## **Safe systems, pathways and transitions**

### Safe care is reliant on organisations working well together to support people moving between services and ensuring there is a continuity of care when this happens. The CQC inspection will look at the systems, processes, and relationships you have in place to ensure this is as seamless and safe as possible.

### This requires close and effective relationships with other services and a willingness to manage the best interests of the people you support when moving between different parts of the health and social care system. Your service will need to have robust systems and processes and well-documented plans for when people move between services. It is important that staff share information securely, including staff handovers and all communications with other health and social care professionals.

### Recommendations checklist

These recommendations act as a checklist to help you consider what you could potentially evidence, but it’s not intended as a definitive list. We hope they help you reflect on what evidence you might wish to share with the CQC.

|  | Yes | No | N/A | How we evidence | Action |
| --- | --- | --- | --- | --- | --- |
| We can evidence how we have safely managed people’s transition between care services. | [ ]  | [ ]  | [ ]  |       |       |
| We ensure we can meet the needs of people being discharged/transferred to our service before this happens. | [ ]  | [ ]  | [ ]  |       |       |
| We involve the people we support in discussions around their care pathways and transitions, including how to keep them safe throughout these processes. | [ ]  | [ ]  | [ ]  |       |       |
| We risk assess and develop appropriate mitigations to ensure people are kept safe as they move between services (e.g., hospital passports, assessment, use of partnership working such as trusted assessor etc.). | [ ]  | [ ]  | [ ]  |       |       |
| We ensure emergency admissions out of our service to a hospital have all the relevant information and support to ensure a rapid, accurate assessment through to discharge. | [ ]  | [ ]  | [ ]  |       |       |
| We ensure that people’s safety is a key issue in our engagement with our partnership working with other health and care services and professionals. | [ ]  | [ ]  | [ ]  |       |       |
| Our effective and open relationships with other services and professionals ensure that there is a safe continuity of care when people move between services (e.g., evidence of our involvement in multi-disciplinary team meetings etc.). | [ ]  | [ ]  | [ ]  |       |       |
| We identify gaps in communication in these processes and implement new strategies. | [ ]  | [ ]  | [ ]  |       |       |
| We work with partners to ensure effective monitoring of care continues as people move between services, enabling any changes and deterioration to be identified and acted upon. | [ ]  | [ ]  | [ ]  |       |       |
| Our systems and processes enable us to share information securely and comply with UK GDPR relating to people’s care, treatment, and support. | [ ]  | [ ]  | [ ]  |       |       |
| We ensure partners and professionals communicate with us via secure email systems (e.g., we use NHS.net and comply with the Data Security Protection Toolkit to share information back and forth with a hospital discharge team).  | [ ]  | [ ]  | [ ]  |       |       |
| We work closely with partners and professionals to ensure that their own systems and processes ensure information is protected. | [ ]  | [ ]  | [ ]  |       |       |
| We ensure handovers between both our own staff team members and other services and professionals we engage with do not omit important information. | [ ]  | [ ]  | [ ]  |       |       |
| We have clear records related to correspondence and referrals to other professionals and services, including associated transfer and transition documentation. | [ ]  | [ ]  | [ ]  |       |       |
| We learn from experience if an admission has not gone well e.g., we are unable to meet someone’s needs following admission – what could we have done differently to avoid this? | [ ]  | [ ]  | [ ]  |       |       |
| Where we feel that there has been an unsafe discharge/transfer, we escalate these matters to safeguarding teams and appropriate bodies. | [ ]  | [ ]  | [ ]  |       |       |
| We involve relevant staff and external healthcare experts in reviews of incidents and significant events (e.g., admission to hospital) to learn from what contributed to the event and how these can be mitigated. | [ ]  | [ ]  | [ ]  |       |       |
| Our policies and processes are aligned with our key partners supporting people’s care journey. This helps us to share learning and drive improvement between our services.  | [ ]  | [ ]  | [ ]  |       |       |

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| Resources to help**GO Online: Inspection toolkit**Learn more about how this is inspected via a short film, practical examples and resources [here](https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Good-and-outstanding-care/inspection-toolkit/Topic-focus.aspx?services=&kloe=safe-3&topic=safe-systems-pathways-and-transitions).**Recommendations checklists**Access the full range of all Recommendations Checklists, exclusively available to Skills for Care Registered Manager Members [here](https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Support-for-registered-managers/GO-guide-SAF.aspx).**Good and Outstanding care support**Skills for Care’s Good and Outstanding care resources include practical e-learning modules, guidance and seminars to support you to meet CQC expectations. Learn more about what is available [here](https://www.skillsforcare.org.uk/go). |