

The Escalations Panel update

The Board is asked to approve the recommendation to disband the Escalations Panel and expand the Terms of Reference of the Local Healthwatch Advisory Group to include escalations.

Background

The original Escalations Panel was the Enter & View Panel which was established in 2016. The aim of the panel was to consider how to use Healthwatch Surrey's statutory powers in response to insight and information we were hearing. Over time, this evolved into the Escalations Panel where we considered responses and activities in addition to our statutory powers.

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 a Strategic Performance Indicator (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 was to review all submissions to the Healthwatch Surrey database on a fortnightly basis in order to help identify ConCs and clusters.

Our relationships with stakeholders have developed significantly in recent years, and we have found that the staff team are well equipped and informed to identify and raise concerns as necessary. We found that the ConC review meetings were actually slowing down this process. In addition, since April 2023, the Helpdesk has

been operated as part of the staff team and this has had a significant impact on the way we are escalating and sharing concerns. The aim for the Helpdesk and for our community engagement is to capture people's feedback on services but also to ensure they are given information, advice and support to share their individual feedback as well as how to get the care, treatment, and support they feel they need. As a result, the Escalations Panel has been an opportunity to provide an update and share the details of cases and clusters that have been escalated and responses, however, there are no longer recommendations for further actions coming through.

Recent examples of escalations

Care Act Advocacy

People have been referred to our Helpdesk seeking advocacy support. Whilst we are able to refer directly to SILC for NHS Complaints Advocacy support, we have experienced difficulties in referring to other providers. As a result, we were able to discuss the issue with other Voluntary, Community, Social Enterprise organisations (VCSE) colleagues who also refer and have shared that with those commissioning the service. As of the time of this paper, we are collaborating on an escalation involving other organisations and the provider and commissioners of the service to ascertain the extent to which the service is meeting the needs of those trying to access it, as well as supporting individuals to access services. As this can be fast moving and is about access and our own relationship with the service, this would not necessarily have come to light through the involvement of ConC Reviewers (the focus would have been on the individual's experience leading up to their need for advocacy rather than our experience of referring). It is also something we're able to notify the Escalations Panel of, but not something that requires additional input.

Fainting episodes not addressed

One of our Engagement Officers heard from one person about his concerns that his wife was repeatedly fainting and he felt that this wasn't being properly investigated. At the ConC review, this was not identified as a particularly concerning case as it would be shared with the provider as 'business as usual' through our regular WWH reports. However, the engagement officer felt that this was of concern due to their interaction with the couple. By discussing in more detail with the Engagement Officer, we escalated the case to the provider who was able to offer additional information relating to DNA appointments. We were able to identify that the problem was that communication between the couple and the provider was not happening effectively due to language barriers and we were able to offer additional advice to the couple. On reflecting on the process, we felt that there was context to the case that does not necessarily always come through on submissions on the database. The Engagement Officer also had

connections on the day of the engagement event to help resolve the issue rather than waiting for the ConC review process. Similarly, when reviewing other cases and relationships, many of the PALs services and Patient Experience teams have been keen for us to share contact details and business cards for people we meet to go directly to them. This means that the providers are often being made aware of issues as we come across them which negates the need for the ConC Reviews. Again, this means we can update the Escalations Panel that these instances have happened, however in many cases, no further action is required.

Escalations Panel

The process for the Escalations Panel remains largely unchanged since July 2021. The membership of the Panel has evolved over time in response to feedback from our volunteers. To make the panel more representative of Surrey, we tried to ensure representation from each of our local volunteer groups. Part of this role was for attendees to also provide feedback to their groups on the panel to enhance the feedback loop with volunteers and provide a local perspective. However, as many of the groups were not regularly meeting or meeting in large enough groups, the feedback from the panel was not always getting through. Additionally, we were not able to recruit panel members for all of the local groups consistently. Last year, we also introduced quarterly webinars for the volunteers to attend and escalations has been a standing agenda item there for anyone who is interested to hear more about it. Another way of sharing feedback is through our quarterly Impact and Influence Report, which our volunteers are encouraged to refer to in order to learn more about any significant impact that our escalations have had.

Whilst attendance at the Escalations Panel has remained good, and we have not received much constructive criticism or suggestions for improvements, there is a great deal of admin resource involved in reporting back to the panel. With the recent introduction of the Local Healthwatch Advisory Group (LHWAG), there has also been significant overlap in the information being provided to both meetings and the admin requirements. There is also overlap in membership.

Recommendation

The Luminus board is asked to endorse the LHW Contract Managers' proposal that the Escalations Panel in its current format is disbanded and the reporting on Escalations is added to the LHWAG Terms of Reference. The LHWAG is happy with this proposal.

We propose that the Escalations Tracker (whereby individual escalations and responses is logged) is shared with the LHWAG ahead of the monthly meetings and is reported on by exception.

