

HEALTHWATCH SHROPSHIRE

England & Wales · Charity number 1151343

Details

Status Registered

Legal form Charitable company

Company number [01234567](#)

Registered 2013-03-22

Register [View on the Charity Commission register](#)

Contact

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Shrewsbury Business Park
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Activities

Objects: THE ADVANCEMENT OF HEALTH AND THE RELIEF OF THOSE IN NEED BY REASON OF YOUTH, AGE, ILL-HEALTH, DISABILITY OR FINANCIAL HARDSHIP IN THE AREA OF BENEFIT BY: (A) PROVIDING INFORMATION AND ADVICE TO THE GENERAL PUBLIC ABOUT LOCAL HEALTH AND SOCIAL CARE SERVICES;(B) MAKING THE VIEWS AND EXPERIENCES OF MEMBERS OF THE GENERAL PUBLIC KNOWN TO HEALTH AND SOCIAL CARE PROVIDERS;(C) ENABLING LOCAL PEOPLE TO HAVE A VOICE IN THE DEVELOPMENT, DELIVERY AND EQUALITY OF ACCESS TO LOCAL HEALTH AND CARE SERVICES AND FACILITIES AND;(D) PROVIDING TRAINING AND THE DEVELOPMENT OF SKILLS FOR VOLUNTEERS AND THE WIDER COMMUNITY IN UNDERSTANDING, SCRUTINIZING, REVIEWING AND MONITORING LOCAL HEALTH AND CARE SERVICES AND FACILITIES.

Activities: Provide information\advice to general public about local health\social care services. Make the views\experiences of general public known to health\social care providers. Enable local people to be involved in development, delivery and equality of access to local health\carer services. Train\develop skills of volunteers and wider community to understand and scrutinise local health\care services.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- **Area of benefit:** SHROPSHIRE
- Shropshire
- Telford & Wrekin

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£162,000	£154,398	-	-
2024-03-31	£162,000	£156,740	-	-
2023-03-31	£165,679	£194,993	-	-
2022-03-31	£163,775	£148,800	-	-
2021-03-31	£170,500	£152,119	-	-

Trustees

Name	Role	Appointed
Vanessa Jayne Barrett	Chair	2013-10-14
Anne Louise Wignall		2014-03-24
Richard Amos		2023-03-20
Robert Welch		2017-05-23
STEVEN JOHN PRICE		2016-02-22

HEALTHWATCH SHROPSHIRE

England & Wales - Charity number 1151343

Accounts



Healthwatch Shropshire

(A company limited by guarantee)

Report and Financial Statements For the Year Ended 31st March 2025

**Charity number 1151343
Company number 08415314**

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Reference and administrative information

Charity name:	Healthwatch Shropshire
Charity registration number:	1151343
Company registration number:	08415314
Registered Office and operational address:	4 The Creative Quarter Shrewsbury Business Park Shrewsbury Shropshire SY2 6LG

Board of Trustees

Vanessa Barrett, Chair
 Richard Amos
 David Crane
 Steve Price
 Daphne Simmons
 Frederick David Voysey (to 01.01.25)
 Robert Douglas Welch
 Anne Wignall

Staff Team

Chief Officer	Lynn Cawley	
Information Officer	Brian Rapson	(to 31.03.25)
Enter & View Officer and Health Complaints Advocacy Coordinator	Daphne Simmons	(from 3 rd June 2024 to 30 th September 2024)
Enter and View Officer	Diane Drummond	(from 29 th July 2024)
Community Engagement Officer	Hannah Davies	
Communication and Involvement Officer	Elizabeth Florendine	(from 2 nd January 2025)
Insight and Involvement Officer	Kate Hollins-White	(to 28 th November 2024)

Independent Examiner

Hollies Bookkeeping Services Ltd
Bennett's Business Centre
Main Road
Pontesbury
SY5 0RR

Bankers

NatWest
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Contact details

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Instagram: <https://www.instagram.com/healthwatchshropshire/>

Healthwatch Shropshire Trustee Report for the year ended 31st March 2025

The Board of Trustees presents its report and audited financial statements for the year ended 31st March 2025.

Chair's statement for the year ended 31st March 2025

"2024-25 has been a challenging year for Healthwatch Shropshire and the whole health and care system across Shropshire and Telford, with significant turbulence and change in local statutory authorities and organisations. The changes in senior personnel make it even more important for us to keep re-building relationships with all these organisations, to alert them to what the public are telling us about their services.

A good example is our report 'Living Well with Cancer'. Our Community Engagement Officer and volunteers attended numerous different events and cancer support group meetings, speaking with over 350 people to hear about their experiences. Many other people responded to our survey. Their voices come through strongly in our reports, which are really valued by the NHS Trusts and care services, since they don't often learn about these personal experiences from their own feedback processes. The report was also timely, in contributing to the development of the Cancer Care strategy by NHS Shropshire, Telford and Wrekin. In this context I would also like to pay tribute to our amazing volunteers and in particular to a dear friend of HWS, Fran Robinson, who sadly passed away. We cannot achieve what we do, without the generous commitment of their time and energies."

Vanessa Barrett, Chair of Healthwatch Shropshire

"The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation.."

Louise Ansari, Chief Executive at Healthwatch England

Our aims and objectives

Introduction

The Health and Social Care Act 2012 established Healthwatch as the independent consumer champion for health and social care in England, with a local Healthwatch in every Local Authority area in England. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. Everything we say and do is informed by our connection to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages and backgrounds who use health and social care services and to speak out on their behalf.

From 1st April 2016, Healthwatch Shropshire (HWS) has also held the contract for the Independent Health Complaints Advocacy Service (IHCAS) for people who receive NHS services in Shropshire and for Shropshire residents who receive NHS services outside the county.

Purpose and aims

The purposes of Healthwatch Shropshire are set out in the Articles of Association:

- To provide information and advice to the general public about local health and social care services
- To make the views and experiences of members of the general public known to health and social care providers
- To enable local people to have a voice in the development, delivery and equality of access to local health and care services and facilities, and
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Based on the Articles and guidance from Healthwatch England (HWE), Healthwatch Shropshire (HWS) has determined its own purpose:

To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.

Achievements and performance

Review of activities

The following section highlights the achievements of Healthwatch Shropshire in 2024-25 against the statutory activities for local Healthwatch.

The eight statutory activities of Healthwatch Shropshire are:

- Promoting and supporting the involvement of local people in commissioning, provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choice can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

When agreeing our priorities each year and identifying relevant projects the Board of Trustees for Healthwatch Shropshire demonstrates due regard for the Charity Commission's public benefit guidance and ensures our activities centre on the views and experiences of the people of Shropshire of health and social care services. These views are then shared directly with providers and commissioners, or included in our public reports, with the aim of them being used to influence and inform service design and improvement.

At Healthwatch it can be difficult to show the impact that we make within one financial year as, quite often, the difference that we make does not happen straight away but over a period of time.

For a more detailed report on our activities and impact in 2024-25 please see our Annual Report for Healthwatch England.

<https://www.healthwatchshropshire.co.uk/report/2025-07-14/unlocking-power-people-driven-care-healthwatch-shropshire-annual-report-2024-25>

On page 16 we report on our additional activity under the Independent Health Complaints Advocacy Service for 2024-25.

Our year in numbers

We've supported more than 1,320 people to have their say and get information about their care. We currently employ five part-time staff, and our work is supported by 20 volunteers.

Over 20,000 people accessed the information and reports on our website this year.

Reaching out:

- 1,052 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care
- 274 people came to us for clear advice and information in person, over the phone or via email, on topics such as raising a concern about care and treatment and finding a service provider (including carers support, advocacy and independent medical advice).

Championing Local voices:

- We produced and presented six reports about the improvements people would like to see in areas like pharmacy, living with and beyond cancer and urgent and emergency care.
- Our most popular report was 'Living Well with Cancer in Shropshire', highlighting the importance of personalised care and good communication, and the value of support post-diagnosis, particularly Cancer Support Groups.

Ensuring the voice of Shropshire residents is heard at a wider level

We collaborate with other organisations to ensure the experiences of people in Shropshire influence decisions made about services at Shropshire, Telford and Wrekin Integrated Care System (ICS) level.

This year we've worked with organisations across health, social care and the voluntary and community sector to make sure what people tell us is listened to.

Examples of our work:

1. Holding services to account.

- This Spring we attended a meeting with the NHS and local authority to share your experiences of crisis mental health services for children and young people – reiterating our findings and key recommendations from our 2022 report.
- Following the launch of 'Pharmacy First' in February 2024 we followed up conversations with the Local Pharmaceutical Committee to ask for their support to engage with community pharmacists and the public.

2. Influencing

We have a seat at the table at key meetings across health and social care where we can highlight what you tell us about services. For example:

- To follow up our 2023 Ambulance report and continue our involvement in the Hospital Transformation Programme, we joined discussions about how services can work together to reduce the need for people to go to A&E.
- We continued to support the community engagement for the localised Joint Strategic Needs Assessments being produced by Shropshire Public Health and joined the first Rural Health Strategy Workshop with community leaders.

3. Involving

Despite the increasing need for volunteers across health and social care we continue to attract people who want to be involved in our work as Enter & View Authorised Representatives, Engagement Volunteers to help us to reach out to communities across Shropshire, and Trustees of the Board who help ensure we are fulfilling our duties and statutory functions. We encourage our volunteers and members of the public to get involved in meetings and focus groups to share their views and experiences of services. This year we:

- contacted all 6th Forms and Further Education Colleges in Shropshire and attended welcome events for new students. We spoke to 1,272 young people aged 16+ to ask them where they go for medical advice.
- continued our long-term engagement with health providers and people in HMP Stoke Heath to find out what progress the new mental health provider is making.
- went back to The Redwoods Centre to find out people's current experiences on the acute mental health wards, joining Patient Community ward meetings to hear directly from patients and taking part in the PLACE visit.
- supported Armed Forces Outreach by joining veteran and serving personnel engagement events across the county.
- attended cancer support groups in communities across Shropshire to hear people's differing experiences of accessing cancer treatment and support and how informed they feel about what is on offer.

4. Communicating.

Healthwatch Shropshire is a member of the Integrated Care System Communication and Engagement Group, working with partners to promote and share information and engage with people across Shropshire.

This year we launched the 'Share for Better Care' campaign, led by Healthwatch England and picked up by the network or local Healthwatch, to let people know how quick and easy it is to share their experiences of health and social care services with us and how their feedback can make things better for all. This is an on-going campaign and will continue to run throughout 2025-26 so please share your experiences today at:

<https://www.healthwatchshropshire.co.uk/news/2025-02-10/share-better-care>

Sample impact and reports:

1. "Living Well with Cancer in Shropshire" – finding out what matters to people living with and beyond cancer in Shropshire.

We met over 350 people at cancer support groups and events across Shropshire to hear their views and experiences so we could share them with NHS Shropshire, Telford & Wrekin to inform the implementation of the local Cancer Strategy.

40 people who answered our survey had received NHS care and treatment for a total of 17 different types of cancer but less than 40% had accessed other types of support available to help them live well with cancer.

We launched a survey to better understand people's experiences, what is working well and how services/support from pre-diagnosis and beyond can be improved. Then we went out to hear from as many people as possible in their communities to explain the benefits of them sharing their stories and views to improve local services for all.

Key things we heard:

- The importance of personalised care and treatment, and value of clear and timely communication from all professionals to patients and their carers.
- How important it is for people to feel they have access to doctors and other specialist staff before and after diagnosis, treatment and discharge for on-going support and reassurance.
- The positive impact of community support groups and a wide range of wellbeing and support services on people's quality of life.

What difference did this make?

Our work showed the need for a Shropshire Cancer Network to promote and support local cancer support groups, establish new ones and offer advice, e.g. on funding and partnership working.

Our findings were shared at NHS Cancer Engagement Events in Shropshire and Telford & Wrekin where members of the public and professionals agreed with our recommendations and Lingen Davies offered to take a lead on the development of

a network. Our Chief Officer went on BBC Radio Shropshire to highlight the need to improve waiting times for diagnostic tests and results.

2. “Pharmacy First” – Finding out how people are using their pharmacy

In early 2024 community pharmacies began to offer a range of enhanced services for an additional 7 medical conditions with the aim of providing quicker and more convenient access to advice and treatment and freeing up GP appointments. We knew that some pharmacies in Shropshire were closing due to difficulties with recruitment and increasing business costs, so we wanted to understand people’s experiences of accessing pharmacy services and the challenges faced by pharmacies themselves to meet increased demand.

We met with the Chief Officer of the Community Pharmacy Committee to design our survey and ask their help to engage with Pharmacy staff. Our volunteers visited their local pharmacies to ask them to put up posters and take part. We spoke to over 1,200 college students aged 16+ and asked them where they go for medical advice.

Key things we heard:

- 2% of college students said they would go to their Pharmacy first for medical advice.
- 30% of survey respondents were aware of the Shropshire, Telford and Wrekin ‘Think which service’ campaign.
- 83% of people who had asked their local pharmacy for advice and help with a medical condition rated it ‘good’

What difference did this make?

NHS Shropshire, Telford & Wrekin committed to:

- streamline processes and integrate services to ‘improve capacity in primary care, including reducing delays in dispensing impacted by the increased number of patient consultations.’
- ‘work with community leaders, youth organisations and others... to design promotional materials that resonate with all groups.’
- Work with pharmacies to ‘address concerns about consultation privacy and comfort, with investment already being made to improve these spaces.’

3. Listening to people living and working in HMP Stoke Heath in Market Drayton

In December 2022 we visited the prison and heard about the challenges faced in getting the right support for people when they were released and the impact on their mental health.

We raised concerns with Public Health and members of the Shropshire Health and Wellbeing Board. Midlands Partnership University Foundation NHS Trust now provide mental health services in the prison with an increased team to provide wider support. We continue to attend Health and Wellbeing Champion (HAWCs) meetings to hear directly from people using services in the prison.

What difference did this make?

Raised the profile of HMP Stoke Heath (the only prison in Shropshire) across the local health and social care system and increased the understanding of the role of providers to meet the needs of those people in the prison and the staff working to support them.

As we continue to build a relationship with the HAWCs we have offered to work with them to hear the voices of the wider prison population, so far, they have highlighted concerns about waiting times, diabetes and mental health, and given positive feedback on the Social Prescribing Programme.

4. Raising the voices of people using acute inpatient mental health services - The Redwoods, Shrewsbury.

This is one of the most seldom heard groups in Shropshire, not least due to their fear of stigma.

Autumn 2024, to let them know their voice matters, we started to attend Community Meetings for patients at The Redwoods to hear their experiences on the wards and what issues they raised. We will continue to attend these meetings and maintain a dialogue with users, managers and inspectors.

What difference did this make?

We learned how important food and choice is to these patients in their recovery and how valued they feel. We met with Staff at The Redwoods to understand the challenges and what they can do to make improvements. This led to discussions with NHS Shropshire, Telford & Wrekin and Care Quality Commission Inspectors on how the quality of food and nutrition across inpatient services and care homes is monitored and reviewed and how they involve the public.

Information and Signposting

This year 274 people have reached out to us for advice, support or help finding services. we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services, including NHS Complaints Advocacy

Volunteering and Enter and View

Our fantastic volunteers have given 575 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year our volunteers:

- Collected experiences and supported their communities to share their views at stands and events, e.g. at The Robert Jones & Agnes Hunt Orthopaedic Hospital
- Carried out Enter and View visits to local health and care services to help them improve
- Brought their skills and experience to support the staff team with project planning, social media and survey development and analysis
- Raised our profile by telling people and other groups they are involved with about their work with us, e.g. veterans and people with disabilities/care and support needs

"I always believed that the work of Healthwatch can make a difference for us all and so I decided to get involved.

I was warmly welcomed as a Trustee and volunteer. I have enjoyed joining the staff at events and stands to speak to people of all ages and record their experiences of using services. and taking part in Enter & View visits with other volunteers. I have represented Healthwatch on an NHS committee to remind people running services of the need for them to be accessible to all and think this is an important part of the role of Healthwatch.

It's been a whirlwind at times with lots to learn and remember but it's been great to feel part of the team." Daphne (Trustee/Volunteer)

Our volunteers are out in the community everyday listening to people to find out if health and care is working for them.

We have a duty to involve people in the work we do, from finding out how services are performing to sharing their experiences and views to inform service redesign and development. Whether you want to gain valuable work experience, help improve care in your community, use your skills or learn new ones, there are lots of ways you can join us to make a real difference.

Enter and View:

Enter & View visits are one of the most important ways we involve volunteers in our work. These volunteers complete additional training and a DBS check to become Enter & View Authorised Representative. They are involved in the planning of visits, conducting visits and reporting on what is seen and heard during the visit.

- **The Royal Shrewsbury Hospital, Accident and Emergency Department** – Attended in response to Channel 4 Dispatches Programme “Undercover A&E: NHS in Crisis”. Wrote a report evidencing improvements made following the programme.
- **Ward 28 (Frailty)** – The Royal Shrewsbury Hospital – Attended in response to comments we had received regarding discharge and to follow up a previous visit to the ward. The Trust responded to our report providing an action plan for improvements.
- **Swan Hill House** – Report in draft

From July 2025 we will be recruiting to all of our volunteer roles to build on and strengthen the team.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

The Board of Healthwatch Shropshire consists of eight members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024-25, the Board met three times and made decisions on matters such as reducing the number of Committees of the Board from four to two to align aspects of our work. The Intelligence and Engagement Committee includes volunteer representatives and agrees how we will use all our engagement tools to increase public and professional engagement with projects, and priorities in the Forward Plan (including the Enter & View visit programme). The Governance and Assurance Committee focuses on raising our profile, volunteer involvement and managing the budget. The Board have also made decisions to ensure the ongoing sustainability of Healthwatch Shropshire.

We have held Volunteer Meetings throughout the year, open to all Board members and volunteers, to listen to their views, ideas and feedback

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024-25, we have been available by phone and email, provided a web form on our website and through social media, held regular stands in libraries and hospitals and attended meetings of community groups and forums to speak to people directly.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and share directly with people signed up to our newsletter.

Responses to recommendations

All providers responded to our formal requests for information or recommendations this year. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to the Joint Health Overview and Scrutiny Committee of Shropshire Council and Telford & Wrekin Council as a co-optee.

We also take insight and experiences to decision-makers in Shropshire, Telford & Wrekin (STW) Integrated Care System through regular provider information sharing meetings and committees/groups. For example, both Healthwatch Shropshire and Healthwatch Telford and Wrekin, attend:

- The Quality and Performance Committee for the local system
- The System Quality Group (also attended by NHS England)
- The Urgent and Emergency Care Delivery Group (also attended by NHSE)

We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Shropshire is represented on the Shropshire Health and Wellbeing Board by Lynn Cawley (Chief Officer), deputised by Trustees or staff members as appropriate.

During 2024-25, our representative has effectively carried out this role by delivering presentations on our engagement reports and providing constructive challenge and sharing feedback from the public about their experiences of local services to inform discussions.

Lynn Cawley (Chief Officer) also represents Healthwatch Shropshire on the Shropshire, Telford & Wrekin Integrated Care Partnership and Shropshire, Telford & Wrekin Integrated Care Board.

Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire continues to provide the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire residents and those using Shropshire NHS services.

2024-25 saw an average of 23 people per quarter contact us for guidance on making an NHS complaint and the majority of these received the support from an advocate to put their complaint in writing, attend a meeting or understand their options.

Financial review

a. Principal funding sources

Healthwatch Shropshire receives grant funding to deliver Healthwatch functions (£145,500) and the Independent Health Complaints Advocacy Service (£16,500) from Shropshire Council.

Due to widespread cuts in Healthwatch budgets nationally and the 25% cut in the Healthwatch Shropshire budget when we were recommissioned in 2018 there is a need for us to seek additional funding, including from the Local Authority, Shropshire, Telford & Wrekin Integrated Care Board and Healthwatch England. This year there was no additional funding available to us.

b. Reserves policy

It is good policy for a charity to hold a contingency reserve to protect the charity from disruption to its charitable work and from insolvency. The Board has determined that it will aim to hold 3 months core operating costs as a free reserve.

The reserve policy is monitored and reviewed annually as part of the budget setting process and when a significant event may trigger the need for a review.

At 31st March 2025 the total free reserve of Healthwatch Shropshire was £74,842 (2023-24 was £67,240, 2022-23 was £61,980, 2021-22 was £88,084).

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

c. Principal risks facing the charity

In December 2022 we were notified that our tender to continue providing both Healthwatch and IHCAS services for the next three years was successful. The new contract (starting April 2023) offers only the same income as for the previous five years. With the anticipated increases in the cost of living and staff salaries, the Board decided on a range of back-office economies that would be expected to enable HWS to have adequate resources to maintain its range of services, and sufficient reserves.

Plans for next year

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS and social care culture where, at every level, staff strive to listen and learn from patients to make care better.

Top three priorities for 2025-26

1. To improve the sustainability and resilience of Healthwatch Shropshire, from the 1st July 2025 Healthwatch and the Independent Health Complaints Advocacy Service we provide, will operate as independent services within Community Resource. We hope this relationship will help us to develop our partnership working across the ICS, including with the voluntary and community sector.

2. Continuing to tackle inequalities by highlighting the challenges faced by different communities and groups in Shropshire and championing their voice, including reaching out to farming and rural communities.
3. Promoting and supporting public engagement and involvement in service change and redesign as part of the local Hospital Transformation and Community Transformation Programmes (integral to the Shropshire, Telford & Wrekin Integrated Care Strategy and Joint Forward Plan).

Structure, Governance and Management

a. Constitution

Healthwatch Shropshire (HWS) is a charitable company limited by guarantee and was set up and is governed by its Articles of Association, which established the objects and powers of the charitable company.

Its registered charity number is 1151343 and its company number is 08415314. Members of the charitable company are required to contribute an amount not exceeding £1 to the assets of the charitable company in the event of its winding up. The Board Members are the trustees of the charity and directors of the company and have no beneficial interest in the charitable company.

b. Method of appointment or election of Board Members

Board Members, who are volunteers, are recruited with appropriate acknowledgement for the need for diversity in membership, from the people of Shropshire in an open and transparent process. Vacancies are advertised as widely as possible.

All candidates for Board Membership are:

- Sent a Board Recruitment Pack or sent the link to access it through our website and complete their application online.
- Invited to speak to the Chief Officer and/or Chair of the Board prior to interview. This is to ensure that any new Board Members fully understand the responsibilities that are being taken on and have an insight into the work of Healthwatch Shropshire (HWS).
- Invited to a formal interview with the Chair or Vice Chair of the Board, another Board member and the Chief Officer.
- Invited to attend a Board meeting as an observer to gain further insight.

Board Members are elected for a period of three years.

All potential candidates to become Board Members must:

- live in Shropshire* OR
- work for/represent a voluntary or community group in Shropshire* OR
- be registered with a GP Practice in Shropshire*

(*By 'Shropshire' we mean the area covered by Shropshire Council)

c. Policies adopted for the induction and training of Board Members

New Board Members are:

- Invited to spend some time with the staff team and the Chair and are given key documents about HWS, e.g. policies.
- Asked about their induction and training needs and can attend training provided through the Healthwatch Network and Shropshire Council's Joint Training. Board members are encouraged to go out with Community Engagement and other officers to learn at first hand about the work we do.

Board Members have adopted a process of appraisal of individual Board Members on an annual basis and regularly review the structure and effectiveness of the Board and its Committees.

d. Organisational structure and decision making

The governance of the charity is the responsibility of the Board Members. They are lay people and volunteers who are elected and co-opted under the terms of the Articles of Association. The maximum number of Board Members is 12. At the end of the year in March 2025 the Board comprised eight members.

All members have equal voting rights. A Decision-Making policy is available through the website, www.healthwatchshropshire.co.uk The relevant decisions are included in Board meeting minutes and published on the web site.

There are four hybrid Board meetings in public during the year. Any members of the public who wanted to observe these meetings were asked to contact Healthwatch Shropshire to request the MS Teams link due to the limited space in our meeting room.

There are four Committees of the Board, each with its own Terms of Reference, to which the Board has delegated some of its responsibilities to enable the business of HWS to be delivered in a timely manner but the Board remains accountable. The Committees are:

- Business
- Enter & View
- Intelligence
- Engagement and Marketing

From Quarter 4 it was agreed to streamline the work of the committees and reduce the demand on Board members and the staff team by combining them into two committees:

1. **Intelligence & Engagement Committee** (including Enter & View) focusing on our operational activities
2. **Governance and Assurance Committee** focusing on governance and quality and performance against our Key Performance Indicators (KPIs)

Board Members are required to complete a 'Declaration of Interest' form and declare any conflicts of interest at the beginning of Board and Sub-Committee meetings.

The staff complement at the end of the year was five (3.4 WTE) compared to four (3 WTE) at the end of 2023-24. From 1st April 2025 this will reduce to 4 (2.8 WTE).

The Chief Officer is responsible for:

- Ensuring that the charity delivers the services specified in the contract with Shropshire Council and that key performance indicators are met
- The day-to-day operational management of the charity, supervision of the staff team and encouraging and supporting staff to continue to develop their skills and working practices in line with good practice (including responding to requests for training within budget constraints).

At year end Healthwatch Shropshire (HWS) had a team of 20 volunteers (including Board Members) to support its work programme. The volunteer roles are:

- Enter & View Authorised Representative (13) – conduct and report on Enter & View visits
- Engagement Volunteers (3) - help to raise awareness of HWS in their communities throughout Shropshire including representing HWS at information stands at locations across the county

Volunteers are invited to join Committees of the Board and encouraged to consider what skills and insight they could bring if they joined the Board.

There are many people of Shropshire who are interested in the work of Healthwatch Shropshire (HWS) and appreciate receiving our newsletters and social media posts but do not wish to be actively involved as volunteers. At the end of March 2025 505 people and organisations were signed up to receive our email newsletter (up 28 on last year) and 3,862 followed us on our various social media platforms.

e. Risk management

Healthwatch Shropshire has a Risk Management Matrix to enable it to identify and manage effectively the external risks faced by the charity. Annual reviews take place involving Board Members and staff and the Matrix is updated for Business Committee and Board meetings when necessary.

f. Related parties

In so far as it is complementary to the organisation's objectives, Healthwatch Shropshire is guided by local and national priorities. We continue to base our priorities on those of:

- Healthwatch England
- Shropshire's Health and Wellbeing Board
- Shropshire Council and Public Health
- NHS Shropshire, Telford & Wrekin
- Shropshire, Telford & Wrekin Integrated Care System (ICS).

This ensures that the comments we receive from the public and the reports we publish can have a direct impact on the improvement work being undertaken across the ICS.

g. Healthwatch Trademark Licence Agreement

We can confirm that Healthwatch Shropshire has signed and returned to Healthwatch England the Healthwatch Trademark agreement (which covers the logo and the Healthwatch brand) and that we are using this trademark when undertaking work on our statutory Activities as covered by the licence agreement.

Responsibilities of the Board of Trustees

Company law requires the Board of Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company as at the balance sheet date and of its incoming resources and application of resources, including income and expenditure, for the financial year.

The Board of Trustees is responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 1985. Board of Trustees is also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent Examiners

The Hollies Bookkeeping Services are still appointed as Independent Examiners for Healthwatch Shropshire.

The Board of Trustees confirm that the annual report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015) as amended by Updated Bulletin 1 (effective 1st January 2015).

Since the charitable company qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Directors Report) Regulations 2013 is not required.

Declarations

The Board of Trustees declare that they have approved the report above.

Signed on behalf of the Board

Signature(s)	<i>Vanessa Barrett</i>	
Full name(s)	Vanessa Barrett	
Position	Chair	
Date	02/10/2025	

HEALTHWATCH SHROPSHIRE
STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2025

	<u>Notes</u>	Unrestricted Funds £	Restricted Funds £	2025 Total Funds £	2024 Total Funds £
<u>INCOME AND ENDOWMENTS</u> from <u>Charitable Activities</u>					
General Funds	2	162,000	1,109	163,109	162,000
<u>EXPENDITURE ON Charitable Activities</u>					
General funds	3	<u>154,398</u>	<u>1,109</u>	<u>155,507</u>	<u>156,740</u>
<u>NET INCOME / (EXPENDITURE)</u>		7,602	=	7,602	5,260
<u>RECONCILIATION OF FUNDS</u>					
Total funds brought forward		<u>67,240</u>	=	<u>67,240</u>	<u>61,980</u>
<u>TOTAL FUNDS CARRIED FORWARD</u>		<u>74,842</u>	=	<u>74,842</u>	<u>67,240</u>

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

HEALTHWATCH SHROPSHIRE (REGISTERED NUMBER: 08415314)

STATEMENT OF FINANCIAL POSITION

31ST MARCH 2025

		2025	2024
		£	£
<u>CURRENT ASSETS</u>	Notes		
Debtors and prepayments	8	14,595	2,057
Cash at bank and in hand		<u>67,845</u>	<u>74,281</u>
		82,440	76,338
<u>CURRENT LIABILITIES</u>			
CREDITORS			
Amounts falling due within one year	9	<u>(7,598)</u>	<u>(9,098)</u>
<u>NET CURRENT ASSETS</u>		<u>74,842</u>	<u>67,240</u>
<u>TOTAL ASSETS LESS CURRENT LIABILITIES</u>		<u>74,842</u>	<u>67,240</u>
<u>NET ASSETS</u>		<u>74,842</u>	<u>67,240</u>
<u>FUNDS</u>	11		
Unrestricted Funds		<u>74,842</u>	<u>67,240</u>
Restricted Funds		-	
<u>TOTAL FUNDS</u>		<u>74,842</u>	<u>67,240</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31st March 2025.

The members have not required the company to obtain an audit of its financial statements for the year ended 31st March 2025 in accordance with Section 476 of the Companies Act 2006.

The Trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

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

The financial statements were approved by the Board of Trustees and authorised for issue on and were signed on its behalf by:

.....
Mrs V J Barrett - Trustee

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2025

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2019),' Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Financial Reporting Standard 102 – reduced disclosure exemptions

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland:'

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d);
- the requirements of paragraphs 11.42, 11.44, 11.45, 11.47, 11.48(a)(iii), 11.48(a)(iv), 11.48(b) and 11.48(c);
- the requirements of paragraphs 12.26, 12.27, 12.29(a), 12.29(b) and 12.29A;
- the requirement of paragraph 33.7.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable

to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. INCOME FROM CHARITABLE ACTIVITIES

	2025	2024
	General Funds	General Funds
	£	£
Local authority grants	162,000	162,000
Other public sector grants	1,109	-
	<u>163,109</u>	<u>162,000</u>

3. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 4)	Support Costs	Totals
	£	£	£
General funds	<u>145,509</u>	<u>9,998</u>	<u>155,507</u>

4. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2025	2024
	£	£
Staff Costs	119,766	115,483
Staff training, recruitment, expenses	1,753	2,644
Professional, Legal and Other	6,215	2,729
Volunteer Costs	396	621
Premises Related Costs	13,063	14,219
Advertising and Marketing	592	1,984
Administration / IT / Equipment	3,724	5,015
	<u>145,509</u>	<u>142,695</u>

5. TRUSTEES' REMUNERATION AND BENEFITS

There was £1,161 worth of trustees' remuneration for one Trustee who was employed temporarily for the year ended 31st March 2025 and none for the year ended 31st March 2024.

Trustees' expenses

During the year 4 Trustees (2024: 5) received reimbursement of expenses amounting to £769. (2024: £1,060)

6. STAFF COSTS

	2025 £	2024 £
Wages and salaries	110,150	107,149
Social security costs	4,209	3,612
Other pension costs	5,407	4,722
	<u>119,766</u>	<u>115,483</u>

The average monthly number of employees during the year was as follows:

	2025	2024
General	5	5

No employee received remuneration amounting to more than £60,000 in either year.

7. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds £
INCOME AND ENDOWMENTS from			
Charitable activities			
General Funds	162,000	-	162,000
EXPENDITURE on			
Charitable activities			
General Funds	<u>156,740</u>	-	<u>156,740</u>
NET INCOME / (EXPENDITURE)	5,260	-	5,260
RECONCILIATION OF FUNDS			
Total funds brought forward	<u>61,980</u>	-	<u>61,980</u>
TOTAL FUNDS CARRIED FORWARD	<u>67,240</u>	-	<u>67,240</u>

8. DEBTORS

	2025	2024
	£	£
Amounts falling due within one year:		
Trade Debtors	13,500	-
Prepayments	<u>95</u>	<u>1,057</u>
	13,595	1,057
Amounts falling due after more than one year:		
Other debtors	<u>1,000</u>	<u>1,000</u>
Aggregate amounts	<u>14,595</u>	<u>2,057</u>

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2025	2024
	£	£
Trade creditors	451	2,521
Social security and other taxes	5,032	2,956
Accruals and deferred income	<u>2,115</u>	<u>3,621</u>
	<u>7,598</u>	<u>9,098</u>

10. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted	Restricted	2025	2024
	Funds	Funds	Total	Total
	£	£	Funds	Funds
			£	£
Current Assets	82,440	-	82,440	76,338
Current Liabilities	<u>7,598</u>	-	<u>(7,598)</u>	<u>(9,098)</u>
	<u>74,842</u>	-	<u>74,842</u>	<u>67,240</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31ST MARCH 2025

11. MOVEMENT IN FUNDS

	At 1.4.24 £	Net Movement In funds £	At 31.3.25 £
Unrestricted funds			
Unrestricted	67,240	7,602	74,842
Restricted Funds			
Restricted	-	-	-
TOTAL FUNDS	<u>67,240</u>	<u>7,602</u>	<u>74,842</u>

Net movement in funds, included in the above are as follows:

	Incoming Resources £	Resources Expended £	Movement In Funds £
Unrestricted Funds			
Unrestricted	162,000	(154,398)	7,602
Restricted Funds	1,109	(1,109)	-
Total Funds	<u>163,109</u>	<u>(155,507)</u>	<u>7,602</u>

Comparatives for movement in funds

	Incoming Resources £	Resources Expended £	Movement In Funds £
Unrestricted funds			
Unrestricted	162,000	(156,740)	5,260
Restricted Funds	-	-	-
Total Restricted	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL FUNDS	<u>162,000</u>	<u>(156,740)</u>	<u>5,260</u>

12. EMPLOYEE BENEFIT OBLIGATIONS

During the year Healthwatch Shropshire paid pension contributions of £5,407 (2024: £4,722). There were contributions payable at the year end of £1,525 (2024: £1,314)

13. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31st March 2025.

HEALTHWATCH SHROPSHIRE
DETAILED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31ST MARCH 2025

	<u>2025</u>	<u>2024</u>
	£	£
INCOME AND ENDOWMENTS		
Charitable activities		
Local authority grants	162,000	162,000
Other public sector grants	1,109	-
		-
Total Incoming Resources	<u>163,109</u>	<u>162,000</u>
EXPENDITURE		
Charitable Activities		
Salaries and National Insurance	114,359	110,761
Pension costs	5,407	4,722
Insurance	1,590	1,540
Telephone and Broadband	1,928	1,094
Postage	49	440
Marketing and Publicity	572	1,984
Travel and Subsistence	1,514	2,384
Volunteer & Trustee expenses	396	621
Recruitment (including DBS)	110	133
Training & development	129	127
Consultancy	4,624	5,091
Publications / subscriptions	0	58
Venue Hire and Events	20	-
Printing and Stationery	212	445
Office Stationery		
Equipment	1,033	97
Website & software	502	73
Office rent	7,250	8,865
Premises costs	5,813	4,260
	<u>145,508</u>	<u>142,695</u>
Other		
Sundries	35	64
Financial administration	8,796	13,096
Trustees' expenses	769	578
Trustee Indemnity Insurance	398	307
	<u>9,998</u>	<u>14,045</u>
Total Resources expended	<u>155,506</u>	<u>156,740</u>
Net Income / (Expenditure)	<u><u>7,603</u></u>	<u><u>5,260</u></u>

This page does not form part of the statutory financial statement

HEALTHWATCH SHROPSHIRE

England & Wales - Charity number 1151343

Accounts

healthwatch Shropshire

Healthwatch Shropshire

(A company limited by guarantee)

**Report and Financial Statements
For the Year Ended 31st March 2024**

Charity number 1151343

Company number 08415314

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Reference and administrative information

Charity name:	Healthwatch Shropshire
Charity registration number:	1151343
Company registration number:	08415314
Registered Office and operational address:	4 The Creative Quarter Shrewsbury Business Park Shrewsbury Shropshire SY2 6LG

Board of Trustees

Vanessa Barrett, Chair
Richard Amos
David Crane (from 26th February 2024)
Michael Terrence Harte, Deputy Chair (to 20th September 2023)
Mark Lacey (to 20th November 2023)
Steve Price
Daphne Simmons (from 20th November 2023)
Frederick David Voysey
Denise Walker (to 20th November 2023)
Robert Douglas Welch
Anne Wignall

Staff Team

Chief Officer	Lynn Cawley	
Information Officer	Brian Rapson	
Enter & View Officer and Health Complaints Advocacy Coordinator	Alli Sangster-Wall	(to 31 st January 2024)
Administrative Officer	Patricia McInnes	(to 10 th April 2023)
Community Engagement Officer	Rachel Cox	(from 17 th July 2023 to 14 th December 2023)
Community Engagement Officer	Hannah Davies	(from 18 th July 2023)
Communication and Involvement Officer	Elizabeth Florendine	(to 7 th September 2023)
Insight and Involvement Officer	Kate Hollins-White	(Fixed term contract from 11 th January 2024)

Independent Examiner

Hollies Bookkeeping Services Ltd
Bennett's Business Centre
Main Road
Pontesbury
SY5 0RR

Bankers

NatWest
London
EC3P 3HX

Contact details

Telephone: 01743 237884

Email: enquiries@healthwatchshropshire.co.uk

Website: www.healthwatchshropshire.co.uk

Twitter: @HWShropshire

Facebook: <http://www.facebook.com/HealthwatchShropshire>

Instagram: <https://www.instagram.com/healthwatchshropshire/>

Healthwatch Shropshire Report of the Board for the year ended 31st March 2024

The Board of Trustees presents its report and audited financial statements for the year ended 31st March 2024.

Chair's statement for the year ended 31st March 2024

"Building on our successful bid to continue to offer Healthwatch services to the people of Shropshire for another three years, we have undertaken a number of new initiatives to enable us to continue to listen to what those people are telling us.

We seek to act as a 'critical friend' to our local service providers, so they know what people are telling us, often including detail which they don't learn from their own feedback processes.

This year we celebrated 10 years of Healthwatch Shropshire. It is important to keep our board relevant and refreshed, so I am delighted to welcome three new Trustees to our board this year. Their very varied life experiences, and interest in the people of Shropshire and their health and social care needs, offer great scope for Healthwatch Shropshire to develop further.

As well as Healthwatch services, Healthwatch Shropshire has for the last eight years offered support to people who are unsure about how to complain about the healthcare services they have received. This is the Independent Health Complaints Advocacy Service, [Complaints Advocacy Service | Healthwatch Shropshire](#).

Drawing on what we have learnt over the years we invited feedback, both on our service and people's experiences in making complaints more generally, which is referenced on page 10. Our findings were shared with local service providers, who did not always understand the difficulties local people experienced when raising concerns and complaints. NHS Shropshire Telford & Wrekin invited our Chief Officer to lead an important group to look at the quality of services and patients' experiences involving people with 'lived experience' as both users of services and their carers."

Vanessa Barrett (Chair of Healthwatch Shropshire)

"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England

Our aims and objectives

Introduction

The Health and Social Care Act 2012 established Healthwatch as the independent consumer champion for health and social care in England, with a local Healthwatch in every Local Authority area in England. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. Everything we say and do is informed by our connection to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages and backgrounds who use health and social care services and to speak out on their behalf.

From 1st April 2016, Healthwatch Shropshire (HWS) has also held the contract for the Independent Health Complaints Advocacy Service (IHCAS) for people who receive NHS services in Shropshire and for Shropshire residents who receive NHS services outside the county.

Purpose and aims

The purposes of Healthwatch Shropshire are set out in the Articles of Association:

- To provide information and advice to the general public about local health and social care services
- To make the views and experiences of members of the general public known to health and social care providers
- To enable local people to have a voice in the development, delivery and equality of access to local health and care services and facilities, and
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Based on the Articles and guidance from Healthwatch England (HWE), Healthwatch Shropshire (HWS) has determined its own purpose:

To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.

Achievements and performance

Review of activities

The following section highlights the achievements of Healthwatch Shropshire in 2023-24 against the statutory activities for local Healthwatch.

The eight statutory activities of Healthwatch Shropshire are:

- Promoting and supporting the involvement of local people in commissioning, provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choice can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

When agreeing our priorities each year and identifying relevant projects the Board of Trustees for Healthwatch Shropshire demonstrates due regard for the Charity Commission's public benefit guidance and ensures our activities centre on the views and experiences of the people of Shropshire of health and social care services. These views are then shared directly with providers and commissioners, or included in our public reports, with the aim of them being used to influence and inform service design and improvement.

At Healthwatch it can be difficult to show the impact that we make within one financial year as, quite often, the difference that we make does not happen straight away but over a period of time.

For a more detailed report on our activities and impact in 2023-24 please see our Annual Report for Healthwatch England.

<https://www.healthwatchshropshire.co.uk/report/2024-07-16/value-listening-healthwatch-shropshire-annual-report-2023-24>

On page 13 we report on our additional activity under the Independent Health Complaints Advocacy Service for 2023-24.

Our year in review

Reaching out:

- 1,084 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.
- 2,499 people came to us for clear advice and information about topics such as finding an NHS dentist, 1378 people, and help getting to hospital, 284 people.

Making a difference to care:

- We published 13 reports about the improvements people would like to see in health and social care services. Our most popular report was 'Diabetes Care and Support' which highlighted the issues people face accessing the care processes recommended by Diabetes UK.

Ensuring the voice of Shropshire residents is heard at a wider level

We collaborate with other organisations to ensure the experiences of people in Shropshire influence decisions made about services at Shropshire, Telford and Wrekin Integrated Care System (ICS) level.

This year we've worked with organisations across health, social care and the voluntary and community sector to make sure what people tell us is listened to.

Examples of our work:

1. **Holding services to account.** This year we have been invited to present all of our reports to the Shropshire, Health and Wellbeing Board. This is a public meeting which is co-chaired by the Chief Executive Officer of NHS Shropshire, Telford & Wrekin and the Council member who is portfolio holder for Adult Social Care, Public Health and Communities. This meeting is attended by senior leaders and decision makers for NHS Trusts, Shropshire Council, Public Health and the VCSE and enables us to follow-up on our recommendations and outcomes.

2. **Influencing.** We have a seat at the table at key meetings across health and social care where we can highlight what you tell us about services, the importance of listening to you when evaluating services and looking at impact and the need to prioritise outcomes for people when designing and transforming services. For example, we continue to be involved with the Hospital Transformation Programmes and most recently the Local Care Transformation Programme.
3. **Involving.** Despite the increasing need for volunteers across health and social care we continue to attract people who want to be involved in our work as Enter & View Authorised Representatives, Engagement Volunteers to help us to reach out to communities across Shropshire, and Trustees of the Board who help ensure we are fulfilling our duties and statutory functions. We encourage our volunteers and members of the public to get involved in meetings and focus groups to share their views and experiences of services.
4. **Communicating.** Healthwatch Shropshire is a member of the Integrated Care System Communication and Engagement Group, working with partners to promote and share information and engage with people across Shropshire. Social media is one of the best tools we have to communicate with large parts of the population, including working people. This year we have seen a 14% increase in followers on Facebook and use of our website to access information continues to grow with over 21.000 hits this year.

Sample reports and impact:

'Diabetes Care and Support – A report into people's experiences of diabetes care and support in Shropshire' (published October 2023)

<https://www.healthwatchshropshire.co.uk/report/2023-10-30/diabetes-care-and-support>

Diabetes UK identified Shropshire as the area having the lowest proportion of diabetes patients receiving the recommended care processes in the country. The local NHS were aware of the problem and are working to improve things and we wanted to ensure that the voice of the patient and their suggestions for improvements were at the centre of developments.

Over 200 people got in touch with us. We were told that a significant number of patients were not receiving Diabetes UK 'Care Essentials', for example 23% were not receiving glucose tests or eye screening.

How was the report used?

- NHS Shropshire Telford & Wrekin told us that the results of our survey would help 'inform how we best design new pathways, with those people with both Type 1 and Type 2 diabetes at the heart of our work'.

- Public Health Shropshire told us: 'We will work with Healthwatch to ensure that this report and its recommendations is received by the Health and Wellbeing Board in Shropshire, and that this Board takes ownership of monitoring actions that are agreed.'
- Adding that the feedback about the lifestyle support needed will 'be used to inform the further development of preventative offers through Primary Care Networks and the Healthy Lives Social Prescribing Service, and action plan of the Healthier Weight Strategy'.

'NHS and Social Care Complaints – a report into people's experiences of making formal complaints about NHS and social care services' (published October 2023)

<https://www.healthwatchshropshire.co.uk/report/2023-10-18/nhs-and-social-care-complaints-report>

In addition to delivering local Healthwatch Services, Healthwatch Shropshire has been providing the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire residents and people using NHS services in Shropshire since 2016. This means we often hear directly about people's experiences of making a complaint about health and social care services. Some people have described the process as being confusing and disappointing, sometimes resulting in people deciding not to complain at all.

As well as sharing the views of the 78 people who shared their experiences with us we also wanted to highlight the NHS Complaints Standards Framework published in 2022 to

- let the public know what they should expect when making a complaint
- let organisations across the Shropshire, Telford & Wrekin Integrated Care System know the role they can play in making the process easier for the public and the importance of a consistent and more joined up approach to complaints handling across services

"I never had a person who was my point of contact to tell me what they were doing for me... The whole process felt like a battle just to speak to someone at PALS. It's a flawed system in my experience." (Member of the public)

Our report and recommendations were presented to and discussed at the Shropshire Health and Wellbeing Board where all providers are represented. From the minutes:

'It was felt that the idea of using a person-centred approach had not previously been considered in relation to complaints but that it may help the public in the way they view, use and consider health services. It was felt that the complaints process was not always the right thing for the public whereas more investment in bereavement and psychological support would also assist.' It was 'agreed to take forward the link between bereavement provision and complaints.'

Healthwatch Shropshire continues to use this report to evidence the need for a more joined up and coordinated approach to managing and simplifying the process of making a formal complaint across Shropshire, Telford & Wrekin Integrated Care System.

Hearing from our communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Going to speak to people face-to-face, either in the community or at the point of receiving services
- Expanding our use of social media to engage on a range of issues, promote local activities and raise awareness (e.g. local and national campaigns)
- Supporting Public Health to develop the Shropshire's Joint Strategic Needs Assessment of the current and future health and wellbeing needs of the local population.

Advice and information

For example, this year we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need by signposting, e.g. NHS dentistry

"I took up your suggestion and contacted the Dental Practice in Bridgnorth. They responded very promptly; my daughter and I have appointments there next week!" (Member of the public)

"Thank you so much for your help. I have successfully registered today for NHS treatment with the Dentist you suggested." (Member of the public)

- Supporting people to access the Independent Health Complaints Advocacy Service we provide or signposting to their local service.

Volunteering and Enter and View

In 2023-24 we were supported by 20 volunteers and Board members who gave up 102 days to make care better for our community. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Completed eight Enter & View visits (e.g. care homes, hospital wards) and made 23 recommendations
- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Helped us to plan and carry out Enter and View visits to local services to help them improve
- Represented us at meetings and events across the Shropshire, Telford & Wrekin Integrated Care System
- Attended volunteer meetings and shared their views and suggestions on our work and future activities
- Completed internal and external training to support them in their role

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of eight members (we can have up to 12) who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. They meet in public and ensure that decisions about priority areas of work reflect the concerns and interests of our diverse local community by drawing on information from the four sub-committees (Business, Intelligence, Enter & View and Engagement and Marketing). All of our volunteers have the option to join one or more of the committees and apply to be a member of the Board. Throughout 2023/24 the Board met four times and made decisions on matters such as our work programme and budget. It also has an important role in monitoring our performance.

Methods and systems used across the year to obtain people's experiences

We use 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 using services. We are available by phone four-days a week and people can email us, use the webform on our website and direct message us through social media. We continue to promote our Freepost address. We ensure that the annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and share it with people signed up to [receive our newsletter](#) and via social media.

Responses to recommendations

All providers delivering services in Shropshire responded to our requests for information or recommendations and these were added to our reports under the section Service Provider / Commissioner Response. There were no issues or recommendations escalated by us to the Healthwatch England Committee.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us. In our local authority area for example we take information, reports and presentations to the Shropshire Health and Wellbeing Board (HWBB), Shropshire Health and Adult Social Care Scrutiny Committee of Shropshire Council and the Joint Health Overview Scrutiny Committee attended by elected members of Shropshire and Telford and Wrekin Councils.

We have an open invitation to take all of our reports to the Shropshire HWBB and Shropshire Integrated Place Partnership Board (ShIPP) of the Integrated Care System (ICS), as well as the ICS Quality and Performance Committee attended by all provider organisations across health and social care.

Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire provided the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire residents and those using Shropshire NHS services.

2023-24 saw a reduction in the number of people contact is for guidance and support with making their complaint (2022-23 122 people, 2023-24 97 people. We provided 10 people with an Advocate, helping them to put their complaints in writing, supporting them to feel heard in complaints meetings, and chasing up responses on their behalf.

Financial review

a. Principal funding sources

Healthwatch Shropshire receives grant funding to deliver Healthwatch functions (£144,192) and the Independent Health Complaints Advocacy Service (£17,808) from Shropshire Council.

Due to widespread cuts in Healthwatch budgets nationally and the 25% cut in the Healthwatch Shropshire budget when we were recommissioned in 2018 there is a need for us to seek additional funding, including from the Local Authority, Shropshire, Telford & Wrekin Integrated Care Board and Healthwatch England. This year there was no additional funding available to us.

b. Reserves policy

It is good policy for a charity to hold a contingency reserve to protect the charity from disruption to its charitable work and from insolvency. The Board has determined that it will aim to hold 3 months core operating costs as a free reserve.

The reserve policy is monitored and reviewed annually as part of the budget setting process and when a significant event may trigger the need for a review.

At 31st March 2024 the total free reserve of Healthwatch Shropshire was £66,146 (2022-23 was £61,980, 2021-22 was £88,084).

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

c. Principal risks facing the charity

In December 2022 we were notified that our tender to continue providing both Healthwatch and IHCAS services for the next three years was successful. The new contract (starting April 2023) offers only the same income as for the previous five years. With the anticipated increases in the cost of living and staff salaries, the Board decided on a range of back office economies that would be expected to enable HWS to have adequate resources to maintain its range of services, and sufficient reserves.

Plans for next year

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS and social care culture where, at every level, staff strive to listen and learn from patients to make care better.

Top three priorities for 2024-25

1. Inequalities and their impact on access to services, experience and outcomes (including rural inequality)
2. Carers and social care
3. Ill health prevention and raising awareness of conditions, and the range of help and support available

Structure, Governance and Management

a. Constitution

Healthwatch Shropshire (HWS) is a charitable company limited by guarantee and was set up and is governed by its Articles of Association, which established the objects and powers of the charitable company.

Its registered charity number is 1151343 and its company number is 08415314. Members of the charitable company are required to contribute an amount not exceeding £1 to the assets of the charitable company in the event of its winding up. The Board Members are the trustees of the charity and directors of the company and have no beneficial interest in the charitable company.

b. Method of appointment or election of Board Members

Board Members, who are volunteers, are recruited with appropriate acknowledgement for the need for diversity in membership, from the people of Shropshire in an open and transparent process. Vacancies are advertised as widely as possible.

All candidates for Board Membership are:

- Sent a Board Recruitment Pack or sent the link to access it through our website and complete their application online.
- Invited to speak to the Chief Officer and/or Chair of the Board prior to interview. This is to ensure that any new Board Members fully understand the

responsibilities that are being taken on and have an insight into the work of Healthwatch Shropshire (HWS).

- Invited to a formal interview with the Chair or Vice Chair of the Board, another Board member and the Chief Officer.
- Invited to attend a Board meeting as an observer to gain further insight.

Board Members are elected for a period of three years.

All potential candidates to become Board Members must:

- live in Shropshire* OR
- work for/represent a voluntary or community group in Shropshire* OR
- be registered with a GP Practice in Shropshire*

(*By 'Shropshire' we mean the area covered by Shropshire Council)

c. Policies adopted for the induction and training of Board Members

New Board Members are:

- Invited to spend some time with the staff team and the Chair and are given key documents about HWS, e.g. policies.
- Asked about their induction and training needs and can attend training provided through the Healthwatch Network and Shropshire Council's Joint Training. Board members are encouraged to go out with Community Engagement and other officers to learn at first hand about the work we do.

Board Members have adopted a process of appraisal of individual Board Members on an annual basis and regularly review the structure and effectiveness of the Board and its Committees.

d. Organisational structure and decision making

The governance of the charity is the responsibility of the Board Members. They are lay people and volunteers who are elected and co-opted under the terms of the Articles of Association. The maximum number of Board Members is 12. At the end of the year in March 2024 the Board comprised eight members.

All members have equal voting rights. A Decision-Making policy is available through the website, www.healthwatchshropshire.co.uk The relevant decisions are included in Board meeting minutes and published on the web site.

There are four hybrid Board meetings in public during the year. Any members of the public who wanted to observe these meetings were asked to contact Healthwatch Shropshire to request the MS Teams link due to the limited space in our meeting room.

There are four Committees of the Board, each with its own Terms of Reference, to which the Board has delegated some of its responsibilities to enable the business of HWS to be delivered in a timely manner but the Board remains accountable. The Committees are:

- Business
- Enter & View
- Intelligence
- Engagement and Marketing

Board Members are required to complete a 'Declaration of Interest' form and declare any conflicts of interest at the beginning of Board and Sub-Committee meetings.

The staff complement at the end of the year was four (3 WTE), a reduction from seven (4.7 WTE) for 2022-23.

The Chief Officer is responsible for:

- Ensuring that the charity delivers the services specified in the contract with Shropshire Council and that key performance indicators are met
- The day-to-day operational management of the charity, supervision of the staff team and encouraging and supporting staff to continue to develop their skills and working practices in line with good practice (including responding to requests for training within budget constraints).

At year end Healthwatch Shropshire (HWS) had a team of 20 volunteers (including Board Members) to support its work programme. The volunteer roles are:

- Enter & View Authorised Representative (13) – conduct and report on Enter & View visits
- Engagement Volunteers (3) - help to raise awareness of HWS in their communities throughout Shropshire including representing HWS at information stands at locations across the county

Volunteers are invited to join Committees of the Board and encouraged to consider what skills and insight they could bring if they joined the Board.

There are many people of Shropshire who are interested in the work of Healthwatch Shropshire (HWS) and appreciate receiving our newsletters and social media posts but do not wish to be actively involved as volunteers. At the end of March 2024 477 people and organisations were signed up to receive our email newsletter and 3,833 followed us on our various social media platforms.

e. Risk management

Healthwatch Shropshire has a Risk Management Matrix to enable it to identify and manage effectively the external risks faced by the charity. Annual reviews take place involving Board Members and staff and the Matrix is updated for Business Committee and Board meetings when necessary.

f. Related parties

In so far as it is complementary to the organisation's objectives, Healthwatch Shropshire is guided by local and national priorities. We continue to base our priorities on those of:

- Healthwatch England
- Shropshire's Health and Wellbeing Board
- Shropshire Council and Public Health
- NHS Shropshire, Telford & Wrekin
- Shropshire, Telford & Wrekin Integrated Care System (ICS).

This ensures that the comments we receive from the public and the reports we publish can have a direct impact on the improvement work being undertaken across the ICS.

g. Healthwatch Trademark Licence Agreement

We can confirm that Healthwatch Shropshire has signed and returned to Healthwatch England the Healthwatch Trademark agreement (which covers the logo and the Healthwatch brand) and that we are using this trademark when undertaking work on our statutory Activities as covered by the licence agreement.

Responsibilities of the Board of Trustees

Company law requires the Board of Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company as at the balance sheet date and of its incoming resources and application of resources, including income and expenditure, for the financial year.

The Board of Trustees is responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 1985. Board of Trustees is also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent Examiners

The Hollies Bookkeeping Services were appointed during the year as Independent Examiners for Healthwatch Shropshire.

The Board of Trustees confirm that the annual report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in

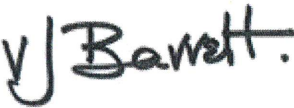
accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015) as amended by Updated Bulletin 1 (effective 1st January 2015).

Since the charitable company qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Directors Report) Regulations 2013 is not required.

Declarations

The Board of Trustees declare that they have approved the report above.

Signed on behalf of the Board

Signature(s)		
Full name(s)	Vanessa Barrett	
Position	Chair	
Date	19 th December 2024	

Independent Examiner's Report to the Trustees of Healthwatch Shropshire
For the year ended 31st March 2024

I report on the accounts for the year ended 31st March 2024 which are set out on the following pages.

Respective responsibilities of the Trustees and Independent Examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under Section 144 of the Charities Act 2011 (the Charities Act) that an independent examination is needed.

It is my responsibility

- to examine the accounts under section 145 of the Charities Act
- to follow the procedures laid down in the General Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act, and
- to state whether particular matters have come to my attention.

Basis of Independent Examiner's Statement

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair" view and the report is limited to those matters set out in the statement below.

Independent Examiner's statement

In connection with my examination, no material matters have come to my attention, other than that disclosed on the following page, which gives me cause to believe that in any material respect:

- accounting records were not kept in accordance with section 130 of the Charities Act or
- the accounts do not accord with the accounting records

I have come across no other matters in connection with the examination to which attention should be drawn in order to enable a proper understanding of the accounts to be reached.



Julie Williams MICB PM.Dip

17th December 2024



HEALTHWATCH SHROPSHIRE

STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 31 MARCH 2024

		Unrestricted Funds £	Restricted Funds £	2024 Total Funds £	2023 Total Funds £
<u>INCOME AND ENDOWMENTS</u> from <u>Charitable Activities</u>	<u>Notes</u>				
General Funds	2	162,000	-	162,000	165,679
<u>EXPENDITURE ON Charitable Activities</u>					
General funds	3	<u>157,834</u>	-	<u>157,834</u>	<u>194,993</u>
<u>NET INCOME / (EXPENDITURE)</u>		5,260	-	5,260	(29,314)
<u>RECONCILIATION OF FUNDS</u>					
Total funds brought forward		<u>61,980</u>	-	<u>61,980</u>	<u>91,294</u>
<u>TOTAL FUNDS CARRIED FORWARD</u>		<u>66,146</u>	-	<u>66,146</u>	<u>61,980</u>

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

HEALTHWATCH SHROPSHIRE (REGISTERED NUMBER: 08415314)**STATEMENT OF FINANCIAL POSITION****31ST MARCH 2024**

		2024	2023
		£	£
<u>CURRENT ASSETS</u>	Notes		
Debtors and prepayments	8	2,057	16,318
Cash at bank and in hand		<u>74,281</u>	<u>58,100</u>
		76,338	74,418
<u>CURRENT LIABILITIES</u>			
CREDITORS			
Amounts falling due within one year	9	<u>(9,098)</u>	<u>(12,438)</u>
<u>NET CURRENT ASSETS</u>		<u>67,240</u>	<u>61,980</u>
<u>TOTAL ASSETS LESS CURRENT LIABILITIES</u>		<u>67,240</u>	<u>61,980</u>
<u>NET ASSETS</u>		<u>67,240</u>	<u>61,980</u>
<u>FUNDS</u>	11		
Unrestricted Funds		<u>67,240</u>	<u>61,980</u>
Restricted Funds		-	
<u>TOTAL FUNDS</u>		<u>67,240</u>	<u>61,980</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31st March 2024.

The members have not required the company to obtain an audit of its financial statements for the year ended 31st March 2024 in accordance with Section 476 of the Companies Act 2006.

The Trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

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

The financial statements were approved by the Board of Trustees and authorised for issue on 14 November 2024 and were signed on its behalf by:



Ms V J Barrett - Trustee

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2024

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2019),' Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Financial Reporting Standard 102 – reduced disclosure exemptions

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland:'

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d);
- the requirements of paragraphs 11.42, 11.44, 11.45, 11.47, 11.48(a)(iii), 11.48(a)(iv), 11.48(b) and 11.48(c);
- the requirements of paragraphs 12.26, 12.27, 12.29(a), 12.29(b) and 12.29A;
- the requirement of paragraph 33.7.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable

to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. INCOME FROM CHARITABLE ACTIVITIES

	2024	2023
	General	General
	Funds	Funds
	£	£
Local authority grants	162,000	162,000
Other public sector grants	-	3,679
	<u>162,000</u>	<u>165,679</u>

3. CHARITABLE ACTIVITIES COSTS

	Direct	Support	Totals
	Costs (see	Costs	£
	note 4)	£	£
	£	£	£
General funds	<u>142,695</u>	<u>14,045</u>	<u>156,740</u>

4. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2024	2023
	£	£
Staff Costs	115,483	143,264
Travel, recruitment, training	2,644	2,752
Professional, Legal and Other	2,729	4,292
Volunteer Costs	621	796
Premises Related Costs	14,219	12,899
Advertising and Marketing	1,984	2,937
Administration / IT / Equipment	5,015	4,786
	<u>142,695</u>	<u>171,726</u>

5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31st March 2024 nor for the year ended 31st March 2023.

Trustees' expenses

During the year 5 Trustees (2023: 5) received reimbursement of expenses amounting to £1,060. (2023: £577)

6. STAFF COSTS

	2024 £	2023 £
Wages and salaries	107,149	133,662
Social security costs	3,612	4,196
Other pension costs	4,722	5,406
	<u>115,483</u>	<u>143,264</u>

The average monthly number of employees during the year was as follows:

	2024	2023
General	5	7

No employee received remuneration amounting to more than £60,000 in either year.

7. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds £
INCOME AND ENDOWMENTS from			
Charitable activities			
General Funds	162,000	-	162,000
EXPENDITURE on			
Charitable activities			
General Funds	<u>156,740</u>	-	<u>156,740</u>
NET INCOME / (EXPENDITURE)	5,260	-	5,260
RECONCILIATION OF FUNDS			
Total funds brought forward	<u>61,980</u>	-	<u>61,980</u>
TOTAL FUNDS CARRIED FORWARD	<u>67,240</u>	-	<u>67,240</u>

8. DEBTORS

	2024	2023
	£	£
Amounts falling due within one year:		
Trade Debtors	-	13,500
Prepayments	<u>1,057</u>	<u>1,818</u>
	1,057	15,318
Amounts falling due after more than one year:		
Other debtors	1,000	1,000
Aggregate amounts	<u>2,057</u>	<u>16,318</u>

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Trade creditors	2,521	6,706
Social security and other taxes	2,956	2,987
Accruals and deferred income	<u>3,621</u>	<u>2,745</u>
	<u>9,098</u>	<u>12,438</u>

10. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds £	Restricted Funds £	2024 Total Funds £	2023 Total Funds £
Current Assets	76,338	-	76,338	74,418
Current Liabilities	<u>(9,098)</u>	-	<u>(9,098)</u>	<u>(12,438)</u>
	<u>67,240</u>	-	<u>67,240</u>	<u>61,980</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31ST MARCH 2024

11. MOVEMENT IN FUNDS

	At 1.4.23 £	Net Movement In funds £	At 31.3.24 £
Unrestricted funds			
Unrestricted	61,980	5,260	67,240
Restricted Funds			
Restricted	-	-	-
TOTAL FUNDS	<u>61,980</u>	<u>5,260</u>	<u>67,240</u>

Net movement in funds, included in the above are as follows:

	Incoming Resources £	Resources Expended £	Movement In Funds £
Unrestricted Funds			
Unrestricted	162,000	(156,740)	5,260
Restricted Funds	-	-	-
Total Funds	<u>162,000</u>	<u>(156,740)</u>	<u>5,260</u>

Comparatives for movement in funds

	Incoming Resources £	Resources Expended £	Movement In Funds £
Unrestricted funds			
Unrestricted	165,679	(191,783)	(26,104)
Restricted Funds			
Help2Change Shropshire Healthy Living	-	(3,117)	(3,117)
Shaping Places for Healthier Lives	-	(93)	(93)
Total Restricted	<u>-</u>	<u>(3,210)</u>	<u>(3,210)</u>
TOTAL FUNDS	<u>165,679</u>	<u>(191,993)</u>	<u>(29,314)</u>

12. EMPLOYEE BENEFIT OBLIGATIONS

During the year end charitable company paid pension contributions of £4,722 (2023: £5,406). There were contributions payable at the year end of £1,314 (2023: £1,075)

13. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31st March 2024.

HEALTHWATCH SHROPSHIRE
DETAILED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31ST MARCH 2024

	<u>2024</u>	<u>2023</u>
	<u>£</u>	<u>£</u>
INCOME AND ENDOWMENTS		
Charitable activities		
Local authority grants	162,000	162,000
Other public sector grants		3,679
		<u>165,679</u>
Total Incoming Resources	<u>162,000</u>	<u>165,679</u>
EXPENDITURE		
Charitable Activities		
Salaries and National Insurance	110,761	137,858
Pension costs	4,722	5,406
Insurance	1,540	1,222
Telephone and Broadband	1,094	1,074
Postage	440	514
Marketing and Publicity	1,984	1,568
Travel and Subsistence	2,384	2,221
Volunteer & Trustee expenses	621	796
Recruitment (including DBS)	133	99
Training & development	127	432
Consultancy	5,091	3,070
Publications / subscriptions	58	91
Venue Hire and Events	-	1,369
Printing and Stationery	445	902
Equipment	97	1,233
Website & software	73	2,046
Office rent	8,865	6,898
Premises costs	4,260	4,927
	<u>142,695</u>	<u>171,726</u>
Other		
Sundries	64	5,197
Financial administration	13,096	15,929
Independent Examination Fee		1,260
Trustees' expenses	578	577
Trustee Indemnity Insurance	307	304
	<u>14,045</u>	<u>23,267</u>
Total Resources expended	<u>156,740</u>	<u>194,993</u>
Net Income / (Expenditure)	<u>5,260</u>	<u>(29,314)</u>

This page does not form part of the statutory financial statement

HEALTHWATCH SHROPSHIRE

England & Wales - Charity number 1151343

Accounts



Healthwatch Shropshire

(A company limited by guarantee)

Trustees' Report and Unaudited Financial Statements

For the Year Ended 31st March 2023

**Charity number 1151343
Company number 08415314**

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Reference and administrative information

Charity name:	Healthwatch Shropshire
Charity registration number:	1151343
Company registration number:	08415314
Registered Office and operational address:	4 The Creative Quarter Shrewsbury Business Park Shrewsbury Shropshire SY2 6LG

Board of Trustees

Vanessa Barrett, Chair
Michael Terrence Harte, Deputy Chair (resigned 20/09/2023)
Richard Amos (appointed 20/03/2023)
Mark Lacey
Steve Price
Frederick David Voysey
Denise Walker
Robert Douglas Welch
Anne Wignall

Secretary

Sue Homden (resigned 16/08/2023)

Staff Team

Chief Officer	Lynn Cawley	
Information Officer	Brian Rapson	
Enter & View Officer and Health Complaints Advocacy Coordinator	Alli Sangster-Wall	
Administrative Officer	Patricia McInnes	
Community Engagement Officer	Anne-Marie Fleming	(Left 03/11/22)
Community Engagement Officer	Rachel Cox	(Joined 24/10/22 initially through Temp agency for 3 months)

Staff Team – continued

Community Engagement Officer (Minority Groups)	Kate Fejfer	<i>Fixed term contract to 31/03/23)</i>
Communication and Involvement Officer	Elizabeth Florendine	

Independent Examiner

TCA (Shrewsbury) LLP
Third Floor
21 St. Mary's Street
Shrewsbury
SY1 1ED

Bankers

NatWest
London
EC3P 3HX

Contact details

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Website: www.healthwatchshropshire.co.uk
Twitter: @HWSShropshire
Facebook: <http://www.facebook.com/HealthwatchShropshire>
Instagram: <https://www.instagram.com/healthwatchshropshire/>

Healthwatch Shropshire Report of the Board for the year ended 31st March 2023

The Trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2023. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Since the charitable company qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Directors Report) Regulations 2013 is not required.

Chair's statement for the year ended 31st March 2023

2022-2023 marks a significant anniversary. Healthwatch is 10 years old! At the beginning of 2023 we were delighted that Shropshire Council expressed their confidence in our work by awarding Healthwatch Shropshire the contract for the next 3-5 years.

Other headlines:

- We have also been fortunate in attracting two new Board Trustees, to widen our representation of the people of Shropshire and refresh our activities with new thinking.
- We learned a great deal from investing in a temporary new role of Community Engagement Officer with a focus on developing relationships with communities that are not often heard (page 13). Shropshire, being predominantly rural and with only 5% population who are not white British, has small pockets of these minority groups spread out across the county. We were in contact with the Shrewsbury Inter-Faith Forum and Muslim, Greek, Japanese, Polish, Ukrainian, Filipino individuals and groups. We heard about the internal and external barriers for them in accessing the care they need and have been able to raise these with the most appropriate organisations delivering health and social care across Shropshire to address them.

One of the highlights of the year for me was our Annual Event held at Shrewsbury Town Football Club. 'One Chance' (page 9) brought together the public and professionals to talk about work being done in Shropshire to get care right for people towards the end of life.

Vanessa Barrett (Chair of Healthwatch Shropshire)

"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Our aims and objectives

Introduction

The Health and Social Care Act 2012 established Healthwatch as the independent consumer champion for health and social care in England, with a local Healthwatch in every Local Authority area in England. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. Everything we say and do is informed by our connection to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages and backgrounds who use health and social care services and to speak out on their behalf.

From 1st April 2016, Healthwatch Shropshire (HWS) has also held the contract for the Independent Health Complaints Advocacy Service (IHCAS) for people who receive NHS services in Shropshire and for Shropshire residents who receive NHS services outside the county.

At the end of 2022 we were notified that we had been successful in our tender to continue to provide the Healthwatch Shropshire and the IHCAS services for the next three years, with the possibility of an extension until the end of March 2028.

Purpose and aims

The purposes of Healthwatch Shropshire are set out in the Articles of Association:

- To provide information and advice to the general public about local health and social care services
- To make the views and experiences of members of the general public known to health and social care providers
- To enable local people to have a voice in the development, delivery and equality of access to local health and care services and facilities, and
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Based on the Articles and guidance from Healthwatch England (HWE), Healthwatch Shropshire (HWS) has determined its own purpose:

To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.

Achievements and performance

Review of activities

The following sections highlight the achievements of Healthwatch Shropshire in 2022-23 against the statutory activities for Healthwatch in the context of Shropshire and reports on the Independent Complaints Advocacy Service.

The eight statutory activities of Healthwatch Shropshire are:

- Promoting and supporting the involvement of local people in commissioning, provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choice can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

When agreeing our priorities each year and identifying relevant projects the Board of Trustees for Healthwatch Shropshire demonstrates due regard for the Charity Commission's public benefit guidance and ensures our activities centre on the views and experiences of the people of Shropshire of health and social care services. These views are then shared directly with providers and commissioners, or included in our public reports, with the aim of them being used to influence and inform service design and improvement.

At Healthwatch it can be difficult to show the impact that we make within one financial year as, quite often, the difference that we make does not happen straight away but over a period of time. Over the next section we follow the structure required by Healthwatch England to describe some case studies of key projects we have undertaken this year and the impact they have had.

We report on our additional activity under the Independent Health Complaints Advocacy Service for 2022-23 (See page 17).

Our year in review

How we have engaged and supported people

- **Reaching out:** 2,019 people shared their experiences of health and social care services with us, helping us raise awareness of issues and improve care. This represents a 200% increase on 2021-2022. 2,463 people came to us for clear advice and information about topics such as mental health and how to find an NHS dentist.
- **Publishing our reports:** This year we published 9 reports about the improvements people would like to see in health and social care services. Our most popular report was "Calling for an Ambulance in an Emergency" which highlighted the struggles people faced when seeking urgent help.
- **Getting people involved:** In 2022-23 we had 22 outstanding volunteers who gave up 137 days to make care better for our community, an increase of almost 50 days from last year.

How we've made a difference this year

Spring

- We launched our 'Your care, your way' campaign to promote and explore people's experiences of the NHS Accessible Information Standard.
- We started targeted engagement to reach people from minority groups across Shropshire to raise our profile and hear their views.

Summer

- Patient experience of calling for an Ambulance helped local NHS implement a pilot scheme to provide help for those who experience falls in the community (e.g. in their own home) (See page 10).
- Experiences of psychological services and patient suggestions for improvement were shared with NHS to help them develop services (See page 11)

Autumn

- Patients told us about experiences of seeking GP referrals; the local NHS will address the issues raised in the recovery plan they are developing.
- Our Chief Officer started working with the NHS locally to create an Experience of Care group for people with lived experience.

Winter

- Shoppers in local markets told us their concerns; these will help to develop the Joint Strategic Needs Assessment of future health & wellbeing needs in Shropshire. (See page 12)
- As part of the ongoing 'Because we all care' Healthwatch campaign we visited libraries and community groups to encourage older people to share their experiences of services during winter with us.

Listening to your experiences

Services can't make improvements without hearing people's views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services to help them improve.

Case Study 1: Encouraging conversations on End-of-Life Care

We held our annual event - 'One Chance: Conversations and information on death and dying' in May 2022 focusing on End-of-Life Care (EOLC) and, in particular, on Advance Care Planning. It was held at Shrewsbury Town Football Club and attended by 79 professionals, volunteers and members of the public. Our aim was to share the experiences of care highlighted in our reports as well as to encourage conversations about End-of-Life and raise awareness of the practical benefits that Advance Care Planning (ACP) can have for people, their families and the professionals working in this area of care.

Prior to our event, we attended Library engagement events across Shropshire to promote it. We teamed up with professionals across the Integrated Care System (ICS) who specialise in EOLC and ACP including Shrewsbury and Telford Hospital Trust and Shropshire Community Health Trust to raise awareness of work being done to improve people's experiences of EOLC.

37 people have watched the video of our event on YouTube - [One Chance, conversations and information about death and dying - YouTube](#)

Attendee, One Chance event

"The presentation yesterday was really good. Exactly what I have been talking to carers about. The speakers spoke the right language. Thank you Healthwatch for bringing us all together."

Visit our website to read our End of Life reports:

- [Experiences of End of Life and Palliative Care Services in Shropshire | Healthwatch Shropshire 2020](#)
- [Experiences of out of hours Palliative Care in Shropshire, Telford & Wrekin | Healthwatch Shropshire 2021](#)

What difference did this make?

- Our Chief Officer now attends the ICS System End of Life Steering Group where one of our guest speakers from Severn Hospice fed back that, as a result of networking at our event, they were arranging End of Life Training for the Ambulance Service and Midlands Partnership Mental Health Trust.
- We now have support from organisations represented on the End-of-Life Steering Group for any future work to gather people's experiences of care, including helping us to speak to individuals, their carers and groups known to them (e.g. support groups).

Attendee, One Chance event

"It was incredibly interesting and great to hear how much the different caregivers want to work in collaboration to improve services for people. Thank you for an informative afternoon."

Case Study 2: Prompting action to address ambulance delays and falls

In 2022 we heard from 168 people in response to our call for experiences of calling for an ambulance in an emergency.

Ambulance delays is a complex, whole system issue so we asked people to tell us about their entire experience from calling 111 or 999 through to their discharge from hospital if they were admitted. We heard about long waits for ambulances and to be admitted to hospital. We also heard from people living in rural and isolated communities, including those without their own transport, facing long travel times.

Member of the Public

"...Whilst my wife was never at risk of dying, spending 14 ½ hours on the floor is not a pleasant experience, being unable to move, to go to the loo or get remotely comfortable..."

Key Findings Included:

1. People told us that staff were often kind, caring, helpful and professional
2. 42% of people who had called an ambulance due to a fall waited over 6 hours on the floor.
3. Long handover waits at A&E meant that ambulance call times were not always met and people lost loved ones who they believed would have survived if the ambulance had arrived sooner.
4. Ongoing Issues around discharge meant that people were staying in hospital longer than they needed to.

What difference did this make?

- Our Chief Officer shared initial findings with the Shropshire Integrated Place Partnership Board. At that time there was not a Falls Pathway in Shropshire and this triggered staff across the ICS to put one in place., "some very direct action came from that which was really positive." (Head of Joint Partnerships for the ICB and Public Health.
- In response to our report providers told us about the steps they are taking to reduce ambulance delays and improve care, including creating Rapid Response Teams, an Acute Assessment Floor at the hospital to reduce pressure in the Emergency Department and creating virtual wards to enable people to receive acute care in the community.
- Our report was quoted in a House of Lords briefing to the Government requesting they convene the COBRA committee regarding the delays in emergency care nationally.

Chief Executive of NHS STW

"The report is hard hitting and so it should be. This is not fixed but I want to recognise the visibility and importance of this report in supporting the work we are doing."

Four ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

1. Asking students about their health and wellbeing needs

In January 2022 we were contacted by the Vice Principal from Shrewsbury Colleges' Group (SCG) as all external health wellbeing services ceased during the pandemic and students want to speak to relevant professionals. In September 2022, we spoke to new and existing students during freshers' week to understand their needs and preferred methods of contact from services, e.g., text messages.

We shared what we heard with the Director of Public Health and Director of People at Shropshire Council under the prevention agenda of the ICS. We met with agencies, including the school nursing team, drugs/alcohol, Enable and Shropshire Youth Forum who were all keen to engage. We also signposted the SCG to the National Children & Young People and Young Adult Suicide Prevention Toolkit.

2. Bringing experiences of Psychological Therapies to life

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems. In February 2022 at the request of the Mental Health Commissioner for the Shropshire, Telford & Wrekin NHS Clinical Commissioning Group (now ICB) we worked with Healthwatch Telford & Wrekin to gather experiences of Improving Access to Psychological Therapies (IAPT) services across the county. We created a survey and asked people how they thought the service could be improved based on the involvement they had.

We published our report in July 2022 [Psychological Services in Shropshire, Telford & Wrekin | Healthwatch Shropshire](#) We made 13 suggestions for improvements from the public. The clinical lead from the service at Midlands Partnership Foundation Trust said: 'All comments will help shape our services, learning lessons from both the positive and negative experiences.'

3. Presenting our report on Mental Health Crisis Services for Children and Young people (CYP)

On the 4th March 2022 we were approached by the Statutory Safeguarding Business Partner for Shropshire after our report, [Mental Health Crisis Services for Children and Young People in Shropshire, Telford & Wrekin | Healthwatch Shropshire](#), 'reinforce[d] their concerns' about the services available to children and young people and difficulties accessing them. This triggered a challenge event across both Local Authority areas including all providers of CYP mental health services and support in Shropshire and Telford & Wrekin. On 13th June 2022 the Chief Officer presented our findings to the Challenge Event.

On the 11th May 2022 we presented our findings, recommendations and service provider responses to the Health and Wellbeing Board.

4. Broadening our reach by attending markets across Shropshire

In January 2023, we started visiting market halls across Shropshire to understand if/how experiences of services varied across the county. 80% of people told us they were particularly concerned about their local services, including: access to their GP, urgent and emergency care, dentistry, care at home and hospital care and treatment.

Our report [Shropshire Markets - What are you concerned about? | Healthwatch Shropshire](#) continues to be used to inform our work about inequalities, including highlighting rural inequalities. The Director of Public Health said 'what you told us will

be used as part of the evidence base for the Joint Strategic Needs Assessment (JSNA)' and 'inform the commissioning and the development of services and activities to address gaps in needs and ensure the [JSNA] reflects local priorities and what matters to local residents.' The ST&W NHS said our findings 'will be fed into the ICS Joint Five Year Forward Plan and will inform service improvement plans in the coming five years.'

Hearing from all communities

Over the past year we have worked hard to make sure we hear from as many people as possible within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Appointing a second Engagement Officer to temporarily enhance our existing team, specifically to build relationships with communities less often heard from
- Worked with Shrewsbury Colleges Group to speak to their students aged 16+ about the support they need for their health and wellbeing and building on our links with the South Shropshire Youth Forum
- Going out into market towns across Shropshire to hear directly from people living in different areas of the county about their experiences of accessing health and care
- Meeting with people with a range of disabilities to understand their experience of the NHS Accessible Information Standard.

Challenges experienced by minority groups

According to the latest data, 5% of the population of Shropshire are not white British. These people live across the county in small groups, sometimes alone. Many of these people are in work or education and so it is important to go out into their community and join community events to engage with them. During 2022-23 our Engagement Officer for Minority Groups met with the Interfaith Forum, faith groups and residents including those from black Caribbean, Muslim, Greek, Japanese, Bulgarian, Polish, Ukrainian and Filipino backgrounds to raise the profile of Healthwatch Shropshire, explain the services we offer and hear their views and experiences of accessing health and care.

The people we heard from reported language barriers, difficulties understanding systems and services, e.g. accessing care and treatment. We heard about the hidden issue of domestic violence in some communities and cultural differences that often prevent people from feeling they can speak out.

Highlighting the communication needs of people with disabilities and cognitive impairment

Person with lived experience

"I want to read my result letters myself and I don't want to ask for help"

As part of the 'Your Care, Your Way' campaign by Healthwatch England we met with people with acquired brain injuries (e.g. Stroke) and visited eight community groups, including groups for people with sight loss and hearing impairment, learning disability and autism and their carers. None of them had been made aware of their rights under the Standard by professionals and all shared the impacts on their health and wellbeing of not understanding their health and care information. We are presenting our report to the Health and Wellbeing Board in June 2023.

Encouraging more older people to share their experiences

We supported Healthwatch England's campaign for #Becauseweallcare Phase 2 and engaged with older people to ask for their feedback on local health and social care. We attended two knit and natter groups, one in north Shropshire and one in the South, a Memory Café, a Dementia support group and two coffee mornings run by local home care providers for their older clients. We talked to people about the importance of providing their feedback on services and gathered their comments.

A spotlight report highlighting the themes from this engagement is being produced.

Enter and View

2022 saw Healthwatch Shropshire return to Enter & View activity undertaking two visits to care homes and three to Wards at Royal Shrewsbury Hospital (RSH).

Our programme of visits to RSH was prompted by comments from the public about communication, hydration and assistance with meals. We went to the Wards to observe and speak to patients and visitors about these aspects of the service they were receiving.

Restarting our programme

During the pandemic, and the pause in our face-to-face activities, we lost some long-standing volunteers who decided they didn't want to return to Enter and View or had picked up other volunteering and no longer had the time. We inducted two new volunteers this year but one attended training and then could not continue due to family commitments. All Authorised Representatives and new volunteers have

attended Enter and View training this year; we felt that this was an important refresher for those who had not done visits for two years.

Volunteering

We're supported by a team of amazing volunteers (including our Board) who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote Healthwatch Shropshire and the services we provide, including the Independent Health Complaints Advocacy Service (IHCAS)
- Collected experiences and supported their communities to share their views
- Carried out Enter and View visits to local services to help them improve
- Supported local NHS hospitals with PLACE assessments (Patient-Led Assessments of the Care Environment).

Board Recruitment Funding (see page 18)

In September 2022 we applied to Healthwatch England to receive funding and access to their Board Recruitment Programme led by Getting on Board. We were notified that we had been successful in October and the training was attended by a staff member and the Chair of our Board. It enabled us to:

- Update our Skills Audit and develop a Skills Matrix for the Board to help us see where gaps are in order to target our recruitment. We shared our materials with the Healthwatch Network.
- Redesign our publicity materials and use this to update our website.
- Improve our Board Recruitment Pack to make the application process as accessible and informal as possible to encourage people to join the Board who might not otherwise consider it.
- Proactively recruit to the Board and a new member was elected to the Board in March 2023.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of eight members (we can have up to 12) who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. They meet in public and ensure that decisions about priority areas of work reflect the concerns and interests of our diverse local community by drawing on information from the four sub-committees (Business, Intelligence, Enter & View and Engagement and Marketing). All of our volunteers have the option to join one or more of the committees and apply to be a member of the Board. Throughout 2022/23 the Board met four times and made decisions on matters such as our work programme and budget. It also has an important role in monitoring our performance.

Methods and systems used across the year to obtain people's experiences

We use 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 using services. During 2022/23 we have been able to return to speaking to people face-to-face at stands and events and attending community groups and forums. We are available by phone four-days a week and people can email us, use the webform on our website and direct message us through social media. We continue to promote our Freepost address and have developed a new postcard. We ensure that the annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and share it with people signed up to [receive our newsletter](#) and via social media.

Responses to recommendations

All providers delivering services in Shropshire responded to our requests for information or recommendations and these were added to our reports under the section Service Provider / Commissioner Response. There were no issues or recommendations escalated by us to the Healthwatch England Committee. We have asked them to consider expanding their accessible information campaign to include reasonable adjustments.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us. In our local authority area for example we take information, reports and presentations to the Shropshire Health and Wellbeing Board (HWBB), Shropshire Health and Adult Social Care Scrutiny Committee of Shropshire Council and the Joint Health Overview Scrutiny Committee attended by elected members of Shropshire and Telford and Wrekin Councils.

We have received an open invitation to take all of our reports to the Shropshire HWBB and Integrated Place Partnership Board (ShIPP) of the Integrated Care System (ICS), as well as the ICS Quality and Performance Committee attended by all provider organisations across health and social care.

Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire provided the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire residents and those using Shropshire NHS services for a 7th year in 2022-23. We also successfully retendered to provide the service for another 3-5 years.

2022-23 was our joint busiest year for IHCAS with **122 people** contacting us for guidance or support with making their complaint: the same number as last year. We provided **26 people with an Advocate**, helping them to put their complaints in writing, supporting them to feel heard in complaints meetings, and chasing up responses on their behalf.

The top 5 services people were complaining about were:

- Hospitals (59)
- GPs (25)
- Community Mental Health Teams (9)
- Ambulances (5)
- Dentists (4)

The top 5 topics of complaint were:

- Quality of treatment (40)
- Staff attitude (24)
- Access to a service (23)
- Diagnostics e.g. Misdiagnosis (22)
- Communication (19)

Financial review

a. Principal funding sources

Healthwatch Shropshire receives grant funding to deliver Healthwatch functions (£144,192) and the Independent Health Complaints Advocacy Service (£17,808) from Shropshire Council. These services are open to a competitive tendering process and we were successful in our bid to continue to provide both services from 1st April 2023.

Due to widespread cuts in Healthwatch budgets nationally and the 25% cut in the Healthwatch Shropshire budget when we were recommissioned in 2018 there is a need for us to seek additional funding, including from the Local Authority, Shropshire, Telford & Wrekin Integrated Care Board and Healthwatch England.

This year we successfully applied for an additional £3,679 in funding from Healthwatch England for:

- IT improvements - £979 and £1500
- Board recruitment - £1,200 (see page 15)

b. Reserves policy

It is good policy for a charity to hold a contingency reserve to protect the charity from disruption to its charitable work and from insolvency. The Board has determined that it will aim to hold 3 months core operating costs as a free reserve.

The reserve policy is monitored and reviewed annually as part of the budget setting process and when a significant event may trigger the need for a review.

In 2022-23 the Board agreed to use some of the additional reserve to fund a fixed term post for an Engagement Officer to focus on building our relationships with Minority Groups in Shropshire (see page 5.)

At 31st March 2023 the total free reserve of Healthwatch Shropshire was £61,980 (2021-22 was £88,084).

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

c. Principal risks facing the charity

In December 2022 we were notified that our tender to continue providing both Healthwatch and IHCAS services for the next three years was successful. Our Commissioner has the option to extend this for a further two years in 2027. However, the budget for both services will not increase in 2023-24 so the Board began to explore potential savings in early 2023, including reviewing our spending, e.g. on expenses and promotional materials, staffing, accommodation and back-office services. Actions taken to date (in 2023/24) have enabled the Board Members to have a reasonable expectation that HWS has adequate resources to continue its operational existence for the foreseeable future.

Plans for next year

In the ten years since Healthwatch Shropshire was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackle inequalities that exist and work to reduce the barriers people face when accessing care, regardless of whether that is because of where they live, their income or race.

Top three priorities for 2023-24

1. Ensuring the long-term financial sustainability of Healthwatch Shropshire.
2. Continue to promote and support public involvement in service transformation by the Integrated Care System.
3. Highlight the inequalities that impact on people's access to care and treatment.

Structure, Governance and Management

a. Constitution

Healthwatch Shropshire (HWS) is a charitable company limited by guarantee and was set up and is governed by its Articles of Association, which established the objects and powers of the charitable company.

Its registered charity number is 1151343 and its company number is 08415314. Members of the charitable company are required to contribute an amount not

exceeding £1 to the assets of the charitable company in the event of its winding up. The Board Members are the trustees of the charity and directors of the company and have no beneficial interest in the charitable company.

b. Method of appointment or election of Board Members

Board Members, who are volunteers, are recruited with appropriate acknowledgement for the need for diversity in membership, from the people of Shropshire in an open and transparent process. Vacancies are advertised as widely as possible.

All candidates for Board Membership are:

- Sent a Board Recruitment Pack or sent the link to access it through our website and complete their application online.
- Invited to speak to the Chief Officer and/or Chair of the Board prior to interview. This is to ensure that any new Board Members fully understand the responsibilities that are being taken on and have an insight into the work of Healthwatch Shropshire (HWS).
- Invited to a formal interview with the Chair or Vice Chair of the Board, another Board member and the Chief Officer.
- Invited to attend a Board meeting as an observer to gain further insight.

Board Members are elected for a period of three years.

All potential candidates to become Board Members must:

- live in Shropshire* OR
- work for/represent a voluntary or community group in Shropshire* OR
- be registered with a GP Practice in Shropshire*

(*By 'Shropshire' we mean the area covered by Shropshire Council)

The Board Skills Audit was updated this year and all existing and new Board members completed it in February 2023 to inform future training and Board Development sessions.

c. Policies adopted for the induction and training of Board Members

New Board Members are:

- Asked to complete the Skills Audit.
- Invited to spend some time with the staff team and the Chair and are given key documents about HWS, e.g. policies.
- Asked about their induction and training needs and can attend training provided through the Healthwatch Network and Shropshire Council's Joint Training. Board members are encouraged to go out with Community Engagement and other officers to learn at first hand about the work we do.

Board Members have adopted a process of appraisal of individual Board Members on an annual basis and regularly review the structure and effectiveness of the Board and its Committees.

d. Organisational structure and decision making

The governance of the charity is the responsibility of the Board Members. They are lay people and volunteers who are elected and co-opted under the terms of the Articles of Association. The maximum number of Board Members is 12. At the end of the year in March 2023 the Board comprised nine members.

All members have equal voting rights. A Decision-Making policy is available through the website, www.healthwatchshropshire.co.uk The relevant decisions are included in Board meeting minutes and published on the web site.

There are four Board meetings in public during the year. At the beginning of 2022 we continued to meet over MS Teams as we had during the Covid-19 pandemic. Any members of the public who wanted to observe these meetings were asked to contact Healthwatch Shropshire to request the MS Teams link. During the year these meetings became hybrid as some members preferred the convenience of meeting over MS Teams while others felt meeting face-to-face would be more interactive and beneficial. Due to limited access to suitable meeting rooms, financial constraints and the importance of improving access to these meetings for the public it is planned to continue to offer the hybrid model.

There are four Committees of the Board, each with its own Terms of Reference, to which the Board has delegated some of its responsibilities to enable the business of HWS to be delivered in a timely manner but the Board remains accountable. The Committees are:

- Business
- Enter & View
- Intelligence
- Engagement and Marketing

Board Members are required to complete a 'Declaration of Interest' form and declare any conflicts of interest at the beginning of Board and Sub-Committee meetings.

The staff complement at the end of the year was seven (4.7 WTE).

The Chief Officer is responsible for:

- Ensuring that the charity delivers the services specified in the contract with Shropshire Council and that key performance indicators are met
- The day-to-day operational management of the charity, supervision of the staff team and encouraging and supporting staff to continue to develop

their skills and working practices in line with good practice (including responding to requests for training within budget constraints).

At year end Healthwatch Shropshire (HWS) had a team of 22 volunteers (including Board Members) to support its work programme. The volunteer roles are:

- Enter & View Authorised Representative (13) – conduct and report on Enter & View visits
- Engagement Volunteers (3) - help to raise awareness of HWS in their communities throughout Shropshire including representing HWS at information stands at locations across the county

Volunteers are invited to join Committees of the Board and encouraged to consider what skills and insight they could bring if they joined the Board.

There are many people of Shropshire who are interested in the work of Healthwatch Shropshire (HWS) but do not wish to be actively involved as volunteers, who appreciate receiving our newsletters and social media posts. At the end of March 2022, HWS continued to have 70 Organisations and 217 Individuals who choose to be associated in this way.

e. Risk management

Healthwatch Shropshire has a Risk Management Matrix to enable it to identify and manage effectively the external risks faced by the charity. Annual reviews take place involving Board Members and staff and the Matrix is updated for Business Committee and Board meetings when necessary.

f. Related parties

In so far as it is complementary to the organisation's objectives, Healthwatch Shropshire is guided by local and national priorities. We continue to base our priorities on those of:

- Healthwatch England
- Shropshire's Health and Wellbeing Board
- Shropshire Council and Public Health
- Shropshire, Telford & Wrekin NHS
- Shropshire, Telford & Wrekin Integrated Care System (ICS).

This ensures that the comments we receive from the public and the reports we publish can have a direct impact on the improvement work being undertaken across the ICS.

h. Healthwatch Trademark Licence Agreement

We can confirm that Healthwatch Shropshire has signed and returned to Healthwatch England the Healthwatch Trademark agreement (which covers the

logo and the Healthwatch brand) and that we are using this trademark when undertaking work on our statutory Activities as covered by the licence agreement.

Trustees' responsibilities statement

The Trustees (who are also directors of Healthwatch Shropshire for the purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).


Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In preparing this report, the Trustees have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the Trustees on.....20 Nov 2023..... and signed on their behalf by:



Vanessa Barrett, Chair of Trustees

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
HEALTHWATCH SHROPSHIRE**

Independent examiner's report to the trustees of Healthwatch Shropshire ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 March 2023.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under Section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under Section 145(5) (b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by Section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of Section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

C Moelwyn-Williams

C Moelwyn-Williams BSc FCA

TCA (Shrewsbury) LLP
Third Floor
21 St Mary's Street
Shrewsbury
Shropshire
SY1 1ED

Date: *4th December 2023*

HEALTHWATCH SHROPSHIRE

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2023

	Notes	Unrestricted funds £	Restricted funds £	2023 Total funds £	2022 Total funds £
INCOME AND ENDOWMENTS FROM					
Charitable activities	2				
General funds		<u>165,679</u>	<u>-</u>	<u>165,679</u>	<u>163,775</u>
EXPENDITURE ON					
Charitable activities	3				
General funds		<u>191,783</u>	<u>3,210</u>	<u>194,993</u>	<u>148,800</u>
NET INCOME/(EXPENDITURE)		(26,104)	(3,210)	(29,314)	14,975
RECONCILIATION OF FUNDS					
Total funds brought forward		<u>88,084</u>	<u>3,210</u>	<u>91,294</u>	<u>76,319</u>
TOTAL FUNDS CARRIED FORWARD		<u><u>61,980</u></u>	<u><u>-</u></u>	<u><u>61,980</u></u>	<u><u>91,294</u></u>

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION
31 MARCH 2023

	Notes	2023 £	2022 £
CURRENT ASSETS			
Debtors	8	16,318	15,507
Cash at bank and in hand		<u>58,100</u>	<u>86,483</u>
		74,418	101,990
CREDITORS			
Amounts falling due within one year	9	(12,438)	(10,696)
		<u>61,980</u>	<u>91,294</u>
NET CURRENT ASSETS			
		<u>61,980</u>	<u>91,294</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>61,980</u>	<u>91,294</u>
NET ASSETS		<u>61,980</u>	<u>91,294</u>
FUNDS	11		
Unrestricted funds		61,980	88,084
Restricted funds		<u>-</u>	<u>3,210</u>
TOTAL FUNDS		<u>61,980</u>	<u>91,294</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2023.


The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2023 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

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

The financial statements were approved by the Board of Trustees and authorised for issue on and were signed on its behalf by:

20 Nov 2023

.....
Mrs V J Barrett - Trustee

The notes form part of these financial statements

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2023

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Financial reporting standard 102 - reduced disclosure exemptions

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d);
- the requirements of paragraphs 11.42, 11.44, 11.45, 11.47, 11.48(a)(iii), 11.48(a)(iv), 11.48(b) and 11.48(c);
- the requirements of paragraphs 12.26, 12.27, 12.29(a), 12.29(b) and 12.29A;
- the requirement of paragraph 33.7.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 MARCH 2023

1. ACCOUNTING POLICIES - continued

Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. INCOME FROM CHARITABLE ACTIVITIES

	2023 General funds £	2022 Total activities £
Local authority grants	162,000	163,775
Other public sector grants	<u>3,679</u>	<u>-</u>
	<u>165,679</u>	<u>163,775</u>

In the prior year, £162,000 of the income related to unrestricted funds and £1,775 to restricted funds.

3. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 4) £	Support costs £	Totals £
General funds	<u>171,726</u>	<u>23,267</u>	<u>194,993</u>

In the prior year, £146,832 of the expenditure related to unrestricted funds and £1,968 to restricted funds.

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2023

4. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2023	2022
	£	£
Staff costs	143,264	99,097
Insurance	1,222	3,421
Telephone & broadband	1,074	270
Postage	514	423
Marketing & publicity	1,568	488
Travel & subsistence	2,221	248
Volunteer & Trustee expenses	796	115
Recruitment (including DBS)	99	2,614
Training & development	432	381
Consultancy	3,070	2,235
Publications/Subscriptions	91	66
Venue hire & events	1,369	806
Photocopying/internal printing	663	886
Office stationery	239	119
Equipment	1,233	2,451
Website & software	2,046	2,566
Office rent	6,898	7,095
Premises costs	<u>4,927</u>	<u>4,142</u>
	<u>171,726</u>	<u>127,423</u>

5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2023 nor for the year ended 31 March 2022.

Trustees' expenses

During the year 5 Trustees (2022: 2) received reimbursement of expenses amounting to £577 (2022: £103).

6. STAFF COSTS

	2023	2022
	£	£
Wages and salaries	133,662	92,722
Social security costs	4,196	2,220
Other pension costs	<u>5,406</u>	<u>4,155</u>
	<u>143,264</u>	<u>99,097</u>

The average monthly number of employees during the year was as follows:

	2023	2022
General	<u>7</u>	<u>5</u>

No employee received remuneration amounting to more than £60,000 in either year.

HEALTHWATCH SHROPSHIRE

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2023**

7. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES	Unrestricted funds £	Restricted funds £	Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities			
General funds	<u>162,000</u>	<u>1,775</u>	<u>163,775</u>
EXPENDITURE ON			
Charitable activities			
General funds	<u>146,832</u>	<u>1,968</u>	<u>148,800</u>
NET INCOME/(EXPENDITURE)	15,168	(193)	14,975
RECONCILIATION OF FUNDS			
Total funds brought forward	<u>72,916</u>	<u>3,403</u>	<u>76,319</u>
TOTAL FUNDS CARRIED FORWARD	<u>88,084</u>	<u>3,210</u>	<u>91,294</u>
8. DEBTORS		2023	2022
		£	£
Amounts falling due within one year:			
Trade debtors		13,500	13,500
Prepayments		<u>1,818</u>	<u>1,007</u>
		<u>15,318</u>	<u>14,507</u>
Amounts falling due after more than one year:			
Other debtors		<u>1,000</u>	<u>1,000</u>
Aggregate amounts		<u>16,318</u>	<u>15,507</u>

HEALTHWATCH SHROPSHIRE

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2023**

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	2022
	£	£
Trade creditors	6,706	5,525
Social security and other taxes	2,987	3,536
Accruals and deferred income	<u>2,745</u>	<u>1,635</u>
	<u>12,438</u>	<u>10,696</u>

10. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds £	Restricted funds £	2023 Total funds £	2022 Total funds £
Current assets	74,418	-	74,418	101,990
Current liabilities	<u>(12,438)</u>	<u>-</u>	<u>(12,438)</u>	<u>(10,696)</u>
	<u>61,980</u>	<u>-</u>	<u>61,980</u>	<u>91,294</u>

11. MOVEMENT IN FUNDS

	At 1.4.22 £	Net movement in funds £	At 31.3.23 £
Unrestricted funds			
Unrestricted	88,084	(26,104)	61,980
Restricted funds			
Help2Change Shropshire Healthy Living	3,117	(3,117)	-
Shaping Places for Healthier Lives	<u>93</u>	<u>(93)</u>	<u>-</u>
	<u>3,210</u>	<u>(3,210)</u>	<u>-</u>
TOTAL FUNDS	<u>91,294</u>	<u>(29,314)</u>	<u>61,980</u>

HEALTHWATCH SHROPSHIRE

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2023**

11. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
Unrestricted	165,679	(191,783)	(26,104)
Restricted funds			
Help2Change Shropshire Healthy Living	-	(3,117)	(3,117)
Shaping Places for Healthier Lives	-	(93)	(93)
	<u>-</u>	<u>(3,210)</u>	<u>(3,210)</u>
TOTAL FUNDS	<u>165,679</u>	<u>(194,993)</u>	<u>(29,314)</u>

Comparatives for movement in funds

	At 1.4.21 £	Net movement in funds £	At 31.3.22 £
Unrestricted funds			
Unrestricted	72,916	15,168	88,084
Restricted funds			
Help2Change Shropshire Healthy Living	3,116	-	3,116
Shaping Places for Healthier Lives	287	(193)	94
	<u>3,403</u>	<u>(193)</u>	<u>3,210</u>
TOTAL FUNDS	<u>76,319</u>	<u>14,975</u>	<u>91,294</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 MARCH 2023

11. MOVEMENT IN FUNDS - continued

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
Unrestricted	162,000	(146,832)	15,168
Restricted funds			
Shaping Places for Healthier Lives	1,775	(1,968)	(193)
TOTAL FUNDS	<u>163,775</u>	<u>(148,800)</u>	<u>14,975</u>

Restricted Funds

Help2Change Shropshire Healthy Living - This fund is for engagement and research with members of the Shropshire public and users of health and care services, e.g. around barriers to accessing Social Prescribing.

Shaping Places for Healthier Lives - Healthwatch Shropshire was asked to run the public and organisational engagement for Shropshire Council/Public Health's Phase 2 project for 'Shaping Places for Healthier Lives' (a joint grant programme between The Health Foundation and Local Government Association). This project was to explore the reasons for food insecurity in South West Shropshire and identify solutions.

12. EMPLOYEE BENEFIT OBLIGATIONS

During the year end charitable company paid pension contributions of £5,406 (2022: £3,985). There were contributions payable at the year end of £1,075 (2022: £1,263).

13. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2023.

HEALTHWATCH SHROPSHIRE

England & Wales - Charity number 1151343

Accounts

REGISTERED COMPANY NUMBER: 08415314 (England and Wales)
REGISTERED CHARITY NUMBER: 1151343



HEALTHWATCH SHROPSHIRE
(A COMPANY LIMITED BY GUARANTEE)

TRUSTEES' REPORT AND
UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022

HEALTHWATCH SHROPSHIRE

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FOR THE YEAR ENDED 31 MARCH 2022

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(A company limited by guarantee)

Trustees (Board Members)

Vanessa Barrett, Chair
David Beechey (until 23/03/2022)
Michael Terrence Harte, Deputy Chair
Mark Lacey (from 23/03/2022)
Steve Price
Frederick David Voysey
Denise Walker
Robert Douglas Welch
Anne Wignall

Company registered number

08415314

Charity registered number

1151343

Registered office

4 The Creative Quarter
Shrewsbury Business Park
Shrewsbury
Shropshire
SY2 6LG

Company secretary

Ms S Homden

Chief Officer

Miss LR Cawley

Independent Examiner

TCA (Shrewsbury) LLP
Third Floor
21 St Mary's Street
Shrewsbury
Shropshire
SY1 1ED

Bankers

NatWest
London
EC3P 3HX



(A company limited by guarantee)

Contact details

Telephone: 01743 237884

Fax: 01743 342179

Email: enquiries@healthwatchshropshire.co.uk

Website: www.healthwatchshropshire.co.uk

Twitter: @HWSHropshire

Facebook: <http://www.facebook.com/HealthwatchShropshire>

Instagram: <https://www.instagram.com/healthwatchshropshire/>

Chair's Statement for year ended 31st March 2022

Vanessa Barrett, Chair of Healthwatch Shropshire

Restrictions because of the Covid-19 pandemic meant we were only able to renew our face-to-face work in early 2022. However, using a variety of different methods of engaging with the public, we still managed to produce some valuable reports. We invited the public to respond to our on-line surveys, which were designed to explore more deeply issues that had been raised with us by local residents. You will read about many of these in this report.

Shropshire Council Public Health commissioned Healthwatch Shropshire to carry out a detailed piece of work to look at food insecurity in a part of the County. People affected by these problems are particularly vulnerable in the current economic and cost-of-living squeeze, and their experiences aren't being heard. The success of this project led to the award of national monies to extend the programme across the whole County.

As the restrictions continue to ease, we look forward to continuing our work through engaging more with the public face to face, while building on what we have learned during the last difficult years. I hope you find this Annual Report interesting and that it gives you a flavour of the range of activities undertaken by our staff team and wonderful volunteers and how we share what people tell us about their experiences to influence organisations and services to improve the care they provide.

Sir Robert Francis QC, Chair of Healthwatch England

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

Trustee's Report for the year ended 31st March 2022

The Board Members (who are trustees of the charity and also directors of the company for the purposes of the Companies Act) present their annual report together with the financial statements of Healthwatch Shropshire (the company) for the 1st April 2021 to 31st March 2022. The Board Members confirm that the annual report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015) as amended by Updated Bulletin 1 (effective 1st January 2015).



(A company limited by guarantee)

Since the charitable company qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Directors Report) Regulations 2013 is not required.

1. Introduction

The Health and Social Care Act 2012 established Healthwatch as the independent consumer champion for health and social care in England, with a local Healthwatch in every Local Authority area in England. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. Everything we say and do is informed by our connection to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages and backgrounds who use health and social care services and to speak out on their behalf.

From 1st April 2016, Healthwatch Shropshire (HWS) has also held the contract for the Independent Health Complaints Advocacy Service for people who receive NHS services in Shropshire and for Shropshire residents who receive NHS services outside the County.

In the autumn of 2017 Healthwatch Shropshire successfully responded to the invitation to tender to provide local Healthwatch services in Shropshire and the Independent Health Complaints Advocacy Service (IHCAS) for the period from April 2018 for three years, with the possibility of an extension until the end of March 2023. Due to a significant funding cut the decision was made for the organisation to become a four-day service with the office being open Monday to Thursday.

Purpose and Aims

The purposes of Healthwatch Shropshire are set out in the Articles of Association:

- To provide information and advice to the general public about local health and social care services
- To make the views and experiences of members of the general public known to health and social care providers
- To enable local people to have a voice in the development, delivery and equality of access to local health and care services and facilities, and
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Based on the Articles and guidance from Healthwatch England (HWE), Healthwatch Shropshire (HWS) has determined its own purpose:

To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.



(A company limited by guarantee)

2. Structure, governance and management

a. Constitution

Healthwatch Shropshire (HWS) is a charitable company limited by guarantee and was set up and is governed by its Articles of Association, which established the objects and powers of the charitable company.

Its registered charity number is 1151343 and its company number is 08415314. Members of the charitable company are required to contribute an amount not exceeding £1 to the assets of the charitable company in the event of its winding up. The Board Members are the trustees of the charity and directors of the company and have no beneficial interest in the charitable company.

b. Method of appointment or election of Board Members

The governance of the charity is the responsibility of the Board Members who are elected and co-opted under the terms of the Articles of Association.

Board Members, who are volunteers, are recruited, when the need arises, from the Associate Membership and also from the people of Shropshire in an open and transparent process. Vacancies are advertised as widely as possible. Board Members are elected for a period of three years.

All potential candidates to become Board Members must:

- live in Shropshire* OR
- work for/represent a voluntary or community group in Shropshire* OR
- be registered with a GP Practice in Shropshire*

(*By 'Shropshire' we mean the area covered by Shropshire Council)

c. Policies adopted for the induction and training of Board Members

All candidates for Board Membership undergo an induction training session prior to interview. This is to ensure that any new Board Members fully understand the responsibilities that are being taken on and have an insight into the work of Healthwatch Shropshire (HWS). New Board Members have the opportunity to spend some time with the staff team and the Chair and are given key documents about HWS. Additional training is offered as need is identified.

Board Members have adopted a process of appraisal of individual Board Members on an annual basis and regularly review the structure and effectiveness of the Board and its Committees.

d. Organisational structure and decision making

The maximum number of Board Members is 12. At the end of the year in March 2022 the Board comprised eight members.

The staff complement at the end of the year was seven, all part time since April 2018 when HWS became a four-day service (Monday to Thursday). Staff changes have continued into 2021-22 and this has had an impact on capacity and activity.

Staff Team at end of March 2022:

Chief Officer	Lynn Cawley	
Information Officer	Brian Rapson	
Community Engagement & Communications Officer	Jayne Morris	<i>(Left HWS 04/11/21)</i>
Enter & View Officer and Health Complaints Advocacy Coordinator	Alli Sangster-Wall	
Administrative Officer	Patricia McInnes	
Community Engagement Officer	Anne-Marie Fleming	<i>(Joined HWS 10/01/22)</i>
Community Engagement Officer (Minority Groups)	Kate Fejfer	<i>(Joined HWS 10/01/22 – fixed term contract to 31/03/23)</i>
Communication and Involvement Officer	Elizabeth Florendine	<i>(Joined HWS 10/01/22)</i>

In addition, at year end Healthwatch Shropshire (HWS) had a team of 23 volunteers (including Board Members) to support its work programme. The volunteer roles are:

- Enter & View Authorised Representative (9) – conduct and report on Enter & View visits
- Engagement Volunteers (7) - help to raise awareness of HWS in their communities throughout Shropshire including representing HWS at information stands at locations across the County

Associate Members are people of Shropshire who are interested in the work of Healthwatch Shropshire (HWS) but do not wish to be as actively involved as volunteers. At the end of March 2022, HWS had 70 Organisation Associate Members (70 last year) and 217 Individual Associate Members (217 last year). In 2021-22 Healthwatch Shropshire ceased promoting associate membership, instead focussing on our newsletter and stakeholder contact lists.

Our governance

Board Members are lay people and volunteers. Healthwatch Shropshire (HWS) has regularly held Board meetings in public during 2021-22 over Microsoft Teams due to the ongoing COVID-19 restrictions. There are four Committees of the Board, each with its own Terms of Reference, to which the Board has delegated some of its responsibilities to enable the business of HWS to be delivered in a timely manner but the Board remains accountable. The Committees are:

- Business
- Enter & View
- Intelligence
- Engagement and Marketing

The public voice is also represented on our Stakeholder Group, which has involvement from commissioners and major providers, including the independent and voluntary sectors, and Shropshire Patient Group (made up of representatives from primary care patient groups across Shropshire). The primary purpose is to ensure the future overall effectiveness of HWS by providing a peer-to-peer strategic forum for the interchange of information, ideas and perspective pertinent to the work of HWS. Due to the ongoing pandemic this group has not met this year but we have continued to communicate with members informally throughout the year, for example through our newsletter.

How we make relevant decisions

A Decision-Making policy is available through the website, www.healthwatchshropshire.co.uk. The relevant decisions are included in Board meeting minutes and published on the web site.

- How we choose which health and social care services we are looking to cover with our activities:
Feedback from members of the public on the quality of health and social care services is considered by the Intelligence Committee and recommendations made as to the most appropriate response. This information is also used to inform the Enter & View planning process as well as engagement activities. The findings of Enter & View visits (conducted by volunteers) also help to inform the forward work programme. 'Hot Topics' enable Healthwatch Shropshire to encourage feedback on a particular topic.
- Whether to request information, make a report or a recommendation:
Feedback received from members of the public informs decisions about activities, which include whether to request additional information from providers and commissioners, make a report or a recommendation. These decisions are taken by the Board Committees, which include volunteers.

- Which premises to Enter & View and when those premises are to be visited:
The Enter & View programme is informed by intelligence Healthwatch Shropshire (HWS) receives from members of the public. It also receives requests from:
 - Shropshire Telford and Wrekin Provider Information Sharing Meeting that takes place every two months
 - Meetings with the Care Quality Commission, Shropshire Council, Shrewsbury and Telford Hospital Trust (SaTH) and other local NHS Trusts

The Enter & View Committee includes three Board Members, one of whom is also an Authorised Representative and directly involved in conducting Enter and View visits. There is also one other Authorised Representative and one volunteer who is not an Authorised Representative.

- Whether to refer a matter to Shropshire Council's Health Overview & Scrutiny Committee:
The Board will make these decisions based on evidence and recommendations from the Intelligence Committee. Prior to the COVID-19 pandemic HWS regularly met with the Chairs of the Health Overview and Scrutiny Committee and the Health and Wellbeing Board in order to triangulate intelligence. In 2021-22 we have continued to attend these meetings virtually over MS Teams and shared any relevant intelligence we hold but not met with the Chairs outside of these meetings. We hope to restart these meetings in 2022-23.

e. The involvement of the public and volunteers

Delivering our statutory activities

When the COVID-19 pandemic began HWS followed Public Health and NHS England guidance and staff began to work from home with limited office cover to answer the phone. All face-to-face engagement activities stopped including meetings, stalls, leaflet distribution and Enter & View visits. Towards the end of the year some community meetings began to plan to meet face-to-face again and this is expected to continue into 2022-23.

During this year we have continued to meet with our volunteers virtually over MS Teams and involved them in our activities, e.g. asking for their support to design surveys, planning and conducting on-line research tasks, taking part on focus groups (Integrated Care Record). We have also continued to receive applications from people interested in volunteering for us.

Whenever possible, Board members and volunteers continued to attend on-line meetings organised by local NHS and social care organisations, including NHS Trust Board meetings, local transformation programmes and meetings of the Shadow Integrated Care Board which will replace the Shropshire, Telford & Wrekin Clinical Commissioning Group later in 2022.

For more about our volunteers in 2021-22 see page 19 and visit our website page:
<https://www.healthwatchshropshire.co.uk/volunteer>

f. Related party relationships

Healthwatch Shropshire has no related party relationships.

g. Risk management

Healthwatch Shropshire has a Risk Management Matrix to enable it to identify and manage effectively the external risks faced by the charity. Annual reviews take place involving Board Members and staff and the Matrix is updated for Business Committee and Board meetings when necessary.

h. Healthwatch Trademark Licence Agreement

We can confirm that Healthwatch Shropshire has signed and returned to Healthwatch England the Healthwatch Trademark agreement (which covers the logo and the Healthwatch brand) and that we are using this trademark when undertaking work on our statutory Activities as covered by the licence agreement.

3. Objectives and Activities

a. Policies and objectives

Healthwatch Shropshire has continued to approve and review the key policies and supporting procedures that underpin the delivery of its work programmes. Key policies are available via our website. Policies are reviewed regularly; the frequency being determined by the reviewing panel.

The priorities for the year are informed by the people of Shropshire through the intelligence received, engagement and Healthwatch Shropshire's understanding of the context that it is working in. Key priorities for the year 2021-22 were agreed as:

- Mental health (To include the impact of C19 pandemic on general mental wellbeing, delays, waiting lists (access), children and young people)
- Prevention and place-based care (To include access to primary care services (e.g. GPs, Dentists, Pharmacy, Social Care and other 'out of hospital' services in the community)
- Acute care (To include access to secondary care (e.g. waiting times), Maternity (inc. actions from Ockenden Review, progress of Transforming Midwifery Care programme and Hospital Transformation Programme)

- Health inequalities and public involvement (including rural inequality, digital inequality, Food insecurity, promoting Patient Participation Groups, supporting engagement around the Joint Strategic Needs Assessment and encouraging public involvement in service development and design)

The role of the Independent Health Complaints Advocacy Service (IHCAS) is to provide information and advocacy support to people living in Shropshire and anyone using NHS services in Shropshire to make a formal NHS complaint.

For more information about our activity in 2021-22 see page 24 and visit our webpage: <https://www.healthwatchshropshire.co.uk/help-making-complaint>

b. Activities for achieving objectives

Healthwatch Shropshire (HWS) works to meet its statutory requirements and deliver on its objectives by:

- Raising the profile of HWS through effective marketing and networking
- Enabling people to access the services HWS provides easily
- Delivering a structured programme of engagement
- Delivering the Enter & View programme
- Supporting volunteers
- Delivering the signposting and information service
- Capturing and analysing information
- Developing partnerships through effective networking
- Keeping up to date with work planning, policies procedures and governance
- Continuing to develop ways of capturing people's experience and complaints

Some of these activities have been curtailed or have needed to be adapted to the prevailing circumstances of the pandemic.

The IHCA Service meets its objectives by:

- Providing people with information about the NHS complaints process and their options within that process to empower them to make a formal complaint and have their voice heard. This information is given verbally over the phone or face to face and people are given access to the step-by-step guide we have produced by post, email or on our website.
- Providing the support of a Health Complaints Advocate to help them to put their complaint in writing, navigate the complaints process and attend meetings to discuss their complaint.



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c. How our activities deliver public benefit

Healthwatch Shropshire is working to help local people get the best out of their health and social care services, either by improving them today or helping to shape them for the future. Local people have a powerful voice and Healthwatch Shropshire is working to ensure that this voice is heard by commissioners and providers of health and social care services in order to address issues and concerns raised but also to share good practice. We achieve this through our attendance at key meetings across health and social care. During 2021-22 meetings continued to be conducted online.

The meetings we attend give us the opportunity to remind those present of the role of Healthwatch Shropshire locally and the importance of considering the public voice when developing, providing and evaluating services. We also share relevant comments from the public with key organisations (e.g. Shrewsbury and Telford Hospital Trust, Shropshire, Telford & Wrekin Clinical Commissioning Group and Shropshire Council) and relevant reports and findings from the work we have undertaken. Our reports are also made public and available on our website:

<https://www.healthwatchshropshire.co.uk/news-and-reports>

The comments we receive are anonymised and recorded and stored in line with the General Data Protection Regulation (GDPR). A member of the Board acts as Data Protection Officer and is tasked with monitoring compliance with the GDPR and other data protection laws, our data protection policies, awareness-raising, training, and audits.

The work programme of Healthwatch Shropshire is primarily informed by the experiences of people of all ages, from across the County and from all backgrounds. Healthwatch Shropshire is inclusive in its approach and is working to ensure that everyone has the opportunity to have their voice heard. When all face-to-face engagement ceased Healthwatch Shropshire had to focus on digital technology (e.g. website) and social media to help deliver its work programme. Acutely aware of digital inequality we have continued to promote our phone number and Freepost address to ensure everyone can contact us.

Healthwatch Shropshire also provides an information and signposting service which assists local people to find services and / or information to support their choices and get the care they need.

The Independent Health Complaints Advocacy Service provides an additional service to support individuals who are unhappy with care or treatment that they have received from the NHS to make a formal complaint and have their voice heard.

Achievements and performance

a. Review of activities

The following sections highlight the achievements of Healthwatch Shropshire in 2021-22 against the statutory activities for Healthwatch in the context of Shropshire and also reports on the Independent Complaints Advocacy Service.

The eight statutory activities of Healthwatch Shropshire are:

- Promoting and supporting the involvement of local people in commissioning, provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choice can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

At Healthwatch it can be difficult to show the impact that we make within one financial year as quite often, the difference that we make does not happen straight away but over a period of time. Over the next section we follow the structure required by Healthwatch England to describe some case studies of key projects we have

undertaken this year and the impact they have had. The table on pages 22-24 provides an update on all work/projects completed against our priorities 2021-22.

Please note that a 'restricted project' is a project for which we received external funding.

We also report on our additional activity under the Independent Health Complaints Advocacy Service for 2021-22 (See page 24).

Our year in review

1. How we have engaged and supported people, key examples:

- **Reaching out:** 701 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care. Including 236 responses to our surveys. 30,558 people came to us for clear advice and information about topics such as mental health and COVID-19. Including 27,689 website views.
- **Making a difference to care:** We published 7 reports, six about the improvements people would like to see to health and social care services and one giving the feedback we have received on our own work. Our most popular report was Access to NHS dental services which highlighted the struggles people have on finding an NHS dentist in Shropshire
- **Health and care that works for you:** We're lucky to have 23 outstanding volunteers, who gave up 700 hours to make care better for our community. We're funded by our local authority.

2. How we have made a difference throughout the year, these are the biggest projects we worked on from April 2021 to March 2022.

- **Spring:** We asked about people's experiences of contacting NHS 111 and were able to report to the local NHS that nearly 70% had a good experience. We answered queries and provided information about how people accessed the second covid vaccination dose, over 26,000 people visited our webpage
- **Summer:** We worked with partners and people with lived experience to highlight the real effects food insecurity has on health and well-being in rural South West Shropshire. We trialled an online engagement platform to try to reach new audiences within Shropshire. The platform had over 2,500 page views during the trial.
- **Autumn:** With NHS 111 First becoming more established in Shropshire we again asked about experiences and found that satisfaction with the service had fallen from nearly 70% to 43%. We highlighted the poor access to routine NHS dentist

services in Shropshire and the lack of accurate information of where people could register.

- **Winter:** We gave young people and their families across Shropshire the opportunity to tell the NHS what would help them when they were in crisis with their mental health. We made 11 recommendations based on what they told us. As a result of our survey of users of Pain Management Services we highlighted to the service provider the need for accurate information at the point of referral. They confirmed improvements were being made.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.

Case study 1: Sharing people's experiences of accessing urgent medical care

In July 2020 NHS England began piloting 'NHS 111 First' to encourage people to call 111 for an assessment of how urgent their condition is (triage) before attending accident and emergency services. Shropshire Telford & Wrekin Clinical Commissioning Group (CCG) asked us to help them hear people's experiences so they could see how it was working and raise awareness of the service.

If anyone has an urgent, but not life-threatening health problem the public are encouraged to call NHS 111 to be directed to the correct service, whether that is an Emergency Department (Accident & Emergency), their GP, or self-care. Callers to NHS 111 can now receive time slots at local Emergency Departments (EDs) or other Urgent Treatment Centres (sited at Royal Shrewsbury Hospital and Princess Royal Hospital), as well as receive time slots with GPs or out of hours GP services. The new service aims to reduce waiting times at EDs and demand on hospitals.

What we heard

We worked with the CCG and Healthwatch Telford & Wrekin to develop a local survey that ran during March and April 2021 receiving 70 responses from people in Shropshire. In order to understand any change in use of 111 we ran the survey again from October to December 2021 receiving 181 responses from across Shropshire and Telford & Wrekin. 71% of people who were not aware that NHS 111 First could book appointments said that, after reading our information and completing our survey, they were now likely or very likely to use the service next time they had an urgent medical problem.



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Our findings were shared with the CCG, West Midlands Ambulance Service who provide 111 and the Urgent and Emergency Care Delivery Board.

What difference did this make?

The CCG committed to use our feedback to work with partners to:

- Increase the use of 111 bookable appointments in A&E, Urgent Treatment Centres, Minor Injuries Units and Primary Care.
- Increase the use of alternatives to A&E including raising awareness across the County of services on offer and options for self-help
- West Midlands Ambulance Service committed to recruiting and training an additional 450 call handlers across the region

Shropshire, Telford and Wrekin CCG

"The key findings of this invaluable survey will feed into existing work plans to improve the provision of urgent and emergency care for our population ensuring that patients are seen in the right healthcare setting, first time."

Case study 2: Bringing food poverty in rural Shropshire into the spotlight (restricted project)

Thanks to people sharing their experiences of living in food poverty in South-West Shropshire with us we have helped Shropshire Council Public Health to understand this issue, raise awareness across the health and social care system and identify solutions that can help people across the county.

Even before the emerging cost of living crisis it was well known that some people in rural communities can have difficulty getting affordable, healthy food locally and need to travel to shop, adding to any financial difficulties they may already experience because of lower wages and higher energy bills.

What we did

Working with Shropshire Food Poverty Alliance, Shropshire Larder, Citizen's Advice and Shropshire Council Public Health we delivered a range of engagement activities to hear from as many people as possible.

- We heard from 11 people with lived experience of food insecurity and 121 people working in the public and community sectors through our online surveys.
- We had detailed conversations with 11 people to understand their experiences of living with food insecurity and its impact on their lives.

- We led four focus groups involving 33 people working across the public and voluntary sectors to identify issues and solutions, including the need for closer partnership working.

Person with lived experience

'Stressful. The stress affects my [health] which makes me get poorly which makes me more stressed it's a vicious cycle. The emotional anxiety makes my [health] worse.'

What difference did this make?

- Shropshire Council were awarded £300,000 from 'Shaping Places, Healthier Lives' (Health Foundation and Local Government Association) over the next three years to tackle food insecurity in South West Shropshire and use this learning to address this issue in other parts of the county.
- Healthwatch England asked us to share our approach and learning with other local Healthwatch undertaking engagement with people whose experiences aren't heard.

Director of Public Health, Shropshire Council

"The findings from those with a lived experience are especially stark and highlight this growing problem and its impact on people's health and wellbeing. I endorse the recommendations highlighted in the report and the need to work together with communities, the voluntary sector and with partners to tackle the stigma and issues raised through the research.

Case study 3: Listening to the experiences of children, young people and their families of using crisis mental health services

In June 2021 the Director of Nursing at Shrewsbury and Telford Hospital NHS Trust (SaTH) asked us to speak to children and young people about their experiences of crisis mental health services and give them a voice. This was in response to a Care Quality Commission inspection that highlighted the challenges faced by the Trust and the importance of working with the Clinical Commissioning Group and Midlands Partnership Foundation Trust (MPFT) to ensure 'effective plans are in place to meet the needs of children and young people with significant mental health needs, learning disability or behaviours that challenge'.

What we did

We worked with SaTH, MPFT and Healthwatch Telford & Wrekin to develop our approach. We asked the Trusts to contact the children and young people who had used their services to let them know we wanted to hear their experiences. This was not possible, so we used a press release, flyer and social media to let people know what we were doing. We heard directly from five young people aged 13-20 and 46 parents and carers who described the experiences of another 50 children and young people aged between 10 and 26. Sixteen professionals from across the NHS, education, the charity and voluntary sector and an independent counsellor got in touch. We asked everyone what could be done to improve the help they received or their experience.

14- year-old from Telford & Wrekin

'I remember there was a long wait before I saw someone, and I almost gave up. I think professionals think because we are young, we don't understand as much'

What difference did this make

11 recommendations were made based on what people told us about waiting times, referrals, face-to-face appointments, communication, care plans, post-diagnosis support, training and joint working. As a result:

- SaTH have increased their mental health workforce and now have a mental health matron for children and young people.
- MPFT described the work they are doing in schools, including their Diagnostic Only Service.
- The CCG told us about the work they are doing to identify and fill gaps in services, including investing in a children's crisis team to treat children at home, prevent hospital admissions or provide support on discharge.
- We have been asked to present our findings to the Health and Wellbeing Board and a Joint Safeguarding Community Partnership Challenge Event

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

1 Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives. This provides a deeper understanding than using data alone, can challenge assumptions and motivate people to think and work more creatively.

In 2020 and early 2021 we published our reports on experiences of End of Life Care and Out of Hours Palliative Care services. During this year we used the case studies and experiences people told us about to influence the local End of Life Care System Review through workshops and participation in Task and Finish groups where we championed the patient voice.

2 Getting services to listen to the public

Services need to understand the benefits of involving local people to help improve care for everyone.

In Spring 2021 we heard from 45 patients of Shifnal and Priorslee Medical Practice mainly expressing concern about aspects of the service. We used our statutory powers to write to the practice and raise the issues of appointments, staff and services, confidentiality, and patient involvement. We received a response from the practice (published on our website) informing us of changes that were being put in place in relation to staff training, availability of appointments and improvements to the telephone system.

3 Improving care over time

Change takes time. We often work behind the scenes to consistently raise issues and push for changes.

We have heard for some years of problems with accessing NHS dental services and finding information about available services. This is part of an ongoing national issue but we wanted to highlight the real effects that it has on people so asked to hear about experiences. We shared these with the NHS, who told us they would continue with 'procurement plans to secure a new NHS dental practice in Oswestry and review access in other areas of Shropshire.' We have now been invited to represent the patient voice in the procurement process and the NHS has set up a local information and advice line.

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need

Signposting people who needed additional support

During this year one of the key signposting themes has been supporting people who are receiving health care but are concerned that things are not going as well as it should for either themselves or their relatives.

This can be problems with communication with staff because of restricted visiting in hospitals, extended waits for appointments and treatment as we are moving out of the pandemic, or arranging an appointment that is provided in a way people feel comfortable with.

For some people who are particularly vulnerable this can involve providing information about organisations in the community that can provide advocacy services.

We help people find the most appropriate person to speak to, which could be a hospital Patient Advice and Liaison (PALS) team, a ward manager or a GP surgery Practice Manager all of whom work to help resolve issues and help patients and relatives navigate through their healthcare.

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Got involved in planning our return to Enter & View activities by developing a proposal for a new 'light touch' approach.
- Created digital content on our social media.
- Carried out website reviews for local services on the information they provide and making sure they are clear, easy to understand and navigate.
- Assisted as part of 'Readers' Panels' – checking local services' publications to make them more people focussed and easier to read.



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- Continued to help with the local vaccination centres supporting local people to get their COVID vaccinations

Orla - "Hi, I'm Orla and I am an undergraduate History student at the University of Cambridge. At Healthwatch Shropshire I am an Engagement Support volunteer and I also help out with creating graphics for social media. I am excited to be getting involved in the local community and look forward to an improved Shropshire."

David "I was drawn to volunteering with Healthwatch Shropshire as I really enjoy meeting people and getting out and about. I feel volunteering provides a sense of purpose and I have many years of experience in the field of business management and digital data. I have previously volunteered with the Shropshire Community Hospital NHS Trust and look forward to applying my previous skills and experience to my voluntary work with Healthwatch".

Geoff "I wanted to be involved with something worthwhile where I could use my skills and potentially make a difference.

It's great to interact with committed and proactive team members and I am looking forward to getting back to face-to-face visits and meeting with a wider group of people."

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of eight members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities through four Committees of the Board.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the Board met four times and made decisions on matters such as which key pieces of work to undertake and increasing staffing levels to improve our capacity for face-to-face engagement once the Covid-19 pandemic restrictions were lifted.

We ensure wider public involvement in deciding our work priorities by making Board meetings open to the public, holding Volunteer Meetings and asking our volunteers for their feedback and to propose engagement activities. These may include identifying suggestions about where we should do Enter & View visits. We also use the comments we receive from the public to identify issues that we need to explore further.



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Methods and systems used across the year's work to obtain people's views and experience

We use 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. During 2021/22 we have been available by phone, by email, provided a webform on our website and Freepost address to help address digital inequality and the fact that we have a large older population. We have attended virtual meetings of community groups and forums, provided our own virtual activities (including focus groups) and engaged with the public through social media. We have translated social media posts into other languages. We also piloted an online engagement platform for Healthwatch England to try to extend our reach.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible by sharing it with our contacts and publishing it on our website.

Responses to recommendations and requests

During 2021-22 we have received responses from all providers we approached to respond to requests for information on our reports and recommendations. This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

Health and Wellbeing Board

Healthwatch Shropshire is represented on the Shropshire Health and Wellbeing Board by Lynn Cawley our Chief Officer. During 2021/22 our representative has effectively carried out this role by sharing key messages from the insight we gather from the public, highlighting work we have done previously (e.g. sharing reports) to continue to represent relevant experiences people have shared with us, presenting our key findings and recommendations and asking members to tell us what actions they are taking or planning to take in response. For example, our report on 'Phone, video and online appointments during the Covid-19 pandemic' was published 29th October 2020 and presented to the Health and Wellbeing Board 8th July 2021

2021-22 Outcomes/updates

Project / Activity Area	Changes made to services / Update
Priority: All age mental health	
HWS joined new meetings to represent the voice of the people of Shropshire	We gave feedback on public facing information about the Community Mental Health Transformation led by Midlands Partnership Foundation Trust and the Living Well Plan for people with Dementia as part of the Dementia Strategy led by the CCG.
Priority: Prevention and place-based care	
Pain Management Services Survey and Report	Provider committed to improving the information given to people before they attended pain management clinics. Pain Management Services in Shropshire Healthwatch Shropshire
Met with professionals across the NHS to understand the offer for women in perimenopause, menopause and post-menopause	We identified a gap in knowledge between services and shared our findings to help ensure women receive appropriate referrals. We shared the training offer from the Consultant at SaTH with the CCG. We worked with SaTH and other partners to design the SaTH Women's Health Survey which received 2000 responses.
Visiting care homes during the pandemic	We followed up our report from 2020-21 by giving Shropshire Council myth-busting information from Healthwatch England about the 'Essential Care Giver'
Service change and redesign	We attended meetings around changes to Phlebotomy services (blood tests) to ensure the views of service users were taken into account and feedback on the process
Shifnal & Priorslee Medical Practice	As a result of raising patient concerns with the Practice our Chief Officer was invited to attend a meeting of the Patient Participation Group to raise awareness of Healthwatch, hear further feedback and how the provider were responding directly to patients about the issues they raise.

Priority: Prevention and place based care	
Covid-19 Booster Programme	We continued to feedback people's experiences of the vaccination programme to the CCG and Public Health to identify gaps and barriers. We joined the Vaccination and Autism Steering Group to try to increase vaccination uptake amongst people with Autism and used our engagement tools to promote.
Eye care	We joined the Shropshire, Telford & Wrekin Eye Care Delivery Group and Local Eye Health Network to ensure the experiences people share with us about eye services feed into the transformation programme.
Priority: Acute care	
Cancer care	We shared our previous reports and comments with the Care Quality Commission to inform their work to understand the patient experience of the cancer pathway and approach to inspection.
Maternity services	We continued to signpost people to share their views on Maternity Services at SaTH with the Ockenden Review Team until the report was published. We met with the PALS Officer for Women and Children's at SaTH to share comments we received and attended the public meetings of Ockenden Review Assurance Committee to continue to monitor and challenge the progress made against the report recommendations.
Cardiology services	We attended a Cardiology Stakeholder Event to hear about potential inpatient service changes and promote service user involvement and engagement.
Priority: Public involvement	
Public Involvement	We were involved in planning a series of workshops led by the CCG to improve public involvement and engagement across health and social care, including the ICS Involving People and Communities Strategy Workshop. We shared our experiences of engaging with people whose experiences aren't being heard, good practice and guidance from HWE to inform the local toolkit.

Feedback on Healthwatch Shropshire	We invited feedback from organisations across Shropshire on our work and identified areas for improvement including raising awareness of our role with Local Councillors What people told us about our work Healthwatch Shropshire
------------------------------------	--

4. The Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire's Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received. This year we have seen a 22% increase in contacts to the service and were contacted by 47 people in the last quarter of the year which was the highest number in any single quarter since the contract began in 2016.

This year we have had 122 contacts to the IHCA service (compared to 100 2020-21)

- 68 people contacted us about hospital treatment
- 27 people contacted us about their GP
- 6 people contacted us about the Community Mental Health Team

Other services people wished to complain about included Service Commissioners and Dentists.

We aim to empower people to use the NHS complaints process so the first thing we do is share our self-help pack that includes:

- A 19-page step-by-step guide on 'Making a Complaint about the NHS'
- Information on what to include in a letter of complaint
- Contact details for the organisation they are complaining to

The pack is also available on our website.

We explain the NHS complaints process and their options, including the right to appeal to the Parliamentary and Health Service Ombudsman if they are not happy with the outcome of their complaint.

The top topics people wished to complain about in 2021/22 were:

- Staff Attitude - 22
- Communication - 21
- Waiting Times – 19
- Diagnostics (including misdiagnosis) – 19
- Quality of Treatment - 17

If people need more information and support to put their complaint in writing, we can provide a Health Complaints Advocate who will help them to navigate the NHS complaints process.

We have allocated 23 people an Advocate during the year.

'I was really grateful for the information you sent through. It told me what I needed to do and offered me a path. That really started the healing process.' – IHCAS Client

People using the IHCA Service often need signposting to other services in addition to help to make a complaint.

In the year 2021/22 we referred 18 people who contacted IHCAS to other services (including the IHCA Service for their area, Action Against Medical Accidents (AVMA), the General Medical Council (GMC), Social Services to make social care complaints and the Patient Advice and Liaison Service (PALS) if the situation was ongoing and they needed a quicker response.

'I'm so glad there is a service like this to help me, I already feel like a weight is being lifted.' – IHCAS Caller

Callers to the IHCAS also share their feedback on services and their experience of making a formal complaint. These comments are included in our data if they give us their consent to do so.

'I feel so much more informed than I have been through this whole process just from having this conversation with you.' – IHCAS Client

Healthwatch Shropshire's Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received.

5. Financial Review

Healthwatch Shropshire's main funding is from Shropshire Council to deliver a Healthwatch and Independent Health Complaints Advocacy Service services as set out in its contract but, in addition,

- Late 2020-21 Healthwatch Shropshire was fortunate to have a small amount of grant funding from Healthwatch England to pilot Engagement HQ (an online engagement platform) for 6 months. The pilot was concluded in 2021-22.
- Late 2020-21 Shropshire Council Public Health asked us to complete engagement to understand people's experience of food insecurity in Southwest Shropshire and produce a report. This piece of work was concluded in November 2021-22. For the full report go to <https://www.healthwatchshropshire.co.uk/report/2021-11-11/food-insecurity-project-south-west-shropshire>

a. Going concern

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

b. Reserves policy

It is good policy for a charity to hold a contingency reserve to protect the charity from disruption to its charitable work and from insolvency. In order to become a more sustainable organisation and to protect the charity from disruption to its charitable work and insolvency the Board has determined that it will build up its free reserves as part of its strategic planning. The reserve policy will be monitored and reviewed annually as part of the budget setting process and when a significant event may trigger the need for a review. Following a detailed review, the Board has determined that it will aim to hold a minimum of 3 months core operating costs as a free reserve.

At 31st March 2022 the total free reserve of Healthwatch Shropshire was £88,084 (2020-21 was £72,916).

c. Investment policy and performance

Healthwatch Shropshire has no investments. A policy will be developed as and when the need arises.

6. Plans for next year

a. Future priorities:

Healthwatch Shropshire want to make a difference to the health and social care services in Shropshire. The ways we can do that are:

- Giving people as many ways as possible to share their views with us (e.g. increased use of social media and wider promotion of our Freepost address for those who do not have access to technology)
- Making sure we know what is happening locally (e.g. attending meetings and events)
- Sharing the information we have with the right people at the right time so it can be taken into account when reviewing and redesigning services

So this year we have continued to align our priorities with the key work programmes of the Shadow Shropshire and Telford and Wrekin Integrated Care System (ICS) which

cover a range of activities across health and social care. They are very similar to our 2020-21 priorities and this will allow us to follow-up some of the pieces of work we have done this year and make sure the views and comments we gather have the biggest impact possible.

In 2022-23 we will continue to see the impact COVID-19 has had globally, nationally and locally. We plan to use the next year to see what impact it has had on health and social care services in Shropshire. We will continue to work to help the ICS reflect on actions taken and the changes to services made during the pandemic, identify what has gone well and where improvements can be made.

Priorities for 2022–23

1. **Mental health (all age)** (E.g. continue our involvement in the Community Mental Health Transformation, the new Dementia Strategy and starting wider engagement with children and young people about their mental health and wellbeing.)
2. **Prevention and place-based care** (E.g. re-start Enter & View visits/work with the ICS to complete monitoring visits. Support local and national campaigns to raise awareness of services/ promote self-care. Start to engage with further education students to understand what services they need to support their health and wellbeing. Continue involvement in Shrewsbury Health & Wellbeing Hub, Joint Strategic Needs Assessment and Pharmacy Needs Assessment)
3. **Acute care** (E.g. access to emergency care, maternity services)
4. **Public involvement across the ICS** (E.g. develop relationship with Patient Participation Groups, continue to recruit and involve volunteers (e.g. focus groups/workshops across the system), promote public involvement and engagement opportunities across the ICS)
5. **Inequalities** (E.g. continue to highlight inequalities (e.g. rural and digital inequality, language, disability, etc). Promote personalisation. Build relationships with public and staff to identify the challenges they face.)
6. **Access to services** (E.g. continue to highlight issues around access to appointments, diagnosis, treatment and care, e.g. GPs, dentists, domiciliary care)

7. Trustees' responsibilities statement

The Trustees (who are also directors of Healthwatch Shropshire for the purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In preparing this report, the Trustees have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the Trustees on 23 November 2022 and signed on their behalf by:


.....
Vanessa Barrett, Chair of Trustees

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
HEALTHWATCH SHROPSHIRE**

Independent examiner's report to the trustees of Healthwatch Shropshire ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 March 2022.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

C Moelwyn-Williams

C Moelwyn-Williams
BSc FCA
TCA (Shrewsbury) LLP
Third Floor
21 St Mary's Street
Shrewsbury
Shropshire
SY1 1ED

Date: *24th November 2022*

HEALTHWATCH SHROPSHIRE

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2022

	Notes	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
INCOME AND ENDOWMENTS FROM					
Charitable activities					
General funds		<u>162,000</u>	<u>1,775</u>	<u>163,775</u>	<u>170,500</u>
EXPENDITURE ON					
Charitable activities					
General funds	3	<u>146,832</u>	<u>1,968</u>	<u>148,800</u>	<u>152,119</u>
NET INCOME/(EXPENDITURE)		15,168	(193)	14,975	18,381
RECONCILIATION OF FUNDS					
Total funds brought forward		<u>72,916</u>	<u>3,403</u>	<u>76,319</u>	<u>57,938</u>
TOTAL FUNDS CARRIED FORWARD		<u>88,084</u>	<u>3,210</u>	<u>91,294</u>	<u>76,319</u>

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION
31 MARCH 2022

	Notes	2022 £	2021 £
CURRENT ASSETS			
Debtors	8	15,507	37,868
Cash at bank and in hand		<u>86,483</u>	<u>48,257</u>
		101,990	86,125
CREDITORS			
Amounts falling due within one year	9	(10,696)	(9,806)
		<u>91,294</u>	<u>76,319</u>
NET CURRENT ASSETS			
		<u>91,294</u>	<u>76,319</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			
		<u>91,294</u>	<u>76,319</u>
NET ASSETS			
		<u>91,294</u>	<u>76,319</u>
FUNDS	12		
Unrestricted funds		88,084	72,916
Restricted funds		<u>3,210</u>	<u>3,403</u>
TOTAL FUNDS		<u>91,294</u>	<u>76,319</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2022.

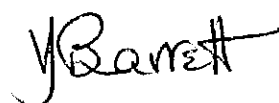
The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2022 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

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

The financial statements were approved by the Board of Trustees and authorised for issue on 23 November 2022 and were signed on its behalf by:



Mrs V J Barrett - Trustee

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2022

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Financial reporting standard 102 - reduced disclosure exemptions

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d);
- the requirements of paragraphs 11.42, 11.44, 11.45, 11.47, 11.48(a)(iii), 11.48(a)(iv), 11.48(b) and 11.48(c);
- the requirements of paragraphs 12.26, 12.27, 12.29(a), 12.29(b) and 12.29A;
- the requirement of paragraph 33.7.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

HEALTHWATCH SHROPSHIRE

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2022**

2. INCOME FROM CHARITABLE ACTIVITIES

	2022 General funds £	2021 Total activities £
Local authority grants	163,775	164,000
Public sector grants	-	6,500
	<u>163,775</u>	<u>170,500</u>

3. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 4) £	Support costs £	Totals £
General funds	<u>127,423</u>	<u>21,377</u>	<u>148,800</u>

4. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2022 £	2021 £
Staff costs	99,097	97,884
Insurance	3,421	3,001
Telephone & broadband	270	668
Postage	423	397
Marketing & publicity	488	774
Travel & subsistence	248	12
Volunteer & Trustee expenses	115	26
Recruitment (including DBS)	2,614	-
Training & development	381	965
Consultancy	2,235	2,140
Publications/Subscriptions	66	315
Venue hire & events	806	30
Photocopying/internal printing	886	330
Office stationery	119	17
Equipment	2,451	5,949
Website & software	2,566	2,049
Office rent	7,095	7,095
Premises costs	<u>4,142</u>	<u>3,878</u>
	<u>127,423</u>	<u>125,530</u>

5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2022 nor for the year ended 31 March 2021.

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2022

5. TRUSTEES' REMUNERATION AND BENEFITS - continued

Trustees' expenses

During the year 2 Trustees (2021: 0) received reimbursement of expenses amounting to £103 (2021: £nil).

6. STAFF COSTS

	2022	2021
	£	£
Wages and salaries	92,722	92,566
Social security costs	2,220	1,333
Other pension costs	<u>4,155</u>	<u>3,985</u>
	<u>99,097</u>	<u>97,884</u>

The average monthly number of employees during the year was as follows:

	2022	2021
General	<u>5</u>	<u>5</u>

No employee received remuneration amounting to more than £60,000 in either year.

7. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted funds £	Restricted funds £	Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities			
General funds	<u>164,000</u>	<u>6,500</u>	<u>170,500</u>
EXPENDITURE ON			
Charitable activities			
General funds	145,249	6,870	152,119
NET INCOME/(EXPENDITURE)	18,751	(370)	18,381
RECONCILIATION OF FUNDS			
Total funds brought forward	54,165	3,773	57,938
TOTAL FUNDS CARRIED FORWARD	<u>72,916</u>	<u>3,403</u>	<u>76,319</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2022

8. DEBTORS

	2022	2021
	£	£
Amounts falling due within one year:		
Trade debtors	13,500	35,500
Prepayments	<u>1,007</u>	<u>1,368</u>
	<u>14,507</u>	<u>36,868</u>
Amounts falling due after more than one year:		
Other debtors	<u>1,000</u>	<u>1,000</u>
Aggregate amounts	<u>15,507</u>	<u>37,868</u>

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2021
	£	£
Trade creditors	5,525	5,632
Social security and other taxes	3,536	2,415
Accruals and deferred income	<u>1,635</u>	<u>1,759</u>
	<u>10,696</u>	<u>9,806</u>

10. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2022	2021
	£	£
Within one year	<u>-</u>	<u>444</u>

11. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds	Restricted funds	2022 Total funds	2021 Total funds
	£	£	£	£
Current assets	98,780	3,210	101,990	86,125
Current liabilities	<u>(10,696)</u>	<u>-</u>	<u>(10,696)</u>	<u>(9,806)</u>
	<u>88,084</u>	<u>3,210</u>	<u>91,294</u>	<u>76,319</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2022

12. MOVEMENT IN FUNDS

	At 1.4.21 £	Net movement in funds £	At 31.3.22 £
Unrestricted funds			
Unrestricted	72,916	15,168	88,084
Restricted funds			
Help2Change Shropshire Healthy Living	3,116	-	3,116
Shaping Places for Healthier Lives	287	(193)	94
	<u>3,403</u>	<u>(193)</u>	<u>3,210</u>
TOTAL FUNDS	<u>76,319</u>	<u>14,975</u>	<u>91,294</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
Unrestricted	162,000	(146,832)	15,168
Restricted funds			
Shaping Places for Healthier Lives	1,775	(1,968)	(193)
	<u>163,775</u>	<u>(148,800)</u>	<u>14,975</u>
TOTAL FUNDS	<u>163,775</u>	<u>(148,800)</u>	<u>14,975</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2022

12. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.4.20 £	Net movement in funds £	At 31.3.21 £
Unrestricted funds			
Unrestricted	54,165	18,751	72,916
Restricted funds			
Telford & Wrekin CCG Maternity Voices Partnership	627	(627)	-
Help2Change Shropshire Healthy Living	3,146	(30)	3,116
Shaping Places for Healthier Lives	-	287	287
	<u>3,773</u>	<u>(370)</u>	<u>3,403</u>
TOTAL FUNDS	<u>57,938</u>	<u>18,381</u>	<u>76,319</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
Unrestricted	164,000	(145,249)	18,751
Restricted funds			
Telford & Wrekin CCG Maternity Voices Partnership	-	(627)	(627)
Help2Change Shropshire Healthy Living	-	(30)	(30)
Shaping Places for Healthier Lives	6,500	(6,213)	287
	<u>6,500</u>	<u>(6,870)</u>	<u>(370)</u>
TOTAL FUNDS	<u>170,500</u>	<u>(152,119)</u>	<u>18,381</u>

Restricted Funds

Help2Change Shropshire Healthy Living - This fund is for engagement and research with members of the Shropshire public and users of health and care services, e.g. around barriers to accessing Social Prescribing.

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2022

12. MOVEMENT IN FUNDS - continued

Shaping Places for Healthier Lives - Healthwatch Shropshire was asked to run the public and organisational engagement for Shropshire Council/Public Health's Phase 2 project for 'Shaping Places for Healthier Lives' (a joint grant programme between The Health Foundation and Local Government Association). This project was to explore the reasons for food insecurity in South West Shropshire and identify solutions.

Telford & Wrekin CCG Maternity Voices Partnership - This fund is to support the delivery of the Maternity Voices Partnership initiative in Shropshire, Telford & Wrekin.

13. EMPLOYEE BENEFIT OBLIGATIONS

During the year end charitable company paid pension contributions of £3,985 (2021: £3,985). There were contributions payable at the year end of £1,263 (2021: £1,250).

14. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2022.

HEALTHWATCH SHROPSHIRE

DETAILED STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2022

	2022 £	2021 £
INCOME AND ENDOWMENTS		
Charitable activities		
Local authority grants	163,775	164,000
Public sector grants	<u>-</u>	<u>6,500</u>
	<u>163,775</u>	<u>170,500</u>
Total Incoming resources	163,775	170,500
EXPENDITURE		
Charitable activities		
Wages	92,722	92,566
Social security	2,220	1,333
Pensions	4,155	3,985
Insurance	3,421	3,001
Telephone & broadband	270	668
Postage	423	397
Marketing & publicity	488	774
Travel & subsistence	248	12
Volunteer & Trustee expenses	115	26
Recruitment (Including DBS)	2,614	-
Training & development	381	965
Consultancy	2,235	2,140
Publications/Subscriptions	66	315
Venue hire & events	806	30
Photocopying/internal printing	886	330
Office stationery	119	17
Equipment	2,451	5,949
Website & software	2,566	2,049
Office rent	7,095	7,095
Premises costs	<u>4,142</u>	<u>3,878</u>
	127,423	125,530
Support costs		
Management		
Sundries	4,075	9,493
Financial administration	<u>15,350</u>	<u>15,350</u>
	19,425	24,843
Governance costs		
Sundries	102	35
Independent examination fee	1,230	1,194
Trustees' expenses	103	-
Trustee indemnity insurance	<u>517</u>	<u>517</u>
	<u>1,952</u>	<u>1,746</u>
Total resources expended	<u>148,800</u>	<u>152,119</u>
Net Income	<u>14,975</u>	<u>18,381</u>

This page does not form part of the statutory financial statements

HEALTHWATCH SHROPSHIRE

England & Wales - Charity number 1151343

Accounts

REGISTERED COMPANY NUMBER: 08415314 (England and Wales)
REGISTERED CHARITY NUMBER: 1151343



HEALTHWATCH SHROPSHIRE
(A COMPANY LIMITED BY GUARANTEE)

TRUSTEES' REPORT AND
UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2021

HEALTHWATCH SHROPSHIRE

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FOR THE YEAR ENDED 31 MARCH 2021

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David Beechey
Michael Terrence Harte, Deputy Chair
Steve Price
Frederick David Voysey
Denise Walker
Robert Douglas Welch
Anne Wignall

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Charity registered number

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Chair's Statement for year ended 31st March 2021

Chair's Statement, Vanessa Barrett

I am very proud of the work of Healthwatch Shropshire during 2020-21. In common with every other organisation, we had to make radical changes to the way we work because of the pandemic, but our small team rose to the challenge enthusiastically.

We introduced a 'new look' to our website, in order to make it easier to use. Because of COVID 19, there was a doubling of the number of 'hits' from people viewing the site, compared with 2019/20. We also saw significant increases in the numbers of people following the information we put out on social media: Facebook, Twitter and Instagram. In terms of keeping people updated on the constant changes during the early days and weeks of the vaccination programme, this was obviously valued, and proved to us that we are reaching more varied age groups and a wider section of the public than we had before.

At the same time, 2020 was the year the Government had set for major changes in ways of working for every NHS organisation in the county. In any major organisational change, people leave who have knowledge and experience of the local situation. This requires Healthwatch Shropshire to build new relationships with the different senior staff appointed and to ensure we could continue to influence decisions that were being made, by reflecting what people tell us about their experiences and what their priorities are. We are often the only organisation with the 'long term memory' and able to take a 'bird's eye' view of the issues affecting different parts of the county.

The most obvious change to our own ways of working was the requirement to stop any face-to-face meetings with the public and individuals. This meant we could no longer do Enter and View visits and instead our volunteers were involved in other projects such as a digital audit of care homes websites and social media and participating in online focus groups.

In October we published our report on what you had told us about the ways the changes in making appointments with GPs and hospitals to phone, video and online appointments had affected you and your health.

As the restrictions ease, we look forward to continuing our work through engaging more with the public face to face, but building on what we have learned during the last difficult year. I hope you find this Annual Report interesting and that it gives you a flavour of the range of activities undertaken by our staff team and wonderful volunteers and how we share what people tell us about their experiences to influence organisations and services to improve the care they provide.

Trustee's Report for the year ended 31st March 2021

The Board Members (who are trustees of the charity and also directors of the company for the purposes of the Companies Act) present their annual report together with the financial statements of Healthwatch Shropshire (the company) for the 1st April 2020 to 31st March 2021. The Board Members confirm that the annual report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015) as amended by Updated Bulletin 1 (effective 1st January 2015).

Since the charitable company qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Directors Report) Regulations 2013 is not required.

1. Introduction

The Health and Social Care Act 2012 established Healthwatch as the independent consumer champion for health and social care in England, with a local Healthwatch in every Local Authority area in England. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. Everything we say and do is informed by our connection to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages and backgrounds who use health and social care services and to speak out on their behalf.

From 1st April 2016, Healthwatch Shropshire (HWS) has also held the contract for the Independent Health Complaints Advocacy Service for people who receive NHS services in Shropshire and for Shropshire residents who receive NHS services outside the county.

In the autumn of 2017 Healthwatch Shropshire successfully responded to the invitation to tender to provide local Healthwatch services in Shropshire and the Independent Health Complaints Advocacy Service (IHCAS) for the period from April 2018 for three years, with the possibility of an extension until the end of March 2023. Due to a significant funding cut the decision was made for the organisation to become a four-day service with the office being open Monday to Thursday.

Purpose and Aims

The purposes of Healthwatch Shropshire are set out in the Articles of Association:

- To provide information and advice to the general public about local health and social care services
- To make the views and experiences of members of the general public known to health and social care providers
- To enable local people to have a voice in the development, delivery and equality of access to local health and care services and facilities, and
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Based on the Articles and guidance from Healthwatch England (HWE), Healthwatch Shropshire (HWS) has determined its own purpose:

To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.

2. Structure, governance and management

a. Constitution

Healthwatch Shropshire (HWS) is a charitable company limited by guarantee and was set up and is governed by its Articles of Association, which established the objects and powers of the charitable company.

Its registered charity number is 1151343 and its company number is 08415314. Members of the charitable company are required to contribute an amount not exceeding £1 to the assets of the charitable company in the event of its winding up. The Board Members are the trustees of the charity and directors of the company and have no beneficial interest in the charitable company.

b. Method of appointment or election of Board Members

The governance of the charity is the responsibility of the Board Members who are elected and co-opted under the terms of the Articles of Association.

Board Members, who are volunteers, are recruited, when the need arises, from the Associate Membership and also from the people of Shropshire in an open and transparent process. Vacancies are advertised as widely as possible. Board Members are elected for a period of three years.

All potential candidates to become Board Members must:

- live in Shropshire* OR
- work for/represent a voluntary or community group in Shropshire* OR
- be registered with a GP Practice in Shropshire*

(*By 'Shropshire' we mean the area covered by Shropshire Council and Shropshire Clinical Commissioning Group).

c. Policies adopted for the induction and training of Board Members

All candidates for Board Membership undergo an induction training session prior to interview. This is to ensure that any new Board Members fully understand the responsibilities that are being taken on and have an insight into the work of Healthwatch Shropshire (HWS). New Board Members have the opportunity to spend some time with the staff team and the Chair and are given key documents about HWS. Additional training is offered as need is identified.

Board Members have adopted a process of appraisal of individual Board Members on an annual basis and regularly review the structure and effectiveness of the Board and its Committees.

d. Organisational structure and decision making

The maximum number of Board Members is 12. At the end of the year in March 2021 the Board comprised eight members.

The staff complement at the end of the year was five, all part time since April 2018 when HWS became a four day service (Monday to Thursday). Staff changes have continued into 2020-21 and this has had an impact on capacity and activity.

Staff Team at end of March 2021:

Chief Officer	Lynn Cawley	
Information Officer	Brian Rapson	
Volunteer Officer & Secretary to the Board	Steph Dunbar	<i>(Started maternity leave 17/02/20 left HWS 01/11/20)</i>

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Community Engagement & Communications Officer	Jayne Morris	
Enter & View Officer and Health Complaints Advocacy Coordinator	Alli Sangster-Wall	
Administrative Officer	Patricia McInnes	
Company Administrator (Fixed Term Contract)	Bethany Kennedy	<i>(Maternity Cover from 03/02/20 left HWS 16/09/20)</i>

In addition, at year end Healthwatch Shropshire (HWS) had a team of 11 volunteers to support its work programme. The volunteer roles are:

- Enter & View Authorised Representative (8) – conduct and report on Enter & View visits
- Engagement Volunteers (3) - help to raise awareness of HWS in their communities throughout Shropshire including representing HWS at information stands at locations across the county

Associate Members are people of Shropshire who are interested in the work of Healthwatch Shropshire (HWS) but do not wish to be as actively involved as volunteers. At the end of March 2020, HWS had 70 Organisation Associate Members (69 last year) and 217 Individual Associate Members (217 last year).

Our governance

Board Members are lay people and volunteers. Healthwatch Shropshire (HWS) has regularly held Board meetings in public during 2020-21 over Microsoft Teams due to the COVID-19 restrictions. There are four Committees of the Board, each with its own Terms of Reference, to which the Board has delegated some of its responsibilities to enable the business of HWS to be delivered in a timely manner but the Board remains accountable. The Committees are:

- Business
- Enter & View
- Intelligence
- Marketing

The public voice is also represented on our Stakeholder Group, which has involvement from commissioners and major providers, including the independent and voluntary sectors, and Shropshire Patient Group (made up of representatives from primary care patient groups across Shropshire). The primary purpose is to ensure the future overall effectiveness of HWS by providing a peer-to-peer strategic forum for the interchange of information, ideas and perspective pertinent

to the work of HWS. Due to the pandemic this group has not met this year but we have continued to communicate with members informally throughout the year.

How we make relevant decisions

A Decision-Making policy is published on the web site, www.healthwatchshropshire.co.uk. The relevant decisions are included in Board meeting minutes and published on the web site.

- How we choose which health and social care services we are looking to cover with our activities:
Feedback from members of the public on the quality of health and social care services is considered by the Intelligence Committee and recommendations made as to the most appropriate response. This information is also used to inform the Enter & View planning process as well as engagement activities. The findings of Enter & View visits (conducted by volunteers) also help to inform the forward work programme. 'Hot Topics' enable Healthwatch Shropshire to encourage feedback on a particular topic.
- Whether to request information, make a report or a recommendation:
Feedback received from members of the public informs decisions about activities, which include whether to request additional information from providers and commissioners, make a report or a recommendation. These decisions are taken by the Board Committees, which include volunteers.
- Which premises to Enter & View and when those premises are to be visited:
The Enter & View programme is informed by intelligence Healthwatch Shropshire (HWS) receives from members of the public. It also receives requests from:
 - Shropshire Telford and Wrekin Provider Information Sharing Meeting that takes place every two months
 - Quarterly meetings with the Care Quality Commission, Shropshire Council and Shrewsbury and Telford Hospital Trust (SaTH)
 - Regular meetings with the other local NHS Trusts

The Enter & View Committee includes four Board Members, one of whom is also an Authorised Representative and directly involved in conducting Enter and View visits. There is also one other Authorised Representative and one volunteer who is not an Authorised Representative.

- Whether to refer a matter to Shropshire Council's Health Overview & Scrutiny Committee:
The Board will make these decisions based on evidence and recommendations from the Intelligence Committee. Prior to the COVID-19 pandemic HWS regularly met with the Chairs of the Health Overview and Scrutiny Committee and the Health and Wellbeing Board in order to triangulate intelligence. In 2020-21 we have continued to attend these meetings

virtually over MS Teams and shared any relevant intelligence we hold but not met with the Chairs outside of these meetings. We hope to restart these meetings in 2021-22.

e. The involvement of the public and volunteers

Delivering our statutory activities

When the COVID-19 pandemic began HWS followed Public Health and NHS England guidance and staff began to work from home with limited office cover to answer the phone. All face-to-face engagement activities stopped including meetings, stalls, leaflet distribution and Enter & View visits. However, we have continued to meet with our volunteers virtually over MS Teams and involved them in our activities, e.g. asking for their support to design surveys, planning and conducting on-line research tasks, taking part on focus groups (Integrated Care Record). We have also continued to receive applications from people interested in volunteering for us.

Whenever possible, Board members and volunteers continued to attend on-line meetings organised by local NHS and social care organisations, including NHS Trust Board meetings and local transformation programmes relating to the merger of two the Clinical Commissioning Groups (CCGs) and establishing the Sustainability and Transformation Partnership, evolving into a shadow Integrated Care System.

For more about our volunteers in 2020-21 see page 31 and see our website page:
<http://healthwatchshropshire.co.uk/content/get-involved>

f. Related party relationships

Healthwatch Shropshire has no related party relationships.

g. Risk management

Healthwatch Shropshire has a Risk Management Matrix to enable it to identify and manage effectively the external risks faced by the charity. Annual reviews take place involving Board Members and staff and the Matrix is regularly updated for Business Committee and Board meetings.

h. Healthwatch Trademark Licence Agreement

We can confirm that Healthwatch Shropshire has signed and returned to Healthwatch England the Healthwatch Trademark agreement (which covers the logo and the Healthwatch brand) and that we are using this trademark when undertaking work on our statutory Activities as covered by the licence agreement.

3. Objectives and Activities

a. Policies and objectives

Healthwatch Shropshire has continued to approve and review the key policies and supporting procedures that underpin the delivery of its work programmes. Key policies are available on our website. Policies are reviewed regularly, the frequency being determined by the reviewing panel.

The priorities for the year are informed by the people of Shropshire through the intelligence received, engagement and Healthwatch Shropshire's understanding of the context that it is working in. Key priorities for the year 2020-21 were agreed as:

- Mental health (all age mental health)
- Prevention and Place Based Care (including Primary Care, Care Homes, Home Care)
- Acute Care (including Acute Hospital Reconfigurations, Transforming Midwifery Care)
- Workforce (including recruitment training and support – such as access to PPE)

The role of the Independent Health Complaints Advocacy Service (IHCAS) is to provide information and advocacy support to people living in Shropshire and anyone using NHS services in Shropshire to make a formal NHS complaint.

b. Activities for achieving objectives

Healthwatch Shropshire (HWS) works to meet its statutory requirements and deliver on its objectives by:

- Raising the profile of HWS through effective marketing and networking
- Enabling people to access the services HWS provides easily
- Delivering a structured programme of engagement
- Delivering the Enter & View programme
- Supporting volunteers
- Delivering the signposting and information service
- Capturing and analysing information
- Developing partnerships through effective networking
- Keeping up to date with work planning, policies procedures and governance
- Continuing to develop ways of capturing people's experience and complaints

Some of these activities have been curtailed, or have needed to be adapted to the prevailing circumstances of the pandemic.

The IHCA Service meets its objectives by:

- Providing people with information about the NHS complaints process and their options within that process to empower them to make a formal complaint and have their voice heard. This information is given verbally over the phone or face to face and people are given access to the step-by-step guide we have produced by post, email or on our website.
- Providing the support of a Health Complaints Advocate to help them to put their complaint in writing, navigate the complaints process and attend meetings to discuss their complaint.

c. How our activities deliver public benefit

Healthwatch Shropshire is working to help local people get the best out of their health and social care services, either by improving them today or helping to shape them for the future. Local people have a powerful voice and Healthwatch Shropshire is working to ensure that this voice is heard by commissioners and providers of health and social care services in order to address issues and concerns raised but also to share good practice. We achieve this through our attendance at key meetings across health and social care. In the early weeks of the COVID-19 pandemic many system meetings were cancelled as the priority became preparing for a peak in hospital admissions. All meetings moved online. At this time we became a member of the Community Response meeting and Mental Health Resilience and Prevention meeting led by Shropshire Council/Public Health where we were able to feed our intelligence into the system and find out what was happening locally, including support available to the public. We also met fortnightly with the Accountable Officer of Shropshire and Telford & Wrekin CCGs. From May HWS was invited to twice weekly System Recovery & Restoration Meetings to hear what services were planned to restart, when and the communications plans to keep the public informed.

Throughout the pandemic the Shadow Integrated Care System Board continued to meet regularly and from quarter three many system meetings restarted, including the programme boards of the Shropshire, Telford and Wrekin Sustainability and Transformation Partnership (STP):

- Acute Care
- Mental Health (including learning disability and Autism)
- Prevention and Place Based Care (including Primary Care)
- Support Services (including clinical support, such as pharmacy, back office, transport and logistics and workforce)

The meetings we attend give us the opportunity to remind those present of the role of Healthwatch Shropshire locally and the importance of considering the public voice when

developing, providing and evaluating services. We also share relevant comments from the public with key organisations (e.g. Shrewsbury and Telford Hospital Trust, Shropshire Clinical Commissioning Group and Shropshire Council) and relevant reports and findings from the work we have undertaken. Our reports are also made public and available on our website. The comments we receive are anonymised and recorded and stored in line with the General Data Protection Regulation (GDPR). A member of the Board acts as Data Protection Officer and is tasked with monitoring compliance with the GDPR and other data protection laws, our data protection policies, awareness-raising, training, and audits.

The work programme of Healthwatch Shropshire is primarily informed by the experiences of people of all ages, from across the county and from all backgrounds. Healthwatch Shropshire is inclusive in its approach and is working to ensure that everyone has the opportunity to have their voice heard. When all face-to-face engagement ceased Healthwatch Shropshire had to focus on digital technology (e.g. website) and social media to help deliver its work programme. Acutely aware of digital inequality we continued to promote our phone number and Freepost address to ensure everyone could contact us.

Healthwatch Shropshire also provides an information and signposting service which assists local people to find services and / or information to support their choices and get the care they need.

The Independent Health Complaints Advocacy Service provides an additional service to support individuals who are unhappy with care or treatment that they have received from the NHS to make a formal complaint and have their voice heard.

4. Achievements and performance

a. Review of activities

The following sections highlight the achievements of Healthwatch Shropshire in 2020-21 against the statutory activities for Healthwatch in the context of Shropshire and also reports on the Independent Complaints Advocacy Service.

a. Review of activities

The eight statutory activities of Healthwatch Shropshire are:

- **Promoting and supporting the involvement of local people in commissioning, provision and scrutiny of local care services**
- **Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved**

- **Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known**
- **Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.**
- **Providing advice and information about access to local care services so choice can be made about local care services.**
- **Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.**
- **Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.**
- **Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.**

At Healthwatch it can be difficult to show the impact that we make within one financial year as quite often, the difference that we make does not happen straight away but over a period of time. This year Healthwatch England asked us to describe how pieces of work we have done previously have continued to have an impact or influenced the work we did during the pandemic please see heading 'Then and now' page 16.

With the arrival of COVID-19 so many different areas of health and social care have been impacted. As a result the pieces of work we had planned for 2020-21 had to take a different direction. For how we have responded to the COVID-19 pandemic see page 28.

As the country went into the first lockdown in 2020 the staff team began working from home and all face-to-face engagement was put on hold including Enter & View visits. Our focus moved to reinforcing the Government and Public Health guidance about how people could keep themselves and their families safe by sharing information on our website and social media channels (Facebook, Twitter and Instagram).

Please note that a 'restricted project' is a project for which we received external funding.

We also report on our additional activity under the Independent Health Complaints Advocacy Service for 2020-21 (See page 34).

Highlights from our year

How we have engaged and supported people in 2020-21

Reaching out

- **We heard from 1,131 people this year about their experiences of health and social care, of these 876 people were responding to surveys.**

Responding to the pandemic

- **This year we provided information and signposting to 163 people.**
- **A further 745 people used the 'Advice and Information' section of our website.**

Making a difference to care

- **We published 11 reports about people's experiences of services during the year.**
- **In these we published 139 key findings and from this, we made 40 recommendations for improvement.**

Health and care that works for you

- **19 volunteers and 6 staff helped us to carry out our work.**
- **In total volunteers contributed 487 hours.**
- **The staff team is 4 full-time equivalent**

Understanding the impact of the COVID-19 pandemic

In April 2020 we launched a survey to understand the impact the lockdown was having on people's access to health and care services and their general wellbeing. The report was shared with the health and social care system to help providers and commissioners identify any gaps in information and services they might be able to fill.

At the beginning of lockdown we did not know what impact COVID-19 would have in Shropshire and how challenging it would be for NHS and social care services so we asked open rather than direct questions to allow people to go into the detail they felt comfortable with.

The majority of people recognised the challenges the pandemic placed on the system and told us that they valued the NHS and wanted to protect it.

We ran the survey on our website from 9th April to 31st May. During this period, in order to help the system to be as responsive as possible, we produced four weekly interim reports to share our findings. The survey was promoted on BBC Radio Shropshire, through our network of contacts, on our website and social media. We received a total of 568 responses from people across the county and over the border. The largest response to any survey we have run.

Sample comment:

'People should not underestimate the anxiety, disorientation and depression generated or made worse by the crisis. Fear too – about dying, loss of social order, economy crashing, loss of one's job/income, not being able to get food or fuel to keep warm, and so on. A feeling of 'what's the point?'

Key findings

- An average of 93% of people told us they had found it easy to find clear and understandable information about how to keep themselves and others safe.
- Not surprisingly, when we asked if the pandemic had affected people's mental health and wellbeing 64% of all respondents reported an impact, which included 15.5% who reported a 'significant' impact. Key workers and people working during the pandemic reported a greater impact on their mental health and wellbeing than those not working.
- Overall 40% of people told us that their healthcare had been adversely affected by the pandemic, this figure rose to 69% for those people with a disability
- On average 10% of people using social care services told us that their care had been affected by the pandemic, the highest figure being in May (16%).
- The main coping strategies included focusing on the positives, finding a new appreciation for the surroundings, staying active, getting outside and maintaining contact with family and friends and wider support networks.

We made five recommendations to the Shropshire Telford and Wrekin Sustainability and Transformation Partnership (STP) encouraging them to work together to:

1. Give the population clear information about the services available during lockdown and the steps being taken to make services safe or COVID free (e.g. GP practices)
2. Let people know when services would re-start and manage the expectations of people already known to services or on their waiting lists
3. Develop the mental health offer to support people with anxiety and depression as a result of the pandemic, including those who have become reluctant to leave their home and access services.
4. Support carers by doing everything possible to meet their need for emotional support and practical help wherever possible, including supporting them to stay in contact with their support networks (e.g. social and support groups).

5. Promote public health messaging about self-care and healthy lifestyles in the context of the pandemic, including healthy eating, exercise and relaxation / mindfulness techniques both for staff and the general public.

The report was published on 9th July 2020 and it was the first report highlighting people's experiences during the pandemic produced locally. It was shared with Shropshire Clinical Commissioning Group, Shropshire Council, Public Health and the NHS Trusts. BBC Radio Shropshire invited us back on air to share our findings on 29th July and they were presented to the Health and Wellbeing Board on 10th September 2020.

'I wanted to say, just how useful we have found the data in the reports that you have been sending round, this has really helped to shape the offer that has been worked up through the Mental Health Resilience and Prevention group as the data is live from local residents and ensures that we can provide and adapt what is needed for Shropshire people in relation to their mental health.' Public Health Consultant

We used what we heard from the public to identify issues we wanted to explore further, e.g. people's experiences of phone, video and online appointments (p.10) and how care homes were supporting communication between residents and their families/visitors (p.28).¹

Then and Now

Case Study 1

Then: Access to services

In October and November 2019 (i.e. before the pandemic) Healthwatch Shropshire focused our engagement on access to primary care, in particular services provided by General Practices and Pharmacies. We particularly wanted to understand how GP appointment systems were working including 'extended access' appointments (where patients can book to see a GP until 8pm on weekdays and at times over the weekend) and online booking services, e.g. E-Consult.

We used all of our communication and engagement tools to promote this piece of work and hear from as many people as possible including asking the public to share their experiences with us, sending a questionnaire to all GP practices in Shropshire to find out how they arrange their services, carrying out a review of practice websites to find out how they were telling patients about how to access services and completing seven Enter & View visits to GP practices.

¹ For the full-text of the report, recommendations and comments:
<https://www.healthwatchshropshire.co.uk/report/2020-07-07/health-care-and-well-being-services-during-COVID-19-pandemic>

Key findings included:

- 59% of people who told us about accessing routine appointments reported a negative experience, this was focused around a few practices
- 83% of people who told us about accessing urgent appointments reported a positive experience
- 38 out of the 40 GP practices in Shropshire had information about the extended access scheme on their website. However, 45% of practices were giving either incorrect or incomplete information or both. A range of approaches was taken to how these appointments were offered by staff.
- The percentage of GP appointments made available by practices for booking online vary from 10% to 100%. Patient experiences of online booking of appointments was mixed.
- Twenty four people shared their experiences of using community pharmacies, 17 (70.8%) were positive, 3 (12.5%) negative and 4 (16.7%) neutral.
- There seems to be no method of sharing records of advice given in community pharmacies with the patient's GP. (It is unclear if records are routinely kept by the pharmacies.)
- Total opening hours for GP practices vary from 36 per week to 60 per week. 25% advertise as being open at 8am or earlier every day during the week.

The report was drafted and published in June 2020, after the COVID-19 pandemic had started.²

In response to the report and recommendations Shropshire Clinical Commissioning Group said:

'Shropshire CCG welcomes this Healthwatch report on Primary Care access in Shropshire and would like to thank you and also all the patients and primary care staff who provided valuable feedback. The report offers an insight into the good work being done and also highlights areas of improvement, particularly around advertising and promoting services to our patients. It is important to note that the period of focused engagement for this report was October and November 2019 and that since then, our practices have increased the variety of ways for patients to access primary care services. All practices within the CCG now offer online and video consultations, providing convenient alternatives to traditional patient appointments. Our practices work hard to ensure that patients get the support and care that they need, when they need it. The CCG will continue to work with practices in reviewing the recommendations outlined in this report, in order to reduce the variation in

² For the full report, recommendations and CCG response go to:
<https://www.healthwatchshropshire.co.uk/report/2020-06-11/experiences-accessing-primary-care-services-shropshire>

patient experience and promote equal access to high quality primary care services across the County.'

Now: Changes to appointments

Prior to the COVID-19 pandemic we had planned to continue to focus on GP access and hoped to see the reduction in variation of patient experience and access we had highlighted and that was recognised by the CCG. When the country went into lockdown and services either ceased or changed, our report 'Health care, social care and wellbeing services during the COVID-19 pandemic' showed that the issue of access was more important than ever. The introduction of telephone triage by GP practices was met with a range of responses, some people liked the fact that they could speak to their GP rather than only be able to be seen face-to-face while others were concerned that their GP would not see them at all or anxious that something would be missed if their GP did not see them in person.

We decided to find out more about this issue, particularly as the NHS Long Term Plan published in January 2019 says that 'over the next five years, every patient will have the right to online 'digital' GP consultations.' (p.6)³

The pandemic has meant that the move towards 'digital GP appointments' happened quickly and while primary and secondary health services were happy to go along with the 'digital first' approach we wanted to find out what the population of Shropshire thought.

From 18th June to 1st October 2020, we asked people to share their views and experiences of phone, video and online appointments during the pandemic. We expected to receive a range of responses including positive experiences and hear about some of the barriers that people face when moving to virtual appointments (e.g. access to and skills to use technology). We hoped that by highlighting this issue we could also help to make the public aware of how these appointments should be being used by services, e.g. not replacing face-to-face appointments when a person needs to be seen.

The positive comments we received about these 'virtual' appointments highlighted the advantages, including avoiding unnecessary appointments and long or difficult journeys, saving time and avoiding going into an environment where you might catch COVID-19.

'The telephone appointment with the doctor before an appointment at the surgery resolved if there was a need to see a doctor without wasting time and also immediately put my mind at rest. Excellent service when you really don't feel well.'

However, we also heard from people who expressed a range of concerns, including:

³ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

- Difficulties getting through on the phone, including the cost of the phone call when waiting in a queue
- Difficulty in getting to speak to a doctor or receive appropriate treatment
- Not wanting to discuss symptoms over the phone, with the receptionist (e.g. worries about confidentiality) but also the doctor or nurse due to embarrassment
- Concern that some patients would be disadvantaged because of their lack of access to the internet and technology, particularly older patients
- Difficulties that some people have with using the phone, including people with hearing impairments or communication difficulties
- Concerns that staff do not have the skills to have an effective telephone consultation
- Patients not receiving the support of a family member, friend or carer when the appointment is over the phone, e.g. to explain symptoms

People with communication needs, mental health difficulties, autism and carers explained that 'virtual' appointments are not right for everyone:

'Another dreadful experience for my adult daughter with complex needs. I am a carer. GP triage appointment very difficult. Daughter does not do well on the phone. Most people are not trained to be experts at detailing all their symptoms clearly. Often the first cause is not the real issue. Phone/video triage may work for some but less helpful for the vulnerable.'

We also heard from professionals who were finding the move away from face-to-face appointments difficult with their client group:

'I have been helping to run Zoom meetings for people living with Dementia and their carers. I have noticed that carers have to work particularly hard to help their loved one engage with a screen. We need to understand how to facilitate involvement. Some people are disadvantaged by the use of technology while others can benefit.' Professional from The Alzheimer's Society

Our recommendation to health and social care services included the need to explain to the public that phone, video and on-line appointments are being used to triage patients and make sure people who need to have a face-to-face appointment are given one. Support people to make use of technology if they want to. Train professionals to manage these virtual appointments and share the Healthwatch England guidance on 'Getting the most out of the virtual health and care experience'⁴ which gives tips for the public and professionals.

⁴ <https://www.healthwatchshropshire.co.uk/advice-and-information/2020-08-03/getting-most-out-virtual-health-and-care-experience>

Shropshire Clinical Commissioning Group welcomed our report saying:

'Ensuring patients have access to high quality care is at the forefront of everything we do and our practices work hard to provide a safe service that patients feel confident to use. Virtual appointments have helped general practices to meet the needs of the population during this challenging time, allowing patients to access advice and care whilst staying safe in their homes. Despite this, we do recognise some of the challenges surrounding the use of digital technology for patient care and would like to assure you that all comments and concerns received from this engagement exercise have been taken on board. The CCG will work with practices to carefully consider ways of addressing these issues.'⁵

The report was also shared with all NHS Trusts, Shropshire Council, Public Health and Shropshire Safeguarding Community Partnership (SSCP). Our findings were presented to the Local Engagement Board set up in response to the COVID-19 pandemic and attended by members of Shropshire Council and Public Health. In October 2020, the Independent Chair of the SSCP asked to meet with Healthwatch Shropshire to discuss the challenges faced by adults with care and support needs when face-to-face appointments are not available leading to the production of 'Essential multi-agency safeguarding community safety activity: expected standards of service'.

At the time of writing this report Healthwatch Shropshire has been asked to present the findings from our report to the Health and Wellbeing Board in July 2021 as the issues it raises remain relevant as services re-start or are re-designed. We also continue to remind the health and social care system what people told us they wanted services to look like in response to the NHS Long Term Plan in 2019 in our report 'What would you do?'⁶

⁵ For the full report, recommendations and CCG response please go to:

<https://www.healthwatchshropshire.co.uk/report/2020-10-20/phone-video-and-on-line-appointments-during-COVID-19-pandemic>

⁶ For full report go to: <https://www.healthwatchshropshire.co.uk/report/2019-07-15/what-would-you-do-nhs-long-term-plan-shropshire-telford-wrekin-report>

Case Study 2

Then: End of life and palliative care

In January 2020 we published our engagement report 'Experiences of End of Life and Palliative Care Services in Shropshire'⁷. As a person nears end of life, whether they are in hospital or being supported at home, there is only one chance for the providers of care to get it right. We wanted to know if people felt that the care their loved one received was what they wanted and expected. For example, if they were treated with dignity, if they felt listened to and if their wishes were respected.

We received 33 patient and family experiences of end of life (EoL) care during 2019. Key findings included:

- The experiences where the majority of the feedback was positive included comments on general service delivery (e.g. "RSH treated him and they were wonderful, he received great care") and organisation, quality of care and quality of staffing.
- The majority of negative experiences were around communication and information, treatment and continuity of care.
- A theme apparent from the feedback is that once it is acknowledged by staff that the patient is in need of end of life care the patient's and family's experience is more positive, e.g. when they go on to receive hospice services or care from the End of Life Care Team in hospitals.
- Some families found a lack of recognition by professionals that the person was at end of life and did not have the opportunity to prepare for the end of life.

We shared the report with all local providers and Shropshire Clinical Commissioning Group (SCCG):

'Thank you for sharing the Healthwatch End of Life report with us. It will undoubtedly be a useful resource to improve the care of people at end of life and identify where we can all give better support to families.' – SCCG Senior Quality Lead for Care Homes

'Thank you for this detailed report which provides an excellent overview of the complex care that our patients and their families navigate. It is particularly helpful to have a report that covers all providers as although we work closely with our colleagues in other organisations, our focus is naturally on what happens within the hospital. We have worked very hard with our partners in other organisations, through the Shropshire-wide End of Life

⁷ For the full report, recommendations and system response got to:

<https://www.healthwatchshropshire.co.uk/report/2020-01-14/experiences-end-life-and-palliative-care-services-shropshire>

Care Group, to join up care as much as possible and to try and care for people in their own homes wherever possible so it is good to see this recognised in the report.' - Clinical Lead for End of Life Care at Shrewsbury & Telford Hospital NHS Trust

Following its publication we were invited to attend a number of meetings to share our findings and recommendations, including the system wide End of Life Care Group. Unfortunately the country went into lockdown before we were able to do this. We are hoping to attend the End of Life Care Group in 2021-22.

Now: Out of hours palliative care services and advance care planning

End of life has remained on our agenda throughout 2020-21. We have shared our report 'Experiences of End of Life and Palliative Care Services in Shropshire' with Shropshire and Telford & Wrekin Clinical Commissioning Group to inform their End of Life Care Review.

- **Palliative care helpline for Shropshire, Telford & Wrekin**

In June 2020 the Medical Director of ShropDoc asked Healthwatch Shropshire to follow-up our previous report by looking specifically at the out-of-hours provision for people at end of life or receiving palliative care.

We worked with Healthwatch Telford & Wrekin to try and understand about the experiences of those who have received 'out of hours' palliative care since the beginning of March 2020. Since July 2018 all out of hours calls have been directed to NHS 111. This service is provided by West Midlands Ambulance Service. In early March 2020 due to the COVID-19 pandemic the number of calls to NHS 111 grew which led to some delays in calls from patients being answered. For patients at the end of their lives with distressing symptoms, any delay is unacceptable.

ShropDoc were aware of the difficulties being experienced by these patients, their families/carers and the professionals who care for them because 15% of home visits out-of-hours are for palliative care. To offer additional support at this time ShropDoc introduced a dedicated Palliative Care Helpline. The aim of this survey was to understand the experience of patients on a palliative care pathway, and those supporting them, in getting help when they needed it from NHS 111 and ShropDoc during the pandemic.

The survey ran from July to November 2020. We heard from 27 people including carers and professionals.

Comments about the ShropDoc Palliative Care Helpline included:

'This service has taken a lot of stress off our minds. We have had to use 111 in the past and it was atrocious and very stressful, lots of questions, no urgency in organising a call back. This service was quick, no silly questions and quick prompt return call. As a family we feel much calmer about getting help when our nurse is off duty.'

A district nurse told us:

'I have used the palliative care line many times during COVID-19, and I have nothing but praise for the staff, call staff and Doctors to drivers have all been extremely helpful when I need help or advice with end of life patients, even delivered medications and paperwork required. This helped the patient gain the medication required as soon as possible and eased a possible stressful time. If this direct line could continue it would be extremely helpful for us as staff in the community but it is also benefiting the patients we all care for the best we possibly can.'

100% of patients and carers who responded to the survey rated the Palliative Care Helpline provided by ShropDoc as either 'excellent' or 'good'. Due to the timing of this report we did not ask the commissioner of the service for their response but will do so as we come out of lockdown. We hope that the report will support future commissioning decisions about service provision for people at end of life or receiving palliative care.

The report was published January 2021⁸

- **Advance care planning**

In March 2020 as we went into the first lockdown the country did not know what impact the COVID-19 pandemic would have; how many people would be affected and what demands would be put on the NHS. Worryingly we started to hear that nationally the decision might be made to put advanced care plans in place for certain groups of people to support decision making when the NHS came under the pressure of high demand and limited resources.

On 30th March 2020 a joint statement was made by the British Medical Association (BMA), Care Provider Alliance (CPA), Care Quality Commission (CQC) and Royal College of General Practice (RCGP) saying:

'The importance of having a personalised care plan in place, especially for older people, people who are frail or have other serious conditions has never been more important than it

⁸ For the full report go to:

<https://www.healthwatchshropshire.co.uk/report/2021-01-21/experiences-out-hours-palliative-care-shropshire-telford-wrekin>

is now during the COVID 19 Pandemic. Where a person has capacity, as defined by the Mental Capacity Act, this advance care plan should always be discussed with them directly. Where a person lacks the capacity to engage with this process then it is reasonable to produce such a plan following best interest guidelines with the involvement of family members or other appropriate individuals. It is unacceptable for advance care plans, with or without DNAR (Do Not Attempt Resuscitation) form completion to be applied to groups of people of any description. These decisions must continue to be made on an individual basis according to need.⁹

Healthwatch Shropshire were asked to comment on the local draft Advanced Care Plan Framework and 'offer the valuable patient perspective'. The plan had been pulled together quickly at the request of NHS England but advance care planning was an issue already being discussed in the county before the pandemic with the introduction of the ReSPECT form (a summary of a person's emergency care and treatment plan produced by the Resuscitation Council UK before the pandemic).

We strongly advocated the importance of discussion with individuals and their families in the first instance as had been the approach up until that time. Our response to the framework led to changes in the way our local system planned to raise the issue of Advanced Care Planning with the population to reduce confusion, fear and anxiety.

Case Study 3

Then: Maternity and mental health

In 2018 Healthwatch England gathered experiences from 2,000 new mums and pregnant women of perinatal mental health services (the period between conception and the child's first birthday). Late 2018 Healthwatch Shropshire were asked to be one of five local Healthwatch to contribute to this piece of national research and share our findings with Healthwatch England by the end of March 2019.

We had already run a Hot Topic in August 2018 hearing from seven people about their difficult experiences accessing Perinatal Mental Health Services.

We followed this up by attending a range of groups/events across Shropshire, including mother and baby groups, asking people to complete questionnaires, holding focus groups and conducting interviews.

We spoke to 348 people including partners, staff and stakeholders from across the local maternity system, including the NHS and Public Health.

⁹ For the full statement go to: <https://content.govdelivery.com/accounts/UKCQC/bulletins/283e565>

Our report was published June 2019:

'The Shropshire, Telford & Wrekin Local Maternity System (LMS) welcomes this key piece of work undertaken by Healthwatch Shropshire. The LMS will use these findings from this research to help ensure perinatal mental health services meet the needs of our local population.' – LMS Programme Manager

What next?

In September 2019, we were asked to present our findings to the Annual Public Health Conference and the LMS asked us to do a follow-up piece of work. We ran a focus group speaking to mums about the maternity mental health support currently available, any gaps in provision, accessing peer support and how they prefer to access information.

We reported our findings to the Perinatal Mental Health Workstream of the LMS.

Healthwatch Shropshire were invited to comment on the draft public consultation documents for Transforming Midwifery Care across Shropshire, Telford & Wrekin and will be visible at consultation events to support the public to have their voice heard. This consultation was delayed by the COVID-19 pandemic.

Now: Maternal Mental Health Service and the Ockenden Inquiry

- **Maternal Mental Health Service**

Healthwatch Shropshire has continued to attend meetings with Shropshire, Telford & Wrekin Local Maternity & Neonatal System (now the LMNS). We are pleased to report we continue to inform discussions around health inequalities and reaching seldom heard from groups.

'As many as 1 in 5 women develop a mental illness during pregnancy or in first year after birth. When our ICS had the opportunity to bid to become an early implementer of Maternal Mental Health hubs, the Health Watch Report into Maternal Mental Health was so useful as we could refer to what families wanted and base the development of our model on that. We are now an early implementer site, with mental health specialists working with midwives and maternity services to provide care for new, expectant or bereaved mothers suffering from a range of problems from PTSD after birth to severe fear of childbirth'. Managing Director, Shropshire, Telford & Wrekin Care Group at Midlands Partnership Foundation Trust

- **The Ockenden Inquiry**

The independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust (SaTH) was commissioned in 2017 by the then Secretary of State for Health and Social Care, Jeremy Hunt MP. Since the original launch of the review Healthwatch Shropshire has given anyone sharing concerns about maternity services the contact details of the independent review team to discuss their case if they wanted it to be included in the review. The deadline was the end of May 2020. Since May 2020 we have continued to record the comments we receive about maternity services and share them anonymously with the Trust. Our Independent Health Complaints Advocacy Service (IHCAS) remains available to anyone needing support to make a formal complaint to the Trust.

The length of time the full review is taking led to Healthwatch Shropshire becoming concerned for the wellbeing of the parents and families affected as they wait for the outcome. In July 2020 Healthwatch Shropshire and Healthwatch Telford & Wrekin wrote jointly to the Chief Executive of SaTH to ask a number of questions.¹⁰

We wanted to find out:

- What psychological/emotional support had been made available to the women and children whose case is being looked by the review and how long that support will be available.
- What plans are in place to support women and families when the final Ockenden Review report is published?
- What support is in place for women and families currently using maternity services to address any concerns they might have?

In their response SaTH described the support in place including that provided by the voluntary sector and Midlands Partnership Foundation Trust (the provider of mental health services in Shropshire) who had been commissioned to provide support to patients and staff for as long as required.

'As an organisation we are very sighted on how we need to move forward together to support women, their families and all staff and engage the wider community to ensure they feel safe in our care. Any input from both Healthwatch's will be welcomed.' Interim Chief Nurse - SaTH

At the end of March 2021 the Board of Directors at The Shrewsbury and Telford Hospital Trust (SaTH) set up The Ockenden Report Assurance Committee (ORAC). The meetings take place monthly and are online in public with the aim of promoting transparency and accountability. Healthwatch Shropshire attended the first meeting of the committee, on Thursday 25 March where the Trust described the actions already taken in response to the first report from the Independent Review published 10th December 2020.

¹⁰ Our full letter and the response from SaTH can be viewed on our website at:

<https://www.healthwatchshropshire.co.uk/blog/2020-12-08/ockenden-maternity-services-review>

Case Study 4

Then: Social prescribing for 16-25 year olds

'Social Prescribing is a non-medical programme designed to help people with a wide range of social, emotional or practical needs.'¹¹

In 2018-19 we asked people about the barriers to accessing social prescribing¹². The success of this piece of work resulted in Shropshire Council Public Health asking us to speak to people again. This time we talked to young people aged 16-25 to ask them what they think about social prescribing and how it should work for them.

To reach as many people as possible we ran an on-line survey, focus groups and worked with Psychology Students from University Centre Shrewsbury (UCS). We interviewed three GPs from across Shropshire and Community Care Coordinators to get their views. Three USC Psychology Students conducted research into social prescribing for their peer group and shared their findings with us.

Now: New Social Prescribing Link Worker for children and young people

The COVID-19 pandemic meant that some planned focus groups were cancelled. However, we had already done the majority of our engagement and by the time the on-line survey closed we had received 49 responses and were able to publish our report and recommendations.

Our findings suggested that:

- The Social Prescribing model for 16-25 year olds should be co-produced with the young people who will use the service
- Social Prescribing for this age group would need to be highly flexible and tailored to the individual at each part of the process
- The language around Social Prescribing would need to be carefully considered and de-medicalised and become more informal
- The issues around lack of currently available groups, transport and cost would need to receive careful consideration
- The qualities of the Social Prescriber including their age and personal experience in relation to the person being referred would need to be 'matched' as would any group and group leader

¹¹ <https://shropshire.gov.uk/shropshire-choices/i-need-help/social-prescribing-in-shropshire>

¹² <https://www.healthwatchshropshire.co.uk/report/2019-03-03/social-prescribing-exploring-barriers>

- Follow up by the Social Prescriber would need to be agreed with the young person and likely to need to be on-going and supportive.
- A mixture of virtual groups, physical groups, peer support and 1:1 sessions could enable a young person to participate and get the most out of Social Prescribing and the programme of activities they are referred to.

The report was published in July 2020¹³ and we were pleased to meet the new Social Prescribing Link Worker for children and young people who told us:

'I looked at the Healthwatch report on social prescribing to shape where engagement with social prescribing for young people should ideally take place. The comments around activities were also useful in understanding the potential barriers to overcome and what motivated them to get involved. The report has been essential in shaping the pilot for social prescribing through the voice of young people for young people.' – Social Prescribing Link Worker for Children & Young People.

Responding to the COVID-19 pandemic

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped people by:

- Providing up to date advice on the COVID-19 response locally
- Linking people to reliable up-to-date information
- Supporting the vaccine roll-out
- Supporting the community volunteer response
- Helping people to access the services they need

We have continued to be available for people to speak to us by phone but also ensured we are sharing the most up to date Government guidance, Public Health messaging and local requests for support through our social media channels and on our website:

- **Signposting requests up 24% from last year**
- **Facebook followers up 58% from last year**
- **Instagram followers up 94% from last year**
- **Website hits up 122% January - March 2021 compared to the same time last year**

¹³ <https://www.healthwatchshropshire.co.uk/report/2020-07-16/social-prescribing-16-25-year-olds>

For example, in April -June 2020 the top 3 social media posts across Facebook, Twitter and Instagram were:

1. **National COVID 19 messaging and updates (Total of 63 posts) Reach 21,292**
2. **Local general health messaging (Total of 30 posts) Reach 12,859**
3. **Healthwatch Shropshire's 'Health care, social care and wellbeing services during the COVID-19 pandemic' survey (Total of 14 posts and direct contact to 40 groups of Facebook) Reach 5,211**

During the pandemic our staff and volunteers helped people within their local communities by undertaking various roles:

- **Volunteering at local foodbanks**
- **Volunteering at Lateral Flow Testing sites**
- **Walking dogs through Cinnamon Trust for people shielding**
- **Collecting and delivering prescriptions**
- **Shopping for neighbours who were shielding**
- **Making befriending phone calls to isolated people**
- **Knitting outfits for premature babies and hearts for End of Life Care. The hearts come in pairs and one is offered to the person nearing the end of their life and its twin is kept by their loved one to maintain connection during visiting restrictions**

Top four areas that people have contacted us about

1. **General service delivery**
2. **Access to services**
3. **Communication between staff and patients**
4. **Quality of staffing**

Case Study 5

Hospital Discharges During the COVID-19 Pandemic

Since March 2020 hospitals have been working closely with community health, social care partners and local councils to improve the discharge process. Triggered by COVID-19, the aim has been to make sure no one is in hospital longer than they need to be. This included the development of an Integrated Discharge Hub in Shropshire.

Healthwatch Shropshire and Healthwatch Telford & Wrekin worked together to find out about people's experiences of leaving hospital during the pandemic. We worked with the organisations involved in the Integrated Discharge Hub from across the Sustainability and Transformation

Partnership (STP) to create a survey that would help them to evaluate and develop the service, including:

- Shropshire, Telford & Wrekin Clinical Commissioning Groups (S,T&W CCGs)
- Shropshire Council
- Shrewsbury & Telford Hospital NHS Trust (SaTH)

The Interim Director of Adult Social Care at Shropshire Council said:

'Really keen we fully support Healthwatch with the discharge survey as I'm very keen to hear about individual experience and views.'

We shared an interim report with these organisations to enable them to act on our findings as quickly as possible.

Some key findings:

- 16% of patients had received information on the changes to discharge processes due to the COVID-19 pandemic. 68% did not receive this information and 16% weren't sure whether they (family member) or the patient had been given this information.
- 24% of respondents said that they/the patient had not been prepared to leave hospital when they were discharged. Comments reported a lack of equipment, worry about support at home and two failed discharges
- In total 24% of people waited more than 24 hours to be discharged after being told they were well enough to leave. 48% of people waited between 2 and 24 hours. 8% waited for less than an hour before being discharged.
- We were told that 32% of patients had no conversation about support from health or social care after leaving hospital prior to being discharged. 16% were told they wouldn't need support. 26% of patients did have a conversation about support before leaving hospital.
- In total 42% of patients were given information about who to contact if they needed further advice or support after leaving hospital. 42% of people were not given this information. One patient said they had not wanted it and six people (12%) said they did not know if this information had been provided.
- 16% of people told us that they had support needs which they weren't currently receiving any help with, 6 of those people had not had a visit after being discharged from hospital.
- Patients and carers or relatives told us about good care they had received from staff whilst in hospital and about being made to feel safe.
- Carers and relatives told us that communication around discharge and after care could have been improved.

'Thanks again for all your hard work on the survey. As we discussed at the Urgent and Emergency Care Board, we took the survey results to our discharge alliance group. We discussed the results alongside our new process for cause for concern' and believe that this

would be a fantastic opportunity to use this process to tease out the themes and lessons and ensure that we learn from them.' – Urgent Care Director and Senior Responsible Officer for Discharge for Shropshire, Telford & Wrekin CCG

Our findings were also shared with Healthwatch England who completed a national piece of work around discharge:

'The work is being used by NHSE and DHSC to support the review of the discharge guidance and has highlighted the need for greater support for those with low level or short term needs leaving hospital. This is due to be outlined in the refreshed guidance. We also used the evidence from the review to join forces with other organisations and successfully secured an extension of the COVID discharge fund with an additional £594 million from the Treasury granted to support discharge arrangements for the first six months of 21/22.'
Healthwatch England – Hospital Discharge

Our volunteers

At Healthwatch Shropshire we are supported by 19 volunteers (including our Trustees) to help us find out what people think is working, and what improvements people would like to see made to services. We could not do what we do without their support.

This year our volunteers:

- Participated in online focus groups and meetings
- User tested our website and engagement platform
- Read and commented on public facing documents for external organisations
- Carried out website research for our Care Homes Digital Audit
- Helped with the local volunteering efforts of shopping and collecting prescriptions for those self-isolating or shielding

For example:

'At the start of the year with the reduction/suspension of my normal volunteering hours, I joined the Royal Voluntary Service to support people in the local community with pharmacy/shopping needs and also to 'have a chat' and reduce loneliness and isolation with those who were most isolated. Like many neighbours, I also shopped for a family in my street who were shielding during the first lockdown.

From March this year I have been a Vaccine Volunteer, working with a neighbour of Healthwatch - Shropshire RCC - to support the work of clinicians and NHS Management at Telford International Centre. We steward up to 1000 patients a day through the centre, ensuring they are informed and fully supported to receive their first and second vaccines.

There is great team spirit on every shift and volunteers are from a wide range of backgrounds and circumstances, all working together to make our communities safer. Whilst it has not been the volunteering year I had planned, my year has been eventful and full and I am looking forward to restarting Enter & View activity with Healthwatch as our programme of work develops.’ – Jayne Healthwatch Shropshire Volunteer

Our group of volunteers found themselves meeting for ‘virtual’ coffee this year. We used these meetings for social contact but also to update the team and get them involved with new projects during the pandemic such as our Digital Audit of Care Homes looking at websites and social media accounts.

Several times throughout the pandemic we ran virtual focus groups. One of these focus groups looked at proposed changes to the local phlebotomy service. Eight volunteers were involved and gave their views on the current service and where they thought improvements could be made. We also held two focus groups on Integrated Care Records.

‘Alli did a fabulous job helping to arrange the phlebotomy focus group and on the day. The feedback she shared with me on how I delivered the session has been really useful and we will use this to improve how we approach focus groups going forward.’ Head of Primary Care, Shropshire CCG

We thank all our volunteers for sticking with us through this difficult time.

An example of the work our volunteers have supported us with this year:

Case Study 6

Digital Audit of Care Homes in Shropshire

In March 2021 we published our Digital Audit of Care Homes in Shropshire spotlight report¹⁴. As our Enter and View programme was paused due to the pandemic we decided to take the opportunity to look at the websites of care homes in Shropshire to see if care homes websites were following advice from the Competition and Markets Authority (2018) which said:

‘You must give potential residents and their families or other representatives all the information they need to be able to make informed choices, including whether to make further enquiries or visit your home. [] You must give this information: in all the places that

¹⁴ For the full report go to: <https://www.healthwatchshropshire.co.uk/report/2021-03-23/digital-audit-care-homes-shropshire>

people are likely to look for it (which includes on your website and during telephone or online enquiries about your home).'

We looked at the websites of all 120 care homes in Shropshire to see if the information on their websites helped build a picture of what life in the home might be like and if it was useful when considering whether the home could be the right place for a loved one to move into.

We also looked at the Facebook pages of 30 care homes in Shropshire to see what use they were making of social media especially in the context of restrictions on visiting being in place due to the COVID-19 pandemic.

Our key findings

- 20 out of 120 care homes did not have a website although there was often information on other sites such as www.carehome.co.uk.
- 7 websites were not showing the home's current CQC rating, 8 did not have a link to the report.
- 74 homes had information about their Mission Statement or Philosophy of Care available on their website.
- 13 websites gave an indication of fees – this was most often stating what was or wasn't included in fees rather than giving an idea of what the fees per week would be. 6 websites gave either full illustrative costs or the starting costs for rooms.
- 51 had information about meals – 12 had a sample menu.
- 71 had some information about activities – 35 showed some photos of activities taking place.

Due to the difficulties being faced by care home managers and staff during the pandemic we did not want to add any pressure at this time so rather than make formal recommendations we made some suggestions in our report such as improving accessibility on websites, giving an indication of fees and including more specific examples of what makes a care home an inclusive environment. Our report was shared with all care homes through Shropshire Partners in Care and through Adult Social Care at Shropshire Council.

5. The Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire's Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received. During the pandemic NHS England allowed organisations to 'pause' the NHS complaints process during the period 26th March 2020 – 1st July 2020.

This year we have had 100 contacts to the IHCA service (compared to 102 2019-20)

- 59 people contacted us about hospital treatment

- 26 people contacted us about their GP
- 4 people contacted us about Ambulance Services
-

Other services people wished to complain about included Community Mental Health Teams, Service Commissioners and Dentists

We aim to empower people to use the NHS complaints process so the first thing we do is share our self-help pack that includes:

- A 19-page step-by-step guide on 'Making a Complaint about the NHS'
- Information on what to include in a letter of complaint
- Contact details for the organisation they are complaining to

The pack is also available on our website.

We explain the NHS complaints process and their options, including the right to appeal to the Parliamentary and Health Service Ombudsman if they are not happy with the outcome of their complaint.

The top topics people wished to complain about in 2020/21 were:

- Access to a service - 21
- Waiting times - 18
- Death of a service user - 14
- Quality of treatment - 12
- Diagnostics (including misdiagnosis) - 12
- Communication was added to the taxonomy in Q3 and was the subject of 10 complaints in Q3 and Q4

If people need more information and support to put their complaint in writing, we can provide a Health Complaints Advocate who will help them to navigate the NHS complaints process. We have allocated 18 people an Advocate during the year.

'Thank you so very much. I am taking what you wrote on board, and I do feel a burden has lifted. After talking to you yesterday, I now feel I know what to do and not flounder along as I was. Thank you, thank you.' – IHCAS Client

People using the IHCA Service often need signposting to other services in addition to help to make a complaint.

In the year 2020/21 we referred 16 people who contacted IHCAS to other services (including the IHCA Service for their area, Action Against Medical Accidents (AVMA), the General Medical Council (GMC), the Ockenden Review into Maternity Services and the Patient Advice and Liaison Service (PALS) if the situation was ongoing and they needed a quicker response.

'I was very impressed by the information provided and it has helped me immensely in putting the letter together.' – IHCAS Caller

Callers to the IHCAS also share their feedback on services and their experience of making a formal complaint. These comments are included in our data if they give us their consent to do so.

'Thank you for this service and for the kind and considerate way in which I was treated.' – IHCAS Client

Healthwatch Shropshire's Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received.

6. Financial Review

a. Going concern

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

b. Reserves policy

Healthwatch Shropshire's income is from Shropshire Council, its Commissioner. The majority of the income is to deliver its services as set out in the contract but, in addition, for 2020-21 Healthwatch Shropshire was fortunate to have a small amount of grant funding from Healthwatch England to pilot Engagement HQ (an online engagement platform) for 6 months and from Shropshire Public Health to complete engagement to understand people's experience of food insecurity in South West Shropshire.

It is good policy for a charity to hold a contingency reserve to protect the charity from disruption to its charitable work and from insolvency. In order to become a more sustainable organisation and to protect the charity from disruption to its charitable work and insolvency the Board has determined that it will build up its free reserves as part of its strategic planning. The reserve policy will be monitored and reviewed annually as part of the budget setting process and when a significant event may trigger the need for a review. Following a detailed review the Board has determined that it will aim to hold 3 months core operating costs as a free reserve.

At 31st March 2021 the total free reserve of Healthwatch Shropshire was £72,916 (2019-20 was £54,165).

c. Investment policy and performance

Healthwatch Shropshire has no investments. A policy will be developed as and when the need arises.

7. Plans for next year

a. Future priorities:

Healthwatch Shropshire want to make a difference to the health and social care services in Shropshire. The ways we can do that are:

- Giving people as many ways as possible to share their views with us (e.g. increased use of social media and wider promotion of our Freepost address for those who do not have access to technology)
- Making sure we know what is happening locally (e.g. attending meetings and events)
- Sharing the information we have with the right people at the right time so it can be taken into account when reviewing and redesigning services

So this year we have continued to align our priorities with the key work programmes of the Shropshire and Telford and Wrekin Integrated Care System (ICS) which cover a range of activities across health and social care. They are very similar to our 2020-21 priorities and this will allow us to follow-up some of the pieces of work we have done this year and make sure the views and comments we gather have the biggest impact possible. The key addition this year is work to highlight health inequalities in Shropshire and encourage public involvement through volunteering with Healthwatch or getting involved in surveys and public engagement and involvement activities across the ICS.

In 2021-22 we will really see the impact COVID-19 has had globally, nationally and locally. We plan to use the next year to see what impact it has had on health and social care services in Shropshire. We will continue to work to help the ICS reflect on actions taken and the changes to services made during the pandemic, identify what has gone well and where improvements can be made. We will focus on:

- Mental Health (all age mental health)
- Prevention and Place Based Care (including Primary Care, Care Homes, Home Care and prevention)
- Acute Care (including access/waiting times, Acute Hospital Transformation, Transforming Midwifery Care)

- Health inequalities and public involvement (including digital and rural inequality, promoting public involvement in service development and design)

The wider work programme will involve all the different functions of Healthwatch Shropshire, making sure that we consider the most appropriate form of response to intelligence received.

Healthwatch Shropshire will continue to deliver the Independent Health Complaints Advocacy Service and will continue to promote the service across the county to the public and with the service providers.

8. Trustees' responsibilities statement

The Trustees (who are also directors of Healthwatch Shropshire for the purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

healthwatch
Shropshire
(A company limited by guarantee)

In preparing this report, the Trustees have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the Trustees on 1st December and signed on their behalf by:

Vanessa Barrett

.....
Vanessa Barrett, Chair

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
HEALTHWATCH SHROPSHIRE**

Independent examiner's report to the trustees of Healthwatch Shropshire ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 March 2021.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

C Moelwyn-Williams

C Moelwyn-Williams
BSc FCA
TCA (Shrewsbury) LLP
Third Floor
21 St Mary's Street
Shrewsbury
Shropshire
SY1 1ED

Date: *9th December 2021*

HEALTHWATCH SHROPSHIRE

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2021

	Notes	Unrestricted funds £	Restricted funds £	2021 Total funds £	2020 Total funds £
INCOME AND ENDOWMENTS FROM					
Charitable activities	2				
General funds		164,000	6,500	170,500	161,850
		<hr/>	<hr/>	<hr/>	<hr/>
Total		164,000	6,500	170,500	161,850
		<hr/>	<hr/>	<hr/>	<hr/>
EXPENDITURE ON					
Charitable activities	3				
General funds		145,249	6,870	152,119	167,026
		<hr/>	<hr/>	<hr/>	<hr/>
NET INCOME/(EXPENDITURE)		18,751	(370)	18,381	(5,176)
		<hr/>	<hr/>	<hr/>	<hr/>
RECONCILIATION OF FUNDS					
Total funds brought forward		54,165	3,773	57,938	63,114
		<hr/>	<hr/>	<hr/>	<hr/>
TOTAL FUNDS CARRIED FORWARD		<u>72,916</u>	<u>3,403</u>	<u>76,319</u>	<u>57,938</u>

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

HEALTHWATCH SHROPSHIRE (REGISTERED NUMBER: 08415314)

STATEMENT OF FINANCIAL POSITION
31 MARCH 2021

	Notes	2021 £	2020 £
CURRENT ASSETS			
Debtors	8	37,868	2,280
Cash at bank and in hand		<u>48,257</u>	<u>62,314</u>
		86,125	64,594
CREDITORS			
Amounts falling due within one year	9	(9,806)	(6,656)
		<u>76,319</u>	<u>57,938</u>
NET CURRENT ASSETS			
		<u>76,319</u>	<u>57,938</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			
		<u>76,319</u>	<u>57,938</u>
NET ASSETS			
		<u>76,319</u>	<u>57,938</u>
FUNDS	12		
Unrestricted funds		72,916	54,165
Restricted funds		<u>3,403</u>	<u>3,773</u>
TOTAL FUNDS		<u>76,319</u>	<u>57,938</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2021.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2021 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

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

The financial statements were approved by the Board of Trustees and authorised for issue on 1 December 2021 and were signed on its behalf by:



Mrs V J Barrett - Trustee

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Financial reporting standard 102 - reduced disclosure exemptions

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d);
- the requirements of paragraphs 11.42, 11.44, 11.45, 11.47, 11.48(a)(iii), 11.48(a)(iv), 11.48(b) and 11.48(c);
- the requirements of paragraphs 12.26, 12.27, 12.29(a), 12.29(b) and 12.29A;
- the requirement of paragraph 33.7.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2021

2. INCOME FROM CHARITABLE ACTIVITIES

	2021 General funds £	2020 Total activities £
Charitable activities	164,000	161,850
Public sector grants	<u>6,500</u>	<u>-</u>
	<u>170,500</u>	<u>161,850</u>

3. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 4) £	Support costs £	Totals £
General funds	<u>125,530</u>	<u>26,589</u>	<u>152,119</u>

4. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2021 £	2020 £
Staff costs	97,884	107,582
Insurance	3,001	2,935
Telephone & broadband	668	1,122
Postage	397	615
Marketing & publicity	774	513
Sundries	-	1,057
Travel & subsistence	12	2,483
Volunteer & Trustee expenses	26	2,332
Recruitment (including DBS)	-	72
Training & development	965	616
Consultancy	2,140	7,697
Publications/Subscriptions	315	315
Venue hire & events	30	2,995
Photocopying/internal printing	330	827
Office stationery	17	106
Equipment	5,949	722
Website & software	2,049	2,681
Office rent	7,095	7,095
Premises costs	<u>3,878</u>	<u>3,924</u>
	<u>125,530</u>	<u>145,689</u>

5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2021 nor for the year ended 31 March 2020.

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2021

5. TRUSTEES' REMUNERATION AND BENEFITS - continued

Trustees' expenses

During the year no Trustees (2020: 7) received reimbursement of expenses amounting to £nil (2020: £1,215).

6. STAFF COSTS

	2021	2020
	£	£
Wages and salaries	92,566	99,548
Social security costs	1,333	3,567
Other pension costs	<u>3,985</u>	<u>4,467</u>
	<u>97,884</u>	<u>107,582</u>

The average monthly number of employees during the year was as follows:

	2021	2020
General	<u>5</u>	<u>6</u>

No employee received remuneration amounting to more than £60,000 in either year.

7. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted funds £	Restricted funds £	Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities			
General funds	161,850	-	161,850
EXPENDITURE ON			
Charitable activities			
General funds	157,087	9,939	167,026
NET INCOME/(EXPENDITURE)	4,763	(9,939)	(5,176)
RECONCILIATION OF FUNDS			
Total funds brought forward	49,402	13,712	63,114
TOTAL FUNDS CARRIED FORWARD	<u>54,165</u>	<u>3,773</u>	<u>57,938</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2021

8. DEBTORS

	2021	2020
	£	£
Amounts falling due within one year:		
Trade debtors	35,500	-
Prepayments	<u>1,368</u>	<u>1,280</u>
	<u>36,868</u>	<u>1,280</u>
Amounts falling due after more than one year:		
Other debtors	<u>1,000</u>	<u>1,000</u>
Aggregate amounts	<u>37,868</u>	<u>2,280</u>

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade creditors	5,632	3,266
Social security and other taxes	2,415	1,277
Accruals and deferred income	<u>1,759</u>	<u>2,113</u>
	<u>9,806</u>	<u>6,656</u>

10. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2021	2020
	£	£
Within one year	444	760
Between one and five years	<u>-</u>	<u>448</u>
	<u>444</u>	<u>1,208</u>

11. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds	Restricted funds	2021 Total funds	2020 Total funds
	£	£	£	£
Current assets	82,722	3,403	86,125	64,594
Current liabilities	<u>(9,806)</u>	<u>-</u>	<u>(9,806)</u>	<u>(6,656)</u>
	<u>72,916</u>	<u>3,403</u>	<u>76,319</u>	<u>57,938</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2021

12. MOVEMENT IN FUNDS

	At 1.4.20 £	Net movement in funds £	At 31.3.21 £
Unrestricted funds			
Unrestricted	54,165	18,751	72,916
Restricted funds			
Telford & Wrekin CCG Maternity Voices Partnership	627	(627)	-
Help2Change Shropshire Healthy Living	3,146	(30)	3,116
Shaping Places for Healthier Lives	-	287	287
	<u>3,773</u>	<u>(370)</u>	<u>3,403</u>
TOTAL FUNDS	<u>57,938</u>	<u>18,381</u>	<u>76,319</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
Unrestricted	164,000	(145,249)	18,751
Restricted funds			
Telford & Wrekin CCG Maternity Voices Partnership	-	(627)	(627)
Help2Change Shropshire Healthy Living	-	(30)	(30)
Shaping Places for Healthier Lives			
	<u>6,500</u>	<u>(6,213)</u>	<u>287</u>
	<u>6,500</u>	<u>(6,870)</u>	<u>(370)</u>
TOTAL FUNDS	<u>170,500</u>	<u>(152,119)</u>	<u>18,381</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 MARCH 2021

12. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.4.19 £	Net movement in funds £	At 31.3.20 £
Unrestricted funds			
Unrestricted	49,402	4,763	54,165
Restricted funds			
National Health Service England			
Carers Voice Project	2,800	(2,800)	-
Telford & Wrekin CCG Maternity			
Voices Partnership	1,200	(573)	627
Help2Change Shropshire Healthy Living	5,400	(2,254)	3,146
Healthwatch England Sustainability & Transformation Partnership Long Term Plan Engagement	<u>4,312</u>	<u>(4,312)</u>	<u>-</u>
	<u>13,712</u>	<u>(9,939)</u>	<u>3,773</u>
TOTAL FUNDS	<u>63,114</u>	<u>(5,176)</u>	<u>57,938</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
Unrestricted	161,850	(157,087)	4,763
Restricted funds			
National Health Service England			
Carers Voice Project	-	(2,800)	(2,800)
Telford & Wrekin CCG Maternity			
Voices Partnership	-	(573)	(573)
Help2Change Shropshire Healthy Living	-	(2,254)	(2,254)
Healthwatch England Sustainability & Transformation Partnership Long Term Plan Engagement	<u>-</u>	<u>(4,312)</u>	<u>(4,312)</u>
	<u>-</u>	<u>(9,939)</u>	<u>(9,939)</u>
TOTAL FUNDS	<u>161,850</u>	<u>(167,026)</u>	<u>(5,176)</u>

HEALTHWATCH SHROPSHIRE

NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 MARCH 2021

12. MOVEMENT IN FUNDS - continued

Restricted Funds

National Health Service England Carers Voice Project - This fund is to support the delivery of the findings of the Carer's Voice Project; supporting the activities of both Shropshire Council and Telford & Wrekin Council.

Telford & Wrekin CCG Maternity Voices Partnership - This fund is to support the delivery of the Maternity Voices Partnership initiative in Shropshire, Telford & Wrekin.

Help2Change Shropshire Healthy Living - This fund is for engagement and research with members of the Shropshire public and users of health and care services, e.g. around barriers to accessing Social Prescribing.

Healthwatch England Maternity & Mental Health Engagement - The fund is for research to understand expectations, needs and ideas for mental health and wellbeing before, during and after pregnancy in Shropshire. This fund was fully spent in the prior year.

Healthwatch England Sustainability & Transformation Partnership Long Term Plan Engagement - This fund is for public engagement to find out what the people of Shropshire, Telford & Wrekin want from NHS services following the publication of the NHS Long Term Plan. Healthwatch Shropshire is the coordinating Healthwatch and will produce the report for the Shropshire, Telford & Wrekin STP so that our findings can inform the local STP long term plan to be produced Autumn 2019.

Shaping Places for Healthier Lives - Healthwatch Shropshire was asked to run the public and organisational engagement for Shropshire Council/Public Health's Phase 2 project for 'Shaping Places for Healthier Lives' (a joint grant programme between The Health Foundation and Local Government Association). This project was to explore the reasons for food insecurity in South West Shropshire and identify solutions.

13. EMPLOYEE BENEFIT OBLIGATIONS

During the year end charitable company paid pension contributions of £3,985 (2020: £4,467). There were contributions payable at the year end of £1,250 (2020: £959).

14. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2021.

HEALTHWATCH SHROPSHIRE

DETAILED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2021

	2021 £	2020 £
INCOME AND ENDOWMENTS		
Charitable activities		
Charitable activities	164,000	161,850
Public sector grants	6,500	-
	<hr/>	<hr/>
Total incoming resources	170,500	161,850
EXPENDITURE		
Charitable activities		
Wages	92,566	99,548
Social security	1,333	3,567
Pensions	3,985	4,467
Insurance	3,001	2,935
Telephone & broadband	668	1,122
Postage	397	615
Marketing & publicity	774	513
Sundries	-	1,057
Travel & subsistence	12	2,483
Volunteer & Trustee expenses	26	2,332
Recruitment (including DBS)	-	72
Training & development	965	616
Consultancy	2,140	7,697
Publications/Subscriptions	315	315
Venue hire & events	30	2,995
Photocopying/internal printing	330	827
Office stationery	17	106
Equipment	5,949	722
Website & software	2,049	2,681
Office rent	7,095	7,095
Premises costs	3,878	3,924
	<hr/>	<hr/>
	125,530	145,689
Support costs		
Management		
Sundries	9,493	3,297
Financial administration	15,350	15,000
	<hr/>	<hr/>
	24,843	18,297
Governance costs		
Sundries	35	78
Independent examination fee	1,194	1,170
Carried forward	1,229	1,248

HEALTHWATCH SHROPSHIRE

DETAILED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2021

	2021 £	2020 £
Governance costs		
Brought forward	1,229	1,248
Trustees expenses	-	1,215
Board meetings	-	60
Trustee indemnity insurance	<u>517</u>	<u>517</u>
	<u>1,746</u>	<u>3,040</u>
Total resources expended	<u>152,119</u>	<u>167,026</u>
Net income/(expenditure)	<u>18,381</u>	<u>(5,176)</u>