

Company Registration No. 08737632 (England and Wales)

HEALTHWATCH SURREY C.I.C
UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2021
PAGES FOR FILING WITH REGISTRAR

THURSDAY



AAF489AH

A04

14/10/2021

#2

COMPANIES HOUSE

HEALTHWATCH SURREY C.I.C

CONTENTS

	Page
Accountants' review report	1
Balance sheet	2
Notes to the financial statements	3 - 6

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 2021 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 2021, 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

13/10/21

The Courtyard
High Street
Ascot
Berkshire
SL5 7HP

HEALTHWATCH SURREY C.I.C

BALANCE SHEET

AS AT 31 MARCH 2021

	Notes	2021 £	£	2020 £	£
Fixed assets					
Tangible assets	4		3,419		2,322
Current assets					
Debtors	5	3,191		45,286	
Cash at bank and in hand		243,546		149,275	
		<u>246,737</u>		<u>194,561</u>	
Creditors: amounts falling due within one year	6	<u>(59,231)</u>		<u>(96,090)</u>	
Net current assets			187,506		98,471
Net assets			<u>190,925</u>		<u>100,793</u>
Reserves					
Income and expenditure account			190,925		100,793
Members' funds			<u>190,925</u>		<u>100,793</u>

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

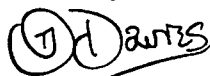
For the financial year ended 31 March 2021 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

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 8/10/2021 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 2021

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, 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.

HEALTHWATCH SURREY C.I.C

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

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 Retirement benefits

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

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.

HEALTHWATCH SURREY C.I.C

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

3 Employees

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

	2021 Number	2020 Number
Total	17	19

4 Tangible fixed assets

	Fixtures and fittings £	Computers £	Total £
Cost			
At 1 April 2020	1,166	21,339	22,505
Additions	-	5,129	5,129
At 31 March 2021	1,166	26,468	27,634
Depreciation and impairment			
At 1 April 2020	1,166	19,017	20,183
Depreciation charged in the year	-	4,032	4,032
At 31 March 2021	1,166	23,049	24,215
Carrying amount			
At 31 March 2021	-	3,419	3,419
At 31 March 2020	-	2,322	2,322

5 Debtors

	2021 £	2020 £
Amounts falling due within one year:		
Trade debtors	2,973	45,180
Other debtors	218	106
	3,191	45,286

HEALTHWATCH SURREY C.I.C

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

6 Creditors: amounts falling due within one year

	2021 £	2020 £
Trade creditors	342	51,486
Taxation and social security	-	4,468
Other creditors	58,889	40,136
	<u>59,231</u>	<u>96,090</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:

	2021 £	2020 £
	<u>18,288</u>	<u>-</u>

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

31/03/2021

(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

08/09/2021

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)

**Healthwatch Surrey CIC
Company Number 08737632**

**Social Impact Report
01/04/2020 to 31/03/2021**

	Page
Message from our Co-Chairs and CEO	2
Our priorities	4
Highlights from our year	4
Adapting our engagement approach during the pandemic	5
How we are acting on local concerns	7
Ensuring feedback from local people helps to improve care for all	11
Top five areas that people have shared experiences about	13
Our Volunteers	15
Supporting people to make a complaint	17
Thank you	18

Message from our Co-Chairs and CEO

We would like to thank all the health, social care staff and other key workers who have helped care for us during the COVID-19 pandemic. We would also like to thank the Healthwatch Surrey staff and volunteers for all the work they have carried out over the last year under challenging circumstances. Last, but by no means least, we would like to thank all those who have continued to share their experiences of health and social care services with us, in the belief that every individual story shared can help to improve services for everyone.

The heart of what we do is talking face-to-face to people across Surrey, and hearing about their lives and experiences of services, so this year we have faced real challenges. We have had to find other ways of hearing from people, particularly those who are at risk of health inequalities, and those who may be digitally excluded. We have also had to re-examine how we can effectively influence a system which is under great pressure and facing an increase in demand. We believe, with the staunch support of our Healthwatch volunteers, that we are well on the journey to making this happen.

At the start of the year, we reviewed our workplans to ensure we were using our resources to help the system effort as much as possible. We decided the most important roles we could play during the pandemic were to:

- Help provide information, advice and signposting about accessing care
- Help get NHS and Public Health messaging out to all our communities
- Continue to be an independent conduit for feedback across all services
- Share insight, and continue to champion the patient/public perspective, but with an understanding of system pressures and the need to prioritise
- Advocate for robust public engagement to be integral to recovery and ongoing transformation
- Continue to offer support through our Independent Health Complaints Advocacy service.

We put on hold some of our longer-term project work in order to concentrate on providing regular updates on insight we were hearing from the public in regard to the impact of COVID-19 on access to care and more recently the vaccination programme. We have spoken up about equitable access to care; the importance of clear communication to patients on waiting lists; the necessity of ensuring that users of Adult Social Care services feel safe in giving feedback about their care; views of Surrey families about care home visiting and hospital visiting restrictions; and shared insights about how conversations about resuscitation have felt to patients.

We are particularly proud of the accolade we won from Healthwatch England in recognition of the work of our volunteers who worked alongside staff at Royal Surrey County Hospital to ensure communication to families after a serious incident was as clear, person-centred and accessible as possible.

This year we've established our Young Healthwatch volunteer group, who are helping us hear the voice of young users of health and care services. Residents and users of health and care services in Surrey will, of course, continue to face challenges going forward, and Healthwatch Surrey needs to continue to amplify their voices.

- The various impacts of the pandemic and lockdown on citizens' wellbeing are complex and long-term. The independent support we help to provide via listening, information, advice and advocacy support will be vital
- Further variants of the virus, combined with the backlog of people on waiting lists, will challenge our health and social care system at the same time as it deals with further structural changes. Rapid changes to some services have been necessitated by the pandemic. Other changes, such as the development of local "place" systems within larger Integrated Care Systems, and the complexities about governance and accountability, are happening at the same time. The one constant for Healthwatch in all of this is the importance of keeping patients, service users, families and carers at the heart of change and ensuring genuine involvement across the system
- Unresolved national decisions about long-term plans for the future funding of social care mean that services will remain under-resourced, and our role as an independent conduit for service user voice and feedback must remain a priority
- The impact of COVID-19 on those in Surrey who were already at risk of health inequalities means that our links into communities, and our skills in listening and seeing the interplay between health and care, and wider aspects of people's lives, will be a key resource to the system
- The restructuring of the health and social care landscape will place even greater demands on Healthwatch Surrey. We will continue to build effective volunteer groups in each "place", and encourage partnership working with the vital VCFS (Voluntary, Community and Faith Sector) organisations and other community groups to help us deliver on our remit
- Most importantly, we will continue to ensure that local voices are heard and involved in local decision making.

Deborah Mechaneck, Co-Chair and Non-Executive Director
Jason Davies, Co-Chair and Non-Executive Director
Kate Scribbins, Healthwatch Surrey CEO

Our priorities

Hearing more

- Listening to people, making sure their voices are heard
- Including everyone in the conversation, especially those who are at risk of health inequalities

Sharing more

- Analysing people's experiences to learn how to improve care
- Acting on feedback and driving change
- Sharing insight in the right place, at the right time

Thriving

- Working with our VCFS partners and the system generally to make care better whilst retaining our independence
- Championing public involvement in system change
- Being a respected and valued critical friend

Highlights from our year

We published 16 reports and insight bulletins, reporting on what local people shared with us. These included:

This year people shared: 5,078 experiences of health and social care with us.

We provided advice and information to 2,494* people this year.

13,724** people **contacted us for information**, support and advice during the COVID-19 pandemic this year.

Responding to the pandemic:

- Monthly insight bulletins
- 3 dedicated COVID-19 related reports
- Citizen Experiences of Accessing Healthcare during the COVID-19 crisis (in partnership with Surrey Heartlands CCG)
- Adult Social Care Insight Report
- Dentistry report

We shared insight with all of the hospitals, the mental health trust, Adult Social Care, GP Commissioners, Public Health, the Care Quality Commission, Commissioners of Childrens Services and the Adults and Health Select Committee.

51 volunteers helped us to carry out our work. In total, they contributed 2,395 hours of their time.

We received £496,284 in funding from our commissioner, Surrey County Council, in 2020-21 (the same level as 2019-20).

Adapting our engagement approach during the pandemic

We have worked hard this year to ensure we obtain the views of people from diverse backgrounds, including those who are at risk of health inequalities and may be less well-served by health and care services. We have used a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services.

In the past year we have had to quickly adapt our engagement techniques to incorporate virtual engagement, joining many groups via a range of new platforms. Some examples of these include:

*Includes Helpdesk, Advocacy and local Citizens Advice

**Includes engagement, Helpdesk, Advocacy, local Citizens Advice and unique visitors to our website

Virtual focus groups and virtual coffee mornings

We facilitated an online focus group with Liaise (a women's centre for vulnerable women in North-West Surrey) which included refugees and asylum seekers. They shared their challenges of accessing health care during lockdown. We used Zoom as not all attendees were able to join via video so participants could use the video or telephone option.

We teamed up with Action for Carers and the Mary Frances Trust to join their Zoom coffee mornings and 'Give Carers a voice' sessions. We talked to carers and those with mental health conditions, who told us about access to vaccinations, accessing mental health services and visiting in care homes.

MelaNoMore skin cancer patients and Diabetes patients from Guildford & Waverley invited us to their virtual monthly coffee morning. We also heard from Dementia patients and their families in Banstead with Age Concern and BME worshippers in Redhill with the Surrey Minority Ethnic Forum via their virtual groups.

Family Voice invited us to two online sessions with their group of parents of children with additional needs. We joined a Work Stress Solutions coffee morning to hear from those who were being affected financially on low incomes and with mental health conditions.

Our continued relationship with Surrey Heath Veteran Families meant their experiences were included as part of the insight shared with Surrey Heath CCG.

Gaming Platform Online messenger

We joined Blossom (an LGBTQ+ group for 18-25 year olds) for an online messaging session on the gaming platform Discord. We heard about their recent experiences accessing mental and sexual health services.

Telephone interviews

We held telephone interviews with elderly residents of the extra care setting Anvil in East Surrey and a retirement village and nursing home at Whiteley Village in North-West Surrey. We shared the findings about isolation due to a lack of visiting as part of our update to CQC adult social care inspectors.

WhatsApp

We used WhatsApp as a means of sharing experiences for the first time during the last year. We found this was an easy way for people to upload images and videos alongside experiences. We also used WhatsApp to coordinate our Focus Group with Liaise.

Leaflet inserts / care packs

Working with 5 main food banks, we delivered bespoke leaflets that could be inserted into a family's food parcel. The leaflet communicated different ways someone could share an experience with us, and was distributed in Woking, Godalming, Camberley, Hart & Epsom. We also supplied Woking food bank with 100 care packs for families in the area which contained a leaflet, QR code and details of how to share an experience with us.

QR Codes

We added QR codes to our flyers and banners to make it easy for people to access our feedback forms. We created a series of bespoke flyers communicating the different ways in which people could share their experience with us. These flyers were shared with different groups and patients in Surrey including: people living with cancer and mental ill health, carers, maternity/pregnancy, young people and older people.

To maximise our potential to hear lived experiences we use social media to gather local intelligence. We have a presence on local Next Door and Facebook community groups. We also displayed banners and posters at vaccination centres across Surrey and featured in local magazines, on community websites and BBC Surrey radio to reach those who are digitally excluded. Throughout all our engagement activities, we signpost to information and advice services including our Helpdesk and Independent Health Complaints Advocacy Service. What we hear from the public is analysed and the insight is shared regularly through our 'What we've heard' meetings with providers, commissioners and regulators.

Just some of the organisations we've teamed up with:

- Action for Carers Surrey
- Epsom & Ewell Foodbank
- MelaNoMore
- Liaise Women's centre
- Woking Foodbank
- Housing 21
- The Besom Camberley
- Mary Frances Trust
- The WI inspiring women

- Veterans and families listening project
- The Whiteley Homes Trust
- Work stress solutions
- Godalming town council
- Hart foodbank
- Surrey Minority Ethnic Forum
- Age Concern
- Diabetes UK
- Blossom

How we are acting on local concerns

Helping ensure patients on waiting lists receive good communications

As longer waiting lists for some types of care/treatment will be with us for some time now, it is really important that patients receive clear communications, know where to go if they have concerns and find it easy to get in touch with those in charge of their care. We've been raising the issue of good communications consistently with decision-makers throughout the year. Communication was a key issue raised by our national Chair, Sir Robert Francis, in his evidence to the UK Government Health and Social Care Select Committee (HSCSC) inquiry into 'Delivering core NHS and care services during the pandemic and beyond'.

Over 60 local Healthwatch (including Surrey) shared their intelligence which was collated for the inquiry. We shared our insight directly with Jeremy Hunt as a local MP and the Chair of the HSCSC. Jeremy Hunt MP wrote to both the Health Secretary, Matt Hancock MP, and CEO of NHS England (NHSE) Sir Simon Stevens, to directly raise some of the concerns we raised with the HSCSC over the course of this inquiry. The HSCSC made a recommendation that "NHSE/Sir Robert Francis review, as a matter of priority, its communication strategy to patients." This includes communications about appointments as well as government guidance.

In January 2021, the National Institute for Clinical Excellence issued some guidance around good communication for patients waiting for care. Core principles have been developed with a range of patient groups, including Healthwatch. We wrote to all of the hospitals in Surrey to ask how they are planning to ensure that all Surrey patients get clear, person-centred communications in line with this guidance. We will be summarising their responses in Summer 2021.

Resuscitation: ensuring the concerns of vulnerable patients are heard

During May 2020, with stories around rationing of care in the media, we heard a small number of experiences relating to decisions around resuscitation.

We also heard from some voluntary sector organisations that some of their clients with disabilities were worried about "DNAR" (Do Not Attempt Resuscitation) instructions being used should they be admitted to hospital, without their wishes being taken into account.

This was a particular concern if someone was admitted to hospital alone without their carer or advocate to help make their wishes known. We shared these concerns with system partners and at the Surrey Heartlands Ethics Committee, as Surrey's Ethical Framework clearly states that a blanket approach is not appropriate and decisions

must be individual. The stories, along with the interviews we carried out for our report, "Planning Ahead: care home residents' experiences of advance care planning", highlighted three key things to watch out for when discussing "DNAR" with people.

The pandemic has seen an unprecedented need for people to make decisions about their future healthcare and resuscitation, and there will be many good lessons learned about how to ensure decisions are properly informed, truly consensual, and empowering. We do need to ensure that when time is short the basic principles of good practice still apply.

We shared our concerns with the Surrey Heartlands End of Life team and hospitals, and have escalated one detailed experience to a hospital, which has acted on what we've heard by using that real life example to improve good practice among frontline staff. We also ensured the stories people shared with us formed part of the CQC's review of DNAR which covered part of Surrey.

Highlighting concerns over reluctance to make Adult Social Care complaints

Healthwatch Surrey linked up with key local organisations, Age UK Surrey and Surrey Coalition, to share what we have heard from local people about Adult Social Care complaints at the Surrey County Council Adults and Health Select Committee in December 2020.

People's reluctance or fear in speaking up about their care is a concern and therefore we all need to do all we can to make this easy for people, to encourage feedback and to reassure that it will not impact on care. Adult Social Care has listened to our request for complaints and feedback mechanisms to be obvious in printed literature, which is now more prominent in their new "Listening to your views" leaflet.

We will continue to work on this, to find out how commissioners of home-based care, much of which is provided by private agencies, will ensure that feedback and complaints are encouraged and acted upon.

Amplifying local voices around care home visiting

As the pandemic developed, families and carers told us of their concerns over not being able to visit loved ones in care homes. We heard of inconsistencies between different homes in Surrey, that people's loved ones were deteriorating, and families feeling excluded from decisions over whether they are allowed to see their relatives.

Whilst we were mindful that this was down to national guidance, homes were expected to make person-centred decisions, and we asked Surrey County Council Adult Social Care how they were ensuring this was happening in our local area.

We also put the issue of care home visiting on the agenda of the Surrey Heartlands Ethics Committee and were able to ensure that resident, family and carer views were a key part of the debate.

Enabling rapid responses to people's fast-changing needs during the pandemic

The unfolding pandemic had a dramatic impact on health and social care services. The changes have been extensive, but they have also happened at speed and often without opportunities for patient consultation.

Our aim has been to ensure that the impact of these changes on people is fed back as quickly as possible, enabling providers to respond swiftly and effectively. Over the past year we have delivered people's feedback through surveys, by escalating clusters of experiences and through our monthly insight bulletins.

Our regular attendance at decision making forums such as the Surrey Heartlands COVID-19 Vaccination Stakeholder Reference Group, has ensured that the voice of local people has been at the table when decisions are being made.

Examples of issues we helped resolve include:

- People told us that text messages for COVID-19 vaccinations assumed the recipient would be able to make their booking using their smartphone. For the early elderly groups many recipients did not have a smartphone or were not able to use it to make the booking. Text messages were changed to ensure alternative booking methods were clearly communicated.

- We surveyed people waiting for their second vaccination to understand what questions they had about their second jab. These were fed back to commissioners and informed the content of their COVID-19 Vaccination FAQ pages.

We were also able to feed back the many positive stories we heard about people's experiences of the vaccination programme. This supported the spread of good practice across vaccination sites and helped ensure important elements of the programmes were sustained.

Meeting people's needs from their GPs during the pandemic

While the move to digital primary care access had already begun in response to the NHS Long Term Plan, the pandemic triggered a transformation. GP services switched almost overnight from demand-led appointments booked by phone and held face-to-face at the surgery to Total Triage, a wide range of booking approaches (including out-of-hours messaging) and consultations by phone and video as well as face-to-face.

Early in the pandemic our volunteers undertook a "patient messaging on GP websites" survey to assess the different messaging relating to the pandemic, and whether the ability for patients to contact the surgery electronically (when closed) had been removed from their websites. The findings from the survey were shared with Surrey Heartlands in July 2020.

For many the switch to new processes was very welcome. At the same time, GP appointment demand was depressed in the early months of the pandemic and as a result we were able to pass on people's thanks and praise for the flexibility, safety and speed of the services they were receiving.

However, we were also hearing that the new processes, with their emphasis on digital technology, were putting some people at a disadvantage – often the groups with the highest needs such as the elderly and people with multiple long term conditions. It was crucial that their voices were not drowned out and that the system worked to remove the barriers to care that they were experiencing.

In September 2020 we asked for assurance from Surrey Heartlands that the patient response to new GP processes was being appropriately tracked. We were provided with assurance that patient satisfaction was being measured, that views of the digitally excluded were being sought and that Patient Participation Groups (PPGs) had been consulted.

Throughout the year our insight bulletins, What We've Heard meetings and escalation cases have continued to share the challenges people were facing around triage, remote consultations and digital exclusion. In one example we heard from patients that a GP surgery had closed without notice, we raised the issue with the CCG and were assured that communications were being revisited to ensure patients were appropriately informed.

From our extensive listening over the past year Healthwatch Surrey have identified three very distinct issues for NHS Commissioners to consider, requesting care, triage and consultation, and we look forward to continuing to support citizen input to this important piece of work over the coming year.

Helping you get access to dentistry

Since the start of the pandemic we have seen a marked increase in enquiries about dentistry. This year our Helpdesk has helped over 100 people with such enquiries. We've heard about difficulties getting emergency treatment; in finding dentists to take new NHS patients; and in getting NHS treatments from people's usual dentists. We've heard about people's frustration that they thought they were on a dentist's "list" as they had visited before, but that "their" dentist would no longer treat them as they hadn't had a check-up for some time. We think there is patient confusion about this, as it differs from the way in which GPs work.

Many of these issues have been due to restrictions caused by new COVID-19 protocols as dentists are required to clean and air the treatment room for lengthy periods between patients, which causes a reduction in the number of available appointments per day. We had a useful meeting with our Local Dental Committee where we heard about the pressures from the dentists' point of view.

Due to the volume of concern raised nationally, Healthwatch England has called for a radical re-think on NHS dentistry, talking of the twin crisis of access and affordability and the fact that many of those most impacted by COVID-19 and at risk of health inequalities are least likely to be able to afford private treatment.

"Reform of dental contracts needs to be a matter of urgency for this Government. New arrangements should include making access to NHS dental services equal and affordable for everyone, regardless of where people live, their income and ethnicity. Failing to act now will result in long-term harm for thousands of people, putting even greater pressure on the already overstretched healthcare system." — Imelda Redmond CBE, National Director of Healthwatch England

Meanwhile we've helped local people by:

- Advising and signposting those seeking urgent NHS dental treatment to the additional access sessions which were made available in the South East Region
- Ensuring that problems with access and people's concerns are highlighted in our local system regularly through our regular reports and meetings. Whilst Healthwatch England has been working at a national level to raise these issues, we've been working on them locally.

"I am not able to find a dentist providing new NHS check-up appointments in my area. I have called over 20 dental surgeries. I do need a check-up ASAP. Please can you help me find a dental surgery accepting new NHS patients?"

Ensuring feedback from local people helps to improve care for all

During the past year we have been able to continue to share insight from the public about NHS and social care services in a wide range of reports and meetings. Our job is to make sure the voice of people in Surrey is heard. One of the most meaningful ways we do this is by taking that voice to high level meetings - those that decide strategies for Surrey, and those that oversee the quality of services.

In the past year we've attended and shared insight at the Health and Wellbeing Board, the Adults and Health Select Committee and the Heartlands Quality and Performance Board on a regular basis in addition to a wide range of other meetings. We also hold regular meetings with the key commissioners and providers in Surrey to ensure what we've heard is shared with the people who make decisions.

Hospitals

We have met with all of the hospitals* in Surrey to share patient experiences about services to help the hospitals learn and make improvements.

"It was good to have visibility of the information you have about people's views and experiences of our services." - Chief Nurse, Surrey and Sussex Healthcare NHS Trust

Throughout the year, we have shared people's experiences of the changing rules to visiting. We were told by one hospital that *"...we do have a work stream underway to improve family updates and we will use [Healthwatch Surrey's] valuable feedback to inform this crucial work."*

People have also been telling us about their experiences of remote consultations that became more common due to COVID-19 restrictions. One person told us of their experience of receiving care for an eye condition. We shared this with the hospital who evaluated the eye care pathway to see how to improve the service for patients. They told us that this experience would be shared with junior doctors to inform future best practice: *"Reflecting on this episode, this case is a lesson for all the junior doctors where they try to manage without getting proper consultant input. This case will be discussed with the junior doctors."*

The past year has been extremely challenging for NHS workers and we have heard about their hard work to keep services running for patients. *"I was rushed into hospital. Treated immediately with wonderful staff - Ambulance Paramedics, Nurses,*

Doctors and even cleaning staff who provided a very welcome breakfast. Returned home with necessary drugs, advice, contact details and reassurance. All went above and beyond. Can't thank them enough." We have also shared people's thanks and gratitude which was helpful for hospitals to hear: *"Thank you for sharing all of the positive experiences as well as those that we can make improvements to. I have asked for feedback from staff involved in the different areas."*

One family told us that they were unable to visit their relative due to the restrictions in place and they shared the challenges in communicating with staff under a Power of Attorney and finding out about the patient's care. They were particularly concerned about not being consulted as part of the ReSPECT programme. We escalated these concerns and asked for the hospital to reiterate to staff the importance of including a person and their family as part of the ReSPECT process. The family are now being supported by the hospital PALS service and the hospital agreed it was extremely important to involve family in discussions about ReSPECT and will be sharing this message with its staff.

Adult Social Care

We have regularly met with the Adult Social Care team at Surrey County Council to share feedback about their services. They told us that "These experiences are really useful when demonstrating the importance of integration as they add the emotional 'human' aspect."

We highlighted experiences we heard from those in care homes during the pandemic, emphasising the differences in visiting restrictions across providers, and sharing the challenges faced by residents and residents' families during the pandemic.

People will often share their experience in the hope that it will help improve services for others; or they want someone to listen to them; or they want to know if there's anything more they can do to help a loved one. However, they are often reluctant to make formal complaints to those who provide the services.

We have worked with Adult Social Care to do all we can to make this process easy for people. Adult Social Care has listened to our request for complaints and feedback mechanisms to be obvious in printed literature, which is now more prominent in their new "Listening to your views" leaflet.

Surrey and Borders Partnership

We have also been able to regularly share people's experiences of accessing mental health services in Surrey with Surrey and Borders Partnership NHS Foundation Trust (SABP).

One person told us about their struggles to access consistent care across many mental health services over a number of years. We were able to share their story with SABP who were very sorry to hear of their difficulties and provided reassurance that this was in part due to a one-off service change and that they would *"share this experience with the care team and hold a reflective session based on this feedback."* We have also been able to put SABP in touch with people whose experiences have been of a particular concern, for them to be resolved directly.

Care Quality Commission

We have worked closely with the Care Quality Commission (CQC) throughout the year and have shared people's experiences to help inform their inspection processes. In addition, we have also contributed to their DNAR and Cancer Provider Collaboration Reviews.

As part of our close working relationship with the CQC inspectors, we have also collaborated to ensure that any urgent concerns during the pandemic have been acted on. To improve services for service users and their families we recently shared feedback regarding care homes and domiciliary care agencies which the CQC investigated. We shared an experience of a domiciliary care provider which resulted in improvements to the provider's *"openness and communication to resolve issues in a more timely way"* (CQC Adult Social Care inspector).

Thank you to everyone who has shared their experiences with us so that we have been able to help improve services for other people going forward.

Top five areas that people have shared experiences about:

- General Practice
- COVID-19 testing/vaccinations
- Dentistry
- Emergency care
- Mental health

General Practice

Ernie* is in his 80s. He told us that his GP surgery had been temporarily closed due to COVID-19 but he only found out when he saw a notice pinned on the door. He phoned 111 to try and find out why it was closed and was told to register online with an alternative surgery which he found very difficult, but managed to do. He also requested a flu vaccination.

After a few days, he had not had a response, so he contacted Age UK who helped him to get an appointment. He then contacted Healthwatch Surrey for advice on how to make a complaint.

We shared his experience with Surrey Heartlands commissioners who told us that *"The CCG is working with the practice to ensure that the communication is revisited and that it is clear for patients, ensuring this reduces any concerns on how patients access Primary Care services."*

COVID-19 testing/vaccinations

As the COVID-19 vaccination roll out got underway, we regularly shared feedback and insight with those overseeing the process.

We shared people's positive experiences of the process e.g. *"a very efficient and well run experience."*

This was important for people working on the vaccinations to hear:

"Good to see the positive messages as the vaccination programme team is working night and day and weekends to vaccinate our priority groups in a complex and changing (daily) landscape."

We also shared issues that people were facing: *"There were steps to enter the building and no ramp available which was an issue for some people."* Information about accessibility were shared with those leading the vaccination sites to address for people to attend going forward.

Providing details of emergency dental hubs

Saanvi* was having problems with her wisdom tooth and was in some pain, but she was having difficulty finding an NHS dentist. She had tried searching online and calling, but the dentists she had spoken to told her that they had filled their quota for new patients.

We advised Saanvi on how to access dental information on the NHS website, including the customer contact centre. She was also advised of the NHS emergency hubs and the additional sessions put in place during the COVID-19 pandemic and how to access them. Saanvi felt she had enough information to be able to access treatment.

Emergency Care

Beth* has a number of underlying health conditions and was admitted to hospital as an emergency due to suspected COVID-19. She spoke highly of the treatment and care that she received, but during her admission she was asked to reconsider the DNAR decision on her ReSPECT form which caused her a lot of distress.

"I can hardly speak for coughing and whilst choking out my indignation, with tears pouring down my cheeks trying to get breaths, I was attempting to justify why I should be allowed to live!? It is beyond terrifying for those who are unlucky enough to be stricken. You have to decide there and then. I was choking and crying and trying to articulate myself as I do NOT want to die from this disease and have every intention of getting home safe and sound so I can hug [my loved ones] and celebrate our freedom when permitted. It was utterly humiliating and so frightening and I was totally unprepared for that kind of confrontation."

We shared her experience with the hospital who were *"very saddened to [hear this] and can appreciate how frightening this must have been for the lady."* The hospital wanted to follow up with Beth directly, however, she did not feel ready at that time to talk to them. The hospital told us that a new audit to review the quality of the documentation and the recording of the discussions was planned, and that Beth's experience *"has prompted a review of the questions in the audit"* and is being used as part of training on ReSPECT forms within the hospital.

Mental Health

Linda* told us that her teenage daughter had been detained under the Mental Health Act and was currently in an assessment suite that was inappropriate for adolescents. We shared Linda's concerns with the service provider who assured us that they were in frequent communication with the family as well as having daily escalation calls with NHS England, and that she would be transferred as soon as an appropriate bed

was available. They also confirmed that they would be undertaking a serious incident investigation to learn from the experience.

Volunteers

At Healthwatch Surrey we have been supported by 51 volunteers this year who have helped us find out what people think is working and what improvements people would like to make to services.

This year our volunteers:

- Helped people have their say from home, supporting us with virtual listening events and telephone interviews.
- Attended 37 different virtual boards and public meetings to represent local people, share our insights and champion high-quality public engagement.
- Worked together across their local area groups to undertake desk-based research, looking at the information available on GP websites and finding out about day care provision in Surrey.

Co-producing a Young Adults Community Mental Health Transformation Programme:

Report by Young Healthwatch volunteers, Alice Walker-Earwicker and Paris Wilson. Since November 2020 members of our Young Healthwatch have been involved with a Young Adults (18-25) Community Mental Health Transformation Programme. This is a 3-year programme across Surrey Heartlands ICS and Frimley ICS, funded by NHS England. Our volunteers are involved as members of a Young Adult Reference Group (YARG): a group open to young adults who have experience of accessing mental health services.

At Healthwatch Surrey we have been supported by 51 volunteers this year who have helped us find out what people think is working and what improvements people would like to make to services. Healthwatch Surrey | Annual Report 2020-2021 16

The programme has been designed with a co-production approach in mind and YARG ensures that the voice of young adults remains at its centre. Alongside the Healthwatch Surrey Citizen's Ambassador for Mental Health, members of YARG co-wrote the consultation questions, giving input into the priorities and language used. They also had the opportunity to attend a focus group to share their personal experiences and perspectives on the proposed change ideas.

The next stage of the programme will see the creation of 'task and finish groups' to develop each of the consultation recommendations. Our volunteers will have the opportunity to be part of these groups to ensure the direction and focus remain in line with the views of young adult service users.

Our Young Healthwatch volunteers have also been approached, through the YARG, by a variety of mental health and wellbeing services to consult with them, giving a young adult perspective on their engagement and provision.

Services include:

- IAPT/TalkPlus
- Surrey Virtual Hub

- Safe Havens
- GPIHMS/MHICS
- Primary Care Personality Disorder Services

Alice and Paris have also had the opportunity to give presentations about the programme and their personal experience of accessing services to various stakeholders and committees such as the Council of Governors in Surrey and Frimley, the Adult and Health Select Committee and NHS England. We would also like to thank the other Young Healthwatch volunteers who are also involved: EriOluwa Oyedele, Jade Tik Man Li and Rida Haider.

Healthwatch Surrey volunteer Liz Sawyer chairs LeDeR Mortality Review

People with a learning disability often have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. Too many people with a learning disability are dying earlier than they should, many from things which could have been treated or prevented.

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what can be done to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities. By finding out more about why people died we can understand what needs to be changed to make a difference to people's lives.

In a LeDeR review, someone who is trained to carry out reviews looks at the person's life and the circumstances that led up to their death and makes recommendations to the local commissioning system about changes that could be made locally to help improve services for other people with a learning disability.

They look at the GP, social care and hospital records and speak to family members about the person who has died to find out more about them and their life experiences.

The LeDeR review meetings are chaired by our volunteer Liz Sawyer and have representation from Primary Care, Acute Trusts, Adult Social Care, Safeguarding, Commissioning, Surrey and Borders Partnership Trust, Pharmacy representative, Local Area Contact for LeDeR and the initial LeDeR Reviewers.

Highly commended at the 2020 Healthwatch Network awards

Our volunteers Jenny, John and Gareth were 'Highly Commended' at the national Healthwatch Network awards for their work reviewing and improving the serious incident reporting process for the Royal Surrey NHS Foundation Trust.

The group met 2-3 times a month throughout the project in 2019 to read and review confidential serious incident reports together as a team. They provided feedback to the report authors and the Head of Patient Safety before reports were sent out to the patients and their families.

They were asked to consider the clarity, tone and sensitivity of the reports, and whether any of the information contained could be considered misleading or

insensitive to patients. Some significant improvements have been made to the reporting process thanks to our team of volunteers:

- The report template has been reworked to make it reader friendly, accessible and less repetitive.

- The risk matrix which showed the likelihood of the event happening again has been removed. The risk matrix was upsetting to the families of patients who had died because of the serious incident, especially if the risk of the event happening again was described as 'low', as it seemed to some that the death of their loved one was an insignificant matter.

- Our volunteers worked with the authors to improve clarity. Some incidents span 1-3 years. The order of events was sometimes muddled and unclear in the reports. These major changes to the reporting template were shared with other hospital trusts in Surrey. Royal Surrey NHS Foundation Trust's Head of Patient Safety and Quality Simon Pawlin described the work done by our volunteers as "extremely valuable".

"At its most basic this project was a "purge of the acronyms" and making sure that any 'NHS-speak' was translated for the layman. More than this we tried to put ourselves in the position of the recipient, be it the patient or their next of kin who might often be elderly, confused or even angry about the incident." - HW Volunteer

Supporting people to make a complaint.

Our independent health complaints advocacy service helps people who want to make a complaint about an NHS service. We provide free, confidential, independent support and assistance to anyone living in Surrey who needs to make a complaint. During the last year, 145 people contacted our service for information and advice and 48 new referrals were supported through the complaints process.

During the pandemic many providers and the Parliamentary Health Service Ombudsmen (PHSO) put a pause on the complaints process. For providers that didn't pause completely, the complaints process was subject to delays. During this time our advocates worked hard to keep clients who were waiting for responses from providers up to date with wait times, and chased to progress those responses. We regularly updated our website with the latest information from all the providers and the PHSO detailing the status of their complaints process as it changed throughout the year.

Dale* needed support with his complaint regarding his referral for dental surgery. Dale's dentist made a referral to the Dental Institute on his behalf in December 2019. A response was not received until August 2020 in which Dale's dentist was informed the referral had been accepted and that an appointment would be issued in due course. However, an appointment was never received. His dental surgery followed up, but they were informed that the referral had now been rejected and Dale did not receive an explanation as to why the referral had been rejected.

Dale contacted our Advocacy service where an Advocate took time to understand the issues and drafted a complaint. Once the draft was approved by Dale, an email was sent to the provider and next steps were explained to Dale, including a follow up with the provider in 3 working days of sending the complaint. When our Advocate

received information from the provider relating the deadline for response, Dale was updated accordingly. The provider did not meet the deadline that was set initially, so our Advocate contacted them again. The provider then wrote a letter to Dale but did not give any further timeframe.

Our Advocate chased them again and received a response in December advising they would respond within 4 weeks. Dale received a call from the provider in December advising he had been offered a consultation in January. Following up with the provider in early January and again after 2 weeks, our Advocate received an email and telephone message from the provider in early February advising that the client had an appointment in February.

Dale was contacted after his appointment in February and decided to close the complaint as he no longer required our services. As a result of making the complaint, Dale had a consultation with the provider and an assessment was carried out. He also has a hospital referral for an in-depth assessment to hopefully have work done, including implants.

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 the 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 system including those on the Health & Wellbeing Board and Adults & Health Select Committee who have welcomed our presence and valued our feedback.

"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."