The Enter & View / Escalations Panel

The purpose of this paper is to update the Healthwatch Surrey Board on the activity of the Enter and View panel after six months of operation.

The Board is asked to agree the following recommendations:

- endorse the continuing work of the panel and its overall approach,
- that its membership should remain unchanged,
- endorse the decision to increase the threshold for negative sentiment
- that the approach taken with individual cases should continue
- that the Board will receive a further update in 12 months.

1. Background

Following an update to the Board on the 27th January 2016 we recommended more structure on how we operationalise the existing Enter and View Policy in order to provide clarity internally and to stakeholders about how and why Enter & View visits are undertaken (link to paper).

This paper provides an update on the work we have been doing to implement the policy in relation to *reactive* Enter & View visits. It does not cover planned Enter and View work undertaken in relation to a *programme* of visits as part of our work on thematic priorities, which has included for example the project on care homes 'My Way, Every Day'.

2. Summary of activity

- **Established Enter & View Panel that meets monthly to review data**

On the 9th August 2016 we established a Healthwatch Surrey Enter & View Panel in order to enhance the role of local people in our decision making processes, and in to provide more assurance about objectivity in decision making.

The membership of the panel comprises Lynne Omar (Non-executive Director), Wanda Jay (Non-executive Director), Kate Scribbins (CEO) and Matthew Parris (Evidence & Insight Manager).

The panel has been meeting monthly and has recently added to its membership Samantha Botsford (Data Administrator and panel coordinator) and Maria Millwood (Volunteer).

The panel makes decisions about how to respond to the evidence that Healthwatch Surrey gathers, and in particular cases of negative sentiment or particular concern.

- **Monthly analysis and review of data**

A monthly analysis of experiences data (shared directly by local people with Healthwatch Surrey) has been conducted since the last update and has been continually improved in response to requests from and in discussion with the Enter & View Panel.

This analysis now includes, by named service provider, analysing:

  - themes in negative sentiment in the last 12 months[1]
  - trends in negative sentiment in the last 18 months
  - individual cases of concern in the last month

The analysis supports implementation of the Enter & View policy and more detail on this can be found in section 3 below.

- **Decision taken to increase the threshold on negative themes from 75% to 90%**

Since the previous update to the Board, the coding structure used in our database has been updated to provide more clarity on sentiment and overall 'richness' in the data we hold. Specifically this has meant that there is no longer a 'mixed' sentiment, but multiple sentiments are applied to the same experience which can include both positive and negative e.g. people will experience different sentiments with the same service provider or even in the same interaction.

This has led to a change in the proportion of negative experiences when compared with the total number of experiences (currently c.70% negative). A 75% threshold no longer seemed relevant and has been increased to 90% to ensure the panel only considers service providers that are 'significantly' different to the average.

- **4 unique service providers identified as having above average negative sentiment**

We have identified and reported to their commissioners instances where service providers have appeared in our analysis of themes. This has led to requests for more insight into specific experiences.

> We reported a negative theme that was identified with Surrey & Borders Partnership Foundation NHS Trust to the commissioners of the service Guildford & Waverley Clinical Commissioning Group (CCG). The CCG were able to provide assurance that contractual levers had been used to

[1] Service Providers on the CRM (database) for whom we have documented at least 12 experiences and who have a negative sentiment of 90% or above in the last 12 months

> influence the specific aspects of service delivery which were identified in the insight we provided.

- **16 individual cases of concern have been escalated to the CQC and CCGs**

A number of individual cases have been escalated to the regulator and commissioners who have powers to act in ways that we cannot and who hold data about services which when triangulated with insight into user experience can improve decision making.

Whilst there are no specific examples of this activity leading to improvements in services for local people, positive feedback has been received by those we have escalated concerns to. Furthermore, it is our belief that the panel approach to making decisions about escalations has added further legitimacy to our role as an 'early warning system' for when things go wrong.

- **2 reactive engagement events held**

The panel have not yet been presented with data which has led them to decide that a *reactive* Enter & View visit is the most effective action to take. On two occasions services were identified as having some problems, however the panel did not feel that there was enough evidence to warrant a *reactive* Enter & View visit (13 experiences over 12 months). The panel decided to adopt another approach to gathering more evidence, which would involve speaking to the Practice Manager and arranging for our engagement team to visit.

> A 'reactive' engagement event has been held at a local GP surgery where we identified a theme around negative experiences. The visit enabled us to get a fuller picture of the experience of its patients and has led to us escalating a collection of experiences to NHS England around access and appointment booking issues.

3. How it works

Thematic Escalation Report

Step one: Establish which services are getting more negative feedback than the average

12 months data is analysed in regards to the sentiment of experiences towards each service provider. In September and October, the report included all of the experiences relating to service providers who had a negative sentiment of 70% or above, and five or more experiences about in 12 months.

Due to changes in the coding structure and the increased volume of experiences, the report changed to review all negative experiences for service providers with an overall negative sentiment of 90% or above with 12 or more experiences over a 12-month period. This enables us to identify areas of concern more effectively and to identify recurring themes in relation to each provider. These parameters are reviewed on a regular basis in the monthly meetings.

Since these changes, we have discussed themes in relation to four service providers, some of which have been reviewed on more than one occasion. This has enabled us to monitor if there are any changes to themes and to see how new evidence contributes to our existing knowledge of providers.

In addition to this, the performance of providers with a negative sentiment of 80% or above, and whom we have 12 or more experiences in 12 months, is tracked. This enables us to monitor service providers whose negative sentiment is above average for Surrey[2] and who are repeatedly close to reaching the criteria to warrant thematic analysis. This means that we can decide to review a provider whose sentiment is consistently negative and whom we are continually hearing about.

Step two: Decide on most effective course of action

Following the discussion and review of the service providers and themes, we then decide on relevant actions. We have a range of options at our disposal including:

- Conduct engagement event to gather more evidence
- Refer direct to CQC
- Refer to commissioner
- Refer to NHS England
- Conduct Enter and View visit

To date, the panel has not felt that an Enter & View visit was the most effective way of escalating the issue. In two cases, it was decided that more evidence was needed and the providers agreed to host an engagement event without Enter & View powers needing to be

[2] Negative sentiment of all experiences is 69%, 12 months to January 2017.

used. If a service provider was reluctant or not cooperative to our requests to further engage with their patients, the Enter & View powers would be used.

Individual cases of concern

In addition to identifying themes of experiences around service providers, all experiences are reviewed on a monthly basis. Cases of potentially serious concerns are then brought to the meeting for discussion and analysis. The panel decided that the criteria for individual cases to be brought to its attention should be: "An event with evidence of issues surrounding safeguarding/abuse/conflicting advice/poor care."

To date, 16 individual cases of concern have been discussed and each of these has been escalated to the relevant CCG and CQC. In addition to this, we have sought updates from the clients though our engagement team and CAB network.

4. Conclusion

In the absence of guidance from Healthwatch England – and having consulted widely with other local Healthwatch on this matter – we have decided to pioneer our own approach to using *reactive* Enter & View proportionately and effectively.

So far we have created reports, processes and structures that enable us to make decisions about how to respond to what local people are telling us about their services. There are already examples that this approach is influencing local services.

This work has also:

- Provided a focus on priorities for cases to take to 'What We've Heard' meetings with each of the CCGs
- Prompted targeted engagement activity focussing on potential issues with a GP surgery
- Helped to improve the quality of data we are capturing; driven by the panels desire to make good decisions
- Led to 2 experiences currently being investigated as Serious Incidents by CCGs. One of which is outlined below:

> "An elderly lady fell in her front garden and broke her neck by hitting a low wall. It took nearly 2 hours and about many calls to the 999 service before an ambulance arrived. She was distressed and in absolutely excruciating pain, was cold

> and laying on damp grass. When the ambulance arrived despite her severe neck pain they said she had not broken her neck and that it was only muscular pain and therefore they did not support her neck in any way during her almost unbearable drive to the A & E department. The hospital said it was a very bad fracture and that if her neck had moved even a fraction more she would have been totally paralysed or would have died."

Although these added benefits to this activity are very welcome, the primary aim has been to ensure that our *reactive* Enter & View powers are being used to maximum effect. It is too early to draw any conclusions on this.

In the deliberations thus far, the panel has always identified more effective ways to use the information it has.

We have learnt that many of issues identified in our data either:

- do not pertain to services that you can Enter & View e.g. Community Mental Health Services / Domiciliary Care Services
- are systemic issues where the observational benefit of Enter & View has a limited contribution to make e.g. Hospital Discharge

We have also learnt that it is very difficult, possibly not even desirable, to identify a specific set of circumstances under which you would undertake a *reactive* Enter & View.

> Members of the panel have suggested a *reactive* Enter & View would be particularly effective when more evidence is required to make a decision but where the service you wish to find out more about does not wish to cooperate

A more confident judgement on the way we are using our *reactive* Enter & View powers will be possible after a longer period of time looking at more data.

5. Recommendations

The Board is asked to agree the following recommendations:

- endorse the continuing work of the panel and its overall approach,
- that its membership should remain unchanged,
- endorse the decision to increase the threshold for negative sentiment
- that the approach taken with individual cases should continue
  that the Board will receive a further update in 12 months.

We recommend that the Board receives another update in 12 months or to a meeting that immediately follows the first *reactive* Enter & View visit.