

engagement
community
involvement
gathering views
participation
reporting
monitoring



**Enter and View
Legacy Document
March 2013**

Methodology and Rationale

Legacy Document Methodology and Rationale

Information for this legacy document was gathered from staff at a participative workshop using an ORID process, i.e. Objective, Reflective, Interpretive and Decisional stages. It was designed to capture the views and experience of those staff (listed in the footer) who had been directly involved in shaping and delivering this particular aspect of the work of LINK Devon.

The workshop included:

- A force field analysis to identify what helped and hindered LINK activities
- Charting the work of LINK Devon and identifying: what worked well; what didn't work so well; changes which were made; changes which should have been made; recommendations to Healthwatch.
- A SLOT analysis – outlining the strengths and limitations of LINK Devon, and the opportunities and threats to Healthwatch.
- Identification of key people, information, systems, tools and processes which would be useful to Healthwatch

Relevant Healthwatch Devon functions (specification)

B3.8.1 Function One: Gathering views and understanding the experiences of people who use services, carers and the wider community - Enter and view can be used as a tool to carry out this function, gathering views of services users and their families, staff in situ.

B3.8.3 Function Three: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized – VI. Practices and promotes “enter and view” through support and training

Overview and Outcomes

Overview

Location

Devon wide, plus input to Healthwatch England

Aim

To observe and monitor the quality and provision of health and social care services.

Need

Enter & View was part of the Local Government and Public Involvement in Health Act 2007, which laid out the establishment and regulations of LINKs. It is a statutory function of LINKs.

Outcomes

- Focus on public and user experience
- Identification of areas for improvement in health and social care services
- Identification of areas where health and social care services are working well
- Reports and recommendations based on findings from Enter & View visits
- Contribution to Healthwatch England's study and common training package for authorised 'Enter & View' representatives across all Local Healthwatch teams

Wider Use

Healthwatch should be aware that Enter & View is a useful tool which can be used in wider contexts to gather qualitative evidence of people's experience of a service e.g.

- LINK Devon used Enter & View function to explore a range of methods of gathering evidence e.g. at North Devon Hospital
- Enter & View can trigger or influence a CQC inspection, as well as service improvement
- Enter & View can also be used to monitor a service following a CQC inspection

Recommendations

Recommendations for Healthwatch on Enter and View

Lead Staff member

Because it was not prioritised at the outset, no one was allocated to lead the Enter & View function; therefore the capacity to carry it out effectively was compromised. The overall recommendation is that for Enter & View to work effectively, Healthwatch need:

1. an identified staff lead
2. adequate administrative support
3. Healthwatch Board approval and direction
4. robust recruitment, training, support and admin systems for volunteers/Authorised Representatives

Governance

- Ensure that all health and social care providers are aware of the Enter & View function and understand the new regulations around it
- Have ready a 'pack' which outlines the step-by-step process for undertaking Enter & View
- Explain Enter & View to the public and manage public expectations
- Raise awareness of Enter & View function with health and social care providers
- Ensure all outcomes are reported to the public using a variety of formats, including an Enter & View page on the website

Volunteer recruitment

- Manage the expectations of volunteers
- Be clear about:
 - what's expected of them
 - the time commitment
 - skills they should possess to carry out the role effectively
- Develop a robust recruitment and training programme
- Have a clear work programme
- Maintain regular communication

CRB checks

Healthwatch should become an authorised body for undertaking CRB checks, giving them ownership and speeding up the process

Insurance

Ensure that correct insurance cover is in place for Authorised Representatives

Training Authorised Representatives

- Build on learning from the National Working Together project on Enter & View, which was a LINKs and CQC joint project
- During transition, Healthwatch Devon should work with LINKs and selected volunteers, to pull together their learning into a coherent package for Enter & View training and delivery
- Balance contractual obligations with the practicalities of training and implementing Enter & View in the wider Healthwatch programme of work

Recommendations

- Link with another Healthwatch organisation, so that Healthwatch Devon Authorised Reps can shadow and observe others Healthwatch Enter & View activities, share training and resources and undertake joint work
- To develop a shared understanding of the function, Healthwatch should consider collaborative training for key personnel; including staff, leadership board, and key NHS/DCC providers

Visits - Expect the Unexpected

- Manage public expectation of the role, so that Enter & View visits are not seen as 'inspections'
- Be aware that as volunteers, some Authorised Representatives may have health or other issues and be unable to attend authorised visits on the day. Have a backup plan and reserves in place to deal with this

Systems & Resources

- Healthwatch Devon and DCC should agree a policy and process from April 2013, identifying key leads for the Enter & View function in relation to care services
- Healthwatch should not underestimate the time and resources needed to fulfil this function. It should put in place the business support needed to fully facilitate this function
- *Enter & View is a formal process, which consists of preparation; the visit; reporting; follow up monitoring of progress

Work with other organisations

- Embed Enter & View function as a monitoring tool for use by/with DCC and CQC to assess and monitor the quality of health and care services
- Forge links with key NHS trusts and providers and establish a two way process/protocol to initiate the Enter & View function
- Promote and support understanding and a triangulated approach to Enter & View, between Healthwatch, Commissioners, Providers and CQC
- Involve all parties at the outset, to ensure best value and avoid duplication. Use its position within the new structures to increase the impact of Enter and View activities

North Devon District Hospital NB Work at NDDH is live work

Healthwatch must revisit North Devon District Hospital by July 2013, to monitor progress against recommendations made in LINK Devon's October 2012 report

Work undertaken by LINK Devon

Work undertaken by LINK Devon

LINK developed its Enter & View

governance, using the national guidance as a template. Unfortunately there was no key worker at LINK to lead on Enter & View, so it lacked systems and protocols behind the basic governance and requirements.

Consequently, in June 2011 a part-time staff member was allocated time to support active participants, Authorised Representatives and Enter & View activities, and a presentation was made to the provider engagement network about LINKs statutory function to Enter & View.

In hindsight, it would have been helpful to develop a working agreement and relationships with NHS Trusts, DCC, commissioners and key providers, from the start.

Healthwatch should ensure that all health and social care providers are aware of the Enter & View function and understand the new regulations around it. They should have ready a 'pack' which outlines a step-by-step process for undertaking Enter & View.

Healthwatch will need to explain Enter & View to the public and manage their expectations of it. Healthwatch must ensure that all outcomes are reported to the public using a variety of formats, including an Enter & View page on its website.

LINK recruited a team of volunteers to train as Enter & View Authorised Representatives.

There were willing volunteers amongst its existing active participants who were ready to train as Authorised Reps, though their suitability varied. Some had had previous experience through PPI forums, some through PEAT activities on NHS premises or as part of their involvement in Experts by Experience. However, with limited Enter & View activity, it was hard to maintain interest and

commitment amongst volunteers because there was little for them to do.

In hindsight, a definitive recruitment process for Authorised Representatives, including a person specification outlining essential skills, a job description and an interview process would have helped in the recruitment of the most suitable volunteers. A planned programme of visits would also have maintained skills and interest.

Healthwatch must manage the expectations of its volunteers by clarifying its expectations of them and the time commitment involved. It must maintain regular communication and have a clear work programme for them.

CRB checks were carried out on volunteers. These were done in-house through EDVSA, the project host, so were completed quickly. Additional LINK staff were also trained in this, to cover staff absence.

Healthwatch should become an authorised body for undertaking CRB checks, giving them ownership and speeding up the process.

Insurance was obtained for Authorised Representatives. Initially, due to cost constraints, insurance was limited to 12 named Authorised Representatives, which restricted the number available for Enter & View visits

Additional named volunteers (25 in total) were later insured, providing a bigger pool of Authorised Reps.

Healthwatch should ensure that correct insurance is in place for Authorised Representatives. They should discuss this with LINK Devon during transition.

Work undertaken by LINK Devon

Initial training was provided for Authorised Representatives. This was based on a training and guidance pack *Entering and Viewing Services* produced by *Patient and Public Involvement Solutions*, which was nationally available to all LINKs early in the project. Feedback on the training was not positive, participants felt the training was too basic and had not prepared them properly. The timeframe of training was dictated externally by a performance indicator outlined in DCC contract. Consequently, it was given too far in advance of actual Enter & View activities taking place.

To rectify the shortcomings, a second training session was provided, based more closely on LINKs rather than PPI experience, with Authorised Reps helping to shape the training content. If it had become available earlier, LINKs would have applied training from the National Working Together project (CQC and LINKs, September 2012), to deliver more comprehensive additional training.

Healthwatch should build on the learning from the National Working Together project on Enter & View. During transition Devon Healthwatch should work with LINKs and selected authorised representatives, to pull together their learning into a coherent package for Enter & View training and delivery. Healthwatch should consider collaborative training and workshops for key personnel, i.e. Healthwatch staff, Governing Board, key NHS/DCC providers.

Healthwatch will need to balance its contractual obligations with the practicalities of training and implementing Enter & View in its wider programme. It should include peer observation to train the trainers.

It should link with another Healthwatch so that its Authorised Reps can shadow and

observe other Healthwatch Enter & View activities.

LINK undertook its first Enter & View visit at the RD&E foyer, to assess its accessibility for Visually Impaired People (VIPs). This was part of an existing piece of LINK work, which had clear aims and objectives. The RD&E were very co-operative, enabling good relationships and planning with key people at the Trust. 8 visually impaired people were trained using the PPI Solutions training pack, although due to illness on the day and several postponements by the RD&E due to Norovirus, not all VIPs were able to partake in the activity.

The result of the RD&E visit, coupled with a report, was a joint task and finish group was set up, which identified several issues to do with medication and communication. Key outcomes of this include; a change in staff protocol dealing with people who have special requirements and a change in the Choose and Book process at Devon Access and Referral Team.

Healthwatch should be aware that some Authorised Reps and Experts by Experience may have health or other issues and be unable to attend authorised visits on the day. It should have a backup plan and reserves in place to deal with this.

LINK carried out a pilot visit to an Exeter care home, which was a major learning experience. It opened Authorised Reps eyes to what training they really needed, and highlighted skills gaps for some of them. LINK became involved in the national Working Together Project with CQC to address the training needs which they had become aware of around engagement with providers, equality and diversity and safeguarding.

Work undertaken by LINK Devon

LINK is now a member of the PEN (Provider Engagement Network) Quality Improvement sub group.

It would have been helpful to test the learning from the pilot by carrying out additional Enter & View visits.

Healthwatch Devon and DCC should agree a policy and process from April 2013, identifying key leads for the Enter & View function.

Healthwatch must recognise that Enter & View is a formal process, which consists of preparation, the visit, reporting and monitoring progress. It should not underestimate the time and resources needed for this. Healthwatch should therefore put in place the business support needed to facilitate this process.

LINK carried out a visit to the North Devon District Hospital. LINK used the Enter & View function to explore a range of methods of gathering evidence e.g. at North Devon Hospital. This visit had been well prepared by the LINK staff member, who began negotiations with the hospital Trust in April for a July visit, and prepared a survey in advance with the Authorised Reps and the hospital trust. (NB LINK used some active participants who hadn't done the Authorised Rep training alongside trained Authorised Reps. The benefits of this were that the hospital was local to them and most had used it before). The hospital was also well prepared, with well briefed staff, the LINK visit written up on its electronic notice board and flyers given to patients attending.

The whole exercise benefitted from good communication tools, props and the survey as a feedback tool. The visit employed a good mix of observation, survey, and 1:1 interviews and staff feedback, resulting in a

high volume of responses being gathered (393) over the two days.

NB Healthwatch should note that NDDH is live work. A revisit should therefore be made to North Devon District Hospital by July 2013, to monitor progress against the recommendations made in the October 2012 report.

Healthwatch should be aware that Enter & View is a useful tool which can be used in wider contexts to gather qualitative evidence. It can trigger or influence a CQC inspection, as well as service improvement. It can also be used to monitor a service following a CQC inspection.

Strengths

Strengths of LINK Devon Enter and View work

- National guidance was available initially
- Identified additional training needs through pilot work
- Involvement with CQC national project
- Explored Enter & View function and developed it collaboratively with CQC, DCC, providers and volunteers
- Responded to need for lead staff member to coordinate Enter & View activities
- Commissioners and providers responded positively to the Enter & View reports which LINK Devon produced
- Existing skills and experience in:
 - PPI Forum – Entry & Inspection
 - Working with and supporting volunteers
 - Knowledge and understanding of the legislation
 - Negotiation and collaboration

It was really helpful for us to be there and to work together on practical issues such as information gathering before Enter and View visits and how to handle specific situations which might arise. We felt better equipped for forthcoming meetings with CQC and DCC in developing LINKs role in Enter and View

Rosemary Whitehurst, LINK Devon
Leadership Group

What's helped the Enter and View Function

- Having willing volunteers to train as Authorised Representatives
- Having a basic training package, from an external provider, for training Authorised Representatives
- Further training, which was provided by an external consultant who had delivered training to lots of LINKs across the country
- Learning from a pilot visit to The Old Rectory Care Home, which highlighted training needs for Authorised Reps, as well as the need to review systems and protocols for working with care providers prior to Enter & View
- There were two Authorised Reps on the Leadership Group who were very committed. Both had undergone extra Enter & View regional training through the CQC Working Together project
- LINK Devon was part of the National CQC working together project, which looked at Enter & View visits and CQC inspections, both at their differences and how they can impact on each other
- Carrying out shadow CQC visits and inspections locally

Limitations and Hindrances

Limitations and hindrances to LINK Devon's Enter and View work

Internally

- Enter & View was not seen as a key tool for gathering views until much later in the project, therefore it was not seen as a major priority from the outset
- Only basic systems were in place at the beginning re. governance, protocols, training
- Initially the project lacked the quality and quantity of feedback to trigger Enter & View visits
- Lack of staff capacity, i.e. a dedicated staff member, to lead and coordinate the overall Enter & View process of volunteer recruitment, training and support, and the protocols and systems required for visits
- Volunteers' skills and experience were not considered initially when recruiting them to become Authorised Reps. This affected the suitability of some ARs, who lacked the right skill set
- Enter & View has been undertaken piecemeal and approached with caution as a last resort, rather than being seen as a key, fundamental process for gathering views and monitoring services

Externally

- Lack of public and professional awareness and understanding of the Enter & View function
- The initial selection process for Authorised Reps was simply a box ticking exercise, requiring them only to attend the training and be CRB checked, rather than having the required skills and experience to undertake the role effectively
- Logistic challenges, e.g. juggling dates, availability of providers, preparation and availability of Authorised Reps
- Some providers lacked an awareness of the need for and process of Enter & View

The pilot visit to The Old Rectory identified a need for further specialised training for enter and view of CQC registered services and consultation with CQC colleagues at national and local level regarding the way forward.

Rosemary Whitehurst, LINK Devon
Leadership Group

(This quote relates to some Enter and View Training that LINK authorised representatives undertook.)

Threats

Potential threats/limiting factors to future Enter and View work

- Function not understood or taken seriously by commissioners/providers
- Lack of 'suitable' volunteers to undertake Enter & View
- Not a strong enough staff structure to support the whole process
- Insufficient resources to prioritise Enter & View as a key part of work
- Unwillingness for a triangulated approach (Healthwatch: commissioners & providers: CQC)
- Failure to recognise how Healthwatch Enter & View can help commissioners and providers to assess / monitor service quality
- Enter & View function not being promoted and supported by commissioners and providers
- Public expectation of the role, may be seen as 'inspections'

Key People to Involve

Key people to involve

CQC

- National Involvement Team (Lucy Hamer) and Local Compliance Manager (Mandy Sharp and team)
- Experts by Experience team

Devon County Council

- Paul Giblin (Engagement Manager)
- Provider Engagement Network (through Paul Giblin)
- PEN Quality Improvement sub-group (Max Sillars)
- Safeguarding Team (Danielle Hutchings) (both to share intelligence and identify E&V opportunities)

CCGs

- NEW Devon (Lead TBC)
- National Commissioning Board – Local Area Team representative
- South Devon & Torbay – Gill Gant (Quality Manager)

NHS Trust leads to ensure working agreements and points of contact

- RDE – Natalie Stone
- NDHCT – Katherine Allen
- DPT – Linda Stapleton
- SWAST – TBC
- SDHCT – TBC

Other Healthwatch organisations

- Plymouth
- Torbay
- Cornwall
- Dorset
- Somerset

Volunteers

- Existing LINK E&V Authorised Reps – have skills, experience and training
- Other Experts by Experience – special expertise and experience
- Board Lead Rep (key Rosemary)

LINK Staff

- A lead worker to facilitate the process
- Business and administrative support

Further Reading and Information

Further reading and information available and its location

Systems and Processes

- Department of Health Briefing on Enter and View Process
- LINK Devon Enter and View Policy
- LINKs Code of Conduct for Enter and View (National Centre for Involvement)
- Example of LINK Enter and View Procedure
- Enter and View Process and Guidance
- SDTL Enter and View Training Pack - power point presentation
- SDTL Enter and View Training Pack Notes - power point presentation
- PPI Solutions Enter and View Training Pack - power point presentation
- VIP Enter & View Training Pack - power point presentation

Protocols, tools and forms

- Enter and View Visit Planning Checklist
- LINKs and CQC Working Together Resources (In Working with CQC folder)
- Enter and View Application Form Template
- Enter and View Sample Policy
- Enter and View CRB Check Letter Template
- Enter and View Guidance for Providers
- Enter and View Training Evaluation Form
- LINK Devon Activity Feedback Form
- National Centre for Involvement Learning Session - power point presentation
- NHS Entry Regulations 2008

Reports & responses

- Enter and View visit to Royal Devon and Exeter Hospital, access for visually impaired people
- Enter and View visit to The Old Rectory Care Home, Pilot exercise
- Enter and View Visit to North Devon District Hospital, Barnstaple, Outpatients Dept and Eye Clinic

Examples of good practice in other organisations

- Information sheet that Liz Hankin produced for providers
- Derby LINK Enter & View report
- Enter & View Briefing produced by CQC as part of the Working Together project with LINKs
- Newcastle LINK Enter & View Policy & Procedures

PLACE Assessments

- The purpose of PLACE Patient Assessors

Further Reading and Information

- PLACE Guidance to Patient Assessors
- PLACE hospital recruitment and training
- PLACE Organisation and conduct of assessments