

To: Healthwatch Surrey Board

From: Sam Botsford

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The Escalations Panel Update

1. Purpose of this paper

The purpose of this paper is to update the Healthwatch Surrey Board on the activity of the Escalations panel, inform of the changes to the working methods, and to recommend changes to our Enter & View policy that reflects the activities of the panel.

The board is asked to endorse the changes to the working methods of the Escalations Panel and the amendments to the Enter & View policy, which are:

- Escalations Panel meeting frequency changed to monthly
- Targeted E&V visits recommended by Escalations panel
- Pattern of concern about Service Provider identified through Thematic Escalation Report
- Healthwatch Surrey to work collaboratively with service providers through reactive engagement events
- Actions related to serious cases of concern to be recommended by Escalations Panel

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. A further update was requested after 6 months.

3. Summary of activity

Since April 2017, the Escalations Panel has discussed 10 service providers who have a negative sentiment of 90% or above in the experiences that we have heard about. As a result, we have held three reactive engagement events and have another one in the planning phase. In addition to this, we have taken various actions in relation to 50 individual cases of concern. These actions include raising issues with providers and commissioners, working collaboratively with other local Healthwatch, escalating concerns to CQC, and using intelligence to help shape other projects.

“A diabetic sufferer was included in a trial of insulin pump. He was told to report progress via email, which he did, telling them of his situation and negative effects. He never had feedback despite many emails and contacting the clinic. When he finally saw a doctor, he did not receive any changes as the doctor could not access his records, by which time his life was seriously affected. Client moved and so he attended a different clinic. His dosage was not checked or altered. He was finally checked recently by the company who supplied the pump and the representative was shocked to find that for four years, the pump was set to dispense insulin at incorrect intervals.

This concern was treated as a serious clinical incident by the CCG

4. Changes to working methods

Reactive Engagement Events

One individual case of concern prompted a pilot reactive engagement event, which involved Healthwatch Surrey team members and volunteers talking to patients on three wards in a hospital. These experiences have been used to create a report with recommendations on how the service provider can make improvements for patients staying on their wards:

In general, the patients and their relatives were satisfied with the care they were receiving and the attitudes of the staff. However, we would appreciate you looking into the concerns that we have raised and commenting on any planned improvements or investigations in order to provide assurance that the patient experience can be improved upon.

In conclusion, Healthwatch Surrey is:

1. Seeking assurance that issues with staffing levels are being addressed and the care of patients is not being compromised as a result of staff shortages.
2. Recommending that the positive comments about staff attitudes are relayed to the nursing staff.
3. Asking the trust to explore how disturbances during the night can be minimised to help improve the experience of patients staying on wards.
4. Suggesting that the discharge process is reviewed to ensure that patients are discharged safely and appropriately, and that patients and their relatives are fully informed of discharge plans.
5. Advising that communication to patients is improved so that patients feel fully informed and satisfied with the care that they are receiving.

We are currently waiting for a response from the provider.

We have found that the collaborative approach to holding reactive engagement events with service providers has been an effective method of gathering additional evidence about patient experience. Outside of the panel, we have encountered a service provider who was reluctant to allow Healthwatch Surrey to hold a listening event on their premises. They were made aware of our Enter & View powers, however, their concerns have now been resolved and we are able to hold the listening event as first requested.

New Thematic Analysis

After an internal review by the panel, some changes have been made to the Thematic Escalation Report. A new method of identifying concerning themes in individual service providers is currently being trialled. Rather than looking at the average sentiment for all service providers, this is being looked at in context for each category. This means that providers with the highest negative sentiment of their type are now being discussed. Therefore, the service providers identified as having thematic concerns are much broader as each service type is looked at individually.

New Definitions for Individual Cases of Concern

The definition of individual cases of concern has also been made more specific:

An event experienced by a resident of Surrey, concerning a known service provider, that 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

This change means that we can more easily identify the most appropriate actions to take for each individual case.

New Terms of Reference

A new Terms of Reference has been agreed upon by the panel members (please see appendix A). As a part of this, changes to the membership of the panel has been amended to now include a representative of the Healthwatch Surrey Helpdesk.

In addition to this, a list of possible actions has been agreed which ensures that escalations are reaching the most appropriate place.

5. Updates to the Enter & View Policy

The work of the Escalations Panel has had an impact upon our Enter & View Policy and some changes to the policy have been proposed for the endorsement of the Healthwatch Surrey Board. The main changes to the policy are:

- Analysis of the database is now monthly through the Escalations Panel instead of 6 monthly by staff members.
- Targeted Enter & View visits are recommended to the CEO and Healthwatch Surrey Board by the Escalations Panel.
- A pattern of concern about a service provider is identified through the new Thematic Escalation Report.
- Healthwatch Surrey to work collaboratively with service providers where possible through reactive engagement events
- The Escalations Panel recommend what actions to take in relation to serious cases of concern based on the agreed options within the Terms of Reference

6. Conclusion

As the Escalations Panel has evolved, the actions associated with it have also become more succinct and developed. The panel has been able to make recommendations based on their concerns that more evidence is gathered about service providers, and to date, service providers have been largely collaborative in this approach. By reviewing themes and trends around service providers whom we hear significantly negative experiences about, as well as investigating individual cases of concern, we have been able to take actions and achieve outcomes for local people without needing to use our Enter & View powers. However, it is important that we have a plan should the Escalations Panel recommend an Enter & View visit take place.

7. Recommendations

We recommend that the Board endorse the changes to the working methods of the Escalations Panel along with the amendments to the Enter & View policy that include:

- Escalations Panel meeting frequency changed to monthly
- Targeted E&V visits recommended by Escalations panel
- Pattern of concern about Service Provider identified through Thematic Escalation Report
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