

To: CIC Board

From: Sam Botsford, Healthwatch Surrey Contract Manager

Date: 23 January 2025

# Healthwatch Surrey Contract Manager's report Summary of the last quarter Q3 October to December 2024

## **Highlights**

#### **Fully staffed**

This quarter our 2 newest Insight & Engagement Officers, Lou Danaher and Shelley Cummings, took over as leads in their priority areas and at Place. Both have hit the ground running and been able to complete the preliminary planning stages of their projects which have both launched in January. Both are already proving to be integral members of the team, and we're delighted to have them on board.

#### **Volunteer recruitment**

This quarter we have recruited 13 new volunteers, following our attendance at Fresher's Fairs in the previous quarter. We are continuing to create more opportunities for volunteers to get involved and also help them to develop their skills. As part of this, we have been supporting our new recruits to complete the induction process and begin working with their peers and networks to hear more about health and social care in a context of interest for them. This has been slower progress than we were planning but we will continue to support our volunteers further in this area.

Elsewhere we have been responding to requests from our system partners to provide comments on their communications through our reading panel and 8 volunteers have been part of Patient-Led Assessments of the Care Environment. There are more details on this in our Impact Report.



#### What we're hearing

At the heart of what we do at Healthwatch Surrey are the people who share their experiences of health and social care services. Whilst we're always striving to ensure that these voices are listened to, we're also supporting decision makers to learn from the valuable experiences we hear and share.

Earlier this year, patients shared concerns with us about a number of issues they were facing as patients of Glenlyn Medical Centre. We wanted to find out more so visited and worked with the local community to hear more and reported on these concerns to both the Practice and Surrey Heartlands Primary Care team. This quarter, we have been following up on the recommendations we made to see if patients felt services had improved. We were able to share our initial findings with the local MP to support them with their work in the area, ensuring people's experiences are at the heart of service delivery.

In the same area, we were hearing about the impact the closure of local pharmacies was having on people earlier this year. We used what residents from this area, as well as 2 other deep dives, told us to help inform our position as part of the Pharmaceutical Needs Assessment that is now out for consultation. We were pleased to be part of that consultation, where some changes were made to the process as a result of our contributions.

Elsewhere, we have also used our Enter and View function to speak to 80 patients attending St Peter's Hospital A&E department to support the provider to understand more from the patient perspective of what it's like to be in A&E. Further detail is in the impact report, including what's changed as a result. Surrey Heartlands ICS were also interested in this piece of work and used it alongside their own quality visits. This has contributed to Healthwatch Surrey being invited to join a weekly Provider and Oversight Group, allowing us to raise any particular concerns based on what we're hearing, as well as keeping them updated of findings across our research. This has proven very successful so far and has led to increased responsiveness and activity relating to the insight we've shared.



### Further development of the Local Healthwatch Advisory Group (LHWAG)

This quarter, the LHWAG has contributed to a review of our escalations process, bringing our decision making and reporting more up to date as a result of changes in escalation routes through both Frimley and Surrey Heartlands.

Members of the LHWAG are also taking on more Place responsibilities, in order to support the staff team further, as we work towards aligning all members with a Place. LHWAG members are also increasing their representation of Healthwatch Surrey across the system.

We are in the process of welcoming 2 new members from our volunteer group, who we are hoping to recommend the Board appoint to the advisory group fully next quarter.

As well as advising on the progress of our escalations and research projects, the group are also supporting on our developments of strategies and workplans looking ahead to 2025-26.

## **Challenges**

There is still uncertainty over the results of the upcoming Dash review, and we have had no further confirmation since last quarter. Whilst the uncertainty and changes at CQC is unsettling, it is not affecting us operationally.

Whilst the Helpdesk is fully embedded in our team now, we are experiencing an increase in particularly challenging behaviour and complex cases being experienced by the Helpdesk. There are a number of factors contributing to this which we are attempting to work through with staff members as well as externally. Ensuring our staff members are supported is a priority. Externally, we are raising awareness of where there is an unmet need for people as well as working with stakeholders to ensure people are receiving the right information and advice from the right people, trying to stop people being bounced around organisations. This will be a particular focus for us in the new financial year.



## Finances: Q3

Healthwatch Surrey Expenditure April to December 2024							
Category	Expenditure						
Staff Costs	£275,290						
Direct Delivey Costs	£31,789						
CIC Costs	£54,631						
Health Complainst Advocacy	£72,957						
Citizens Advice Insight	£7,500						
Total	£442,167						

## **Performance on KPIs**

As mentioned above, we have had a very successful recruitment period for volunteers, with plenty of opportunities for them to get involved, resulting in high numbers of volunteer hours this quarter. Going forward, we would like to put less emphasis on recruiting new volunteers, and more on nurturing and supporting our existing group.

We have also evolved the way in which we're capturing experiences from people by using more focused surveys, and less "agenda free listening". This has varying degrees of success as shown in the number of experiences shared with us. I survey about a GP practice received over 150 responses, however, we only had 2 responses about asthma services. We are committed to embed learning about what encourages people to share their experiences with us and will use this to inform our plans for 2025/26.

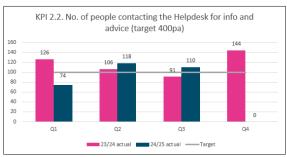
The number of clients supported by the IHCA has dipped this quarter, however the number of people contacted SILC has remained stable, meaning that many are getting sufficient information to pursue a complaint without an advocate or are deciding not to continue. We are working on ways to promote the service further, however, there are good links and information available about the IHCA on most provider websites now.



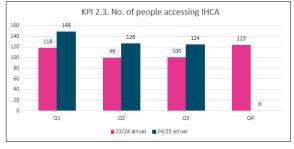
## KPIs: Q3

KPIs for 2024/2025									
Link to mission/vision	KPI No.		Lead	23/24 figure	Q1	Q2	Q3	Q4	Cumulative total to date
Healthwatch Surrey is the respected, trusted and credible champion of the consumer for health and social care in	KPI 1.2.	The proportion of reasonable responses received to escalations and project recommendations (80%)	SBo	Non-contract KPI. Definition and process to be reviewed LHWAG					be reviewed by
Surrey.	KPI 1.3.	Reflective Review - number of responses received and satisfaction levels	LS	Reported biannually					
Healthwatch Surrey's role, function and services are known, understood and valued by consumers and therefore they readily	KPI 2.2.	The number of people contacting the Helpdesk for information, advice or to share an experience(400 PA)	Helpdesk	467	74	118	110		302
contact us.	KPI 2.3.	The number of people accessing the Independent Health Complaints Advocacy service		440	148	126	124		398
	KPI 2.4.	The number of new cases managed by the Independent Health Complaints Advocacy service (30 per quarter)		121	30	32	18		80
	KPI 2.5.	Service user satisfaction with the Helpdesk and Independent Health Complaints Advocacy service	LS	Testimonials reported quarterly in influence and impreport			nce and impact		
Our influencing is based on sound evidence, knowledge and insight		The number of people sharing experiences with us	SBo	1632	304	348	411		1063
	KPI 3.2.	The number of outcomes achieved (4 PA min )	AR	Highlights reported quarterly in influence and impact report			e and impact		
	KPI 3.3.	Project and outreach reports (4 PA min)	KS	23	5	11	7		23
	KPI 3.4	The tracking of engagement and insight shows we are hearing from a wide range of communities (activity plan and demographics collected)	SBo	RAG	G	G	G		RAG
We exist to empower communities and we do this by recruiting and empowering volunteers to enable us to hear more and	KPI 5.1.	The number of hours our volunteers have contributed	HG	1741	374	288	332		994
share more.	KPI 5.2.	The number of new volunteers per quarter (5 PQ)	HG	17	3	6	13		22

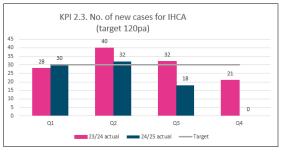
# **KPI Graphs**



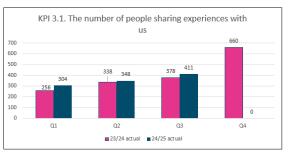
Helpdesk contacts	Q1	Q2	Q3	Q4	Total
23/24 actual	126	106	91	144	467
24/25 actual	74	118	110	0	302
Target	100	100	100	100	400



ICHA access	Q1	Q2	Q3	Q4	Total
23/24 actual	118	99	100	123	440
24/25 actual	148	126	124	0	398

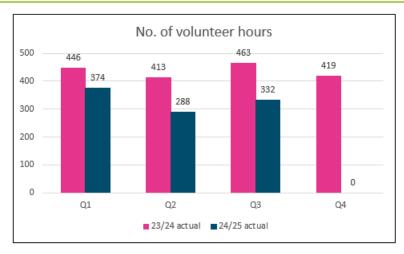


ICHA referrals	Q1	Q2	Q3	Q4	Total
23/24 actual	28	40	32	21	121
24/25 actual	30	32	18	0	80
Target	30	30	30	30	120



No. of useable exp	Q1	Q2	Q3	Q4	Total
23/24 actual	256	338	378	660	1632
24/25 actual	304	348	411	0	1063





No. volunteer hrs	Q1	Q2	Q3	Q4	Total
23/24 actual	446	413	463	419	1741
24/25 actual	374	288	332	0	994