

**Healthwatch South
Gloucestershire
Enter and view report
Elgar Enablement Unit
Southmead Hospital
12 December 2018**

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Elgar Enablement Unit Southmead Hospital
Service Provider	North Bristol NHS Trust
Date and Time	12 December 2018 2 - 4pm
Authorised Representatives	Tony Colman Andrew Riches Dianne Kenny Norma Marshall
Contact details	Gill Brook, Patient Experience Manager Bev Davies, Elgar Enablement Unit Ward Matron

1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the staff and patients of the Elgar Enablement unit who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Bev Davies, Matron at Elgar Enablement Unit, and all of the staff and patients who were willing and able to engage with us and answer our queries.

1.3 Purpose of the visit

During 2017 - 2018, Healthwatch South Gloucestershire has been carrying out a programme of work to understand South Gloucestershire residents' experiences of discharge from acute and/or community hospitals back into the community, with a particular focus on Pathway two of the rehabilitation, recovery and reablement (3Rs) pathways.

Healthwatch South Gloucestershire was asked to undertake an enter and view visit to Elgar Enablement Unit by South Gloucestershire's Health Overview and Scrutiny Committee. The Committee were interested to understand how the care provided through Elgar Enablement Unit fits into the wider 3Rs programme being delivered in South Gloucestershire (if at all), and to understand people's experiences of being treated there.

North Bristol NHS Trust explained that Elgar Enablement Unit is a transitional care unit for patients who are medically fit, but awaiting discharge. The unit has an enablement philosophy to ensure patients continue their recovery and work towards their previous level of functioning whilst waiting their onward support and care plans. The multi-disciplinary team working on the Unit are experts in complex discharge planning. Although this approach is in line with South Gloucestershire's 3Rs programme, Elgar Enablement Unit does not provide rehabilitation as this is provided by Sirona care & health, the community health care provider for South Gloucestershire residents.

The enter and view visit aimed to observe the services provided by Elgar Enablement Unit and to speak with patients from South Gloucestershire. Patients were asked for their written consent for Healthwatch to follow up with them after discharge so that we can explore peoples' experiences both within Elgar Enablement Unit and hear how the discharge process and ongoing support and care packages have worked for them.

1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2018-19 is to engage with people experiencing 3Rs pathways. Enter and view provides an ideal tool to hear the views of people experiencing enablement and their experiences of discharge and ongoing support and care packages.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk



2 Methodology

2.1 Planning

Prior to this visit, Healthwatch enter and view volunteers undertook learning and development visits to Elgar House at Southmead Hospital (when the service was delivered by Sirona care & health), Henderson ward at Thornbury Hospital, Skylark Rehabilitation Unit at Yate and two care homes, all of which were providing care to people through the 3Rs pathways. The aim of these visits was to gain an understanding of Pathway two of the 3Rs programme and how and where different levels of care and support were provided.

To enhance these visits, the enter and view volunteers developed a patient questionnaire that would be used during their formal enter and view visits. This learning helped in producing observation templates and prompt questions agreed at the Healthwatch South Gloucestershire monthly planning meetings run by the authorised enter and view volunteers.

A visit was made to Elgar Enablement Unit on 8 October 2018 and on that occasion authorised enter and view volunteers were unable to speak to patients to gain consent to follow up their experiences. North Bristol NHS Trust invited the authorised enter and view volunteers an opportunity to revisit on 12 December 2018.

2.2 How was practice observed?

On 12 December 2018, four authorised enter and view representatives visited Elgar Enablement Unit. Observations and conversations were recorded during the visit.

Information was gathered from the representatives' observations of care and their notes of conversations with members of staff and patients.

Conversations with patients took place during this visit, some patients were unable to give a coherent view of their care and Healthwatch volunteers fed back that our planned questions regarding the discharge process did not suit the uncertain circumstances in which so many of the patients found themselves.

Three patients gave consent to be followed up by Healthwatch after their discharge.

2.3 About the service

Elgar Enablement Unit is part of Southmead Hospital, run by North Bristol NHS Trust, Elgar Enablement Unit takes all patients that require their service; the area of residence is not taken into account in the criteria for care on the unit. Patients transfer from acute wards within Southmead Hospital, and are medically fit for discharge upon arrival to Elgar Enablement Unit. Healthwatch volunteers met the Ward Matron who explained that a new Ward and Occupational Therapy Manager would be starting in January 2019. It is hoped that this new member of staff will be able to facilitate the integration of the nursing and therapy teams working at the Elgar Enablement Unit.

Staff reported that discharge planning begins on the first day that patients arrive at the Unit, but if during their stay, they require palliative care they will stay on the Unit rather than be transferred back to an acute ward. Transfers will only be made if the patient is severely ill. If a patient is improving their pathway may change.

The Trust's management team are very enthusiastic about the work that is being done at Elgar Enablement Unit and the plans for the future.

3 Findings

Executive summary

- Very clean, but the Unit is still stark and hospital like.
- Enthusiastic and dedicated staff
- Delays in patient discharge are already occurring

3.1 First impressions

The Ward Matron explained that Elgar Enablement Unit is a traditional care unit for North Bristol NHS Trust for patients who are medically fit, but awaiting discharge.

Healthwatch volunteers heard that Elgar is an enablement unit aiming to bridge the gap between hospital and non-medical social outcomes caring for medically fit patients working towards discharge. Healthwatch volunteers felt that for a facility aiming to bridge the gap between hospital and a non-medical social outcome, there were few visual clues observed. Healthwatch noted that there is little on the Unit that immediately speaks to 'the outside world' of enablement towards discharge.



Elgar House is spread out over two floors with a large in-patient therapy (gym) area. Since Healthwatch visit in October 2018 some improvements in facilities have been made and there is now a designated dining room with eight tables.

Healthwatch volunteers felt that there are limited facilities and the environment remains very hospital like, appearing quite stark and lacking in any homeliness, although an attractive vinyl mural has been installed on a wall of the entrance corridor to Elgar One.

Most of the patients sat beside and sometimes in their beds, with no activities or stimulation planned during the weekday afternoon Healthwatch visited. Although there were no occupational activities on the ward during Healthwatch's visit, Healthwatch volunteers were told that this is being addressed by the appointment of a co-manager with a background in occupational therapy who should be in post in the New Year. Elgar Enablement Unit does not have an activities co-ordinator due to lack of funding, however the Unit has purchased a selection of arts and crafts materials and games and quizzes. Healthwatch was informed that there are two enthusiastic Health Care Assistants who provide activity sessions for the patients on two afternoons a week. The activities are carried out either at the bedside or in the dining room using the tables. There is also a garden area which is used for planting bulbs and seeds.

Healthwatch volunteers spoke to staff and found them to be very committed to their caring roles. Healthwatch had a conversation with the therapy staff at the inpatient therapy unit. Healthwatch was told that work carried out with patients was proving to be very successful with a large number being enabled to return to the community. This consequently has vacated beds in the acute hospital.

Healthwatch volunteers observed that some patients were agitated and not able to give a coherent assessment of the level of care that they were receiving. Other patients railed against having to endure the oft repeated outbursts of other patients.

Some of the patients that Healthwatch volunteers interviewed were clearly frustrated and agitated by the duration of their stay. Uncertainty and the apparent inability to influence the processes controlling the future proved to be very unsettling for some patients.

3.2 Discharge home

The Ward Matron said that one of the key objectives at the Elgar Enablement Unit is to ensure that as many patients as possible are dressed and mobilised during the day. During the Healthwatch visit volunteers observed that most patients were either in bed or sitting by their bed.

Healthwatch volunteers were told about the Integrated Care Bureau (ICB) at North Bristol NHS Trust which has been set up to take responsibility for deciding on the

ongoing care needs of each patient at Elgar. A single form is used to gather the assessment information on each patient which is then forwarded to the ICB. The process is designed to streamline discharge planning for each patient.

3.3 Patient experience

Healthwatch talked to six patients and asked a set of standard questions. Three patients gave consent for Healthwatch to follow-up after discharge.

1) Tell me your story / tell me a little bit about what has been happening with you over the past few weeks or months?

Healthwatch learnt that three of the six patients had had falls.

Patient comments:

Patient was very unhappy and does not feel they have enough physiotherapy.

Patient explained that they have been at Elgar Enablement Unit for some while, but could not remember for how long.

Patient has no family and does not know what will happen next.

Patient had been an inpatient for two days following a fall at home

Patient had been at Elgar Enablement Unit for some time and thinks the Unit is marvellous, staff are kind and thoughtful.

One patient had just recently arrived at the Unit.

2) Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?

	Yes	No	Do not know
In hospital	1		2
Here in Elgar Enablement Unit	2		1
Planning to go home	3		

One patient told Healthwatch that they have no family.



3) Do / did you feel that people caring for you listen to you and understand you (as an individual)?

	Yes	No	Do not know
In hospital	2	1	1
Here in the Elgar Enablement Unit	3	1	1

Please tell us why you have given this answer?

One patient explained that they do not know what is happening or where they will be going next

4) Do the people caring for you always tell you what is going to happen next?

Yes	No	Do not know
2	1	

One patient said yes staff will say what is going to happen next, if they ask.

One patient said they get up and dressed, and have become very fed up.

5) How do you feel about the care you have received here at Elgar?

- Cannot fault the care I have received
- The care is OK
- The care is good
- The care can vary, the care by bank staff is not so good, I cannot get a cup of tea at night if the bank staff are on duty
- The food is good

6) What would you change if you could?

- To go home
- The food, the patient explained they are losing their appetite
- Nothing, I have no complaints

7) What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?

- None
- The social worker decided

8) If you had to give your current care and support a mark out of 10, how would you score it? (1 = poor, 10 = excellent)

1	2	3	4	5	6	7	8	9	10
0	0	0	0	1	0	0	1	0	1

9) Anything else you would like to tell us about your experience here?

Patient had a package of care in place before admission and was hoping for the same on discharge.

Patient would like a one to one with the doctor.

Patient said they cannot go home, but does not know what will happen next.

Patient said they had received no occupational therapy or physio and had not participated in any activities.

Patient is reviewed each day by a diabetic nurse and had seen a message from the doctor via the ward manager.

Patient like to eat in the dining room at weekends.

Follow up:

Healthwatch obtained the consent of three patients to follow up either by telephone or email when they return home, in order to ascertain whether the care organised in the community meets their individual needs. The ward manager will inform Healthwatch when these discharges have taken place.

4 Conclusion

As previously stated, Healthwatch enter and view volunteers were made very welcome. Elgar Enablement Unit appears to have a place in providing patients who are medically fit for discharge with a place to stay until care assessments are completed and care is put in place for discharge.

Healthwatch enter and view volunteers were concerned that Elgar Enablement Unit feels like a hospital setting with little in place as yet to make it a thriving enablement unit where patients are working towards discharge. Healthwatch hopes that this may change when new staff arrive in the New Year to bring both nursing and therapy staff together.

5 Recommendations

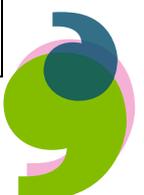
Provider's response to recommendations	
Recommendations	Comments from North Bristol NHS Trust
<ul style="list-style-type: none"> Patients medically fit for discharge are up and dressed each day. 	<p>Patients on the Elgar Enablement Unit (EEU) are predominantly medically fit for discharge. Nursing and therapy staff are encouraged to ensure that wherever possible, patients are dressed in their own clothes and sat out of bed. There are occasions when, unfortunately, the patient's condition deteriorates and are required to remain on bedrest. Also some patients who are well enough refuse Staff actively encourage patients to get dressed, giving explanation of the benefits and risks. If they still refuse then we respect the patient's right to refuse at that point in time and continue to encourage throughout the day. It is also recommended as good practice that the patients are offered to have their meals in the dining room to promote social interaction. This is actively encouraged every day and promoted as an expectation of care by the nurse in charge .We acknowledge that this requires further embedding as part of normal practice of every day care . As part of embedding this ward managers and</p>



	<p>matron are monitoring this activity routinely recording the number of patients who are up and dressed and those in the dining room. This is shared at the team's morning Leadership and Flow meetings which include providing feedback to the team to celebrate success and to facilitate sustainability.</p> <p>A therapist has recently been recruited as a ward manager to work with the current nursing ward sister to promote further engagement and joint working between the nursing and therapy team which will assist with moving this forward. We are confident that this will contribute to improved practice in care and enablement in practice.</p>
<ul style="list-style-type: none"> • Patients are provided with a more regular programme of activities each week, with daily options where possible. 	<p>The Senior Nurses on the EEU acknowledge the importance of embedding activities for all of our patient's on the unit. Their role includes communication and direction of this requirement to the rest of the team. It is essential to encourage social interaction, motivation and to prevent deconditioning and altered anxiety levels. The ward has allocated an activities' coordinator for the unit, they are currently rostered for two afternoons a week, and their role is to plan activities for patients every day. This includes music and crafts from the Creative Companions, who are a group of volunteers who provide a selection of art activities to patients on various wards. Their attendance to the EEU is at least weekly. We also encourage visits from the saplings nursery to all of our open days which are organised approximately quarterly. The Pets as Therapy Dogs are also a popular feature with the patients on the unit, encouraging reminiscence and relaxation; they visit the unit also at least weekly. The activity coordinator role is to encourage engagement from all</p>



	<p>members of the team with a view to embedding this as normal practice every day. Our expectation is that the activity coordinator will demonstrate the skill to other members of the staff, which will improve confidence and facilitate this skill being embedded throughout the team. This is a relatively new role for the unit which we will monitor its efficacy and review as appropriate. The role is supported by the dementia matron and includes provision of resources and education to staff. This training includes our focus of the month which encompasses dementia and safeguarding and enhanced care study day (which is provided by the unit for the trust and includes a two hour session with the Creative Companions). We also focus on Enablement training which is provided by our practice development nurse and the therapy team, the training includes an eLearning package, a presentation and some practical scenario training.</p>
<ul style="list-style-type: none"> • Patients are kept informed of the physiotherapy and occupational therapy they will be receiving. 	<p>All patients are reviewed on admission to the unit and assessed appropriately. The assessment continues on a daily basis through the process of the ward board round. We have recently implemented the use of functional laminates which are displayed at the patient's bedside and inform of the patients current mobility and requirements. The intention of the unit is to further integrate the therapy and nursing team to improve the patient experience; this includes assessment, recommendation and communication. There is currently some confusion regarding the function of the EEU and the level of therapy that we are able to provide. We have recently designed a leaflet, which is to be imminently implemented. This will be available to patients prior to transfer to the unit. This</p>



	<p>will ensure patients are equipped with the knowledge of the service provision on the EEU.</p>
<ul style="list-style-type: none"> • More is done to make the Unit feel like a thriving enablement environment where patients are working towards discharge. 	<p>The vision of the EEU is to promote Enablement for all of our patients. This is imperative to ensure promotion of independence, privacy and dignity, and to encourage social interaction. It is understood that failure to provide this will potentially result in deconditioning and increased length of stay in hospital. The team have implemented a rolling education programme which includes an Enablement theme, underpinned by the support of a practice development nurse and integration of the therapy teams. This has provided some improvement which will continue, and emphasizes the importance of engaging the patient in their care plan and therapy process. The ward skill mix of staff is currently being reviewed and we are considering recruiting a higher proportion of therapists. This may also support integration of therapy and nursing care and heighten awareness of Enablement. The ward consultant and ward managers are implementing, in March, a ward round for relatives to discuss any medical or discharge issues with a view to improving communication to patients and their families. The Trust have also recently invested in the provision of some new clothing which is available for patients on the unit to ensure that if appropriate, all patients are provided with the option to dress, and certainly when they are discharged out of hospital if they have no access to clean clothing of their own. This project has been supported by the hospital charity, and if successful will be implemented on a long term basis. The team are passionate about improving outcomes for our patients and development of our unit, we are considering visiting other areas with a</p>



	similar vision to provide us with ideas for further change and transformation projects.
<p>Any other comments:</p>	

Disclaimer: This report relates only to a specific visit (at a point in time) and is not representative of all service users and staff only those who visited on the day.

6 Appendices

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 include¹:

- 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;

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



- 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 providers² so matters relating to health and social care services can be observed. These 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

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

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



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.^{4 5} 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.

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)

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

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



- 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 patients' experiences of being on Elgar Enablement Unit.

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 patients who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall enablement service provided for patients, including any structured activities using a template as an 'aide-memoire'.
- To engage patients in conversation about their daily lives on the ward using the template and prompt questions.
- If possible to engage patients' families and friends in conversation to elicit their views about the service their relative receives.
- 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 North Bristol NHS Trust, as the provider, the Ward Matron, staff and patients ; and appropriate organisations and agencies such as South Gloucestershire Council, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group, 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 /their relatives
 - what questions were important to ask patients /their relatives
 - how to record the conversations with patients /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 has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home;
- patients' environment;
- staffing issues;
- activities for patients;
- person centred care;
- conversations with patients;
- conversations with patients' relatives;
- conversations with members of staff;
- nutrition and hydration;
- patient' choice;
- any other comments or observations.

A.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a patient, included open questions such as:

- Tell us a little bit about what has been happening with you over the past few weeks?
- Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?
- Do you feel that people caring for you listen to you and understand you as an individual?



- Do the people caring for you always tell you what is going to happen next?
- How do you feel about the care you have received here at Southmead hospital?
- What would you change if you could?
- What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?
- If you had to give your current care a mark out of 10, how would you score it?
- Is there anything else you would like to tell Healthwatch about your experience here?
- May we arrange to follow up with you when you get home to see how you are getting on?

A.4 The hospital / ward is informed in advance by telephone and email of the E and V visits, and dates and times are agreed.

A.5 Each visit takes the form of a series of informal conversations with patients and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients. The views of some of the members of staff, including nurses and ancillary staff, are also sought.

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.

