



To: Healthwatch Surrey Board

From: Kate Scribbins, CEO

Date: April 2017

CEO's Report April 2017

1. Internal

- We have completed a review of the structure of Healthwatch Surrey and implemented recommendations. This has resulted in all staff transferring into the CIC; the transfer of our helpdesk which handles telephone and email enquiries to Citizens Advice Woking; and a new provider to handle our evidence – LHM, who provide ways of handling and analysing evidence for many local Healthwatch. These changes bring increased flexibility and cohesion to the team, and cost savings in the way we conduct our work.
- The Enter and View panel has continued to meet monthly to review our evidence. We are developing our use of this panel to look at all serious cases of concern and a paper is due to go to the April Board.
- A new Volunteer Officer, Natallie Hoare, has joined the team and has been involved in recruiting some new Patient Leaders as well as reviewing our volunteering strategy.
- As a result of the operational review we have created a new post of Project Officer to coordinate our project work. We have recently held interviews and hope the successful candidate will start in early May giving a very important new impetus to our work. Healthwatch England are developing central support for research techniques which we can call on if required.
- While we have had vacant posts, a number of consultants have provided a flexible resource to help out (care homes project and GP appointment project being two examples). We will maintain these contacts in order to increase flexibility of resource for future work.
- We carried out a reflective audit with key stakeholders. Next steps arising from this will be agreed by a working group combining board and staff team.

2. Progress on our thematic priorities

Amplifying the voice of Care Home Residents: Our report *My Way Every Day* was published summarising the results of 25 visits to Care Homes which led us to make a number of recommendations. These were shared with commissioners, providers, the regulator and Skills for Care. We asked for formal responses which we will be collating as part of an Impact Report to be published in the spring.

Our findings were used in a Health and Wellbeing Board workshop which took an in-depth look at care homes and domiciliary care in Surrey.

Early intervention in Mental Health: We visited Surrey's seven Safe Haven cafes, talked in depth to 25 users and published a report – '*Keeping the light on*' – about what people told us.

We worked with Magna Carta school in Staines to encourage pupils to share their experiences around mental health, with students participating in our survey about where they go to talk about their Mental Health and Wellbeing.

Making it easier to make a GP Appointment: 120 participants from seldom heard groups took part in the project looking at their patient journey when accessing their GP. We identified common frustrations such as waiting on phone, getting an appointment quickly enough, parking, intrusive receptionists, continuity of care for long term conditions.

Common themes for the groups we spoke to included: translation and language support, specialist care, continuity of care, PPGs, accessibility both in terms of physical and communication.

The report is currently being written up with recommendations based on the findings. There will also be a short video to accompany the report. The final report and video will be available in May 2017.

Making it easier to make NHS Complaints: We filmed an in-depth interview with a local patient who recently had a very difficult time trying to make a complaint to a local hospital, initially being given a feedback form, then being passed to PALS and then receiving a 'poor' service from the Complaints Department. Whilst this is not necessarily a typical experience of the complaints process, the subsequent video – to be released in the Spring - serves as a useful and powerful reminder about how important it is to make it easier to make NHS complaints.

Improving the experience of Hospital Discharge: In March 2017, Healthwatch Surrey contributed live and pre-recorded case studies to the recent launch event of the KSSAHN 'Safe Discharge and Transfers' project, to help participants reflect on the impact of poor discharge on patients, their families and carers. Healthwatch Surrey volunteer 'Patient Leaders' are also involved in the project.

We are in the early stages of developing a project with Epsom Hospital to look at how the new Epsom @Home service including the Epsom Community Assessment and Diagnostics Unit (CADU) (designed to reduce hospital admissions of elderly patients) and 'accelerated discharge' processes are working.

A summary report on what we have learned so far on hospital discharge will be published in April. This information will be shared with key stakeholders to determine next steps.

This report includes:

- a) Feedback gathered through a joint survey with Healthwatch WAM on hospital discharge from Frimley Health FT.
- b) Issues identified from our report to the Surrey Safeguarding Board on leaving hospital.
- c) Wider research/learning from 'the system'.
- d) Issues raised by work with Safe Havens

3. Engagement

We conducted 25 in-depth interviews with people visiting the seven Safe Haven Cafes in and around Surrey as part of our project work on 'Early intervention in Mental Health'.

In addition to this we took part in the 'Magna Carta Wellbeing Week' – where we visited Magna Carta School in Staines to raise awareness about Healthwatch Surrey and gain insight into the attitudes and behaviours of Surrey teenagers in relation to Mental Health. During the visit we received cards from students telling us how they felt about local services.

In this quarter we were also able to engage with people experiencing drug & alcohol abuse at an AA meeting, gathering the views of an often seldom heard community.

We also undertook some final Listening Events to ensure we achieved our goal of visiting a variety of public locations within each District & Borough over the course of 12 months. These included visits to Tesco Guildford and Shepperton Medical Centre.

In this quarter we have been reviewing our approach to engagement and have developed a new strategy ready for the year 2017-18. We have been challenging our knowledge of the terms 'seldom-heard' and 'disadvantaged' in order to seek a clearer understanding of groups we want to target in the next year.

4. Escalations

As a result of discussions at the Enter & View panel, we escalated 13 interactions in total. All of these were escalated to the CQC and 11 were escalated across all six CCGs, and two to the service providers. Two of these experiences were then treated as 'serious incidents'. One experience was escalated due to safeguarding concerns and the Helpdesk provided the client with information on how to raise a safeguarding alert.

5. Working with others

We have continued to meet on a regular basis with all the CCGs in our patch and shared overall themes and cases of particular concern. A number of these meetings are now happening quarterly rather than every six months as there is an appetite for the data we present and we have sufficient material to share. We also met with Surrey and Borders Partnership Trust to share our evidence from the public. We reviewed our lines of communications with all the hospitals in our patch to ensure we have the relationships in place to escalate cases of concern when they arise.

CQC: We meet quarterly with CQC and during our meeting we shared 25 experiences relating to GP, Hospitals, Mental Health and Adult Social Care as well as updating them on our activities.

SECAmb: We continue to be involved with our other Southern Healthwatch in advocating patient engagement as SECAmb continues with its recovery plan. This is an area we keep a close eye on as our ambulance service is in special measures. We continue to have monthly updates with our local Commissioner for SECAmb, to keep a close eye on cases coming in to us and to escalate cases of concern. SECAmb are in the process of developing a Patient Experience Strategy. As part of this, with encouragement from local HW working together, SECAmb have set up a patient experience

group to which they are recruiting patients and carers to act as “leaders” alongside Healthwatch and we promoted the recruitment for this post.

We have worked closely with Kent Surrey and Sussex Academic Health Sciences Network to help recruit six Patient Leaders who will help the Network with its work around safer discharge as part of the Surrey Heartlands STP. Patient Leaders is about recruiting and supporting local people in roles with direct participation in improvement and innovation programmes. This is something we are keen to see spread more widely in order to involve local people in shaping services.

We have worked with the voluntary sector in Surrey to argue for the issue of consultation and engagement with the public to be on the Health and Wellbeing Board agenda, and related to this have been pursuing an increased representation of the VCFS on the Health and Wellbeing Board.

We have continued to work with the Heartlands STP both through the communications and engagement work stream, attendance at stakeholder events and via the Patient Leaders work. We also keep in touch with East Surrey and Sussex STP.

We accepted an invitation to become members of the Surrey Safeguarding Adults Board. We are working with the Board to establish a new ‘scrutiny panel’ that will invite system leaders to present to members of the Board specifically on the subject of Hospital Discharge, for which we will be providing a report documenting the experiences we have gathered on the subject.

We have started to attend Partner Update Meetings with SCC Adult Social Care.

North West Surrey CCG, Surrey Downs CCG and Guildford & Waverley CCGs (Surrey Heartlands) have begun the re-procurement process for the current NHS 111 and GP Out of Hours services.

Healthwatch Surrey was invited to join a Patient and Carer Advisory Group which is assisting the CCGs with its plans for the forthcoming extensive public and stakeholder engagement campaign.

Quarterly meetings have been held with CAB Managers, SDPP and Help and Care.

6. Communications

Web Activity

The number of individuals visiting the website in Quarter 4 has increased, most of whom were new visitors. The most major spikes of activity are likely to relate to the launch of our ‘My Way, Every Day’ report and subsequent Care Home managers’ survey, our work on mental health and publication of the Safe Haven report, and recruitment opportunities for the Project Officer and volunteer Patient Leaders.

Web Analytics	Q4	Q1	Q2	Q3	Q4
Page views	6,725	5,966	6,871	8,504	8,427
Visitors	2,814	2,792	3,278	3,068	3,315
Unique visitors	1,871	1,938	2,181	1,903	2,144
Page views p/visit	2.41	2.14	2.10	2.77	2.54
Bounce Rate	52.03 %	54.69 %	49.51 %	41.75 %	46.49 %
New Visitors	1,709	1,797	2,025	1,731	1,959

E-Bulletins

This quarter we are celebrating a 12% increase in the number of people subscribing to the e-bulletin, following encouragement from the stakeholder survey and care home provider survey. Over the quarter, three e-bulletins were distributed to more than 680 stakeholders and members of the

public. The average open rate has increased again to 33%, which is more than double the industry average (16.1%).

Social Media

(Facebook, Twitter, Streetlife)

The total number of Twitter followers has slightly increased this quarter. Our activity on Facebook continues to grow. Over the quarter,

78 posts have yielded 377 likes. This has also resulted in a 12% increase in the number of organisational likes (from 198 to 222). Due to unforeseen circumstances, we have had to delay the development of social media plan, but this will be factored into the upcoming 2017/18 work plan.

Twitter Characteristic	Q4	Q1	Q2	Q3	Q4
Followers	1944	2100	2163	2165	2197
Following	998	1048	1082	1115	1128
Total Tweets	3338	3481	3744	3901	3981
Impressions	47.4K	27.7K	49K	30K	18K

Media

In January, four team members undertook a day of Media Training which has enabled more staff to become confident spokespeople for the organisation.

This has led to the development of a media strategy which is currently being implemented.

Over the quarter, we have been able to give six radio interviews. Topics included the 'My Way, Every Day' report (BBC Surrey, Eagle), Patient Leaders recruitment (BBC Surrey), A&E pressures (BBC Surrey), the CQC inspection of a local GP surgery, (BBC Surrey) and an extended 2 hour interview with one of our Community Cash Fund winners, Laura Kerbey, discussing HW priorities on Surrey Hills Radio.

In addition to local coverage of the 'My Way, Every Day report', we have also given a press interview on the West Surrey Stroke Review.

Raising Awareness

In February, we began working with Eagle Radio on an advertising campaign which will run during the summer months (July-September). With 45% of all local people listening to Eagle and 2.8 million website visits last year, Eagle is the number one media outlet locally so we are really excited about this opportunity, which we hope will have a lasting impact on the levels of awareness locally and experiences we gather.

As a result of the Stakeholder survey which ran throughout March, we have identified opportunities to improve the way we communicate with stakeholders. The feedback will be incorporated into the coming year's work plan, and will be supported by a new Awareness Raising Sub-Group.

Communications Strategy

We will be undertaking an internal evaluation following each campaign, which will feed into an evaluation of the overall strategy for the full year in November 2017.

Upcoming campaigns:

April – Hospital Discharge

May – GP Access

June – Care Homes

July – Healthwatch Awareness Month & national HW campaign #Itstartswithyou

7. Volunteering

New Volunteers:

During Q4 we have successfully recruited six new volunteers and had interest from another four volunteers.

The roles the new volunteers will be doing are

2 volunteers – Patient Leaders (Patients for Partners as improvers)

1 volunteer who will sit on the Enter & View Panel

3 volunteers who will help with PLACE assessments and other work within their local communities.

	Q4
Patient Leaders	115
Research Tasks	2
Internal and External Meetings	18
Inductions with new Volunteer officer	12
Attended Volunteer Party	20
Volunteer interviews	11
Board	100
Total Hours	278

Patient Leaders:

Following a collaboration developing between Healthwatch Surrey and the Academic Health Science Networks Kent Surrey and Sussex (AHSNKSS) to develop the Patients for Partners as improver's pilot, Healthwatch Surrey have successfully recruited six Patient Leader Volunteers. The work they have already been involved in includes a foundation day held in Gatwick and four Patient Leaders were involved in the launch event of the KSS AHSN 'Safe Discharge and Transfers' project. The Patient Leaders helped participants reflect on the impact of poor discharge on patients, their families and carers, they were also involved in facilitation throughout the whole day. The next step is that each of the Patient Leaders will be working with the AHSN on two work streams.

Our Volunteer Celebration took place on 10th January 2017. Twenty volunteers attended to thank them for the great work they've done for Healthwatch Surrey over the past year.

Volunteer inductions with Volunteer Officer

The new Volunteer Officer, Natallie Hoare has spent Q4 meeting the existing volunteer network in order to get to know the volunteers and get a full understanding of the existing volunteer scheme. Their feedback is being used to make changes to the support structures in place as well as being inputted into the development of the volunteer strategy.

8. Finance

A statement of the Healthwatch Surrey CIC financial position this quarter is detailed below:

External/SCC Reporting

	Re-Forecast full year	Actual to March	Variance By March
Staffing Costs	£191,020	£207,352	-£16,332
Direct Delivery Costs	£107,768	£100,740	£7,028
CIC Costs	£10,380	£9,436	£944
Citizens Advice Bureau	£46,470	£46,470	£0
Help & Care	£188,681	£179,763	£8,918
SDDP	£104,352	£94,866	£9,487
SILC	£36,538	£36,538	£0
	£685,209	£675,164	£10,045