# Healthwatch Norfolk Board

14 July 2014  
2.00 pm  
Borough Council Offices, Kings Court, Chapel St, Kings Lynn, PE30 1EX

## AGENDA

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Time</th>
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<tbody>
<tr>
<td></td>
<td><strong>Part I - Public Board Meeting</strong></td>
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<td></td>
<td>Questions from the general public</td>
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<tr>
<td>1</td>
<td>Apologies for absence and introductions</td>
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<td>2</td>
<td>Declarations of Interest</td>
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<td>3</td>
<td>Minutes of the meeting held on 19 May 2014 (paper attached)</td>
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<td>4</td>
<td>Matters arising not covered by the agenda</td>
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<td>5</td>
<td><strong>Items for Decision</strong></td>
<td>14:15</td>
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<tr>
<td>5.1</td>
<td>Appointment of Chair as Director/Trustee of Healthwatch Norfolk</td>
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<td>5.2</td>
<td>Presentation and signing off Annual Accounts 13/14 - Larking Gowen</td>
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<td>6</td>
<td><strong>Items for information and discussion</strong></td>
<td>14:25</td>
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<td>6.1</td>
<td>Updated risk register (paper attached)</td>
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<td>6.2</td>
<td>QC1 Panel Report (paper attached)</td>
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<td>6.3</td>
<td>Complaints Report Update (attached)</td>
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<td>6.4</td>
<td>General correspondence received (verbal)</td>
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<td>6.5</td>
<td>Highlights of meetings attended by Chair/CEO - verbal</td>
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<td>6.6</td>
<td>CEO Report (paper attached)</td>
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<td>6.7</td>
<td>Pharmaceutical Needs Assessment (verbal)</td>
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<td>6.8</td>
<td>Signposting and comments 6 Month Report (Jan 1st - June 30th) (paper attached)</td>
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### 7.0 Presentation by CQC - Working with Healthwatch Norfolk

Tricia Cooper  
Inspector (Primary Medical Services and Integrated Care).

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<thead>
<tr>
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<th>Duration</th>
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<td>15.00</td>
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### 8. Any Other Business - Please provide the Chair with Items for AOB prior to the Meeting’s commencement.

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<thead>
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<th>Time</th>
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<tr>
<td>15.30</td>
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### 9. Dates of future Board meetings -

- 22 September 2014 - 2.00pm, Board Meeting
  - 4.00 pm, AGM, The Forum, Norwich
- 17 November 2014 - 2.00 pm, Aylsham Care Trust
- 19 January 2015 - 2.00 pm, Broom Hotel Watton

### Part II - In Camera - if applicable

The Chair asks that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

Apologies should be sent to Sara Sabbar, Healthwatch Norfolk Information Officer, [sara.sabbar@healthwatchnorfolk.co.uk](mailto:sara.sabbar@healthwatchnorfolk.co.uk) 01603 813904.

**Distribution:**

- **Members**  
  - William Armstrong  
  - Nick Baker  
  - Jon Clemo  
  - Diane DeBell  
  - Graham Dunhill  
  - Roan Dyson  
  - Mark Ganderton  
  - Moira Goodey  
  - Pa Musa Jobarteh  
  - Mary Ledgard  
  - Fiona Poland

- **For information**  
  - Debbie Bartlett  
  - Ceri Sumner  
  - Joanna Hannam  
  - Maureen Orr  
  - Linda Bainton
# Draft minutes of Board Meeting
## Monday 19 May 2014

### Attendees:
- William Armstrong (WA) - Chair
- Graham Dunhill (GD) - Community member
- Roan Dyson (RDy) - Provider member (POWhER)
- Mary Ledgard (ML) - Community member
- Nick Baker (NB) - Co-opted member

### Officers in attendance:
- Alex Stewart (AS) - Chief Executive
- Chris Knighton (CK) - Communications Manager
- Chris MacDonald (CM) - Operations Manager
- Sam Revill (SR) - Research Manager
- Andy Magem (AM) - Information Officer
- Ann Stephens (ASt) - Engagement Officer
- Sara Sabbar (SS) - Business Support Officer

### Guests:
- Amrita Kulkarni (AK) - Norwich and Central Norfolk Mind Community Development Programme
- Rebecca Driver (RDr) - HealthEast (Great Yarmouth & Waveney Clinical Commissioning Group)
- Ceri Sumner (CS) - Norfolk County Council

### Presentations
RDr and AK presented on the role of their respective organisations and working with Healthwatch Norfolk.

### Questions from the general public
No questions were submitted from the general public

### 1. Apologies for absence and introductions

**Apologies:**
- Jon Clemo (JS) - Provider member (Norfolk Rural Community Council)
- Diane DeBell (DD) - Community member
- Mark Ganderton (MGa) - Community Member
- Moira Goodey (MGo) - Provider member (Norwich and Central Norfolk Mind)
- Pa Musa Jobarteh (PMJ) - Co-opted member (Bridge Plus)
- Fiona Poland (FP) - Co-opted member (University of East Anglia)

### 2. Declarations of Interest
No new declarations of interest were made. Previous declarations are as follows: ML is a patient governor of Norfolk Community Health and Care NHS Trust. WA is a trustee of Voluntary Norfolk.

### 3. Minutes of the meeting held on 17 March 2014
The minutes of the Healthwatch Norfolk (HWN) Board meeting held on Monday 17 March 2014 were confirmed as a correct record of the meeting.
4. **Matters Arising**

No agenda items were brought to the Board under Matters Arising.

5. **Items for Decision**

No agenda items were brought to the Board under Items for Decision.

6. **Items for Information and Discussion**

6.1 **Quality Control Panel (QC1) report (board paper)**

ML presented the paper to the board and summarised developments in HWN’s project work taken to QC1 since the last board meeting. In ML’s summary the following points were raised:

- HWN’s patient experience report on the Norfolk Community Pharmacy Flu Vaccination Service has been central to the recommissioning and extension of the service
- The recommendations from the summit on Homeless People’s Access to Health and Social Care Services have been shared with the appropriate commissioners and providers. The responses will be circulated when received
- AS will meet with NHS England on 23 May to discuss the response to recommendations made in the HWN report on Child and Adolescent Mental Health Services
- An update on the mental health task & finish group

AS confirmed that the HWN mental health task & finish group has been established and will be chaired by WA. The group have written to the Chief Executive of Norfolk and Suffolk NHS Foundation Trust (NSFT) and NHS England setting out five key areas. WA and AS to meet with Chair of NSFT on 21 May for further discussions.

The paper was noted by the board.

6.2 **Quarter 4 2013-14 Finance Report (board paper)**

AS confirmed that a year one surplus had been accounted for by sharing projected forward spend with Norfolk County Council (NCC). CS confirmed that that NCC had been made aware and were happy with financial reporting to date.

WA highlighted the good relationship between HWN and NCC, pointing to the full transfer of funds from the Department of Health allocation for the provision of local Healthwatch. WA emphasised that this was not the case across the Healthwatch network and credited NCC for their ongoing support.

The paper was noted by the board.

6.3 **Updated Risk Register (board paper)**

CM presented the paper to the board and confirmed that no new risks had been added to the register, some risks had been reduced and some had been removed.

The paper was noted by the board.

6.4 **General Correspondence (verbal)**

AS confirmed that Healthwatch England have facilitated the sharing of anonymised complaints submitted to the Department of Health. HWN have received three such anonymised complaints since 17 March relating to local services.

Meetings attended by Chair (verbal)
21 March  Mental Health Concordat launch, Office of the Police and Crime Commissioner
1 April    Anniversary of Norwich Samaritans
7 April    HWN Mental Health Task & Finish Group
17 April   Norman Lamb MP
22 April   Overview and Scrutiny Committee Chairs
27 April   Samaritans AGM
28 April   Cathy Chapman, Operations Director, NSFT
28 April   Clinical Commissioning Group Chief Executives (Norfolk)
29 April   HWN Event – Working with the voluntary and community sector
6 May      Health and Wellbeing Board
12 May     Mental Health Provider Forum
14 May     Dying Matters event

6.6 Overview of staffing activities
AS welcomed new HWN staff AST and SS. AS also praised the ongoing work of HWN Volunteers, praising the standard of expertise they bring and their skills.

AS also gave particular praise to the work of SR in producing the patient experience report on the Norfolk Community Pharmacy Flu Vaccination Service and it’s decisive role in supporting the extension of the service.

SR confirmed that all HWN’s focus groups had been completed as part of a dementia research project and that these groups gathered extremely detailed, in-depth accounts from 60-70 local people.

AS also highlighted the following points:
- HWN membership levels continue to rise
- The role of HWN in triangulating soft intelligence with established quantitative metrics at both local and regional levels

RDy emphasised the importance of effective reporting and learning from signposting. AM set out the current systems in place and strongly supported RD’s assessment of the value of signposting enquiries as a source of intelligence for further work.

GD asked how many of HWN’s members were from the HealthEast Clinical Commissioning Group area. AM confirmed that HWN does not require its members to disclose their home address but where this information had been shared it would be possible to report on the proportion of members from a particular area in Norfolk. AM agreed to share this information with the board after the meeting.

7. Any Other Business
No further business was brought to the attention of the Chair.

8. Dates of future Board meetings - discussion as to frequency and venue
The Board noted the dates of future meetings

Minutes agreed as accurate record of meeting:

Signed:................................................................. Date:..............................................
Chair (On behalf of Healthwatch Norfolk Board)
### Agenda Item: 6.1

**Report on:** Risk Register  
**Author:** Chris MacDonald  
**Date:** 14 July 2014

<table>
<thead>
<tr>
<th>Things that may impact upon success of HWN</th>
<th>Likelihood x consequence score</th>
<th>Possible mitigations</th>
<th>Increasing Risk/Decreasing Risk/No change in risk rating</th>
</tr>
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<tbody>
<tr>
<td>Reputation is damaged by:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Failure to communicate with stakeholders resulting in loss of goodwill/breakdown in existing relationships</td>
<td>$1 \times 4 = 4$</td>
<td>Robust communications plan implemented.</td>
<td>→</td>
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<tr>
<td>Norfolk County Council (NCC) Monitoring requirements are disproportionate</td>
<td>$1 \times 3 = 3$</td>
<td>Monitoring requirements agreed with NCC - Positive and constructive feedback from NCC re the reports for qtrs. 1, 2, 3 and 4. Continued liaison between NCC and HWN CEO as to appropriate format of reporting.</td>
<td>→</td>
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<tr>
<td>Failure to demonstrate value for money</td>
<td>$1 \times 4 = 4$</td>
<td>All governance arrangements fully implemented, communications plan and strategy agreed and being implemented. Prospectus published March 2014 and annual report filed June 2014 to help to demonstrate value for money</td>
<td>→</td>
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<tr>
<td>Failure to address equality issues in each project</td>
<td>$1 \times 3 = 3$</td>
<td>Training in Equality Impact Assessment (EQIA) has been provided to all staff, EQIA will be implemented as part of project initiation documentation and invitations to tender</td>
<td>→</td>
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<tr>
<td>Failure in timely delivery of quality outcomes by organisations who were successful in bids for priority projects resulting in potential damage to HWN reputation</td>
<td>$2 \times 4 = 8$</td>
<td>Arrangements in place for regular contact/project management meetings with HWN Quality Control Panel (QC1) and representatives from all providers. Project evaluation by QC1 Panel completed at the end of each project</td>
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and the continuing development of the tender process ensures lessons learnt are incorporated into the tender process and management of projects

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Likelihood</th>
<th>Action</th>
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<tbody>
<tr>
<td>Failure to adhere to Healthwatch England (HWE) guidance and protocols relating to information logged onto the HWE Hub</td>
<td>1 x 5 = 5</td>
<td>HWN have appropriate and necessary information sharing protocol in place and members of staff responsible for data entry have undergone necessary training</td>
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<tr>
<td>Training and other support to volunteers to be defined</td>
<td>1 x 3 = 3</td>
<td>On the basis of volunteer survey (to be undertaken Aug/September) and informal feedback from volunteers, the development of a volunteer training programme is in progress.</td>
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<tr>
<td>Ensure that there is clarity in how HWN demonstrates its impact on the system through all priority projects</td>
<td>1 x 5 = 5</td>
<td>Further clarity provided in the recently published Prospectus and Annual Report. Continuing development discussions as priority projects progress. Regular updates published via the website and Board meetings.</td>
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<tr>
<td>Failure to respond promptly and appropriately to media requests following publication of Care Quality Commission (CQC) Reports that are not shared in advance with HWN</td>
<td>4 x 2 = 8</td>
<td>Discussions continue at local and regional level with CQC representatives - joint lobbying with other stakeholders</td>
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**RISK MATRIX:**

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<thead>
<tr>
<th>Likelihood</th>
<th>1 – Rare</th>
<th>2 – Unlikely</th>
<th>3 – Possible</th>
<th>4 – Likely</th>
<th>5 – Almost Certain</th>
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<tbody>
<tr>
<td>1 - Negligible</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2 - Minor</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
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<tr>
<td>3 - Moderate</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
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<tr>
<td>4 - Major</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
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<tr>
<td>5 - Catastrophic</td>
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1. Introduction

Since the last Board meeting the QC1 Panel has met on 21 May and 18 June. The next meeting is due to take place on 23 July 2014. This report is for information only.

2. Update on the projects discussed at QC1 Panel on 21 May 2014.

*Children and Young People’s Strategy*

The Panel agreed that further work was required on the Map and Gap Report produced by Momentum. A meeting will be held with Momentum in June.

*Mental Health Task and Finish Group*

The initial meeting of the Mental Health Task and Finish Group had taken place and a letter sent from the CEO of HWN to Norfolk and Suffolk NHS Foundation Trust explaining the issues to be covered by the Task and Finish Group. A response to the letter has been received and a work programme agreed by the Task Group.

*Signposting to Health and Social Care Services*

The report on the assessment of signposting to health and social care services in Norfolk was presented to the Panel and it was agreed that further work would be done on the report by Ed Fraser (HWN Research Intern) and the final report presented to the Panel in July.

*Complaints Project*

The in-house work on the complaints handling project has progressed and all provider and commissioner organisations are now engaged with the project.

*CAMHS Tier 4 Services*

NHS England had postponed the proposed meeting to discuss HWN report on CAMHS Tier 4 until 21 June. A meeting has since been reconvened and NHS England have invited Healthwatch Norfolk to be part of the formal process that will look at re-commissioning of Tier 4 services.

*Enter and View*

HWN is still awaiting a formal response from the Mental Health and Learning Disability Commissioning Board with regards to the recommendations in the Enter and View report on Residential Homes for People with Learning Difficulties. Action is being taken to obtain a formal response.
3. Update on the projects discussed at QC1 Panel on 18 June 2014

**Children and Young Peoples Strategy**
The meeting with Momentum held on 16 June had produced a wealth of additional information which will be incorporated in the HWN Children and Young People Strategy to be presented to the Board in September.

**Mental Health Task and Finish Group**
The Panel received a verbal update on the work of the Mental Health Task and Finish Group. The Group proposed to undertake an in-depth piece of research involving service users, carers and staff. A draft project plan will be formulated with input from users, carers, other family members and service providers covering a review of the services provided by the Access and Assessment Team, and some analysis of discharge planning, premature discharge and community treatment orders. The budget allocation for this work is £2,000.

The total budget (£30,000) will be used to fulfil the research brief - Alex Stewart will source an appropriate researcher.

The Panel will review the project plan at its July meeting.

**Complaints project**
A date has been set to share the findings of the complaints handling project. An invitation has been sent to all complaints managers to attend a meeting on 23 July 2014. The completed complainant questionnaires are being analysed for inclusion in the report.

Having been advised that the three acute hospitals had been invited to attend the Norfolk Health and Overview Scrutiny Committee on 29 May, an initial brief summary of the complaints handling project was subsequently presented at HOSC on 29 May.

**Access to Services - Vulnerable Groups**
Alex Stewart reported on the work to date on access to health and social care services by migrant workers and advised of the 2 meetings being held in Kings Lynn and Great Yarmouth initially. The Panel approved a total sum of £10000 to be allocated to this joint project with Norfolk Community Relations and Equality Board.

Responses to the recommendations of the report on Homeless People’s Access to Health and Social Care Services have been received from NHS England and 2 providers. Action has been taken to speed up responses from the remaining providers.

4. **HWN Forward Work Plan - update**

The Panel were provided with an operational update (RAG Status), used for internal monitoring purposes. The Panel were pleased to note that the Priority Work Streams previously agreed by the Board are proceeding in a timely manner with no areas of concern.
1. Introduction

Healthwatch Norfolk (HWN) identified a need to assess the NHS complaints handling in Norfolk. For the purposes of the 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 solely about social care.

The purpose of the report is to outline how the complaints handling process operates 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.

2. Background

Members will be aware that there have been a myriad of national reports published in the past 18 months. The complexity as to how complaints relating to the NHS are dealt with is clearly considered to be both important and topical. HWN originally commissioned POHWER (independent complaints advocacy provider for Norfolk) to research the issues. However, failure to produce a detailed report has resulted in HWN having to undertake further work with acute and community providers; completion of this work is due to be finalised by the beginning of June.

Members need to be aware that recommendations that are currently in the report may change once the research study has been completed.

The issue of complaints handling, brought to the fore as a result of the Mid-Staffordshire NHS Trust Enquiry, recognised that complaints are regarded as an issue of great concern to the public. Healthwatch England’s Chairman - Anna Bradley - said:

“The system is incredibly complex and gets in the way of people making complaints about poor care”

A survey carried out by Healthwatch England (HWE) last year stated that 54% of people who experienced a problem with health or social care did not report the matter. Since April 2013, 53.5% of the enquiries received by HWN have related to the complaints process. This is one of many reports that highlights concerns about the complaints process.

HWE have identified that there are more than 75 different types of organisations involved in the health and care complaints system.

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.

3. The Complaints 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) have a Service Level Agreement with the Commissioning Support Unit to handle the complaints on their behalf. The CCGs are responsible for commissioning local healthcare services. Should a patient wish to make a complaint about primary care services (e.g., GP, dentist, optician and pharmacist), in the first instance, this is dealt with by the service provider. If this is not resolved by the individual service provider to the complainant’s satisfaction, then the matter should be dealt with by NHS England (NHSE) as the commissioner of primary care services. 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.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 introduced new legislation for complaints handling. 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 handling 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

4. Methodology

Phase 1
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 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.

**Phase 2**
The second phase of the project was to ask for feedback directly from complainants. Each provider was asked to send out questionnaires to a randomly selected number of people who had made a complaint within the past 6 months and where the complaint had been closed. A freepost address was made available for return of the questionnaires and there was also the facility to complete the questionnaire online.

At the time of writing this report a total of 330 questionnaires have been sent out by the NHS organisations who were the subject of the complaint and to date 52 completed questionnaires have been received by HWN.

Initial 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 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’

However on a positive note, a respondent provided the following quote

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

5. **Results**

As the report is yet to be finalised and the draft report is to be presented to HWN internal Quality Control Panel later this month, it is not possible to provide full details of the results. In addition HWN is currently collating the completed questionnaires from complainants in order to complete the report.

However in the meantime, the initial findings of this project indicate the following:

- All organisations have a written complaints policy
• The information available to the public via the internet is variable in format and detail
• All organisations advised HWN of the importance of an effective complaints handling policy within their organisation
• All organisations made reference to the complaints advocacy service provision in Norfolk (POhWER)
• Variability in the accessibility, amount and type of complaints information presented to Boards

To date HWN has identified the following specific examples of good practice.

**Examples of Good Practice**

- Easy read version of complaints leaflet
- Form sent to complainant at the beginning of the complaint handling process requesting clarification of the complaint and desired outcome (East Coast Community Healthcare)
- Guidance document on format of complaint response letters

6. Recommendations

HWN will be making a number of recommendations about improvement to the complaints handling process, specifically around the publication of the outcome of complaints to evidence the changes that have been made. A ‘you said, we did’ approach to publishing this information would make it easily accessible to all members of the public.

We will also be recommending that good practice and training resources for complaints handlers could be shared via a county wide forum for Complaints Managers. 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. The findings of the final report will be shared with all stakeholders involved and HWN will monitor the implementation of the recommendations.

HWN will be pleased to bring a report back to HOSC in the future detailing progress on implementation of the recommendations contained in the report.
1. Introduction

The purpose of this report is to provide the Board with a snapshot of areas of work undertaken since its last meeting.

2. Specific Areas of Activity

Operations
We continue to accept applications from new volunteers. 17 volunteers attended an informal event on 24 June which enabled them to have the opportunity to talk to both the Chair and CEO of Healthwatch Norfolk about their role and the current work programme. It also gave them the opportunity to get to know one another better. A number of our volunteers have been involved in reviewing the draft Quality Accounts for a number of the local NHS providers. The outcome of these reviews have been welcomed by many of the provider and are published in the Quality Account for 2013-14.

Research & Analysis

The past few months have been very busy and productive months in terms of Healthwatch Norfolk’s research activities. The dementia research project is now at the end stage with the Final Report due to go to the Quality Control Panel on 23rd July. Between late February and mid-May, in total sixty three people - 13 people with dementia and fifty carers of people with dementia - took part in 12 focus group discussions held around the county. Initial feedback on the approach and findings has been provided by the Panel members. The findings shows that there is a gap in capacity for home care for people with dementia and that carer’s need more support than they are currently getting. Many people said that the quality of specialist dementia services was very good but information about, and access to, specialist services seemed to be very patchy across the county. Carer’s in particular spoke about the need for better quality information early on. The Norfolk Dementia Health Needs Assessment is the needs analysis document to which commissioners of dementia-related services will look when considering future commissioning intentions. This document is almost completed. The Dementia Health Needs Assessment Steering Group have shown a great deal of interest in our report and early indications that our findings and recommendations will influence the health needs assessment.

From 19th May to 29th June, our Research Intern, Stephanie Tuvey, spent a lot of time talking to patient in the waiting area of Accident and Emergency Department of the Queen Elizabeth Hospital, Kings Lynn. People were asked if they would agree to completing a patient survey on experiences of trying to access services prior to attending A&E and over 500 patients completed a survey! The results are currently being processed and a number of follow-up telephone interviews with consenting patients are planned for July to further explore the A&E experience from beginning to end.

The past two months have also been a busy period for Ed Fraser, Research Intern & Youth Health Ambassador, who has been regularly visiting high schools and colleges across the county. His mission is to speak to young people and found out what sorts of health and social
services they are using and how these services could be improved. Ed had also been involved in focus groups with young people aiming to explore knowledge, awareness and experience of school nursing services in 16-19 year educational settings. School Nursing services will become part of the Healthy Child Programme which is a substantial collection of services for children and young people in Norfolk (the Healthy Child Programme will be commissioned by Norfolk County Council).

Information

<table>
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<tr>
<th>Last Board Meeting (19/05/14)</th>
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<td>1070*</td>
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<td>Comments</td>
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- Healthwatch Norfolk has recruited 58 new members since the last board meeting. The overall drop in members is due to an audit of contact details using a new engagement system which has removed incorrect email addresses
- Significant increase in comment and signposting traffic following investment in engagement capacity

Recent developments:

- New comment capture system live on Healthwatch Norfolk website [http://www.healthwatchnorfolk.co.uk/content/your-say](http://www.healthwatchnorfolk.co.uk/content/your-say)
  - Captures equal ops characteristics
  - Records signposting enquiries and comments in one place
  - Integrated with website
- Offline iPad app to collect peoples’ views at events using branded kiosk
- Information parameters standardised across media platforms so our website capture, iPad app and hard copy ‘forms’ all record information in the same way

Communication and engagement

- Significant upturn in events run/attended thanks to increased capacity created by appointment of Engagement Officer
- Market stalls at Great Yarmouth, Diss, Wymondham
- Library sessions with family focus
- Royal Norfolk Show - successful family focus to the two days. Conversation/engagement with 500+, 85 entries to children’s competition
- Positive meetings/follow up actions re engagement with BME health and wellbeing forum
- Annual report drafted
- Press coverage re Watton surgery and ambulance survey
- Web usage stats (average weekly figures for June/July)
  - 442 unique users
- 661 sessions
- 2036 Page views
- 44.7% new visitors
- Age and gender spread:
Agenda item: 6.8

Report on: Comments on Health and Social Care Services from Local People: 6 Month Report (Jan 1st - June 30th)

Author: Andrew Magem

Date: 14 July 2014

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Introduction

Background

On 17 March 2014, the Board noted a report on the views of local people, gathered by Healthwatch Norfolk in 2013. It was resolved that regular intelligence reports would be brought to the board every 6 months, summarising the feedback that Healthwatch Norfolk receives. This report summarises feedback received from 1 January to 30 June 2014. The next 6 month report summarising views gathered between 1 July and 31 December 2014, will be brought to the Board on 19 January 2015.

NB It was also resolved by the Board that people should be given the option to disclose their equal opportunities characteristics when providing feedback to HWN. We have revised the way we capture feedback from the public to incorporate this change and to make the process of sharing an experience of using care or health services more straightforward.

Anyone who would like to share their experience of using local health and social care services with Healthwatch Norfolk, can do so using our website here:

http://www.healthwatchnorfolk.co.uk/content/your-say

How many comments Healthwatch Norfolk has received*

*This does not include comments submitted via the 2013 Public Survey
Reporting

In order to analyse the 181 comments Healthwatch Norfolk has received to so far this year, 21 thematic reports have been identified to categorise this information. These reports are locally relevant and easy to understand making them suitable for all audiences. Each experience can appear under multiple reports so that comments which cover more than one area can be grouped appropriately.

- GPs
- Dentistry
- Optometry
- Pharmacy
- JPUH
- NNUH
- Ambulance
- QEH
- Hospital Care (unknown)
- Mental Health
- Adult Social Care
- Children’s Services
- Community
- Care Homes & Nursing Homes
- Carers
- Complaints
- Integration
- Continuing Healthcare
- Dementia
- Obesity
- Early Years (0-5)

Methodology

This feedback is not collected using a sampling process so it should not be considered as representative of the population of Norfolk. The kind of feedback we receive is shaped by many factors such as our engagement activity and media coverage of health and social care issues.

However, whilst these statistics do not provide a scientific measure of how local services are performing, they do illustrate what people have been talking to us about. All of these comments were either submitted (by telephone, letter, email or via the website) or were gathered at events, meetings, forums and community groups.

Figure 1 (below) shows what local people have been talking to Healthwatch Norfolk about. A large number of comments relate to GPs, local hospitals, mental health services, care in the community, and social care services (including adult social care and children’s services).

This report will list highlights of the comments we have received under each thematic report area and provide a brief summary of the common themes and ideas for improving local services. Personal information and detail which puts confidentiality at risk has been redacted.
What people have been talking to us about:

- GPs: 33%
- NNUH: 15%
- Mental Health: 9%
- QEHH: 8%
- Community: 5%
- JPUH: 4%
- GPs: 33%
- NNUH: 15%
- Mental Health: 9%
- QEHH: 8%
- Community: 5%
- JPUH: 4%
- Other: 25%
- Ambulance/111: 3%
- Care Homes & Nursing Homes: 3%
- Carers: 3%
- Childrens Services: 3%
- Adult Social Care: 2%
- Dentistry: 2%
- Complaints: 2%
- Continuing Healthcare: 2%
- Early Years (0-5): 1%
- Dementia: 1%
- Hospital Care: 1%
- Integration: 1%
- Other: 25%

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GPs

Appointments

Getting an appointment with a GP is still the most talked about issue for local people. Partly this is due to the fact that General Practice is the ‘front door’ to the vast majority of NHS services and it is the service that people have the most frequent contact with. However, it cannot be denied that people are frustrated and feeling that they do not have access to healthcare in the way that they want - “I do not see a GP when I feel that I need to.”

Due to the pressure on GP practices for appointments, many practices have introduced a telephone triage system. These systems often increase GP contact time and improve performance but they are almost universally unpopular with consumers of these services who get in touch with Healthwatch Norfolk:

“There is a Total Telephone Triage System…I find it very frustrating. Instead of contacting the receptionist to make an appointment you have to wait for your doctor to contact you and speak with you first. I was waiting for 3 hours just sitting at home to then speak to my doctor who decided that because it wasn't an urgent need I could wait another week until I got to see him face-to-face!”

Ideas for improvements:

- “I think they should keep appointments free especially for babies[…] I think babies 6 months or under should be seen straight away because you worry a lot when you’re a new mum and the health visitor didn't know what was wrong and told me to make an appointment with the GP.”

- Greater clarity on prescriptions for medicines that are also available over the counter - especially for mothers with young children.

- “It’s good that the doctor knows what things are available in the community so when you leave the GP surgery you can continue looking after yourself.” (From a patient directed to the local Weight Watchers group by their GP)

Watton Medical Practice

We received 4 comments from local people about the decision to de-register 1500 patients from the practice and we received a further 4 comments about the appointment booking system at the practice and the difficulty people have in accessing their GP:

“The Watton Medical Practice is clearly oversubscribed with patients, and is currently unable to provide an adequate medical service to the residents of this area. Another doctor’s surgery, or an extension to this surgery, is desperately needed to provide for the number of residents and ensure that a better service is available. Given the continuing expansion of population in the town, this situation can only get worse in the future, and I feel this matter should be of great concern to anyone who is responsible for the welfare of residents of this area of Norfolk. Members of my family cannot be the only ones who are struggling to access the medical care they need in the face of this inadequate provision and the draconian appointment systems in place.”
One local person who contacted us has been so dissatisfied with the appointment booking system, they have campaigned against it and gathered a petition with over 100 signatories. This person has raised their concerns with the GP practice, the former NHS commissioner (Norfolk PCT), NHS England, the CQC, Healthwatch Norfolk, his MP and the secretary of state.

NHS England have advised us that this system has actually increased GP contacts by 35% and that whilst GPs are required to offer same day appointments where appropriate, there are no contractual stipulations for how they manage the appointment booking system.

**Timber Hill Medical Centre**

We received one comment from the public about the possible relocation of this service: “Every effort MUST be made to retain the central location of the Health Centre which has done a MAGNIFICENT job over recent years of providing an EXCELLENT service to patients having treated and provided emergency/out of hours and by appointment care to thousands of people within Norwich and the surrounding area.”

**Local Hospitals**

Overall, comments about local hospitals were very mixed. These highlights should not be used as a quality indicator but have been included to provide some examples of the feedback we have received.

A number of anonymised, formal complaints have been forwarded to Healthwatch Norfolk by Healthwatch England, where the Department of Health have received copies of letters from complainants. Whenever concerns have been reported to us, Healthwatch Norfolk has signposted to PALS, POhWER and the Health Service Ombudsman, outlining the formal complaints process. When serious incidents have been reported, we have also contacted the appropriate commissioning organisation.

**James Paget University Hospital**

Most of the comments about the James Paget Hospital related to the A&E department. These two examples provide a good indication of how mixed the feedback we receive can be:

“I took my child to A & E and I was pleased with the service we received...we were seen fairly quickly and asked which member of staff I would prefer to see (doctor or nurse) so it was nice to have a choice.”

“I took my son to A&E...his condition turned out to be critical...I cannot fault the staff but the waiting time was atrocious....it was the most hideous night of my life. We arrived at 6pm, were eventually seen at 2am and then had to wait another 2 hours for a bed. I saw a vulnerable lady, clearly very unwell give up and leave because she had been waiting for so long.”

**Norfolk and Norwich University Hospital**

One issue highlighted by more than one person was a lack of support for patients with a mental health problem; “I think there should be a greater effort to consider the mental needs/condition of the patient as well as the physical one, so you treat the ‘whole person’.”

Another issue that was highlighted in more than one comment was a drop in the quality of care either in the evenings or at weekends.

**Queen Elizabeth Hospital**

All of the comments Healthwatch Norfolk have received about the Queen Elizabeth Hospital in 2014 have been submitted to the Care Quality Commission hospital inspection team to support the inspection which began on 1 July.
Almost all of the comments about outpatient services at the QEH were very positive but more than one comment raised concerns about care of the elderly on inpatient wards: “I was visiting an elderly relative; I was just concerned about the lack of general care in the ward. Some people really did need their food cut up and no-one came so they were unable to eat it. One lady had rung her bell on and off for ages and no-one came. She wet the bed. It’s not the nurses’ fault - they seem so understaffed.”

**Mental Health Services**

**Concerns in West Norfolk**
Several comments raised concerns about waiting times to access mental health services in West Norfolk and the challenge of communicating with these services to find out about treatment. Chatterton House and the Fermoy Unit, both in Kings Lynn, were highlighted on more than one occasion.

“[My wife] recently attended a consultation with a mental health nurse at the Fermoy Unit who admitted that she had ‘slipped through the net’ and should have had a more urgent referral. She was promised this would happen within two weeks. More than three weeks have passed and so she phoned up to check why there was a delay. She was told that they hadn’t received her paperwork and she would get an appointment in just over two weeks.”

On the Fermoy Unit - “the recent addition of health trainers to the service has increased staffing capacity which has helped a little but it is in a state of chaos. Terrible place to be treated.”

**Child and Adolescent Mental Health Services (CAMHS)**
We received more than one comment about CAMHS highlighting the capacity issues, understaffing and waiting times:

“From my own experience and that of people I know, you often get put on a waiting list by your GP to receive care from your local CAMHS, and the delay in treatment can be very destructive. I appreciate everyone is busy but particularly with Mental Health time is crucial.”

**Ideas for improvements**

“I wish there was a mental health centre you could walk into without an appointment - which covers evenings and weekends. I recognise the symptoms and that's exactly when I need to get help, before it gets to an emergency or crisis point.”

“'In my opinion, there needs to be more emotional and social well-being services in the community”

“This year it is 20 years since I was diagnosed with depression and I have never felt that I have received the right care or medication to enable me to live with the problem without it affecting my daily life[...] I was eventually assessed at Hellesdon hospital and told I was not mentally ill enough to access any services other than CBT or counselling (which I have already tried many times with no success) as I was not suicidal[.] There needs to be more services to prevent people from getting to the stage of wanting to take their own life.”

**Community**
Comments relating to services from Norfolk’s community providers were mixed. More than one comment highlighted missed visits from district nurses and a lack of continuity in the nurses that visited them in North Norfolk. People across the county also highlighted the challenge of getting to services provided in the community, either at their local GP surgery or at other locations such as community hospitals.

**Ambulance/111**
Nearly all the accounts of using ambulance services in Norfolk were positive, there was one account of a long weight but most comments praised the “excellent” paramedics or “could not fault the service provided.”
Feedback from people who used the 111 service was less positive, describing difficulties in accessing other services through 111 such as emergency dentists or calling an ambulance to be taken to A&E.

**Care Homes & Nursing Homes**
Healthwatch Norfolk have escalated two comments we received regarding a care home in Kings Lynn to the Care Quality Commission who have written to the home as a result and are keeping the home under review.
On more than one occasion people have continued to refuse to disclose the name of the home they are telling us about because they have concerns that it will affect their care or the care of someone they know.

**Unpaid Family Carers**
Comments from carers point toward a need for carer support services, with more than one person again highlighting changes in the provision of carer support services for those people caring for someone with a mental health problem.
Another challenge is access to information. It is not always easy for carers to find out what support is available and how they can access it:
“It seems that if you do not receive benefits you are not told what help and support is out there. I struggled for weeks without transport. I finally found out about Transport Plus. Why don't GPs suggest these things?”

**Adult Social Care**
There were some concerns about the way home care services are provided in Norfolk. Mears Care was mentioned more than once and although the quality of care was not questioned, concerns were raised about scheduling, continuity of care and reliability.
Some comments also pointed towards constraints in social care funding, either describing limited contributions for payments as a Personal Assistant or reassessment for a Personal Budgets.

**Childrens Services**
Accounts of using Children’s Services in Norfolk were also mixed with people describing various issues such as access to information, staffing shortages, complaints management and a lack of support for children with autism or ADHD.

**Complaints**
We heard that some people are frustrated by the way their feedback is received by PALS teams. One person was disappointed that their feedback would not be acknowledged without making a formal complaint and was not satisfied with the response: “I am sorry to hear of your concerns. If you wish to make a formal complaint we will require your name, address and date of birth to enable us to investigate matters further.”
Healthwatch Norfolk continues to help people navigate the formal complaints process for health and social care services. Where people feel that their complaints are not being handled appropriately, we also help people to escalate their concerns through different channels.

**Dementia**
Comments relating to dementia all described challenges in accessing information about local services and support. People told us about the difficulties they faced finding out about patient transport, cognitive stimulation therapy and local community groups for people with dementia and their cares.