Title of Policy: Escalation	Version Number: 1
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Escalation Policy and Procedure

Background

The aim of this guidance is to ensure that safe and uniform standards of reporting on the quality of health and social care providers are delivered.

Healthwatch operates a 'no surprises' approach to the issues it raises. One of the main purposes of Healthwatch is to gather people's views and experiences in relation to whether services could, should, or ought to be improved. If this information is appropriately shared with health and social care providers it will lead to better, safer, equitable, and compassionate services that treat people with dignity and respect. The changes required need to be evidenced based so that local people's views can be shared with providers and partners to enable these changes to happen.

Policy

The functions of Healthwatch include gathering people's views and making those views known to local partners and health and social care providers. Whilst undertaking its functions, Healthwatch may become aware of concerns, comments, compliments and complaints that may require escalation to agencies to which the service provider is accountable. Failure to escalate would be a failure to effectively carry out our function as Healthwatch.

This policy and procedure provides clarity to the public, providers and stakeholders as to when Healthwatch will escalate concerns/complaints/compliments/comments.

1: The term 'provider' refers to:

Any organization which is commissioned to deliver Health or Social care services by the relevant commissioning body

Any Health or Social care which is delivered by the relevant commissioning body to local citizens

Any organization which is commissioned to deliver Health or Social care services by the local Clinical Commissioning Group

Any organization which is commissioned to deliver health or social care services in the area covered by Healthwatch, by NHS England.

Any organization which delivers Health or Social care services, which is regulated by OFTSED, Monitor or the Care Quality Commission.

This list is not exhaustive

Procedure

1. Levels of Escalation

Healthwatch is a public facing service; it is open to the public to comment and raise concerns about health and social services. The public can provide comments and concerns with anonymity, using many accessible routes.

One comment on its own may not indicate risk or the quality of a service, however many comments of the same nature or with regard to the same service would. The trend analysis process, which includes the use of external data and internal data, will support Healthwatch to determine the action required. The below criteria indicates what could be an indicator of risk, poor or good quality service, along with timeframes for services to take action.

Urgent	There is or will be an immediate risk to the safety or wellbeing of people using services and/or Life is or will be threatened and/or There is or will be little or no control over the vital aspects of the immediate environment and/or There is or will be an inability to carry out vital personal care or domestic routines and/or Unreported serious abuse or neglect has or will occur

High	There is or will be only partial choice and control over the immediate environment and/or Abuse or neglect has historically occurred within the service: and/or A significant number of comments raised in a short period of time Abuse or neglect may have occurred but requires further information.

Moderate	Trend analysis, or an individual issue, indicates timely action is required from a service provider Trend analysis indicates an issue where there is a barrier to a service provider solution, due to the local or national commissioning arrangements that are in place

Low	Trend analysis indicates that comments require action from a service provider Trend analysis indicates that comments recorded may impact on a provider's reputation.

None	Individual issues/comments have arisen, which are currently forming trends or requiring action.

The escalation process chart should be followed once the level of issue has been determined. (See section 5)

Individual complaints, concerns, comments and compliments can override this policy at the request of the individual to whom the issue relates.

If the issue affects other areas of the country, the respective local Healthwatch must be contacted and informed of the issue and actions taken; more evidence can be used to determine the prevalence of the issue.

Refer to local cross boundary arrangements and the data protection act for further guidance.

2. Process of Trend Analysis:

2.1 Prerequisite

On the Healthwatch database, check the case management function to make sure that any comments within the advocacy section that should also be in the Service User Experience section appears there also.

Data cleansing should be performed often; this may be done during this time if it comes to the attention of the person(s) performing this report that duplications have occurred.

2.2 Quantitative Data

Open the Service User Experience section of the database and run the general report. Once the report is generated, remove the "GP Patients survey" data from the report. This presents the information in an excel spreadsheet, using the coding system.

2.3 Qualitative Data

Open the Service User Experience section of the database and run the Source report. This opens all the comments recorded in the service user experience section in a word document to browse.

2.4 Analysis

From the two data types (quantitative and qualitative) a review of the reports needs to take place.

From the quantitative data this can be performed by looking at the bar charts to see which areas or services and doing well and not so well.

From the qualitative data a read of the comments needs to be performed; note down key words to see which are repeated on a regular basis.

The data from both sources needs to be looked at simultaneously to form a good overall picture of the data collected. This would involve drilling down into the comments from the services/areas that are doing well and not so well to look at the individual comments associated with them.

3. Weight of Data

When referring to a particular service, consideration needs to be given to the date of the information and by whom the comment was made by.

It would be productive to compare comments received against those from the GP Patients survey when possible, to see whether they compare and contest with each other.

4. Frequency of the Process

To be done monthly, though can be done more frequently if the Healthwatch Board, or staff, require it due to a particular concern.

5. Forwarding on Comments

Comments regarding services that have been collected, both positive and negative, need to be passed on to the service concerned so that they are aware of them. Ideally this should be performed on a monthly basis.

6. Audit

A written record of the monthly trend analysis and actions taken must be kept on file by the manager.

An annual audit of the processes being followed should be undertaken by the manager and reported to the Healthwatch Rotherham board.

7. Escalation Levels and Process

Low issue	Moderate issue	High issue	Urgent
contact provider with evidence of concern, give 20 days to respond	contact provider giving 10 working days for intial response	contact provider with evidence of concern, give 1 working day for intial response	contact the police, safeguarding uint, provider, commissioner, regulator and Healthwatch England with evidence same day
if no responce escalte to commissioner	*reassess issue*	*reassess issue*	
after 20 working days contact provider to identifiy what action they are taking	issue remains: contact provider and commissioner giving 10 working days to respond to consern and give action plan	issue remains: contact provider and commissioner giving 10 working days to respond to concern and give action plan	next day contact provider and safeguarding unit to ensure action has been taken
if no responce escalate to commissioner	*reassess issue*	*reassess issue*	
after 30 working days check the actions identifed by provider are taking place			
if no action taken			
contact Commissioner and reassess issue, consider stepping up to moderate isuse	issue remains: contact provider, commissioner, regulator and Healthwatch England , consider stepping up to a high issue	issue remains: contact provider, commissioner, Quality Surveillance Group, Regulator and Healthwatch England	

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8. Training and Checks

It is essential that all staff and volunteers are suitably trained and have signed and dated written training records.

As a minimum:

- All Staff and volunteers to receive safeguarding children and vulnerable adults training and:
- All Staff and volunteers to be made aware of this policy and procedure and how it impacts on their practice
- All Staff and Volunteers to be DBS checked
- All Staff and Volunteers to have adequate references to undertake their roles

*Parkwood Disclaimer

This policy applies to all staff when acting under the cover of 'Healthwatch' and whilst carrying out 'Healthwatch' specific activities. All Healthwatch staff are Parkwood employees and it is such that this policy is underpinned by Parkwood's policy and procedural framework. Parkwood reserves the right to implement its own policies in relation to Parkwood employees at any time.

References

Related Policies and Procedures

Healthwatch	Parkwood
Enter & View	Enter & View
Complaints	Complaints
Safeguarding	Safeguarding
	DBS

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Appendix 1 - Monthly Trend Analysis Report

Date of analysis _____

Coding	Service	Provider	Number of positive comments	Number of Negative comments	Number of neutral comments	Issue level	Action	Follow up	Impact change on provider

Date shared with Healthwatch Board _____

Signed Healthwatch Manager _____

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Appendix 2 - Audit Sheet

Annual Audit Checklist

Has a monthly trend analysis been completed?

Y	N

Has the each field of the form been completed?

Y	N

Has an action been logged?

Y	N

Has the action been followed up?

Y	N

Has the impact been recorded?

Y	N

Has the board see the report?

Y	N

Has the manager signed?

Y	N

Action plan for any No	
Action which is required	
Action to be completed by name	
Action to be completed date	

Shared with Healthwatch Rotherham Board …………….. (date)

Signed by Chair ……………………….. (date

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