were included within doctor's induction.

RQIA supports the view that service users are active partners rather than passive recipients of care and have a right to know what clinicians are writing about them[15], and as such is recognised good practice for patients to receive a copy of these letters. However, it was not observed as routine practice to copy these letters to patients, though it was reported that some patients are given a hard copy of their letter. RQIA understands that the regional system 'Encompass', which is currently being implemented across HSC Trusts, may support patients to be better informed and access such information about them.[16]

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[15] Adult patient perspectives on receiving hospital discharge letters: a corpus analysis of patient interviews | BMC Health Services Research | Full Text (biomedcentral.com)

[16] encompass Benefits – DHCNI (hscni.net)

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.

During the site visit to the Craigavon Area Hospital, inspectors observed timely and detailed planning documentation in place at ward level. However, they found that information was sometimes retained across different hard copy and electronic systems and was as result difficult to locate. Staff within wards were knowledgeable of each individual patient's plans and staff efforts to expedite discharge wherever possible were observed. In particular, the roles of the Expeditors and Patient Flow Teams in the Hospital were commended, and they

were observed to actively identify barriers to discharge, such as issues relating to test results or medications, and were actively progressing issues to free up potential beds sooner.

The Discharge Lounge is a designated area within the hospital where patients who are expected to leave the hospital that day can wait, vacating their bed for another patient to be admitted. The area was observed to be clean, well-appointed, utilised appropriately for suitable patients and was communicating and proactively sharing information with Patients Flow Teams to identify suitable patients. Though it could not accommodate patients on long term oxygen therapy, managers within the system were considering how this might be addressed. During the inspection days the Discharge Lounge opened at 9am and was observed not to be fully occupied by lunchtime.

Important information is detailed within transfer of care documentation completed by the Multidisciplinary Team within the hospital. This records the needs of patients, such as any requirement for rehabilitation, support, personal care and/or nursing needs required. These assessment documents are valuable sources of information to support a safe transfer of care. They enable registered providers to understand the needs of service users. However, domiciliary care agencies, and residential care home and nursing home providers universally described poor confidence in the accuracy and reliability of documentation completed in the hospital environment. By virtue of the different environments in which these assessments took place, it was indicated that assessment outcomes did not always transfer well to the care home or homecare settings. Examples were given of incidents which had arisen where there was a mismatch between required and assessed needs, or where essential equipment required was not available in advance of discharge. Such events were escalated back to Southern HSC Trust staff who sought to identify learning from such incidents.

The Northern Ireland Single Assessment Tool (NISAT) is designed for Social Work services to capture information required for holistic, person-centred assessment of the older person. A review of NISAT was one of the proposals resulting from the recent Public Consultation on Reform of Adult Social Care[17], undertaken by the Department of Health in 2022; the findings

[17] Consultation on The Reform Of Adult Social Care | Department of Health (health-ni.gov.uk)

of which were published in June 2023, and it is understood these are to be taken forward and implemented by an Adult Social Care Collaborative Forum.

Greater emphasis on supporting shared risk-taking and attention to person centred decision making was strongly endorsed by both Southern HSC Trust Senior Managers and independent sector providers. This, however, requires all system partners to embrace and embed the core concept of Discharge to Assess at scale. Patients leaving hospital often require short term personal care, and support or rehabilitation with a view to reducing support as soon as is practicably possible after the community-based needs assessments are completed and reviewed following discharge. Embedding 'Discharge to Assess' may require incentives for providers of domiciliary care to prioritise hospital discharges, who may have short term needs, above prospective/service users who may have longer term predictable needs. This may require consideration of enhanced rates for such short-term home care services.

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.

The Southern HSC Trust's intermediate care service team was found to be well developed, operating at scale and highly regarded, and was observed actively in-reaching into the hospital reviewing data and pulling cases from the delayed discharge list. It is noted that workforce capacity was a key constraint in growing such capacity community services such as these.

3.1.3 Integrated Working: Understanding Capacity

All HSC Trusts are expected to operate in line with the Regional HSC Unscheduled Care Escalation Guidance. This was last updated in January 2023 and outlines all actions to be

taken locally within a hospital before seeking external interventions such as ambulance redirection to other hospitals. It describes the principles for how control rooms should operate. Some staff within the Craigavon site control room were not aware of this guidance, nor did they have a current and approved internal operating policy which specified thresholds at which required actions would be taken or where escalation internally and externally would take place. The following statement appeared in the September 2023 Performance committee report:

"The Trust has engaged external support and undertaken a diagnostic review of the control room, patient flow, length of stay and ward round process that highlighted a number of service improvement areas that the Trust is in the process of implementing". (September 2023)

The updated Regional HSC Unscheduled Care Escalation Guidance places responsibility on HSC Trusts to manage their own internal pressure and the thresholds at which they could escalate and seek intervention. This requires staff responsible for site co-ordination to have a clear operational procedure to enable them to execute and clearly record decision making, and any actions at each escalation threshold. The control room was found not to be operating in line with expected good practice. It was the view of inspectors that the site co-ordination meetings were not driving sufficient decision making and could have a greater impact on the overcrowded ED if they were operating more effectively.

The Southern HSC Trust uses a tool to monitor its ability to function safely, known as the Hospital Early Warning Score system (HEWS), with five levels ranging from low to extreme. On each day of RQIA's site visit it was at HEWS 'code black', indicating extreme levels, evidenced by the persistent over occupancy in the ED. RQIA has been advised that it is the Southern HSC Trust's intention to reform the operation of the control room and to align this with the operation of a new initiative "Regional Control Centre" to be hosted by NIAS on behalf of all HSC Trusts commencing in December 2023. It is understood this will mandate a particular set of metrics to be supplied at a defined frequency and must be implemented at pace. In June 2023 and September 2023, the Southern HSC Trust Performance Committee received assurance that improvement work was underway in relation to the control room; however, it was acknowledged further work was still required.

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.

Inspectors reviewed the reporting of performance against the targets to meet simple discharges within 6 hours[18] and complex discharges within 48 hours. Wide variation in performance against the regional targets was noted month to month; reporting on performance was detailed, of good quality and there was evidence of additional analysis showing efforts to identify causes for variation and also to understand trends for specific groups such as those over the age of 85, and relationship between factors such as nosocomial (hospital acquired) infections. Although the Southern HSC Trust has advised of the occurrence of interface meetings, examples were not found to support that detailed information was actively shared externally from the Southern HSC Trust with relevant system partners who may have an interest because of their involvement in the local provision of services.

Being an effective system partner requires that the Southern HSC Trust evidences it is making best use of its available hospital capacity and taking appropriate action relative to the current risks in a consistent and transparent manner. The inspectors were of the view that significant improvement was required in the critical aspect of site co-ordination throughout the 24/7 period.

[18] (This Target changed from 6hrs to 4hours in August 2023)

3.1.4 Integrated Working: Working Together to Maximise Capacity

During the inspection consideration was given to the extent to which there was partnership and collaboration between the Southern HSC Trust and independent sector providers, in addressing the significant pressures and risks. It was considered that three distinct types of relationship exist between these partners of which different elements may dominate at different times. It is important that the relationship of mutual collaborator is nurtured and valued by ensuring involvement and engagement in forward planning and improvement of services. However, the Southern HSC Trust is also acting as a commissioner, contracting services from an independent sector provider and it is thus bound by legislative and statutory responsibilities to hold such providers to account. Finally, it was noted that both the Southern HSC Trust and the independent sector providers are also competitors with each other; the Southern HSC Trust is also a registered provider of residential care homes, nursing homes and domiciliary care services and there is a limited supply of skilled workers and staff for which both are competing. Though a partnership approach was recognised as beneficial it appears these competing priorities are difficult to balance at times. Though these agencies are system partners in the delivery of critical services, of most prominence seemed to be relationship of service provider and contractor.

Where independent sector Domiciliary Care providers were contracted by Southern HSC Trust, they described a lack of flexibility in respect of the detailed monitoring of the delivery of each service user call, which was monitored to the minute of delivery. Independent sector providers indicated that this approach lacked sufficient recognition of the ability to provide person centred care at times, when more or less time might be required as service users' needs change day-to-day.

The Southern HSC Trust took seriously their responsibilities to monitor and oversee the delivery of prescribed domiciliary care contracts. This was undertaken by monitoring of call times in line with contractual obligations and procurement guidance. Regular meetings took place with providers for this purpose but it was not clear the extent to which providers were also engaged in forward planning or service improvement. Though both Southern HSC Trust managers and independent sector provider service managers recognised the value and benefit of partnership working, the reality of exercising these competing and dual roles was challenging and likely to impact the degree to which collaborative planning and service

development was practical. Within internal Southern HSC Trust Board performance reporting there was a recognition by the Southern HSC Trust of the challenges facing the independent sector providers, particularly in relation to staffing and service fragility.

In the Southern HSC Trust there had been an increase year on year in the provision of domiciliary care with the delivery of 303,275 (11%) more hours in 2022/23 than the previous year and 713 service users were awaiting packages of care to be met (March 2023). Care capacity within the community is a critical constraint to supporting timely discharge from ED and hospital. Domiciliary care providers described sufficient demand to rapidly expand services, but sustaining such rotas was not possible due to lack of interest and response when recruiting staff for the current rates of pay and terms and conditions. The Southern HSC Trust equally indicated that it had identified it would need several hundred more staff to meet the current demand for domiciliary care, and that neither the workforce nor funding was currently available to meet this demand. This was reflected in a report to the Performance Committee in June 2023.

"*The fragility of the social care sector continues to present significant challenges impacting hospital discharges and community care. Despite delivering more domiciliary care hours, demand and the ability of the sector to secure workforce has seen an unprecedented number of unallocated domiciliary care packages. Providers are also highlighting the impact of the current cost of living crisis. Whilst bed places in independent Residential and Nursing Homes sector appear available, challenges in placing service users with challenging needs continues, and the need for 1:1 support.*"[19]

[19] Extract from June 2023 SHSCT Performance Committee Report

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.

In June 2023, the DoH published the findings of its consultation on 48 proposals to reform Adult Social Care in Northern Ireland. These included a review of the aforementioned NISAT; proposals to improve pay and terms and conditions, and develop a workforce strategy for social care staff. Such reform is desperately required, in particular the workforce elements. Without progress on incentives to attract the required workforce, it will not be possible to grow the scale of the social care workforce to safely support hospital discharges, improve the flow through hospitals, reduce related overcrowding in EDs and reduce resultant harm to service users.

This situation cannot be unlocked without reform at policy and regional strategic level, in parallel with Trust level operational improvements. As such, it is the view of RQIA that all possible influence should be levied from all system partners to support the Department of Health in the rapid delivery of this work. In the absence of adult social care reform to build capacity, HSC Trusts may be forced to consider counter strategic decisions, such as increasing capacity in lower acuity hospital units.

3.1.5 Integrated Working: Understanding Categories of Care

Where placements are needed for service users with particular behavioural support needs in residential care homes and nursing homes, this was noted to be a key contributing factor accounting for delayed discharges. Registered providers felt acutely responsible for selecting service users only when the provider was satisfied they could meet their responsibilities to provide quality care that meets the service user's needs. When engaging with staff in the

hospital there was sometimes confusion and misunderstanding of needs associated with terms such as ‘supervision’, ‘monitoring’ and ‘one to one’ care.

When registering with RQIA, residential care homes and nursing homes are registered to provide care under different service types and in some cases specific designated categories of care. For example, residential care homes and nursing homes may be registered for ‘dementia’, ‘mental disorder’ or ‘elderly care’ categories of care. Inspectors found that there was a lack of understanding among those charged with assessing needs and planning discharges, of the effect of care home categories of care; they identified examples where registered providers had been asked to assess service users whose specialist/individual needs could not be met by that provider, contributing to the delay in discharge.

Southern HSC Trust managers expressed a desire for greater flexibility in respect of consideration of the application of the regulations which specify the categories of care under which each residential care home and nursing home can admit a service user, reporting this as a barrier to discharge in some cases. The extant care standards for residential care homes and nursing homes emphasise that where specialist care is required for a resident, the service must demonstrate it has the staffing levels and specialist skill set to safely deliver this care. Conversely it is possible that a prospective resident may have a diagnosis that has not yet translated to an expressed need for specialist provision and it is important that this distinction is understood to ensure service users are not denied placements within an environment which can demonstrate (and that RQIA is satisfied) that it can in-fact meet the individual’s needs without detriment to other residents.

RQIA can facilitate some flexibility by working with the providers to rapidly process a variation to the service’s registration, to add a category/categories of care, or place a special condition on the registration to support a situation where a residential care home or nursing home would like to admit a service user and can demonstrate they can be safely cared for in that environment.

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.

The Care Standards for residential care homes and nursing homes also highlight the importance of independent sector providers ensuring staff are available to complete the necessary assessment as quickly as possible to avoid unnecessary delays in hospital. When inspectors reviewed cases that had been delayed in their discharge from hospital, a significant number was recorded as still awaiting assessment by the provider, which in some cases could take several days. Independent sector providers acknowledged it was challenging at times to be immediately available, during the week and at weekends to undertake these assessments. Sometimes when undertaking these at weekends, it was reported that the relevant staff within the hospital were not available to answer questions. It is very important that these assessments take place quickly so that inappropriate placements are discounted as early as possible.

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.

3.2 Shared Responsibility and Management of Risk

3.2.1 Understanding of Risk in Emergency Departments and Ambulance Service

During the inspection engagement was undertaken across the system to seek evidence of the degree to which there was a shared sense of responsibility and risk in respect of overcrowding in ED, delayed discharges and resultant harm. In sharing risk, it was expected that partners within the system would be cognisant of, and take decisions based upon knowledge of, the likelihood of harms occurring in other parts of the system. It was very clear that staff within ED who were caring for the equivalent of two wards of medical or surgical patients in addition to triaging and treating those patients within the ED, felt that they carried a significant burden of risk. Through attendance at the Morbidity and Mortality ED meetings many examples were reviewed where there was potentially avoidable harm associated with overcrowding or delays and it was not evident how such risks and their impacts were communicated and shared across the system partners.

Likewise, the NIAS service representatives described very significant impacts and risks associated with delayed ambulance response times. They indicated they were reviewing increased numbers of serious incidents associated with delayed community response where time spent by ambulance crews at EDs had been identified as a key contributory factor to the lack of timeliness of response. They expressed that the extent of harm in the community as

a result of delayed response was poorly understood and therefore acknowledged across the system. Those NIAS staff who met with RQIA demonstrated a unique insight into variation in practice across HSC services across the region, differences in approaches to triage and viable alternatives to ED in each HSC Trust. NIAS was proactively working with a wide range of system partners, demonstrating excellent partnership working with HSC Trust services and others (including the Northern Ireland Fire and Rescue Service), and engaging to seek implementation of pathways for access to dignified bundles of care for patients waiting outside EDs in all Trusts across the region. There was a full appreciation of the importance of considering alternatives to conveyance to ED, but also frustration at regional variations and some protocols that continue to require conveyance where this may be avoided.

3.2.2 Managing Risk in Community Services

There were examples of positive and effective sharing and management of risk evidenced through Acute Care at Home Service. This is an award-winning service (Winners Deteriorating Patients and Rapid Response Initiatives at the Health Service Journals Patient Safety Award in 2021)[20] and is described across local system partners as being highly valued, responsive and flexible in providing medically led care to those at home, or in care homes, for those who became acutely unwell and who would otherwise have required hospital admission. Staff within the service reported seeing around 1700 patients annually, and having a demonstrable impact on admission avoidance and was much welcomed by both ED Doctors, GPs and providers of residential care and nursing care. Providers of residential care and nursing care services described unintended benefits across this working relationship with the team, such as transfer of knowledge and skills, increasing their confidence in caring for more unwell residents. Additionally, we heard that plans were being developed to establish a Virtual Frailty ward, that aims to optimise the treatment and management of service users living with frailty at home who previously may have remained in hospital for monitoring.

The model in the Southern HSC Trust was particularly successful in view of its highly experienced multidisciplinary team of specialist staff. Although capacity was noted to be a limiting factor, there was good communication across the system, showing a willingness to

[20] Acute Care at Home | Southern Health & Social Care Trust (hscni.net)

actively seek out new referrals that could avoid an admission. The GPs, independent sector providers and ED staff all highly valued this service. It is RQIA's view that this model is particularly successful because of its successful management of risk, excellent partnership working and flexible and pragmatic ethos underpinning delivery. Such 'Hospital at Home' type models have long been endorsed in Northern Ireland but practical models have varied in their implementation; this successful model should be considered for replication in other HSC Trusts.

Similarly, the Southern HSC Trust's Integrated Care Teams were observed to be actively working into the hospital and engaging across the community sector, to identify and support potential discharges and demonstrated a positive risk appetite and understanding of both the hospital and community aspects of the system.

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.

3.3 Working Together across the Southern HSC Trust to Manage Risk

3.3.1 Care Home Capacity Indicators Census

RQIA undertook a census on 27 September 2023 to validate the number and category of available beds in nursing homes and residential care homes and other service capacity indicators across RQIA registered providers (both independent sector providers and statutory) and the reasons for any reported underutilisation of capacity.

Providers of residential and nursing home care reported that on the census day there was available capacity with the Southern HSC Trust area, across all categories of care. The full report of this census is published in parallel to this system inspection report[21].

3.3.2 Views of Staff

During the inspection there was comprehensive engagement with a range of staff across both hospital and community based services provided by the Southern HSC Trust. Over 100 staff responded to RQIA's online feedback form during the inspection, including those from acute services, community based services, residential care homes and nursing homes. Many suggestions were made as to how the current system could operate better to support effective discharge from hospital.

- Health care professionals highlighted a need for better communication between health care professionals, including the sharing of information with care home staff and providing a full handover of care.

- Some suggested there needs to be open and transparent communication with families about what can realistically be expected of domiciliary care services.

- Many staff mentioned the constrained capacity of the system, in particular referencing severe workforce challenges constraining their ability to respond to all who need their services.

- It was reported that there is significant duplication within the system, and sometimes a view that too many people were involved in discharge planning. There was suggestion for improved collaborative decision making with full seven-day allied health professionals service to support timely assessments. It was reported both that there was a culture of risk averseness in stating patient's needs, and also that some patients were rushed out of hospital before they were ready.

[21] Regulation and Quality Improvement Authority - RQIA

- On speaking with staff within the hospital about specific discharges, it was clear that terminology around the requirement for supervision, monitoring or one-to-one support on discharge had caused some confusion and delay in the discharge planning process.

- Some reported that discharge planning could commence earlier rather than waiting for a patient to become medically fit.

- There was a recognition that there needed to be greater emphasis on Nurse Led Discharges.

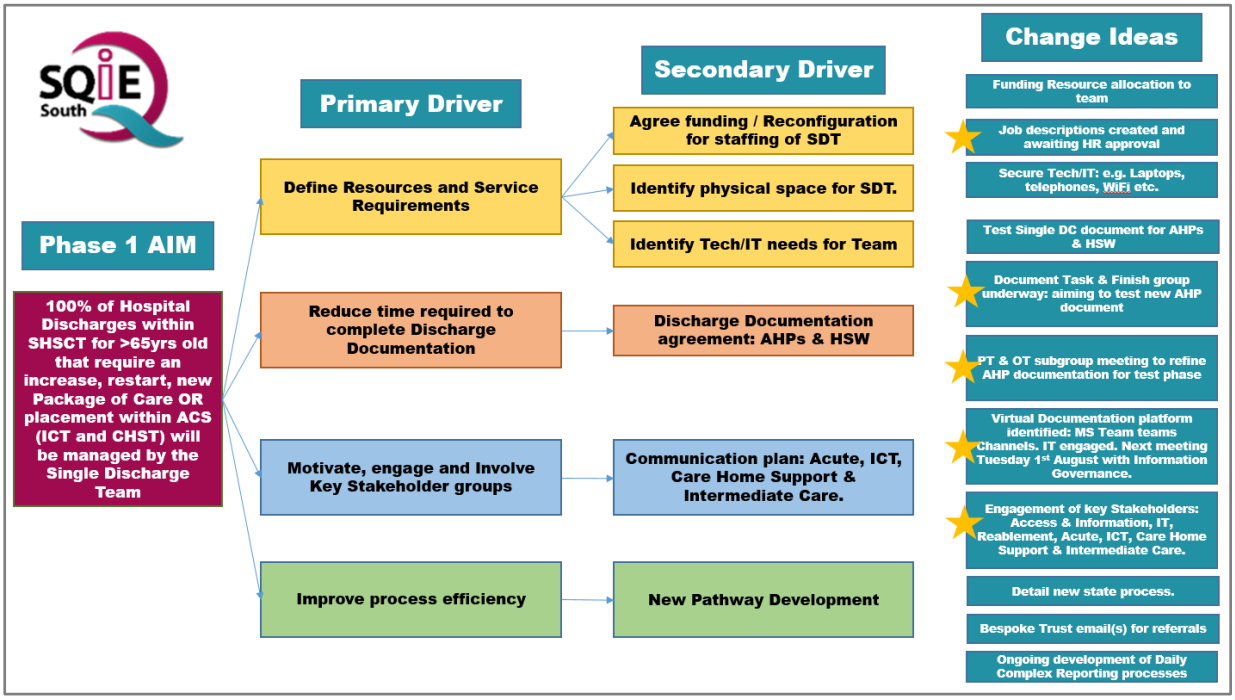
- Some staff also suggested there was a need for improved information for families about the discharge process and clearer information and reinforcements that refusing a suitable placement, where someone is medically fit, is not appropriate.

- The need for improvement in IT systems was referenced often as being critical to supporting improvement and management of the system.

- Pharmacy staff reported often feeling blamed for delaying discharges even though they may find that requests come to them very late in the day and there is difficulty contacting doctors to discuss issues with medications.

It was clear by the high levels of engagement and the constructive manner in which staff provided responses, and also sought out and spoke to inspectors, that they were highly engaged about the issue of delayed discharge and that they had many ideas about improvements that could be made within their own operational areas of responsibility. One example of an improvement which was considered during the inspection was a quality improvement project regarding 'Streamlining Discharge Processes'. Such initiatives are to be commended and whilst it was recognised this was work in progress it was likely that this type of approach will be beneficial and the Southern HSC Trust is encouraged to widely engage with staff to identify opportunities for further streamlining the discharge processes.

Figure 4: Southern HSC Trust QI Project: Streamlining Discharge Processes



3.3.3 Service User and Family Views

Specific work was undertaken to understand the experience of those service users who are delayed in their discharge and/or the experience of relatives/carers. Five patients were spoken with during the inspection and six carers (three were identified by the Southern HSC Trust. and three were identified to RQIA by the PCC. The findings across these various engagements were broadly similar:

- Individuals were knowledgeable about alternative treatment pathways to avoid attendances at EDs, and recognised the benefit of information signposting to alternative services such as minor injuries units which are provided at alternative sites to the main acute hospitals.

- The importance of clear public messages regarding alternative points of care and other services such as the Pharmacy First Service or their GP.

- Individuals highly valued the role of primary care and the capacity for GPs to provide holistic care in community settings, but experienced the pressures on the system and the difficulties and frustration for service users trying to access their GPs when feeling unwell.

- Unavailability of domiciliary care packages had been experienced often as a reason for delay in discharge from hospital.

- It was appreciated that extended stays in hospital often result in a deterioration in mobility and in some cases the cognitive and mental health of patients.

- Some experienced poor communication around care packages and there was a fear that a patient will go to the back of the waiting list for a package of care if they are discharged without one in place.

- Some families felt they could have facilitated an earlier discharge if they had some additional input and support at home, whilst waiting on a fuller care package, but not everyone was offered such support.

- Families reported that in cases involving terminally ill relatives, clear communication on what to expect was important, even when the messages delivered include difficult information about how things will deteriorate.

- Examples of both good communication with GPs, and difficulties in contacting GPs, was reported and highlighted.

- The role of the domiciliary care worker was valued and appreciated with some noting the poor profile of the profession in society, including inadequate remuneration for these valuable staff.

- Patients in hospital reported they were well informed regarding their plan and felt they were prepared for discharge. They had each received adequate information from the Multi-Disciplinary Team and were made aware if they were required to wait on transport / discharge letter / medications for home etc.

3.3.4 Regional Patient Client Experience Programme

There are two key regional initiatives led by the Public Health Agency (PHA), which support learning from service user, family and carer stories. Through this analysis RQIA gained insight into the experiences of discharge and explored what went well and identified areas for improvement. The key messages demonstrate what mattered most to service users, families and carers in relation to discharge from the acute setting within the Southern HSC Trust.

Care Opinion

Launched in August 2020, Care Opinion[22] is an independent feedback platform, where service users can share stories of their experience of HSC services across Northern Ireland. The purpose of the initiative is to enable impactful engagement with service users and the public, in a fully open and transparent way that supports meaningful feedback and drives service improvement.

Since implementation across the Southern HSC Trust there have been 54 stories identified which include reference to the process of discharge from the acute hospital setting. There are 27 stories that recorded a wholly positive experience with reflection on planning in partnership with service user and family, the positive impact of a discharge lounge, the role of intermediate care services such as Acute Care at Home to prevent unnecessary admission to hospital[23] and to support safe discharge to home. Seven stories reflected concerns about discharge without any family input, early discharge with no diagnosis or plan of care and sudden discharge with limited information.

Specific to care homes, 19 stories were identified which referred to experience of discharge and admission to a care home. The key messages from this information identified the importance of communication prior to discharge to inform the service user of where they are being discharged to, and providing information on the care home with the service user prior to

[22] Northern Ireland | Care Opinion

[23] The Acute Care at Home Team are enabled to provide outpatient parenteral antimicrobial therapy (the administration of IV antibiotics) which means that patients can be cared for in their own/nursing home.

discharge to relieve concerns and the inclusion of the family at discharge and during transfer to the care home. Stories also highlighted the attentiveness of the care home staff during admission, the provision of compassionate and holistic care, and the excellence of rehabilitation service as a step between hospital and home. Stories described input from Allied Health Professionals and the Care Home staff to support service users to regain strength and confidence to return home.

10,000 MORE Voices

Under the initiative 10,000 MORE voices, the Southern HSC Trust was part of a regional project entitled “Experience of Discharge (2018)”. There were 156 stories from service users, families and carers specific to discharge planning in the Southern HSC Trust in 2018. At that time, service users, families and carers emphasised the importance of being treated by staff who are respectful, caring and compassionate and who can provide them with information about their condition, treatment and care. They felt it was important to be kept up to date with their progress and what is happening during their hospital stay; to have consistent information about care, treatment and plans for discharge; and to be involved and supported in decisions about the plan for their discharge.

More specifically, they valued having a good plan in place for discharge, which includes the following:

- Care package in place prior to discharge if required
- Explanations about medications
- Advice on discharge
- Discharge arrangements for day of discharge
- Advice on after care and who to contact for follow up.

With reference to Southern HSC Trust stories the key areas for improvement evident were:

- Processes on the day of discharge, with references to delays in medicines and discharge letters and discharges late in the evening
- Challenges in organising discharge for patients residing outside of the Southern HSC Trust area

- Accessing packages of care to support timely discharge home
- Communication between teams for the discharge and also engagement with families in the planning of the discharge.

4. Conclusion

During this inspection there were many examples of individual parts of the system doing the right things within their individual spheres of day-to-day responsibility. The Southern HSC Trust had actively developed and committed alternatives to ED attendance and hospital admission, such as Ambulatory Care services, Acute Care at Home, Urgent Care Service, and Intermediate Care Services. Our observations in this inspection, and wider experience of working across the whole system, has shown that pockets of good practice do exist in all areas and organisations we visit. The barriers to achieve greater impact of many such initiatives was, at least in part, the ability to scale up and maximise the potential of proven new models.

This inspection also reinforced evidence from other sources, indicating that access to domiciliary care packages (support to people living in their own home) is a very significant barrier to timely discharge from hospital. The Southern HSC Trust staff spoke widely about the importance of home being the hub of care, and supporting people at home either through a supported discharge to assess ongoing needs, or by preventing admission through stepping up additional services, such as Acute Care at Home. Increasing capacity in these community based services was constrained by workforce challenges and funding both within more specialist health care roles and the critically important social care worker roles. There was frustration at the need for urgent reform of Adult Social Care, to grow this workforce and address payment rates and terms of conditions for social care workers and it is difficult to understand how the current crisis can be unlocked without such measures.

Residential care home and nursing home providers also described barriers to admission to their services which included the ability to recruit a skilled workforce in the current climate. In addition, whilst having an available bed/s they described other barriers such as categories of care and the care home environment as factors which could also impact potential admissions. These providers expressed the importance of undertaking the pre-admission assessment to ensure the placement was appropriate, with the appropriate information and personnel

available to enable the completion, whilst recognising the need for assessments to be undertaken in a timely manner.

There was a clear shared purpose across the Southern HSC Trust Senior Management Team and evidence of collective planning and problem solving within the Southern HSC Trust; though at a service delivery level the experience of staff was often one of disjointed working, where significant local and operational barriers to faster or more efficient discharges still existed.

The relationships and joint working between the Southern HSC Trust and independent sector providers of residential care homes, nursing homes and domiciliary care agencies was primarily found to be one grounded in contract management. This was evidenced in monitoring oversight of minutes delivered or placements made, procurement and cost/spend. There was recognition by both parties of the potential benefit of a partnership based approach, though this appeared to be difficult to balance at times. We did not find evidence of frequent local provider partnership style meetings, to allow free discussion about ongoing issues that were having an impact on patient flow and outcomes or collective exploring of matters that were inhibiting the local system from working to its optimum. There was no evidence presented of information being shared across the local system provider organisations about the collective performance of the services, patient experience and outcomes, or collective local planning.

We found gaps in information collected about delayed discharges and that continued work is required to improve the quality of the information gathered within the Southern HSC Trust and how it is used and shared, within the Southern HSC Trust and with partner organisations in the local system, to drive person-centred operational decision making, to inform needs assessments and service planning.

Most critically, the Southern HSC Trust is required to urgently improve its system of day-to-day acute hospital site co-ordination and the functioning of its hospital control room to ensure informed and rapid decisions are facilitated. This function must provide assurance that each hospital bed is being used appropriately, and must ensure that the ED is appropriately supported and does not continue to hold patients, carrying the burden of risk to patients that is associated with overcrowding. The management of patients that are accommodated at the

acute hospital site is a shared responsibility within the site, and the associated risks and harm that are experienced beyond the need for hospital care are a shared responsibility with partner organisations.

The solutions to these issues are widely reported. In 2014 RQIA published its Review of Discharge Arrangements from Acute Hospitals[24]. Disappointingly the opportunities for improvement identified in this system inspection mirror those earlier review recommendations. During this system inspection Nurse Led Discharge was not observed to be in place to any noticeable extent. Information and reporting on delays, both during the diagnostic/treatment journey and at the time for discharge, was incomplete and were not adequately informing the day-to-day decision making or forward planning, as observed in the hospital control room. The same issues presented again, with regards gaps in communication with GPs through late, or reported as inadequate, discharge letters. The system of preparing medication for discharge and ensuring team working to support a responsive pharmacy service, seven-day Allied Healthcare Professional working were again referenced as an obstacle to timely discharge.

At the centre of every discharge is a person, often at the most vulnerable point in their life, who is reliant on a system working together to support them in making the right decisions, and taking appropriate risks. Great care needs to be taken to ensure that the values of person centred care and service users being active partners in their care are not lost. Service users and their families valued good communication, transparent conversations and good information, to enable them to make the best possible decisions. Those with whom we spoke fully appreciated the importance of avoiding delays in hospital discharge, and recognised its impact on emergency care. We did not find that refusal to accept care home placements, by the service user or their family, was a frequent contributor to delays and this issue related to only a small number of cases on each day, but when this did occur, such delays could be lengthy.

[24] f62f6f24-2b4c-4608-ade5-9747c5d48d3e.pdf (rqia.org.uk)

Though there was knowledge by relatives of alternatives to hospital attendance and admission and the value of these, in particular the role of GPs, services were not always available when needed due to these also being under significant pressure and experiencing workforce issues.

This inspection sought to understand the issues of shared risk and shared responsibility focused around patient safety, and we did find a strong desire to work collaboratively across the system and examples where solutions were working well in pockets. To properly share responsibility and risk across a system requires shared information, good communication, and joined up planning to ensure the right resources, and workforce, are in the right place within the system. This requires action at both a strategic and local system level.

Though this inspection looked at shared responsibility at a local system, some of the issues hampering such a way of working are regional and require strategic action. These include the absence of the suitably skilled work force and the right strategic planning decisions to drive the funding to where it will deliver consistency in practice across the system to reduce demand for hospital services, and how care is prioritised and delivered.

The system subject to this inspection is also planned to be the pilot for the new Integrated Care System approach to planning and commissioning of services. Such an approach commits to reducing fragmentation in care by bringing all stakeholders together in respect of sharing information about the effectiveness of local services and assessing the needs of the local population and the impact of funding decisions.

At the conclusion of this inspection, Quality Improvement Plans (part of RQIA's regulatory work) will be issued to those partners with whom we engaged and who fall under the scope of RQIA's role, outlining where we believe they can take steps to work together to make improvements that can realistically be expected to achieve positive impacts. However, this does not mean that all responsibility is local and RQIA will continue to use the findings from this work to meet its own obligations to influence for action and change both at the strategic and local system level, and to highlight where regional system action is required.

5. Summary of Recommendations

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.

Appendix One: References

1 Quality Standards for Health and Social Care, Supporting Good Governance and Best Practice In The HPSS March 2006 Quality Standards for Health and Social Care (health-ni.gov.uk) Cited on December 2023

2 *QUICK GUIDE: DISCHARGE TO ASSESS, TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND' available at Quick Guide: Discharge to Assess (www.nhs.uk) . Cited on December 2023*

3 *SPPG Regional Delayed Transfer Of Care Dashboard. Cited via SPPG December 2023*

4 *SPPG Delayed Transfers of Care from General Acute Sites Definitions June 2023, (Implemented August 23) Cited via SPPG December 2023*

5 *Getting It Right First Time (GIRFT) available at Home - Getting It Right First Time - GIRFT . Cited December 2023*

6 *"Delayed hospital handovers: Impact assessment of patient Harm" available at Layout 1 (aace.org.uk) . Cited December 2023*

7 *Southern HSC Trust "Annual Quality report 2022/23" available at https://southerntrust.hscni.net/download/26/annual-reports/14371/annual-quality-report-22-23.pdf . Cited December 2023*

8 *Area Profile Map View of HSC Trusts available at NINIS: Northern Ireland Neighbourhood Information Service (nisra.gov.uk) . Cited December 2023*

9 *All Areas – Population by Age and Sex (2018-2024) Data available at 2018-based Population Projections for Areas within Northern Ireland | Northern Ireland Statistics and Research Agency (nisra.gov.uk) cited January 2023*

10 *Advised by the Department of Health Policy Area*

11 *Sothern GP Federation Support Unit Website, available at Federation | Southern Fsu | Northern Ireland. Cited December 2023*

12 *'Findings of care Home Census'. Available at Regulation and Quality Improvement Authority - RQIA. Cited December 2023*

13 *Winter Preparedness Plan 2023/24, available at doh-winter-plan-2023-24.PDF (health-ni.gov.uk) Cited December 2023*

14 *Unscheduled care service pressures – Discharge Rates for Patients who are Medically fit - Monday 30 October 2023 to Sunday 12 November 2023, available at Unscheduled care service pressures – Discharge Rates for Patients who are Medically fit - Monday 30 October 2023 to Sunday 12 November 2023 | Department of Health (health-ni.gov.uk). Cited November 2023*

15 *BMC 'Adult patient perspectives on receiving hospital discharge letters: a corpus analysis of patient interviews', available at Adult patient perspectives on receiving hospital discharge letters: a corpus analysis of patient interviews | BMC Health Services Research | Full Text (biomedcentral.com). Cited December 2023*

16 *Encompass website, available at encompass Benefits – DHCNI (hscni.net). Cited December 2023*

17 Consultation on the Reform of Adult Social Care, available at Consultation on The Reform Of Adult Social Care | Department of Health (health-ni.gov.uk) Cited December 2023

18 *(This Target changed from 6hrs to 4hours in August 2023)*

19 *Extract from June 2023 SHSCT Performance Committee Report*

20 *'National Recognition for Patient Safety' article, available at Acute Care at Home | Southern Health & Social Care Trust (hscni.net). Cited December 2023*

21 *'Findings of care Home Census'. Available at Regulation and Quality Improvement Authority - RQIA. Cited December 2023*

22 *Care Opinion Website, available at Northern Ireland | Care Opinion. Cited December 2023*

23 *The Acute Care at Home Team are enabled to provide outpatient parenteral antimicrobial therapy (the administration of IV antibiotics) which means that patients can be cared for in their own/nursing home*

24 *'Review of Discharge Arrangements from Acute Hospitals' November 2014, available at f62f6f24-2b4c-4608-ade5-9747c5d48d3e.pdf (rqia.org.uk) Cited December 2023*

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