

East Sussex Community Voice

Healthwatch East Sussex Enter and View Policy

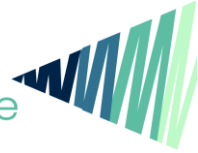
Policy Schedule

Version	Date of next review by ESCV Board	Date of adoption by ESCV Board
1	n/a	May 2025
2	May 2027	
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1 Introduction

- 1.1 Healthwatch East Sussex is a commissioned programme delivered by East Sussex Community Voice CIC (ESCV). This policy only relates to ESCV's activity as 'Healthwatch East Sussex' and work on this specific contract.
- 1.2 The purpose of this policy is to set out Healthwatch East Sussex's approach to delivering part of its statutory powers, which are to 'Enter and View' health and social care services and see them in action.
- 1.3 This policy aims to:
 - promote understanding of Enter and View amongst the public, service users, service commissioners and providers, as well as staff, volunteers and board members of Healthwatch (ESCV).
 - help service commissioners, providers and users know what to expect when an Enter and View is undertaken.
 - ensure consistency, fairness and transparency in how Healthwatch East Sussex undertakes Enter and View activities.
- 1.4 This policy outlines:
 - what an Enter and View is
 - the criteria for carrying out Enter and View visits
 - how Healthwatch East Sussex undertakes Enter and View visits
 - how Enter and View visits are reported on and followed up
- 1.5 This policy applies to all ESCV staff, volunteers and board members, including those trained as 'authorised representatives'.

2 What is an Enter and View?

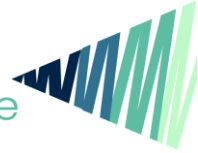


- 2.1 Enter and View is a statutory power for all local Healthwatch organisations.
- 2.2 An Enter and View is where trained individuals, known as ‘authorised representatives’ visit a service or services, make observations, collect views, and produce findings and recommendations which identify what is working well, and how services could improve individually, or system wide.
- 2.3 ‘Authorised Representatives’ may be Healthwatch employees, volunteers or Board members who have undertaken Enter and View training. Details of Healthwatch East Sussex’s authorised representatives are available on [our website](#) or on request.
- 2.4 All Healthwatch East Sussex authorised representatives will have had a standard DBS check carried out, attended training on safeguarding and data protection, and completed Enter and View training. Additional non-mandatory training will be offered as appropriate and relevant.
- 2.5 During an Enter and View visit, authorised representatives focus on:
 - Observing how people experience the service through watching and listening at the point of delivery
 - Speaking to people using the service, their carers and relatives to find out more about their experiences and views
 - Observing the nature and quality of services - involving all their senses
 - Reporting findings to commissioners, providers, regulators, the public, Healthwatch England and any other relevant partners
- 2.6 By law, a service provider has a duty to allow Healthwatch authorised representatives access to carry out Enter and View visits on premises where publicly funded health and social care is delivered.

This includes:

- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs, dentists, opticians, pharmacists etc.
- Premises contracted by local authorities or the NHS to provide health or care services, such as adult social care homes and day-care centres

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Reg 14 of the 2013 regulations.



2.7 An Enter and View may either be an ‘announced’ or an ‘unannounced’ visit.

Announced visits

An announced visit is an Enter and View where the service provider is advised of the purpose, day and time of the visit at least one week in advance and is given the names of the visiting authorised representatives.

Unannounced visit

An unannounced visit is as an Enter and View visit where the service provider is unaware the visit will take place in advance of the authorised representative’s arrival.

3 When can Enter and View not take place?

3.1 The powers to undertake an Enter and View do not allow Healthwatch to Enter and View local authorities’ social services activity for people under the age of 18.

3.2 Health and social care providers do not have a duty to allow entry for an Enter and View:

- If the visit compromises either the effective provision of a service or the privacy or dignity of any person.
- Where the part(s) of premises are used solely as accommodation for employees, 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).
- If in the opinion of the provider of the service being visited, the authorised representatives, in seeking to ‘Enter and View’ its premises, are not acting reasonably and proportionately.

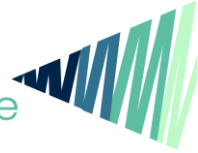
3.3 If the authorised representatives do not or cannot provide evidence they are authorised by Healthwatch.

3.4 Where care is being provided in a person’s own home. *This does not mean that an authorised representative cannot enter when invited by residents - it just means there is no duty to allow Healthwatch to enter.*

- Where spaces/premises are non-communal parts of care homes, e.g. a resident’s bedroom.
- If there are no people in receipt of publicly-funded services at the premises.

4 Enter and View preparations

4.1 Deciding to visit



Enter and View visits will follow the guidance laid out by Healthwatch England detailing where Enter and View does and does not apply (see above).

All Enter and View visits undertaken by Healthwatch East Sussex will have a clear and defined purpose and be based on robust evidence and intelligence.

Enter and View visits may be initiated in response to a range of different factors, including but not limited to:

- part of a Healthwatch project or wider initiative
- in response to enquiries or engagement findings
- concerns or escalations shared with Healthwatch

Healthwatch may accept ‘commissioned’ visits, where local organisations fund or request Healthwatch to visit and report on local services provided. This does not impinge on our independence.

Decisions to undertake an Enter and View will be undertaken in accordance with Healthwatch East Sussex’s [Decision Making & Prioritisation Policy](#).

In some circumstances, a decision to undertake an Enter and View may be authorised by the ESCV CEO or Board at short notice in response to significant concerns being shared with Healthwatch.

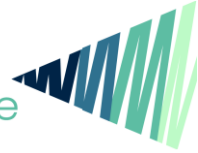
Healthwatch takes a collaborative approach to working with services. It is our standard practice that our Enter and View visits will be announced. However, in exceptional situations it may be necessary to conduct unannounced visits. In such cases, the rationale for any unannounced visit will be documented.

4.2 Arranging visits

Once an Enter and View has been authorised, service providers will be contacted to:

- outline why their premises have been selected for an Enter and View and to clarify the purposes of the visit
- explain who Healthwatch are and what we do
- provide copies of the Enter and View Policy and the names and details of the Authorised Representatives due to visit the premises
- organise suitable dates and times (for announced visits) with the service provider
- identify a point of contact/liaison at the service provider with whom to liaise over practical details of the visit

4.3 Cancelling visits



Healthwatch will do its best to ensure visits go ahead on agreed dates. However, if a visit needs to be cancelled, Healthwatch will inform all relevant parties as soon as possible and explore opportunities for re-scheduling.

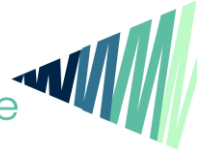
5 Undertaking the Enter and View

Planning and preparations

- Following approval of the Enter and View, an authorised representative will be confirmed as the 'visit lead' and collaborate with staff to identify and confirm appropriate and available authorised representatives.
- An ESCV manager will check with other stakeholders (such as CQC, Local Authority, or others who perform visits) about the planned visits, to confirm there are no clashes or inappropriate visit timeframes.
- Whether the proposed visit is to be an 'announced' or an 'unannounced' visit, a planning meeting will be held and confirm an understanding of the purpose, discuss the visit approach and data gathering methods, and other relevant considerations about the service provider/services delivered.
- The visit lead and visit team will decide on the following as required:
 - Any requirements for special support necessary to facilitate the visit.
 - The methods to be used e.g. interview, group facilitated discussion, observation, 'Sit and See', and/or survey.
 - The key lines of enquiry that will be asked of service users, carers and any relatives/visitors, and staff.
 - The (minimum) number of service users, carers and any relatives/visitors, and staff, whom it is planned to interact with and/or observe during the visit(s).
 - Define the key locations for 'observations' during the visit.
 - Agree how discussions, responses and observations will be recorded and prepare capture forms as appropriate.
 - Allocate tasks (which may include question and observation topics) to each authorised representative based on needs, their skills, interests, and experience.
 - Agree an approach for writing-up and collating the notes made during the visit (feedback responses captured, survey answers, observations etc), and authoring the report findings.
 - Collate all materials required for the visit.

Visit Team Composition

- Each Enter and View site visit should be undertaken by a minimum of two authorised representatives.
- Where possible a 'back-up/reserve' authorised representative should be identified for Enter and View visits, to prepare for unanticipated shortfall in the team.



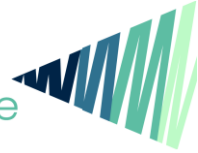
- All ‘unannounced’ visits will include a Healthwatch East Sussex staff member, who must also be trained as an authorised representative.
- To ensure impartiality, authorised representatives are disqualified from attending a visit if they have certain connections with the service. This may include being a recent previous patient or having any professional connection in the 5 years before the Enter and View visit to the service.

Contacting the service

- Following the planning meeting, for announced visits, the visit lead will contact the service provider by telephone at least 7 days before the visit to explain the points set out in section 4.2 and seek agreement for authorised representatives to visit. If the service does not consent, then the visit lead provides additional information about our statutory power.
- The visit lead will share the names of the visiting authorised representatives so they can liaise directly with the service manager to agree a mutually convenient date and time for the site visit to take place.
- The visit lead will prepare a “Letter of introduction for Enter & View Visit” before the start of the Enter and View visit, which will be signed by a senior ESCV Officer, and shared with all participating authorised representatives.
- For an ‘unannounced’ visit, the planning phase will remain the same, but the only communications informing the service provider will be the “Letter of Introduction for Enter & View Visit” provided at the time of the visit.

Conducting the visit

- On arrival at the service premises, the ‘letter of introduction’ for each authorised representative will be presented to the senior manager on duty.
- Authorised representatives must bring their Healthwatch authorised representative identification badges on the day of the visit.
- During the visit, where an authorised representative witnesses, are informed of, or suspects a safeguarding issue, they are obliged by law to raise it with appropriate bodies as soon as possible as per the [ESCV Safeguarding Statement](#).
- Authorised Representatives must always adhere to ESCV’s Code of Conduct. If the Code of Conduct is breached at any time, the [Healthwatch East Sussex Volunteer Problem Solving procedure](#) for the management of volunteer conduct and capability will be followed. If a service provider feels a representative is not acting in line with the Code of Conduct, a visit can be terminated by them on site.
- Where there is an immediate and urgent concern about safeguarding, the visit lead must be informed and the visit will be terminated immediately.
- Authorised representatives will capture feedback using the methods agreed during planning, writing them up as soon as possible. The visit lead will confirm where they should send their notes, feedback/observations, Forms, Surveys etc. from the visit.



- Whilst undertaking a site visit, authorised representatives may meet with the service provider manager or senior staff member on duty, to share observations and/or seek any clarifications.
- The visit lead will ensure that the visit team are checked in and out.

Review and Reporting

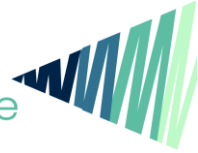
- Information captured during Enter and View visits should be shared with the visit lead as soon as possible following the visit.
- All Enter and View activities will be followed by a debriefing session bringing together all participating authorised representatives and staff to collate what was observed and heard and develop findings and recommendations.
- An identified authorised representative or Healthwatch employee will draft a visit report and recommendations based on what was observed.
- Reports should be based only on data and observations gathered during the Enter and View visit and written objectively. Individual service users, family members/carers or staff members should not be named in the report.
- Where a visit is part of a wider programme of visits, an individual visit report may form an appendix of the overall programme report.
- A draft report should be shared with the authorised representatives present on the visit - to proof-read, verify completeness and accuracy, and agree the summary findings and recommendations, before finalisation.
- It is Healthwatch East Sussex's aim to share draft Enter and View reports with the service provider within twenty working days of a visit to a single provider, and within thirty days for multiple independent providers.
- Single providers will be asked to respond to the draft report findings and recommendations within twenty working days of receiving it, and multiple independent providers within thirty days.
- Provider responses will be included in the final report to ensure their views and commitments to future action are fully represented. Within 10 working days of receiving providers response, the draft report will be amended/edited and published by Healthwatch East Sussex.
- In the event a response to an Enter and View report from a provider is not received, Healthwatch may notify the commissioner(s) of the service or the appropriate regulator(s).

5.1 Sharing Enter and View reports and findings

All Healthwatch East Sussex Enter and View reports will be shared directly with Healthwatch England for inclusion in the Healthwatch national reports database and with the Care Quality Commission (CQC).

Other recipients may include:

- Sussex Integrated Care Board (ICB)
- East Sussex County Council (Public Health, Scrutiny, Adult Social Care and Health)



- East Sussex Health and Wellbeing Board
- East Sussex Health Overview Scrutiny Committee
- NHS England
- Other Local Healthwatch
- East Sussex Voluntary, Community and Social Enterprise Alliance members.

5.2 Enter and View Follow-up

Depending on the outcomes of an Enter and View visit, Healthwatch East Sussex may decide to follow-up with one or more of the following actions:

- Arrange future E&V visits to the same service provider premises.
- Send a letter 6-12 months after the visit requesting further information about the service's actions in relation to the recommendations outlined in the visit report: the service is expected to respond.

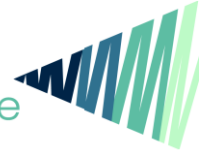
Healthwatch East Sussex will take reasonable steps, based on the circumstances of each visit, to be assured that the service has responded to the recommendations of a report, where applicable.

6 Maintaining quality

- 6.1 All authorised representatives will have access to ongoing supervision and support and the chance to reflect on visits and discuss and share positive practice, learning and things to improve on for future visits.
- 6.2 Any feedback received from the service visited will be shared with representatives in these sessions.
- 6.3 Healthwatch will share a summary of any post-visit feedback with the service employees who supported our visit.

7 Policy Monitoring and review

- 7.1 The Board of East Sussex Community Voice has the ultimate responsibility for implementing and reviewing this policy. The Board will scrutinise our work on disclosure to ensure that we meet our legal, ethical and operational commitments.
- 7.2 The East Sussex Community Voice Chief Executive holds the day-to-day responsibility for ensuring that this policy is implemented.



7.3 This policy will be reviewed and updated on a two-year rolling basis by the East Sussex Community Voice Board.

7.4 This policy may be revised sooner if there is a change in working premises, conditions or laws directly affecting disclosure or any other aspect embedded in the document.

8 Related Policies

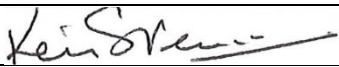
8.1 The following policies and procedures that are related to this policy include:

- Prioritisation and Decision-making Policy
- Lone Working and Personal Safety Policy
- Safeguarding Statement
- Volunteer Problem Solving Policy

8.2 Approval and Adoption

Author	Simon Kiley, Deputy Chief Executive
Sponsor	Veronica Kirwan, Chief Executive
Date of approval and adoption	29 th May 2025
Date of next scheduled review	May 2027

Signature of East Sussex Community Voice CIC Board Chair

Name	Keith Stevens
Signature	
Date	04/06/2025