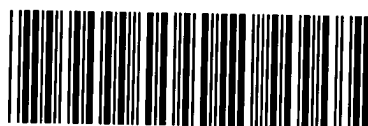


Company Registration No. 08737632 (England and Wales)

**HEALTHWATCH SURREY C.I.C**  
**UNAUDITED FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2020**  
**PAGES FOR FILING WITH REGISTRAR**

THURSDAY



\*A9K2V3SR\*

A11

17/12/2020

#56

COMPANIES HOUSE

# HEALTHWATCH SURREY C.I.C

## CONTENTS

---

	Page
Accountants' review report	1
Balance sheet	2
Notes to the financial statements	3 - 5

---

# HEALTHWATCH SURREY C.I.C

## INDEPENDENT ACCOUNTANTS' REVIEW REPORT TO THE DIRECTORS OF HEALTHWATCH SURREY C.I.C

---

We have reviewed the financial statements of Healthwatch Surrey C.I.C for the year ended 31 March 2020 which comprise , the balance sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

### Directors' responsibility for the financial statements

As explained more fully in the directors' responsibilities statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

### Accountants' responsibility

Our responsibility is to express a conclusion on the financial statements. We conducted our review in accordance with International Standard on Review Engagements (ISRE) 2400 (Revised) 'Engagements to review historical financial statements' and ICAEW Technical Release TECH 09/13AAF (Revised) 'Assurance review engagements on historical financial statements'. ISRE 2400 (Revised) requires us to conclude whether anything has come to our attention that causes us to believe that the financial statements, taken as a whole, are not prepared, in all material respects, in accordance with United Kingdom Generally Accepted Accounting Practice. ISRE 2400 (Revised) also requires us to comply with the ICAEW Code of Ethics.

### Scope of the assurance review

A review of financial statements in accordance with the ISRE 2400 (Revised) is a limited assurance engagement. We have performed procedures, primarily consisting of making enquiries of management and others within the company, as appropriate, applying analytical procedures and evaluating the evidence obtained. The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (UK and Ireland). Accordingly, we do not express an audit opinion on these financial statements.

### Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the financial statements have not been prepared:

- so as to give a true and fair view of the state of the company's affairs as at 31 March 2020, and of its profit for the year then ended;
- in accordance with United Kingdom Generally Accepted Accounting Practice; and
- in accordance with the requirements of the Companies Act 2006.

### Use of our report

This report is made solely to the company's directors, as a body, in accordance with the terms of our engagement letter dated 19/07/2019. Our review work has been undertaken so that we might state to the company's directors those matters we have agreed to state to them in a reviewer's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's directors as a body, for our review work, for this report, or for the conclusions we have formed.



Kirk Rice LLP

16/12/20

The Courtyard  
High Street  
Ascot  
Berkshire  
SL5 7HP

# HEALTHWATCH SURREY C.I.C

## BALANCE SHEET

AS AT 31 MARCH 2020

	Notes	2020 £	£	2019 £	£
<b>Fixed assets</b>					
Tangible assets	3		2,322		7,489
<b>Current assets</b>					
Debtors	4	45,286		17,740	
Cash at bank and in hand		149,275		169,513	
		194,561		187,253	
<b>Creditors: amounts falling due within one year</b>	5	(96,090)		(43,387)	
<b>Net current assets</b>			98,471		143,866
<b>Total assets less current liabilities</b>			100,793		151,355
<b>Reserves</b>					
Income and expenditure account			100,793		151,355
<b>Members' funds</b>			100,793		151,355

The directors of the company have elected not to include a copy of the income and expenditure account within the financial statements.

For the financial year ended 31 March 2020 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared and delivered in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the board of directors and authorised for issue on 15th December 2020 and are signed on its behalf by:



Mr T Davies  
Director



Ms D Mechaneck  
Director

Company Registration No. 08737632

# HEALTHWATCH SURREY C.I.C

## NOTES TO THE FINANCIAL STATEMENTS

**FOR THE YEAR ENDED 31 MARCH 2020**

---

### **1 Accounting policies**

#### **Company information**

Healthwatch Surrey C.I.C is a private company limited by guarantee incorporated in England and Wales. The registered office is Old Millmead House, Millmead House, Millmead, Guildford, Surrey, GU2 4BB.

#### **1.1 Accounting convention**

These financial statements have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the requirements of the Companies Act 2006 as applicable to companies subject to the small companies regime. The disclosure requirements of section 1A of FRS 102 have been applied other than where additional disclosure is required to show a true and fair view.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

#### **1.2 Income and expenditure**

Income and expenses are included in the financial statements as they become receivable or due.

Expenses include VAT where applicable as the company cannot reclaim it.

#### **1.3 Tangible fixed assets**

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Fixtures and fittings	33.33% on cost
Computers	33.33% on cost

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to surplus or deficit.

#### **1.4 Impairment of fixed assets**

At each reporting period end date, the company reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

#### **1.5 Cash and cash equivalents**

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

#### **1.6 Taxation**

The company is exempt from corporation tax, it being a company not carrying on a business for the purposes of making a profit.

# HEALTHWATCH SURREY C.I.C

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

### FOR THE YEAR ENDED 31 MARCH 2020

#### 1 Accounting policies (Continued)

##### 1.7 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

#### 2 Employees

The average monthly number of persons (including directors) employed by the company during the year was:

	2020 Number	2019 Number
Total	19	18

#### 3 Tangible fixed assets

	Fixtures and fittings £	Computers £	Total £
<b>Cost</b>			
At 1 April 2019 and 31 March 2020	1,166	21,339	22,505
<b>Depreciation and impairment</b>			
At 1 April 2019	1,075	13,941	15,016
Depreciation charged in the year	91	5,076	5,167
At 31 March 2020	1,166	19,017	20,183
<b>Carrying amount</b>			
At 31 March 2020	-	2,322	2,322
At 31 March 2019	91	7,398	7,489

#### 4 Debtors

	2020 £	2019 £
<b>Amounts falling due within one year:</b>		
Trade debtors	45,180	17,492
Other debtors	106	248
	45,286	17,740

# HEALTHWATCH SURREY C.I.C

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**FOR THE YEAR ENDED 31 MARCH 2020**

---

**5 Creditors: amounts falling due within one year**

	2020 £	2019 £
Trade creditors	51,486	15,144
Taxation and social security	4,468	4,086
Other creditors	40,136	24,157
	<u>96,090</u>	<u>43,387</u>

**6 Members' liability**

The company is limited by guarantee, not having a share capital and consequently the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required not exceeding £1.

000731/15

**CIC 34****Community Interest Company Report**

**For official use**  
(Please leave blank)

*Please  
complete in  
typescript, or  
in bold black  
capitals.*

**Company Name in  
full**

Healthwatch Surrey CIC

**Company Number**

8737632

**Year Ending**

**31**  
March 2020

Please ensure the company name is consistent with the company name entered on the accounts.

This template illustrates what the Regulator of Community Interest Companies considers to be best practice for completing a simplified community interest company report. All such reports must be delivered in accordance with section 34 of the Companies (Audit, Investigations and Community Enterprise) Act 2004 and contain the information required by Part 7 of the Community Interest Company Regulations 2005. For further guidance see chapter 8 of the Regulator's guidance notes and the alternate example provided for a more complex company with more detailed notes.

**(N.B. A Filing Fee of £15 is payable on this document. Please enclose a cheque or postal order payable to Companies House)**

**PART 1 - GENERAL DESCRIPTION OF THE COMPANY'S ACTIVITIES AND IMPACT**

In the space provided below, please insert a general account of the company's activities in the financial year to which the report relates, including a description of how they have benefited the community.

***A social audit report covering these points is attached***

*(Please continue on separate continuation sheet if necessary.)*



**PART 2 – CONSULTATION WITH STAKEHOLDERS** – Please indicate who the company's stakeholders are; how the stakeholders have been consulted and what action, if any, has the company taken in response to feedback from its consultations

*A social audit report covering these points is attached*

**PART 3 – DIRECTORS' REMUNERATION** – if you have provided full details in your accounts you need not reproduce it here. Please clearly identify the information within the accounts and confirm that, "There were no other transactions or arrangements in connection with the remuneration of directors, or compensation for director's loss of office, which require to be disclosed" (See example with full notes).

no remuneration was received

**PART 4 – TRANSFERS OF ASSETS OTHER THAN FOR FULL CONSIDERATION** – Please insert full details of any transfers of assets other than for full consideration e.g. Donations to outside bodies.


no transfer of assets other than for full consideration has been made

*(Please continue on separate continuation sheet if necessary.)*

## PART 5 – SIGNATORY

**The original report must be signed by a director or secretary of the company**

Signed



Date

17/12/2020

Office held (delete as appropriate) Director/Secretary

You do not have to give any contact information in the box opposite but if you do, it will help the Registrar of Companies to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

Tel	
DX Number	DX Exchange

**When you have completed and signed the form, please attach it to the accounts and send both forms by post to the Registrar of Companies at:**

*For companies registered in England and Wales:* Companies House, Crown Way, Cardiff, CF14 3UZ  
DX 33050 Cardiff

*For companies registered in Scotland:* Companies House, 4<sup>th</sup> Floor, Edinburgh Quay 2, 139  
Fountainbridge, Edinburgh, EH3 9FF DX 235 Edinburgh or LP – 4 Edinburgh 2

*For companies registered in Northern Ireland:* Companies House, 2nd Floor, The Linenhall, 32-38  
Linenhall Street, Belfast, BT2 8BG

The accounts and CIC34 **cannot** be filed online

**(N.B. Please enclose a cheque for £15 payable to Companies House)**

**Healthwatch Surrey CIC  
Company Number 08737632**

**Social Impact Report  
01/04/2019 to 31/03/2020**

	<b>Page</b>
<b>Message from our Co-Chairs and CEO</b>	<b>2</b>
<b>Our priorities</b>	<b>3</b>
<b>Highlights from our year</b>	<b>3</b>
<b>How we've made a difference</b>	<b>4</b>
<b>Share your views with us - Long Term Plan</b>	<b>6</b>
<b>Helping you find the answers</b>	<b>7</b>
<b>Our Volunteers</b>	<b>10</b>
<b>Our Volunteer Roles</b>	<b>12</b>
<b>Thank you</b>	<b>13</b>

### **Message from our Co-Chairs and CEO**

Healthwatch Surrey CIC has now been the champion for local people using health & social care services in Surrey for over 6 years, since Healthwatch was first created to ensure that the public and users of services have a strong voice. As of April 2020, we're excited to have been granted a new contract enabling us to continue to deliver our services for a further 5 years.

We are delighted that the expertise, networks and passion to help improve local services built up by our Directors, staff and volunteers can continue to be harnessed. We believe we are seen as a trusted and credible partner, as well as a critical friend, and are pleased that we can continue to build on this. We have active volunteer groups across Surrey who help us raise awareness of what we do and are instrumental in gathering insight from our local population.

At the time of publication of this Annual Report (end of June 2020), the COVID-19 pandemic has brought into sharp focus the pride as a nation we have in our health and care services. Our thoughts are with all those who have lost loved ones and been affected by this crisis and we acknowledge the huge efforts made by our local NHS and social care partners. As a local Healthwatch we celebrate local success and good service delivery, but also champion citizen voice in respect of needed changes to the system, and highlight where things have not gone well for some.

Over the last 6 years we have established close relationships with our voluntary and community sector in Surrey. All parts of our "system", including communities and groups which support them, are a key part of future plans for the NHS and social care and something that Healthwatch has been advocating for many years. This has been brought into stark relief by the recent coronavirus pandemic when community support has been central to the response.

We've often tested the balance of being critical and being a friend – speaking out over issues such as waiting times for Child and Adolescent Mental Health Services, and expressing concerns over changes to sexual health services. We are proud of the many outcomes we've achieved (see p8 for more details). We continue to learn about the most effective way to work with partners who are often under great pressure to deliver services in a climate of increasing demand and decreasing finances. However, the most important thing is that we guard our independence fiercely and continue to speak up when we see the need. All of this gives us a powerful base to work from as we start our new contract. However, we are embarking on that contract in unprecedented times. Going out and about across Surrey to engage with people in hospitals, high streets, health centres and community groups is our bread and butter, and we are now having to find new ways of reaching people. Our staff and volunteer groups have embraced remote ways of working and we are trying to find as many ways as we can to reach out to people. As our NHS and social care partners begin to evaluate what has worked well and less well in terms of coping with COVID-19, it is vital that patient, family and service-user feedback is gathered and used to inform that evaluation. One of Surrey's key messages is "no-one left behind", and Healthwatch has a keen interest in ensuring that this is a reality and that those who may risk exclusion and inequality are heard. We all need to do more to understand the disproportionate impact that COVID-19 has had on BAME communities, and the structural inequalities that may underpin

that. The more we can reach out to our local communities and understand their views of local services, the more specific our actions can be to ensure no-one is left behind. We are keen to do all we can to support our local system to do that.

This is a time of change and challenge, with Surrey Heartlands merging to form one CCG, requiring them to develop new ways of working locally and Surrey-wide. Healthwatch Surrey's role is to continue to ensure that all voices are heard at the appropriate stages, across Heartlands and in our part of the Frimley patch. There is a lot of upheaval which can create opportunities to evolve, very quickly in the case of some of the changes necessitated by COVID-19. We will play our part in helping to make the most of these opportunities for local people.

We are delighted to introduce this report as we embark on our new contract as Healthwatch Surrey's new Co-Chairs, and want to say a huge thank you to Peter Gordon who has been steadfast in his support for Healthwatch Surrey in his role as Chair since our inception. Peter remains closely involved as a Non-Executive Director and Deputy Chair.

*Deborah Mechaneck, Co-Chair and Non-Executive Director*

*Jason Davies, Co-Chair and Non-Executive Director*

*Kate Scribbins, Healthwatch Surrey CEO*

### **Our priorities**

Every year we deliver four projects focussed on our Thematic Priorities. This year we have delivered projects around our priorities of Care at Home, Hospital Discharge and Care homes, with a fourth project around Safeguarding. Generally, our priorities run for three years, but they are reviewed annually to ensure they remain relevant and well balanced, with new priorities selected to replace any that are complete. At the time of writing, our project delivery and priority planning process has been disrupted by the COVID-19 pandemic, but we aim to continue with our themes around Mental Health and Care at Home as soon as viable. We will select a third priority, but we plan to retain resource for one project per year that responds to a freshly emerging need. At the moment we feel that the most important thing is to gather and share feedback from patients, service users, carers and families about what has worked well and less well during the pandemic, to help our health and care partners deal with the recovery phase and plan the best possible services for the future.

### **Highlights from our year**

Health and care that works for you:

- 46 volunteers helped to carry out our work. In total, they gave up 2,504 hours of their time this year.
- We received £601,282 in funding from our local authority in 2019-20.

Supporting:

- People shared 5,792 health and social care experiences with us.
- 3,620 people contacted us for advice and information about local health and care support through our Helpdesk, Citizens Advice and NHS Advocacy Services.

- We had 33,323 web page views and 10,205 people accessed Healthwatch Surrey advice and information online.

Reaching out:

- 4,012 people engaged with us through social media.
- 1,121 people engaged with us at community events.

Making a difference to care:

- We published 13 reports based on insight from people's experiences of using local health and social care services.
- Specific issues and concerns were shared 668 times with commissioners, providers and regulators to help make health and care better in our community.

**How we've made a difference**

Speaking up about your experiences of health and social care services is the first step to change. Take a look at how your views have helped make a difference to the care and support people receive in Surrey.

**Amplifying the voice of people receiving care at home**

In April 2018 we adopted "Care at Home" as a new three-year thematic priority. Social Care is part of Healthwatch Surrey's core remit, and enabling independent living is a Health and Wellbeing Board priority. Surrey County Council funds over 4,000 people receiving care at home, and the private sector is estimated to serve 12,000 people who are funding their own care.

"Many people using care services at home are vulnerable and elderly, and services are provided by a large number of for-profit private care companies."

Public consultation and internal strategic review selected "Care at Home" as an opportunity for Healthwatch Surrey to bring fresh insight to an important area of health and care provision.

Our mission is to "give the people of Surrey a voice to improve, shape and get the best from health and social care services". We wanted to find out if people using Care at Home services have an effective voice.

We set out to answer two key questions:

1. Do the systems in place give care users a voice?
2. Do care users feel safe to express themselves, and do they feel listened to?

To answer these questions, we spoke face to face to care users: did they feel enabled and safe? Are providers responsive to their wishes?

To ensure we had a full understanding we also spoke to care workers, care agency registered managers/coordinators, key staff at Surrey County Council and support agencies such as the Surrey Care Association. We also reviewed commissioner priorities and the Surrey County Council tender requirements, regulatory requirements, and influencer and advisor materials.

Overall, our findings were positive: for most care users there exists a wide range of formal and informal feedback routes; and we heard from people who had used these routes to enable significant improvements to their service delivery. However, we also identified opportunities for improvement and made a number of recommendations to Surrey County Council and to providers.

"Surrey County Council (SCC) took immediate action on a number of our recommendations."

- Improving promotion of advocacy services
- Improving monitoring of safeguarding training by providers
- Ensuring SCC practitioners fully involve care agencies in assessments and reviews
- Ensuring SCC practitioners check care folders as part of the review process

We made a further recommendation related to the provision of Safeguarding information. We were able to take this recommendation to the Surrey Safeguarding Adults Board, who responded by developing literature that could be included in care folders for care at home service users.

Surrey County Council are working on a new service specification for care at home, and will be including more recommendations in the design of the new contract: • Development of best practice care folders • Reviewing how providers record information about people they support

"SCC have also invited Healthwatch Surrey to bring the voice of the service user to the development of future care services in Surrey, and we look forward to contributing to this project as it moves forward."

### **People's views are being represented in Advance Care Planning**

The Surrey Health and Wellbeing Board has identified 'helping people die well' as a key focus for Surrey's 10-year strategy, and a Surrey-wide End Of Life Care partnership was initiated to understand the current picture and identify opportunities for commissioners and providers to work collaboratively. A range of different end-of-life initiatives were in place across Surrey. All identified advance care planning as an important element in a good death, but there was no consistent approach to advance care planning from commissioners or providers.

"To ensure people's views are represented in the development of these initiatives, Healthwatch Surrey spoke to care home residents, some of their family members and those who care for them about their experience of making advance care plans."

We spoke in depth to 21 people and to staff in 15 care homes in Surrey. Our person-centred approach revealed a number of insights:

- People who have plans in place are happy that they have taken this step – but many have never considered making a plan or avoid making one.
- There are three key barriers to making plans: a lack of perceived need (I can do that later), not knowing what decisions need to be made and a reluctance to think about one's own death.
- Meaningful plans get made when two things come together – a meaningful trigger plus a knowledgeable guide to discuss and record decisions made.

We also revealed some underlying issues:

- Proliferation of wishes: plans recorded by different organisations at different times, and sometimes being contradictory.
- Residential homes are sometimes struggling to deliver end of life care.

We made recommendations in our report and this was shared with local commissioners.

"As a result of our insight, Healthwatch Surrey has attended a number of relevant meetings, has a seat on the Surrey Heartlands Ethics Committee, and has been invited to join the Surrey Heartlands End of Life and Palliative Care Task and Finish group."

### **Hospital Trust to increase learning disability and autism support for patients and staff**

Through our NHS Advocacy service, we heard about a Surrey hospital failing to make reasonable adjustments for a patient with autism within its dentistry service. We shared this experience with all the acute hospitals, asked for their reassurance that this would not happen again and asked them to share their relevant policies and procedures.

The hospital in question has said that the learning from this case is being taken forward through the steering group, and the patient has been given the Adult Safeguarding team's contact details so that he can be supported in future. The hospital is exploring how it can increase the support available for patients and staff in relation to learning disabilities and autism.

Two other hospitals also responded; one stated that a policy relating to making adjustments for patients who may have a learning difficulty (as opposed to a disability), including patients on the autistic spectrum, will be considered and developed by the Trust.\* The other stated that following some recent training in British Sign Language (BSL) for reception and Patient Advice and Liaison Service (PALS) staff, in light of our report, and feedback from that training, they will look at incorporating Makaton training in future courses.

\*In relation to the failure to make reasonable adjustments for a patient with autism, the learning disabilities team do not offer support for patients with autism unless they fall within the 50% who also have a learning disability. Due to this, reasonable adjustments for patients with autism are not included within the Trust's learning disability policy and adjustments would be made on a case by case basis. A policy relating to making adjustments for patients who may have a learning difficulty (as opposed to a disability), including patients on the autistic spectrum, will be considered and developed by the Trust.

### **Share your views with us - Long Term Plan**

#### **Highlights**

- We conducted a general survey and a condition-specific survey across Surrey
- Our engagement team held focus groups and carried out in-depth interviews.



- Our surveys were mentioned across multiple local news channels.

### **NHS Long Term Plan**

Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019, setting out its key ambitions over the next 10 years. Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.

Here's a summary of our work in Surrey and what we found.

Working with Surrey Heartlands Health & Care Partnership and Frimley Health and Care, we asked people #WhatWouldYouDo to improve the NHS locally. Surrey residents who participated in the general survey, told us what they wanted when using the NHS. Some of the main issues that people told us they wanted services to focus on are:

- Quicker access to GP appointments
- Easy access to information
- Enabling patients to have an active role when managing and choosing healthcare

Surrey residents who participated in the condition-specific survey, told us about their experiences of using the health service. Some of the main issues that people told us they wanted services to focus on are:

- Decrease in waiting time for assessments
- Quicker access to diagnosis
- Improvement in ongoing support

We also conducted some additional engagement activities including a discussion group and in-depth interviews.

What did we do about it? We:

- Used the findings to champion the views of people at the Surrey Health & Wellbeing Board and at other meetings where our staff and volunteers are involved in discussions about service transformation.
- Shared the findings with our Citizen Ambassadors, who provide an independent perspective on health & social care transformation within the Surrey Heartlands Integrated Care System (ICS).
- Further explored the views and experiences of people with learning disabilities.

### **Helping you find the answers**

Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped 3,620 people get advice and information through our independent health complaints advocacy service and our Helpdesk.

We provided information and advice to people by:

- Posting articles and information on our website.
- Answering people's queries about services over the phone, by email, and online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

#### **Help clarifying a hospital appointment and patient transport**

Mary\* received a letter from Ashford Hospital with details of an appointment. As Mary had never been to Ashford hospital, she did not know what this was about. Mary had attended St Peter's hospital but was unaware that both hospitals operate under the same management team. She contacted our Helpdesk and we telephoned Ashford hospital who confirmed that the appointment was a follow-up to her operation at St Peter's hospital. We pointed out that Mary was elderly and suffered from Alzheimer's and heart problems so the hospital suggested that she could contact patient transport. We telephoned patient transport and arranged for her to be taken to and from the hospital. Mary was very happy that the details of the appointment at Ashford hospital had been explained and transport organised.

#### **Advice about getting help for care at home**

Tracey's\* husband has a number of serious health conditions; he is housebound, and Tracey cannot care for him by herself as her husband is too heavy. Tracey called our Helpdesk as she was worried about paying for his care. They have been topping up the money from the council with their own savings, but she was worried that she may have to do the caring by herself when the money runs out. She also used to get some respite help for herself, but this has been stopped. Tracey wanted to know how she could get more help with caring for her husband. She wrote to her MP but had yet to receive a reply. We advised her to go back to Social Services, and to contact her county councillor. She was also signposted to her local Citizens Advice. Following the advice given Tracey sent a message to say; "thank you for all the information you have forwarded me, I have spoken to Social Services and we may have a solution to our problem, many thanks".

#### **Advice on how best to pursue a dental complaint**

Rahim\* contacted our Helpdesk for advice regarding dental work as he needed to rectify problems which occurred from previous surgery. Having contacted the orthodontist about having this rectified, Rahim was informed verbally that funding had been denied. He did not receive any written notification of this nor any mechanism to appeal the decision. Rahim wanted to know what recourse he had to remedial treatment on the NHS and whether there was a legal obligation on the original orthodontist to correct the situation on the NHS. Our Helpdesk advised Rahim to pursue the matter with the original orthodontist, to get written information and explanation of the funding decision, as well as whether there was a mechanism to appeal the decision. We also suggested that he engage with Patient Advice and Liaison Services (PALS) to make them aware of the issue. We also sent him information regarding the NHS complaints procedure in case these avenues prove unsatisfactory. Rahim was extremely grateful for the advice he received and felt able to pursue getting his dental problems rectified with the right people.

### **Signposting to organisations which help with NHS continuing healthcare appeal**

Linda's\* partner was receiving NHS Continuing Healthcare but this had recently been refused. Linda believes that the review panel were not provided with full details of her partner's care needs by their care home. She contacted our Helpdesk for more information about what should be provided and the appeals process. She was signposted to Beacon as the appropriate specialist in the field. We also provided details of organisations that could provide free advice and information in this specific area. Linda was given the information she needed to carry out an appeal and get further advice from a specialist agency should it be required.

### **Help with finding a local pharmacy to get medication**

Sonny\* had just come out of hospital following a suicide attempt. He had been given a prescription for three lots of medication but couldn't find a chemist who stocked them. He also had to get a doctor's note as he was not fit to work and was distressed. We found a local pharmacy that stocked two of the drugs he needed immediately and provided details of another pharmacy that stocked the other drug. He was then able to go ahead and collect the prescriptions and go to his GP surgery to get a doctor's note.

### **Supporting people who are bereaved to challenge service providers**

Anton\* underwent a heart operation. Sometime later he fell ill and was seen by a GP, who suspected an infection and called an ambulance to take Anton to hospital. The GP wrote a note to be given to the treating doctors. After undergoing various tests at A&E, Anton was given antibiotics and discharged. Whilst there was an initial improvement, his health was not improving generally. He therefore requested an earlier follow-up appointment and was seen by a consultant cardiologist. The doctor expressed concern that Anton did not have blood cultures done during his admittance to A&E. He immediately sent Anton for further tests, including blood cultures. Shortly afterwards, Anton was contacted by the cardiology department due to positive test results for infection showing in the blood cultures taken and he was admitted on an emergency basis, where he was placed on 24-hour IV antibiotics. Anton was then transferred to a specialist hospital for a further heart operation. He suffered a heart attack shortly after surgery and a few days later he sadly passed away. Since Anton's death, his wife has not only been grieving but has also been suffering from anxiety and depression and has had to undergo counselling. Our advocate wrote a letter of complaint on behalf of his wife as she did not feel well enough or confident enough to handle it herself and wanted advocacy support to liaise between herself and the hospital. The advocate has been monitoring the response from the service provider and letters have been exchanged (between the parties) three times with the hospital. There is now further investigation being carried out by the Quality Team at the hospital and we are currently awaiting the outcome of those investigations. At the same time, his wife is considering taking legal advice on this matter. She is grateful for the advocacy service and for the support provided which is taking pressure off her by monitoring the outcomes with the hospital. She is also grateful that someone listened to her and helped her at a very vulnerable time in her life.

### **Providing help to people whose first language is not English**

Maria\* is an elderly lady and English is not her first language. 18 months ago, she underwent surgery on her shoulder and despite attending physiotherapy regularly, has been suffering ever since. She was referred for further surgery and was informed that there had been 'cord' left inside the shoulder which was the reason for the ongoing pain. This was removed during further surgery. Post-surgery, Maria requested support at home for a couple of days as she lived alone and did not have any support from family. This was refused and she was spoken to rudely by physiotherapy staff, who told her the hospital wasn't a hotel and that she had to go home. Our Independent Health Complaint advocate wrote a letter of complaint to the hospital. They responded and invited us to a local resolution meeting to help Maria understand their response and provide explanations for her concerns in person. Maria attended the meeting, supported by her advocate. They were able to explain to Maria in a way that she understood and were able to resolve her concerns. The hospital made a promise to investigate concerns she had with the physiotherapist and the way she was spoken to post-surgery, regarding support at home. The local resolution meeting was extremely successful, and Maria was happy with the outcome. Her pain is improving with the support of the physiotherapy team and the promise to investigate her concerns with the ward physio was upheld and a written update was provided. Maria does not have support from family or friends and was extremely happy and grateful for the support provided by the advocate.

### **Information about mental health organisations in Surrey**

Joshua\* contacted our Helpdesk regarding his son. His son is 39 years old and a high achiever, but his mental health issues have driven him to suicide attempts. He has been ill for some ten years, but his situation has deteriorated over recent months to the point of daily crises. Police have been called several times to intervene in suicide attempts and a referral failed to produce any improvement. Joshua was calling to follow up on a previous complaint about a Trust and to ask for advice on how he could get help for his son. We provided him with information about Surrey Information Point and the other mental health organisations which offer support, in particular support from Safe Haven. Joshua passed on this information to his son who went on to engage with his local Safe Haven for support.

### **Help with information on how to raise a safeguarding alert**

Barry\* contacted our Helpdesk as he was very concerned about his elderly neighbour. He suspected his neighbour had dementia, which was getting progressively worse, but the neighbour seemingly had no support. We informed Barry about the Multi Agency Safeguarding Hub (MASH) who would be able to listen to his concerns and act appropriately. Barry was given details of how to contact MASH to raise his concerns for his elderly neighbour.

\*All names have been changed to protect identity

### **Our Volunteers**

During the last year Healthwatch Surrey was supported by 46 volunteers to help us find out what people think is working, and what people would like to improve, about services in their communities.

This year our volunteers:

- Visited 30 community groups and public events to raise awareness of our work.
- Supported us at 22 outreach and engagement events in hospitals, GP surgeries and community settings to hear what people had to say about their local health and care services.
- Regularly sat on and attended 33 different boards and public meetings to represent local people, share our evidence and champion high-quality public engagement.

### **Making Serious Incident Reports more accessible and compassionate for patients and their families**

This year, our volunteers have been working hard to help us foster even stronger working relationships with our partners in the NHS and social care so we can work together to improve services for Surrey residents.

Our volunteers have been working closely with Royal Surrey NHS Foundation Trust to assist them in reviewing and improving their serious incident reporting process for patients. Serious incident reports are triggered by an unexpected or avoidable death or injury at a hospital. The reports investigate what went wrong, and are sent to the patient and their family, the clinical commissioners and to everyone involved in the incident at the hospital trust.

Three of our volunteers, Jenny, John and Gareth were keen to help, and met with the Head of Patient Safety and Quality and report authors at Royal Surrey hospital once a week to read anonymised serious incident reports and provide constructive feedback before they were sent out to the patient and/or their family. They considered the clarity, tone and sensitivity of the reports, and whether any of the information contained could be misleading or distressing to patients and their families from their lay perspective.

Some significant improvements have been made to the reports thanks to our volunteers' work on this task. The report template has been completely overhauled and all jargon and repetition removed to make it more accessible and reader friendly, and a distressing risk scoring matrix which showed the likelihood of the event happening again has been removed.

The risk scoring matrix was particularly upsetting to the families of patients who had died as a result of the serious incident, especially if the risk of the event happening again was low, as a low score implied to some that the death of their loved one was an insignificant matter

"Thanks to our volunteers' involvement, these major changes to the reporting template have also now been shared and implemented by other hospital trusts in Surrey. Royal Surrey NHS Foundation Trust's Head of Patient Safety and Quality described the work done by our volunteers as extremely valuable. Our volunteers are now looking to undertake a similar exercise at other hospitals in Surrey"

### **Ensuring Guildford residents and students have a say in how primary care is delivered**

Two volunteers in our Guildford and Waverley volunteer group, Louise and Jill keep a close eye on local consultations and public engagement as part of their role as Community Influencers. In the Summer of 2019, they voiced their concerns about the quality of the CCG's public engagement with patients of Guildowns Group Practice and Woodbridge Hill Surgery in Guildford, which faced a potential relocation and closure. Jill and Louise were concerned that the CCG had not provided sufficient notice that they were holding drop-in sessions and exhibitions to hear people's views.

Our volunteers helped us to create a picture of the gaps in the CCG's engagement strategy and supported us in formulating a response which we put to the CCG in an email from our CEO. This email prompted a meeting with the CCG, in which Jill and Louise raised their concerns. The CCG listened and consequently took the following action:

- Extended the period during which patients could share their views in a survey.
- Held an additional drop-in engagement session to speak to patients.
- Sent text messages out to patients to clearly inform them of the time, location and purpose of the additional drop-in engagement session.
- Promoted the drop-in event in a local University magazine so that students who were not considered in the CCG's original engagement plans were able to have their say.
- The CCG also agreed to look at alternatives to the new proposed locations that were closer to where patients live.

"The CCG had not approached students from the University of Surrey, who would be impacted by the potential changes and had proposed new locations for the GP surgeries that were quite a distance from their patients, especially for those without access to cars or who face barriers to using public transport."

"Thanks to our volunteers Jill and Louise's diligence in identifying and raising their concerns, an additional drop-in session was held in Stoughton. This was attended by over 120 local people, allowing many more people to have their say."

The event was fully booked within a couple of days of being advertised. The CCG also published a report on the engagement where they acknowledged their oversight in not initially approaching students and young patients. They stated that any future engagement exercise will be done within term-time, so that students would be in the area and would therefore have the option to attend.

### **Our Volunteer Roles**

#### **Community Listener**

Our Community Listeners support our Community Engagement Officers at a variety of settings, including hospitals and GP surgeries, community centres and on their local high streets.

They ask Surrey residents what they think about the health and care services they use and record recent experiences they wish to share with us, both positive and

negative. They also provide information about local health and care support services available in the area and how to access them.

### **Community Influencer**

Our Community Influencers support us by gathering intelligence on local issues in health and social care, attending and reporting back on public meetings, monitoring publications and reports, and undertaking desk-based research. They help us to review the experiences collected by our Community Listeners and support us with pulling together information for our reports. They also keep an eye on how well Clinical Commissioners engage with local people using their services, and flag to us any equalities impact concerns.

### **Community Promoter**

Our Community Promoters play a crucial role in raising awareness of Healthwatch Surrey with Surrey residents. They talk to local people about what we do at events and fairs and show people how they can get in touch with us if they have an experience they would like to share.

They can choose to support our team by delivering talks to local community groups, charities and other organisations who would benefit from knowing about us, or by helping us to create social media content that can be used to promote what we do.

They also support us by researching and identifying grass roots community groups who meet in their area who may want to know more about us.

### **Thank you**

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experiences with us.
- All of our Staff, Board and Volunteers.
- The voluntary organisations and community groups that have contributed to our work.
- Our Citizen Ambassadors, who provide a key input into discussions and decisions about service transformations, adding to our understanding of the health and social care needs, views and experiences of citizens.
- All health and social care commissioner, provider and regulator colleagues who have met with us and responded to feedback we have shared.
- Our partners in the NHS and social care, particularly those on the Health and Wellbeing Board; Adults and Health Select Committee; and the wider system, who have welcomed our presence and valued our feedback.