

Enter and View protocol

About this protocol

This protocol covers visits carried out by staff and authorised representatives who carry out 'Enter and View' visits to services provided by publicly funded providers of health and social care services in the Hackney

About Healthwatch

Healthwatch England was established under the

- Health and Social Care Act 2012
- Amendment of Local Government and Public Involvement in Health Act 2007
- Subsequent secondary legislation including the NHS bodies and Local Authorities Regulations 2012
- Local Authorities & Local Healthwatch Regulations 2013 (established statutory arrangements and made provisions for Local Healthwatch as the consumer champion for Health and Social Care Services).

Healthwatch Hackney replaced the Local Involvement Networks in April 2013, carrying forward LINK's functions and additional functions under the 2012 Act.

Legal Framework

1. The Local Government and Public Involvement Act 2007 as amended by the 2012 Act and directed by Local Healthwatch Regulations 2013 imposes a duty on health and social care providers (including the independent sector) to allow Local Healthwatch authorised representatives to enter premises they own or control to observe the services being provided. These are legally binding directions and are often referred to as 'the right to enter and view'.
2. An authorised representative is a member of Healthwatch Hackney who has been vetted, undergone in-house training and has satisfied the board that they are suitable person to carry out the visit. All authorised representatives are DBS checked by the Disclosure and Barring Service (DBS) in line with Section 113A of the Police Act 1997 and have a certificate verified by a named Healthwatch Hackney officer
3. Healthwatch Hackney may request information from service providers: they are legally bound to respond under section 224 of 2007 Act as amended by the 2012 Act and as directed by Regulations 2013 linked to this Act.

Visits

Purpose of a visit

The purpose of a visit by authorised representatives is to:

- See and hear for themselves how a particular service is being provided
- Assess its nature and quality
- Collect views of service users' and carers views at the point of service delivery.

Visits allow Healthwatch Hackney to validate evidence already collected in the community.

Announcing visits

Although the legislation allows for both announced and unannounced visits, most visits will be announced.

- Providers will be contacted in advance to set out practical aspects of the visit such as a mutually agreed date, time and visit duration
- Providers will be informed of the shape and format of the planned visit as well as the names of the authorised representatives taking part.
- Authorised representatives will have appropriate identification throughout the visit.

Interviewing staff

The aim of visits is to gather information. Authorised representatives may speak to the staff and interview services users and carers with their prior consent and agreement to document their comments. These interviews will generally be structured.

Requesting information

In preparation for, or following a visit, Healthwatch Hackney may request information from relevant providers. It is hoped they will respond in the spirit of co-operation.

Documenting findings

- Authorised representatives will document their findings in writing based on information gathered during the visit
- With staff produce a formal visit report containing information gathered including acknowledgement of what is going well and recommendations on how things could be improved.

- A draft will be sent to the service provider for comments on factual accuracy and inviting them to add an Action Plan for service improvement which will be included in the final report

Publishing findings

The final visit report will be put in the public domain including published on our website and copies sent to the provider and commissioners, NHS England, the Health and Wellbeing Board and the CQC.

Agreed protocol and Code of Conduct

This introductory information combined with the Code of Conduct below, underpin appropriate conduct in respect of our representatives. Together these are treated as the agreed protocol.

Code of Conduct: Enter and View visits

Part 1 Introduction

1.1.1 Hackney (HWH) may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of people using those services.

In carrying out visits, our authorised representatives may be able to validate evidence already collected from local service users, patients, their carers and families. This evidence can subsequently inform recommendations and can be fed back to relevant organisations.

Properly conducted and coordinated visits, carried out as part of a constructive relationship between Healthwatch Hackney and organisations commissioning or providing health and social care services, may enable ongoing service improvement.

Our role is not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved for today and shaped for tomorrow.

1.1.2 The aim of this Code is to provide good practice guidance to underpin the conduct of representatives undertaking visits on behalf of Healthwatch Hackney. Our authorised representatives should use the Code when making visits. Providers being visited may take the Code into account when deciding if the representative is acting reasonably and proportionately.

1.1.3 The Code advises on how the following aims can be achieved:

- Patients', service users', staff and residents' rights are respected and protected during visits along with the rights of authorised representatives undertaking the visit
- Visits are conducted in a spirit of openness and partnership between Healthwatch Hackney and the service provider and those receiving the service;
- Retention of a positive and constructive relationship and dialogue between Healthwatch and the provider and wider population

1.2.1 There is a Local Healthwatch in every local authority area with social care responsibility. The role of Healthwatch is to:

2.2.1 Promote and support people to have a say about the way their local health and social care services are designed and run. We need to be the 'eyes and ears' of the people of Hackney.

2.2.2 Harness the expertise and knowledge of local community, voluntary and faith organisations to find out what matters to local people.

2.2.3 Use the information we gather to spot important local issues, concerns and trends and where necessary carrying out our own research and investigations.

2.2.4 Feed the views and ideas gathered to the people in charge of services and making sure they consider those views when making decisions.

2.2.5 Refer issues of concern to the people who monitor services to make sure they are safe.

2.2.6 Support people to take more control of their own health by providing information and advice on access to local services and the choices open to them

1.2.2 A range of methods is available to Local Healthwatch to enable local people to have their say on improving local services:

- Make reports and recommendations to commissioners and getting a reply within a set period of time;
- Ask commissioners for information and getting a reply within a set period of time;
- Go into health and social care premises to observe the nature and quality of services delivered (Enter and View)
- Refer issues to the local Overview and Scrutiny Committee and receiving a response.
- Refer issues to Healthwatch England and the CQC which may trigger Inspections by the regulators.

1.2.4 To enable Healthwatch to gather information about services, there are times when it is appropriate for them to see and hear for themselves how those services are provided. That is why the Government introduced a duty on providers of health and social care services to allow Healthwatch authorised representatives to enter premises that providers own or control (with some exceptions), to observe the nature and quality of services. In the context of the duty to allow entry, the organisations in Hackney include:

- Homerton University Hospital including community health services
- East London NHS Foundation Trust (mental health)
- GP surgeries and dental practices in Hackney
- Community pharmacies, in Hackney
- Opticians and vision testing centres in Hackney
- Care homes, day centres caring for vulnerable adults in Hackney

Part Two: Preparations and practical arrangements

2.1.1 Who from Healthwatch Hackney can conduct a visit?

2.1.2 Before an individual can be authorised, the local Healthwatch must have agreed procedures for making decisions about who can be an authorised representative. In brief, Local Healthwatch Regulations 2013 set out the arrangements a representative can be authorised if

- they have undergone a Criminal Records Bureau check now carried out by the Disclosure and Barring services (DBS), in line with section 113A of the Police Act 1997, and have a certificate to verify this; and
- A 'nominated person' of local Healthwatch has considered the certificate and is satisfied that the person is suitable to carry out visits
- Procedure for authorising local Healthwatch representatives
- All registered Healthwatch Hackney members who have expressed an interest in taking part in inspections will be invited to become an authorised representative.
- The Board of Healthwatch Hackney will consider the applications and select an initial tranche of 15 representatives to go forward for DBS checks and further training.
- All authorised members will undertake the Enter and Visit training programme
- DBS checks will be processed by a named officer of Healthwatch Hackney.
- The 'nominated person' will consider each DBS certificate and assess whether that person is suitable to carry out visits and/or whether they need further training.
- Healthwatch Hackney will publish a list of all authorised representatives on its website

All authorised representatives will be provided with an identity badge which they must display when attending a visit.

- Authorised representatives will have their membership reviewed on an annual basis.
- All authorised representatives agree to inform the Board of any criminal activity since their original DBS check.
- All authorised representatives will need to have their DBS checks renewed as required by law...
- In what circumstances can an authorised representative make a visit?

2.2.2 The 2007 Act (Section 225: Duty of Services-Providers to Allow Entry) as amended by 2012 Act and 2013 Local Healthwatch Regulations impose a duty on providers of health and social care services (listed in Part One of this Code), with certain exemptions, to allow authorised representatives of local Healthwatch to enter premises that they own or control to observe the services that are being provided

2.2.3 In addition, because many health and social care services are now provided by the independent sector, the Government has published legally bound Directions. These Directions place a further duty on those commissioning services to ensure that their contracts with independent providers, made after 1 April 2008, allow for authorised representatives to enter and view, and observe the carrying on of activities in premises, which are owned or controlled by the independent provider.

The duty to allow entry does not apply in the following circumstances:

- if the visit compromises either the effective provision of a service or the privacy or dignity of the person using the service
- if the premises where the care is being provided is a person's own home (this does not mean that an authorised representative cannot enter when invited by residents - it means that there is no duty to allow them to enter);
- where the premises or parts of premises are used solely as accommodation for employees
- where the premises are non-communal parts of care homes
- 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 representative, in seeking to enter and view its premises, is not acting reasonably and proportionately; and/or
- if the authorised representative does not provide evidence that he or she is authorised in accordance with the Regulations.

- The duty does not apply to the observing of any activities which relate to the provision of social care services to children.

2.3 Preparing for a visit

Visits are only one way of gathering intelligence about a service. It is important that Healthwatch Hackney has a clear understanding of why it deems it necessary to enter and view a particular care setting. For example, it may be that a visit is prompted by feedback from local service users, patients, carers and families, which suggests common concerns about the performance or certain aspects of provision.

Why would local Healthwatch want to enter, view and observe health and social care activities?

- As part of an annual programme of visits.
- As a result of feedback from the community.
- As a result of poor performance identified through Rate Our Service
- A service that is being commissioned or re-commissioned and that is likely to go through a design and development process in order to improve service delivery.
- A service that is changing, closing, or under threat of closure.
- To collect background information and learn about a service.
- To build up a picture of local services.
- To familiarise itself with newly established services.
- To identify gaps in services.
- To monitor services whose users are less able to speak for themselves.
- As part of a survey or project.
- To follow up on a previous visit.
- To check on access issues.
- To find out views of users, carers and staffs.

2.4 Preparatory information for the care provider

The legislation allows for both announced and unannounced visits. If the visit is 'announced', Healthwatch Hackney agrees to let the care providers know about the reasons for the visit and set out the practical aspects in advance; this will be presented in a formal email or letter.

The following information will be provided by the Healthwatch prior to a visit.

- a suggested date and time of the visit and how long it will last;
- the intelligence that has stimulated the visit (note that any patient and user feedback should be kept anonymous);
- the purpose of the visit;
- the shape and format of the planned visit, for example:

- identification of staff, service users, and user forums that authorised representatives would like to meet;
- the number and nature of discussions/meetings to take place and whether special requirements will be necessary, such as communication aids or
- special access to buildings;
- the types of activities and service areas authorised representatives would like to access and observe;
- whether authorised representatives have explanatory leaflets about the local Healthwatch (including contact information) available for distribution during the visit; and
- whether it would be helpful for staff to accompany authorised representatives during the visit;

- The names of the authorised representatives attending the visit (there will be at least two members on every visit).
- Healthwatch Hackney will give at least 5 working days' notice before a visit.
- Reassurance that authorised representatives will have appropriate identification visible throughout the visit; and
- Reassurance that draft findings resulting from the visit will be shared with the provider, together with - where appropriate - relevant residents, users, patients, carers and families or feedback received during the visit, prior to them being finalised and shared more widely.

Whilst the legislation allows for unannounced visits, Healthwatch Hackney will give careful consideration before one is undertaken. The duty to allow entry does not apply in circumstances where a visit is not reasonable and proportionate or would compromise the privacy or dignity of patients, and authorised representatives should be aware that they run the risk of being refused entry on those grounds.

2.5.4 We may consider notifying providers that we intend to visit their premises within a two week window. This allow us to give them background on the nature and reasons behind the visit but does not allow them to pre-prepare for the visit and maybe useful in some circumstances.

2.5 Requesting information from a care provider

In preparation for, or following a visit, Healthwatch Hackney may request information from the relevant providers. It may also request information from a public body under the Freedom of Information Act.

If it wants to request information about a service provided by the independent sector but funded by the local authority, the CCG or NHS England, it can do so in line with the legally binding legislations about local Healthwatch and independent providers.

It is hoped that those being visited will respond to Healthwatch Hackney in a spirit of co-operation, while recognising it will not always be possible to meet all its requests. In those cases, the providers might consider, for example:

- offering alternative times and dates if a request for a visit falls on a day which is not suitable.
- give enough notice if an agreed date becomes unavailable owing to, for example, staff being unavailable.
- give reasons why a visit request is to be turned down; and/or
- Provide an explanation if a visit has to be terminated early.

2.6 Preparatory work for Healthwatch Hackney (HWH)

When preparing for a visit, the lead member of the Enter and View team will:

- Agree the aim and desired outcomes of the visit;
- Establish whether any other visits are being planned around the same time, for example the Care Quality Commission or Foundation Trust Governors. Could the visits be coordinated?
- Agree how the objectives of the visit will be achieved, for example:
 - by talking to staff, service users, patients - with their agreement including meeting members of Patients Participation Group or similar forum (where one exists) to hear their views;
 - by observing the general interaction between staff, users and patients; and/or
 - by noting environmental aspects of the care setting;
- Prepare a pre-visit checklist. The checklist could refer to information about a service which is already in the public domain to build a profile of any issues or concerns which have already been noted such as:
 - Comments received by HWH from people with direct knowledge of the service (for example, users or their families, user groups or forums);
 - Regulator's monitoring and recommendations;
 - Overview and Scrutiny Committee reviews and recommendations;
 - Complaints information;
 - Patient and Public Involvement and/or Patient Advice and Liaison Service
 - Intelligence held about the relevant premises being visited; and
 - Research into recommended practice/national minimum standards/core standards for the particular service area, numbers of staff, beds, activities, therapies, etc.
- Identify any special support necessary to facilitate the visit, for example, the use of interpreters, signers, advocates or private rooms;
- Identify whether a specific mix of authorised representatives is appropriate to the setting to be visited (in terms of gender and diversity);

- Agree and allocate topics of enquiry to visiting representatives in advance;
- Decide whether a particular service or specific aspect of a service should be the focus of the visit and whether the visit needs to be made at a specific time to coincide with certain activities
- Research specific types of care provision to sufficiently understand methods deployed in different care environments and with different patient and user groups, for example, people with dementia, people with challenging behavior, people who are close to death, etc;
- Agree an approach for dealing with matters of concern or complaints raised by individuals on a visit and whether these should be referred to other agencies
- Research the formal complaints process relevant to that care service, so that authorised representatives can inform service users of it if appropriate; and
- Agree an approach for collating and writing up notes and producing draft findings from the visit including whether additional concerns or complaints rose during the visit should be included with the overall outcomes and recommendations.

2.7 Planning the visit

Healthwatch Hackney will plan any visit carefully including:

- Who will visit? (minimum of two authorised members, balance of members)
- Who will take notes and lead on drafting the report?
- Who will lead on the day?
- Who will agree time, date, staff to be present and approximate length of visit with providers?
- Prepare individual visit checklist of things to be observed, questions to ask etc.
- Agree what staff/patients will be approached
- Ensure visit team fully briefed and have all the documentation, the detail of the form and content of the visit
- Obtain information to consider in advance e.g., reports of what inspections have already been done by other agencies and what the outcomes were, press articles, policy documents, complaints
- Arrange for patients and carers (where appropriate) to be told of the visit in advance e.g. use cards or flyers
- If appropriate, make arrangement for patients and carers to raise issues in confidence e.g. room set aside for a private discussion, cards to hand out on which users can make comments
- Arrange to meet at least half an hour before the visit starts
- Arrange to meet and review at the end of the visit

3 Part Three Conduct and behavior during the visit

3.2 Authorised representatives

As set out in Part Two of the Code, it is vital that our visits are carried out appropriately and undertaken only by authorised representatives. In addition to the legal requirements for authorised representatives set out in the Local Government and Public Involvement in Health Act 2007 as amended by the Health and social care Act 2012 and local Healthwatch regulations 2013, it is expected authorised representatives will possess certain qualities which would help to ensure proficiency in conducting visits. For example, people should demonstrate that they have the ability to listen, that they are sensitive to people's feelings, and are observant, patient and respectful.

Authorised representatives will have regard to the Code of Conduct and behave in a responsible, reasonable and proportionate manner as befits their role. They should always bear in mind that the needs of service users, residents and patients are paramount and are not to be compromised by the visit. They should always also be sure to treat staff with respect.

3.3 Guidance for authorised visits

- Healthwatch Hackney lead member(s) must make an appointment with the person in charge of the selected area prior to the visit.
- If a visit is to be out of normal working hours (evenings, weekends, etc) the lead member(s) must notify the Site Manager via the Main Reception on arrival.
- During the visit, visiting team member(s) must always wear their identity badge and in all locations.

At the area to be visited, member(s) must speak to the person in charge, introduce themselves, explain the reasons for the visit and show their identity badges. They will agree with the person in charge whether they will be escorted by a member of staff during their visit. If they are not to be escorted, they will ascertain whether there are any areas it would inappropriate for them to enter (e.g. because of infection risks), and/or if there are patients/users, it would be inappropriate for them to talk to (e.g. because they are unable to give informed consent).

When talking to the patients, visiting team member(s) will:

- Introduce themselves, their name and their role as a member of Healthwatch Hackney
- Explain the reason for the visit
- Ask if the patient is willing to talk to them. Assure them that what they say will remain anonymous and will not affect their treatment or wellbeing.

- Never ask patients to divulge any personal or clinical details about themselves
- Only ask questions in relation to the patient's experience of particular social care or trust services - e.g. quality of food, cleanliness of the environment, transport, communications with staff etc.

3.4 Conduct of authorised members on the visit

The credibility of HWH the successful outcome of a visit depend heavily on how visits are run.

On all visits authorised members will:

- Arrive punctually at the agreed time
- Ensure identification badges are worn and visible
- Dress appropriately
- Respect patient/user confidentiality/privacy and dignity at all times
- Treat everyone with courtesy and respect
- Take diversity into consideration
- Observe sensitivities of environment - e.g. intensive care unit, mental health unit etc
- Be professional at all times

While looking round a service authorised members will

- Focus on the particular issue(s) concern
- Adopt an unobtrusive manner
- Avoid private unrelated discussions
- Use checklist to ensure relevant information obtained

When talking to staff authorised members will

- Meet with agreed Service Manager to introduce the team and recap purpose of visit
- Agree which patients/users can be approached
- Agree whether visit will be accompanied by staff or not
- Listen to staff to find out their views, respecting the rights, privacy, dignity and confidentiality of patients
- Not express personal opinions at this stage or raise their own personal issues
- Avoid being critical in front of staff

When talking to service users, patients and carers authorised members will

- Always obtain patient/user consent to be interviewed
- Listen to patients and carers to find out their views, respecting their rights, privacy, dignity and confidentiality
- Avoid offering opinions or advice to individuals on personal issues (refer people elsewhere e.g. to PALS as appropriate)

- Thank them for taking the time to talk to you

At the end of the visit authorised members will

- Raise any immediate urgent concerns with the Manager
- Confirm follow up arrangements including report
- Thank the staff for their time and co-operation
- Meet together to review visit and agree process

This guidance is intended to ensure that all visits by HWH member(s) in their official capacity are handled appropriately, both with sensitivity to the needs and feelings of patients and with respect for the pressures on busy staff, without obstructing their ability to carry out their jobs.

Conduct or behavior which could lead to entry being refused or a visit being terminated

To recap, the duty to allow entry does not apply when:

- the authorised representative acts in such a way as to compromise the effective provision of services or the privacy or dignity of any person (e.g. being present when someone is being washed or dressed, getting in the way of a consultation, holding up the serving of a meal, or the administration of medication);
- the provider judges that the authorised representative is not acting in a way which is reasonable or proportionate (e.g. making repeated visits, regularly undertaking unannounced visits, presenting a large number of representatives at a small facility); and/or
- The authorised representative does not provide evidence that he or she is authorised to enter and view services (as specified in the legislation).

The visit must also be for the purpose of carrying out legitimate HWH activities (i.e. to observe service delivery or to talk to patients and users of the facility).

Examples of good practice

1) Given the importance of personal conduct during a visit, we would advise authorised representatives to:

- Treat staff, service users, residents, patients, their carers and families fairly, courteously, with sensitivity and respect;
- Ensure that the dignity and privacy of service users, residents, patients, carers, families and staff are maintained at all times;

- Be as unobtrusive as possible, and inform staff on duty about what they are doing at each stage of the visit;
- Value people as individuals, respecting the different and diverse people they meet;
- Exhibit no discriminatory behavior;
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine and urgent concern about the safety and wellbeing of a user, resident or patient, or if the individual concerned consents to the sharing of the information;
- Co-operate with requests from staff, users, residents, patients carers and their families, and comply with all operational or health and safety requirements;
- Avoid interrupting the effective delivery of health or social care provision; authorised representatives must refrain from making unreasonable demands on staff, users and patients or disrupting services outside the agreed visiting schedule;
- Recognise that user, resident or patient needs take priority; and
- Be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staffs are unable to meet the requests of the authorised representative.

3.5 Checklist for visits

Below is a list of possible issues Authorised representatives might want to choose to include on a visit, but they would be highly unlikely to want to look at all of them.

a) Physical Factors

- How easy is access to the service e.g. public transport, car parking, disabled access and signage? Is it easy to find and get to?
- How welcoming and appropriate is the accommodation e.g. decoration, space, privacy, washing and toilet facilities?
- Does the design and layout of spaces help people move around, offer privacy, comfort etc?
- Are the arrangements for safety, accessibility and emergency escape routes clear?
- What is the quality of information provided? Are notice boards, leaflets and information for patients, carers and visitors legible, clear and answer people's questions?

b) Meeting diverse needs

- Are the services accessible for people with physical and sensory disabilities?
- Is information provided to them (service user) in range of ways? E.g.: tape, community languages.
- Is there an adequate interpreting/advocacy service?

- Is appropriate catering available to meet particular dietary requirement or choices?
- Are staffs sensitive to cultural or religious issues?

c) Questions to ask patients

Some of these questions will only be appropriate for hospital visits, others for GP practices etc. Make sure your questions are open (e.g. questions beginning How, What, Where, When) and avoid presupposing the answer or suggesting there is a right answer.

4 Part four after the visit

4.1 Written Report

4.1.1 Authorised representatives should document their findings in writing following the visit. As soon as possible after the visit, the members who went on it should agree what their main observations and concerns were and what the recommendations would be. It would be helpful to refer to the pre-visit paperwork and to structure the written report in a way that clearly reflects the reasons for the visit being undertaken and how any information / evidence meets the visit objectives.

4.1.2 The report should include:

- How it was carried out and who was consulted?
- What the authorised representative was looking at and why?
- What methods they've used to gather information and views?
- Who took part?
- What was found including what were good as well as any other concerns?
- Focus on what you found and how a service could be improved for patients?
- Focus on key issues and not too many
- Should be clear and concise
- If appropriate, be checked first for accuracy with the service or organisation being reviewed
- Include recommendations and request an Action plan and a timetable for implementation

4.1.3 The recommendations should:

- Focus on patient/user benefit
- Add value to what has already been planned
- Be clear, specific, measurable and achievable

4.1.4 Authorised representatives should also make clear the source of their information /evidence and the weight assigned to it taking care to respect confidentiality. Such sources could include:

- Authorised representatives' observations;
- Discussions with staff;
- Discussions with users;
- Comments from carers and/or relatives;
- Structured interviews; and/or
- Documentation provided by staff/the proprietor.

4.2 1.2 Follow up

- You can ask an NHS organisation or a Social Care provider to respond to your report and recommendations
- They must reply within 20 working days telling you what action, if any, they intend to take
- If this does not happen or you are not happy with their response try to resolve it locally first
- If that doesn't work you can involve the CCG, OSC (Overview and Scrutiny Committee)
- If you think your review reveals a serious failing in local health care you can refer the matter to the Care Quality Commission
- HWH is responsible for following up the report

Once the commissioner has responded, HWH will need to decide whether:

- The outcomes suggest further reviews HWH should carry out or further information that HWH needs
- When and how to follow up the implementation of the recommendations
- To publicize the outcome of the review to help raise the profile of HWH and its effectiveness
- There are lessons for the HWH to learn about future reviews and visits

4.3 Using the findings

HWH will be able to use this information to inform the overall picture of services being provided for the local community, what is being done well, examples of good practice, whether and how the needs and preferences of the community are being met. It will also help in documenting recommendations for improvement where things are not so good, or there are gaps in provision.

4.3.1 Sharing findings with other organisations

When and how HWH would make any information available to other organisations

4.3.2 Commissioners of Services

Healthwatch Hackney will build a good working relationship with commissioners and agree how best to work together to make sure the intelligence gathered by the HWH is fed back in the most effective and appropriate ways so that the needs and preferences of the local community can be effectively relayed to commissioners of services.

4.3.3 Overview and Scrutiny Committee (Health Scrutiny Panel- HSP)

When should HWH send their findings to the Health Scrutiny Panel (HSP)? It is not anticipated that this will be a routine occurrence, but in certain circumstances it could be appropriate. In making the decision HWH might wish to consider:

- an HSP's programme of scrutiny;
- whether particular services have significantly deteriorated or improved;
- whether particular services have regularly failed to respond
- recommendations for changes or improvements; and
- Whether service users and others have reported specific areas of concern that would be appropriate for an HSP to follow up.

4.3.4 Regulators

HWH may consider sending findings from a specific visit to the regulator (CQC) in circumstances where serious concerns are raised about patient safety, or the quality of care, and it would be appropriate for the regulator to decide if further action should be taken outside of the routine assessment of services. Alternatively, Healthwatch may want to draw to the regulators' attention an example of excellent service in Hackney.

4.3.5 Other statutory bodies

Similarly, HWH may wish to consider whether any of their findings would merit closer inspection by another statutory body such as the Health and safety Authority or the Food Standards Agency.

In rare, extremely serious cases, where criminal activity or abuse is suspected, HWH should also consider contacting the police or referring the matter to the Local Authority safeguarding officer.

In all cases, in coming to a decision about whether to refer matters to other organisations, HWH should consider whether it is reasonable and proportionate to do so on the basis of the evidence and take care to maintain confidentiality.

NHS services are inspected by a wide range of bodies each with a particular concern. What the local Healthwatch adds is the perspective of the patient/user and the public, so the visiting team must ensure that members do look at things from this point of view in order to add value. It is neither possible nor appropriate

to try and judge technical or professional issues even if the team happens to have members with a specialist expertise.

Relevant Acts and Statutory Instruments (Regulations and Directions)

1. Local Government and Public involvement in Health Act 2007.
2. Health and Social Care Act 2012.
3. The NHS Bodies and Local Authorities (Partnership arrangements, Care Trusts, Public Health, Local Healthwatch) Regulations 2012 No: 3094
4. The Local Authorities (Public Health functions and entry to premises by Local Healthwatch) Regulations 2013 (February).
5. The arrangements to be made by Relevant Bodies in respect of Local Healthwatch: Regulations 2013(March).
6. Section 221 of 2007 Act amended by Section 182 of Health and Social Care Act 2012.
7. The Local Authority (Public Health, Health and Wellbeing Board and Health Services) Regulations 2013.
8. Section 223 of 2007 Act as amended by Section 184 of Health and Social Care Act 2012.
9. Section 225 of “007 Act as amended by Section 186 of the 2012 Act
10. Freedom of Information Act 2000.
11. Section 149 of Equality Act 2010.

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