

Enter and View Policy

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 authorised representatives of Local Healthwatch to enter premises that they own or control to observe the services that are being provided. These are legally binding directions.
2. An authorised representative is a representative of Healthwatch City of London who has been vetted, has undergone in-house training and has satisfied the Healthwatch City of London Board that they are a suitable person to carry out the visit.
3. All authorised representatives are CRB checked by the Disclosure and Barring Service (DBS) in line with Section 113A of the Police Act 1997 and have a certificate which has been verified by a named officer of Healthwatch City of London.
4. Under the 2007 Act (section 221) as amended by the 2012 Act and directed by Regulations 2013, authorised representatives of Healthwatch City of London have the right to enter premises and view services being provided. This is generally known as Section 221 activity.
5. Healthwatch City of London may request information from the 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.

The Visit

1. The purpose of the visit by Authorised Representatives is to (a) see and hear for themselves how a particular service is being provided, (b) to assess its nature and quality and (c) to collect the views of service users (and their carers) at the point of service delivery. Such visits also allow Healthwatch City of London to validate the evidence that has already been collected in the community.
2. Although the legislation allows for both announced and unannounced visits majority of the visits will be announced.
3. In the case of announced visits, providers will be contacted in advance to set out the practical aspects of the visit such as a mutually agreed date, the time and the duration of the visit.
4. The providers will be informed of the shape and format of the planned visit as well as the names of the authorised representatives attending the visit.
5. The authorised representatives will have appropriate identification throughout the visit.

6. As the visits are intended to gather information, the authorised representatives may speak to the staff, and interview the service users and carers with their prior consent and agreement to document their comments. These interviews will generally be structured.
7. In preparation for, or following, a visit, Healthwatch City of London may request information from the relevant providers and it is hoped that they will respond in the spirit of co-operation.
8. Authorised representatives will document their findings in writing based on the information gathered during the visit.
9. A formal Visit report will be produced which will contain information gathered including acknowledgement of what is going well and recommendations what needs to be improved. The draft version of the report will be sent to the service provider for comments on factual accuracy and inviting the service provider to add any Action Plan for service improvement to be included in the final report.
10. The final version of the visit report will be in the public domain as it will be published on our website and copies will be sent to the provider as well as to the Commissioners, the CQC, Healthwatch England, and the Overview and Scrutiny Committee (Health Scrutiny Panel) of the Council.
11. The introductory information provided above and the Code of Conduct printed below underpins appropriate conduct in respect of our representatives; this Code is to be treated, therefore, as the agreed Protocol for visits. The service providers visited may take this into account when deciding if the representatives of Healthwatch City of London are acting or have acted reasonably and proportionately.

Code of Conduct Relating to Visits to Enter and View Services

Part 1 – Introduction

People who use health and social care services, and the public generally, have expectations about the experience they want to have of those services and want an opportunity to express their views as to whether their expectations are being met. To enable Local Healthwatch to carry out their activities effectively there would be times when it would be helpful for authorised representatives to observe the delivery of services and for them to collect the view of people whilst they are directly using those services.

Healthwatch City of London 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 the people using those services. In carrying out visits, our authorised representatives may be able to validate the evidence that they have already collected from local service users, patients, their carers and families, which 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 HWCOL and organisations

commissioning and/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. The aim of this Code is to provide good practice guidance that underpins the conduct of representatives when undertaking visits on behalf of HWCOL.

Our representatives who are authorised to undertake visits should use the Code when making visits. Those being visited may take the Code into account when deciding if the representative is acting reasonably and proportionately.

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

- that in relation to these visits, the rights of patients, service users, staff and residents are respected and protected as are those of the authorised representatives undertaking the visit;
- that visits are conducted in a spirit of openness and partnership between HWCOL, the provider of the service and the individuals receiving the service; and
- that the relationship and dialogue between HWCOL, the provider and the wider population remains positive and constructive.

What is Local Healthwatch and why are they able to enter and view services?

The provisions in Local Government and Public Involvement in Health Act 2007 have been amended by Health and Social Care Act 2012 and the related Regulations 2013 to establish Local Healthwatch and to define its statutory duties which includes visits. Healthwatch City of London has been commissioned by the City of London Corporation and is governed by a Board of Trustees drawn from local Residents, city workers, those with a qualifying connection to the City and various User Groups and Voluntary & Community organisations operating within the boundaries of City of London. Its stakeholders represent the local community with all its diversity and ethnic makeup. Healthwatch City of London is an independent consumers champion and it supports the involvement of local people in the commissioning, provision and scrutiny of local health and social care services.

There is a local Healthwatch in every Local Authority area that has social services responsibility. The role of a Healthwatch is to:

- Give everyone an opportunity to say what their needs and priorities are and what they think about their local health and social care provisions – what is working well and what needs to be improved; give people an opportunity to monitor, and influence how health and social care services are planned, commissioned and delivered;
- Provide feedback to the providers, the Clinical Commissioning group (CCG), the CQC, Healthwatch England, the NHS England and the Overview & Scrutiny Committee of

the Council on what the patients and users of care services have said about services, so that services can change for the better;

- Represent the community's views at the Health and Wellbeing Board and contribute to the Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Strategy Sign posting to local Health and Social care Services.

There is a range of methods available to the local Healthwatch that can enable the community to say how local services could improve, such as:

- To make reports and recommendations to commissioners and get a reply within a set period of time;
- To ask commissioners for information and get a reply within a set period of time;
- To go into health and social care premises to observe the nature and quality of services delivered; and
- To refer issues to the local Overview and Scrutiny Committee and receive a response.
- To Healthwatch England and the CQC which may trigger Inspections by the regulators.

To enable local Healthwatch to gather the information they need about services, there would be times when it would be appropriate for them to see and hear for themselves how those services are provided. That is why the Government has introduced a duty on providers of health and social care services to allow authorised representatives of Healthwatch 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 concerned include:

- The Homerton Foundation Trust
- Homerton University Hospital including community health services
- East London NHS Foundation Trust (mental health)
- GP surgeries and Dental practices in City of London
- Community Pharmacies, Opticians and Vision testing centres in
- Care Homes, Day centres caring for vulnerable adults, etc.

Part Two Preparations and practical arrangements

Who from Healthwatch City of London can conduct a visit?

Under the current legislation, certain individuals can be authorised to enter, view and observe Health and Social Care activities being carried out – these individuals are referred to as 'Authorised Representatives' of local Healthwatch. The Local Government and Public Involvement in Health Act 2007 as amended by Health and social care Act 2012 states that authorised representatives must only enter and view premises for the purpose of carrying out the activities of local Healthwatch.

Before an individual can be authorised, the local Healthwatch must have agreed procedures for making decisions about who can be an authorised representative. Local Healthwatch Regulations 2013 set out the arrangements for authorised representatives. In brief, representatives can be authorised only 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 individuals associated with Healthwatch City of London who have expressed an interest in taking part in inspections will be invited to become an authorised representative.

These individuals will be asked to express in not more than 150 words, their expertise and what they expect to gain from the Enter and View process.

The Board of Healthwatch City of London will consider the applications and select an initial tranche of up to 15 representatives to go forward for CRB checks and further training.

The application for CRB checks will be processed by a named officer of Healthwatch City of London and will be forwarded to the local council for onward transmission to the Disclosure and Barring services.

The 'nominated person' will consider each CRB certificate and assess whether that person is suitable to carry out visits and/or whether they need further training.

Healthwatch City of London will publish a list of all authorised representatives on its website and will circulate copies to statutory partner organisations.

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

Representatives will be authorised on an annual basis.

All authorised representatives agree to inform the Board of any criminal activity since their original CRB check.

All authorised representatives will need to have their CRB checks renewed as part of the legal requirement.

In what circumstances can an authorised representative make a visit?

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.

In addition, because many health and social care services are now provided by the independent sector, the Government has published legally binding 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 are 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.

Preparing for a visit

Visits are only one way of gathering intelligence about a service. It is important that Healthwatch City of London has a clear understanding of why it deems 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, their 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.
- 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.

6 of 17

- 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 staff.

Preparatory information for the care provider

The legislation allows for both announced and unannounced visits. If the visit is 'announced', the Healthwatch City of London 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:

- 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);
- Purpose of the visit;
- 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 team members on every visit).
- Healthwatch City of London will give at least 5 working days' notice before a visit.

7 of 17

Healthwatch City of London is a CIO Charity Number: [1184771](#)
Portoken Community Centre, 14–16 Little Somerset Street, London E1 8AH

- 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 finalized and shared more widely.

Whilst the legislation allows for unannounced visits, Healthwatch City of London 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.

Requesting information from a care provider

In preparation for, or following a visit, Healthwatch City of London 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 City of London in a spirit of co-operation, while recognizing it will not always be possible to meet all of its requests. In those cases, the providers might consider, for example:

- Offer alternative times and dates if a request for a visit falls on a day which is not suitable;
- give sufficient 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.

Preparatory work for Healthwatch City of London

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 of, 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 HWCOL 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 behaviour, 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.

Planning the visit

Healthwatch City of London will plan any visit carefully including:

- Who will visit (minimum of two authorised representatives, balance of representatives)
- 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

Part Three: Conduct and Behaviour during the visit

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 that 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 bear in mind at all times that the needs of service users, residents and patients are paramount and are not to be compromised by the visit. They should also be sure to treat staff with respect at all times.

Guidance for authorised visits

Healthwatch City of London lead team 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 wear their identity badge at all times 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 be 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, giving their name and their role as a representative of Healthwatch City of London.
- 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 Trust services – e.g. quality of food, cleanliness of the environment, transport, communications with staff etc.

Conduct of authorised representatives on the visit

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

On all visits authorised representatives 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 representatives will focus on the particular issues(s) concern
- Adopt an unobtrusive manner

- Avoid private unrelated discussions
- Use checklist to ensure relevant information obtained
- When talking to staff authorised representatives 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 representatives 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 representatives 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 HWCOL representative(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 behaviour 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 HWCOL's activities (i.e. to observe service delivery or to talk to patients and users of the facility).

Examples of good practice

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 behaviour;
- 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;
- Recognize that user, resident or patient needs take priority; and
- Be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the authorised representative.

Checklist for visits

Below is a list of possible issues you might want to choose to include on a visit, but you 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?
- Are 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 staff 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.

Part Four after the visit

Written Report

Authorised representatives should document their findings in writing following the visit. As soon as possible after the visit, the representatives 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.

The report should include:

How it was carried out and who was consulted?

- What the authorised representative was looking at and why?
- What methods you 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 (need to be clear and concise). If appropriate, get the report checked first for accuracy with the service or organisation being reviewed. Include recommendations and request an Action plan and a timetable for implementation.

The recommendations should:

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

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.
- 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 Clinical Commissioning Groups (CCG) or Overview and Scrutiny Committee (OSC).

If you think your review reveals a serious failing in local health care you can refer the matter to the Care Quality Commission.

Commissioners of Services

Healthwatch City of London will build a good working relationship with commissioners and agree how best to work together to make sure the intelligence gathered by the HWCOL 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.

Overview and Scrutiny Committee (Health Scrutiny Panel- HSP)

When should HWCOL 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 HWCOL 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.

Commented [MW1]: These two sentences are repeated below under the heading "Regulators", so it seems unnecessary to include them here.

Regulators

HWCOL 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, a THINK may want to draw to the regulators' attention an example of excellent service in City of London. Other statutory bodies

Commented [MW2]: HWCoL?

Similarly, HWCoL 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, THINK should also consider contacting the police or referring the matter to the Local Authority safeguarding officer.

Commented [MW3]: HWCoL?

In all cases, in coming to a decision about whether to refer matters to other organisations, HWCoL 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 team 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 SI 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 2007 Act as amended by Section 186 of the 2012 Act

10. Freedom of Information Act 2000.

11. Section 149 of Equality Act 2010.