

To: Healthwatch Surrey Board
From: Sam Botsford
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The Escalations Panel and reasonable response update

Purpose of this paper:

To update the HWSy Board on the progress of the Escalations Panel and reasonable responses.

The Board is asked to:

The Board is asked to read the paper and invited to endorse the continuation of the escalations process and Escalations Panel.

Background

Since March 2020, we have had a process in place to identify Concerning Cases (ConCs) that warrant further action to share/escalate. CONCs are tracked on the Escalations Tracker and responses reviewed at each Escalations Panel meeting. In April 2020 the HWSy Board agreed a definition of a “reasonable response” to give a rating to the responses received, and 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). We reviewed this process after one year and found that whilst we were receiving responses that satisfied our definition, there was little evidence of improvements to services as a result of our escalations. Following the review in July 2021, it was decided that in order to use our limited resource in achieving our LHW aims, we would focus more attention on ensuring that people were empowered with the information and support to pursue their individual issues (thereby fulfilling our information, signposting and empowerment role), and we would pay particular attention to pursuing issues where we had heard from more than one person, termed a *cluster*, and ensure that we included recommendations as part of these escalations to make impact and outcomes more easy to demonstrate.

We also introduced the role of ConC reviewer within our volunteer team whose role it is to review all submissions to the Healthwatch Surrey database on a fortnightly basis in order to help identify ConCs and clusters.

Notable ConCs and Clusters in the last year

Farnham Park Health Group

We were contacted by a number of patients concerned about the merging of two GP practices and the impact this was having on access. This was supported by additional intelligence that was shared by volunteers in the local area. We shared these concerns with the Associate Director for Primary Care who acknowledged the concerns and involved us in composing a letter to go to all residents in NEHF to update them on changes to access and current demands.

In order to check progress, we reviewed our database through the ConC review, and found that we were still hearing similar issues. We agreed on an action to consolidate these experiences and escalate to the provider, along with a number of recommendations. We then met with the provider and a commissioner to review the recommendations and it was agreed that the practice would:

- Investigate introducing Sign Live for deaf patients to improve access
- Encouraging staff to join conflict resolution training and our report has highlighted the importance of this and will reiterate to reception manager the importance of the demeanour of receptionists.
- Receptionists will be encouraged not to signpost people to online but deal with their requests and then explore with patients why they are reluctant to use online and what can be done to support them next time.

Pregnancy loss

We identified a cluster of experiences relating to mental health support when people have experienced pregnancy loss. We compiled a report summarising what people had told us and shared this with acute providers and presented to the Local Maternity and Neonatal System. We received full responses from all providers who provided assurance that they were already in line with our recommendations or were looking to adopt changes such as commemorative certificates as a result.

Wound dressing

Another cluster of experiences identified through our ConC review was about people finding it difficult to access a service to change dressings following an operation. We shared a summary of people's experiences along with recommendations to all of the acute trusts and again received responses from all of them. Some committed to updating their policies and our volunteers also offered comments on literature that was being given to patients to make the process clearer.

ConCs

We have continued to share individual cases which have also resulted in changes and learning which has tended to happen after sharing personal details – thereby enabling the provider to conduct a more thorough investigation.

Detailed outcomes are currently reported in our Impact Reports. One notable case

we escalated via the System Convenors who commissioned an MDT investigation and have identified over 100 recommendations which are currently being finalised.

Escalations Panel

The process for the Escalations Panel remains largely unchanged since the last update in July 2021. The membership of the Panel is the only significant area to report on. To make the panel more representative of Surrey, we now have representation from each of our local volunteer groups who also assist on providing feedback to their groups on the panel to enhance the feedback loop with volunteers and provide a local perspective.

Plans for the coming year

We intend to continue our focus on clusters and aim to report on at least four per annum as we can see that these are resulting in improvements to services. Where necessary, we will also escalate ConCs, however, this is becoming less active as we ensure that we are providing sufficient information, advice and signposting to those who need support in sharing feedback about their individual experiences.

As well as sharing what we are hearing, we are also interested in gaps in our evidence and how we can plug these. As such, we are including an Enter & View programme to visit care homes and promote a survey to encourage more feedback from care home residents and their carers and families, as this is a group who we haven't heard from very much during the pandemic.

Our ConC reviewers are well established in the process and we have full representation at each meeting, either by joining the meeting fortnightly or submitting their proposed actions on each case ahead of time.

We intend to continue with our definition of a "Reasonable Response" (Appendix A) to a Healthwatch Surrey escalation and rate each response accordingly.

Appendix A

Definition of a "Reasonable Response" to a Healthwatch Surrey escalation
6th April 2020 (reviewed July 2021)

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.

Appendix B

Summary of response ratings (July 2021-June 2022)

Escalated to	Number of escalations	Average of Response Rating
ASPH	4	3.25
Derby Medical Centre	1	3
East Surrey Hospital	1	0
Epsom General Hospital	1	4
Farnham Park Health Group	2	3.5
Frimley Park Hospital	1	1
ICP	1	5
Leatherhead PCN	1	4
Royal Surrey County Hospital	4	3.25
SCC Adult social care	1	2
Shepperton Medical Practice	1	5
St Luke's Surgery	1	3
Surrey County Council	1	3
Tandridge Heights	1	4
The Yellow Practice	1	4
Wall House Surgery	1	3
Surrey Heartlands	2	4
Multiple providers	6	3.33
Grand Total	31	3.29

The average response rating has decreased since July 2021, however, this is not a cause for concern. Across the board, we are getting more acknowledgement of our concerns, however, it can be difficult to make real/immediate changes to service as a result. Many of our ConCs are increasingly involving multiple providers and we are suggesting more collective responsibility. We are certainly making progress with this, however this can take time. One example of this was a response to one of our

ConCs was rated as a 3, however, following an external investigation, this has now been upgraded to a 5. It is also important to note that our escalation of dental issues to MPs are included in these figures, to which a lack of response has perhaps a disproportionate effect on the average rating.