

Healthwatch Surrey Enter and View policy

Title	Version	Date	Changes	Authorised
Enter & View Policy	1	20.01.16		Jan 2016 Board
ditto	2	10.10.17	Updated to reflect changes to Escalations Panel	Oct 2017 Board
ditto	3	14.01.21	- Updated changes to Escalations panel - Updated definition of Enter & View - Added details to how we conduct an Enter & View visit - Updated details of new contract with SCC	Jan 2021 Board
Ditto	4	11.01.22	- Updated 'When we will use Enter & View' - Updated to include Intelligence Officer's role in briefing volunteers - Updated to include volunteer involvement in Conc reviews - Updated 'How we will conduct Enter & View' to include legal requirement that people visiting care homes in a professional capacity will need to be fully vaccinated from November 2021, and other NHS services from April 2022.	Jan 2022 Board
Ditto	5		Updated organisation name	FPC & Board 2023
Ditto	6		- Removed vaccination status - Changed escalations panel to Local Healthwatch Advisory Group	FPC & Board 2024
Ditto	7	23.06.25	- Updated as LHWAG no longer oversee all escalations - Updated CQC involvement - Updated wording on reason 3 for E&V at request of provider. Changed wording around Covid-19 to more general IPC.	FPC & Board 2025
Ditto	8	30.06.2026	Updated Date	FPC & Board 2026

Revision due: July 2027

Luminus Insight CIC trading as "Luminus" and "Healthwatch Surrey".

This policy relates to work undertaken by Luminus Insight CIC in regards of their Healthwatch Surrey contract. This policy only relates to Luminus CIC's work as 'Healthwatch Surrey'. The organisation is referred to as Healthwatch Surrey/ HWSy throughout to define this as relevant to work on this contract only.

What is Enter & View?

Healthwatch have a legal power to visit health and social care providers where services are publicly funded and delivered to see them in action. This power to Enter & View services offers a way for Healthwatch Surrey to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved. Although Enter & View sometimes gets referred to as an 'inspection', it should not be described as such.

Healthwatch statutory functions

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 to carry out Enter & View visits.
- Healthwatch should consider how Enter & View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2012.

The purpose of an Enter & View visit is to collect evidence-based feedback to highlight what's working 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.

Understanding Enter & View is really just about remembering that it is a tool to enable you to do your job. It allows engagement and observation to take place on health & care premises, and often that engagement takes place with people you might simply not come into contact with anywhere else.

Enter & View is one of the ways Healthwatch Surrey can gather information about services. Enter & View is used for a defined purpose as part of a range of activities that we can utilise to look at services in more detail. It is one tool in our toolbox that we can use when we believe it is the most effective way of conducting our research. It remains part of our Community Engagement Strategy to consider Enter & View visits to be able to listen to and amplify the voices of people receiving care and their carers if we wouldn't otherwise meet them on other community engagement.

When we will use Enter & View

Examples of when we will use Enter & View are:

1. **To gather evidence as part of a larger research project being carried out by HWSy.** For example, if we were researching nutrition and hydration in care homes we might decide to do a number of Enter & View visits, selected at random, to give us a snapshot of performance at a point in time. To take another example, we might decide to interview patients in a GP surgery waiting room to ask about their experience of accessing the service. This would also fall under the definition of Enter & View.
2. **Use of Enter & View as a response to reports and information from the public.** We may carry out a targeted Enter & View visit when there is evidence to suggest a visit would be needed to gather more information. This sort of visit would be triggered by feedback from the public and recommended to the CEO and Luminus Insight CIC Board by the Local Healthwatch Advisory Group.

Where we have a cluster of intelligence on providers: Consideration of Enter & View could be triggered by a pattern of concern identified through our analysis of our database and/or soft intelligence. A pattern of concern is when an unusually high number of negative experiences are received about a specific provider. Following a discussion with the Local Healthwatch Advisory Group of what we know, a judgement is made as to whether Enter & View is the most appropriate way to proceed. An Enter & View visit would be carried out when it is determined that this would be the most appropriate tool to explore any themes emerging from those negative experiences.

Wherever possible Healthwatch Surrey will work in collaboration with service providers to investigate and learn from the concerns that local people raise.

This may involve sharing these concerns (anonymously), where possible, in order to support improvements.

Alternatively, it may require Healthwatch Surrey to gather more data in order to effectively and appropriately influence service delivery. This could include promoting the role of Healthwatch Surrey to people using the service or agreeing to visit the service to have conversations with people about their experiences (AKA 'Reactive Engagement').

There will be situations where working in this collaborative manner is not possible or appropriate.

This includes:

- Where timely access is a priority over and above collaboration

- If service providers do not allow access to service to speak to people
- When Healthwatch Surrey believes it is in the public interest to use the power.

What about specific concerns with providers where we do not have a large volume of reports?

All cases are regularly reviewed by a number of experienced members of the team. The most serious cases of concern (Concs) are escalated/shared with the relevant parties. We also work in consultation with the CQC. Cases of potentially serious concern are escalated to CQC, and in partnership and consultation with CQC we then decide the best way to proceed. The CQC have inspection powers that Healthwatch do not have so they may be able to investigate a serious concern more quickly. In consultation with the CQC, HWSy may decide to carry out an Enter & View if they felt this was the best way to gather information. **NB staff on the Helpdesk and in the Luminus office are trained to identify and escalate any cases of immediate concern.**

3. **By invitation from the provider of the service.** This is a potential use of Enter & View however there are concerns involved around the motivation of the service provider, whether we are being asked to “quality assure” their service etc. so we need to be mindful of this.
4. **By invitation from other stakeholders.** Enter & View reports are also useful to other stakeholders as they provide a unique perspective on a service. We have always worked in conjunction with CQC when carrying out Enter & View visits, and in the past, we have received a request from the Joint Strategic Commissioning Convenors to conduct an Enter & View visit. We intend to continue to work collaboratively with stakeholders going forward, therefore this is a valuable use of Enter & View.

How we will conduct Enter & View

After the decision has been made to carry out an Enter & View, a review of how to carry out the visit will need to be approved by the Luminus CEO.

Points to consider will be:

- Who will be the visit lead?
- Will the visit be announced/unannounced?
- How many authorised representatives will be needed?
- Will the visit be in person/virtual/survey?¹
- What is the current Healthwatch England guidance on Enter & View?

¹ Virtual visits/surveys should be considered in light of Infection Prevention Control in high-risk settings.

Recruitment & training

Authorised representatives will need to be fully briefed on the visit in coordination with the Enter and View lead for the project and provided with a debrief and support at the conclusion of the project.

Reporting findings

A summary report is published whenever the Enter & View power is invoked. This will include a summary of the concerns raised prior to the visit, the number of experiences gathered during the visit and whether the findings of the visit corroborated our original concerns. A full report on our findings is published where this is deemed to be in the public interest.

We also keep the CQC informed of any concerns.

What we are committed to delivering to SCC

Healthwatch Surrey uses its 'Enter & View' powers responsibly and effectively to inform its view of the quality and scope of health and adult social care services provided for the residents of Surrey (commissioners and providers are engaged in the process and value it as a way to understand and improve services).

How will it be measured?

- Monitoring information – staff / volunteers trained to carry out 'Enter & View'.
- Evidence of clear and consistent approach to the use of LHW 'Enter & View' power.
- Evidence to show how 'Enter & View' activity is identified (evidence based) and embedded within the LHW work programme.
- Case studies to demonstrate how the service has added value (e.g. showing how 'Enter & View' activity has been used to seek further information and clarification and to make reports and recommendations to support improvements).