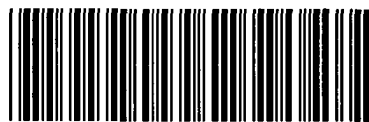


Company registration number 08737632 (England and Wales)

HEALTHWATCH SURREY C.I.C
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022

TUESDAY



ABHBGART

A09

22/11/2022

#210

COMPANIES HOUSE

HEALTHWATCH SURREY C.I.C

CONTENTS

	Page
Directors' report	1
Accountants' review report	2
Income and expenditure account	3
Balance sheet	4
Notes to the financial statements	5 - 8
Detailed profit and loss account	9

HEALTHWATCH SURREY C.I.C

DIRECTORS' REPORT

FOR THE YEAR ENDED 31 MARCH 2022

The directors present their annual report and financial statements for the year ended 31 March 2022.

Directors

The directors who held office during the year and up to the date of signature of the financial statements were as follows:

Mr T Davies
Mr R Davy
Ms D Mechaneck
Mr L Oates
Mr P Gordon
Ms Maria Millwood
Ms T Connolly
Mr J J Bateson
Mrs A Lecky

Small companies exemption

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies exemption.

On behalf of the board



Mr T Davies
Director



Ms D Mechaneck
Director

7th November 2022

Date:

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 2022 which comprise the income and expenditure account, 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

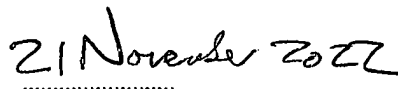
Based on our review, nothing has come to our attention that causes us to believe that the financial statements have not been prepared:

- so as to give a true and fair view of the state of the company's affairs as at 31 March 2022, 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 9 September 2022. 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


.....

The Courtyard
High Street
Ascot
Berkshire
SL5 7HP

HEALTHWATCH SURREY C.I.C

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2022

	2022 £	2021 £
Income	737,273	673,813
Cost of sales	(213,198)	(201,389)
	<hr/>	<hr/>
Gross surplus	524,075	472,424
Administrative expenses	(418,381)	(382,292)
	<hr/>	<hr/>
Surplus before taxation	105,694	90,132
Tax on surplus	-	-
	<hr/>	<hr/>
Surplus for the financial year	<u>105,694</u>	<u>90,132</u>

The income and expenditure account has been prepared on the basis that all operations are continuing operations.

HEALTHWATCH SURREY C.I.C

BALANCE SHEET

AS AT 31 MARCH 2022

	Notes	2022 £	£	2021 £	£
Fixed assets					
Tangible assets	4		6,190		3,419
Current assets					
Debtors	5	22,436		3,191	
Cash at bank and in hand		334,592		243,546	
		<u>357,028</u>		<u>246,737</u>	
Creditors: amounts falling due within one year	6	(66,599)		(59,231)	
Net current assets			290,429		187,506
Net assets			<u>296,619</u>		<u>190,926</u>
Reserves					
Called up share capital	7				
Income and expenditure account			296,619		190,925
Members' funds			<u>296,619</u>		<u>190,925</u>

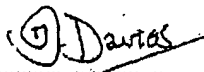
For the financial year ended 31 March 2022 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

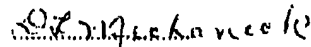
The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

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 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 7/11/22 and are signed on its behalf by:


Mr T Davies
Director


Ms D Mehanek
Director

Company Registration No. 08737632

HEALTHWATCH SURREY C.I.C

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2022

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 Room GF21, Astolat, Coniers Way, Guildford, GU4 7HL.

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. 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.

HEALTHWATCH SURREY C.I.C

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

1 Accounting policies

(Continued)

1.6 Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies and preference shares that are classified as debt, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.7 Taxation

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

1.8 Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense, unless those costs are required to be recognised as part of the cost of stock or fixed assets.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.9 Retirement benefits

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

HEALTHWATCH SURREY C.I.C

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

2 Judgements and key sources of estimation uncertainty

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3 Employees

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

	2022 Number	2021 Number
Total	17	17

4 Tangible fixed assets

	Fixtures and fittings £	Computers £	Total £
Cost			
At 1 April 2021	1,166	26,468	27,634
Additions	290	6,431	6,721
Disposals	-	(13,661)	(13,661)
At 31 March 2022	1,456	19,238	20,694
Depreciation and impairment			
At 1 April 2021	1,166	23,049	24,215
Depreciation charged in the year	97	3,853	3,950
Eliminated in respect of disposals	-	(13,661)	(13,661)
At 31 March 2022	1,263	13,241	14,504
Carrying amount			
At 31 March 2022	193	5,997	6,190
At 31 March 2021	-	3,419	3,419

HEALTHWATCH SURREY C.I.C

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

5 Debtors

	2022	2021
	£	£
Amounts falling due within one year:		
Trade debtors	22,200	2,973
Other debtors	236	218
	<u>22,436</u>	<u>3,191</u>

6 Creditors: amounts falling due within one year

	2022	2021
	£	£
Trade creditors	5,984	342
Other creditors	60,615	58,889
	<u>66,599</u>	<u>59,231</u>

7 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.

8 Operating lease commitments

At the reporting end date the company had outstanding commitments for future minimum lease payments under non-cancellable operating leases, as follows:

2022	2021
£	£
<u>9,144</u>	<u>18,288</u>

HEALTHWATCH SURREY C.I.C

DETAILED TRADING AND INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 MARCH 2022

		2022		2021
	£	£	£	£
Income				
Sales		737,273		673,813
Cost of sales				
Direct costs	213,198		201,389	
		(213,198)		(201,389)
Gross surplus	71.08%	524,075	70.11%	472,424
Administrative expenses				
Wages and salaries	344,162		319,288	
Social security costs	20,830		18,570	
Staff recruitment costs	2,553		697	
Staff training	4,579		4,461	
Staff pension costs defined contribution	13,377		13,797	
Computer running costs	11,808		11,759	
Travelling expenses	8,707		1,940	
Consultancy fees	1,577		-	
Accountancy	2,751		3,287	
Bad and doubtful debts	180		-	
Insurance	1,399		1,194	
Printing and stationery	692		512	
Advertising	943		2,129	
Sundry expenses	873		626	
Depreciation	3,950		4,032	
		(418,381)		(382,292)
Operating surplus		105,694		90,132



Together we can make a difference

**Social Impact Report
01/04/201 to 31/03/2022**

**Healthwatch Surrey CIC
Company Number 08737632**

Message from our Co-Chairs/CEO

We would like to start by thanking everyone who has taken the time to share their experience of health and care services in Surrey with us over the past year. We believe that every individual story shared can help to improve support and services for everyone. We would also like to thank the NHS and Surrey County Council staff who have taken the time to engage with us and listen to what we are sharing in what has been a very challenging and exhausting year across the system.

Healthwatch Surrey has been the independent champion for people using health and care services since the Healthwatch organisation was created in 2013 to ensure that the public has a stronger voice. Our work this year in Surrey shows that across health and social care there is great value in putting people's direct experience at the heart of improvements. At the national level the importance of listening to and acting on families' voices has been highlighted as vital in the independent Ockenden review of maternity services and having an independent organisation with powers to ensure voices are heard across the NHS and social care remains vital.

As the structures of the Integrated Care Systems evolve, we continue to work on how to maximise our influence and ensure Surrey residents are involved and have their voices heard across the system. We have highlighted to the NHS and Surrey County Council that decreases to our contract income at a time that the Integrated Care System is developing and we are being pulled in the direction of neighbourhood, place and system, and across both Surrey Heartlands and Frimley ICS, create challenges to us in making sure voices are heard effectively across Surrey. As Sir Robert Francis, Chair of Healthwatch England, stated in his resignation letter to the Secretary of State for Health and Social Care in April, the decline in resource for local Healthwatch remains a concern, and we will continue to do the best we can with our resource in the Surrey system.

Despite this, we have worked hard this year to ensure that patient and service user voice continues to be represented. In 2021-22 we have managed to return to some face to face engagement, as well as carrying

out our investigations into carers' experiences of the process of discharge from hospital; how access to primary care is working for people in Surrey; what support people need in the early stages after a diagnosis of dementia. We've flagged specific concerns over information to patients about wound care, access to eye care, and compassionate care after pregnancy loss. Across all of this work, we've had a particular focus on those who may find it harder to share their views or have their voices heard and who may be at risk of health inequalities. Our volunteers have been a staunch support to us in all of this work, helping us cover our large remit, and we are extremely grateful to all of them.

In what has been a worrying year we have continued to support local people via our information and advice service and our Independent Health Complaints Advocacy service. We've also been delighted to get back to our Community Cash Fund work, where we've supported small community organisations to help some of Surrey's most vulnerable residents, enabling us to amplify more local voices. We've worked with our hospitals and GP surgeries, feeding back what seems to be working well and less well to try to support a system under intense pressure.

In the year ahead we look forward to growing our ability to speak up on behalf of local people through the addition of the independent Giving Carers a Voice contract to our CIC portfolio. This sits alongside our local Healthwatch contract, Independent Health Complaints, our support of Citizen Ambassadors for Surrey Heartlands, and commissioned research work, and all contributes to our ability to strengthen citizen, carer, patient and service-user voice in the Surrey system.

"The COVID-19 pandemic has thrown longstanding health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."

Sir Robert Francis QC, Chair of Healthwatch England

About Us

Your health and social care champion

Healthwatch Surrey gathers the views of local people on health and social care services in our county. We make sure NHS and Surrey County Council leaders, and other decision makers, hear your voice and we use your feedback to inform, influence and, when necessary, challenge decisions and plans.

We also:

- provide, or signpost you to, information and advice about local services and how to access them.
- offer a free, independent advocacy service for people wishing to make a complaint about NHS care.

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.

Our vision statements

- Healthwatch Surrey is the respected, trusted and credible champion of the consumer for health and social care in Surrey.
- Healthwatch Surrey's role, function and services are known, understood and valued by local people who therefore readily contact us when they need us.
- Our influencing is based on sound knowledge of local issues and the insight and experiences of local people.
- We have secured a growing and sustainable future.
- We exist to empower communities and we do this by recruiting and empowering volunteers to enable us to hear more and share more.

Our Year in review

Find out how we have engaged and supported people.

Reaching Out

1370 Surrey residents shared their experience with Healthwatch Surrey.
2192 Surrey residents sought advice and support from our Helpdesk and NHS Advocacy service.

Making a difference

We published 15 reports and 9 insight bulletins.

Our most impactful report was 'How people find advice and support to live well in the early years after dementia diagnosis'. All 3 of our recommendations were incorporated into the new Dementia Strategy and integrated into the timed action plan.

Health and care that works for you

We're lucky to have 44 outstanding volunteers, who gave up 373 days to make care better for our community.

We're funded by our local authority. In 2021-22 we received £474,998 which was 5% less than the previous year.

We also employ 9 staff (full time equivalent) who help us carry out this work.

How we've made a difference throughout the year

We are passionate about reducing inequalities in people accessing services, help and support, and prioritise reaching and empowering people less well-served by services.

In addition to our listening sessions at GP surgeries, hospitals, community cafes and community centres, throughout 2021-22 we have had a particular focus on engaging with those who might find it harder to share their views, and have increased our connections with local community groups enabling us to engage with people we might not otherwise reach. We have held listening sessions at youth groups, community centres for older people, food banks and sexual health clinics. We have focussed our work on areas where we know low income is an issue. We have undertaken engagement within residential homes with older people and disabled adults. Through our project work we have also worked with community groups who support people for whom English is not their first language, LGBTQ+ young adults, and we have listened to and advocated for unpaid carers particularly through our work on hospital discharge and dementia diagnosis.

These are some of the projects we worked on from April 2021 to March 2022

Support following dementia diagnosis

Our research, on lived experience of the early years after dementia diagnosis, ensured that the voices of service users and their families was heard in the decision-making process of Surrey's new Dementia Strategy.

Pregnancy loss

Based on people's experiences of pregnancy loss we produced a report highlighting the emotional consequences of miscarriage and the importance of compassionate care to support recovery and protect mental health, including recommendations to providers to improve the experiences for people in Surrey.

Dentists

As local people continued to share high levels of frustration and lack of access to NHS care, in December 2021 we wrote to Surrey MPs highlighting local problems with accessing NHS dental services along with Healthwatch England's latest report about this crisis on a national level.

Eye care

Our report, highlighting poor experiences of eye care, was raised with the Quality and Performance Board for Surrey NHS Heartlands and helped shape a service already in process to tackle some of these issues.

Carers' experiences of hospital discharge

Partnering with Action for Carers Surrey, we ran a project to investigate the experience of the Discharge to Assess (D2A) processes introduced during the pandemic, from the perspective of carers of those admitted to hospital.

Wound care

Experiences we were hearing about problems in accessing wound care were shared with providers and we made four main recommendations regarding information being given to patients.

GP and primary care access

Our feedback to decision-makers on access to primary care and GPs (highlighting that whilst developments in remote access worked well for some, they created barriers for others) kept this issue in the spotlight, including in discussions on BBC Radio Surrey.

Listening to your experiences

It is your experiences that enable us to inform, influence and if necessary, challenge decisions and plans. We carry out listening events in hospitals, GP surgeries, community centres, at food banks and community cafes and many other places to ensure we hear the voices of people from all areas of the community. We have also attended a wide range of remote meetings to speak to people online. We undertake in-depth projects to better understand particular issues you are telling us about.

We are committed to ensuring all Surrey residents have the opportunity to share their views with us as an independent organisation. If you know of groups or services providing support services within your community, do let us know. We'd love to come and chat to you and the people you support.

Support following dementia diagnosis

What We Heard

In November, we published our research on lived experience of the early years after dementia diagnosis. Our research was designed to coincide with Surrey Heartlands' refresh of their dementia strategy to ensure the voices of service users and their families were heard in the decision-making process.

We found that families felt unsupported, particularly in the immediate aftermath of a diagnosis, adding to the high emotional weight of supporting a loved one with dementia.

We did hear stories of good care with particularly positive praise for community support groups. However, there was little awareness of what support is available, such as tax rebates or dementia navigators. Not one of our interviewees was aware of a care plan or having had a care review by their GP.

"No regular contact with GP once diagnosed – you drop off a cliff!"

"The worse thing was getting the diagnosis and being left on your own. I felt overwhelmed and David* didn't understand what was happening."

(*Names changed to protect people's identity)

Our Recommendations:

- Build access to Dementia Navigators across Surrey
- Ensure community support groups are available and suitably resourced
- Empower primary care to be a more central support

What Happened Next

We continue to work with our health and care partners in Surrey Heartlands, Frimley Health and Care, Surrey and Borders Partnership and Surrey County Council in the drafting of their joint Health & Social Care Dementia Strategy for Surrey to ensure that the new guidance addresses what we heard and provides a clear direction for shaping future dementia services around patients and their families.

We are delighted that the new strategy incorporates all three of our

recommendations strategy and that these have been integrated into the timed action plan.

- Video: [Lyn's story](#)
- Video: [Eleanor's story](#)

Pregnancy Loss

What We Heard

We heard from Surrey residents who have recently experienced pregnancy loss, informing us of some experiences of good compassionate care, but also of lack of support, poor communication and insensitive treatment – [Treatment of pregnancy loss in Surrey hospitals](#).

"Hazel* was advised to contact the Miscarriage Association and was told that she could ask a certificate following her miscarriage, but [the hospital] didn't know what this was. [She] has made her own recognition of Life certificate and sent this to [the hospital] with a letter but has not yet had a reply."

(*Names changed to protect people's identity)

We called on health care providers to:

- Ensure adequate mental health support is offered
- Provide the option for commemorative certification and ensure staff are well informed of this
- Consider regular training for compassion and sensitivity and explore how best to embed this within communication to patients

What Changed

Each of the hospital providers agreed to review their processes and ensure that patients were receiving the best care possible.

- In Guildford and Waverley Place, there will be further investment in perinatal bereavement support
- Ashford and St Peter's Hospitals introduced commemoration certificates
- East Surrey Hospital introduced certificates of commemoration and conducted a review of the Early Pregnancy Unit and access to perinatal mental health support

Dentists

Throughout the year we consistently heard (and continue to do so) from the people of Surrey regarding the challenges accessing dentistry, including experiences that have shown how delays in access to routine oral hygiene has had negative impact on other parts of the health system.

"Every dentist listed on the "find a NHS dentist" search through the NHS all state they don't do NHS patients when I have rung them, but I can't afford the non-NHS prices. When I rang 111, they couldn't help me other than tell me to keep ringing the same dentists who refused NHS treatment, and to not go to A&E until my mouth is swollen and bleeding (it isn't). I'm in a bit of a pickle, lots of pain, and really need help."

We published these experiences in December 2021 ([What we're hearing about Dental Services](#)), to coincide with the national campaign led by Healthwatch England. A copy of our report was sent to each Surrey MP.

What Happened Next

We continue to raise the challenges in accessing NHS dentistry across the system. We are also contributing to the co-ordinated national efforts by Healthwatch England to provide insight to our local MPs in order to ensure that this issue is challenged at the highest level and to campaign for significant change to the commissioning of dental services.

Eye Care

In August, we published a summary of poor experiences of eye care, including gaps for referrals from high street opticians and hospital care and issues with diagnoses.

"...No matter how I begged, I was told that there was no help to be had – I even contacted my GP in the hope that they could prevail, but there was no budging the eye hospital. I met with a wall of apathy. When I expressed my extreme concern at the delay, the eye clinic did suggest I contact an optician, but when I did so the optician said that his only recourse would be to also refer me to the Eye Clinic. He stressed the need for me to be seen urgently and confirmed that my symptoms represented an eye care emergency."

What we did next

We raised these issues with the Quality and Performance Board for Surrey Heartlands who agreed to look into the eye care pathway.

One provider informed us that our feedback was helpful in the shaping of a service already in process to tackle some of these issues.

Carers' experiences of hospital discharge

What We Heard

We heard the experiences of 79 carers across Surrey through a survey, leading to 12 in depth interviews to better understand the challenges they faced.

We did hear of excellent examples of care – even at the height of the pandemic. However, however many of the respondents experienced challenges and raised some concerns about the current process.

"As she didn't have her hearing aids professionals thought she had dementia. Actually she has full capacity but she lip reads."

People caring for loved ones would not always classify themselves as 'carers' leading to challenges in communication over adequate care arrangements. Carers were often at serious disadvantage too, as they were unfamiliar with the discharge processes so were unable to identify a problem or provide challenge when needed.

Our Recommendations

- Carers need to identified and supported
- Review the process of communications between hospital and carers
- Provide a detailed explanation of discharge process to carers
- Think 'handover' not discharge.

What Happened Next

We received positive written responses to our report from each of the Surrey hospitals and Surrey County Council.

"...the report... has contributed to changes in practice and the trust has been successful in securing funds from NHSE/I to implement a role."

- Video: [What Good Care Looks Like](#)
- Video: [Jane, Her Father and Her Family](#)

Wound Care

What We Heard

People have been telling us of problems accessing wound care in the community after hospital treatment. Some patients are being told by the hospital that their GP will provide wound care, only to discover this isn't the case.

"I [recently] underwent a minor emergency operation in order to remove an infected cyst on the back of my neck... I was discharged from hospital with a letter stating, 'daily dressing change with district nurse.' [I was later told by my GP practice] that it was not in fact the district nurse that would come out to see me and that I would have to book daily appointments in order to be seen and receive the dressing changes... the issue was they did not have availability for close to 2 weeks."

We forwarded these experiences to providers, making the following recommendations:

- Hospitals ensure that information given to patients about wound management following discharge from hospital is reviewed
- Hospitals consider how to make patients aware of what arrangements will need to be made for post-operative care prior to surgery
- Hospitals ensure that their wound care policies are up to date
- GP Practices ensure that they are giving the correct signposting/referrals to patients.

What Changed:

- Surrey and Sussex Healthcare shared their draft guidance for patients with us and our volunteers provided a number of suggestions which were incorporated into the new leaflet
- Frimley Park are reviewing improving written information for patients issued at discharge and their wound care policies will be re-examined and renewed. Frimley are in the process of a transition to electronic patient records with a specific section dedicated to wound care planning and communication
- Ashford and St Peter's surgical matrons are in the process of updating and putting together a patient information booklet on wound care. The review of the process had been delayed by Covid and our report has prompted this process to be brought forward.

GP and primary care access

In Summer 2021 we published our summary of Surrey residents' experiences of the changes to GP access.

We have continued to hear mixed experiences from residents across Surrey regarding this issue. The telephone triage process is often cited as a cause for complaint as are the online forms, barriers for those who can't use remote methods, and staff attitudes towards patients.

"I had a urinary tract infection and wanted to speak to a doctor on the phone and all I got was replies by text and prescriptions sent by text".

What Happened Next

We divided the issues into:

1. initial contact with the surgery
2. triage
3. remote consultation.

These were used by Surrey Heartlands commissioners to develop further research with patients. An Access Board is now taking these issues further, with our involvement. We were invited to participate in discussions on BBC Radio Surrey regarding the changes to GP appointments. These debates offered a platform for both the stories that patients have shared with us and also to provide supportive advice for GP practices on how best to communicate their services changes to their patients and encourage them to work with their patients to create services that best serve their local communities.

Community Cash Fund

Last year, we were delighted to be able to support nine small community organisations who have each been providing vital support to some of the most vulnerable residents across Surrey. Our panel met in May and unanimously selected the following organisations:

- Tandridge Befriending Scheme – supporting isolated people within the community to promote health, wellbeing and companionship.
- The Brigitte Trust – providing vital emotional support and advice to Surrey residents who have are facing life-threatening health challenges.
- The Green Hub – a community gardening project providing a safe space and support for teenagers with mental health conditions.
- Blossom – supporting LGBTQ+ young adults who are vulnerable and have mental health needs.
- ROC Woking – providing secondary school pupils from low-income families with access to computing equipment.
- South Woking Help at Hand – supportive services for residents who require additional support for day-to-day needs such as shopping and attending health appointments.
- Dorking Men's Sheds – creating projects to bring together otherwise socially isolated men.
- Banstead Tuesday Club – a weekday social club providing food, talks and exercise for those with dementia and their carers.
- Surrey Heath Veterans Listening Project – a drop-in service to support veterans and their families.

We were delighted to be able to support local organisations.

How we share

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard. We then share this with those responsible for planning and delivering services:

Commissioners and Providers

We meet with each of the hospitals in Surrey as well as commissioners and providers of mental health services, adult social care services and public health to share the most talked about things that people tell us, in order for the Hospitals to learn from and make improvements. We told one hospital that people who were hearing impaired found it difficult to access the hearing loop system at the pharmacy, and staff wearing face masks made it impossible to lip read. This was shared with the head of pharmacy to ensure that staff were made aware of people's communication needs. Teaming up with others, we were able to signpost vulnerable people onto extra care, such as help with shopping or mental health services.

Within our community

We often hear experiences about challenges within local communities, particularly from people who are caught between services and are unsure how to move forwards. One such story came from a family awaiting a carers assessment following the discharge of an elderly relative into their care:

"We are 22 and 25 with no experience of caring for another person.... We have been asking for help since January and we have still not received the support we need. Instead of an assessment they sent a council worker to tell us that we need to pay for carers twice a day. We are in desperate need of help ... we have taken out a loan just to be able to afford food."

We shared this story with the local organisations involved who offered apologies to the family along with a willingness to learn: 'we will be supporting practitioners to learn from [this] family's experience to ensure we Improve communication and responsibility between teams to stop families being passed between multiple teams...'

We shared this with the family involved who were now able to access the care their relative required: "Thank you so much for helping us forward our concerns and making them heard."

Boards and committees

We are invited to, and attend, a multitude of boards and committees across Surrey to share insight from local residents (further details of these are on page 27). We were invited to the Children, Families Lifelong Learning and Culture Select committee, to feed back what we'd heard about children and young people's needs about their emotional wellbeing and mental health, the barriers to this, and any feedback on the new emotional wellbeing and mental health service. We reviewed our database of experiences, and reached out to partner organisations, who brought together a small focus group of parents for us and we ensured that their feedback was heard.

Providing you with advice and information

At Healthwatch Surrey we have a Helpdesk ready to support and advise you regarding your health and social care concerns. We also provide an Independent Health Complaints Advocacy service to support you through the whole NHS complaints process.

Helpdesk

No. of enquiries through the year: 1,888

Help getting round barriers

Sasha* was in need of a covid 19 vaccination certificate. However, their GP was putting up barriers. Their situation was becoming increasingly problematic as this certificate was required as a condition of her employment. The delays in receiving the certificate put her at risk of losing her job. She contacted our helpdesk, who signposted Sasha to contact the Covid 19 Vaccination Support Line.

Outcome

Sasha has now received her certificate, and this has been passed on to her employer.

Feedback we have received about our Helpdesk:

"Thank you for your speedy reply with the information about [the local support group]. I am very impressed with the service I have received this afternoon, which is the first time I made contact after seeing the details about Healthwatch in [a local] newsletter."

If you have an experience to share with us or need information and advice, you can contact our Helpdesk via:

Phone: 0303 303 0023

SMS: 07592 787533

Email: enquiries@healthwatchsurrey.co.uk

Website: www.healthwatchsurrey.co.uk/feedback-centre/

Independent Health Complaints Advocacy

New enquiries: 304

Supported by an advocate: 160

Ensuring patients are heard

Emily* was admitted to hospital during the midst of the Covid pandemic after attending A&E requiring emergency dental treatment. She is a young adult with special needs and was very scared and nervous about hospitals with a fear of needles and other forms of treatment. While on the ward, Emily experienced numerous examples of poor staff behaviour. She experienced staff showing a lack of sensitivity towards her special needs not able to engage or communicate with her. Another patient on the ward was also abusive towards Emily and the staff did little about this. Staff were abrasive about her carer being allowed to be present with her on the ward.

The whole experience was very traumatic and damaging to Emily, leading her to believe that staff didn't care about her.

(*Names changed to protect people's identity)

Outcome

Following the support of the advocacy service, the hospital apologised and has taken steps internally to speak to the staff involved and to arrange for additional training for them relating to special needs patients. Policies are also being reviewed to ensure other patients with special needs being admitted through A&E do not experience similar insensitivities or problems in the future.

"I just wanted to put in writing how much I have appreciated the advocacy support you gave me, at a time when I felt very vulnerable and needed help. I believe that I may not have had a successful outcome, if it hadn't been for your intervention and support."

If you need support to make a complaint about NHS care our free, independent advocacy service is provided by Surrey Independent Living Council (SILC).

Phone: 01483 310500

SMS: 07704 265377

Email: nhsadvocacy@surreyilc.org.uk

Our volunteers

Our diverse group of volunteers continue to support us in a variety of ways to ensure people's voices are heard. This might be by representing us at meetings, supporting us at community engagements or informing us of news in their local areas.

"Engagement is a great way to feel the pulse of service users first -hand. I really enjoy interacting with the public to hear their experiences which can then be fed back to the providers which can lead to change."

Our volunteers support us in a wide variety of ways:

- Supporting our Engagement team at events
- Undertaking surveys (example below)
- Enter and View – engaging with people (and relatives) in care homes to gain their views and opinions about living there
- Scrutinising papers ahead of meetings attended by our team, such as the Health and Wellbeing Board and the Quality and Performance Board
- Reading local NHS providers' Quality Accounts to help us stay abreast of key issues and their priorities
- Representing us at meetings
- Supporting us with building relationships with our partners within the NHS and with voluntary and community groups in their local area.

Supporting hospitals to engage with patients

Our volunteers were present in the hospitals' emergency departments over three days to promote and distribute a survey to establish whether patients had consulted 111 prior to heading to A&E whilst we supported both Epsom Hospital and East Surrey Hospital in engaging with their patients as part of the 'Think 111' campaign. We were also able to hear about waiting times and their experience of the emergency pathway.

The results from this feedback have led directly to improving the urgent care pathway, particularly to the marketing NHS 111 as well as broadening of IT services to offer more clinical teams the option to book slots in A&E.

Young Healthwatch

Young Healthwatch are a group of volunteers aged 16-25 who are focused on listening to children and young people's views of health and care. They support our community engagements, as well helping with our thematic priority research, as well as providing us with insights on services that support children and young people. They also develop and run their own research projects to reach out and support young people in having their views on health and care services heard. Young Healthwatch were nominated for a Healthwatch England Award for their role in the 18-25 Mental Health Transformation Project.

"I spent a morning on an engagement recently. It was a relaxed environment to sit down with a cup of coffee and speak to local people about their experiences of health and social care. People were friendly and pleased to chat, I really enjoyed interacting with lots of different people. I look forward to my next engagement"

Top three priorities for 2022-23

1. Amplifying the voice of care home residents and their carers, using our Enter and View powers
2. Highlighting the experiences of those at risk of health inequalities through our community engagement strategy
3. Supporting young people to have their voices heard.

About us

Healthwatch Surrey, GF21, Astolat, Coniers Way, Burpham, Guildford GU4 7HL
Healthwatch Surrey uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Our Healthwatch board consists of 9 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met 12 times and made decisions on matters such as the refreshing of our annual priorities and agreeing our annual work plan with its associated budget. We ensure wider public involvement in deciding our work priorities. We code and analyse all the insight that is shared with us by the public and our escalations panel (which includes volunteers) meets on a regular basis to review themes arising from the insight, which in turn informs our work. Our annual workplan is drawn up following engagement with our local volunteer groups. They also help shape our outreach priorities for engagement in their local area helping us to identify those who are less well served and at risk of health inequalities.

Boards and Committees

In 2021-22, we attended and shared insight at the following boards and committees:

- Place Based meetings, boards and committees
- Health and Wellbeing Board
- Adults and Health Select Committee
- Children, Families, Lifelong Learning and Culture Select Committee
- System Board
- Carers Partnership Board
- Mental Health Delivery Board
- Ethics Committee
- Quality and Performance Board (Surrey Heartlands) and Frimley ICS Quality Collaborative (Frimley) and place-based quality committees
- Primary Care Commissioning Committees for Surrey Heartlands and Frimley
- Surrey Priorities Committee
- Health Equalities & Inequalities Group
- Governing body of Surrey Heartlands CCG
- Surrey Heartlands Health & Care Professional Executive.

000809-15

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

31.03.2022

(The date format is required in full)

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.

(If applicable, please just state "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? If there has been no consultation, this should be made clear.

A social audit report covering these points is attached.

(If applicable, please just state "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). If no remuneration was received you must state that "no remuneration was received" below.

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. If this does not apply you must state that "no transfer of assets other than for full consideration has been made" below.

no transfer of assets or other consideration has been made

(Please continue on separate continuation sheet if necessary.)

PART 5 – SIGNATORY (Please note this must be a live signature)

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

Signed



(DD/MM/YY)

Date

30/07/2012

Please note that it is a legal requirement for the date format to be provided in full throughout the CIC34 report.

Applications will be rejected if this information is incorrect.

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, 4th 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

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