

To: Healthwatch Surrey Board
From: Sam Botsford
Date: 19th October 2018

The Escalations Panel Update

1. Purpose

The purpose of this paper is to update the Healthwatch Surrey Board on the activity and outcomes of the Escalations panel, inform of the changes to the working methods, and to recommend changes to the attendees of the panel.

The Board is asked to

- Note the proposed modifications
- Approve the make-up of the panel
- Nominate two non-executive directors to attend the panel meetings.

2. Background

In April 2017, the Healthwatch Surrey Board endorsed the work and the approach of the Escalations Panel and the increase to the negative sentiment threshold used in the Thematic Escalation report. There were also questions raised around the use of the Enter & View power. In October 2017, the board endorsed changes to the meeting frequency, the approach to targeted Enter & View visits and reactive engagement events as well as an update to the Enter & View policy.

3. Summary of activity

Since October 2017, the Escalations Panel has been monitoring the evidence and sentiment of service providers across all service types. Over time the panel has developed a menu of options for activity that the staff team can take in response to concerns. Activity arising from the panel ranges from recommending that individual cases or clusters of issues are raised either immediately with CCGs and providers, or shared at our regular What We've Heard (WWH) meetings, to recommending that we carry out engagement to gather more information or carry out a mini-project or use our Enter and View powers.

The most significant piece of work that has been recommended by the panel was an Enter & View visit to the Abraham Cowley Unit in response to concerns the panel had. In June and July this year, a group of staff and volunteers visited the unit on two occasions and recorded conversations with 13 patients, three staff members, and one visitor. These conversations, along with the observations made by the authorised representatives were compiled into a report which made recommendations about the unit. <https://www.healthwatchesurrey.co.uk/abraham-cowley-unit-october-2018/>

The service provider (Surrey and Borders) responded to all of the recommendations made within the report.

The concerns were noted and ...The Associate Director has raised the concern over safe discharges with the ward manager and consultant. The ward has now introduced a ward round list to ensure that people that use the services and their families are kept informed of when they will be reviewed by the MDT. The ward is now using an agreed template for the MDT morning meetings and the discharges are planned by the MDT in these meetings. The wards are being supported by the Bedflow team, Discharge Coordinator, pharmacy and other services to ensure safe discharges.

Four reactive engagement events have also taken place since October 2017. These have taken place when the panel has decided that further evidence is needed to ascertain the extent to which there are concerns about a specific provider and recommend further action if necessary.

The panel has identified a theme in the evidence around GP practices across Surrey charging varying amounts for providing medical evidence to support benefits claims and appeals. This was escalated to NHS England who provided a detailed response outlining the process. The panel recommended that Healthwatch Surrey continue to work on this issue, and there are volunteers who are currently working on a further investigation of this theme.

In addition to these broader pieces of work, the panel also recommends that individual experiences be shared with providers, commissioners and regulators.

A family member shared correspondence that their relative had received relating to a referral to the CAMHS service. There were a number of issues within the letter that the Escalations Panel asked to be raised with the provider who provided the following response: "We have investigated the letter ... There was an error where the young person was sent the letter directly which should not have happened. Our One Stop service will take action to mitigate against this happening again. Together, the Mindsight services are reflecting on the letter and the experience of the family in the context of all the rapid action planning work that is underway... Many thanks for bringing this to our attention."

4. Changes to working methods

Meeting frequency

Since the last update, the meeting frequency has changed to every 6 weeks. This enables the panel to be able to review a larger number of new experiences. The benefit of this is also that more completed actions can be reported at each meeting and there are fewer actions rolling over.

Updated Thematic Analysis

After an internal review by the panel, some changes have been made to the Thematic Escalation Report. These changes have been tested and approved by the panel. In summary, the new report ensures that the panel considers the most talked about providers and themes across all major service types (acute hospitals, primary care, mental health, social care). This has meant that there is a broader range of providers discussed and more experiences reviewed. It has also identified common themes across multiple providers. For example, Hospital Discharge is often a theme with particularly negative sentiment and the panel identified that there is often a problem with medicines distribution across many of the hospitals in Surrey. As a result, we have contacted those hospitals that we have evidence that this is a problem for.

We do acknowledge and apologise for the poor experience to some patients having to wait longer than expected for medication at discharge. This is an issue we have been tackling and continue to strive to make improvements. We have instituted 'lean' processes to the discharge medication pathway to some success but acknowledge that some inefficiencies still exist and have plans to tackle these.
Ashford & St Peter's Hospital NHS Foundation Trust

This report must constantly be adapted depending on the evidence as themes are not often easily categorised or identified. Further distinctions will need to be made in the future in service types such as social care as this is currently a broad term and it is important that some experiences involving smaller providers are not eclipsed by the larger ones.

Updated Terms of Reference

An updated Terms of Reference (please see appendix A) details changes to the composition of the panel and working methods.

In addition to this, a flow chart of possible actions has been simplified to make the decision making process more efficient and to ensure that escalations are reaching the most appropriate place.

5. Make-up of the panel

The previous terms of reference identified that the panel should consist of

- 2 independent non-executive directors
- 1 volunteer
- 1 representative from the Healthwatch Surrey Helpdesk
- 3 Healthwatch Surrey staff members

It has not always been possible for the existing volunteers to attend all of the meetings, so the proposal is to increase the volunteer presence and involvement. Contributions from the volunteer members of the panel are incredibly valuable and help to balance the perspective to the decision making. Going forward, it is proposed that the panel should consist of:

- 2 independent non-executive directors
- 2 volunteers
- 1 representative from the Healthwatch Surrey Helpdesk
- 2 Healthwatch Surrey staff members¹

In addition, it is recommended that there should be a standing invite to additional observers from Board and staff team. Recently, members of the board and staff team have been invited to observe the panel and give feedback. This is to help increase their understanding of the panel as well as to make changes as suggested by the observers. It is proposed that new members of the board and staff team should attend an Escalations Panel meeting as part of their induction programme. There is a meeting scheduled for Wednesday 5th December which is an opportunity for those non-executive directors who have not yet observed a panel meeting attend.

¹ Healthwatch Surrey staff to also provide secretariat support

6. Conclusion

The Escalations Panel is a forum that is evolving and adapting to the evidence that we hear directly from the people of Surrey. It is an established process that provides clear and articulate guidance and recommendations on how to react proportionately and appropriately to the evidence that we hear. In the last 12 months, there have been some significant pieces of work which have been led by the insight we have gathered and has secured outcomes, improvements and assurances for local people.

7. Recommendations

We recommend that the Board endorse the changes to the working methods of the Escalations Panel as follows:

- Note the proposed modifications
- Approve the make-up of the panel
- Nominate two non-executive directors to attend the panel meetings.

Appendix A

Escalations Panel Terms of Reference

Version: 4

Date: 16th October 2018

1. Purpose

The purpose of the Escalations panel is to advise the CEO and Board about how to respond to the evidence that Healthwatch Surrey hears surrounding the quality of service that patients are receiving across the health service and social services, in particular, cases of negative sentiment or particular concern. It may not always be possible/appropriate for the CEO and board to follow the advice, however, they will strive to keep the panel informed where possible

2. Membership

The current membership consists of four volunteers (two independent non-executive directors, two lay volunteers), one representative from the Healthwatch Surrey Helpdesk, and three members of the Healthwatch Surrey staff team.

Name	Role
Lynne Omar	Independent Non-Executive Director
TBC	Independent Non-Executive Director
TBC	Volunteer
Lorraine Buchanan or Carolyn Hixson	Helpdesk representative
Kate Scribbins or Matthew Parris	Chief Executive Deputy CEO/Evidence and Insight Manager
Sam Botsford	Evidence & Insight Officer
Kathryn Edwards	Secretariat support

3. Working methods

The panel meets on a 6 weekly basis.

Approx. 5 working days before the meeting, a number of papers are circulated to all panel members to be discussed in the meeting:

- i) Agenda for upcoming meeting**
- ii) Minutes from previous meeting**

The panel reviews the actions from the previous meeting.

iii) Action log

The action log is circulated at the meeting and highlights that have not been covered in the minutes are discussed.

iv) Thematic Escalation Report

A detailed analysis of the most frequently mentioned service types and providers and themes who have an above average negative sentiment for the service type over the previous six months.

v) Individual cases of concern

Cases of potentially serious concern that fulfil the definition in Appendix 2

vi) Non-database intelligence

Panel members discuss any other concerns that are not related to the Healthwatch Surrey database. Examples of this may include national/local news stories and operational intelligence.

The panel decides what action to take in regards to the identified themes and individual experiences according to the Options of Actions (Appendix 1)

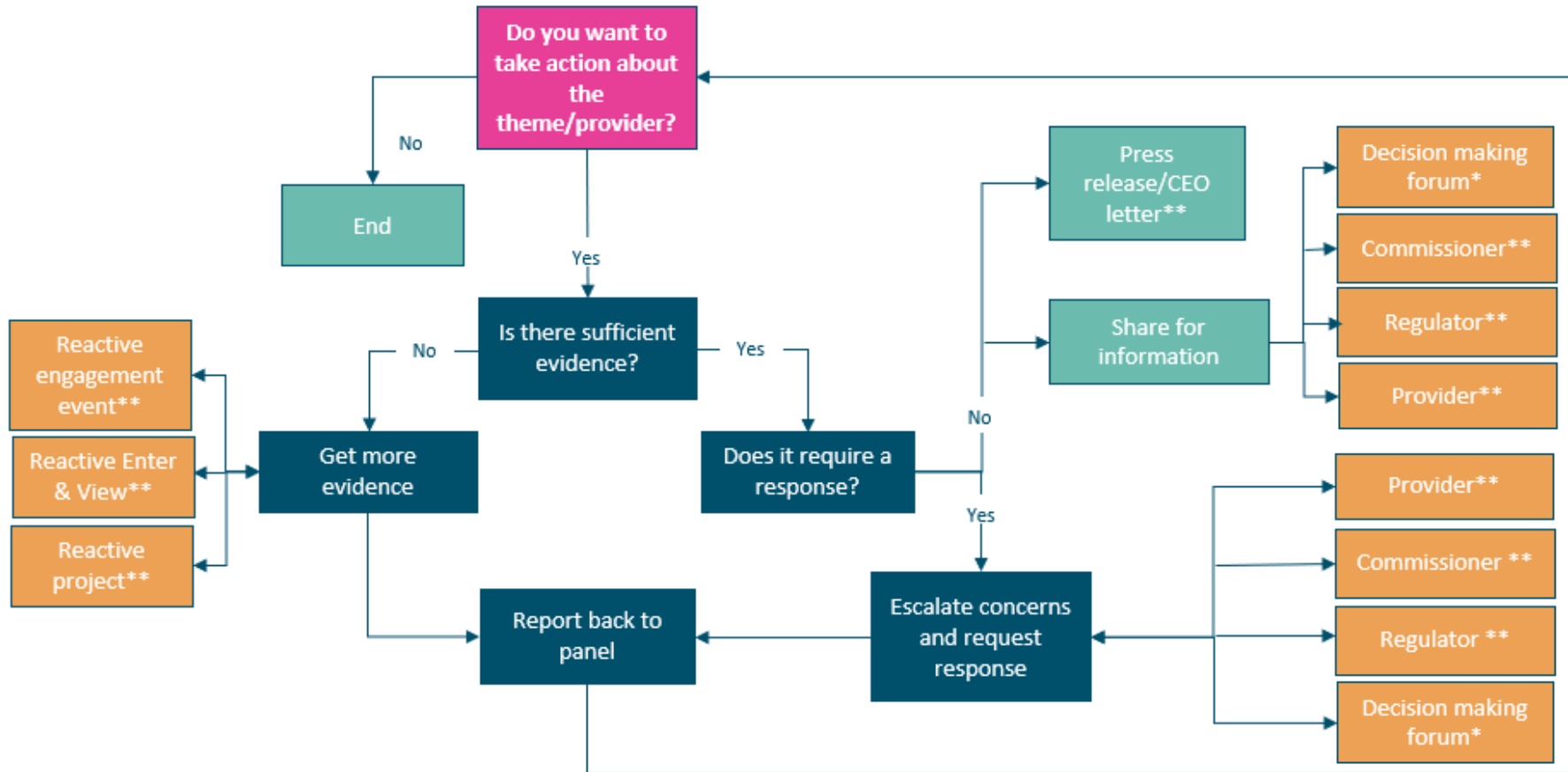
4. Review

These Terms of Reference will be reviewed in October 2019 or sooner, should the panel wish to make amendments.

Appendix 1

Escalations Panel

Options of Actions



*To be recommended in consultation with CEO/Deputy CEO

** To be actioned by Healthwatch Surrey staff team

Appendix 2

Escalations Panel

Individual cases of concern

Definition

An event experienced by a resident of Surrey, concerning a known service provider, which was relevant within the last six months, and demonstrates that a patient's experience has included issues around:

- An unmet need- a service provider has not responded to a person's need in an appropriate way
- Quality of care- a person's care or treatment has not achieved an acceptable outcome based on the available evidence.
- Safety- a person has been exposed to avoidable harm