



To: Healthwatch Surrey Board
From: Kate Scribbins
Date: 17th April 2020

Healthwatch Surrey CIC Mission, Vision and Goals - Strategic Performance Indicators and Healthwatch Contract KPIs

Purpose of this paper: To agree a set of Strategic Performance Indicators to sit alongside our Healthwatch contract KPIs for the year ahead.

The Board is asked to: Approve this final version and agree to review in April 2021. This version takes into account all comments provided to KS in advance. Some comments have been left in where I did not make a change as requested so you can see my rationale.

Note to this document:

We will need to have a thorough review of our mission and vision statements in the final quarter of the new financial year, once we agree on new business strategy in the light of our new Business Development Officer's work over the coming months. Many of the vision statements below are for a Healthwatch with some new business round the edges, rather than for a more ambitious organisation. So, rather than tweak any of them again now, it is proposed that we take another look at these towards the end of 2020. It is therefore the case that some of the Strategic Performance Indicators below relate more to Healthwatch core work than to the wider CIC and we can address this when we conduct the more thorough review.

The Healthwatch contract KPIs maintain the colour coding for the impact of coronavirus as per the workplan.

Our Mission

Healthwatch Surrey CIC is an independent champion that gives the people of Surrey a strong voice to improve, shape and get the best from health and social care services by empowering local people and communities.

Vision statements and goals

1. **Healthwatch Surrey is the respected, trusted and credible champion of the consumer for health and social care in Surrey.**

Goal: To have the relationships, people and organisational structure in place that enable us to be trusted by all of our stakeholders, collect the consumer voice and feed it back to the relevant parts of the system. We will be persistent in seeking outcomes and measuring our impact.

SPIs¹

- SPI 1.1. Receive **reasonable** responses to our recommendations (i.e. which arise through project work)
- SPI 1.2. Receive reasonable responses to our escalations (target 80%)

Commented [11]: I have retained the word "reasonable" as I felt that "quality" had an alternative meaning with system partners and needed an adjective to define quality which then gets a bit messy...

KPIs

As overall KPIs under our core HW contract we will measure and report on:

- **KPI 1.1. the number of experiences we have shared**
- **KPI 1.2. the number of experiences we have escalated**

¹ These SPIs have been amended to shift the focus away from a subjective assessment of the quality of our relationships, towards a focus on the result of those good relationships i.e. getting the job done in terms of responsiveness of our system partners to our work.

Definition of a reasonable response: To be classed as a "reasonable response" to one of our concerning cases, the response needs to be in plain English and meet the following criteria (each to be judged on a case by case basis, with some flexibility, as we recognise that each case is different):

1. Acknowledge receipt of our escalation
2. Provide or agree reasonable timeframe for full response – e.g. 3-4 weeks unless agreed otherwise; or a staged response if investigation needed
3. LISTEN: Acknowledge validity of the experience/issue (i.e. without saying they cannot investigate without more info)
4. RESPOND: Provide a response to all key issues raised/questions asked
5. IMPROVE: Provide a tangible demonstration that the experience/issue has been used to shape learning or improvement, leading to improved outcomes for service users:
 - If it's a failure to deliver service as per specification, or to comply with existing requirements: acceptance/explanation of what went wrong and of how issue will be used to improve learning in delivering current service/what steps will be taken to help ensure it doesn't happen again
 - If it's that the service doesn't meet needs: explanation of what steps will be taken to improve service as a result of issue raised; and a timeframe for change.

This will remain a dynamic definition which we will refine and develop over time as our work gets more sophisticated. We will need to examine how we follow up to ensure action that is promised is actually taken.

- KPI 1.3. The proportion of reasonable responses received to escalations
- KPI 1.4. Reflective Review - number of responses received and satisfaction levels

2. Healthwatch Surrey's role, function and services are known, understood and valued by local people who therefore readily contact us when they need us.

Goal: To have a simple, widely understood identity and mission and ensure that at the time when people may benefit from contacting (or have stories to tell) Healthwatch Surrey, they know who we are and what we do, can find and interact with us easily and, where appropriate, do share their need and/or stories with us.

SPI

- SPI 2.1. Number of people proactively contacting us through our Helpdesk, Website and Advocacy²

KPIs

As overall KPIs under our core Healthwatch contract we will measure and report on:

- KPI 2.1. The number of people proactively engaging and sharing experiences with us via the website, post, Helpdesk
- KPI 2.2. The number of people contacting the Helpdesk for information and advice (400 PA)
- KPI 2.3. The number of people accessing the Independent Health Complaints Advocacy service
- KPI 2.4. The number of new cases managed by the Independent Health Complaints Advocacy service (30 per quarter)
- KPI 2.5. Service user satisfaction with the Helpdesk and Independent Health Complaints Advocacy service

3. Our influencing is based on sound knowledge of local issues and the insight and experiences of local people.

Goal: To gather feedback from a wide range of communities across Surrey, ensuring that we actively seek out insight from seldom heard or hard to reach

² To be measured by year on year comparison but NB amount spent on comms activity will have a significant bearing on this figure. It is recognised that this is a proxy measure and does not fully assess progress on the whole goal. However in the absence of a better and affordable measure it is recommended that we continue with this proxy for the year ahead and review more fully as part of the new business review later in the year.

groups. To have a tenacious and curious approach to ensure we make best use of this feedback in influencing change.

SPIs

- SPI 3.1. That our recommendations and escalations all have a clear link back to insight shared by local people
- SPI 3.2. Our tracking of engagement and insight shows that we are hearing from a wide range of communities
- SPI 3.3. Our tracking of recommendations and escalations shows that we are tenacious in following up.

KPIs

As overall KPIs under our core Healthwatch contract we will measure and report on:

- KPI 3.1. Number of Useable Experiences collected (3,000 PA)
- KPI 3.2. Number of outcomes achieved (4 PA min)
- KPI 3.3. Project and outreach reports (4 PA min)

Our mission statements and goals are underpinned by two business strategies:

4. We have secured a growing and sustainable future.

Goal: To secure additional sources of income by offering services that are complementary to those of our main Healthwatch contract.

SPIs

- SPI 4.1. Clear business plan in place by end of year
- SPI 4.2. Net contribution to CIC per annum

KPI

- KPI 4.1. Amount of new business turnover (Target 60,000)

5. We exist to empower communities and we do this by recruiting and empowering volunteers to enable us to hear more and share more.

Goal: To have volunteers organised in all our local areas who are able to help us understand local communities, hear more experiences from local people, and influence change on behalf of local people according to Healthwatch principles.

Commented [12]: There was a comment that we haven't defined an "outcome". This is true. SCC don't define it in the core contract! Making direct links from our recommendations to service improvement on the ground is very hard – my preference would be to see how we get on this year in getting "reasonable responses" to our escalations and then see if we can build on that to develop something around tangible improvements for service users when we review next year.

Commented [PG3]: It will be helpful to have (however 'crude' initially) a measure reflecting the wide range of communities reached. This may have to draw on information on the make-up of Surrey/its Local Areas as covered by our Local Teams, perhaps using the listing and 'tick-boxes we have reported in the past. I sense that understanding the Local Level population make-ups will assist the Local Teams undertake their roles and make the three identified KPIs more meaningful. Overtime, the additional measure can be refined.

Commented [14R3]: This is covered under SPI 3.2 above. It isn't a KPI for the HW contract as specified by SCC, so it feels more relevant to track it for the CIC rather than SCC LHW contract.

SPI

- SPI 5.1 Maturity of local volunteer groups as measured by the maturity matrix³

KPIs

As overall KPIs under our core Healthwatch contract we will measure and report on:

- KPI 5.1. The number of hours our volunteers have contributed
- KPI 5.2. The number of new volunteers per quarter (5 PQ)

Commented [15]: This matrix covers range/scope of volunteer activity in each team. We can expand it to track number of experiences collected by volunteers (Maria's comment) as well as other core activity.

Commented [PG6]: Would add a measure of the growing scope of volunteer activities (by area?) and the development of the areas Teams themselves.

Commented [17R6]: This would be covered under SPI 5.1 above as the maturity matrix covers scope.

³ It is recognised that this is a subjective assessment, however the maturity matrix, as outlined at the last review of the Volunteer Strategy, is detailed and we believe is more meaningful than capturing numbers rather than quality and impact.