



# HWSy Intelligence Officers

Overview of new Intelligence Officer role in the First Quarter.

# Intelligence Officer Post Update

## Rationale for creation of Intelligence Officer Post as part of 2019 restructure:

1. Recognition that although we collect thousands of useable experiences, we do not always make maximum use of these in external influencing.
2. Recognition that there was to some degree a silo-effect in the staff team with engagement staff, database staff, project staff and volunteer staff not always working as one.
3. Recognition that many in the staff team were not close to the insight held on the database.
4. Recognition that with the changing architecture of the ICS/ICPs we need to be flexible and make best use of Volunteer Teams in extending our presence across the system
5. Recognition that we need to build closer relationships with our hospitals and other trusts – key to getting outcomes.

## Intelligence Officer – The First Quarter:

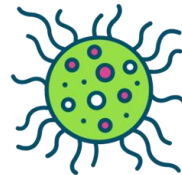


1. Reviewed the Escalations, Sharing and Reporting process
2. Whole team inputs soft intel to the weekly/monthly reports. Project Officer writes monthly bulletin based on intel team weekly analysis. Working with Engagement team to meet with acute providers.
3. Weekly intel reports for the team to ensure better informed. Updates at team meetings.
4. ...developing plans within our WWH schedule
5. We've reviewed relationships and re-established meetings with acute providers.



# Key aims in the creation of the Intelligence Officer Post

1. Brings the CEO and staff team closer to the evidence and insight that we hold and positions the CEO as the main point of interaction with our system partners which provides a consistency and efficiency across the system. **Taking insight to meetings, such as JIG, has helped us 'earn our place' at Surrey-wide boards. Our insight is valued, particularly with the monthly bulletin.**
2. Ensures the CEO and team are well briefed and prepared for meetings and can make best use of our insight. **Reading the papers in advance and providing comment to inform those attending meetings. e.g Quality and Performance Board**
3. Build a small group of “research” volunteers who can help us to analyse our insight and identify themes for reporting. We currently hold a wealth of insight but do not always have the capacity to make best use of it with only one part time Research Officer. More volunteer capacity would enable us to produce more outputs. **A work in progress, enlisted large group of vols to check ALL Surrey GP websites. One of our volunteers Alice has written up the analysis.**
4. The role will also support volunteers in Community Influencer roles by ensuring they are well briefed and prepared. It will also ensure consistency of sharing our insight across the system. **Developing plans with volunteers and Volunteer Officers in Q2**
5. Works with the Data Quality Officer and the Research Officer to support insight and Escalations – the aim being to make best use of our experiences. **Working in a collaborative way, to maximise value of database insight e.g. DNAR theme.**



## Adapted to virtual working and responding to Covid-19 pandemic

- ✓ Weekly Insight report for Team – moving to bi-weekly.
- ✓ Monthly Insight report for team and volunteers.
- ✓ Developed Monthly Insight Bulletin for Stakeholders
- ✓ Continued to share insight with providers and commissioners virtually



## Review of sharing and escalating process:

We need an escalations and sharing process which can:

### **Identify**

- Identify ConCs, Concerns, Clusters to be escalated
- Act quickly to escalate concerns.

### **Review and Evaluate regularly.**

- Insight is read and reviewed regularly for ConCs and Clusters by more than one person.
- Insight is routinely shared and escalated.
- Team are well briefed for meetings and are able to share what we've been hearing
- Escalations are evaluated and sent with clear questions and expectations of a response.

### **Improve Responses.**

- Aim to improve provider responses to escalations – improve response times and quality of responses to escalations so we can secure a good outcome for those who share insight with us.

### **Follow up to secure outcomes for local people.**



# ConCs, Clusters and Concerns:

- New guidelines have been developed to support the team and partners to identify ConCs as they are put onto the system.
- ConCs can be sent via a fast track route to the Escalations inbox as well as being added to the database.
- Insight will be read and reviewed regularly for ConCs and Clusters by more than one person.
- Volunteers to help read and advise on ways to escalate.
- Regular updates at the team meeting and Escalations Panel regarding current concerns.

	Quarter	To be Reviewed by EP	Date	Reviewed By	Source	Informatics ID	ConCs, Clusters, Concerns	Title	What We've Heard:	What happened next: Responses (Plus Dates)2	Do we have a response?	EP Recommendations
1	Q4 19/20.01	On Hold	29.01.20	E.P/KE/KS	Various	109347, 107224, 102721	Cluster	Mental Health and Primary Care	Cluster of experiences relating to accessing mental health via GP (Saved in Intelligence Folder)	<b>CURRENTLY ON HOLD until next meeting.</b>	No	
2	Q4 19/20.02	Closed	27.01.20	SBr/KE/KS	Engagement event	No ID	Concern	Accessing Mental Health Services through Kingslodge Care Home Concerns	This is the summary we received from our team: He is unable to work (most likely due to a bereavement from his mother dying last year and Hi Julian	Hi Kathryn	Yes	Reviewed May 2020 by EP.
3	Q4 19/20.03	Reviewed See Actions	Oct/Nov 2019	E.P	Email to HWSy	No ID	ConC	Kingslodge Care Home Concerns	Here is a chronology of the experience I mentioned today re Kingslodge Home. I have permission to	There is a separate single point of access for Response from Safeguarding team 18th Feb 2020. Hi Julian,	Yes	Reviewed May 2020 by EP. follow up in the team with T discuss next steps. Update
4	Q4 19/20.04	not for review	29.01.20	E.P	Engagement event	109337, 109335, 109325	Cluster	Giggs Hill Phone Line	Cluster of experiences relating to accessing Giggs Hill Phone line. Taken at listening event in December	Hi Kate Thanks for sharing and I have copied in Helen from the contracting team - hope you	Yes	Reviewed May 2020 by EP. follow up at next Primary c
5	Q4 19/20.05	On Hold	13.02.20	KE/KS	Surrey Heath CAB	112651	ConC	Telephone Triage	"CI had a fall in early Sept resulting in a bad back and a leg injury. She contacted her surgery and requested a GP appointment but was only given telephone		Yes	On Hold
6	Q4 19/20.06	Yes	13.02.20	KE/KN/KS	Surrey Heath CAB	109682	ConC	Mayfair Care at Home	"A lady's (Elderly) Mum lives in a property which has been her home for over 70 years. Mayfair Home Care in Woking visit her Mum 4 times a day from		No	Follow up further for a resp
7	Q4 19/20.07	Pending - not for	13.02.20	KE/KS	Engagement event	No ID	Concern	Guildford Students	We held a community engagement event at the PPA (Performance Preparatory Academy in Guildford).	18.05.20 from Liz Patroe GP registration for students in Guildford		Follow up further for a resp

- ConCs, Concerns and Clusters are logged on the ConC tracker.
- Escalations Panel – review responses

# Regular Reporting and Sharing:

## Insight Bulletin: June 2020

One of the statutory duties of Healthwatch Surrey is to listen to the views of local people about their health and social care and to share these views with the organisations who make decisions about local services.

Our engagement is agenda-free: people tell us about the experiences that have affected them in their own words. This bulletin highlights three of the themes we have heard most about in past few weeks. It is a small sample of what we hear - if there is a topic you would like to hear more about please contact [Kate.Scribbins@healthwatchesurrey.co.uk](mailto:Kate.Scribbins@healthwatchesurrey.co.uk).

### Digital consultation is not a panacea

While many people have been delighted by online or phone healthcare consultations we have heard from patients, support organisations and clinicians about problems for some people and the need to protect equality of access:

## Routine review and sharing of insight:

- Weekly review of insight and gathering of non-database intelligence.
- Monthly Intelligence report is compiled for the team, which reviews all our insight across the whole of Surrey and can pick up on emerging issues.
- Insight bulletins are regularly shared with CQC, providers and commissioners.
- In-depth insight reports are prepared for What We've heard meetings.

***“we will share this bulletin in our primary care bulletin out to all GP practices in Surrey as I think there is some good common learning in it for all of us”*** – Dr Canniff Clinical Chair of Surrey Heartlands CCG

***“The feedback on GP is positive and I hope that we can build on this with you as we start to look at gaining more stakeholder feedback”*** Nikki Mallinder Associate Director of Primary care SH CCG



# Sharing Insight: What We've Heard meetings.



**External Meetings and Boards**  
(e.g JIG, Q&PB, Health and Wellbeing Board, Adult and Health Select Committee)

## Surrey Wide WWH meetings:

- **CQC** - Quarterly
- **Adult Social Care** – Quarterly
- **Surrey and Borders Partnership** – 6 Monthly
- **Surrey Heartlands CCG Primary Care** – 6 Monthly
- **Public Health** – 6 monthly

\*New\* Acute Provider Meetings

- WWH RSCH (OCT)
- WWH SASH (OCT)
- ASP PMEG (July)

## ICPs

- We have been meeting with **Surrey Heath** at place quarterly. Keen to continue.
- **G&W CCG now G&W ICP** – we have been meeting quarterly. Attendees keen to continue as ICP. Meetings will resume soon.
- **CRESH, Surrey Downs ICP and NWS ICP** – we've begun discussing with **Surrey Heartlands Patient Engagement team**.
- We are now sitting on the **CRESH ICP board**.



## Challenges

- Consider volume of experiences and our new processes.
- Involving volunteers more and utilising their expertise.
- Developing a team of volunteers to support Intelligence reviews, sharing and escalations.
- Continuing to navigate the ever changing system architecture.
- ConCs: Receiving a full 'reasonable response' and reporting an outcome.
- WWHs: Challenges in meeting with ICPs where we do not already have an established contact.
- Covering the Frimley Patch
- PCNs!!

## Future plans

- Looking to build relationships at ICP level and in Children's Services.
- Continuing our relationships at Surrey Heartlands with patient experience and quality teams.
- Developing acute relationships further (on our terms!).
- Working closely with volunteers
- Will be developing reporting process further, to tie in WWH meetings and Engagement strategy.

