Norfolk County Council
at your service

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 16 October 2014**

Time: **10.00am**

Venue: **Edwards Room, County Hall, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties who have indicated to the Committee Administrator, Timothy Shaw (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman.

Membership

MAIN MEMBER	SUBSTITUTE MEMBER	REPRESENTING
Mr C Aldred	Mr P Gilmour	Norfolk County Council
Mr J Bracey	Mr P Balcombe	Broadland District Council
Mrs C Woollard	Ms S Bogelein	Norwich City Council
Mr M Carttiss	Mr N Dixon / Miss J Virgo	Norfolk County Council
Mrs J Chamberlin	Mr N Dixon / Miss J Virgo	Norfolk County Council
Michael Chenery of Horsbrugh	Mr N Dixon / Miss J Virgo	Norfolk County Council
Mrs A Claussen-Reynolds	Mr B Jarvis	North Norfolk District Council
Ms D Gihawi	*Vacancy*	Norfolk County Council
Mr D Harrison	Mr T East	Norfolk County Council
Miss A Kemp	Mr R Bird	Norfolk County Council
Mr R Kybird	Mrs M Chapman-Allen	Breckland District Council
Dr N Legg	Mr T Blowfield	South Norfolk District Council
Mrs M Somerville	Mr N Dixon / Miss J Virgo	Norfolk County Council
Mrs S Weymouth	*Vacancy*	Great Yarmouth Borough Council
Mr A Wright	Mrs S Young	King's Lynn and West Norfolk Borough Council

For further details and general enquiries about this Agenda please contact the Committee Administrator:

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

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1. To receive apologies and details of any substitute members attending

2. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 4 September 2014. (Page 5)

3. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter.

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects:

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. To receive any items of business which the Chairman decides should be considered as a matter of urgency

5. Chairman's announcements

6. 10.10 – 10.40 Policing and Mental Health Services

A briefing by the Police and Crime Commissioner for Norfolk (Page 11)

7. 10.40 – 11.10 Health and Wellbeing Strategy 2014-17

A progress report from the Health and Wellbeing Board (Page 15)

11.10 – 11.20 Break at the Chairman's discretion

8. 11.20 – 11.40 NHS complaints handling in Norfolk

To receive a report from Healthwatch Norfolk (Page 18)

9. 11.40 – 12.00 Delayed discharge from hospitals in Norfolk

Responses to the recommendations of the scrutiny task and finish group (Page 58)

10. 12.00 – 12.10 Forward Work Programme

To consider and agree the forward work programme (Page 70)

Glossary of Terms and Abbreviations (Page 73)

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 8 October 2014

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Norfolk County Council
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NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 4 September 2014

Present:

Mr C Aldred	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Ms D Gihawi	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mr R Kybird	Breckland District Council
Dr N Legg	South Norfolk District Council
Mrs M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mr A Wright	Norfolk County Council

Substitute Members Present:
Mr P Balcombe for Mr J Bracey, Broadland District Council
Ms S Bogelein for Mrs C Woollard Norwich City Council

Also Present:

James Joyce	County Councillor
Sue Whitaker	County Councillor
Kathryn Ellis	Director of Operations and Strategic Planning, West Norfolk CCG
Jocelyn Pike	Chief Operating Officer, South Norfolk CCG
Anne-Louise Schofield	Assistant Director of Commissioning, Mental Health and Children and Families, South Norfolk CCG
Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Marcus Hayward	Locality Manager West Norfolk, Norfolk and Suffolk NHS Foundation Trust
Mark Easton	Interim Chief Executive, Norfolk Community Health and Care NHS Trust
Paul Cracknell	Director of Strategy and Transformation, Norfolk Community Health and Care.
Keith Cameron	Chairman, Sheringham Medical Practice, Patient Participation Group
Debbie White	Interim Director of Operations, Norfolk and Suffolk NHS Foundation Trust
Dr Rebecca Horne	Consultant Psychiatrist and Lead Clinician for Central Norfolk, Norfolk and Suffolk NHS Foundation Trust
Veno Sunghuttee	Associate Director of Operations, Norfolk and Suffolk NHS Foundation Trust

Mark Page	Assistant Director -Estates, Facilities & Procurement, Norfolk Community Health and Care NHS Trust
Sam Whitely	Project & Service Quality Manager, Norfolk Community Health and Care NHS Trust
Steve Goddard	Norwich City Council
Alan Murray	Suffolk County Councillor
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr J Bracey, Mrs C Woollard and Miss A Kemp

2. Minutes

The minutes of the previous meeting held on 17 July 2014 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

Mr Balcombe declared an "other interest" in that his son was employed by the Norfolk and Suffolk NHS Foundation Trust

4. Urgent Business

There were no items of urgent business.

5. Chairman's Announcements

5.1 The Chairman welcomed Ms Sandra Bogelein who was attending her first meeting of the Committee as a substitute for Mrs Woollard, Norwich City Council.

5.2 The Chairman pointed out that a revised agenda had been published for today's meeting because the item on policing and mental health services in the county had been withdrawn. This was because a witness from the office of the Police and Crime Commissioner was ill and had given her apologies. The Chairman said that an item on policing and mental health in the county would be on the agenda for the following meeting when it was hoped that the Police and Crime Commissioner, whom had given apologies for today's meeting, would be able to attend together with the person who was currently unwell.

5.3 The Chairman said that a response had been received from Katie Norton, Director of Commissioning at NHS England East Anglia Area Team regarding the comments agreed by the Committee on 17 July 2014 regarding Access to NHS Dentistry. The Oral Needs Assessment was expected to be available by the end of September 2014 and details would be provided in the next Member Briefing.

6 Service-wide review of health services in west Norfolk

6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to a report from NHS West Norfolk Clinical Commissioning Group on the review of health and social care systems in West Norfolk in response to financial pressures, demographic trends and rising demand

for healthcare.

6.2 The Committee received evidence from Kathryn Ellis, Director of Operations and Strategic Planning, West Norfolk CCG

In the course of discussion the following key points were made:

- The system wide review of services in west Norfolk was being driven by the West Norfolk Health and Social Care Alliance which was a partnership of statutory and non-statutory agencies involved in delivering health and social care in west Norfolk.
- Each of the organisations that made up the Alliance was reviewing and re-shaping the way their staff worked to make better use of their collective expertise and to allow greater flexibility for staff to work with colleagues from other organisations, as well as exploring how to get the best from their collective infrastructure and money.
- Monitor was working closely with the Alliance to ensure that services were redesigned in a way in which they were financially sustainable in the long term.
- This approach, which had already been tested in a series of collaborative pilot projects, was designed to respond more effectively to the current and anticipated future healthcare needs of the west Norfolk area while alleviating pressure on emergency care and preserving services for the future.
- Regular meetings between the partners that made up the Alliance were held to review and bolster the urgent care pathway.
- There were no plans for changes in intermediate care beds in west Norfolk.
- The Queen Elizabeth Hospital was awaiting the outcome of a recent visit by the CQC.
- The Alliance planned to hold three workshop sessions over the next few weeks that would be open to the public.
- The work of the Alliance was published on its own website. It was suggested that a link to the website should be included in the next Member Briefing.
- It was pointed out that articles and adverts about the work of the Alliance appeared regularly in the local news media.

6.3 The Committee noted the current position regarding the system sustainability work and the assurance from West Norfolk CCG that NHOSC would be alerted to any proposed substantial service changes.

7 Changes to Mental Health Services in central Norfolk and west Norfolk

7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update from the Clinical Commissioning Groups and Norfolk and Suffolk Foundation Trust concerning mental health services in central and west Norfolk.

7.2 The Committee was shown a short clip of BBC film about dementia care in Norfolk.

7.3 The Committee received evidence (for the central Norfolk CCGs) from Jocelyn Pike**,** Chief Operating Officer, South Norfolk CCG and Anne-Louise Schofield, Assistant Director of Commissioning, Mental Health and Children and Families, South Norfolk CCG and (for the west Norfolk CCG) from Kathryn Ellis, Director of Operations and Strategic Planning, West Norfolk CCG. The Committee also received evidence from the mental health service providers; Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust and Marcus Hayward,

Locality Manager West Norfolk, Norfolk and Suffolk NHS Foundation Trust.

7.4 In the course of discussion, the following key points were made:

- Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust said that the number of out of area placements had reduced from around 30 when he took up his appointment as Chief Executive to 7 such placements at the present time. Steps were continuing to be taken to prevent patients having to travel long distances for non-specialist inpatient beds.
- Details about numbers and types of out of area placements had appeared in the local news media and would be made available to Committee Members after the meeting.
- During the last 12 months the Trust had taken on approximately 200 new clinical staff, a net increase during that period of 50 new staff.
- Senior management held regular meetings with the trade unions about ways to improve staff morale.
- There remained significant pressures on inpatient bed numbers.
- The assessment of those requiring specialist out of county placements took place in Norfolk.
- The Committee awaited answers to the information that had been requested, as set out in paragraph 2.2 of the covering report.
- The Trust was working on the possibility of opening 10 new beds at Hellesdon Hospital.
- Benchmarking data showed that the number of suicides in Norfolk and Suffolk was no higher than the average for elsewhere in the country.
- Sue Whitaker, Chair of Adult Social Care Committee, spoke about the reasons why there was a transfer of social workers from Norfolk and Suffolk NHS Foundation Trust to Norfolk County Council.

7.5 The Committee agreed:

That the CCGs and NSFT should be asked to send the information requested in paragraph 2.2 of the covering report to the Democratic Support and Scrutiny Team Manager for circulation to Committee members.

That the Democratic Support and Scrutiny Team Manager should write to the Chair of Adult Social Care Committee proposing a task and finish group consisting of 3 or 4 Members from this Committee and 3 or 4 Members from Adult Social Care Committee to examine the transition of mental health social care from Norfolk and Suffolk NHS Foundation Trust to Norfolk County Council and its impact on service users.

8 Working Protocol with Healthwatch Norfolk

8.1 The Committee received a draft revised working protocol with Healthwatch Norfolk that reflected the new system of governance at Norfolk County Council.

8.2 The Committee agreed:

That the revised wording of the Working Protocol with Healthwatch Norfolk should be as it appeared in the Appendix to the covering report.

That the outcomes of routine meetings between Healthwatch and Committee Chairmen should be reported back to Committees by way of Member Briefings.

9 Forward work programme

9.1 The Committee agreed the list of items on the current Forward Work Programme subject to the following changes:

The addition of 'Policing and Mental Health' for the meeting on 16 October 2014.It was suggested that in addition to the Police and Crime Commissioner and his officer(s) the Norfolk and Suffolk NHS Foundation Trust should be invited to send a representative to attend the meeting.

The Committee appointed Mr Tony Wright as the link member with the Queen Elizabeth Hospital NHS Foundation Trust and Mr Michael Chenery of Horsbrugh as the substitute.

10 Proposed relocations of NHS community healthcare services

10.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to proposed relocations of NHS community healthcare services in Norfolk as part of a rationalisation of the Norfolk Community Health and Care NHS Trust estate.

10.2 The Committee received a short Powerpoint presentation about the proposed relocations of NHS community healthcare services.

10.3 The Committee received evidence from Mark Easton, Interim Chief Executive, Norfolk Community Health and Care NHS Trust and Paul Cracknell, Director of Strategy and Transformation, Norfolk Community Health and Care NHS Trust. The Committee also heard from Keith Cameron, Chairman, Sheringham Medical Practice, Patient Participation Group who spoke as a member of the public about the proposed relocation of a number of clinics from the Sheringham Practice to Kelling Hospital.

10.4 In the course of discussion, the following key points were made:

- Keith Cameron, Chairman, Sheringham Medical Practice Patient Participation Group, said that there had been little consultation within the Sheringham area about the proposed relocations of NHS community healthcare services. He said that as far as he could ascertain the period of consultation covered a month when a number of leading clinicians had been on two weeks holiday and therefore no clinics were held. He said Sheringham had a high proportion of elderly and vulnerable patients and it seemed that these were the groups of patients who would be most affected by the changes.
- The witnesses said that they did not agree with a suggestion that the proposals would have an impact on the continuity of care for housebound patients nor did they agree with a suggestion that the small amount of additional travelling for patients would cause them hardship and stress and that their continuity of care would be put at risk.
- The witnesses also did not agree with a suggestion that there had been any lack of proper consultation with patients and pointed out that a number of "patient engagements" and "drop in sessions" had been held in order for Norfolk Community Health and Care NHS Trust to receive feedback on the

proposals.

10.5 The Committee agreed:

That Norfolk Community Health and Care NHS Trust's proposed relocations of services were not a substantial variation in service that required consultation with the Committee.

To recommend that Norfolk Community Health and Care NHS Trust should meet with Mr Keith Cameron, and other members of Sheringham Medical Practice Patient Participation Group, to discuss any issues of concern. Mr Cameron was advised to raise any outstanding issues with Healthwatch Norfolk.

The meeting concluded at 13.35 pm

Chairman

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Policing and Mental Health Services

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A briefing on recent developments regarding policing and mental health services in the county.

1. Background

1.1 National

1.1.1 It is generally acknowledged that incidents involving people with mental health problems take up a significant amount of police time. People with mental health problems are more likely to be victims of crime than others[1] and according to the Centre for Mental Health approximately 70% of prisoners have either a psychosis, a neurosis, a personality disorder, or a substance misuse problem and many prisoners have more than one of these problems.

1.1.2 A Home Affairs Parliamentary Select Committee inquiry into policing and mental health is currently underway. When introducing the inquiry the Chairman highlighted the fact that nationally a third of people detained under section 136 of the Mental Health Act 1983 are taken to police cells and on average are detained there for 10 hours. He also pointed out that the 'place of safety' envisaged in the Mental Health Act should be a hospital or psychiatric facility not a police cell.

1.1.3 In February 2014 the Department of Health and the Home Office published a 'Mental Health Crisis Care Concordat'. Signatories included health, social care and policing bodies at national level. A number of voluntary organisations also agreed to be identified as supporters of the concordat.

The concordat is available on the government website:- https://www.gov.uk/government/publications/mental-health-crisis-care-agreement

There was no additional funding to achieve the aims of the concordat.

1.1.2 The concordat set out the standards that people who use the services should expect if they need help in a mental health crisis. The main points are summarised below (written from the point of view of a

[1] Mind research report 2013 'At risk, yet dismissed: the criminal victimisation of people with mental health problems'

patient):-

- Access to support before crisis point
    - I know who to contact 24 hours a day, 7 days a week if I need urgent help
    - I get fast access to help when close to a crisis

- Urgent and emergency access to crisis care
    - I am treated with as much urgency and respect as if it were a physical health crisis
    - I am supported to travel safely in suitable transport to where the right help is available
    - I am seen quickly by a mental health professional
    - Staff check any relevant information that services have about me and as far as possible follow my wishes and any voluntary plan that I have agreed to
    - I feel safe and am treated kindly, with respect and in accordance with my legal rights
    - If I have to be physically restrained this is done by people who understand that I am ill and know what they are doing
    - Those closest to me are informed about my whereabouts

- Quality of treatment and care when in crisis
    - I am treated with respect and care at all times
    - I get support and treatment from people with the right skills
    - If I need longer term support this is arranged
    - I am able to have an advocate or support from family and friends if I so wish

- Recovery and staying well, preventing future crises
    - I am given information about and referrals to services that will support me
    - I, and people close to me, have an opportunity to reflect on the crisis, and to find better ways to manage my mental health in the future
    - I am offered an opportunity to feed back to services my views on my crisis experience, to help improve services

1.1.3 Local partnerships between the NHS, local authorities, and the criminal justice system are expected to deliver the aims of the concordat locally. Each area is expected to agree their own Mental Health Crisis Declaration to include:

- A jointly agreed local declaration across the key agencies that mirrors the key principles of the national Concordat - establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in their locality
- Development of a shared action plan and a commitment to review, monitor and track improvements

- A commitment to reduce the use of police stations as places of safety, by setting an ambition for a fast-track assessment process for individuals whenever a police cell is used; and
- Evidence of sound local governance arrangements.

1.2 **Developments in Norfolk**

1.2.1 There were reports in the local press earlier this year about people detained under the Mental Health Act in Norfolk waiting for up to eight hours for an ambulance to take them to hospital and that police cells had been used as the 'place of safety' on 40 occasions in the past year.

Members may also have read reports about new initiatives in the county to get ambulances more quickly to people who have been sectioned and to base mental health practitioners in the police command and control room. There have also been discussions about more staff to enable extended opening of the county's section 136 suites and the introduction of a 'street triage' service whereby a mental health practitioner would accompany police officers to assess whether individuals should be detained under the Mental Health Act.

The street triage initiative is being tried in Suffolk, i.e. mental health staff accompany the police in a triage car. In Suffolk the initiatives are being funded by the Clinical Commissioning Groups (CCGs) but in Norfolk they are partly funded by Norfolk and Suffolk NHS Foundation Trust.

1.2.2 Work is underway between the Police and Crime Commissioner's office, the Clinical Commissioning Groups and Norfolk County Council to develop a gap analysis for the mental health crisis services in Norfolk, as envisaged under the Mental Health Crisis Care Concordat. The intention is to take an interim report to the Health and Wellbeing Board in October 2014 and a final report in January 2015.

1.2.3 Members are also aware of the Norfolk and Suffolk NHS Foundation Trust (NSFT) Service Strategy 2012-16, which involves a radical redesign of mental health services. NHOSC received an update from NSFT and the central and west Norfolk CCGs on 4 September 2014 on the service changes in their areas.

Great Yarmouth and Waveney CCG held a public consultation from 30 January to 24 April 2014 regarding proposed changes to NSFT mental health services in their area. On 25 September 2014 the CCG decided that mental health beds would be consolidated on the Northgate Hospital site in Great Yarmouth, reducing the number of beds for the locality from 28 to 20 and including one staffed Section 136 suite (there are currently two).

2. Purpose of today's meeting

2.1 Against the backdrop of the financial pressures on the NHS, social care and the police and in view of the new Mental Health Crisis Care

Concordat Stephen Bett, Police and Crime Commissioner for Norfolk and Emma Hutchinson, Mental Health, Drugs & Alcohol Coordinator from the Office of the Police and Crime Commissioner have been invited to today's meeting to give views about policing and mental health services in Norfolk.

2.2 A representative from Norfolk and Suffolk NHS Foundation Trust (NSFT) and from Norfolk Constabulary have also been invited to today's meeting to answer questions which may arise during the committee's discussions.

3. Suggested approach

3.1 When the committee has heard from Stephen Bett and Emma Hutchinson, Members may wish to explore the following areas:-

(a) What has been the impact of having mental health practitioners working in the police command and control centre?

(b) In Suffolk mental health staff accompany the police in a triage car. Is any such initiative planned for Norfolk?

(c) What specifically is being done to reduce the length of time that people are detained in police cells in Norfolk:-
(1) while waiting for a mental health assessment
(2) while waiting for a mental health bed following an assessment?

(d) Who is funding the initiatives on policing and mental health in Norfolk?

(e) What other practical options are there for improving the situation regarding policing and mental health?

(f) What are the Police and Crime Commissioners' views about the ongoing changes to mental health services in Norfolk under NSFT's Service Strategy 2012-16 (e.g. the reduction of Section 136 suites in the Great Yarmouth and Waveney locality).

Norfolk Health and Wellbeing Strategy 2014 - 2017

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

An update on progress with implementation of the Health and Wellbeing Strategy 2014 – 2017 agreed by Norfolk Health and Wellbeing Board on 6 May 2014.

1. Background

1.1 On 27 February 2014 the Interim Director of Public Health presented a draft Health and Wellbeing Strategy 2014-17 to Norfolk Health Overview and Scrutiny Committee (NHOSC) for comment. NHOSC made the following comments:-

(a) Integration, making services more joined up for those receiving them, was one of the overarching goals of the Health and Wellbeing Strategy 2014-17 but the County Council had recently taken the decision to end a contract with Norfolk and Suffolk NHS Foundation Trust (NSFT) for integrated mental health and social care for around 1,600 people per year. In view of this, the Health and Wellbeing Board was asked to report back to the NHOSC on the plans for integrated mental health and social care services in the Health and Wellbeing Strategy 2014-17.

(b) Data protection issues could be an obstacle to integrated services. It was very important for the strategy to address these issues.

(c) The strategy needed to be clear on how outcomes would be measured and to start with adequate baseline data.

(d) There needed to be clarity on how the priorities and overarching goals of the strategy and the action plans associated with it would be communicated from Board level to 'floor' level.

(e) It was important for the Health and Wellbeing Board to be particularly aware of the interests of "Looked After Children", for whom the County Council was a corporate parent, and to put emphasis on their wellbeing as part of the strategy.

1.2 The Health and Wellbeing Strategy 2014-17, agreed by the Health and Wellbeing Board on 6 May 2014, set the following priorities for all commissioners of health and social care in Norfolk:-

- Promoting the social and emotional wellbeing of pre-school children
- Reducing obesity
- Making Norfolk a better place for people with dementia and their carers.

Activity in each of the priority area must also meet the cross-cutting goals of:

- Prevention – providing help and support at an earlier stage before problems become acute
- Reducing inequalities in health and wellbeing

The strategy also recognises that the best way of addressing these priorities is through:

- Integration – partners working together to provide effective, joined up services.

1.3 NHOSC members also received an update from the Interim Director of Public Health in the September Briefing on the implementation plans agreed by the Health and Wellbeing Board on 16 July 2014. Three Board champions had been nominated for the three strategic priorities and the recruitment of three co-ordinators to drive the implementation process was underway.

1.4 Regarding mental health and social care (item 1.1(a) above), the Director of Community Services, Norfolk County Council and the Chief Executive of Norfolk and Suffolk NHS Foundation Trust have issued a joint statement confirming their commitment to continuing to offer a joined up mental health and social care service to Norfolk's residents. The mental health and social care staff will continue to share team bases and will work closely in planning and delivering care.

2. Purpose of today's meeting

2.1 In February 2014 NHOSC asked for the Health and Wellbeing Board to update it on progress with implementing the 2014-17 Strategy later in the year. The Chairman of the Health and Wellbeing Board and the Interim Director of Public Health will give a presentation at today's meeting.

3. Suggested approach

3.1 After the presentation, members may wish to discuss the following areas with the Chairman of the Health and Wellbeing Board and the Interim Director of Public Health:-

(a) How have NHOSC's comments (see paragraph 1.1 above) been taken into account in the implementation of the Strategy?

(b) How are the outcomes of the Strategy measured?

(c) Is the Chairman of the Health and Wellbeing Board satisfied that all the organisations represented on the Board are acting in accordance with the Strategy?

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NHS complaints handling in Norfolk

A report from Healthwatch Norfolk on NHS complaints handling in Norfolk with recommendations to NHS organisations for improvements to the process.

1. Background

1.1 On 29 May 2014 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report about acute hospital complaints processing and reporting and met with representatives of the three acute hospitals to discuss how their Boards and Governors learn from and act upon trends in complaints.

1.2 As part of the report in May 2014, NHOSC received a paper from Healthwatch Norfolk about work underway to collect information about all the NHS complaints procedures in Norfolk and to collect feedback from complainants on their experience of the various processes. Healthwatch Norfolk expected to publish a report on the outcome of its work in July 2014.

2. Purpose of today's meeting

2.1 NHOSC has invited Healthwatch Norfolk to present its report on local NHS complaints handling at today's meeting. Healthwatch's covering paper is attached at Appendix A and the full 'Report on Complaints Handling in Norfolk – July 2014' is attached at Appendix B. Representatives from Healthwatch Norfolk are present to answer members' questions.

2.2 It was noted in May 2014 that Healthwatch Norfolk's report would help the Committee to decide whether or not to look in more detail at the subject of hospital complaint handling.

3. Suggested approach

3.1 After the representatives from Healthwatch Norfolk have presented the report members may wish to ask if there is any specific action that Healthwatch would welcome from NHOSC; for example:

- The Committee's support for the report and the recommendations it makes to local NHS organisations.
- Discussion of specific questions with NHS representatives at a future meeting of NHOSC in public.

- Establishment of a task and finish group to examine specific processes or issues in relation to specific local NHS organisations.

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APPENDIX A

Title: **Healthwatch Norfolk – Report on NHS Complaints Handling in Norfolk**

Authors: **Alex Stewart and Christine MacDonald - Healthwatch Norfolk**

Date: **16 October 2014**

1.0 Introduction

1.1 Healthwatch Norfolk (HWN) identified a need to assess the NHS complaints handling in Norfolk. HWN provided an interim report on the project to NHOSC in May 2014. The purpose of this report is to provide an update on the work undertaken to date.

1.2 Complaints Managers from all commissioner and provider organisations in Norfolk were invited to a meeting held on 23 July 2014 where the report was presented. A significant number of organisations were represented at the meeting and the recommendations were well received.

2.0 HWN Report on NHS Complaints Handling in Norfolk

Executive Summary

The report is aimed at both the public and NHS complaints managers to illustrate how the complaints handling process currently operates in Norfolk. Information, views and opinions have been sought from commissioners, healthcare providers and the experience of those members of the public who have made a complaint within the last six months have been collected.

The report aims to highlight the process that NHS organisations have in place for:

- Informing people about the complaints process
- Receiving and responding to complaints
- Investigating and evaluating complaints
- Responding to and resolving complaints
- Ensure learning from complaints is embedded throughout the organisation

The report also compares the feedback received from complainants against the above information from NHS organisations. This illustrates where there is disparity between the organisation and the perspective of the person making the complaint.

A number of examples of good practice have been identified for consideration and adoption. HWN believe that sharing and implementation of this good practice will help to improve the experience of those patients who raise some concerns and will help to ensure that a consistent approach to handling complaints is adopted within and across all NHS provider organisations in Norfolk.

Examples of Good Practice

- Easy read version of complaints leaflet (Queen Elizabeth Kings Lynn NHS Foundation Trust, East Anglian Ambulance Service NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust, Norfolk Community Health and Care, Norfolk and Norwich University Hospitals NHS Foundation Trust, James Paget University Hospitals NHS Foundation Trust, Integrated Care24)
- Form sent to complainant at the beginning of the complaint handling process requesting clarification of the complaint and desired outcome (East Coast Community Healthcare)
- Meeting terms of reference form (Queen Elizabeth Kings Lynn NHS Foundation Trust)
- Complaint case studies – What you said and what we did (East Anglian Ambulance Services NHS Trust)
- Guidance document on format of complaint response letters (Queen Elizabeth Kings Lynn)

Recommendations

- All organisations ensure that all information relating to their complaints handling policy is easily accessible to all members of the public and meets the requirements of the appropriate legislation, good practice and guidance issued by the Department of Health and regulatory bodies and there is a consistent approach to complaints handling.

- All organisations to adopt a 'You said, we did' approach to publishing the outcome of complaints, lessons learnt and providing evidence that changes have been made. This information to be easily visible and accessible to the public.

- All organisations to ensure that they collate and triangulate patient feedback from a variety of sources and that patients understand they do not have to go through the complaints process in order to provide feedback.

- HWN to ensure that all signposting organisations in Norfolk have up to date information about how to make a complaint.

- All organisations to consider the introduction of six monthly independent audits of complaints handling.

- All organisations to consider reconvening county wide complaints manager forum (to include Social Services in recognition of the further integration of health and social care services). This forum to refresh, publish and implement

a shared protocol for complaints handling in Norfolk by all health and social care organisations.

3. Progress Report

Since the presentation of the report in July, the first meeting of the reconvened Complaints Manager Forum was facilitated by HWN on 25 September 2014.

The Forum was well attended with representatives from

- James Paget University Hospitals NHS Foundation Trust (JPUH)
- Queen Elizabeth Kings Lynn NHS Foundation Trust (QEH)
- Norfolk and Suffolk NHS Foundation Trust (NSFT)
- East Coast Health Community Care (ECCH)
- Norfolk Community Health and Care (NCHC)
- Norwich Clinical Commissioning Group (NCCG)
- South Norfolk Clinical Commissioning Group (SNCCG)
- North Norfolk Clinical Commissioning Group (NNCCG)
- Gt Yarmouth and Waveney Clinical Commissioning Group (GYWCCG)
- NHS England Local Area Team

Apologies were received from EEAST, NEL Commissioning Support Unit and Integrated Care 24. HWN will continue to persuade those organisations not represented to attend future meetings.

A number of organisations have implemented or are in the process of considering implementing a review of individual complaint responses by a non-executive director. Several organisations are also reviewing how best to publicise 'you said, we did' as an outcome from complaints.

A revised protocol for handling multi-organisational complaints will be presented and discussed at the next Complaints Manager forum in January 2015.

4. Conclusions

HWN will continue to work with commissioners and providers on the implementation of the recommendations contained in the report. We will also continue to monitor the quality of complaints handling across Norfolk based on the feedback received by HWN and highlight areas of good practice.

HWN will be pleased to report regularly to HOSC in the future detailing progress on implementation of the recommendations contained in the report.

October 2014

Healthwatch Norfolk

Report on NHS Complaints Handling in Norfolk

July 2014

Contents

Introduction by Alex Stewart, Chief Executive

Following several reports published in the past 18 months, the handling of NHS complaints is clearly demonstrated as a very important and topical issue. Therefore Healthwatch Norfolk (HWN) identified a need to assess the NHS complaints handling in Norfolk. For the purposes of this report HWN has only focussed on NHS complaints handling but will be reviewing later in the year whether there is a need to carry out a similar piece of work focussing on the handling of complaints about social care provision in Norfolk including those complaints that cross the health and social care boundary.

The purpose of this report is to outline how the complaints handling process works at present, identify good practice and make recommendations for improvements. The report also identifies the ongoing role for HWN in monitoring NHS complaints handling in Norfolk.

Executive Summary

The report is aimed at both the public and NHS complaints managers to illustrate how the complaints handling process currently operates in Norfolk. Information, views and opinions have been sought from commissioners, healthcare providers and the experience of those members of the public who have made a complaint within the last six months have been collected.

The report aims to highlight the process that NHS organisations have in place for:

- Informing people about the complaints process
- Receiving and responding to complaints
- Investigating and evaluating complaints
- Responding to and resolving complaints
- Ensure learning from complaints is embedded throughout the organisation

The report also compares the feedback received from complainants against the above information from NHS organisations. This illustrates where there is disparity between the organisation and the perspective of the person making the complaint.

A number of examples of good practice have been identified for consideration and adoption. HWN believe that sharing and implementation of this good practice will help to improve the experience of those patients who raise some concerns and will help to ensure that a consistent approach to handling complaints is adopted within and across all NHS provider organisations in Norfolk.

Examples of Good Practice

- Easy read version of complaints leaflet (Queen Elizabeth Kings Lynn NHS Foundation Trust, East Anglian Ambulance Service NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust, Norfolk Community Health and Care, Norfolk and Norwich University Hospitals NHS Foundation Trust, James Paget University Hospitals NHS Foundation Trust, Integrated Care24)
- Form sent to complainant at the beginning of the complaint handling process requesting clarification of the complaint and desired outcome (East Coast Community Healthcare)
- Meeting terms of reference form (Queen Elizabeth Kings Lynn NHS Foundation Trust)
- Complaint case studies – What you said and what we did (East Anglian Ambulance Services NHS Trust)
- Guidance document on format of complaint response letters (Queen Elizabeth Kings Lynn)

Recommendations

- All organisations ensure that all information relating to their complaints handling policy is easily accessible to all members of the public and meets the requirements of the appropriate legislation, good practice and guidance issued by the Department of Health and regulatory bodies and there is a consistent approach to complaints handling.

- All organisations to adopt a 'You said, we did' approach to publishing the outcome of complaints, lessons learnt and providing evidence that changes have been made. This information to be easily visible and accessible to the public.

- All organisations to ensure that they collate and triangulate patient feedback from a variety of sources and that patients understand they do not have to go through the complaints process in order to provide feedback.

- HWN to ensure that all signposting organisations in Norfolk have up to date information about how to make a complaint.

- All organisations to consider the introduction of six monthly independent audits of complaints handling.

- All organisations to consider reconvening county wide complaints manager forum (to include Social Services in recognition of the further integration of health and social care services). This forum to refresh, publish and implement a shared protocol for complaints handling in Norfolk by all health and social care organisations.

1. Background

Prior to HWN becoming operational from 1 April 2013, the shadow Board identified the issue of complaints handling (based at that time on the outcome of the Mid - Staffordshire NHS Foundation Trust enquiry) as an issue of great concern to the public. Since April 2013, 53.5% of the enquiries received by HWN Norfolk have been about the NHS complaints handling process. As most recently identified through a survey by Healthwatch England, there are more than 75 different types of organisations involved in the health and care complaints system. Healthwatch England chair Anna Bradley said 'the system is incredibly complex and gets in the way of people making complaints about poor care'. A survey commissioned by Healthwatch England last year stated that 54% of people who experienced a problem with health or social care did not report the matter. This is only one report that highlights concerns about the complaints process. Appendix 1 lists other recent reports that have included comments and recommendations about improving NHS complaint handling and which illustrates the national focus on this subject. The Appendix also includes a summary of information available on complaint handling regulations.

1.1Complaints Framework

In recognition of the complicated scenario, HWN has published a diagram on its website to help patients and their families through the maze of potential organisations and contacts (see Appendix 2).

http://www.healthwatchnorfolk.co.uk/sites/default/files/complaintsinfographic3_2.pdf

The diagram illustrates that some organisations (e.g. the hospitals) handle the complaints themselves whereas the Clinical Commissioning Groups (CCGs), who are responsible for commissioning local healthcare services, have a Service Level Agreement with the Commissioning Support Unit (CSU) to handle the complaints on their behalf. The CSU was established by the Department of Health as part of the implementation of the Health and Social Care Act 2013 as an organisation to provide support services to healthcare commissioners. The CSU is able to review information by individual CCGs and provide monthly reports to the CCGs on the complaints handled on their behalf.

Where a patient wishes to make a complaint about primary care services (GP, dentist, optician and pharmacy) if this is not resolved by the individual service provider then the matter should be dealt with by NHS England (NHSE) as the commissioner of primary care services. NHSE has a central customer contact centre in Redditch from where all complaints are distributed to the NHSE Local Area Team for investigation. NHSE also commission a number of specialist services including prison healthcare. This brief explanation of which organisation deals with different complaint issues illustrates the complexity of the system.

2. Methodology

2.1 Phase 1

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 introduced new legislation for complaints handling in April 2009. The previous 3 tier system was replaced by a 2 tier system – local resolution followed by referral to the Parliamentary and Health Service Ombudsman (PHSO). The previous timescale for handling complaints (25 working days) was replaced by a more flexible, individual approach whereby organisations are expected to discuss an investigation plan, including the proposed timescale, with each complainant.

The PHSO requires that NHS complaints are handled in accordance with their 6 Principles for Remedy:

- Getting it Right
- Being Customer Focussed
- Being Open and Accountable
- Acting Fairly and Proportionately
- Putting Things Right
- Seeking Continuous Improvement

In order to gain information from all organisations that commission and provide NHS healthcare in Norfolk, HWN has engaged with the following organisations.

- Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH)
- James Paget University Hospitals NHS Foundation Trust (JPUH)
- Queen Elizabeth Kings Lynn NHS Foundation Trust (QEH)
- Norfolk and Suffolk NHS Foundation Trust (NSFT)
- East Coast Health Community Care (ECCH)
- Norfolk Community Health and Care (NCHC)
- East of England Ambulance Service NHS Trust (EEAST)
- Integrated Care 24 (providers of 111 service in Great Yarmouth and Waveney) (IC24)
- Norwich Clinical Commissioning Group (NCCG)
- South Norfolk Clinical Commissioning Group (SNCCG)
- North Norfolk Clinical Commissioning Group (NNCCG)
- West Norfolk Clinical Commissioning Group (WNCCG)
- Gt Yarmouth and Waveney Clinical Commissioning Group (GYWCCG)
- Anglia Commissioning Support Unit (CSU)
- NHS England Local Area Team (commissioners of specialist services and primary care services) (NHSE)

The purpose of the contact was to gain information about the processes and procedures each organisation has in place for complaints handling. Some of this contact has been by POhWER on behalf of HWN and some contact has been undertaken directly by HWN (Operations Manager). POhWER works in partnership with Age UK Norfolk, Equal Lives and the Norfolk Rural Community Council to provide the current statutory complaints advocacy organisation in Norfolk and works closely with HWN.

A copy of the questionnaire completed by the above organisations is included in Appendix 3. Section 3. of this report details the results from the questionnaires.

In addition, all information available to the general public via the organisations' websites was reviewed as part of this project.

2.2 Phase 2

The second phase of the project was to ask for feedback directly from complainants detailing their experience of making a complaint. Each provider organisation (and NHS England) randomly selected a number of people who had made a complaint within the past 6 month (and where the complaint had been closed) to receive a questionnaire for completion. A freepost address was made available for return of the questionnaires and there was also the facility to complete the questionnaire on line.

A copy of the questionnaire sent to complainants is included in Appendix 4.

Section 4 of this report details the results from the completed questionnaires.

3. Results – Information form NHS providers on complaints handling

We are pleased to note that all organisations have a complaints handling policy in place and that there are several areas of good practice being adopted by all of the organisations.

3.1. Access to information

All organisations have a written complaints policy in place which is consistent with the Department of Health guidance and legislation, although not all organisations publish the full policy on their website. There is an emphasis on patients being able to read the information available but some organisations make it clear that information is available in alternative formats/languages. Some organisations publish a leaflet summarising the main points of their complaints handling policy and all organisations advise that they aim to make the information clearly available in all clinical areas. 7 Trusts currently publish an Easy Read version of a complaints leaflet and we understand some Trusts have involved Learning Disability specialists in producing this information. All Trusts also use their own Patient Advice and Liaison Service (PALS) to provide help and advice to people who wish to make a complaint (via telephone and face to face contact within the hospitals). In addition all organisations include information to complainants about the availability of independent complaints advocacy support and we believe regular contact between organisations and the advocacy support provider in Norfolk (POhWER) was helpful in making sure the information given to complainants about advocacy is up to date. This remains true in the new model of POhWER working with local voluntary organisations to support people in Norfolk.

Example of good practice - Easy read version of complaints leaflet (various)

The information provided in the initial acknowledgement letter to complainants varies and we understand that both NNUH and JPH utilise differing levels of legal expertise at this initial stage of handling complaints. We recommend a consistent approach to how staff handle complaints. In relation to complaints and legal action, all organisations should remember that the 2009 legislation states that written confirmation of a patient seeking legal action does not necessarily preclude the investigation of a complaint continuing.

3.1.1 Recommendations:

- All organisations ensure their full complaints policy is published and make it clear a hard copy is available if requested
- All organisations ensure that information is available in alternative formats/languages including an easy read version and that these options are made clear
- All organisations ensure complaint staff are aware that if a patient is seeking legal action this does not necessarily preclude the investigation of a complaint continuing

3.2 Process

All organisations have confirmed that they include the following information during initial contact with complainants:

- Key stages of complaints handling process and timescales
- Arrangements for complaints spanning more than one organisation
- How consent issues are handled when someone wishes to make a complaint on behalf of a patient
- How medical records can be accessed
- How complaints from under 16's are managed
- What happens if legal action is taken
- Where to obtain independent complaints advocacy support

Not all organisations make it clear whether they adopt an individual approach to complaint handling in terms of direct contact and discussion/confirmation of an investigation plan. Whilst HWN recognises the resources required in the implementation of an individually tailored approach to complaints handling, we believe that the complaints handling process should clearly indicate to the complainant that there is an option to discuss the process, agree an investigation plan and the complainant's preferred outcome.

Example of good practice - Form sent to complainant at the beginning of the complaint handling process requesting clarification of the complaint and desired outcome (East Coast Community Healthcare)

In discussions with the organisations it became apparent that there are different approaches to arranging meetings with complainants i.e. when a meeting is offered, who is invited to the meeting, how questions can be posed by the complainants and how meetings are recorded. HWN advocates timely updates on

complaints investigations and clear information being made available about meetings as part of the complaint resolution. The timing of such meetings in the process is crucial and can often help to prevent a lengthy exchange of correspondence which is not resolving the complaint.

Example of good practice – Meeting Terms of Reference form (Queen Elizabeth Kings Lynn NHS Foundation Trust)

Although historically all Norfolk NHS (and social care) organisations had signed up to a shared complaint handling protocol for multi organisational issues, it was not clear from the discussions whether this protocol is still in place and operational. HWN recommends the protocol should be reviewed following changes to the health and social care systems since 2013 and adopted by all current health and social care organisations handling complaints in Norfolk. The protocol should make reference to handling complaints which may include organisations outside Norfolk.

All organisations include in their policy how they deal with 'habitual and repetitive' complainants albeit the title of this particular group of patients varies between organisations. HWN accept that this group of patients can have a significant impact on resources but the process to handle these sensitively and effectively (from the perspective of both the complainant and the organisation) does need to ensure that no valid complaints are missed.

3.2.2 Recommendations:

- All organisations to ensure the initial response to complainants makes it clear there is an option to clarify the complaint (particularly where it is very complex), to discuss the proposed investigation plan and the preferred outcome from the complainants perspective
- All organisations to ensure there is regular update to the complainant particularly where the necessary investigation is lengthy and complex and the offer of a meeting (and details of how the meeting will be conducted) is clearly made
- There is a review of the previous shared protocol for complaints handling in Norfolk and that all current health and social care organisations in Norfolk sign up to and implement this shared protocol

3.3 Learning from complaints:

One of the major themes from all the recently published reports on complaints handling and from the perspective of the Parliamentary and Health Service Ombudsman (PHSO) when reviewing the way a complaint has been handled, is that there should be clear evidence that the organisation has learnt from the complaint. See recommendation number 118 from the Francis Report.

'Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust's response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission.'

All organisations confirmed that there is an identified senior manager (in most cases the Chief Executive) with responsibility for complaints including the escalation of serious complaints, review and signing of individual response letters and a risk assessment of the complaint from the organisation's perspective, HWN recommends that all organisations should ensure they have a clear process for reviewing and updating the outcomes from complaints and that learning from outcomes is embedded in the organisation, cascading from Board level reports and discussions. As identified in the report published by the Department of Health – Hard Truths, The Journey to putting Patients First, all organisations should ensure that their Board and CEO receive monthly reports on complaints and action plans, including evaluation of the effectiveness, in addition to quarterly reports being published on lessons learnt. HWN would also advocate that such reports need to include qualitative information in addition to statistical information in order to make them more meaningful in terms of trends and patterns of complaint issues. However our review of information available via the internet illustrated that it is not always clear to the public what complaints information has been reviewed and discussed at Board meetings (in an anonymised format to ensure patient identity is protected).

Some organisations have adopted a practice of using patient stories at Board meetings as a very powerful way of reflecting patient experience.

Our research indicates that not all organisation provide information that is easily identifiable on the outcome of complaint handling in terms of a 'You said, we did' approach. This would reassure patients and their families that making a complaint is a worthwhile process for both patients and healthcare providers alike.

Example of good practice – Complaint Case Studies – What you said and what we did (East Anglian Ambulance Services NHS Trust)

Whilst this report focuses on complaints handling, we would expect all organisations to ensure information is collated and triangulated from *all* forms of Information on service quality including patient feedback (Patient Advice and Liaison Service enquiries, Friends and Family Test results, informal feedback from front line staff, patient stories, feedback on the patient opinion website – www.patientopinion.org.uk, feedback on NHS Choices website, Serious Incidents Investigations, Coroners Reports and legal claims). By reviewing and collating information from all these sources, the organisation will be better able to highlight trends and patterns and where patients and others have raised cause for concern and a need for improvement. See recommendation number 112 from the Francis Report:

'Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.'

From the information available at the time of writing this report it appears that NHSE has not yet put in place clear processes and procedures for collating information regionally on complaints handling and to carry out audits of complaint handling by CCGs.

3.3.1 Recommendations:

- Ensure that quarterly reports to Boards on complaints handling are easily available to the public
- Adopt a 'You said, we did' approach to publishing the outcome of complaints
- NHSE to make clear their process for collating and publishing information on complaints handling
- All organisations to ensure that they make clear to the public that complaints are only part of the process for patient feedback and this includes informal comments, patient surveys, patient opinion, PALS,

4.0 Results – Patients' carers and families' perspective on complaints handling

A total of 450 questionnaires were sent out by the NHS organisations to complainants. To date 74 completed questionnaires have been returned to Healthwatch Norfolk.

Name of organisation complained about	Number of completed questionnaires received
JPH	12
QEH	4
NNUH	10
NCHC	7
NSFT	5
EEAST	8
GPs	15
Dentist	4
Optician	1
Un named organisation	8

Of those who provided the information, please see demographic information below:

Age 18-29	Age 30-64	Age 65-74	Age 75-84	White British	Other	Male	Female
6	41	17	5	93%	7%	41%	59%

The above figures indicates there is a need to ensure that people from BME communities in Norfolk are aware of and able to access the complaints handling process.

Analysis of the questionnaires indicates that the information provided by the organisations as to how they handle complaints and the experience of those who actually made a complaint is not always the same.

In addition, the analysis illustrated a varied approach by the same organisation to different complainants. This apparent inconsistent approach may have been due to the complainant's recollection of the process or it may be due to inconsistency in complaints handling by one organisation. It is difficult to conclude whether this is due to the number of different complaint handlers or changes in staff. However what it does indicate is that clear communication is paramount to effective complaints handling.

The points below illustrate the main themes and trends highlighted by patients and their relatives based on the completed questionnaires. HWN acknowledges that to date we have received a limited number of completed questionnaires and that in some cases these questionnaires have been completed sometime after the end of the complaint handling process. Nevertheless we believe that the responses do indicate the need for a clear, timely and consistent approach to complaints handling.

We are aware that many of the NHS organisations routinely conduct customer satisfaction surveys of how their complaints are handled and the organisations concerned confirm they have received some very positive results.

4.1 Accessibility

The majority of respondents (**90%**) accessed information on the complaints process from the NHS but information was also obtained elsewhere on the internet, from Citizens Advice and from the local MP. **74%** of respondents stated that the information available to them about the complaints process was clear.

41% of the respondents confirmed that they were worried that complaining might affect their care or treatment. It is important therefore that all patients, carers and their families are encouraged to provide feedback (positive and negative) in a culture of openness and transparency.

49% of the respondents confirmed that they had been treated with courtesy during the complaints handling process.

70% of respondents said they were able to make their complaint in time (DoH regulations state that complaints must be made within 12 months of the event taking place, although complaint managers have the discretion, if considered appropriate, to waive that restriction in some instances).

4.2 Information and communication

From the responses received (including responses regarding complaints handled by the same organisation), it appears there is significant variation in the information made available to complainants in the first instance.

All organisations confirmed they are aware of the 3-day acknowledgement requirement in the regulations but only **34 %** of the respondents recalled receiving an acknowledgement within the 3 days. **40%** confirmed that the acknowledgement clearly explained the complaints handling process and **31%** confirmed that information on help and advocacy available was included although only 2 of the complainants who responded to the questionnaire confirmed that they had used the advocacy services.

As indicated earlier in this report, not all organisations adopt the same approach in involving complainants in an investigation plan and only **28%** of the respondents stated that an investigation plan had been agreed. The plan should include details of when progress reports are expected. **20%** of respondents stated they did not receive regular contact (we accept that the question does not define 'regular' contact).

Respondents had similar experiences in that very few were offered a meeting to discuss their complaint (**20 %**) and **12 %** had an opportunity to comment on a draft response.

13 % of the respondents had requested copies of medical notes as part of the investigation and resolution of their complaint. Whilst we fully accept that this is not necessary in all complaint investigations, giving complainants the opportunity to review their notes together with support to do so can enable them to gain a better understanding of what has happened and why.

We recognise that a detailed investigation plan, a meeting and an opportunity to review a draft response are not appropriate and proportionate in all cases but it is important that consideration of these steps should be included in the initial complaints handling checklist.

4.3 Response letters

In response to the question about whether the final response answered all of their questions, only **27%** of complainants said yes.

Some respondents commented on the content of the response to their complaint in terms of lack of apology, insufficient detail and lack of understanding of the original complaint. Please see below some of the direct comments from complainants. Guidance is available from the Department of Health about giving apologies. We accept that complaints handling is very much about perceptions and subjective views but it is important that all responses to complaints are factually correct.

Example of Best Practice – Guidance on Format of Complaint Response Letter (Queen Elizabeth Kings Lynn NHS Foundation Trust)

Some comments from complainants about what was missing from the final response they received:

'A full apology from the doctor concerned'

'only answered one part of the complaint'

'complaint grossly misunderstood, fundamentals have never been discussed'

'they should have read my complaint'

Given that all organisations include in their complaints handling policy the option for complainants to contact the PHSO if they are not happy with the outcome of the complaint, it is surprising that **43%** of the respondents stated they had not been advised of this. We would therefore recommend that this information is reiterated at the end of the complaints handling process and sending the information separately may help to ensure the complainant is fully aware of their right to take this action.

4.4. Recommendations

- HWN to ensure that all signposting organisations in Norfolk have up to date information about how to make a complaint
- All organisations to ensure that complaints handling training is mandatory for all staff dealing with complaints to ensure consistent approach
- All organisations to manage the complainants expectations effectively through agreement of an investigation plan(including timescales and methodology for regular contact)
- All organisations to implement a check list to be used by all complaints handlers
- All organisations to ensure that information is clearly provided at the end of the complaints handling process detailing the complainant's right to contact the PHSO.

4.5 Actions as a result of complaints

Whilst **32%** of the respondents confirmed that the organisation agreed to make changes as a result of the complaint, only **22 %** of those complainants were aware that changes had been made.

HWN accept that not all organisations use the terminology as to whether the complaint has been 'upheld' or not. We also accept that it is not always appropriate or possible to take any action as a result of a complaint but in accordance with the PHSO Principles for Remedy an offer to 'put things right' should always be considered. We reiterate the importance of 'you said, we did' being promoted by all organisations.

5. Direct quotes from complainants

Several of the questionnaires contained some positive feedback on the process:

' They were very helpful and kept me informed all the way through'

'I think they were very helpful and kept me informed all the way through'

'I had a positive outcome, it was a shame I had to complain to get my son the treatment he needed'

The quotations below are taken directly from the questionnaires and illustrate the level of dissatisfaction and frustration experienced by patients and their families who have made a complaint:

'The letter I received got details of my complaint totally wrong'

'I felt the complaints process was 'set up' to achieve the outcome desired by the hospital'

'The NHS needs to have an independent complaints process rather than one that has working relationships with services that you are complaining about'

'a long winded process in order to deter'

'process was atrocious, more understanding should be shown'

'it seems very one-sided and not completely independent'

'still awaiting a formalised response to a letter sent two months ago'

'I was confused by the buck passing between 999 and 111'

'Feels as if it was all swept under the carpet, pointless in complaining'

'It took over a year, was a mess'

6. Generic comments

From both discussions with the commissioner and provider organisations, and the feedback from complainants, it appears there are some inconsistencies in approach to complaint handling between and within organisations. HWN believes that a robust, consistent approach would be of benefit to all involved in dealing with complaints (patients, commissioners and providers). However we also appreciate that several organisations raised the potential issue of increased regulation and widening remit of complaints teams that will possibly impact on resources available to manage complaints effectively. We would therefore recommend that the previous county wide complaints manager forum is reconvened as a shared resource. This forum could be used as an opportunity to share good practice, discuss multi organisational complaints and provide scope for training e.g. conflict resolution, root cause analysis, investigation techniques. Currently there is no formal training qualification for NHS complaints handlers.

In seeking to address claims that there is insufficient independence to the complaints investigations, we strongly recommend the introduction of a regular external audit of complaints handling. HWN would be willing to discuss a potential role for our volunteers in completing such audits with the co-operation of commissioners and providers. We also recognise that access to such information would need to meet the legislation around patient confidentiality.

6.1 Recommendations:

- Reconvene county wide complaints manager forum (to include Social Services)
- Consider the introduction of six monthly independent audit of complaints handling

7. Conclusion

We are pleased to find that all NHS healthcare organisations have a complaints handling process in place and engaged with HW Norfolk in discussing those processes. We are aware from discussions with many of the organisations involved that the potential issue of the increased regulation and widening remit of complaints teams will possibly impact on resources available to manage complaints effectively. We therefore hope that this report provides information and recommendations which will help all involved to achieve a high quality, consistent level of complaints handling across Norfolk.

Whilst we accept that some of the recommendations in this report will impact on the resources currently available within the complaints handling teams, we believe that much can be done to improve the processes by sharing good practice. By the implementation of a robust checklist of information to be exchanged between complainant and complaint handler at the beginning of the process, this should reduce subsequent protracted and difficult exchanges. As a final comment, HWN believe that by clearly publishing what improvements and changes are made as a result of complaints, all involved are more likely to view the complaints handling process as positive and worthwhile.

In the words of Cabinet Office Minister, Oliver Letwin, about complaints: Instead of viewing them as a "danger," complaints should be seen as a vital "mine" of information

Appendix 1

Listed below are recent regulations and reports published about NHS complaints handling:

Regulations

Complaints Regulations local authority social services and National Health Service complaints (England) regulations 20009

Listening, responding and improving – A guide to better customer care (Code of Practice – Department of Health – February 2009)

The Health and Social Care Act 2012

The NHS Constitution

Care Quality Commission Essential Standards outcome 17

Identifying Good Practice

Hard Truths. The Journey to Putting Patients First published by Department of Health – (government response to the mid-Staffordshire NHS Foundation Trust Public Enquiry) January 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

The Health Committee Sixth Report on Complaints and Litigation August 2013

The Francis Report: One Year On (published February 2014 published by The Nuffield Trust)
http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140206_the_francis_inquiry.pdf

A Review of the NHS Hospital Complaints System -Putting Patients Back in the Picture – Rt Hon Ann Clwyd MP and Prof Tricia Hart October 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf
October 2013

House of Commons Health Committee – After Francis, making a difference – published in September 2013
http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/657/657.pdf

Designing Good Together – transforming hospital complaints handling published by PHSO August 2013
http://www.ombudsman.org.uk/__data/assets/pdf_file/0008/22013/Designing_good_together_transforming_hospital_complaints_handling.pdf August 2013

Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report – by Prof Sir Bruce Keogh KBE – July 2013

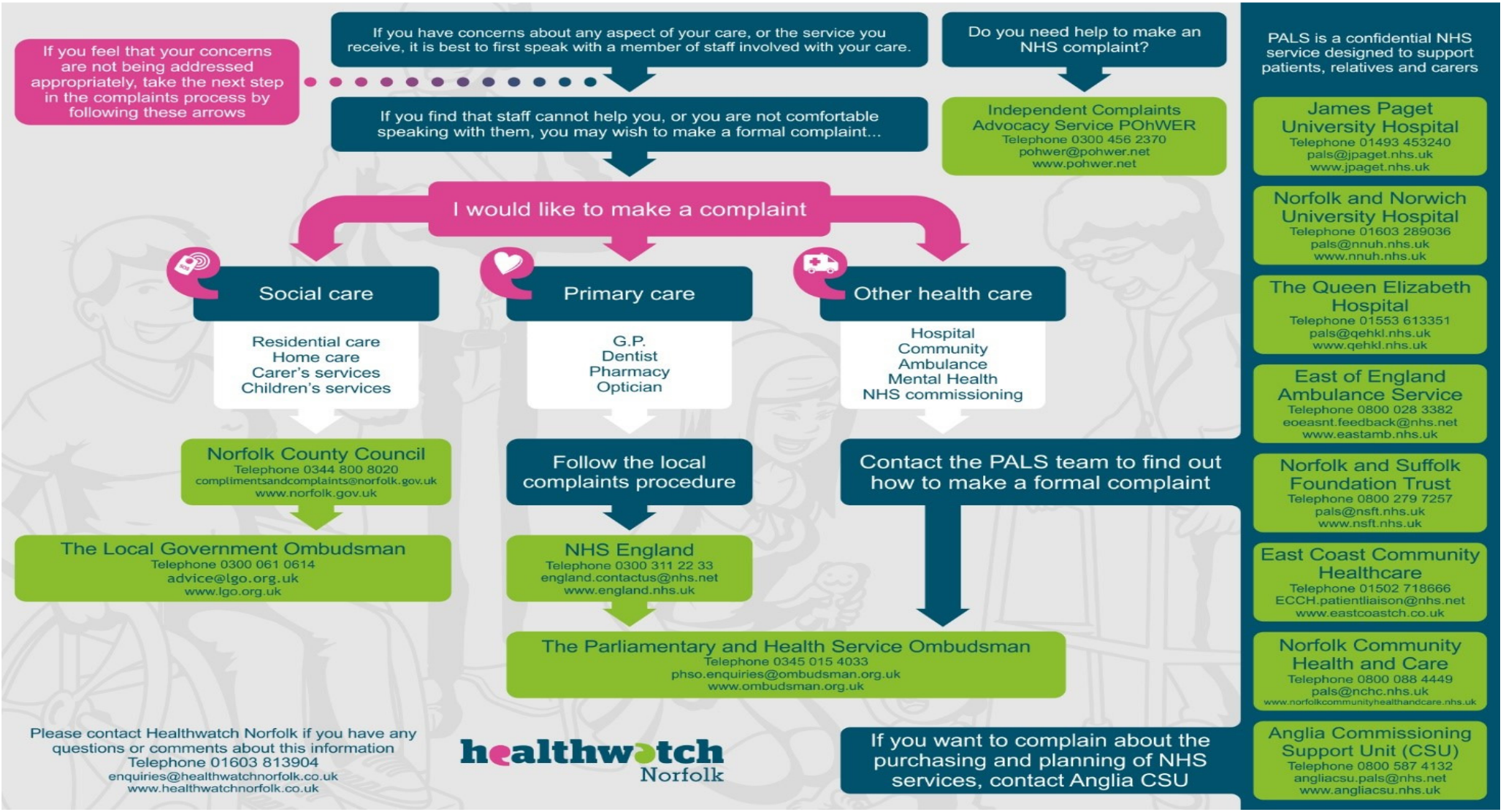
The NHS Governance of Complaints Handling published by PHSO June 2013
http://www.ombudsman.org.uk/__data/assets/pdf_file/0008/20897/PHSO-IFF-Governance-of-Complaints-Handling-research-UNDER-EMBARGO-5-JUNE-0001.pdf

The NHS Hospital Complaints System published by PHSO April 2013
http://www.ombudsman.org.uk/__data/assets/pdf_file/0018/20682/The-NHS-hospital-complaints-system.-A-case-for-urgent-treatment-report_FINAL.pdf

Report of the Mid-Staffordshire NHS Foundation Trust Public Enquiry – Executive Summary (published in February 2013)
http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf

Parliamentary and Health Service Ombudsman – Principles of Good Complaint Handling (published 2009)

Diagram produced by Healthwatch Norfolk illustrating the complexity of which organisation to contact if you wish to make a complaint. The version of the diagram on our website will help people to locate the correct contact details to make a complaint.



Appendix 3

Copy of questionnaire sent to NHS commissioners and providers in Norfolk for completion and discussion with either POhWER or directly with Healthwatch Norfolk.

H**ealthwatch Norfolk**

Complaints handling survey
Questionnaire for NHS organisations

Organisation Name:
……..
Name, title and contact details for person responding to the questionnaire.
……
…….
Date and place of interview:
……..
Name of interviewer:
……..

1 Governance:

Policy

a) Please may I have a copy of your complaints policy?
b) Where is this policy available?
    i. Website
    ii. Leaflet on display in all patient areas
    iii. Community locations
    iv. Staff intranet
    v. Elsewhere

    ……
    ……..
c) Is the policy available in easy read and or other languages?
    Yes? No?
    ……
    ……...

d) How and when is the policy updated?
    ……
    ……..

Leadership and resources

a) Who has overall executive lead responsibility for complaints handling procedures?
    ……
    ……..
b) What does this responsibility entail?

……
……..

c) What is the Board's role in relation to complaints?

……
……

d) Does the Board receive an annual complaints report?
Yes? No?

……
……...

e) Does the Board receive any other reports relating to complaints
Yes? No?

f) Who manages complaints handling on a day to day basis?

……
…….

g) How many staff are there in the complaints department?

……
…….

h) Is the department fully staffed?
Yes? No?

i) Is staff turnover high or are staffing levels relatively stable?

……
……..

j) Do you feel that the department is adequately staffed?
Yes? No?

……
……

k) What training do complaints handling staff receive in complaints handling?

……
…….

l) What training do complaints handling staff receive in reaching out to and working with 'hard to reach' groups?

……
…….

m) What supporting resources are available for staff – e.g. interpreters?

……
…….

n) How is staff compliance with policy monitored?

……
…….

o) What action is taken to address performance issues?

……
……

p) Is there any training about handling complaints for other staff groups

……
……

Any other issues?

(a) Is there anything else you would like to comment on with regard to the issues in this section:

i. any changes that you think could improve the governance arrangements?

ii. any blockages to the arrangements working effectively?

……..

2 Access

Publicity and information

a) What information is available to potential complainants about your complaints process?

……
……

b) Where is this available? Please tick as many answers as apply

i. Website
ii. Leaflet on display in all patient areas
iii. Community locations (please note where)
iv. Staff intranet
v. Elsewhere (please note where)

c) How do people with communication issues get to know about the complaints process?

……
……

d) What happens if a person currently receiving care/treatment wishes to complain? (i.e. will staff be able to guide them to PALS or the complaints process?)

……
……

e) How do you test the effectiveness of your publicity arrangements?

……
……

f) What information about sources of advocacy or other independent advice is made available to complainants?

……
……

g) How do you work with advocacy or other independent organisations?

……
……

h) Do you have examples of how you encourage wider feedback including complaints?

……
……

Any other issues?

a) Is there anything else you would like to comment on with regard to the topics in this section:

i. any changes that you think could improve the access?
ii. any blockages to the arrangements working effectively?

……
……
……

3 Effective processes

Meeting key deadlines and standards

a) What arrangements are in place for making complainants aware of

i. The NHS constitution.

……
……

ii. The key stages and deadlines in the complaints process.

……
……

iii. Handling arrangements for cases that span more than one organisation.

……
……

iv. How third party complaints, including on behalf of people who lack capacity, are handled.

……
……..

v. How cases involving children and young people are handled.

……
……

vi. Obtaining consent.

……
……

vii. Releasing records.

……
……

viii. Working with an advocate or other independent source of advice.

……
……

b) What happens if complainants say they also wish to pursue legal action or may wish to do so?

……
……

c) How do you distinguish between concerns and complaints?

……
……

Managing investigations

a) How are high risk cases identified and escalated?

……
……..

b) In high risk cases is there a requirement to have a senior person manage the investigation and to obtain independent advice?

……
……

What guidance is in place to guide the investigations process?

……
……...

Do all staff involved in the investigations process receive investigations training?

Is there an internal committee established to review complaint investigations?

……
……..……..

c) Please could you describe how each of the following occurs:

i. Clarifying the issues that the person wishes to complain about
……
……..

ii. Clarifying expectations and desired outcomes with the complainant
……
……..

iii. Explaining about complaints from third parties
……
……

iv. Explaining about complaints form children and young people.
……
……

v. Obtaining consent
……
……

vi. Informing people of advocacy or other independent advice
……
……

vii. Finding out about and agreeing any communications support the complainant may need
……
……

viii. Agreeing a plan with the complainant
……
……

ix. Co-ordinating with other agencies if required
……
……

x. Holding meetings and preparing for them
……
……

xi. Keeping in touch
……
……

xii. Identifying and escalating high risk cases
……
……

xiii. Scoping the investigation
……
……

xiv. Deciding who will manage the investigation
……
……

xv. Clarifying what standards the complainant should have expected to experience
……
……

xvi. Obtaining independent advice
……
……

xvii. Maintaining records
……
……

xviii. Preparing a draft report
……
……

xix. Checking the report against the complaint and the client's expectations
……
……

xx. How much information is provided to complainants about action taken in relation to staff
……
……

xxi. Making a decision about upholding/not upholding the complaint.
……
……

xxii. Sharing with relevant parties in draft format
……
……

xxiii. Options for resolving issues if there appears to be a strong conflict of views
……
……

Remedy

a) What remedies are available?
……..……
……

b) Who decides the remedy?
……..……
……

c) What information is made available to complainants about next steps if they remain dissatisfied?
……..……
……

Any other comment

a) Is there any further comment you would wish to make:
   - **i.** any changes that you think could improve the complaints investigation process?
   - **ii.** any blockages to the arrangements working effectively?

……..……
……
……..……
……

4 Making Connections

a) What arrangements are made for handling complaints that might also involve other processes such as the regulators or the criminal justice system?

……..……
…….

b) Do you have any systems for picking up complaints other than through the complaints process (e.g. through untoward incident processes or informal comments that sound as though they might relate to a serious matter)? If so, please could you describe these?

……..……
…….

Any other comment

b) Is there any further comment you would wish to make:

iii. any changes that you think could improve co-ordination of systems?

iv. any blockages to the arrangements working effectively?

……..……
…….
……..……
…….

5 Monitoring and evaluating the complaints process

a) Are systems in place for:

i. Monitoring complaints handling performance against key standards?

……..……
……

ii. Sampling and reviewing the quality of reports to complainants?

……..……
……

iii. Obtaining complainant feedback?

……..……
……

iv. Reviewing the handling of high risk cases?

……..……
……

v. Reviewing cases that were submitted to PHSO?

……..……
……

vi. Checking that agreed actions have been delivered?

……....……
……

vii. What action is taken in light of the above feedback?

……..……
……

Any other comment

a) Is there any further comment you would wish to make:

v. any changes that you think could improve the monitoring and evaluation process?

vi. any blockages to the arrangements working effectively?

……..……
…….
……..……
…….

6 Learning and Improvement

a) What systems are in place for analysing complaints and identifying trends, themes or action arising from single, high risk cases?

……..……..

b) What evidence is there of change resulting from complaints?

……..…….

c) Are the public are made aware of the impact of learning from complaints?

……..……

d) How does the organisation know that learning is embedded?

……..……

Any other comment

a) is there any further comment you would wish to make:

i any changes that you think could improve the learning process

ii any blockages to the arrangements working effectively?

……..…….

……..…….

Appendix 4

Copy of questionnaire sent by the organisation who received the complaint to randomly selected complainants who had made a complaint (now closed) within the past 6 months.

Questionnaire about the NHS Complaints Process

A Brief details

1 Which organisation(s) did you complain about?

……
……
……
……

2 Was your complaint about:

Your own experience?
Someone else's experience?
Please tick whichever applies to you.

3 Was your complaint

Upheld?
Not upheld?
Partly upheld?
Please tick whichever applies to you.

B About the complaints process

4 How did you find out about the complaints process?

Please tick whichever applies to you

a. NHS Trust Website
b. NHS Choices Website
c. Other website (Please tell us which one)
……
……
d. Leaflet (please tell us where you found the leaflet)
……
……..
e. NHS staff
f. Some other way (please tell us where)
……
……

5 Was the information you found about the complaints process clear to you?

Yes? No?

6 If you said no, what could have been better?

……
……..

7 Did you find out about complaints process soon enough?

Yes? No?

C How your complaint was handled

8 How did you contact the organisation you wanted to complain about:

Please tick whichever applies to you

a. By telephone?
b. By letter?
c. By email?
d. By another method? If so, please tell us how you contacted the organisation?
……
……

9 From memory, did someone contact you within three days of receiving your complaint?
Yes? No?

10 From memory, did the person who contacted you do the following:
Please tick whichever applies to you

i. Introduce himself/herself?
Yes? No?
ii. Give you the name of the person who you could contact about your complaint?
Yes? No?
iii. Make sure he/she understood your complaint?
Yes? No?
iv. Check how best to communicate with you?
Yes? No?
v. Explain about independent sources of advice and advocacy?
Yes? No?
vi. Check that you had given consent for the complaint to be investigated?
Yes? No?
vii. Ask you what outcome you hoped for?
Yes? No?
viii. Explain the complaints process to you?
Yes? No?
ix. Give you the chance to ask questions?
Yes? No?
x. Answer your questions clearly?
Yes? No?
xi. Agree a plan with you?
Yes? No?

11 Did you receive a letter confirming the plan?
Yes? No?

12 Did your named contact keep in touch with you regularly?
Yes? No?

13 Did you request a copy of your notes?
Yes? No?
If yes,
a. Were the notes provided quickly?
Yes? No?
b. Was it easy to read and understand the notes?
Yes? No?
c. Were you offered any help to understand the notes?
Yes? No?
d. Were you charged for a copy of your notes?

Yes? No?

14 Were you invited to any meetings to discuss your complaint?
Yes? No?
If yes,
a. was the purpose of the meeting explained to you?

Yes? No?
b. Were you able to bring anyone with you?

Yes? No?
c. Did you feel at ease in the meeting?

Yes? No?
d. Did the meeting help you understand what had happened?

Yes? No?
e. Please tell us what could have made the meeting better?
……
……..

15 Were you given a draft response to comment on before receiving the final response?
Yes? No

16 Did you feel that the final response answered your questions clearly?
Yes? No?

If no, please tell us what could have made it better?
……
……

17 Did the organisation agree to make changes?
Yes? No?

18 If so, do you know if those changes have been made?
Yes? No?

19 Were you advised that you could complain to the ombudsman if you were not satisfied with the outcome of your complaint?
Yes? No?

20 Overall, did you feel you were treated with courtesy throughout the process?

Yes? No?

21 Were you worried that complaining might affect your care/treatment
Yes? No?

22 Please tell us below if there are any other comments you would like to make about the complaints process

……
……
……

D The Ombudsman

If you did not take your complaint to the Ombudsman, please go to section E

23 If you took your complaint to the Ombudsman, did they:

a. Uphold your complaint?
b. Respond to your complaint within xxxx days?
c. Check with you that they understood your complaint properly?
d. Give you a named contact?
e. Keep in touch with you?
f. Did they check out their response with you before it was finalised?
g. Was their response clear?
h. Did they make recommendations?
i. Have they checked that these were actioned?

24 What would have made things better?

E If you used an advocate or other independent support:

If you did not contact an n advocate or other independent support, please go to section F

1 Which organisation provided you with support?

2 How did you find out about the support?

……
…….

3 Did you find out soon enough?

……
…….

4 What information was provided to help you decide about independent support?

……
……

5 Was it clear?

Yes? No?

If no, what would have made it better?

……
…….

6 How did you contact the independent organisation or advocate?

……
…….

7 Did the organisation or advocate explain clearly what they could and could not do?

Yes? No?

8 Did the organisation discuss any communication needs with you?

Yes? No?

9 Did the organisation agree a plan with you?

Yes? No?

10 Did the organisation keep in touch with you regularly?

Yes? No?

11 Did the organisation /your advocate help you to understand the complaints process?
Yes? No?

12 Did the organisation/your advocate help you to find out information?
Yes? No?

13 Did the organisation or your advocate provide someone to attend meetings with you?
Yes? No?
If yes, did you feel they well prepared?
Yes? No?
If no, what would have made things better?

14 What overall did the external organisation/advocate do well?
……
……

15 What overall could the external organisation/ your advocate have done better?
……
……

16 Would you use an advocate again?
……
…….

F About you

Healthwatch Norfolk would like to be sure that the NHS complaints system works fairly for everyone. To help us do this we would be very grateful if you would complete the following details.

1 Are you
Male
Female
Trans-gender

2 Do you have a disability? If so, please would you give brief details:
……
……..
……
……..

3 Are you
Under 18
18 – 29

30 -64
65 – 74
75 – 84
85+

4 Would you describe yourself as:

WHITE
White British
White Irish
White – Eastern European
White other

MIXED
Mixed white and black Caribbean
Mixed white and black African

Mixed white and Asian
Other mixed background

ASIAN or ASIAN BRITISH
Indian
Pakistani
Bangladeshi
Any other Asian Background

BLACK or BLACK BRITISH
Caribbean
African
Any other black background

OTHER ETHNIC CATEGORIES
Chinese
Other

Thank you very much for completing the questionnaire. Please return the questionnaire to Healthwatch Norfolk as follows:

Freepost RTEZ-YTHH-LTBT
Healthwatch Norfolk
28 Queens Road
Hethersett
Norfolk
NR9 3DB

Delayed Discharge from Hospitals in Norfolk

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

The Committee will receive responses to recommendations made by the scrutiny task & finish group on Delayed Discharge from Hospitals in Norfolk

1. Introduction

1.1 On 17 July 2014 Norfolk Health Overview and Scrutiny Committee (NHOSC) received the report of a joint scrutiny task and finish group on Delayed Discharge from Hospitals in Norfolk. The joint group was comprised of members from the former Community Services Overview and Scrutiny Panel and NHOSC and had been established in January 2014.

1.2 NHOSC endorsed the eight recommendations the task and finish group proposed for local NHS organisations and Norfolk County Council and asked for responses by 30 September 2014.

2. Purpose of today's meeting

2.1 The responses to the recommendations of the Delayed Discharge from Hospitals in Norfolk report are attached at Appendix A. The responses from both health and social care are very positive.

2.2 The twelve health and social care organisations concerned have responded very positively to the report, accepting or partially accepting all eight recommendations.

2.3 NHOSC is asked to consider their responses and whether there are any specific issues on which the committee wishes to receive an update at a future meeting.

IN TRAN communication for all	If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or 0344 800 8011 (Textphone) and we will do our best to help.

Norfolk Health Overview and Scrutiny Committee – Delayed Discharge from Hospitals in Norfolk – Responses to recommendations

NNUH – Norfolk and Norwich University Hospitals NHS Foundation Trust
JPUH – James Paget University Hospitals NHS Foundation Trust
QEH – The Queen Elizabeth Hospital NHS Foundation Trust
CCGs – Clinical Commissioning Groups (i.e. the five CCGs in Norfolk)
NCH&C – Norfolk Community Health and Care NHS Trust
ECCH – East Coast Community Healthcare (providing NHS community care in Great Yarmouth & Waveney)
NSFT – Norfolk and Suffolk NHS Foundation Trust (the mental health care provider)

Recommendation		**To**	**Response**
1.	That the three acute hospitals and Norfolk County Council Adult Social Care adopt a standardised consistent method of recording delayed discharges from hospitals across the County.	Acute trusts x 3 (NNUH JPUH QEH)	**Accepted** NNUH hosted a meeting with representatives from James Paget, Queen Elizabeth, Norfolk and Norwich Hospital and Social Services to discuss adopting a standardised consistent method of recording delayed discharges from the Acute Trusts and Social Services. All three Trusts and Social Services complete the Department of Health Delayed Transfer of Care monthly situational reports. All three Trusts are currently reviewing triggers that result in recording Delayed Transfers of Care with a view to adopting a standardised consistent method of recording.
		Norfolk County Council - Adult Social Care	**Accepted**. Working age adult mental health - Norfolk County Council (NCC) and Norfolk and Suffolk NHS Foundation Trust (NSFT) have drawn up a new discharge process which includes a verification process for delayed transfers of care in line with the Department of Health (DoH) guidance . This will cover all adults (including older people's

Recommendation		To	Response
			services) and will come into operation on 1 October 2014. As work progresses on the wider work recommended, the mental health system will be adapted. Community Services (adult care) - The lead agency would be the acute trusts for this, Social care have explored this within the last 6 months to see if we could standardise delayed discharges however this has not proved possible as all acutes interpret the Act differently. We are happy to work with partners again if this stance alters and they wish to revisit.
2.	That the CCGs and Norfolk County Council Public Health produce a strategy for educating the public on the benefits of receiving health care at home rather than in hospital and include education about the use of NHS 111 and the 999 service.	CCGs	**Agreed**. NHS organisations have for many years run campaigns aimed at raising the public's awareness of options for accessing appropriate urgent care which deflects unnecessary workload from 999 service and A&E. It is difficult to assess the effectiveness of such work. Each of the 3 urgent care systems though will work with partners to provide education about alternative urgent care services especially the role of 111, out of hours (OOH) Primary Care, Minor Injury Units and Walk in Centres. This work will be led by the System Resilience Boards in each area.
		Norfolk County Council - Public Health	Patient education strategy is not part of the Public Health role and it would be expected that the CCGs should take the lead if they wish to implement this recommendation. There is, however, a lot that Public Health could and would do to support the work as part of its core offer to the CCGs in terms of analysis and benchmarking.
3.	That the CCGs take the lead in working GPs, health and social care organisations to identify patients with	CCGs	**Agreed**. Each CCG has, as one of its core priorities, work aimed at identifying and better managing patients at greatest risk of an escalation of their condition which may necessitate hospital

Recommendation		To	Response
	particularly complex needs to: (a) target early intervention / preventative measures and support towards those people (b) put an individual discharge plan in place to be used in the event of hospital admission (c) ensure that the plan is available to those who will need to access it in the event of an emergency out of hours or within working hours (d) ensure that effective arrangements for discharge can start as soon as the patient is admitted.		admission. This involves the use of risk stratification tools aimed at identifying the 2% of patients most at risk, multi-disciplinary team meetings, development of care plans, and their sharing across all relevant providers. These arrangements are underpinned by changes to the GP contract introduced on 1 April. The operational delivery of this varies according to locality but all share the same aim of providing better, more proactive care to the most at risk patients and reducing unnecessary hospital admissions. Each acute hospital and its system has developed structures and processes to facilitate timely discharge from hospital. The following provides a summary of arrangements in each system: **Gt Yarmouth & Waveney**: The Urgent Care Board both (Continuing Health Care) CHC and social care issues are discussed and escalated as appropriate. Concerns raised at the Urgent care board are discussed at the System resilience Group. An Urgent Care discharge workstream has been established with representation from social services, pharmacy, therapy, patient transport and internal discharge colleagues, focusing on services and processes to support timely and safe discharge from JPUH and ECCH community units. **West Norfolk**: WN CCG, through the West Norfolk Alliance and System Resilience Group (SRG), commenced the development and implementation of plans to address the four areas highlighted. The detailed SRG plan, with associated Key Performance Indicators (KPIs) is monitored on a weekly basis via the SRG. **Central Norfolk**: A dedicated team located in the NNUH, work

Recommendation		To	Response
			closely with NCC and providers to manage the timely flow of complex discharges to home, or another care facility. A weekly system meeting (Capacity Planning Group) takes place with senior representation from all stakeholders to review performance & resolve any issues. This group in turn reports to the System Resilience Board. Mental Health: A meeting takes place every Friday to assess Delayed Discharges from In-patient beds. This meeting also validates, challenges and ratifies the plans for all Norfolk patients or patients occupying Norfolk beds. This process also considers all patients placed Out of Area so that they are repatriated to Norfolk based provision as soon as possible.
4.	That more accommodation suitable for people with mental health needs is commissioned to enable speedier discharge of patients with dementia and with functional mental health conditions and that commissioners consider connections between this accommodation and other initiatives for people with mental health problems, such as care farming, to improve the well-being and safeguarding of service users and to increase local jobs and infrastructure.	CCGs	**Agreed.** The availability of onward accommodation for patients with mental health problems, both functional and dementia is an important part of the care pathway in enabling people to recover their mental well-being**.** Area specific actions are set out below: **Gt Yarmouth and Waveney**: The CCG will work with a range of stakeholders and partners to look at the housing resources available for these patient groups and how this needs to be developed as well as other initiatives to support them. We have a range of supported housing in Great Yarmouth and Waveney and there is a need to develop the market with regards to residential and Elderly Mentally Ill (EMI) nursing homes for Older People with Dementia or a functional mental health issue. **West Norfolk**: The CCG supports this approach, However the CCG view is that residential care is not necessarily the most appropriate place of care, with the overarching CCG goal being to ensure

Recommendation		To	Response
			individuals are maintained within their own home and bed with support from appropriate clinical care. **Central Norfolk:** Supported accommodation is commissioned in Central Norfolk to provide for individuals to ensure that they can be discharged from In-patient settings as soon as possible. Central Norfolk provided funding for the commissioning of 8 additional placements in April 2014 plus there are another 4 step down beds to support patients discharged from N&SFT acute services. Increased supported accommodation is being planned for in 2015.
		Norfolk County Council - Adult Social Care	**Accepted**. Working age adult mental health - NCC is developing a strategic approach to develop more supported living for people with mental health needs, working with a range of providers of care home and supported living services. NCC has also worked with NSFT over the last year to minimise delayed transfers of care (DTOCs) and to develop more flexible services. NCC continues to work with providers of community services such as domiciliary care and third sector providers of personal assistant services to develop more services able to meet people's mental health needs in their own homes. This will be summarised in the forthcoming market position statement from NCC. Norfolk County Council has block purchased places used for short term rehabilitation for people leaving hospital in addition to those highlighted in the report, these include Ashcroft Care Home for women (7), and places in 24/7 supported living in Kings Lynn (16 places), Norwich (20 places) and Great Yarmouth (19 places). There are in addition block purchased places in longer term supported living and residential care in Norwich which are used for people leaving hospital depending on needs. There is a variety of mental health care homes in Norfolk which means that most needs can be

Recommendation		To	Response
			met quickly, however meeting very complex needs can sometimes lead to delays in identifying potential placements and agreeing these with providers. NCC also commissions a housing related floating support service provided by Together for Mental Health for working age adults which works directly with patients on the NSFT acute wards to address housing and benefit issues which may delay discharge.
5.	That the redesign and integration of health and social care services and the other changes envisaged in the Better Care Fund planning should go ahead without delay.	CCGs	**Agreed**: The Norfolk Health and well Being Board has very recently signed off a Better Care Fund plan for Norfolk which has been submitted to NHS England.
		Norfolk County Council – Adult Social Care	**Accepted**. There are workstreams tasked with progressing the main elements of the BCF, however some are predicated upon the release of money from the acutes eg 7 day working.
6.	That in each multi-disciplinary team situation health and social care should ensure there is always one named co-ordinator clearly in charge of the discharge process.	Acute hospitals (x 3)	**Accepted**. Within the three acute Trusts with more enriched trained ward staff on each ward, the ownership for the individual patient care and discharge planning is focused on the ward nursing staff and patients have a named nurse coordinating their care and discharge on each nursing shift. Within each acute Trust the Discharge Team have an oversight of complex health and social care discharges across the hospital.
		Norfolk County Council – Adult Social Care	**Accepted**. Working age adult mental health - the new process on hospital discharge outlined between NCC and NSFT includes a process for NSFT referral for a social worker to assess social care needs and to plan discharge, and for work by NCC on discharge to be tracked. Service users in working age services will have a care co-ordinator and this will be allocated according to the primary need (social care or health). Community Services (adult care) - an allocated social care

Recommendation		To	Response
			practitioner remains with the patient through their discharge pathway as soon as they are identified as medically stable and ready to discharge.
		NCH&C	**Accepted** - We have a discharge facilitator on most of our wards now, meeting regularly with the leads for health and social care, and delayed discharges have reduced as a result. In the smaller units where we don't have a facilitator the key registered professional manages this process. We recently received notification that the remaining Intermediate Care units are being funded, at least over the winter, for a similar role.
		ECCH	**Accepted** - All discharges from the community hospitals managed by ECCH have a named coordinator.
		NSFT	**Accepted** - Norfolk & Suffolk NHS Foundation Trust are compliant with this.
7.	That nursing and other relevant staff in community, acute and mental health settings rotate or undertake job shadowing to foster a better understanding of each other's roles and what could be achieved across the system as a whole.	Acute hospitals (x 3)	**Partially accepted** - It is felt by representatives from the 3 acute Trusts that fostering relationships between acute and community services can be developed further through education, training and joint initiatives. Rotation across organisations would provide a level of risk in ensuring that funding is available for back fill cover and that staff with the correct skill and competence are able to provide the cover. Many services do have a period of shadowing and work experience across organisations ,departments and services within the induction programme. There are many examples across the 3 acute Trusts of cross fertilisation between Acute, Community , Social Services and mental

Recommendation		To	Response
			health Services; Virtual ward from QE where community staff are in reaching and providing training and education to acute staff; rapid assessment teams within the QE, again where community staff are in reaching; joint acute and community projects working to improve discharge planning across the three Trusts, Mental health Occupational Therapy posts within NNUH and the NNUH outreach Home Based Therapy Service and the County Council integrated management agenda whereby there will be an integrated management structure between Health and Social care. **Nick Pryke** - It is felt by representatives from the 3 Acute Trusts that fostering relationships between Acute and community services can be developed further through education, training and joint initiatives. Rotation across organisations would provide a level of risk in ensuring that funding is available for back fill cover and that staff with the correct skill and competence are able to provide the cover. Many services do have a period of shadowing and work experience across organisations, departments and services within the induction programme. There are many examples across the 3 Acute Trusts of cross fertilisation between Acute, Community , Social Services and mental health Services; Virtual ward from QE where community staff are in reaching and providing training and education to Acute staff; rapid assessment

Recommendation		To	Response
			teams within the QE, again where community staff are in reaching; joint Acute and Community projects working to improve discharge planning across the three Trusts, Mental health Occupational Therapy posts within NNUH and the NNUH outreach Home Based Therapy Service and the County Council integrated management agenda whereby the there will be an integrated management structure between Health and Social care.
		NCH&C	**Accepted** - We encourage shadowing as part of personal development and there are a few roles (community matrons, therapists) who work across in-patient areas and community teams. The Modern Matron in each locality is responsible for the in-patient wards and quality across the community teams and holds regular governance meetings where transfers of care is often discussed. As part of next steps in integration with NCC we will be looking at coordination, key working and aligning staff to pathways. Our community liaison team is based in the NNUH and QEH and works closely with acute staff to manage the discharges proactively. They share skills both ways in this relationship. We have link nurses for mental health that are aligned to each locality. There is always more to do to improve relationships across agencies and we believe that integration will help this.
		ECCH	**Partially accepted** – At present shadow roles are not part of our routine working practices however we do consider opportunities as they arise. ECCH and the JPUH have examined opportunities for joint learning initiatives between lead clinicians involved in planning and delivering care in transitional phases, these leadership orientated learning initiatives help foster professional relationships and understanding. At present this is all linked to the development of

Recommendation		To	Response
			new models of care. In Lowestoft we have worked with the CCG to develop an Out of Hospital Team working at the critical interface with the acute trust.
8.	That the three health systems in Norfolk, which are based around the three acute hospitals working with social care, share their innovations with each other to encourage best practice right across Norfolk.	Acute hospitals (x3) & Norfolk County Council - Adult Social Care	**Accepted**. Following this proposal, it is suggested that there is an annual event - Sharing Good practise across the 3 Acute Trusts, Social care , NCH&C, Mental Health and Voluntary Sector with the event having an Acute focus, but also embracing innovations from community services and mental health that affect the Acute Trusts admission and discharge. The three Acute Trusts are keen to look at an IT method of sharing good practise across the 3 Acute Trusts and social care ,look at National best practise and look at learning from other Trusts.

Additional comments:-

NCH&C
The Director of Operations is chairing an internal group to look at the new Patient Safety Agency (PSA) guidance on transfers of care so that we can ensure that NCH&C are meeting the requirements.

ECCH
Hospital discharge and continuing pathways of care are one the most complex areas we deal with and the problems and solutions vary widely between health economies. In Great Yarmouth and Waveney we are working with our commissioners and the acute trust towards an Integrated Care System which will inevitably reduce all forms of delay.

West Norfolk CCG
Recommendation 1 - WN CCG is willing to work with the three acute hospitals and Norfolk County Council (NCC) to develop and implement a standardised consistent method of recording delayed discharges from hospitals. WN CCG will commence discussions with the Queen Elizabeth Hospital (QEH) and NCC via the System Resilience Group (formally the Urgent Care Board). Discussion item to be placed on the WN SRG agenda for 08/10/2014.

Success will be measured through the implementation of a consistent delayed discharge policy across all organisations.

Recommendation 6 - WN CCG has, through the contracting route, for all providers, stipulated that for all multi disciplinary teams (MDTs) there is an identifiable individual patient lead.
Monitoring occurs through monthly provider contract meetings.

Recommendation 7 - WN CCG is willing to work in partnership with appropriate organisations to promote this principle.
WN CCG will commence discussions via the System Resilience Group (formally the Urgent Care Board). Discussion item to be placed on the WN SRG agenda for 08/10/2014.
Successful implementation will be through an increased understanding of each organisation's role, responsibilities and inter-dependencies.

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED
Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2014 - 15

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
27 Nov 2014	NHS workforce planning for Norfolk – to examine workforce planning for GPs and other NHS services in which local services are currently experiencing recruitment difficulties. Wheelchair provision by the NHS, Central and West Norfolk – update from the commissioners and service providers on progress with engaging children, young people and families who use the wheelchair service. Stroke services in Norfolk – responses to the recommendations of the scrutiny task & finish group	
15 Jan 2015		
26 Feb 2015		
16 Apr 2015		

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Provisional dates for reports to the Committee / items in the Briefing 2014-15

2014 – In the NHOSC Briefing - Availability in the local NHS of NICE recommended treatments and drugs.

2015 – In the NHOSC Briefing – Oral Health Needs Assessments (requested from NHS England at NHOSC on 17 July 2014)

NHOSC Scrutiny Task and Finish Groups

Task & finish group	Membership	Progress
Liver resection services (follow up on the recommendations of the former Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on Liver Resection Services)	Cllr Michael Chenery of Horsbrugh Cllr Alexandra Kemp Cllr Margaret Somerville (Substitute for all members – Dr Nigel Legg)	Meeting with NHS England and representatives from Addenbrookes arranged for 10.30am 31 October 2014.
Proposed on 4 Sept 2014: 'Transition of social workers from NSFT to Norfolk County Council social care – impact on service users'.		*Letter sent to Sue Whitaker 16 Sept 2014 proposing a T&F group with 3 or 4 from NHOSC and the same number from Adult Social Care Committee.*

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

Clinical Commissioning Groups

North Norfolk	-	Mr J Bracey
South Norfolk	-	Dr N Legg (substitute Mr R Kybird)
Gt Yarmouth and Waveney	-	Mrs S Weymouth
West Norfolk	-	M Chenery of Horsbrugh
Norwich	-	Mr J Bracey

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Mr A Wright (substitute M Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	M Chenery of Horsbrugh
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr N Legg Mrs M Somerville

James Paget University Hospitals NHS Foundation Trust	-	Mr C Aldred
Norfolk Community Health and Care NHS Trust	-	Mrs J Chamberlin (substitute Mrs M Somerville)

Norfolk Health Overview and Scrutiny Committee 16 October 2014

Glossary of Terms and Abbreviations

A&E	Accident and Emergency
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CHC	Continuing Health Care
CSU	Commissioning Support Unit
DoH	Department of Health
DOLS	Deprivation of Liberty Safeguards
DTOC	Delayed transfer of care
ECCH	East Coast Community Healthcare
EEAST	East of England Ambulance Service NHS Trust
EMI	Elderly mentally ill
GY&W CCG	Great Yarmouth and Waveney Clinical Commissioning Group
HWN	Healthwatch Norfolk
IC24	Integrated Care 24 (out of hour primary care provider in Great Yarmouth and Waveney)
JPUH/JPH	James Paget University Hospital NHS Foundation Trust
KPI	Key performance indicator
MDT	Multi disciplinary team
NEL CSU	North East London Commissioning Support Unit
NCC	Norfolk County Council
NCCG	Norwich Clinical Commissioning Group
NCH&C	Norfolk Community Health and Care NHS Trust
NHOSC/HOSC	Norfolk Health Overview and Scrutiny Committee
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NNCCG	North Norfolk Clinical Commissioning Group
NNUH	Norfolk and Norwich University Hospital NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OOH	Out of hours
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary Health Service Ombudsman
POhWER	An advocacy organisation
PSA	Patient Safety Agency
QEH	Queen Elizabeth Hospital NHS Foundation Trust
SNCCG	South Norfolk Clinical Commissioning Group
SRG	System Resilience Group (formerly Urgent Care Board)
WNCCG	West Norfolk Clinical Commissioning Group