The Escalations Panel and reasonable response update

July 2021

Background

In March 2020 we started a new process to review the database of experiences and the operation of the Escalations Panel (EP). This process was adapted slightly with the return of Sam, Evidence and Insight Officer, from maternity leave. Here is a summary of how we have been working since September 2020:

- All experiences are uploaded onto our Informatics system
- Delivery partners[1] are trained to look out for Concerning Cases and they email a copy of the experience to escalations@healthwatchsurrey.co.uk to alert those with access to the inbox, that there is a Concerning Case (ConC).
- The Evidence and Insight Officer sends all of the experiences that have been added to the Informatics system to the Intelligence Officer fortnightly for a joint review.
- At the review, each of the officers raise and discuss ConCs and decide on actions.
- All ConCs are logged on the Escalations Tracker and appropriate actions taken by the staff team.[2]
- The Evidence and Insight Officer circulates the Escalations Tracker to the EP 1 week before each meeting and highlights those cases that are unresolved.
- The members of the EP can also request other cases are discussed
- Further actions are then recommended at the EP and reported back on at the next meeting.
- Any outcomes are shared as appropriate.

We are reviewing this process now as we have enough cases and experience to ascertain the effectiveness of this method and the responses it's elicits from system partners. Also, as our relationships within the system evolve, it is a good idea to assess our own methods for sharing.

Reasonable response ratings

In April 2020, we established a definition of a reasonable response (Appendix A) to help ascertain when sufficient action had been taken on each CONC. We have used this definition to give a rating (1-5) to the responses that we have received. At the same time, the Board adopted an SPI of obtaining a reasonable response to 80% of our escalations, as one way to measure our effectiveness as a local Healthwatch (SPI 1.2).

[1] Citizens Advice Healthwatch Champions, Healthwatch Surrey Helpdesk, Independent Health Complaints Advocacy Service (IHCA), Engagement Team (staff team), Community Listeners (volunteers)

[2] This may include asking volunteers for help, sharing/escalating to providers/commissioners/CQC.

The following table shows the average rating for each of the organisations that we have escalated to and received a response from[3]:

Escalated to	Average of Response Rating
Adult Social Care	3.6
Ashford St Peter's Hospitals	4.2
Care UK	3.0
CNWL (sexual health)	4.0
Central Surrey Health	4.0
Epsom St Helier Hospitals	4.0
Frimley Park Hospital	3.8
NHSE/I	3.0
Royal Surrey County Hospital	4.0
Surrey & Borders Partnership	3.6
East Surrey Hospital	4.0
SECAmb	4.0
St George's Hospital	5.0
Surrey Downs Health and Care	3.0
Surrey Heartlands	3.5
Surrey Heath CCG	4.0
Overall Average	**3.8**

The average response rating is 3.8 which means that we are generally getting responses that:

- LISTEN: Acknowledge validity of the experience/issue (i.e. without saying they cannot investigate without more info)
- RESPOND: Provide a response to all key issues raised/questions asked

However, we are not regularly getting responses that substantially demonstrate improvements to services.

There are exceptions to this and cases where we can see that changes have been brought about as a result of our escalations. Some examples of these are:

- Highlighted a case where family and POA were not consulted on ReSPECT forms, Provider agreed it was extremely important and they will reiterate message to teams via internal comms.
- Shared concerns that patients had not been informed about the temporary closure of a branch surgery, commissioners working with the practice to ensure that the communication is revisited and that it is clear for patients, ensuring this reduces any concerns on how patients access Primary Care services.
- Shared an experience about eyecare pathways to which the provider took the following actions: "Reflecting on this episode, this case is a lesson for all the junior doctors where they try to manage without getting proper consultant input. this case

[3] As of April 2021

will be discussed with the junior doctors" and "we did note in the letter that he had to call eye department several times daily to get an appointment and we will definitely put measures in place so that it doesn't happen to others."
- Shared an experience relating to nutrition of a patient, provider responded to say "I have shared this with the ward and matron, we are also exploring through our nutrition steering group how we can improve accessibility to snacks at ward level."

Outcomes such as these are currently reported in our Quarterly Reports.

Of the escalations that were rated a 5, many of the providers had been provided with the service users personal details (or had cross referenced what we had told them with their own systems). Therefore, they were able to undertake an investigation into what happened. This shows that we tend to get better outcomes by sharing personal details. However, this is not always possible if we don't have permission from the individual. Some system partners have also commented that it can be difficult to answer our queries if we do not provide specific details and information. However, we often escalate ConCs as an example of what hasn't worked well and may be an issue for other patients. Therefore, we are requesting that our partners use the information we provide to implement wider service change. The fact remains that it can be difficult to convince providers to take any meaningful action without providing specific details of the case.

What is working well?

We are sharing far more insight with the system than ever before. In part that is due to an increase in WWH meetings, as we are meeting with both providers and commissioners, but also due to the new escalations process being more reactive. Sharing ConCs on a fortnightly basis means a greater number of experiences can be shared as opposed to the previous method of deciding at the EP what to share.

Having a dedicated email inbox allows more than one staff member to take responsibility for ConCs and allows greater transparency on the status of each escalation. This also helps the provider/commissioner to provide a full, detailed response as they have time and means to investigate and respond, as opposed to being alerted to the experiences as part of our WWH meeting series with answers being expected immediately.

We have continued to develop our relationship with the CQC who has oversight of most of our ConCs and who also assists us in getting them to the right place.

On the whole, we are receiving reasonable responses from the system according to our established definitions.

What could be improved?

Whilst we are receiving reasonable responses, we are not widely sharing these outcomes with the public. We do report on outcomes within the quarterly reports, however, we should explore other ways to share outcomes to help encourage more people to share their experiences with us.

There are still some delays in sharing ConCs for a number of reasons. Those reviewing ConCs are not responsible for gathering the insight firsthand, therefore we often have to ask further questions of delivery partners/engagement team to complete the picture. Another delay can be in consulting with volunteers. After an initial review, we then pose a number of questions to volunteers who sometimes also have questions that we need to ask of delivery partners or carry out further research which can delay the sharing.

Some system partners have expressed how difficult it can be to respond to our escalations without us sharing personal details. We often try to obtain this consent retrospectively to pass on. However, when an official complaint is raised or personal details are shared, we are not always told of any outcomes by providers unless they are being supported by the IHCA or contact us again.

As well as identifying ConCs, we also identify clusters of experiences that we feel should be escalated or shared. This may be a common theme that is specific to one provider or relevant to many providers. Whilst a greater number of experiences makes the theme more robust, it is not always clear when to escalate; should we keep waiting for more evidence to strengthen the theme or react sooner? If we keep watching for experiences, how long should we do this before taking action? Should these form a (reactive) report?

Whilst we often ask for assurances around a certain issue, this does not lead to specific service changes or explain what has gone wrong for the person involved. There are usually processes in place to assure us that something should not have happened, however, there is often no reasons to explain why that process hasn't worked.

What have we learnt from this process?

- Having a clearly articulated purpose for sharing or escalating helps to manage expectations.
- Some system partners are more receptive to this way of working than others.
- It is very important to have signposting information on the original Informatics entries, to provide as full a picture as possible.
- System partners prefer to deal with individual, identifiable cases which is sometimes in contrast with us seeking assurance on wider issues or thematic issues highlighted through our WWH reports.

What are we going to change?

We will be paying particular attention to clusters of experiences/other intelligence to provide evidence to system partners that these are not one off occurrences that need individual investigations, but are examples of a larger issue.

As part of the Healthwatch Surrey contract with Surrey County Council, we are obliged (through the provision of the IHCA) to "focus on empowering and assisting people to go through the NHS Complaints procedure." Similarly, the Healthwatch Surrey helpdesk should "…support [people] in making informed choices." Therefore, we should be satisfied that everyone we speak to has been informed and empowered to navigate the NHS complaints procedure. Consequently, escalations should be cases that are not (to the best of our knowledge) going to be formal complaints. This will avoid duplicating what the system

already knows. Additionally, we will strive to escalate concerning cases for people who can't/won't go through the complaints process to highlight this issue to the system. By continuing to raise awareness of the IHCA and empowering the Healthwatch Surrey helpdesk to provide information and advice on complaints, we can be assured that those who can/want to complain have been given ample opportunity and support to.

We should pay particular attention to themes/individual experiences which relate to our thematic priorities and contextualise these experiences and incorporate other ongoing work in the area (projects/outreach etc).

Recommendations/specific questions should be made as part of each escalation. We should consider using context from other sources- CQC reports, NHS/NICE guidelines.

We have also been formalising the role of volunteer ConC reviewers. This means that as well as the Intelligence and Evidence and Insight Officers reviewing all cases, a dedicated team of volunteers will also be involved. The insight will be shared with them on a fortnightly basis and they will be provided with a brief and template to enable them to recommend specific actions to be considered at each ConC review, where they will also be invited to attend.

Appendix A

Definition of a "Reasonable Response" to a Healthwatch Surrey escalation

6th April 2020

To be classed as a "reasonable response" to one of our concerning cases, the response needs to meet the following criteria (each to be judged on a case by case basis, with some flexibility, as we recognise that each case is different):

1. Acknowledge receipt of our escalation
2. Provide or agree reasonable timeframe for full response – e.g. 3-4 weeks unless agreed otherwise; or a staged response if investigation needed
3. LISTEN: Acknowledge validity of the experience/issue (i.e. without saying they cannot investigate without more info)
4. RESPOND: Provide a response to all key issues raised/questions asked
5. IMPROVE: Provide a tangible demonstration that the experience/issue has been used to shape learning or improvement:
    - If it's a failure to deliver service as per specification, or to comply with existing requirements: acceptance/explanation of what went wrong and of how issue will be used to improve learning in delivering current service/what steps will be taken to help ensure it doesn't happen again
    - If it's that the service doesn't meet needs: explanation of what steps will be taken to improve service as a result of issue raised; and a timeframe for change.

This definition will be reviewed after one year as we learn more about how decision-makers respond to us.