



# Hivewatch Enter and view report Southmead Hospital Emergency department

## 11 October 2018

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## 1 Introduction

### 1.1 Details of visit

Details of visit:	
<b>Service Address</b>	Southmead Hospital Emergency Department Southmead Hospital Southmead Rd, Westbury-on-Trym, Bristol BS10 5NB
<b>Service Provider</b>	North Bristol NHS Trust
<b>Date and Time</b>	11 October 2018 1.00 - 3.00pm
<b>Authorised Representatives</b>	Dominic Box Christine Eden Joanna Parker Michael Smart William Lake Robert Absolm
<b>Contact details</b>	Gill Brook Patient Experience Manager North Bristol Trust

### 1.2 Acknowledgements

Healthwatch South Gloucestershire and the Hivewatch authorised enter and view representatives wish to express their gratitude to the staff at North Bristol NHS Trust Southmead Hospital, who generously participated in conversations with us during our visit.

We would also like to thank Gill Brook, Patient Experience Manager, Fiona Marshall, Senior Staff Nurse and Learning Disabilities Champion in the Emergency Department, and Nick Wood, Manager of the Learning Disabilities Liaison team at North Bristol NHS Trust and all the staff who were willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

### 1.3 Purpose of the visit

The enter and view (E and V) visit to Southmead Hospital Emergency Department, run by North Bristol NHS Trust, is part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire and The Hive to understand the quality of experiences for people with learning disabilities within local health and care services. This programme of work, funded by the South Gloucestershire's Learning Difficulties Partnership Board is called 'Hivewatch'.

Healthwatch South Gloucestershire and Hivewatch volunteers undertook the enter and view visit during October 2018 with the purpose of understanding the experience that a patient with a learning disability would have when visiting the Emergency Department at Southmead Hospital.

### 1.4 How this links with the Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2018/19 is to engage with people with learning disabilities, and in partnership with The Hive, to undertake enter and view visits to health and care services across the district. Enter and view provides an ideal tool to identify the experiences and views of service provision by people with learning disabilities.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: [www.healthwatchsouthglos.co.uk](http://www.healthwatchsouthglos.co.uk)

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## 2 Methodology

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### 2.1 Planning

A planning meeting was held by The Hive and Healthwatch South Gloucestershire on 20 September 2018. Training has been given to The Hive members to enable them to become authorised enter and view representatives. All enter and view volunteers have a DBS check and are given an identification badge to wear during visits. Healthwatch volunteer authorised enter and view representatives have been



‘buddied up’ with the trained Hivewatch volunteers to assist them to observe health and care services in action, and to agree questions to use during visits.

## 2.2 How was practice observed?

On 11 October 2018, six Healthwatch and Hivewatch authorised enter and view representatives visited the Emergency Department at Southmead Hospital. Information was gathered from the Healthwatch and Hivewatch representatives’ observations of staff interactions with the patients.

Observations were gathered by the Healthwatch and Hivewatch authorised representatives working in pairs. Conversations with staff were semi-structured and underpinned by the use of a checklist template and list of prompt questions in easy read format developed collaboratively by Healthwatch and Hivewatch volunteers.

The checklist covered areas to consider such as:

- Outside the building
- The entrance to the building
- Inside the building
- About the service
- Staff questions
- Implementation of the Accessible Information Standard

Observations and conversations were recorded during the enter and view visit.

## 2.3 How were findings recorded?

Notes were made by the Healthwatch authorised representative, who worked closely with each Hivewatch representative during the visit. Using these notes, the Healthwatch South Gloucestershire Volunteer Support Officer compiled the report. This report was then shared in draft form for all representatives to discuss and agree before the report was shared with service providers to agree any factual changes required.

## 2.4 About the service

On arrival at the Emergency Department patients will see the Triage Nurse, usually within 15 minutes of arrival. The Triage nurse will assess patients to ensure there are no immediate clinical risks. Patients will be prioritised depending on how unwell they are, and streamed to either the Minor Injuries Unit (MIU) or majors.

After patients have been triaged for MIU they will be seen by either:

- Physiotherapy Practitioner
- Emergency Nurse Practitioner
- Advanced Nurse Practitioner
- Doctor - depending on their condition.

If the Triage nurse feels patients need closer observation they will be transferred to the monitored area - the Emergency Department Observation Unit (EDOU).

Physiotherapy Practitioners help restore movement and function when someone is affected by injury, illness or disability. They are able to request X-rays, assess, examine and treat traumatic/acute injuries such as minor head, neck or back injuries, limb injuries, broken bones (fractures), dislocations, grazes, wounds and minor burns.

Emergency Nurse Practitioners and Advanced Nurse Practitioners can see, examine, treat and discharge patients with minor injuries and minor illnesses. They can also request investigations, such as X-rays.

Occasionally on weekends and evenings the Triage Nurse will refer patients to the BrisDoc Out of Hours (OOH) GP service. If after assessment patients are fit to be seen by an out of hours GP, you will be given an OOH appointment card and will be directed to either the OOH GP at Southmead Hospital, located in the Antenatal Clinic, Knowle West Health Park or Cossham Hospital.

There is also a Minor Injury Unit based inside the Southmead Emergency Department which can treat both children and adults, meaning patients may be directed there for treatment.

The Emergency Department is open 24 hours a day, seven days a week.

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## 3 Findings

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### Executive summary

- The Emergency Department area was clean, quiet and not intimidating
- Activity bags are available to help patients with anxiety
- Registration information is not clear
- Once through the registration process patients are supported in quiet places
- Staff we met were very committed to providing appropriate support for patients with learning disabilities
- Staff we met were also concerned to increase the level of mandatory training and opportunities across the hospital, including drawing on the experience of patients with learning disabilities.





The Hivewatch team with their Easy Read checklists outside of the Emergency Department

### 3.1 First Impressions

#### Outside the building:

Entering the Emergency Department and getting the attention a patient requires can be a cause of anxiety for all patients, particularly those with learning disabilities who may have trouble reading instructions and leaflets. It is critical that those entering the Emergency Department are clear about where they need to go.

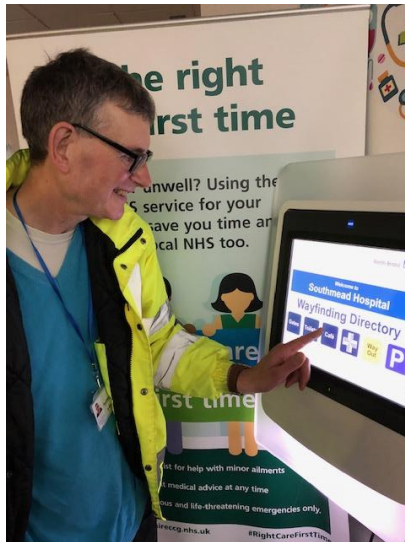
The public entrance was easy to find and completely separate for patients arriving by ambulance. There is a fair size car park with dropping off and picking up bays. Disabled parking is available. The pavement is in good condition with no trip hazards. The main entrance doors are large, both in height and width and open automatically giving easy access for wheelchairs. On the day we visited the lights had failed so there was a gloomy entrance lobby making the notices on the wall difficult to see. The area where wheelchairs are kept, to the right of the entrance was not signposted, this could cause concern for anyone coming into the department and their family / friends who need a wheelchair. It would be easy to have a sign preferably with a picture photo on it at the wheelchair point.

#### Inside the building:

There was a small Wayfinding directory screen to the left on entering the A Emergency Department, the screen, pictures and font were too small to be read



clearly and the instructions were not clear in explaining what to do or where to go. The screen indicated that there were stairs to a café but Hivewatch volunteers could not work out how to find the stairs.



Rob, a Hivewatch volunteer, testing out the Wayfaring screen in the Emergency Department

Hivewatch volunteers commented that they did not know how the registration process works and commented that patients with a learning disability need maximum clarity about the first point of contact as soon as they enter.

The main seating area of the Emergency Department was bright, light, clean and tidy and had comfortable seating. There were a considerable number of people there but overall the noise level in the department was low. Hivewatch volunteers considered that the atmosphere was generally quiet which would be particularly good for anyone with autism or Downs Syndrome. One of the Hivewatch volunteers commented that their overall impression of the Emergency Department was such that they would not feel nervous in coming into it. There were no unpleasant smells and the general atmosphere in the room was not intimidating or likely to induce panic.

There were three big noticeboards with headings 'Who we are', 'Triage and other services' and 'How are we doing'. The How are we doing board details performance, compliments and complaints. The notices were in quite small font and behind clear plastic which made them shiny and difficult to read, even when close up and shining the light from a mobile phone on them.

### The streaming process

Information was also found on a wall beside some of the seating and was not obvious straight away. Unless a patient chose to sit in that section of seating it is quite possible that a lot of people waiting would not notice this information at all. This notice had to be pointed out to us by a member of staff. The notice explained





about the ‘streaming process’; which explains that patients should go to the reception desk for nurse triage upon arrival at the Emergency Department. The title ‘streaming nurse’ is not self-explanatory and the title could be changed to ‘Welcome Nurse’ or just nurse.

There was a sign about how to register on the reception desk where it could be easily seen, it would be useful to have a similar larger sign on the wall behind reception. There was a sign about how to register, which was meant to explain how the Emergency Department works, displayed on an unlit and not easily accessible wall. The sign was printed in colours that were difficult to read. The Hivewatch volunteers felt it would also have been useful for this sign to include a clear flow chart to show the process of registration, making it easier for people to understand.

Elsewhere in the hospital there was a wall mural that indicates how effective attractive visual images can be in communication and something like this could easily be above the reception area rather than hidden away on an unlit dark wall.



## Reception area

The Hivewatch volunteers found the Emergency Department Reception staff to be helpful and courteous, and noted that all members of staff wore name badges. Hivewatch volunteers commented that receptionists had ‘smiley’ faces which is so important, other reception staff were busy helping patients. At reception there was a clearly displayed sign to indicate how long people could expect to wait, which was considered helpful by the Hivewatch team in managing anxiety and stress. On the wall behind reception in large black lettering was ‘Gate 35’. The number apparently refers to the department. All wards and departments are prefix with a ‘Gate’ number rather than a department or ward name. Hivewatch volunteers found this confusing.

Some ‘reasonable adjustments’ have already been made by the Trust. Hivewatch volunteers were shown a distraction activity bag that is available for people with autism that included headphones to cut out noise that could upset or disturb them. These special activity bags are available at reception for those who might need to

be occupied whilst waiting for treatment, and there was a sign at the reception desk making this clear. Hivewatch volunteers were assured that a quiet, private space could be made available if required, however there were no notices to explain to patients that this facility was available.

There was a small children's waiting area decorated with a mural and some toys available. There were no reading materials available for adults, but there was a wall mounted television.

Discussion took place as to whether a person with a learning disability should have some identification that they have a learning disability given to them at registration, for example a specific wristband to wear. However, this was considered stigmatising by Hivewatch. Once registered on the hospital computer system people with a learning disability would automatically be flagged to members of staff as having a learning disability on any subsequent visits. It was proposed by Hivewatch volunteers that there may be a role for hospital volunteers to be available to support a member of the public through the registration process and be available in the department to help with drinks machine, assist to the toilet etc.

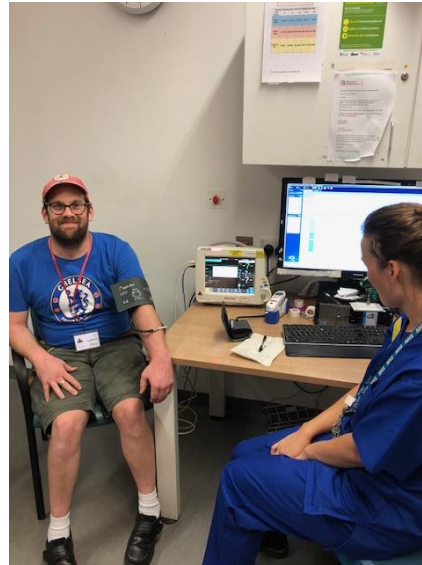
Hivewatch volunteers could not find any information in easy read format. There is a need for all written communication to be in line with what is required by the Accessible Information Standard.

### **Triage Room/ Minor Injuries**

The triage room is small and leads off the waiting area. This is where patients are first assessed. Michael Smart, a Hivewatch volunteer, volunteered and had his vital signs checked as a demonstration of the use of the available equipment.

Hivewatch volunteers were also shown the minor injuries single rooms. One of these treatment rooms could be used as a quiet room if needed. These rooms afford privacy as the doors can be shut. This part of the department was also clean and tidy with no unpleasant smells and a calm atmosphere. It was not busy during our visit.





Michael, a Hivewatch volunteer, having his vital signs checked in the triage room

There were lots of leaflets in racks on the walls about how to manage common complaints or injuries given to patients on leaving the department. None were in easy read format.

It was noted however that easy read notices had been created and displayed for staff regarding how to recycle hospital waste. It was thought that a similar effort should be used to ensure information to patients is as easily read and understood.



Easy read signs explaining how to recycle waste

The Hivewatch volunteers were walked through the area for treating people with major illnesses or injuries. Most of the provision for patients was curtained cubicles although there were at least three cubicles with windows and doors and blinds that could be used to provide complete privacy.

## 3.2 Questions to staff

The commitment to supporting people with a learning disability amongst the staff we met appeared high. All staff we met on this visit were very keen to ensure greater awareness of the needs of those with learning disabilities. Staff were sensitive to the tension between making reasonable adjustments and wanting to protect patients from a labelling process. Systems were in place to ensure that a patient whose history is not known but who reveals a learning disability will only need to do that as they register and, from then on, it should be flagged as they transfer through the different departments.

There are Learning Disability Champions in wards and departments, at present none of the Champions involve people with a learning disabilities in their work, although there are discussions about introducing this element within training programmes. This would be welcomed by Hivewatch. Training about learning disabilities is limited in the staff induction process. Additional training is available when requested, but the level of mandatory training is small. It is recommended that more in-depth learning disability awareness training, involving people with learning disabilities is made available and is mandatory for all staff, wherever they work. This training will make staff aware of the range of conditions that can be associated with learning disabilities and how hospital staff can support and communicate with patients with learning disabilities.

The hospital is alert to the possible need to reduce risk and engage in conflict resolution if there is any suspicion that abuse or violence may occur within the Emergency Department. If there is any conflict then members of staff are able to call in house security quickly. Staff receive conflict resolution training. The system seemed thorough and would be invoked in relation to patients with a learning disability as with any other patient. Drawing on the experience of those with learning disabilities would greatly enhance the value of such training.

Training could include how to use pictorial symbols to make clear what tests the patient might be asked to undergo, and adapting language as part of the reasonable adjustments for patients with a learning disability.

Each person with a learning disability should have a 'Hospital Passport'. There is currently some discussion within North Bristol NHS Trust about redesigning hospital passports to identify more specific ways in which people with learning disabilities could be helped and what could be done to support them as patients in the Emergency Department. This will be valuable development if it gives specific support and advice to all staff dealing with patients with a learning disability.

Hivewatch volunteers discovered that if someone with a learning disability wished to leave a compliment, make a complaint or give feedback then they would need to contact the Patient Advice and Liaison Service. This information was not visible in easy read format.



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## 4 Conclusions

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The overall impression of the visit was that once through the registration process, patients are able to access good support and quiet spaces. The starting point for registration is not clear, there were some signs about registration but they were not prominent. It was felt that there needs to be some new signage (with easy read) in prominent places to show where a patient needs to go and what the process will be after registration.

The staff we met were very committed to providing appropriate support for patients with learning disabilities. Steps had been taken to help improve the patient experience, such as the 'streaming nurse', however information and communication about this service needs to improve. Staff were aware of this service, but the Hivewatch volunteers were not and did not understand it. This may be indicative of other people with learning disabilities.

Staff training should include listening to those with learning disabilities as 'experts by experience'.

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## 5 Recommendations

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- On arrival it is not clear where to go as a first point of contact. Better signage and pictorial representation of the starting point and process would undoubtedly improve the entrance of the Emergency Department. Hivewatch volunteers suggested using language such as, 'please start here', and at reception 'Please see me first'.
- The Wayfinding directory needs adapting to make it easy to read and more understandable
- Hivewatch volunteers were assured that a quiet, private space could be made available if required, however there were no notices to explain to patients that this facility was available.
- Lack of signage - need to add a sign (with an easy read picture) at the wheelchair point
- Language used is not always clear to people e.g. triage, assessment, prioritise etc
- The notice stating to go to reception for nurse triage - ideally this would be in easy read format, but should also be moved to a more prominent point near the entrance





- The title ‘Streaming Nurse’ was considered confusing and not self-explanatory, it could be changed to the ‘Welcome’ nurse.
- The notice explaining the ‘streaming and triage process’ would be more easily read and understood if a different colour font was used and it included a flow chart. It would also be better displayed in a more prominent position near the entrance so it can be easily seen by people upon arrival.
- Need all written communication to be available in easy read, in line with the Accessible Information Standard
- Have hospital volunteers available at the Emergency Department waiting area to assist people with a disability
- Learning disability awareness training involving people with learning disabilities should be made available and mandatory for all staff, wherever they work. Training could include how to use pictorial symbols to make clear what tests the patient might be asked to undergo, and adapting language as part of the reasonable adjustments for patients with a learning disability.
- Conflict resolution training, drawing on the experience of those with learning disabilities would greatly enhance the value of this training.

**Disclaimer**

- This report relates only to a specific visit on Thursday 11 October for 2 hours from 1pm to 3pm.
- This report is not representative of all service users and staff (only those who contributed within the restricted time available.)

## Recommendations summary

Recommendations	Comments from the service provider
<p>On arrival it is not clear where to go as a first point of contact. Better signage and pictorial representation of the starting point and process would undoubtedly improve the entrance of the Emergency Department. Hivewatch volunteers suggested using language such as, ‘please start here’, and at reception ‘Please see me first’.</p>	<p>We are asked to remember that excessive signage as this can often be more confusing and also that some people using this entrance will be going to different parts of the building. Any signage</p>



	<p>would also need to consider other reasonable adjustments such as other languages, visual impairment, etc. We will look at signage as part of the LD improvement working group and will ask for help and guidance from Hive watch volunteers as well as people with other disabilities.</p> <p>We have taken an immediate action to help improve accessibility by asking the ‘Move maker’ volunteers, who operate in the main entrance to provide a greater support service to the Emergency Department ( ED) entrance so they can meet and greet people to help them to get to they need to be. This they are now doing .</p>
<p><b>The Wayfinding directory needs adapting to make it easy to read and more understandable</b></p>	<p>We will review this as part of the trust wide working group taking into account the requirements of all people with disability .We will work with people with those</p>





	disabilities to get this right.
<p>Hivewatch volunteers were assured that a quiet, private space could be made available if required, however there were no notices to explain to patients that this facility was available.</p> <p>Lack of signage - need to add a sign (with an easy read picture) at the wheelchair point</p>	We will take action on this in the Improvement group work seeking to find the best way of addressing this.
<p>Language used is not always clear to people e.g. triage, assessment, prioritise etc.</p>	We will seek to explain or change with words.
<p>The notice stating to go to reception for nurse triage - ideally this would be in easy read format, but should also be moved to a more prominent point near the entrance</p>	We will review option of how we can improve this and link to the other communication work above
<p>The title 'Streaming Nurse' was considered confusing and not self-explanatory, it could be changed to the 'Welcome' nurse.</p>	We will review this to see how changes can be made to improve understanding for all.
<p>The notice explaining the 'streaming and triage process' would be more easily read and understood if a different colour font was used and it included a flow chart. It would also be better displayed in a more prominent position near the entrance so it can be easily seen by people upon arrival.</p>	Noted and this will inform our communication work as described above.
<p>Need all written communication to be available in easy read, in line with the Accessible Information Standard</p>	In conjunction with the LD liaison team and Hive watch volunteers we will review leaflets and make those leaflet most used into easy read as first move.



	<p>Picture Resources are already available if required in the ED we need to work to work to ensure similar resources are available throughout the hospital .This will be part of the work of the LD steering Group’s improvement action</p>
<p><b>Have hospital volunteers available at the Emergency Department waiting area to assist people with a disability</b></p>	<p>This action has been taken already aby increasing the availability of the move maker volunteers at the entrance .They are also working in the ED department</p>
<p><b>Learning disability awareness training involving people with learning disabilities should be made available and mandatory for all staff, wherever they work. Training could include how to use pictorial symbols to make clear what tests the patient might be asked to undergo, and adapting language as part of the reasonable adjustments for patients with a learning disability.</b></p>	<p>We will be reviewing in detail our training as a key part of LD Steering Group improvement work. The recommendation will be taken into account . We will work with those with LD and their carers to inform our decisions.</p>
<p><b>Conflict resolution training, drawing on the experience of those with learning disabilities would greatly enhance the value of this training.</b></p>	<p>This is noted and will be included in the ongoing improvement work.</p>



## 6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include<sup>1</sup>:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

**Each Local Healthwatch has an additional power to enter and view providers<sup>2</sup> so matters relating to health and social care services can be observed. These**

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<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007

<sup>2</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>3</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013.” (28 March 2013).



powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.<sup>4 5</sup> Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

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<sup>4</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

## 6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

### Aim

To find out about and understand the quality of patients experience for people with learning disabilities within local services .

### Objectives

- To visit for a minimum of two hours for each visit.
- To have a minimum of two pairs of authorised representatives visiting, to ensure that as many residents who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall service provided for patients, including any structured activities using a template as an 'aide-memoire'.  
**The above 2 bullet points apply to E7Vto Care Homes**
- To engage patients in conversation about their experience using the Accident and Emergency Department using the template and prompt questions.



- If possible to engage patients, families and friends in conversation to elicit their views about the service. **Not with Hivewatch**
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with the North Bristol NHS Trust, as the provider, the manager, staff and patients; and appropriate organisations and agencies such as South Gloucestershire Local Authority, the Care Quality Commission and Healthwatch England.

### 6.3 Enter and View Methodology

- A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:
  - which observations should be made
  - how to record the observations
  - how to initiate and maintain conversations with **patients (residents when we visit Care Homes)**/their relatives
  - what questions were important to ask residents/their relatives
  - how to record the conversations with residents/their relatives
  - what questions were important to ask members of staff
  - how to record the conversations with members of staff
  - how to collate all the data gathered and write a final report
  - ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.

A.2 An aide-memoire observation record sheet was developed by **HwSG and The Hive with Hivewatch E&V volunteers**. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- Outside the building
- The entrance to the Accident and Emergency Department; outside and inside the building
- Inside the building
- About the service
- Service user questions



- Implementation of the Accessible Information Standard
- any other comments or observations.

**A.3 Not applicable.**

**A.4** North Bristol NHS Trust is informed in advance by email of the E and V visits, and dates and times are agreed.

**A.5 Amend** ... Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients.

**A.6** All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.

**A.7** The data collected are the E and V representative volunteers' subjective observations and notes from conversations with patients, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.

**This part of the appendix doesn't apply to a Hivewatch visit**

