

## Volunteers - Enter and View Policy

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Date of Equality Impact Assessment	22/12/15
Date approved by HWWB Board	07/03/16
Author/Responsible Person	Jo Karasinski
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Last revised	
Next revision due	07/03/17
Staff Training delivered	As per Volunteer training timetable
<p>The policy on the HWWB website is the only policy that is updated. Please note that it is the individual HWWB staff, board member or volunteer to ensure that they are reading the most current version of this policy. This can be done by checking the version number shown above against the version number of the policy filed here:  <a href="http://www.healthwatchwestberks.org.uk">www.healthwatchwestberks.org.uk</a></p> <p><b><u>If required this policy can be supplied in different formats</u></b>  <b>Tel: 01635 886 210 or email: <a href="mailto:contact@healthwatchwestberks.org.uk">contact@healthwatchwestberks.org.uk</a></b></p>	

### Responsibilities

**1 HWWB Board**

Have overall responsibility for volunteers within HWWB

**2 HWWB Chief Officer (CO)**

HWWB Board have delegated to the HWWB CO the responsibility for developing policies and procedures for volunteering at HWWB and to ensure these are implemented effectively.

**3 HWWB Staff and volunteers**

All HWWB staff and volunteers are required to read and implement and support the volunteer policies and procedures.

## Volunteers - Enter and View Policy

- 1. Purpose:** The purpose of this procedure is to set out a clear guide to conducting Healthwatch West Berkshire (HWWB) Enter and View activity. This will ensure that Healthwatch West Berkshire staff, volunteers and external stakeholders are clear on the process.
- 2. Context:** Healthwatch has the legal right to enter and view health and social care premises/services which are funded by the NHS or by local government. There are a small number of important exceptions. These exceptions include homes for children looked after by the local authority and small group homes (e.g. for people with learning disabilities). Enter and View is a core function of Healthwatch and an important way in which HWWB will gather intelligence about the quality of health and social care, including the views of people who are service users, patients or carers. It is important to distinguish the role of HWWB in conducting Enter and View compared to the formal inspection and regulation programme of commissioners, the CQC and other agencies. The perspective which HWWB aims to bring is the view of the person using the service and their carers. It is a lay perspective and it is not intended to be a substitute for formal inspection and regulation. HWWB has no formal powers of enforcement and cannot compel providers or commissioners to act on our recommendations. We have a legal right to receive responses back within 20 working days.
- 3. Authorised Healthwatch West Berkshire Representatives:** Only authorised HWWB representatives can conduct Enter and View activity. To become an authorised HWWB representative, the following criteria will have been met (see also HWWB Relevant volunteer policies):
  - Recruited as a HWWB volunteer or member of staff (application form, interview and 2 satisfactory references)
  - Satisfactory Enhanced/Standard Disclosure and Barring check
  - Participated in HWWB Enter and View training

HWWB authorised representatives will be provided with a photo identity badge which is signed by the CEO of SeAp Advocacy, Marie Casey, to confirm they meet the above criteria. Additional training will also be provided including:

- Safeguarding training - vulnerable adults and children
- Bespoke training tailored to the type of Enter & View.

**4. There are different types of Enter and View which HWWB will conduct:**

- Planned, proactive Enter and View which is linked to the HWWB Work Plan 2015/16
- monitoring the quality of residential and nursing homes in the County, particularly those where concerns have been raised either by commissioners, the Care Quality Commission (CQC) or members of the public
- ongoing monitoring of the local hospitals. Monitoring of Berkshire Health Foundation Trust ( BHFT) Royal Berkshire Hospital (RBH) North Hampshire Hospital ( NHH) John Radcliff, Oxford (JR), Great Western Hospital, Swindon, ( GW) will focus on areas highlighted by recent CQC inspections and by members of the public
- monitoring of GP services. The programme will start with selecting those GP services about which concerns have been raised either by the CQC, members of the public.
- Reactive Enter & View in relation to emerging concerns about services.
- Announced Enter & View - these are planned in advance and the providers informed in advance of the visit.
- Unannounced Enter & View - these will be planned by HWWB, but the provider will be given 2 hours' notice of the intention to conduct an Enter and View. This could be a follow up to an announced Enter and View or it could be in response to received intelligence.

**5. Preparation for Enter and View:** Preparation is essential and the following steps will be taken:

- careful selection of proactive, planned Enter & View based on intelligence about the quality of care
- summary of intelligence (e.g. CQC reports, anonymised summary of complaints and issues received at HWWB, other intelligence) provided to Enter & View visit team
- scheduling the Enter and View so that it does not coincide with an inspection by the CQC, or a visit by the commissioners or other agency monitoring the quality of care

- information packs should be sent to the service which will receive the Enter & View. These should include our general information leaflets about HWWB; letters for tailored for staff, residents/service users/patients, relatives/visitors and advocates to inform them of the date of the visit; the purpose of the visit; arrangements for meeting with authorised HWWB representatives to provide feedback on the quality of care and HWWB's contact details
- matching the HWWB Enter & View team to local services, i.e. primary care, care homes so that knowledge is built up over a period of time and relationships developed with local providers. On occasions, it may not be appropriate for a HWWB Authorised Representative to conduct an Enter & View (e.g. if they/family member use the service or have a family member working in the service) and this will be taken into account
- as a general rule, Enter & View teams will consist of 2 people working together at all times during a visit. It may be that a team of 6 or more will go to a facility at the same time. However, the amount of authorised representatives present during a visit should always be appropriate to the size of facility and without impacting on the facilities normal operations.

**6. Methodology and resources for Enter & View:** Enter and View which involves a physical visit to a resource will combine the following core aspects:

- A short meeting will be held before the Enter & View with authorised HWWB representatives
- Introduction to management upon entering the facility confirming identity of HWWB authorised representatives for the Enter & View visit
- observation of the service by the Enter & View team
- conversations with patients/service users/visitors/staff. These might take the form of a structured interview using a survey
- A post visit meeting with the manager of the service/other key staff to thank them and inform them of informal findings or concerns from the visit.
- Followed by a longer meeting for the team to debrief on initial findings and check any issues for clarification may also take place.

Where possible, HWWB will use Enter and View resources that have been tried and tested for particular services/care environments. HWWB will learn from previous monitoring tools used by the national Healthwatch community.

**After the Enter & View:** In order to ensure that HWWB's Enter & View delivers an impact, the following steps should be taken to ensure effective follow up and action following the Enter & View activity.

- i) The Enter & View team should have an immediate debrief to discuss the following:
  - whether there are any urgent matters of concern which need raising confidentially with the HWWB CO which may require a safeguarding referral (see also HWWB Adult and Children Safeguarding policies) or other forms of escalation
  - the key themes emerging from the Enter & View
  - agreement on who will write the report
- ii) The report should be drafted **within 5 working days**. If assistance is required, then please contact the HWWB staff team. Where surveys have been conducted, the HWWB staff team will analyse the surveys and prepare a report so all surveys should be returned to the HWWB office. Clea Knight should be the first point of contact ([Clea.knight@healthwatchwestberks.org.uk](mailto:Clea.knight@healthwatchwestberks.org.uk)).

Templates will be developed for report writing but the essential information required is:

- Date, time and name of service visited
- Name of manager
- Key findings
- Numbers of patients/service users/carers/visitors/staff spoken to - all anonymised. Reports should not include individual details where the person can be identified from these details.
- Recommendations, where appropriate, for improvement
- Highlighting examples of good/best practice in the quality of care.

- iii) Once the Enter & View team have agreed the report, a copy should be sent to Clea, who will send the report to the provider for comments on factual accuracy.
- iv) The provider should send comments on factual accuracy **within 20 working days maximum** but ideally sooner.
- v) Once comments on factual accuracy have been received, Clea will amend the report and send to the Enter & View team for approval. This will be done **within 5 working days** of comments on factual accuracy being received.
- vi) A final version of the report will be sent to the providers, with a copy to the commissioners, the CQC and Healthwatch England (placed on the HWWB page on the Healthwatch England hub) with a request for a response from the providers (and commissioners if relevant) within **20 working days maximum**, but ideally sooner.
- vii) Once the responses from the providers (and commissioners if relevant) have been received, the report together with a summary of the action to be taken by providers (and commissioners) in response to any recommendations will be **published on the HWWB website** and a copy discussed at the next meeting of the relevant HWWB working/champions group. All the working groups report into the the HWWB Board. If a report from an Enter & View finds evidence of poor care which requires the urgent attention of the HWWB Board, then the report will go straight to those meetings.
- viii) HWWB will regularly share analysis of HWWB Enter & View activity to a number of forums locally and also nationally:
  - Monthly and quarterly information sharing meetings with commissioners and the CQC
  - Patient Experience Groups at BHFT, RBH, GWH, JR, & NHH
  - CQC in advance of inspections of provider services
  - Healthwatch England.
- ix) The HWWB Annual Report, due for publication in April, will report on the impact of the year's Enter & View activity. HWWB will demonstrate how the Enter & View programme has made a positive difference to the quality of care people receive.

7. **Supporting documents:** The following policies and documents should also be read in conjunction with this policy:

- Safeguarding policy - Vulnerable Adults
- Safeguarding policy - Children
- Media Policy

## Equality Impact Assessment

EQUIA screening determines whether the policy has any relevance for equality, i.e. is there any impact on one or more of the protected characteristics as defined by the Equality Act 2010. These are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief (including lack of belief)
- Sex
- Sexual Orientation

<b>1 Name of policy/procedure being assessed:</b>	Enter and View Policy
<b>2. Is this a new or existing policy/procedure?</b>	New
<b>3. What is the function of the policy/procedure?</b>	To clearly set out HWWB policies and procedures for those Healthwatch West Berkshire representatives who carry out enter and view visits to health and social care premises as determined by HWWB
<b>4. What is it trying to achieve and why?</b>	A consistent and equitable approach to enter and view visits
<b>5. Who is intended to benefit and how?</b>	HWWB representatives delivering enter and view visits by setting out training requirements, an agreed methodology for preparation and delivery of the visits, writing of the report, checking and circulation of the report and

<p><b>6. Is there any potential for differential impact (negative or positive) on any of the protected characteristics?</b></p>	<p>subsequent debriefings for the team. Those staff, service users, families and carers in receipt of health or social care services who take part in the visit - well thought out consistent approach helps more effective data collection. All policies can be accessed in various formats. Where indicated e.g. where a representative has needs or requirements arrangements will be made to ensure where possible these are met by both HWWB and the provider for the enter and view visit.</p>
<p><b>7. Is there any possibility of discriminating unlawfully, directly or indirectly, against people from any protected characteristic?</b></p>	<p>As above</p>
<p><b>8. Could there be an effect on relations between certain groups?</b></p>	<p>No</p>
<p><b>9. Does the policy explicitly involve or focus on a particular equalities group i.e. because they have particular needs?</b></p>	<p>No</p>
<p>Signed -  Signature: Jo Karasinski  Name: JO KARASINSKI  Position: Development Officer  Date: 22/12/15</p>	