



A Proposal for a New Joint Way of Working for Dealing with Community Health Council (CHC) Monitoring and Thematic Reports

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Purpose and Summary of Document:

The purpose of this report is to provide an update to the CHC Executive Committee on reports submitted by the CHC to ABMU Health Board.

NOTE: this is an initial draft version and will be subject to development through discussion with health board, strategic planning department and the Community Health Council.

Contents

Introduction	3
Background.....	3
Previous Reporting Process.....	4
The Current Situation.....	5
The Way Forward.....	7
Current position re Thematic Reports.....	9
Current table of Monitoring Reports.....	13
Action Plan Template.....	15
Flowchart.....	16

Introduction

This paper sets out for the Swansea Bay Community Health Council (SB CHC) Executive committee a review of the current arrangements for responding to reports received by Swansea Bay University Health Board (SB UHB).

It proposes a new way of working going forward to ensure that the CHC receive a timely and appropriate response from the Health Board with regards to reports that are submitted and the recommendations that are made.

This paper also provides an update on all outstanding reports that have been submitted by the CHC to SB UHB Health Board.

Background

The role of the CHC is to represent the interests of people in health and social by:

- Scrutinising health policies, plans and performance locally, regionally and nationally. Challenging service providers and policy makers where improvement is needed
- Sharing ideas, information and concerns about health to support service improvement
- Involvement in the co-design and development of services (including service change proposals)
- Providing independent advocacy support and assistance to people raising a concern about health services

CHC's work with the NHS and inspection and regulatory bodies to provide a crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it and those who use it.

Swansea Bay University Health Board has a long standing relationship with CHC, and positive regular dialogue is maintained between both parties. SB UHB and the CHC both aspire for a health system that enshrines good governance, telling the truth, and delivering high quality services which are independently checked by an effective monitoring regime.

Health organisations have a responsibility to respond appropriately when concerns have been raised to them. During the latter part of 2018 the CHC brought to the Health Boards attention that reports from the CHC were no longer being responded to in a timely manner.

The Health Board takes this matter very seriously and has examined reasons as to why this has occurred.

This paper outlines the current situation and gives an explanation as to why the situation has appeared to go awry in recent months. The Health Board then suggests a

way forward from lessons learned, has developed an action plan to ensure that going forward we not only have robust governance but also a process which enables streamlined communication channels; ensuring that we have effective and co-ordinated responses to prevent any undue future delays in responding to reports. Most importantly the new process will safeguard the public and improve services for those we serve.

Previous reporting process

Historically, reports were submitted by the CHC Monitoring & Scrutiny Officer directly to the Director of Strategy, copying in the Strategy & Partnerships Officer within SBUHB. The report would then be acknowledged, logged and disseminated to a senior manager in the relevant department and / or delivery unit.

As the report was delivered by a senior manager it was deemed to have sufficient weighting behind it to ensure an appropriate response would follow in a timely manner. The response would then be delivered back to the Strategy Department for processing on the database and a response then handed back to the CHC. The case was deemed to be closed unless any further clarification was sought from the CHC.

It has become evident that the process undertaken by the CHC was unwritten, was verbally agreed by both parties and does not appear to have been formally agreed. This has subsequently led to some confusion since the appointment of new members of staff.

Additionally it was noted that some reports received by the Health Board were somewhat ambiguous, it was often unclear from the reports as to what proposals if any, were being made. Furthermore some reports received and disseminated by the Health Board were months after a visit by the CHC was conducted. As a result, many units felt that the reports were for information only and had not realised that they were expected to formally respond.

Once this was identified from conversations held between both parties at that time – it was agreed that clarification was required and a new way of working would be devised.

The current situation

In reviewing the process, areas for improvement have been identified that are easily rectifiable that should eliminate the recent reporting problems and address any misunderstandings between the parties.

The following improvements in the process are recommended:-

- All reports now include a table of recommendations and depending upon the type of report written some include a table of actions. The CHC ask that the Health Board respond to the recommendations and / or actions within it.

- The Health Boards new proposed process within this document suggests that if a 'one off' monitoring visit is conducted, the reports are written and submitted to the Health Board within a specified time. This will ensure that the report is relevant and the questions raised within it are current when received into the Health Board. The Health Board acknowledges that if a thematic report is being conducted which covers a few weeks or months then the timescale would be longer.
- There have been recent issues identifying where reports from the CHC have been sent. Within the proposal it is suggested that there is a named clear point of contact within the Health Board for the CHC to disseminate reports to (Head of Engagement, with the Strategy & Partnerships Officer copied in). This will ensure that the reports will be cascaded through the Health Boards usual channels with Senior Managers (COO/ DNS) copied in. It has been recommended by the Corporate Head of Nursing that CHC reports become a standard agenda item on the Health Board's Nursing and Midwifery Board, which are held monthly. Progress will then be able to be tracked to ensure a timely response to the CHC will follow.
- It has been previously agreed that reports from the CHC will include a summary of recommendations included within the report. This will remove any ambiguity, as it clarifies to the reader exactly what it is the CHC is recommending the Health Board to do. The new Head of Engagement has devised a simple reporting tool/ action plan that can be sent out to the relevant units along with the report which again simplifies the reporting process for staff when responding to the reports (see appendix 1). The Health Board can then directly respond to questions or points raised within it. It can also be used as a tool so that the Health Board can in future be measured against it. Completed reports will then be returned back to the Head of Engagement and Strategic Partnerships Officer, with the relevant senior manager copied in. This is so that a 'live' action log is maintained and reports can be tracked prior to them being returned to the CHC.
- If a report is received and responses are inconsistent with recommendations made by the CHC, the report will be returned by the Head of Engagement to the COO/ DNS to seek a resolution. In this instance the CHC will be notified that there is a potential delay and an explanation given as to why. It is recognised that reports will need to have any recommendations responded to in full as to ensure good governance. It also warrants that both the reports and the responses are robust and gives assurance to both the CHC, the Health Board and to people who use our services.
- When a report is received and the response is consistent with the recommendations made, the report will be returned back to the CHC. All responses are then copied to the CHC members involved if the report is a monitoring visit. All reports are then reported in the next available Full Council

papers where members are invited to deliver comments. Feedback is then given to the Health Board as to whether the matter is deemed to be closed or whether further clarification is sought, in which case any questions will be requested of the COO/ DNS and the units/ wards involved.

- This process wherever possible will comply with the CHC proposed timeframe of three weeks or 15 working days. Thematic reports may require a longer timeframe as opinions will need to be sought from across the organisation, the Health Board endeavours to ensure a timely response will be sent to the CHC. The report unless further clarification is sought from the CHC will be deemed to be closed.
- Should reports not be responded to within a specified timescale, the report will be escalated back to the COO/ DNS for resolution.
- Quartile liaison meetings are to be arranged with Senior Health Board staff COO, DNS, Director of Strategy, Head of Engagement and the CHC to address any issues raised. The first of such meetings has been scheduled to take place May 1st 2019 at Trust HQ.

Main Issues:

- **Agree timescales** – this will include a timeline from the time the CHC visit was conducted, to being reported upon and then submission to the Health Board and as to when an appropriate response will be received. **A timeline will be adhered to (see Monitoring guidelines) for monitoring visits. This is not practical with patient engagement collected over a time on a specific theme.**
- **Reports will have a clear table of recommendations** that the Health Board will be expected to report upon within a specified timescale, unless a response is unclear or inconsistent with recommendations and further clarification / resolution is sought.

The way forward?

The CHC provided a list of outstanding reports on the 01.02.19. The reports have been separated into two tables, 'Thematic' and 'Monitoring' reports.

Recently there have been several new appointments made to the Strategic Planning team. A new Head of Engagement has been tasked with following up on the outstanding reports. This will hopefully provide the necessary assurances to the CHC that their reports are recognised, responses will follow and where necessary remedial action will have occurred.

However, due to the volume and backlog the Health Board apologises that whilst we are striving to respond to them, not all will be responded to within the three week timeframe that the CHC is recommending. However, these are currently being addressed and responses will be sought from relevant departments following the proposed new process being agreed. The Health Board can give assurance to the CHC that the proposed three week turnaround timeframe is something that will be happening going forward.

Currently within the CHC report's both the list of recommendations and patient comments are inserted into lilac backgrounds. The CHC have informed the Health Board that they are to revise this current practice to remove any uncertainty to the reader. The CHC have advised that future CHC reports will use the heading 'Recommendations' and not use the lilac background.

The Health Board wants to seek a way forward and proposes the below action plan/ flowchart including timelines that both the CHC and Health Board can follow. This will ensure streamlining of the process by having the appropriate senior people aware of the report, it is envisaged that this process will guarantee a timely response to submitted reports. The draft proposal is just that and the Health Board welcomes comments and feedback from the CHC to ensure success.



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Bae Abertawe
Swansea Bay University
Health Board



Appendix 1 - CHC Visit Action Plan: *Insert where & when visit was undertaken here*

Issue	Current Status	Action required	By Whom	By When	Status

Action Plan Approved by:

Hand Written Signature

Print Name and Job Title

Date:

Appendix 2 Proposed process for dealing with reports received from Swansea Bay Community Health Council

When a visit is done a report is completed within a specified timescale, with clear recommendations

Agreement is sought on how long this process will take?

Report from SB CHC with clear table of recommendations to be sent to SBUHB Director of Strategy & Partnerships with the support officer copied in.

1 working day

Escalate any non-reporting to CoO/DNS

Report then logged and included onto database. Nursing reports will then be disseminated to Corporate Matron. Primary Care reports to Head of Primary Care. Nursing and Midwifery reports to go to Corporate Head of Nursing to be included as standing agenda item on monthly NMB meetings for discussion all other reports to quality and safety committee.

10 working days

Timely response to be sent directly back to Strategy Department (Strategy Partnerships officer) for processing onto database with COO / DNS copied in.

If response is inconsistent with recommendations made by CHC – the report will be sent to COO/DNS for resolution and notification sent to CHC to notify them of potential delay and as to reasons why.

4 working days

If no response received

If response received is consistent, report will then be returned to the CHC and deemed to be closed unless the CHC seek further clarification.