

The powers of Healthwatch Birmingham to Enter and View Premises

An information pack for Service Providers

1. Background information

- 1.1 Healthwatch is the new independent consumer champion for Health and Social Care in England. We give children, young people and adult's powerful voice - making sure their views and experiences are heard by those who run, plan and regulate health and social care services.
- 1.2 Healthwatch England was introduced by Government in April 2013 as part of the NHS Reform that has two parts: the nationally-focused Healthwatch England and 152 community-focused local Healthwatch e.g. Healthwatch Birmingham. Together we form the Healthwatch network, working closely to ensure consumers' views are represented nationally as well as locally.
- 1.3 There are two specific duties of relevance to providers of health and care services funded by taxpayers. Firstly a requirement to allow designated Healthwatch Birmingham Authorised Representatives to enter and view services that provide state funded care to individuals. Secondly, a requirement to give information about state funded services to Healthwatch when they request it.

2. What will Enter and View mean to Service Providers?

- 2.1 Although there will be times when it is right for a Healthwatch authorised enter and view representative to see how a service is run, this does not mean that just anyone from the Healthwatch will be able to enter a service when they want to. Healthwatch members requesting enter and view must be nominated by the Healthwatch Birmingham organisation to

undertake Enter and View visits. Each authorised representative of Healthwatch Birmingham will be provided with written evidence of their right to visit. All visits will be conducted in a spirit of openness and partnership between the Healthwatch, the provider of the service and the individuals receiving the service. Healthwatch Birmingham must have a clear rationale for the visit with evidence base. Visits will be in line with the Healthwatch Birmingham existing work plan and will be used to highlight good practice as well as areas of concern.

- 2.2 Only authorised representatives may enter and view.** The Healthwatch must be clear which aspects of service delivery at the premises to be visited are excluded from enter and view. Unless undertaking an unannounced visit, a letter or email announcing the enter and view will have been sent to the relevant manager of the facility or service 7 working days before the visit, agreeing the date, time and length of visit and detailing the reasons for the visit; the specific service/premises areas that will be entered; the names of the persons attending; practical arrangements, e.g. if a disabled parking place is required. This letter should be followed up by a courtesy phone call at least 3 days prior to the visit. Any changes to the above must be received by the relevant service manager prior to the visit.
- 2.3 Visits will not be carried out in response to *individual* complaints, issues or concerns** - such issues will first be directed to the relevant complaints procedure of the organisation concerned. Announced visits will be the norm, unannounced visits will only be made by exception. Unannounced visits will not take place if any other approach could produce the information the Healthwatch is seeking. It is anticipated that very few cases for unannounced visits would arise that would not have safeguarding implications.
- 2.4 The duty of entry does not allow for unannounced visits which are not reasonable and proportionate or would compromise the privacy or dignity of patients.**

2.5 Healthwatch Birmingham must have a clear view about the purpose of its visit and be as informed as possible on both the service user groups and the background of the service before the visit (i.e. do the service user have any specific communication requirements and researching the specific types of care provision to sufficiently understand methods deployed in different care environments and with different patient and user groups, such as people with dementia, people with challenging behaviour, people who are close to death, etc.).

3. **What should you do if Healthwatch Enter & View representatives arrive in the organisation?**

3.1 It is very unlikely that Healthwatch Enter and View representatives will visit without prior notice. Managers receiving formal notice of a visit should ensure that the Manager and/or relevant Service Manager (e.g. In-Patient Services Manager), Matron, Clinical Team Leader / Service Lead and site Reception staff etc are all advised. This will allow time for the visit to be planned appropriately and staff and visitors are aware and understand the purpose of the visit.

3.2 At the time of the visit, Reception staff at the site will welcome the visitors and immediately advise the Manager in charge upon their arrival. Where the visit is an unannounced visit, the most senior manager on site will be contacted to make arrangements for a suitable organisation representative to immediately meet the representatives. This manager, or in the case of a planned visit, the Manager, will be responsible for checking the credentials of the visitors and ensure that ID badges are displayed. The Manager will advise the area / service to be visited of the arrival of the Enter and View representatives.

3.3 On arrival at the area to be visited, the Clinical Team Leader / Service Manager will welcome the visitors and agree the purpose, duration and likely outcomes of the visit. The Clinical Team Leader / Service Manager will introduce the visitors to staff working in the area at the time, and answer questions wherever possible, and in accordance with the Healthwatch role (see information below).

3.4 Following the visit, the Clinical Team Leader / Service Manager will advise the Senior Nurse / Site Manager that the visit has ended and provide a verbal debrief. The Senior Nurse / Site Manager will provide a short summary report to the Director of Nursing and relevant managers and await the report from Healthwatch before confirming any actions required.

4. What can you expect from the Healthwatch Enter & Review representative?

Persons authorised to enter and view must:

- a. Treat staff, service users, residents, patients, their carers and families fairly, courteously, with sensitivity and respect.
- b. Arrive (and leave) at the time agreed; if, in extreme circumstances, authorised representatives are running late they must inform the relevant service manager and the Healthwatch Organisation, prior to the agreed meeting time, giving an expected time of arrival and check that the visit is still appropriate (for example, it may be necessary to arrange another time for the visit if family are visiting).
- c. Make their presence known to the person they have arranged to meet, or to the most senior person on duty upon arrival, and produce their written authorisation for that visit.
- d. Only enter and view premises for the purpose of carrying out the activities of the Healthwatch Birmingham.
- e. Consult the relevant persons at the outset to avoid disrupting routines or service delivery. Avoid undertaking visits during mealtimes, medical rounds or at staff change over (unless previously agreed with the service provider or necessary for the purpose of the visit).
- f. Recognise that user, resident or patient needs should always take priority and that the viability of a visit may change at short notice, particularly when visiting vulnerable adults or children.
- g. Value people as individuals, and respect their wishes, e.g. to leave someone alone if asked to do so.
- h. Respect confidentiality at all times.

- i. Abide by any instruction given regarding privacy and dignity, health and safety and hygiene, infection prevention and control and co-operate with requests from staff, service users, their families and carers.
- j. Ensure before and during the visit that it is understood that the Healthwatch cannot deal with individual complaints but that Enter and View representatives can and will signpost any such requests or disclosures to the appropriate body.
- k. Maintain confidentiality of verbal and written information received in the course of the visit, including the identification of individuals, access to records, adherence to protocols concerning disclosure by patients, service users and carers, and whistle blowing by staff.
- l. Be aware of their obligations to disclose concerns in respect of child safety and adult safeguarding.
- m. Not be alone in private with a service user, resident, patient or carer; avoid entering any non-communal areas such as bedrooms or staff quarters except in exceptional circumstances and work in pairs if asked to speak in confidence.
- n. Not give opinion or advice on specific care or treatment regimens to patients or service users, their relatives or carers. Any such queries must be referred to the staff in charge.
- o. Not make rude, discriminatory or defamatory remarks and exhibit no discriminatory behaviour.
- p. Adopt an open questioning technique, questions must not be suggestive or leading and should be without bias.
- q. Work co-operatively with staff to maintain confidence in services, e.g. avoid criticism in front of service users.
- r. Adhere to protocols concerning gifts, gratuities and benefits.
- s. Be as unobtrusive as possible and inform staff on duty about what they are doing if necessary.
- t. Inform the person they have arranged to meet, or to the most senior person on duty of their departure.

- u. Ensure that service provider and commissioner feedback is accurate and timely.
- v. Adhere to the Nolan Principles of public life of selflessness; interest; integrity; objectivity; accountability; openness; honesty; leadership.

5. What to expect following an Enter and View visit

The relevant authorised representatives must:

- a. Make sure that referrals and safeguarding disclosures are made in response to any concerns that they may have.
- b. Ensure that any evidence collected is recorded accurately.
- c. Make sure that the findings from the visit are corroborated by all enter and view representatives however, where there is a difference in opinion, this should be clearly recorded.
- d. Ensure that the conclusions drawn are based on the findings of the visit.
- e. Produce a draft report of their findings in writing within 30 working days. Structure the report in a way that clearly reflects the reasons the visit was undertaken and how the information / evidence gathered met the visit objectives. Patient and staff confidentiality will be respected within this report.
- f. Allow the service provider, commissioner and (where appropriate) patients / service users who wish to, to comment on the draft report.
- g. Service providers must be given at least two weeks to respond to the draft report; where the provider raises issues or concerns about the content of the draft, the Healthwatch should consider carefully what has been said and decide if the draft should be amended.
- h. The service provider must be given the opportunity to have its response to the recommendations / findings published alongside the report (appropriate timescales must be agreed with the service provider).
- i. Send a copy of the final report to the service provider and service users. Reports may also, depending upon the issues identified, be sent to the relevant Overview and Scrutiny Committee via the Health Overview and Scrutiny Committee and to the commissioner of that service. The final

report should be a balanced assessment of the service and may or may not contain recommendations.

- j. Where recommendations are made, the service provider must respond within 20 working days of receipt of the report, both to acknowledge receipt and provide an explanation of any action it intends to take, or give an explanation of why it does not intend to take action. There is no obligation on other recipients to respond.
- k. The Healthwatch should, as an example of good practice, make the final report and an executive summary available public and published on the Healthwatch Birmingham website: www.healthwatchbirmingham.co.uk

6. Exclusions

- 6.1 Authorised enter and view representatives should be allowed access to enter and view the majority of care services delivered by or on behalf of the statutory sector in Birmingham, however, some exclusions to the power to enter and view have been made.
- 6.2 The duty to allow entry does not apply in the following circumstances:
 - a. If the visit compromises the privacy or dignity of service users.
 - b. If the visit would compromise service delivery, e.g. in the event of a major incident or an outbreak of infection where access to an area is limited to afford greater control. .
 - c. If the premises where the care is being provided is a person's own home, for example, a bedroom in a residential home.
 - d. Where the premises are non-communal parts of care homes.
 - e. Where care is being provided in a penal institution or police station.
 - f. 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 (e.g. when facilities or premises are closed).

- g. If the authorised representative does not provide evidence that he or she is authorised in accordance with Regulation 4 of the Healthwatch (Duty of Services Providers to Allow Entry) Regulations 2008, e.g. if they have lost their proof of authorisation for the visit.
- h. Where health care is being provided on SBCH premises to volunteers participating in clinical research on a commercial basis. Where the research is commercially funded it will be subject to signed formal confidentiality agreements to protect the commercial organisation to protect intellectual property.

It should be noted that it may be necessary to cancel a visit at short notice, when circumstances change, particularly when visiting vulnerable adults and children. It may therefore be necessary to rearrange visits for another time. **The duty to allow entry does not apply to the observing of any activities which relate to the provision of social care services to children.**

7. Do you have any unanswered questions?

7.1 For more information and answers to any questions please contact

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