

healthwatch Worcestershire

ENTER AND VIEW

POLICY AND PROCESS

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PURPOSE OF THIS DOCUMENT

The purpose of this document is to set out a clear guide as to how Healthwatch Worcestershire (HWW) will conduct Enter and View (E&V) activity for Healthwatch Worcestershire Directors, staff, volunteers and external stakeholders.

It is in two parts:

PART ONE - details the policy and principles that underpin HWW approach to Enter and View

PART TWO - details the process that HWW will follow in order to plan, carry out and report on Enter and View Activity. The process may be amended from time to time in the light of operational experience

REQUIREMENT

This Policy and Process must be read and understood by all HWW Board Members, Officers and Volunteers before engaging in Enter and View activities

This is in recognition of the potential business risk of poorly planned and/or reported Enter and View.

It is the responsibility of the Managing Director (MD) to ensure compliance with this policy.

IMPORTANT CONTEXT TO THIS POLICY AND PROCESS

Healthwatch Worcestershire (HWW) has the legal power to Enter and View (E&V) publicly funded health and social care premises/services. There are a small number of important exceptions (see 1.b below).

An Enter & View visit is where a team of trained individuals, known as Enter & View Authorised Representatives, visit a service; make observations; collect views and produce a report.

Enter and View is a core activity of Healthwatch and one of the ways in which HWW, as an independent organisation championing the views of health and social care service users, patients or carers, can gather intelligence about the quality of health and social care.

It is a significant operational challenge, for example there are over 200 registered care / nursing homes in Worcestershire along with a very wide range of health facilities. HWW is a small organisation, therefore it is important to ensure that E&V activity is intelligence and evidence led and targeted.

It is important to distinguish the role of HWW in conducting Enter and View from the formal inspection and regulation programme of commissioners, the Care Quality Commission (CQC) and other agencies.

The perspective which HWW aims to bring is the lay perspective, particularly the view of the person using the service and their carers.

HWW has no formal powers of enforcement and cannot compel providers or commissioners to act on our recommendations. We do however have a legal right to receive responses to HWW reports of Enter and View visits. We are required to publish details when this requirement is not met.

This policy follows the updated guidance¹ produced by Healthwatch England in April 2019 in respect of Enter and View.

Enter and View is governed by Regulations [Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

¹ A guide to Enter and View, April 2019, Healthwatch England

PART ONE - POLICY AND PRINCIPLES THAT UNDERPIN HWW APPROACH TO ENTER AND VIEW

1. WHAT IS ENTER & VIEW?

Healthwatch has a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch Worcestershire (HWW) to meet some of our statutory functions and allows us to identify what is working well with services and where they could be improved.

The purpose of an *Enter and View* visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide.

Enter and View visits give Healthwatch an opportunity to:

- i. Observe how people experience the service through watching and listening
- ii. Speak to people using the service, their carers and relatives to find out more about their experiences and views
- iii. Observe the nature and quality of services
- iv. Report to providers, regulators, the local authority, NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners what was found during the visit

Enter and View is NOT an inspection activity, it offers a lay perspective and gives service users a voice.

a) WHERE DOES ENTER & VIEW APPLY?

By law a service provider must allow HWW authorised representatives to Enter & View².

² 2008 No. 915 "National Health Service, England"

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- 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 who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

b) EXCLUSIONS - WHERE 'ENTER AND VIEW' DOES NOT APPLY

The duty to allow entry does not apply in the following circumstances:

- i. If the visit compromises either the effective provision of a service or the privacy or dignity of any person
- ii. If the premises where the care is being provided is a person's own home (this does not mean that an authorised representative cannot enter when invited by residents - it just means that there is no duty to allow them to enter)
- iii. Where the premises or parts of premises are used solely as accommodation for employees
- iv. Where the premises are non-communal parts of care homes
- v. Where health and social care services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example when facilities and premises are closed)
- vi. If, in the opinion of the provider of the service being visited, the authorised representative, in seeking to 'Enter and View' its premises, is not acting reasonably and proportionately (see Note below)
- vii. If the authorised representative does not provide evidence that he or she is authorised.
- viii. The duty does not apply to the observing of any activities which relate to the provision of social care services for children under the age of 18.

NOTE What does "acting reasonably and proportionately" mean?

‘There is not a legal definition of “reasonably and proportionately” and so you consider this as part of your planning:

- The number of volunteers should be enough to undertake the visit without appearing excessive. For example, you would need more people to visit an area of a hospital with several wards compared to visiting a small care home.
- If people have decided not to participate, it would be inappropriate to keep asking them. They may also decide that they want to withdraw their permission and you should respect this.
- Schedule the visit to try and minimise disruption and to make sure that Authorised Representatives don’t get in the way of any work being taken on the premises.
- If the premises has an unexpected incident, an Enter and View visit may be an unhelpful distraction and obstruct work. Although it may cause difficulties for your team, you should consider rescheduling the visit.
- It is important that your Enter and View team behaves respectfully to patients and / or residents and to staff. This includes not being over-familiar or causing disruption.
- Members of the Enter and View team should put aside their personal opinions when talking to staff, residents or patients and avoid being seen as confrontational or judgemental.’

2. **AUTHORISED HEALTHWATCH WORCESTERSHIRE REPRESENTATIVES**

Only authorised HWW representatives can conduct Enter and View activity.

HWW must publish a procedure for making decisions about who may be an Authorised Representative. This is set out below:

To become an authorised HWW representative, the following criteria will have been met:

- i. Recruited as a HWW Director, member of staff or Healthwatch Volunteer (application form, formal/informal interview, two references)
- ii. Volunteer Induction Training completed (this will include elements on Safeguarding, Equality and Diversity and Confidentiality including Data Protection)
- iii. Satisfactory Disclosure and Barring check

- iv. Successfully completed HWW Enter and View training - including an assessment of suitability against the Enter and View Volunteer Activity Profile (see Appendix 1)
- v. Signed the HWW Volunteer Code of Conduct set out in the Volunteer Handbook

In addition, all HWW Authorised Representatives will be expected to comply with the “Essential Conduct for Enter & View Teams” set out in point 7 below.

It is the responsibility of HWW Authorised Representatives to report any information or activity that could create, or could be seen to create, a conflict of interest with HWW Enter and View activity.

This will enable this information to be taken into account when selecting which Representatives will comprise specific E&V teams.

HWW authorised representatives will be provided with a photo identity badge to confirm they meet the above criteria. HWW will make publicly available through its website an up to date list of all of its Authorised Representatives.

3. HEALTHWATCH WORCESTERSHIRE PRINCIPLES FOR THE USE OF ENTER AND VIEW

Enter and View is neither a first choice option nor a last resort; it is simply one of a range of tools available to HWW for gathering information and monitoring the quality of services, to be used when appropriate to support an agreed purpose in order to focus scarce resources to maximum effect.

Enter and View Activity may be used to:

- Support the business priorities of Healthwatch Worcestershire
- Look at a single issue across a number of premises
- Respond to local intelligence at a single premises
- Gather service users’ experiences
- Raise awareness of Healthwatch Worcestershire

Influential Enter and View depends upon effective relationships with providers (e.g. through provider forums and networks), commissioners (including the Local Authority and Clinical Commissioning Groups (CCGs)), with regulators (especially CQC), with local politicians (typically via the Health & Wellbeing Board and Overview and Scrutiny Committees) and with Healthwatch England.

Effort needs to be applied to developing and maintaining these vital relationships. Enter and View can only have limited impact on its own, chiefly where recommendations are low cost. However, the outputs from Enter and View have the ability to bring about sizeable changes, particularly when they supply evidence into work streams being progressed through collaboration with the wider community of health and social care organisations.

4. ANNOUNCED ENTER AND VIEW VISITS

An announced Enter and View visit is one where the provider is notified in advance that the Enter and View visit will take place.

The majority of HWW Enter and View visits will be announced.

For some E&V visits (depending on the purpose of the visit) the time frame for the visit will be announced (e.g. over the next 14 days), but not the actual date and time.

HWW will draw up a programme of planned Enter and View visits. The programme will set out:

- Whether the visit is a stand-alone visit or whether it forms part of a series of visits in a planned programme;
- The purpose of the visit;
- Any relevant parameters for the visits
- The time frame during which the visits will be carried out

The programme will be agreed by the HWW Board to ensure accountability.

Organisation of the visits will follow the process set out in Part 2.

5. UNANNOUNCED ENTER AND VIEW VISITS

An unannounced visit is defined as an Enter & View visit where the provider is either unaware that a visit will take place in advance of the authorised representative's arrival, or receives a maximum of 2 hours' notice of the intention to conduct an Enter and View visit.

Unannounced visits should not take place if any other approach could produce the information HWW is seeking.

Unannounced visits should be in response to a concern highlighted by the community, where an announced visit may prejudice the outcome such as reports of dirty premises, statistics showing high infection rates or to review specific aspects of service delivery.

The duty of entry does not allow for unannounced visits which are not reasonable and proportionate. The rationale for undertaking such a visit must be documented by HWW, along with the reason for not addressing the situation in another way.

Unannounced visits will have a clear purpose and be planned as far as possible following the process set out in Part 2.

Authority to approve unannounced visits is delegated by the Healthwatch Worcestershire Board to the Managing Director (MD), in consultation with the appropriate lead Director(s).

6. PROCESS FOR ENTER AND VIEW VISITS

Healthwatch Worcestershire will follow the process for organising an Enter and View visit as set out in Part 2. The process may be amended from time to time in the light of operational experience.

7. ESSENTIAL CONDUCT FOR E&V TEAMS DURING ENTER AND VIEW VISITS

Members of HWW Enter and View Teams will:

- i. Act and conduct themselves in a reasonable and responsible way
- ii. Treat people fairly and courteously, and with dignity, sensitivity and respect
- iii. Recognise that the needs of people using and receiving health and social care services take priority over the visit
- iv. Be as unobtrusive as possible, taking care not to disrupt service routines, ensuring that the effective delivery of health and social care services is not interrupted
- v. Inform people, especially staff, of what is being done at each stage of the visit
- vi. Abide by any instruction given regarding privacy and dignity, health and safety and hygiene, and co-operate with reasonable requests from staff, service users and carers
- vii. Maintain confidentiality of verbal and written information, including the identification of individuals, access to records, adherence to protocols concerning disclosure by patients, service users and carers, and whistle blowing by staff, and care of notes concerning findings to be included in the report.
- viii. Be aware of their obligations of disclosure in respect of safeguarding concerns
- ix. Not make unreasonable requests or demands
- x. Be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the visiting team
- xi. Dress appropriately for the setting, including consideration for infection control, being guided where appropriate by the provider
- xii. Not be alone in private with a patient or service user, but remain in communal areas and work in pairs if asked to speak in confidence.
- xiii. Only enter non-communal areas (such as bedrooms or staff quarters) if directly invited to do so, and then only in pairs
- xiv. Avoid commenting on personal equipment or belongings

- xv. Never give opinion or advice on specific care or treatment regimes to patients or service users, their relatives or carers. Any such queries must be referred to the staff in charge.
- xvi. Work co-operatively to maintain confidence in services, e.g. avoid criticism in front of service users.
- xvii.

8. JOINT WORKING WITH OTHER LOCAL HEALTHWATCH

Where the service provision is shared with another area, HWW will contact that Local Healthwatch to discuss potential for Enter & View visits. The presumption will be that these are led by the Healthwatch where the provision is located.

On rare occasions it may be deemed appropriate for another Local Healthwatch to carry out Enter & View visits in Worcestershire due to exceptional circumstances. For example, where HWW or its Volunteers could be seen to have a conflict of interest, or where HWW is potentially too involved in the circumstances to be considered to be impartial.

Where it is appropriate HWW will share information with other Local Healthwatch in accordance with its information sharing protocols.

9. CONCLUSION

Enter and View is an important part of HWW's ability to champion the users of publicly funded Health and Social Care services in Worcestershire. It enables HWW to obtain a first-hand impression of the way in which Health and Social Care is being delivered; identify what is being done well; suggest what could be done better and to make recommendations to the relevant bodies.

Part 2 sets out the process by which the activity will be conducted. This process may be amended from time to time as relevant to the objectives of the Enter and View visit and in the light of operational experience.

PART 2 - ENTER & VIEW PROCESS - CHECKLIST

This section uses a checklist approach to describe how the Enter and View process will be managed and organised.

Broadly, the checklist is broken down into 3 areas:

- Before the Visit
- During the Visit
- After the Visit

The column titled WHO states whether this is an internal staff process (I); the responsibility of the Enter and View lead (LEAD) or of the Enter and View team (E&V). In some cases the responsibility will be shared.

10. BEFORE THE VISIT

ACTIVITY	WHO	DONE
CLARIFY THE PURPOSE		
UNANNOUNCED VISITS		
Has a requirement for a single Enter and View activity been identified, outside of the HWW work programme?	I	
Clarify and record: <ul style="list-style-type: none"> • The driver of the Enter and View decision; • The premises and provider to be visited 	I	
Gain authorisation from the MD, who will consult with the appropriate Lead Director(s)	I	
ANNOUNCED VISITS		
Has a programme of Healthwatch Worcestershire work identified a requirement for Enter and View activity?	I	
Clarify and record: <ul style="list-style-type: none"> • The specific purpose of the E&V programme of visits; 	I	

ACTIVITY	WHO	DONE
<ul style="list-style-type: none"> • Why Enter and View has been selected; • The desired outcome of the visits (could be expressed as an hypothesis) 		
Gain authorisation from the Board for the programme / visit as set out in the policy programme template	I	
COMPOSITION OF ENTER AND VIEW TEAM		
<p>Identify a minimum of two team members, a HWW member of staff / Director will usually be the lead. Where possible a reserve team member will be identified in case of illness.</p> <p>Numbers should be proportionate to size of premises and purpose, and avoid any potential conflict of interest for team members.</p>	I	
<p>Where the visit forms part of a planned programme decide, with the Managing Director, whether visits should be undertaken by the same or different Authorised Representatives.</p> <p>This decision will take into account: the availability of Authorised Representatives; the composition of any previous visit teams to the service providers/locations involved; the purpose of the series of visits</p>	I	
<p>Agree, with the Managing Director, whether the visits purpose would be better met by including an Authorised Representative from a neighbouring local Healthwatch</p>	I	
<p>Decide, with the Managing Director, whether involving a provider and/or any other local group would be beneficial to achieving the programme purpose</p>	I & E&V	

ACTIVITY	WHO	DONE
INFORMATION GATHERING		
Investigate existing Toolkits / frameworks that will contribute to meeting the visit purpose. Examples include: <ul style="list-style-type: none"> • Dignity in Care - Dignity Challenge • Dementia Standards • Social Care Institute For Excellence guides • NICE guidance 	I & E&V	
Communicate specific purpose to the Care Quality Commission (CQC), Local Authority (LA), Clinical Commissioning Groups (CCG) and discuss as appropriate	I	
DECIDE WHICH PREMISE/PROVIDER TO VISIT		
Premises will be selected using either: <ul style="list-style-type: none"> • Local intelligence about quality of care and/or • Criteria linked to programme purpose (e.g. sample of 8 adult residential care homes, a mix of urban and rural, small and large, where there is likelihood of being able to interview at least 6 residents with mental capacity) 	I	
Check with CQC, CCGS and LA any planned inspection activity so that proximity to other visits is avoided and any other work that may be negatively impacted by an Enter and View visit e.g. safeguarding alert	I	
RESEARCH AND INTELLIGENCE		
Summarise relevant information (e.g. CQC reports, anonymised summary of complaints and issues received at HWW, any other recent visit reports e.g. Clinical Commissioning Group (CCG) visit; Patient	I & E&V	

ACTIVITY	WHO	DONE
Led Assessments of the Care Environment (PLACE visit reports)		
Identify and use wherever possible existing tools that will help the E&V team identify what “good practice” looks like, from a service users / patients / carers perspective, linked to the visit purpose	I & E&V	
PLANNING MEETING OF E&V TEAM TO DECIDE ON THE FOLLOWING:-		
Planning meetings for E&V can be actual or virtual depending on the objective of the E&V.		
Agree a date, time and duration for the visit(s). Timing to reflect visit purpose (e.g. during mealtimes or activities)	E&V	
Agree whether any additional (specialist) training and/or familiarisation would be useful before the visit.	E&V	
If so seek agreement of MD and source this support	I	
Agree a dress code for the visit, bearing in mind infection control, seeking guidance from the provider if appropriate	E&V	
With the visit purpose in mind, agree the types of activities and service areas to be visited	E&V	
Agree on the desired numbers of service users, carers and staff who it is planned to interact with and/or observe during the visit	E&V	
With the visit purpose in mind agree any user forums that it would be desirable to meet during the visit	E&V	
Agree which method/s (e.g. paper surveys or one to one discussions) best meets the visit purpose - applied to who and when (e.g. short paper survey aimed at carers/visitors/staff to be sent before visit to capture views from a wider audience, satisfaction survey following visit). SAE required for surveys outside of visit hours	E&V	
Discuss the questions that will be asked of service users, carers and/or staff as applicable so these can	E&V	

ACTIVITY	WHO	DONE
be drafted later. Use toolkit frameworks wherever possible		
Define the observations to be made during the visit. Use toolkit frameworks wherever possible	E&V	
Agree how discussion responses and observation outcomes will be recorded, in order to prepare discussion and observation capture forms template	E&V	
Agree how any complaints made during the visit will be handled	E&V	
Agree whether the visit purpose will be best achieved by provider staff and/or service users accompanying the Authorised Representative.	E&V	
Identify any requirements for special support necessary to facilitate the visit (e.g. interpreters, signers, easy read info, meeting rooms, building access etc.)	E&V	
Agree an approach for collating and writing up notes, and for producing draft findings from the visit	E&V	
Check the location of the service and directions on how to get there	E&V	
Arrange when and where to meet, and how to travel to the site	E&V	
If necessary identify a suitable place for a “de-brief” immediately following the visit	E&V	
Allocate follow up tasks to each authorised representative based on their skills and experience	E&V	
Communicate outcomes of planning meeting to MD for sign off (standard template)	E&V	
PLAN AND SCHEDULE THE VISIT		
Phone the provider with regard to the intention to make a visit, describing the purpose, proposed date and structure of the visit. Make any requests to meet with user forums / staff / for any special assistance (e.g. meeting room) and establish who will meet the representatives on the day	LEAD	

ACTIVITY	WHO	DONE
<p>Notify the provider via standard letter or email template of the intended visit, providing details including purpose, date, time, estimated duration how many people will be carrying out the visit and the name of the lead person.</p> <p>Explain that identification that will be carried and establish who will meet the representatives on the day. Where appropriate supply the names of the Authorised Representatives who will be visiting.</p>	I	
<p>Follow up with a meeting with the provider if necessary</p>	LEAD	
COMMUNICATE THE VISIT		
<p>Dispatch Healthwatch Worcestershire leaflets and surveys to the provider for distribution in advance, as appropriate</p>	I	
<p>Prepare visit posters using standard template where appropriate, including the purpose of the visit, date and time, invitation to patients, residents and carers to participate and dispatch these to the provider for displaying on notice boards prior to the visit</p>	I	
ORGANISE THE VISIT		
<p>Design the questions to be asked during the visit</p>	I	
<p>Define the observations to be made during the visit</p>	I	
<p>Prepare discussion and observation capture forms using the standard template</p>	I	
<p>Collate materials required for the visit (e.g. a copy of this policy and process, a copy of HWW Data Protection Policy/Information Sheet, agreement for visit made with provider, ID badges, observation recording sheets, interview recording sheets, surplus survey forms, HWW leaflets etc.)</p>	I	

11. DURING THE VISIT

ACTIVITY	WHO	DONE
CONDUCT THE VISIT (SIMPLE SUMMARY SHEET TO BE PREPARED TO TAKE ON VISIT)		
The lead must ensure that representatives do not have coughs and colds etc. if this is the case the team member should be substituted for the reserve or the visit cancelled if necessary	LEAD	
The lead presents themselves to the providers named contact for the visit (or a senior member of staff if no contact has been named), shows their identification badge and the visit agreement documents	LEAD	
The lead briefs the providers named contact on the structure of the visit and who will be involved (in line with prior agreements)	LEAD	
All representatives must wear their identification badges throughout the visit	E&V	
If instructed to do so by the provider authorised representatives should leave the premises calmly and without protest. (Providers have the legal right to end the visit if they deem that the Authorised Representative is acting in a way: that compromises efficiency of service provision; compromises the dignity and privacy of anyone; is not reasonable or proportionate or if evidence of authorisation is not provided)	E&V	
Lead to discuss with MD, and follow up as required	LEAD	
Authorised representatives will conduct themselves during the visit as set out in the policy above and in the Code of Conduct. If the lead deems that the Code of Conduct is being breached then the visit may be terminated and follow up action instigated	LEAD & E&V	
If at any time an Authorised Representative observes anything that they feel uncomfortable about, for example if they witness, hear or are told of something they believe to be a safeguarding issue, they need to inform the lead who will inform the service manager of the concern, and if appropriate end the visit	LEAD & E&V	

ACTIVITY	WHO	DONE
Inform the Healthwatch Worcestershire office as soon as possible that the above has occurred, and discuss any issues or concerns. The MD will then decide on any further action following HWW agreed procedures.	LEAD	
<p>If not already done so through the provider gain consent from people using the service before talking to them. Make clear:</p> <ul style="list-style-type: none"> • Who you are and what you are doing on behalf of Healthwatch • What you would like to talk about, make sure you offer the option not to participate if they wish • What will happen with any information they share with Healthwatch, how it will be used and stored, including how any notes taken will comply with HWW data protection policy. • How to get in contact with Healthwatch after the visit 		
Talk to service users based on the questions prepared prior to the visit, linked to the visits purpose	E&V	
Talk to relatives and carers based on the questions prepared prior to the visit, linked to the visits purpose	E&V	
Speak to and ask questions of members of staff where necessary	E&V	
Make observations based on the observations sheets prepared prior to the visit, linked to the visits purpose	E&V	
Note positive practice	E&V	
Note any issues or general concern	E&V	
Meet with the users forum if part of the agreed schedule	E&V	
<p>Thank the senior member of staff, tell them the visit is over, and outline next steps.</p> <p>Only provide feedback if immediate action is required, and the matter cannot wait for this to be put in writing.</p>	LEAD	
Where appropriate immediately following the visit, meet as a team to de-brief and agree broad findings and next steps being mindful of the visits purpose	E&V	

12. AFTER THE VISIT

ACTIVITY	WHO	DONE
REPORT ON THE VISIT		
Thank the provider via email or letter using the standard template reiterating the process going forward and the opportunity to review the draft report.	I	
Meet as a visiting team where appropriate to discuss information collected and to consider recommendations, pulling together evidence based findings, mindful of the visits purpose	E&V	
The lead to request further information from the provider, if necessary, to support accurate purpose-linked reporting	LEAD	
Seek guidance where appropriate from other organisations before writing the report, if to do so would increase the prospects for achieving service improvements or alleviate concerns	LEAD or I	
Write the draft visit report from a laypersons perspective, in a way that is simple to understand and without jargon. Ensure that it is factual and not biased towards a particular interest. Use the E&V report template	LEAD	
Check the draft visit report does not identify any individuals, and that no individuals identity could be inferred through collective information	I	
Check that any drafted recommendations are clear, proportionate, offer achievable service improvements and reflect the views of the people met during the visit as appropriate	I, E&V AND LEAD	
Check that any complaints made during the visit have been handled as agreed	LEAD	
Gather informal comment on draft report as appropriate	I	
Inform the Managing Director of any potential problems or conflict which may arise from the findings. MD to exercise due diligence in respect of report content.	LEAD	

ACTIVITY	WHO	DONE
Send a copy of the draft report to the provider requesting comments on factual accuracy and responses to any recommendations using letter template	I	
<p>How quickly the service needs to respond to the report or recommendations varies depending on whether it is a single provider or multiple providers.</p> <ul style="list-style-type: none"> • Single provider - the provider must respond within 20 days of the date of receipt of the report or recommendations. This can be extended to 30 days with the agreement of the Healthwatch • Multiple independent providers - the providers must respond within 30 days. This includes cases where Healthwatch sends a report to one provider but that provider considers that other providers should be involved. <p>In both cases, Healthwatch can agree a longer timescale with the provider(s) if necessary - but in all cases providers must:</p> <ul style="list-style-type: none"> • Acknowledge receipt of the request to respond to the Healthwatch • Provide a response to the Healthwatch, outlining any action it intends to take, or why they will not be taking any action in relation to the report and its recommendations • Provide the relevant body (the commissioner) with copies of the report or recommendation and accompanying explanation. 		
Follow up with the provider if no acknowledgment is received within 5 days	I	
If no response is received by the deadline for a reply write again to the provider, allowing additional time to respond if appropriate, and explain that after this the matter will be escalated. If the provider is part of a larger organisation (e.g. a care home that is part of a Group) copy the reminder to the Head Office		
<p>If a response is not received HWW should then notify:</p> <ul style="list-style-type: none"> • The commissioners of the service • The appropriate regulator(s) 		

ACTIVITY	WHO	DONE
Copy the notification to the provider (and head office if appropriate) so they are aware of the situation and to Healthwatch England		
When the providers response is received amend the report with any factual inaccuracies	LEAD	
Review any comments received on the recommendations as appropriate	LEAD	
Report to be signed off by HWW Board before being issued as a final version	LEAD AND MD	
Share the final version of the report with the provider within 21 days of receiving comments using standard letter template	I	
Share the final version of the report with relevant service users, carers and families as appropriate using standard letter template	I	
Share the final version of the report with CQC,LA,CCGS, HWE as appropriate using standard letter template	I	

13. CLOSE THE VISIT

ACTIVITY	WHO	DONE
CLOSE VISIT ACTIVITY		
Log visit activity, including any concerns raised and recommendations made	I	
Record findings and recommendations against any overarching programme of work	I	
Follow through implementation of actions agreed with provider in response to recommendations, as appropriate	I	
Follow through outcomes of further investigations by CQC, local authority or CCG with regard to concerns shared as appropriate	I	

14. TEMPLATES & CHECKLISTS

TEMPLATE 1 - PROGRAMME OF ENTER AND VIEW VISITS TO BE REPORTED TO THE BOARD

TEMPLATE 2 - E&V PREMISES SUMMARY SHEET

TEMPLATE 3 - LETTER TO PROVIDER NOTIFYING E&V VISIT

TEMPLATE 4 - E&V VISIT POSTERS - TO BE DISPLAYED IN PREMISES

TEMPLATE 5 - DISCUSSION AND OBSERVATION CAPTURE FORMS

TEMPLATE 6 - THANK YOU LETTER TO PROVIDER POST VISIT AND NEXT STEPS

TEMPLATE 7 - E&V REPORT TEMPLATE

TEMPLATE 8 - DRAFT REPORT LETTER TO PROVIDER (Updated)

TEMPLATE 9 - FINAL REPORT LETTER TO PROVIDER

TEMPLATE 10 - FINAL REPORT LETTER TO SERVICE USERS, PATIENTS & CARERS

TEMPLATE 11 - FINAL REPORT LETTER TO COMMISSIONERS

TEMPLATE 12 - ENTER AND VIEW REPORT AVAILABLE POSTERS

CHECKLIST 1 - CALLING A PROVIDER TO ORGANISE AN ENTER & VIEW VISIT

CHECKLIST 2 - PLANNING MEETING CHECKLIST

CHECKLIST 3 - REMINDERS SHEET FOR VOLUNTEERS

15. APPENDIX ONE - VOLUNTEER ACTIVITY PROFILE

This Activity Profile is intended to provide an outline of the main tasks which would be carried out by a Healthwatch Volunteer and the essential personal qualities and skills. This detail does not imply a 'Job' as such and does not entitle the Volunteer to any form of employment contract or employment rights.

ACTIVITY	ENTER AND VIEW
LOCATION	Throughout Worcestershire
ELIGIBILITY	Volunteers must be using or be entitled to use publicly funded health and/or social care services in Worcestershire
SPECIAL CONDITIONS	This role will involve frequent travel in the Worcestershire area; it will be helpful if the Volunteer has a driving licence and access to a vehicle, or is able to use public transport
TIMES OF WORK	In agreement with Healthwatch Worcestershire
SECURITY LEVEL	As this role involves contact with individuals who may be vulnerable, DBS (Data Barring Service) checks will be required

The Activities

Enter and View is one of the tools available to Healthwatch to find out people's experiences of publicly funded health and social care. Enter and View is not an inspection; it involves authorised representatives entering settings where health and social care services are conducted and talking to patients, their families, carers and staff in order to find out their views and experiences and to observe how well services are being delivered and needs are being met.

Enter and View Volunteers will be trained in how to carry out this work.

Personal qualities and skills

- A keen interest in improving publicly funded health and/or social care services
- Observant, objective and open minded
- Excellent communication and interpersonal skills: engaging, listening with empathy, drawing out relevant information, making others feel at ease
- Ability to conduct structured interviews, converting own notes into factual and impartial reports, based on evidence of what is observed and reported
- Ability to gain trust and maintain total confidentiality

- Sensitive, non-judgemental and inclusive, treating all people with consideration, dignity and respect, regardless of their circumstances
- Ability to work alone following guidance, but to accept supervision and constructive support
- The ability to write clear and succinct reports
- Good time management skills

Desirable

(the following attributes may be helpful, but should not be seen as a barrier to those keen to be a Volunteer)

- Ability to engage with diverse local communities
- A good understanding of the health and/or social care system
- Experience of community engagement

Document Details & Version Control

Version	Comments /Reason for Amendments	Lead Director	Author / Editor	Date	Review by
0.1	Draft	JT	MR	25/11/2020	
1	Approved	JT	MR	30/11/2020	30/11/2023
1	Reviewed	JT	MR	18/01/2024	17/01/2027
2	Version control panel added	JT	PH	06/03/2024	17/01/2027