

## **Case Study: Joint Unannounced Responsive Enter and View activity**

### **Healthwatch East Sussex (HWES) and Brighton and Hove (HWB&H)**

**January 2015**

On Monday January 19<sup>th</sup> 2015 HWES and B&H undertook unannounced enter and view activity to three wards and the Acute Medical Unit (AMU) simultaneously at the Royal Sussex County Hospital in Brighton. This activity was in response to information both Healthwatch organisations had received from concerned patients, carers and staff member regarding the care and treatment of older people.

The outcome was successful in satisfying both Healthwatch organisations that on the day of the visits, sufficient good practice was observed on three wards to reduce the initial concerns and use the observations and insight gathered on the AMU to work with the provider to improve the care delivered specifically to older people.

Throughout the visit, authorised representatives found the staff welcoming and supportive of the Healthwatch enter and view engagement tool.

Below we have listed the processes we followed as best practice to ensure this activity met the desired aims and objectives of this activity for the benefit of patients whilst protecting the ongoing relationships with the provider.

#### **Scoping the issue**

Both Healthwatch organisations had received similar concerns from various engagement activity and contacts including:

- CQC Listening events
- CQC Inspection report
- Patient/carer contact via Information and Signposting enquiry line
- Contact from internal source
- Healthwatch England (HWE) inquiry

#### **Actions included:**

- Logging on respective databases
- Identifying priorities, strategic fit, and gathering further information
- Liaising with provider and source of information
- Liaising with CQC, local Quality Surveillance Group (QSG) and Clinical Commissioning Group (CCG) quality leads

- Identify, assess and log risk associated with actions agreed
- Utilise relationships to consolidate evidence i.e. Contact with Chief Officer, CQC and CCG's
- Share potential issues with local QSG
- Identify, assess and log risk associated with actions agreed

### **Reviewing the evidence**

HWB&H Chair and HWES Community Liaison Manager met to confirm, share and scope the severity of concerns shared and what other agencies need to be involved.

Other discussions included:

- Maintaining confidentiality on a 'need to know' basis
- Who is already aware of the issues?
- Who needs to know significant concerns have been raised?
- Consider options available using Healthwatch functions
- Identifying "what is the problem we are trying to solve?"
- Identify, assess and log any risk associated with actions agreed

### **Convene a Review of Evidence Meeting**

- Review evidence gathered and shared with HWES & BH
- Assessed risk regarding timescales to escalate
- Refer to organisation's escalation policy
- Agree main concerns and proposed action to address each concern
- Meeting convened with HWES Evidence and Insight Manager (and equivalent role at HWB&H)
- Look at options available to gather appropriate evidence that would reduce the risk/concern for patients
- Agree evidence is sufficiently weighted to trigger enter and view activity
- Review options to collect evidence in a planned scheduled programme of visits
- If no other option available to gather/validate the evidence, consider using unannounced enter and view activity
- Be clear and communicate why a planned schedule of enter and view activity is not appropriate in this case

- Identify, assess and log any risk associated with actions agreed

### **The Decision**

- Agree the decision within each organisation's decision making process
- Refer to organisation's policies and procedures agreed to enable unannounced visits
- Identify, assess and log any risk associated with actions agreed

### **Planning**

- Identify authorised representatives with appropriate training, experience and capacity to undertake visits, including reserve representatives
- Identify date for the planning meeting and intended visits
- Agreed to inform the Chief Executive of the visit and to inform him on the morning of the visit that the visit had commenced
- Identify sites/wards to be visited
- Prepare prompt/recording sheets for representatives
- Identify any additional learning and support that may be required i.e. encountering challenge/potential conflict from staff regarding allowing representatives to enter without notice
- Go through practical arrangements and check list for the visits with representatives
- Ensure representatives have appropriate in date photo ID and paper work authorising their visit
- Representatives are aware which departments/wards they are due to visit and are sufficiently briefed regarding purpose of the visit
- Healthwatch websites are up to date with authorised representatives names
- Meeting time and venue is confirmed on the day of visit
- Agree who to make contact with on arrival
- Support arrangements and contact numbers are in place with Healthwatch staff should they be required on the day
- Make sure authorised representatives are aware of contingency plans if visits are declined by the provider
- Agree what communication will be shared with the provider and who will make contact

- Agree who be provide initial feedback to the provider following the visit
- Arrange to meet with the Chief Officer to present findings of the visit and plan action going forward

### **The visits**

On the day:

- Report to reception/person in charge as per planning meeting
- Agree time and location to meet and debrief meeting
- Agree who will share initial findings of the visit with the provider
- Return all recording sheets to staff member responsible for drafting the report
- Aim to send draft report within 14 working days to the provider for factual accuracy checking and comment

### **The learning**

- It was very beneficial to be able to say on our arrival on the ward that the Chief Executive was aware of the visit, should they wish to confirm this with him. Also good to work with authorised representatives from another Healthwatch
- Lots of opportunity to learn from each other
- Training for authorised representatives – particularly around awareness of mental capacity act and Deprivation of Liberty safeguards
- Not all providers are going to respond as positively as Brighton and Sussex University Hospital NHS Trust to unannounced visits
- Be clear about purpose and that no other method is available to gather the evidence being sought
- Follow robust planning process as for scheduled visits
- Maintain communication with other agencies to ensure final report and findings are supported, relevant and of value
- Share best practice