How local Healthwatch can use CQC reports to drive improvement

We encourage local Healthwatch to use our reports, including national improvement and thematic reports to have conversations with providers, commissioners, and other local stakeholders about care quality.

CQC reports are a great tool local Healthwatch can use to identify areas where meaningful engagement work can help a provider to improve their care.

We piloted a process to do just that, with Barnet, Enfield, and Haringey local Healthwatch and Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) that can be replicated by any local Healthwatch for any service. This structured process also provides a great opportunity to build links with inspection teams and providers.

Local Healthwatch don't need to work alone and we found having more than one involved was a way to increase resources, and each Healthwatch was able to bring something different such as contacts and relationships, or service users who could assist, to the process.

Although we piloted this way of working using a hospital trust as the provider, this can be replicated across any kind of service.

Step 1 – Review the report to look at the areas where CQC has told the provider to improve

The first step is to look at the report and focus resources on areas where the trust has been told they must improve. Local Healthwatch may also choose to focus on areas where people have told them they would like to see an improvement.

Some of the areas which were identified in the report as needing improvement at BEH-MHT included:

- Care planning
- Meal times
- Referral/co-ordination of care through pathways
- How isolated service users can give feedback
- Staff recruitment for continuity of care purposes

Step 2 – Narrow this list down to areas where local Healthwatch have the skills and capacity to do some engagement work

The next step was drawing up a shortlist of areas where local Healthwatch believed they could add value to people's experiences via engagement work, and where they might be able to make the biggest change.

The things you might want to consider when drawing up your shortlist include:

- Capacity
- Timescale/ length of project
- Where do you already have good relationships

Step 3 – Approach your local inspection team with the shortlist of areas.

The next stage is to approach your local inspection team with the shortlist of areas.

They will be able to give you background information and also tell you if the provider has already taken steps to improve in an area since the inspection and report was published.

They can also advise areas where it may not be practical to do engagement work, or where the areas that need improvement are currently outside the control of the provider or are part of their long term improvement plan. The inspection team were also able to advise us of roughly when the next inspection was so we could choose projects that might be completed by this time. It's worth noting that won't always be able to tell you this as it may not be appropriate.

The CQC inspection team helped us to narrow our list down to four areas with which to approach the trust. You can of course have more or less, but these were the areas where the three local Healthwatch involved felt they could make a difference and had the capacity and experience to do so.

At this stage the list was narrowed down to four areas:

- Adult wards – care planning
- Community mental health services – continuity of care
- Crisis teams – mandatory training / cultural reflection
- Community mental health – navigation through pathways

The potential engagement the group wanted to discuss with the trust included:

- Focused engagement with patients of one service – benchmark survey and follow-up to see whether there has been improvement on the specific issues highlighted
- Examples of good practice from elsewhere in the Trust – facilitate a learning session for staff around them, for example service user representation and involvement, Open Dialogue, mindfulness for staff, community outreach and access/use of interpreters, events, working with GP practices – all of which there were good practice examples of across the Trust
- Facilitate learning events to share best practice from other Trusts – those rated outstanding in the four service areas where BEH required improvement for example

- Facilitating co-design to address some of the issues identified by CQC by bringing together a small group of service users

Step 4 – Make contact with the provider to offer support in the improvement process and set up a meeting to discuss the shortlist of areas

We then made contact with the trust's quality leads to tell them about the project and offer support with improvement work. We advised them we had some ideas where local Healthwatch could do some meaningful engagement work that would hopefully help them drive improvement in areas where CQC had told them they must improve.

We set up a meeting with trust where we talked about these in detail and what the engagement might look like. The trust were able to tell us about areas where they had already addressed issues so wanted to focus any resources elsewhere, they also suggested a few other areas that they would like to focus on, which gave a new shortlist of areas for consideration:

- **Adult wards** – care planning
- **Community mental health services** – continuity of care
- **Crisis teams** – mandatory training / cultural reflection
- **Community mental health** – navigation through pathways
- **Enfield community services** – primary care link worker service
- **Adult wards** – restrictive practice and seclusion rooms

Step 5 – Choose a final area to focus on

After the meeting with the provider, we came together to discuss the shortlist and talk about what was achievable before the next CQC inspection.

It was agreed that doing some engagement work around care plans on the adult wards would probably be the simplest one to carry out as it could fit in with the enter and view process that already exists.

Out of the three Healthwatch involved in the process, Enfield had some capacity to deliver this before the next inspection date so it was agreed that they would carry out the actual work.

Step 6 – Liaise with the provider to carry out the engagement work

The final step is to work with the provider to talk about the logistics of carrying out the work and arrange to deliver it.

Step 7 – Publicising the engagement work for the CQC inspection

This type of engagement project is something that CQC wants to hear about and captures some of the key lines of enquiry from our inspection methodology. However

they can only mention the project in the report if they are told about it as part of the information gathering that happens during the inspection process.

So we would advise local Healthwatch to flag this to inspection teams if they are approached for information.

What the Healthwatch involved in this project also did was to create an information sheet for staff on the ward where the engagement was taking place so they could also feel informed enough to mention it to inspectors.

ENDS

With thanks to:

- Healthwatch Barnet
- Healthwatch Enfield
- Healthwatch Haringey
- Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT)

If you have any questions about this document you can email engagementandinvolvement@cqc.org.uk