



# Healthwatch Surrey

Annual Report 2014/15

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Pictured: Nicola Borrow, Richard Davy, Lucy Finney, Gill Munton (SEAP), Philip Broad, Jane Shipp

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# Contents

<b>Contents</b> .....	<b>1</b>
<b>Welcome from the Chair</b> .....	<b>2</b>
<b>About Healthwatch Surrey</b> .....	<b>4</b>
<b>Empowering people with information and advice</b> .....	<b>6</b>
Helping people get what they need from local health and social care services .....	6
<b>Engaging with and listening to people who use services</b> .....	<b>7</b>
Understanding people's views and experiences .....	7
<b>A focus on: The Listening Tour</b> .....	<b>9</b>
<b>Experiences that people have shared with us</b> .....	<b>10</b>
Analysis of views and experiences .....	10
<b>Enabling people to shape and challenge decisions about services</b> .....	<b>11</b>
Improving the experience of booking GP appointments .....	11
Improving the experience of making NHS complaints .....	12
Seldom heard views of the Black & Minority Ethnic (BME) community .....	12
Seldom heard views of Young People .....	12
Putting local people at the heart of improving services .....	13
Working with others to improve local services .....	14
<b>Impact Stories</b> .....	<b>15</b>
Case Study One .....	15
Case Study Two .....	16
Case Study Three .....	17
Case Study Four .....	17
<b>Our plans for 2015/16</b> .....	<b>18</b>
<b>Our governance and decision-making</b> .....	<b>20</b>
Our board .....	20
How we involve the public and volunteers .....	20
<b>Financial information</b> .....	<b>21</b>
<b>Contact us</b> .....	<b>22</b>





# Welcome from the Chair



Welcome to the second Annual Report from Healthwatch Surrey. I hope that by reading the report you will get a clear idea of the work that

Healthwatch has undertaken over the last year along with a good sense of what people in Surrey have been saying to us about the Health and Social Care services they use and of the issues that concern them.

So whether you are a consumer, commissioner, or provider of services this report should be of interest and use to you.

The Health and Social Care system in Surrey is one of the largest and most complex in the country - with its two tier local authority structure of the County Council and eleven Borough and District Councils, six Clinical Commission Groups, five Acute Hospitals, three Community Health Service Providers and 132 GP Practices as well as a multitude of Independent Providers. This size and complexity has presented Healthwatch Surrey with one of its biggest challenges and has required us to develop a different approach to that taken by many other local Healthwatch organisations operating in smaller and less diverse environments.

Although our organisation is not yet fully matured and delivering in the way that I believe we can, we have made a great deal of progress. Evidence of this can be seen in the growing number of people who are contacting us to share their issues and concerns, the increasingly positive reception we receive from commissioners and system leaders, and the system and service improvements being pursued as a result of our reports on subjects such as GP Appointments, Views of Young People, Views of Black & Minority Ethnic Communities and Experiences of NHS Complaints. Credit for this progress must go to our staff, delivery partners, volunteers, board members and system partners. “Thank you” to each one of you for your contribution.



As we embark on our third year, extending our understanding of consumer concerns and requirements, Healthwatch Surrey is acutely aware of how the present culture and operation of many parts of the Health and Social Care system in Surrey is proving a block to real progress. While we see many projects and activities trying to address detailed service matters, we see very few addressing the key challenge of achieving cultural change.

It is my view that Healthwatch Surrey needs to see itself, increasingly be seen as, and be, a potent and positive catalyst to cultural change. We only exist because of evident failure of the system to take proper account of consumers of its services - and we will not be needed when the system culture is appropriately focussed on the people to whom services are delivered.

It is my hope and desire that with our dedicated volunteers, staff and delivery partners, we can work closely with system leaders, commissioners and service providers to effect this cultural change. Healthwatch Surrey's amplification of the voice of the consumer, ensuring that it is heard in all parts of Surrey's evolving Health and Social Care system, will help accelerate progress towards that end.



*Peter Gordon, Chairman*



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# About Healthwatch Surrey

**We are an independent organisation that gives the people of Surrey a voice to improve, shape and get the best from their health and social care services.**

Our aim is to improve health and care services and to foster a culture that puts people and their needs, aspirations and perspectives at the centre.

We do this by being an independent consumer champion ensuring that the voices of people in Surrey reach the ears of decision makers.

Whilst being part of the Healthwatch England national network, Healthwatch Surrey is a Community Interest Company led by a Board of Directors of whom a majority (including the Chair) are volunteer independent non-executives.

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## Our vision

**To improve health and social care services and outcomes for people in Surrey**

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We create rewarding volunteer experiences that attract local people who have the interest of others and the improvement of services at heart.

The personal contribution of these selfless and generous people is supported to ensure it is effective and in line with the values of Healthwatch Surrey. Moreover it is acknowledged and valued.

Volunteers are key to the way we **empower people with information, advice and advocacy** services. Helping people to get the most out of their health and care services.

Our volunteer roles also help us get beyond voices that are already being heard; engaging with and listening to a diverse range of people. People that would otherwise not be heard. Highly vulnerable people, disadvantaged groups and the general public.

They **listen to and engage with people** by participating in a proactive, diverse and innovative engagement programme. This is supported by a VOICE Network - a collaboration of voluntary, community and faith organisations - that harnesses the voice of representative organisations.

These volunteers then enable us to use the experiences and views we hear to **shape and challenge decisions about services**. They are armed with the plans, information, evidence, insight and platforms they need to do this.

We do this by publishing reports to raise awareness of experiences and views, making recommendations, escalating issues to other bodies and converting individual experiences into outcomes. We identify the impact in all that we do.

In 2014/15 there has been a voluntary contribution of approximately 4,590 hours from people interested in improving health and social care outcomes for people in Surrey.



Picture: Members of the Healthwatch Staff Team (from left to right):  
Julie Dallison, Katherine Leach, Matthew Parris, Lauren ter Kuile, Vanda Green



# Empowering people with information and advice

## Helping people get what they need from local health and social care services

People can access our information and advice services by telephone, text relay, SMS text, email or face to face by popping into any of the Citizens Advice Bureau in Surrey. Over 3,100 people accessed our information and advice services in the last 12 months.

3,108 people accessing information and advice services

**M** used our information and advice service. She is the main carer for her husband whose health condition suddenly deteriorated before Christmas. Their named GP had attended an appointment at their home and said that nothing could be done until after Christmas. We put her in touch with Surrey County Council who put a support package in place, including some much needed respite. This meant that **M** was able to continue caring for her husband and keep him at home.

**F** used our information and advice service. She works for the NHS and had an urgent referral from her GP to a service she had previously been referred to. Two years ago she was able to access this service in a neighbouring hospital, but has been told she cannot be referred again. She contacted Healthwatch Surrey to ask why. We signposted **F** to NHS England who were able to provide information on contracting arrangements and rights of NHS employees in this situation. She was also informed of her right to ask the GP to refer her to the CCG for an individual funding request.

Key outcomes for people contacting our information and advice Helpdesk included:

- 66% of people provided with information and advice
- 21% of people signposted to additional support services
- 6% of people signposted to NHS Complaints Advocacy

21% of people were signposted to additional support services





# Engaging with and listening to people who use services

## Understanding people's views and experiences

In order to take the voices of local people to the ears of decision makers, first we must understand what people are saying.

We have been able to reach out and communicate with approximately 490,000 local people in the last 12 months, which has led to 10,550 interactions with local people.

In the course of these interactions we have heard, documented and analysed 7,850 views and experiences from people that use services in Surrey.

Views and experiences have been shared with us through the following means:

- At events we have held or attended
- During research projects e.g. surveys
- Calls, texts and emails to our Helpdesk
- Website
- Leaflets distributed at events and displayed at service provider locations
- Face-to-face at one of our 13 partner Citizens Advice Bureau
- During Enter & View programmes

7,850 views and experiences shared

Through these channels we have heard the experiences of young people (353), older people (1,805), people that work /

volunteer in Surrey but don't live in the county (163), disabled people (981), people with a long term health condition (2,669) in addition to disadvantaged groups, vulnerable people and people we consider to be seldom heard.

There are a significant number of people in Surrey who we believe are seldom heard. The Healthwatch Surrey Board identified and prioritised two communities for 2014/15 with whom we did some focussed work. These were Young People and the Black & Minority Ethnic community.



Picture: Information stand at the Family Voice Conference



## Events

We attended and held over 50 events including:

- Listening Events on the merger of Royal Surrey County Hospital and Ashford & St Peters Hospital
- University of Surrey Wellbeing Fair
- Motor Neurone Disease Association

Each of these events enabled people to share views and experiences.

## Research Project: GP appointments

A survey of the experiences people are having of making GP appointments allowed us to hear from 1,111 people.

## Research project: The seldom heard views of Young People

Surrey Youth Focus enabled us to hear from 600 young people through a survey and two focus groups.

## Research project: The seldom heard views of the BME community

Working in partnership with Surrey Minority Ethnic Forum, through surveying and interviews, we were able to hear about the experiences of 467 people from the Black and Minority Ethnic community.

## Our Helpdesk, Website and Leaflets

Views and experiences were captured through our telephone helpdesk, website and leaflets displayed at service provider locations and distributed at our events.

## Citizens Advice Bureaux (CABx)

The majority of the views and experiences shared with us (5,453) have come from people accessing information and advice services in our partner network of CABx.

## Enter & view programmes

One of our statutory powers enables us to enter service locations and seek the views and experiences of people who we would otherwise not reach. Two programmes have been conducted this year;

### Stroke Rehabilitation Services

A series of Enter & View visits to service provider locations were conducted in December 2014 to find out how the experiences of patients accessing this service had changed following similar visits in November 2012.

### Dementia Care Homes

We heard about a number of negative experiences of Dementia Care Homes relating to provision of information, making a complaint and standards of care.

This service is provided to what we believe is a seldom heard and particularly vulnerable group of people. We explored this further with visits to eight service provider locations.

A number of recommendations will be made to commissioners and service providers following these visits.

## Demographics

Each quarter we review the extent to which we engage with different genders, ages, ethnicities and with people that have disabilities or long term health conditions.

In 2014/15 there has been good representation across these demographics with the exception of young people and people without disabilities or long term health conditions.



## A focus on:

# The Listening Tour

### *Seeking out views and experiences across the county*

The Listening Tour during September 2014 saw Healthwatch Surrey visit high streets, supermarkets and other public locations across the county to seek out views and experiences of local services.

The Healthwatch Surrey volunteers, board members and staff team were all aboard a double decker bus for one week in September 2014 to seek out people's views on health and social care services.



Picture: Epsom High Street

The bus visited high streets, supermarkets and other public areas in locations across nearly all boroughs and districts including Burgh Heath, Camberley, Caterham, Epsom (pictured), Godalming, Guildford, Kempton Park, Leatherhead, Oxted, Weybridge and Woking.

People were able to visit the bus for information and advice from Healthwatch and to talk to advisors from partner organisations such as the Citizens Advice Bureau, SEAP and Sight for Surrey.

During the week 2,618 people chose their top health priority from a selection of five options. The votes were cast as follows:

- Mental Health inc. Dementia - 888
- GP appointments - 496
- Treatment waiting times - 467
- A&E services - 453
- Paying for Social Care - 314

Mental Health including Dementia topped the poll in every location, with one exception; in Epsom & Ewell the top priority for people was their A&E services.

More than 252 people told us about their views and experiences of local services. 92 of these were about General Practice. 78% of the experiences we captured on this service focussed on 'Access to services', 72% of which were negatives.

We are using these experiences to inform our priorities and projects over the next year.

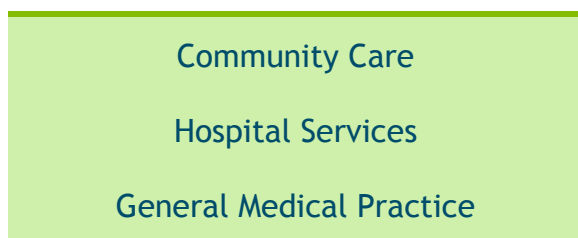


# Experiences that people have shared with us

## Analysis of views and experiences

We systematically capture and analyse the views and experiences shared with us to inform our priorities and support our work with decision makers.

In 2014/15 the services we heard about most frequently from people were:



For each experience we assign topics which enable us to identify emerging trends and themes.

A summary of what people have told us about these services follows:

### Community Care

People contacting us about these services referred to the following topics most frequently:

- Eligibility criteria (26%)
- Quality of care (8%)
- Liaison with other agencies (7%)
- Care assessments (7%)

Other topics mentioned included; 'Care at Home', 'Complaints' and 'Charges & payments'.

### Hospital Services

People contacting us about these services referred to the following topics most frequently:

- Clinical care (33%)
- Quality of diagnosis / care / treatment (14%)
- Complaints (10%)
- Discharge & aftercare (5%)
- Waiting lists / availability of care (5%)

Other topics mentioned included; 'Mental health issues', 'Diagnostic medicine', 'Staff attitudes / training / levels'.

### General Practice

People contacting us about these services referred to the following topics most frequently:

- Quality of diagnosis / care / treatment (15%)
- Administration / appointments (7%)
- Registration with GPs (7%)
- Communication with patients (6%)
- Complaints (6%)

Other topics mentioned included; 'Availability of care', 'Liaison with other agencies', 'GP charges'.





# Enabling people to shape and challenge decisions about services

## Shaping and challenging services

We enable people to shape and challenge decisions about local services by:

- Publishing reports to raise awareness of experiences and views
- Making recommendations
- Escalating issues to other bodies
- Putting local people at the heart of improving services

## Improving the experience of booking GP appointments

We researched the views and experiences of local people of making GP appointments, given the frequency that we heard from people about this topic.

The report '*Getting an appointment with your GP: Experiences of the people of Surrey*' was published in July 2014 and documented the findings of a survey of 1,111 people. It identified:

- Day of appointments; 34% of people have always or often been able to get an appointment on the day of their choosing
- Day or time of appointments; 37% of people have either rarely or never been able to get an appointment on either the day or at the time they would like
- Online booking systems; 78% of surgeries surveyed say they offer online booking whilst only 36% of

patients report that online booking is an option

- Preferred GPs; A third of respondents were able to book an appointment with their GP of choice either 'always' or 'often', and a further third were 'rarely' or 'never' able to book with their preferred GP
- Other comments; Complaints centre on having to phone at a set time, having to repeatedly hit redial, not being able to get through, getting cut off and the cost of phone calls
- Frustration with other barriers to booking an appointment included; wheelchair access, unhelpful receptionists, discrimination, the need to accommodate a Carer or coordinate transport.

These findings were presented to NHS England (commissioners) and a number of Clinical Commissioning Groups (leaders of the local health economy).

**78% of surgeries surveyed offer online booking, only 36% of patients report that online booking is an option**

The findings were also shared with the Health & Wellbeing Board, the 132 GP practices in Surrey and the Chair of each of their Patient Participation Groups.



We made a recommendation to implement a patient 'Preference List' (see Impact Stories - Case Study 1).

Responses to the report and recommendation were received from NHS England, all Clinical Commissioning Groups and 44% of GP practices (67 practices failed to respond).

### Improving the experience of making NHS complaints

We conducted an investigation into the experience of making an NHS complaint.

Our report '*The first step into the Complaints Maze: How easy is it to make a complaint about NHS healthcare in Surrey?*' published in October 2014, documented the types of information provided and details of the support available.

These findings were shared with the organisations that were covered by the research.

The investigation was conducted in parallel to complimentary work by Healthwatch England resulting in the report '*Suffering in silence*' which documented the views of 1,600 people.

Following publication of these reports we made nine recommendations to local NHS organisations. Responses to the report and recommendations were received from all but two organisations (see Impact Stories - Case Study 2).

### Seldom heard views of the Black & Minority Ethnic (BME) community

More than 250 people from the BME community shared their views and experiences via interviews and a survey.

The findings were published in the report '*Our Health Matters - The Healthcare experiences of BME communities in Surrey*' and included:

- Over 40% of people felt that communication was a barrier to involvement with health services
- There was less reported satisfaction with both access to and experiences with dentists than other health care
- 30% of respondents felt that health services were not sensitive to their culture and community
- A lack of confidence was a common theme amongst case study participants
- 30% of respondents said they were not confident that they knew what services are available

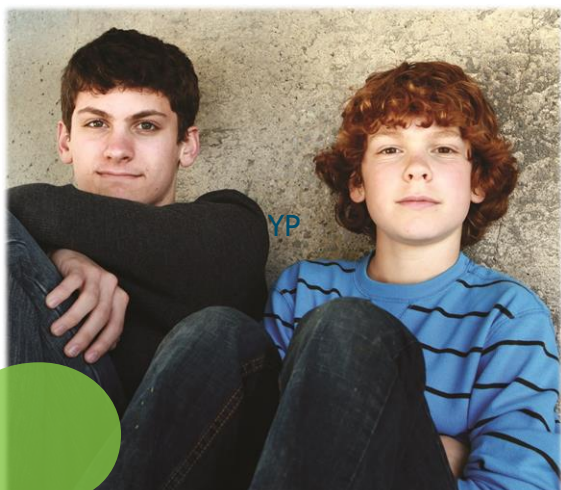


The findings of this report have been shared with members of the Health & Wellbeing Board, commissioners, providers and County & Borough Councillors.

A lack of confidence was a common theme amongst BME participants

### Seldom heard views of Young People

Over 220 young people between the ages of 11 and 25 took part in an online survey and two focus groups.



Wellbeing Group, commissioners, service providers and County & Borough Councillors.

### Putting local people at the heart of improving services

In addition to publishing these reports - raising awareness of the voice of local people - we have facilitated and benefited from the contribution of a team of local volunteers who have dedicated 282 hours to Healthwatch Surrey activity. This activity has supported the shaping and challenging of decisions about services.

In particular we have enabled involvement of local people in the commissioning, provision, management and scrutiny of services through the following activities:

The findings were published in the report *'Our Health Matters views of young people in Surrey'* and included:

- Young people are very concerned about the widespread experience of bullying in school/college and its impact on their health and wellbeing
- Bullying triggers a chain that leads to isolation, loneliness, depression and self-harming or other destructive behaviours such as excessive alcohol consumption
- The view of young people is that education and health services greatly under-estimate the extent and impact of this common experience that starts as an education issue and becomes an NHS health issue requiring treatment, or worse, A&E involvement
- The survey evidence is that young people are broadly content with the health services they receive from the NHS
- There was considerable criticism of the orthodontic service
- The Surrey County Council commissioning options appraisal for people with learning disabilities
- Improving discharge processes at East Surrey and St Peters hospitals
- Enhancing public involvement in Disability Equipment and Adaptation services
- Presentations to the Health Overview & Scrutiny Committee
- Care Home closure consultation
- Social Care Quality Assurance task and finish group
- Accessibility review at Epsom & St Helier Hospital
- Primary care access for Homeless People
- Mental Health Strategy consultation
- Enter and view visits

The findings of this report have been shared with the Children's Health &

There are three main types of involvement of our volunteers in this activity, which are defined as Authorised Representatives (Enter & View visits), Community Ambassadors (engagement with people



and shaping/challenging services in a locality) and Strategic Ambassadors (strategic level shaping/challenging of services).

In addition to these roles Peter Gordon (Chair and volunteer) has also been our representative on the Health and Wellbeing Board. Peter has raised awareness of our work and secured discussions on 'Entry to the Health & Social Care system'.

### Working with others to improve local services

We have escalated the following number of individual issues to statutory bodies that can act in ways that Healthwatch Surrey cannot:

- 8 experiences to the CQC
- 8 experiences to the Safeguarding Adults Board of Surrey County Council
- 1 experience to the Safeguarding Children's Board of Surrey County Council

Our umbrella body Healthwatch England can shape and challenge services on a national basis, although we have not yet had cause to escalate an issue to them.

Whilst we escalated a number of issues, we have not made specific recommendations to these bodies in 2014/15.

In addition to this we have reported a number of experiences and views of local people to support CQC inspection programmes.

**K used our information and advice service. She was concerned about various issues she had come across whilst working in a care home. She stated that health and safety guidelines were not adhered to and residents were often visibly upset and distressed. K was worried about alerting relatives of residents as, based on a previous complaint, she felt that this might have a negative impact for the resident. Healthwatch Surrey raised the issue as an alert to the Safeguarding Adults Team.**







# Impact Stories

## Case Study One

### *Improving the experience of making GP appointments*

We identified that GP services are a high priority for people in Surrey. A significant number of negative experiences of this service related to making appointments.

We conducted research into these experiences and views which led to action by local decision makers to improve the situation.



When reviewing the experiences people had been sharing with us, it was clear that GP services were a high priority. It was also an important issue for people during The Listening Tour. Of the negative experiences people shared with us about GPs, 42% were about making appointments.

Healthwatch Surrey gathered the views and experiences of over 1,100 local people about the booking of appointments. We published the findings of these surveys in our report *“Getting an appointment with your GP”*.

This report brought the issue to the attention of decision makers and other influential people. Decision makers

responded by making commitments to improvement initiatives:

- GPs are enhancing their booking processes
- A system-wide task group has been established by NHS England
- NHS England support the development of a minimum standard

Improvements to GP booking processes include:

- 32 practices introducing telephone consultations
- 29 practices introducing specialist elderly appointment booking
- 28 practices introducing additional ways to book appointments

In the process we have been able to share important information and initiatives between different decision makers and other influential people.

The Healthwatch Surrey Board has committed to undertaking a further project related to this priority in 2015/16.





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## Case Study Two

### ***Making it easier to complain to the NHS when things go wrong***

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Our report '*A first step into the complaints maze*' highlighted some of the barriers people have when setting out to make a complaint online.

Having raised awareness of the findings, local decision makers responded to the nine recommendations we made. We were encouraged that a significant number of local services met the majority of these recommendations, whilst a number of actions have also been identified by decision makers to make improvements.

Complaints emerged as a consistent topic in the experiences people shared with us across the three most talked about services - GPs, hospitals and community care.

To get a better understanding of the experience local people were having in making complaints, Healthwatch Surrey investigated the type of information available online about how to make complaints in its report '*A first step into the maze*'. This was conducted in parallel with a national investigation by Healthwatch England - called '*Suffering in Silence*' - which documented the views of 1,600 people on the same subject.

The report and its findings were presented to local commissioners and providers.

Nine recommendations were made and all but two of the organisations responded:

- 53% were already meeting 8 or more recommendations
- 82% are taking action to implement recommendations not currently met.

Surrey and Sussex Healthcare NHS Trust and Central Surrey Health have told us about actions they are taking to:

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**'Implement mandatory training for all front line professionals across health and social care to include clarification that they can say 'sorry' without fear of legal implication'**

NHS England, Ashford & St Peter's Hospitals NHS Foundation Trust and Central Surrey Health have told us about actions they are taking to:

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**'Ensure people have access to clear, up-to-date, consistent and accessible information on how to complain - clearly displayed in all settings including waiting rooms and appointment letters'**

North East Hampshire & Farnham CCG and Surrey & Sussex Healthcare NHS Trust will be involving patients in reviews of their websites, including information about making complaints.

Virgin Care have centralised the complaints and customer services functions in order to introduce a level of independence to complaint handling to try and reassure patients that their care will not be compromised.



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### Case Study Three

## Improving access to GP services for people who are homeless

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Several Citizens Advice Bureaux across the county had reported to us that they had clients who were homeless and needed to see a GP, but had been refused appointments.

After information and advice had been provided to the clients involved, Healthwatch Surrey took the matter further and contacted the Public Health team at Surrey County Council who have a responsibility to ensure provision of primary care services to people who are homeless.

The Public Health team provided us with a list of GP surgeries in Surrey that are commissioned to provide services to homeless people.

Healthwatch Surrey then circulated this list amongst its own information & advice services and other local information and advice networks.

### Case Study Four

## Adult Safeguarding procedure reviewed

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D contacted us with concerns about a residential care home where her friend lives.

She suspected possible financial and emotional abuse at the home. She was unhappy at the way her alert to the Safeguarding Adults Team at Surrey County Council was handled. There was no feedback or follow up phone call to notify her of what had been done. The experience left her feeling that she had wasted her time.

As a result of D's comments, Healthwatch Surrey raised this experience with the Adult Safeguarding Lead at the council, to understand whether the approach

taken in this case was common. Whilst there were some specific issues in this case - related to performance standards - it was acknowledged that the current procedure could be giving other callers the impression that they are 'wasting their time'.

As a result of this information, the procedure is being reviewed with a view to providing feedback to callers once initial investigations have been conducted.





# Our plans for 2015/16

## Our priorities

Our priorities at the time of publication, in order of priority, are:

- Improving the experience of making a GP appointment
- Amplifying the voice of Young People
- Making it easier to make NHS complaints
- Increasing involvement of people, patients and service users in decision making
- Promoting and supporting people, patient and service user focused cultures

Our Board review and agree priorities based on the available evidence each quarter. These priorities drive our work with decision makers.

## Planned projects

Our Board prioritises its projects each quarter. At least four projects will be completed this year.

At the time of publication the following project had been committed to the work plan:

- How people over 65 interact with Primary Care services

This project seeks to bring to the attention of decision makers the behavior and attitudes of people accessing primary care services in Surrey. It will include a series of focus groups and will, in

particular, contribute to the debate about improving access to GP services.

Furthermore our Board has committed to scoping the following projects:

- Investigation into Care at Home services
- Views of the seldom heard: The mental health and emotional wellbeing of young people

We will be actively seeking additional project proposals from volunteers, our VOICE network and members of the public during 2015/16.

## Opportunities and challenges for Healthwatch Surrey

Our Forward Plan for 2015/16 (available on our website) identifies five Key Results Areas for the year. These are outlined below with a short summary of some of our plans:

### 5 Key Results Areas 2015/16

#### *Empowering people with information, advice and advocacy*

- We will be seeking to raise awareness of Healthwatch Surrey's services in order to increase the propensity of people to use them;
- Key to this will be a review of our Communications Strategy and recruitment to a new Communications Officer role
- We will identify the extent to which people are satisfied with our





services and incorporate their views on how they could be improved

### *Listening to and engaging people who have views and experiences of services*

- We will build on our existing strength of listening to and engaging a diverse group of people by doubling the number of events we organise and participate in
- We will improve the way we work with colleagues in the community and voluntary sector to ensure their experience and insight enables people to shape and challenge services effectively, in particular by growing the size and participation in our VOICE network and Involvement Reference Group

### *Shaping and challenging services*

- We will provide more support for the Healthwatch Surrey representative on the Health & Wellbeing Board
- We will establish regular and effective platforms with all local commissioners to enable volunteers to be part of shaping and challenge services
- We will encourage project proposals from our volunteers and members of our VOICE network
- We will report on at least four projects to raise awareness of the views and experiences of people in Surrey
- We will make recommendations in our reports, where appropriate, and monitor the outcomes that result

### *Creating rewarding volunteer experiences*

- We will make greater use of volunteers in engagement events
- We will recruit a Community Ambassador within each Clinical Commissioning Group area
- We will undertake targeted recruitment activity in East Surrey

### *Developing a sustainable organisation*

- We will conduct a review of forthcoming guidance from Healthwatch England on sustainability of local Healthwatch



Picture: Volunteer Isabel Mattick (right) in Camberley during The Listening Tour



# Our governance and decision-making

## Our board

The Healthwatch Surrey Board is made up of six independent and three member-nominated Directors.

The independent Directors, who are all volunteers, are:

- Peter Gordon (Chair)
- Jason Davies
- Paul Charlesworth:

There are three vacant independent director posts to which we are currently recruiting.

The member-nominated Directors are:

- Mark Sharman (Help and Care)
- Norma Corkish (Citizens Advice Surrey)
- Richard Davy (Surrey Independent Living Council).



Picture: Members of the Healthwatch Surrey Board (from left to right): Jason Davies, Norma Corkish, Richard Davy, Peter Gordon, Mark Sharman, Paul Charlesworth

## How we involve the public and volunteers

The board meets in public each quarter, during which people are able to observe the business of the board and there is a dedicated item on the agenda for questions from the public.

At these meetings the Board makes decisions about the priorities of Healthwatch Surrey and the projects it undertakes.

The Board is supported in that decision making by a Priorities Recommendations

Group which reviews new priorities and project proposals against:

- Evidence of experiences captured by Healthwatch Surrey
- Links to the Health & Wellbeing Board Strategy and Joint Strategic Needs Assessment
- The extent to which it is known to avoid duplication

This committee is made up of volunteer Community Ambassadors.



# Financial information

Period from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2015

Between 1<sup>st</sup> April 2013 and 16<sup>th</sup> October 2013 the Healthwatch Surrey contract was held by Help & Care on behalf of Healthwatch Surrey CIC. On the 17<sup>th</sup> of October 2013 the contract was transferred to Healthwatch Surrey CIC. For auditing purposes the accounting period was from 17<sup>th</sup> October 2013 to 31<sup>st</sup> March 2015 but included all income and expenditure for the two year period between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2015.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		£1,008,000
EXPENDITURE		
General Administrative Expenses		£23,756
Staffing costs		£47,910
Direct delivery costs		£937,900
Total expenditure		£1,009,566
Balance brought forward		(£1,566)



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# Contact us

## Get in touch

### Healthwatch Surrey C.I.C

Telephone: 0303 303 0023

SMS: 07592 787533

Text relay: 18001 0303 303 0023

Email: [enquiries@healthwatchesurrey.co.uk](mailto:enquiries@healthwatchesurrey.co.uk)

Address: The Annexe, Lockwood Day Centre, Westfield Road, Slyfield Industrial Estate  
Guildford GU1 1RR

## Registered offices of our partners

### Citizens Advice Surrey:

15 - 21 Haydon Place, Guildford, Surrey GU1 4LL

### Help & Care:

896 Christchurch Road, Bournemouth, Dorset BH7 6DL

### Surrey Independent Living Council:

Astolat, Coniers Way, Guildford, Surrey GU4 7HL

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s in Surrey, Wellbeing and Health Scrutiny Board (previously Health Overview and Scrutiny Committee), and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.