

Date: 10<sup>th</sup> October 2017

## Enter & View Policy

Title	Version	Date	Changes	Authorised
Enter & View Policy	1	20 <sup>th</sup> January 2016		Jan 2016 Board
ditto	2	10 <sup>th</sup> October 2017	Updated to reflect changes to Escalations Panel	Oct 2017 Board

The staff team have reviewed Healthwatch Surrey’s Enter and View policy following changes to the Escalations Panel and implementation of reactive engagement events. The Board is asked to agree the following “refresh” to our policy. This does not represent a significant change, rather it clarifies and articulates what we have been developing over the past year. The areas that have been amended are:

- Escalations Panel meeting frequency changed to monthly
- Targeted E&V visits recommended by Escalations panel
- Pattern of concern about Service Provider identified through Thematic Escalation Report
- Healthwatch Surrey to work collaboratively with service providers where possible through reactive engagement events
- Actions related to serious cases of concern to be recommended by Escalations Panel

### 1. What is Enter and View?

Although important, the right to Enter and View is not an activity in its own right. E&V is NOT an inspection. The CQC has formal inspection responsibility. It is important to note that local Healthwatch generally are not *obliged* to carry E&V and practice varies greatly across the country. It is a labour-intensive process that requires careful management and carries significant reputational risk if done badly. On the other hand E&V is a power granted to very few bodies and it is therefore important to use it and report on our use of it. Healthwatch England provide the following guidance:

*Understanding E&V is really just about remembering that it is 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 and View is one of the ways Healthwatch Surrey can gather information about services. E&V 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.

## 2. When we will use Enter and View

Examples of when we will use E&V 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 E&V 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 E&V.
2. Use of E&V as a response to reports and information from the public. We may carry out a targeted E&V 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 Healthwatch Surrey Board by the Escalations Panel.

**Where we have a volume of reports on providers:** Consideration of E&V could be triggered by a pattern of concern identified through our analysis of our database. This currently occurs on a monthly basis in the form of the Thematic Escalation Report which is analysed at the Escalations Panel.. A pattern of concern is when an unusually high number of negative experiences are received about a specific provider. If the sentiment of experience associated with the provider is above the average for what we are hearing about that service type, this will trigger an assessment. This assessment<sup>1</sup> involves the Escalations Panel reviewing themes of negative experiences for that provider and evaluating the type and nature of the concern. Following this assessment a judgement is made as to whether E&V is the most appropriate way to proceed. An E&V 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

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<sup>1</sup> We are currently developing a framework for this assessment to remove the element of subjective judgement as far as possible.

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

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

All cases are reviewed individually by an experienced member of the team on a monthly basis. The most serious cases of concern are then reviewed by the Escalations Panel and appropriate actions considered.. We also work in consultation with the CQC and meet on a quarterly basis<sup>2</sup>. 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 E&V if they felt this was the best way to gather information. **NB staff within CA, on the Helpdesk and in the HW 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 E&V 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 would not anticipate using this power at the moment.

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<sup>2</sup> This is a labour intensive process and might not be feasible if the quantity of our data increased significantly. We are investigating the feasibility of using certain flags when data is put onto the system that would "shortlist" the number of cases for manual review.

### 3. What we are committed to delivering to SCC

In our contract with SCC we committed to:

*“... a programme of random E&V visits across pre-determined sectors on a yearly basis. For example in Yr 1 of the contract we may choose to look at nursing homes, GP surgeries and dentists. Our approach would involve a provider session and information materials as to what E&V is and how it will operate. We will then randomly chose a maximum of 21 bodies across the county and across the specified provider area. This would create a bi-weekly programme of E&V across each year of the contract.”*

In order to fulfil this obligation, within the team we are currently working on a Care Homes project focusing on person-centred care that involves E&V visits as part of the evidence gathering process. Surrey County Council have confirmed that, as with our previous programme of Enter & View visits into care homes, they will be able to provide information/training to help guide the programme of visits. We expect this to be organised for December 2017 and the visits to take place between December 2017-March 2018.