Commissioner Site Visit Policy and Procedure for the Humber Coast and Vale Clinical Commissioning Groups

Policy and Procedure

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1.5	29.09.17
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1.7	14/11/17
1.8	13/12/17

Contents

1.0 Purpose:

The purpose of this document is to clearly define the commissioner site visit policy and procedure. To outline conduct and commissioner responsibility when organising, attending, contributing to and reporting a site visit. The document aims to align the commissioner approach to site visits across the Humber Coast and Vale Partnership and to enable cross-organisation effective collaborative working.

2.0 Scope:

This procedure relates to all announced and unannounced site visits undertaken to the CCG's (commissioned) providers, this includes Acute Trusts, Primary Care, Providers who hold a contract or AQP (Any Qualified Provider Agreement) with the CCG, and Care Homes (Nursing and residential homes) including Continuing Healthcare placements.

3.0 Policy:

Site visits are a tool to be utilised within the commissioning cycle and at every level of quality surveillance. The frequency, focus, key lines of enquiry and type of the visit will be determined by the level of quality surveillance and concern (as indicated by the intelligence we receive, which may include but is not limited to Customer Care, Public Engagement, Safeguarding and Incident intelligence, or by a drop or trend in performance or quality indicators).

It is helpful to frame and clarify the types and purpose of site visits are described below in 3.1, from a commissioner information gathering site visit, to a commissioner inspection site visit. It is recognised that a review of a service user journey on a commissioned pathway may be indicated. This policy and process also applies to a site visit based on a patient/service users journey through the health and social care system, therefore this process can be applied across a range of service providers. The nature of these visits can be complex due to the involvement of more than one organisation; therefore, they are usually conducted as an information gathering or routine site visit, within an announced framework, as defined in table 3.1 overleaf, to easily facilitate the review of a service user's journey.

Providers, regulators or other stakeholders, such as the local authority, NHS Improvement, CQC or Healthwatch, may seek supportive site visits, either led by themselves or at their request by the Commissioner. Where Services or other organisations choose to lead a site visit and invite Commissioner representatives section 4.3 of the procedure is applicable and should be adhered to by the Commissioner. Where the organisation asks the Commissioner to lead the site visit the full procedure applies but in addition to this the type of visit and section 4.2 of the procedure should be completed in collaboration with the Provider's designated lead (this must include sharing the briefing and the site visit reporting template)

3.1 Table to define the types of site visits:

Type of Visit:	Why undertake the Visit?	Key Visit Principles:
1. Information Gathering	To gain information and learn more about how services are being provided and to give providers an opportunity to share any challenges or best practice.	Announced visit. This could include a commissioned pathway review (patient journey). The provider is normally under routine quality surveillance.
2. Routine	In response to an area of concern which requires further information/assurance on the services position.	Announced visit, however, there may be rare exceptions where an unannounced visit is indicated. This could include a commissioned pathway review (patient journey). The provider is normally under routine quality surveillance.
3. Inspection	This is in response to a serious concern or a significant service user safety risk.	Unannounced visit, however, there may be rare exceptions where the visit needs to be announced to the provider in order to safely facilitate the visit. The provider is normally under enhanced or summit quality surveillance. However, the provider could be on routine surveillance where significant concerns need investigating.

4.0 Procedure:

4.1 Visit Indications:

The types of visits are defined in the table above and the indications of a visit are outlined within. The key visit principles articulate the level of quality surveillance the provider is usually under with the Lead Commissioner.

For all visits the Commissioner must formally record the rationale for the visit.

4.2 Preparing for the Visit:

The first stage of preparing for a visit requires the Commissioner to confirm why the site visit is required, which type of visit, either 1, 2 or 3 is needed. This helps the commissioner to determine whether the visit is announced or unannounced. Unannounced visits should be rare and by exception limited to the undertaking of a visit where there are serious concerns about service user safety.

The key lines of enquiry (KLoE) must be determined prior to the visit and recorded in the site visit template, for example under the Safe Domain Safeguarding Procedures may be a KLoE. The Site

Visit Template must be populated with the key lines of enquiry to ensure the visit meets its desired purpose. It is recognised that focused visits, and following a service user's journey through a commissioned pathway, requires the use of a template which is flexible to adaptation to meet the purposes of the visit. In addition, type one visits require a simple template to record information gathered on a non-complex visit. Therefore, the template found in appendix one of this document has been designed as a basic template to build key lines of enquiry within the CQC five domains for Quality and Safety.

The size of the site visit team needs to be determined. The size of the team needs to be appropriate for the scale of the visit and proportionate to the size of the Provider being inspected. The key lines of enquiry for the visit need to be clearly articulated and the skills/experience/specialism of the site visit team need to be appropriate for the purpose of the visit, for example where a KLoE is specific to safeguarding it would be appropriate to ensure a member of the site visit team is an experienced safeguarding practitioner. The organiser needs to be able to rationalise the involvement of each member of the site visit team. It is desirable and considered a gold standard to seek lay representatives on Inspection and Routine visits.

Announced site visits must be organised with the Provider, with a minimum of six weeks' notice, and a date and time for the visit must be mutually agreed upon. When organising the date of the announced site visit the reason for the visit, size of the team, and the lead commissioning contact must be shared with the provider. It is recognised that on a planned announced visit the Provider may choose not to inform their staff that a Commissioner-Led visit is being conducted. It is key that the site visit team are made aware of this prior to the visit; therefore, it is essential that the Commissioner establishes the Providers position regarding this prior to the undertaking of the visit.

Prior to all Routine and Inspection site visits the Commissioning Lead must prepare a briefing to be shared, along with the Site Visit reporting template, with the site visit team and held as a record in the Commissioning Provider file which includes as a minimum; the rationale for the visit; any supporting intelligence (such as, but not limited to, audit results or performance/quality indicator data); the key lines of enquiry; roles of each individual (including identifying a Site Visit Team lead); reporting mechanism for urgent concerns and plans to report on the visit.

4.3 Conducting the Visit:

All members of the site visit team must be bare below the elbow, short nails (varnish free), hair off the collar, no open toe sandals, smart and presentable and be wearing identification (no lanyards). It is recognised that the site visit team will not have clinical contact with service users; however, the principles of good infection prevention and control practice and professionalism must be embodied by the team.

On all three types of site visit the Commissioning Lead must announce their presence; the purpose of the visit; determine visit boundaries (for example, when visiting an acute provider there maybe restrictions in access due to a patient on an imminent end of life journey); confirm the mechanism for escalating immediate concerns and agree a process for enabling a verbal feedback to the provider on the day at the end of the visit.

All members of the site visit team must act in accordance with their employers and where applicable, professional bodies, code of professional conduct. The team must be respectful to the

organisation they are visiting, and the staff and service users accessing the setting. The site visit team will at all times; act professionally; respectfully; confidentially; sensitively and supportively. The team will be courteous at all times and be mindful of the privacy and dignity of patients; relatives and staff during the visit.

4.4 Reporting on the Visit:

4.4.1 Sharing Visit Findings on the day:

Areas which pose a safety risk to any staff or service users must be escalated at the time of the site visit. All members of the team must escalate any safety risks to the Site Visit Team Lead; it is the Leads responsibility to address these with the appropriate senior representative from the Provider. It is anticipated that there will be extremely rare occurrences where a member of the inspection team identifies a significant immediate risk and has to escalate outside of this defined process to the Provider, this must always be followed up by informing the Site Visit Lead of the risk and the immediate action taken to address it.

At the end of the site visit, on the day, the designated site visit lead will provide high level summary feedback to the Senior Provider representative. The summary feedback must include; any risks to service user safety; any significant positive and negative findings.

4.4.2 Sharing a formal site visit report:

A formal documented report must be completed and agreed by the site visit team and shared with the provider within 10 working days of the site visit. The report must be tabled through the contract meeting process and a formal response from the provider must be sought via the contract process. Please note formal responses may range from; acknowledgement of the site visits findings; challenge to the findings or an action plan to address the findings. Each formal response must be considered in isolation to the findings, through the contract management process.

4.6 Seeking Assurance from Findings:

Assurance from the findings may range from, but is not limited to; requesting particular intelligence or evidence (for example, audit results, an action plan or a particular policy); completing a follow-up visit or seeking (and monitoring) a providers action plan to address any areas which require improvement.

4.7 Informing Level of Quality Surveillance

Site visit findings, triangulated with all other commissioner mechanisms for determining the quality of a services delivery, should be utilised to facilitate an informed decision of the level of quality surveillance the provider is subject to.

Appendix 2 on page 9 outlines the full process map from the initial planning to reporting and follow-up.

5.0 Glossary:

5.1 Visit Types

Information Gathering – Announced visit to gain information and learn more about how services are being provided and to give providers an opportunity to share any challenges or best practice.

Routine – A visit conducted in response to an area of concern which requires further information/assurance on the services position. This is usually an announced visit but may be unannounced.

Inspection - This type of visit is in response to a serious concern or a significant service user safety risk. The visit is usually unannounced but may be announced.

5.2 Announced and Unannounced

Announced – The Provider has prior knowledge of the arranged site visit, in line with the standards outlined in this policy and procedure.

Unannounced – The Provider does not have prior knowledge of the arranged site visit, in line with the standards outlined in this policy and procedure.

5.3 Provider Led Site Visit

A site visit is led, organised and facilitated by the Provider. The visit is subject to the Provider's governance arrangements for visits.

5.4 Commissioner Led Site Visit

A site visit is led, organised and facilitated by the Commissioner. The visit is subject to this policy and procedure standards.

5.5 Service User Journey

The visit focuses on reviewing a particular Service User pathway. This type of visit often intersects a number of services; therefore, it is usually conducted as an announced visit partly due to the planning implications to enable a full pathway review.

5.6 KLOE

Key Line of Enquiry also referred to as a KLOE. A specific area to focus attention on within the five domains; safe; effective; caring; responsive and well-led.

6.0 Appendix One – Blank Site Visit Reporting Template

15 step audit (five senses on first 15 steps into the site visit area):	
Domain:	**Key Lines of Enquiry and Findings:**
SAFE	
EFFECTIVE	
CARING	
RESPONSIVE	·
WELL LED	
Summary of the highlights from the visit	
Positive exceptions:	
Negative exceptions:	
Risks requiring immediate attention:	

7.0 Appendix Two – Site Visit Process Map

Site Visit Indicated

- **CONSIDER** and **AFFIRM**: Is information gathering OR a response to a concern OR a significant safety risk indicate the need for a site visit?

Prepare for the Visit

- **CONFIRM** and **RECORD** the type of visit and why it is needed (**CREATE** the briefing document).
- **IDENTIFY** the Visit Team. **PREPARE** and **SHARE** the briefing.
- **PLAN** the visit and agree the **KLOE** and **ROLES** with the Team.

Conduct the Visit

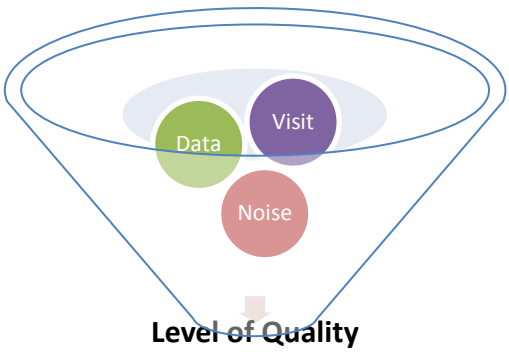
- **ANNOUNCE** your arrival.
- **CONFIRM** housekeeping for the visit.
- **ACT** professionally and report immediate safety risks.

Report on the Visit

- **SUMMARISE** key findings - positive, negative and immediate safety risks - on the day.
- **COMPILE** and **AGREE** and **SHARE** site visit report within 10 working days of the visit.

Visit Follow-up

- **SEEK** provider response.
- **CONSIDER** and review response.
- **AGREE** definition of any follow-up assurance needed with site visit team.



Level of Quality Surveillance

8.0 Appendix Three – EXAMPLE of a Site Visit Reporting Template populated with the KLOE

15 step audit (five senses on first 15 steps into the site visit area):	
Domain:	**Key Lines of Enquiry and Findings:**
SAFE	*Infection Prevention and Control - Cleanliness of the environment with appropriate access to hand hygiene facilities* *Health and Safety – equipment* *Escalating Concerns*
EFFECTIVE	*Policy and Guidelines – Is there a pregnancy testing in children policy? Can staff access it? Do staff know the policy?*
CARING	*Attitude of staff*
RESPONSIVE	*Providers response to feedback*
WELL LED	*Is clinical leadership visible on the shift?*
Summary of the highlights from the visit	
Positive exceptions:	
Negative exceptions:	
Risks requiring immediate attention:	

9.0 Appendix Four - EXAMPLE of a completed site visit report

15 step audit (five senses on first 15 steps into the site visit area):	
The Visiting Team found the appearance of the environment to be very pleasing. Carpets appeared clean; there was good signposting throughout the building to direct visitors to the reception area. Staff were welcoming. There were health promotional resources on display in the waiting areas and magazines available in for visitors to occupy their time whilst they waited. The environment was quiet and calm, and was welcoming to visitors.	
Domain:	**Key Lines of Enquiry and Findings:**
SAFE	***Infection Prevention and Control - Cleanliness of the environment with appropriate access to hand hygiene facilities*** *Overall the environment appeared clean. The reception area would benefit from access to hand hygiene materials, such as an alcohol-gel dispenser, at the reception desk for staff and visitors. The visitor toilets for the building appeared clean but needed maintenance in the men's facility. Sharps bins were secured with appropriate content.* ***Health and Safety*** *The working environment was free of clutter and the paths to escape from the building were clear and accessible. Waste management appeared to be compliant with National Standards. The equipment we inspected was safety tested and appropriately labelled.* ***Escalating/De-escalating Concerns*** *Staff were able to articulate what to do if they had concerns. There was a documented process for managing safeguarding concerns which was readily available to staff. Staff informed us that they have a whistleblowing policy in place. We saw evidence of a formal mechanism for de-escalation – through staff meetings. Staff also told us that informally de-escalation occurred through meetings with their manager*
EFFECTIVE	***Policy and Guidelines – Is there a pregnancy testing in children policy? Can staff access it? Do staff know the policy?*** *A policy was in place, we asked three members of staff and they were able to locate and access the appropriate policy. Staff demonstrated knowledge of the policy contents and the application of it in practice.*
CARING	***Attitude of staff*** *We found that staff were caring and considerate of each other and their patients. Staff told us they really enjoyed working here and that they were very proud to work for the organisation.*
RESPONSIVE	***Providers response to feedback*** *The provider had a process in place for receiving patient feedback and learning from complaints. We did find that the provider needs to improve on the recording on informal concerns raised and the action they have taken in response to these. Staff were able to give us examples of where they have learnt from patient feedback and what they have done in response to the feedback given. Staff also informed us that they receive a significant amount of positive feedback from patients in the form of thank*

	you's, cards and small gifts. FFT data was clearly displayed in patient and staff areas, including the response of the organisation. We followed two of the articulated responses and were satisfied that they had been completed.
WELL LED	***Is clinical leadership visible on shift?*** *Clinical Leadership was visible to both staff and patients. The Shift Lead was noted on a Board accessible to both patients and staff. Staff we spoke to felt supported and able to readily access supervision and support on a shift by shift basis.*
Summary of the highlights from the visit	
Positive exceptions:	
The visit to the service was extremely positive. We were welcomed by staff and patients. Staff were open and candid with the inspection team and were extremely confident when responding to enquiries raised by the Visiting Team.	
Negative exceptions:	
The recording of informal concerns raised and the action taken in response to these needs to be improved to clearly evidence the feedback received and the action taken by the organisation.	
Risks requiring immediate attention:	
None identified.	

-End of Document-