

# Guidance for Authorised Reps

Conducting an Enter & View visit

## The purpose of this guidance document

Thank you for your willingness to be involved in Enter & View service visits. This guidance document is intended to detail:

- What to do (and not do) on a visit
- How to collect and record insight
- How to record and share details afterwards

While some things may seem obvious, it is important this guidance is followed, because it will help to ensure that:

- Service providers are treated fairly and consistently
- Insight and evidence gathered is of high quality
- Reports and feedback is clear and credible
- Risks are minimised

Please familiarise yourself carefully with this guidance, and do not hesitate to ask questions if anything is unclear.

## Aim of the visits

The main aim of the activity is to collect 'stories' and experiences relating to health and social care services generally – from people who are using, visiting, working in or supporting someone to attend a service.

In addition, we aim to use this activity to promote Healthwatch West Sussex to a wider audience.

In brief, a visit will include:

- Observations of the environment, general service provision and patient pathway through the building(s)
- Conversations with patients, relatives, carers, visitors and possibly even staff

## Conducting a visit



### Before the visit

- Contact will have been made with the service in advance of your visit and they will be aware of when your visit will be taking place.
- The Management Team will have been sent information about what the visit will entail, as well as general information about Healthwatch.
- The Management Team will have been asked (as far as possible) to inform staff about the visit beforehand.
- The service may arrange for staff to meet you / accompany you during the visit.
- You will be given a full briefing of these details from the Volunteer Lead, in advance of each visit.
- A risk assessment will have been completed and information communicated to all team members.
- There will be a WhatsApp group set up for each visit and all AR's will be added to it, along with the HW Volunteering Lead and HW Manager – this serves as a communication tool for the visit.
- The HW Manager / Deputy will be available via phone in the case of any issues.

### Paperwork

The AR Lead for each visit will receive the following items in advance:

Item	What to do with it
<b>Note pads &amp; clip boards</b>	Use these to take notes and record evidence during the visit. You'll need good notes when you complete the Visit Summary form. You could either make notes individually or collate your observations as pairs / in a group.
<b>Background info specific to the service you are visiting</b>	This may give you ideas about questions to ask, topics to chat about and things to tease out in a conversation.
<b>Healthwatch West Sussex promotional leaflets</b>	These can be distributed / displayed at your discretion, around the service site.



	You could also use them to explain about Healthwatch during the visit or for you to encourage people to share the info with others.
<b>Visit Summary Forms (VSF)</b>	There will be a VSF for each department or area the team will visit. These include an environmental assessment, based on your observations, and any quotes, comments or feedback that you see or hear. You will be asked to note the main themes and key points that you observe / hear as well as any recommendations and opportunities for improvements.

### At the start of the visit

- The AR team should meet at an agreed location and time.
- Lead AR's should confirm the team are onsite via the WhatsApp group, once everyone has arrived.
- The Lead AR may have a staff contact to meet at the beginning of the visit – the team may need to sign in and have a briefing from a service manager (this may or may not be necessary and teams should be led by the Lead AR on this)
- The team should wear HW WS clothing and their ID badges (if they have them). We recommend you travel light and don't bring large coats, bags or other belongings as you may have to carry them with you.
- AR's should be 'bare below the elbows' as per NHS IPC good practice – this means that you roll your sleeves up or wear short sleeved clothing to allow you to have bare skin from elbow to wrist. You should also remove wrist watches and jewellery, other than a wedding band.
- AR's should access/use sanitiser on arrival and frequently, throughout the visit.
- Face masks / coverings are optional in general but in some clinical areas you may be asked to wear them – please make sure you have one with you.
- The team may like to have a short briefing over a drink if there is a café available where you can:
  - Agree as a team how you will split into groups / pairs and which areas / departments each group will visit.
  - Distribute the paperwork and resources to each group.
  - Agree when and where to meet up after.



- When a group enters a department or area, they should seek out a reception desk or staff member to introduce themselves and explain who they are and what they are doing.

### Talking to Staff, patients, carers and relatives

- **It is very important that you explain who we are and what we are doing, to everyone you speak to.**
- Be sensitive to whether someone would like to engage in conversation or not. We only want to speak to people who are willing to talk to us!
- Be mindful of questions that may be challenging and skip over anything that an individual does not want to answer or conversations they may not want to pursue. It is their right to say as much or as little as they wish. You should not try to force a conversation.
- **Remember to offer reassurance that anything/everything people tell us will be recorded anonymously.**
- You must end the conversation as soon as someone indicates they want to stop.
- Try to talk to a wide range of people.
- All conversations should ideally take place in public parts of the service site – waiting areas / communal spaces / entrance foyer(s) / and possibly café areas.

*\*\* We will NOT be talking to people 1-1 or in private/clinical areas. \*\**

- Do what you can to ensure that conversations cannot be overheard by other people. You could suggest moving to a quiet corner of the room or area.
- Please be as sensitive as possible towards people whose conditions may make it more difficult to communicate. As far as possible, aim to capture and include their views.
- You should not discriminate against someone because of their age, disability, gender, marital status, pregnancy, race, religion or any other reason. Be sensitive in your language not to offend, and try to gather views from as wide a range of people as possible.

### Observations and other evidence

Collecting insight about the environment is an important part of our visit.

In order to collect useful insight about the environment, please feel free to take pictures on a camera phone to send in with the paperwork.



Please note that you MUST NOT take photographs of people (staff/patients/visitors etc) other than the HW team members.

Please use the checklist and prompts on the Visit Summary form to help your observations.

Important issues to look at are:

Cleanliness / Maintenance / Signage / Accessibility

## Completing the Visit Summary form(s)

### What is the Visit Summary form?

After visiting each area or department, Authorised Representatives (ARs) will need to agree the content of the Visit Summary form(s). The AR Lead will then collect them all in at the end of the visit. These will contain all the quotes, findings and any actions or recommendations.

### What will the Visit Summary forms contain?

#### Comments

Your comments will be based on the insight you gathered during the visit. They will tell the service what they do well, and what they don't. Make sure you include both positive and negative aspects, while giving a clear picture of whether you feel the service is doing well overall on that aspect! Include pertinent quotations which you think may substantiate a finding or recommendation.

#### Actions and Recommendations

If the team are able to identify any actions or recommendations, they should help the service / department to understand how to improve. Don't forget to be realistic about what is likely to be implemented!

If the team do identify recommendations, they should be fairly concise, and focus on explaining what the service needs to do, rather than how it should do this (this is a question for the service itself to resolve). For example:

**Too specific** *"The service should carry out a weekly survey asking about food and managers from the catering team should visit every ward at least once a month to talk to patients. A question about food should be part of the discharge conversation"*



**Appropriate** *“The service should plan regular opportunities for patients to give feedback, incorporating scope to give views on any aspects they consider important.”*

### **At the end of the visit**

- It is suggested that the AR team meet over lunch or a coffee, straight after the visit, to share their findings / observations and agree the content of the summary sheet. The group can also discuss common themes or key points which can be highlighted,
- The Lead AR will take responsibility for sharing all the notes and completed forms with the HW staff team.
- Lead AR's should confirm the end of the visit, when the team depart, via the WhatsApp group.
- If you're unsure during the visit, please get in touch with the Lead AR or a member of the team for guidance.
- The HW Manager / Deputy will be available via phone in the case of any issues.
- Please email the final papers/documents and notes to:  
[jo.tuck@healthwatchwestsussex.co.uk](mailto:jo.tuck@healthwatchwestsussex.co.uk)