

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  
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1151343

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## **Chair's Statement for year ended 31<sup>st</sup> 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 31<sup>st</sup> 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 1<sup>st</sup> April 2020 to 31<sup>st</sup> 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 1<sup>st</sup> January 2015) as amended by Updated Bulletin 1 (effective 1<sup>st</sup> 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](http://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).<sup>1</sup>

## **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.

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<sup>1</sup> 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.<sup>2</sup>

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**

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<sup>2</sup> 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)<sup>3</sup>

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:

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<sup>3</sup> <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'<sup>4</sup> which gives tips for the public and professionals.

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<sup>4</sup> <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.'**<sup>5</sup>

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?'<sup>6</sup>

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<sup>5</sup> 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>

<sup>6</sup> 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'<sup>7</sup>. 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**

<sup>7</sup> 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 2021<sup>8</sup>

- **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**

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<sup>8</sup> 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.<sup>9</sup>

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.

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<sup>9</sup> 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.<sup>10</sup>

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.

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<sup>10</sup> 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.'**<sup>11</sup>

In 2018-19 we asked people about the barriers to accessing social prescribing<sup>12</sup>. 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

<sup>11</sup> <https://shropshire.gov.uk/shropshire-choices/i-need-help/social-prescribing-in-shropshire>

<sup>12</sup> <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 2020<sup>13</sup> 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

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<sup>13</sup> <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 report<sup>14</sup>. 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

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<sup>14</sup> 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](http://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 IHCAS 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 IHCAS 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 1<sup>st</sup> 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 £
<b>INCOME AND ENDOWMENTS FROM</b>					
Charitable activities	2				
General funds		164,000	6,500	170,500	161,850
		<hr/>	<hr/>	<hr/>	<hr/>
<b>Total</b>		164,000	6,500	170,500	161,850
 <b>EXPENDITURE ON</b>					
Charitable activities	3				
General funds		145,249	6,870	152,119	167,026
		<hr/>	<hr/>	<hr/>	<hr/>
<b>NET INCOME/(EXPENDITURE)</b>		18,751	(370)	18,381	(5,176)
 <b>RECONCILIATION OF FUNDS</b>					
Total funds brought forward		54,165	3,773	57,938	63,114
		<hr/>	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS CARRIED FORWARD</b>		<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.



**STATEMENT OF FINANCIAL POSITION**  
**31 MARCH 2021**

	Notes	2021 £	2020 £
<b>CURRENT ASSETS</b>			
Debtors	8	37,868	2,280
Cash at bank and in hand		<u>48,257</u>	<u>62,314</u>
		86,125	64,594
<b>CREDITORS</b>			
Amounts falling due within one year	9	(9,806)	(6,656)
		<u>76,319</u>	<u>57,938</u>
<b>NET CURRENT ASSETS</b>			
		<u>76,319</u>	<u>57,938</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>			
		<u>76,319</u>	<u>57,938</u>
<b>NET ASSETS</b>			
		<u>76,319</u>	<u>57,938</u>
<b>FUNDS</b>	12		
Unrestricted funds		72,916	54,165
Restricted funds		<u>3,403</u>	<u>3,773</u>
<b>TOTAL FUNDS</b>		<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><u>170,500</u></u>	<u><u>161,850</u></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><u>125,530</u></u>	<u><u>145,689</u></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 £
<b>INCOME AND ENDOWMENTS FROM</b>			
<b>Charitable activities</b>			
General funds	161,850	-	161,850
<b>EXPENDITURE ON</b>			
<b>Charitable activities</b>			
General funds	157,087	9,939	167,026
<b>NET INCOME/(EXPENDITURE)</b>	4,763	(9,939)	(5,176)
<b>RECONCILIATION OF FUNDS</b>			
Total funds brought forward	49,402	13,712	63,114
<b>TOTAL FUNDS CARRIED FORWARD</b>	<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 £
<b>Unrestricted funds</b>			
Unrestricted	54,165	18,751	72,916
<b>Restricted funds</b>			
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>
<b>TOTAL FUNDS</b>	<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 £
<b>Unrestricted funds</b>			
Unrestricted	164,000	(145,249)	18,751
<b>Restricted funds</b>			
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>
<b>TOTAL FUNDS</b>	<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 £
<b>Unrestricted funds</b>			
Unrestricted	49,402	4,763	54,165
<b>Restricted funds</b>			
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>
<b>TOTAL FUNDS</b>	<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 £
<b>Unrestricted funds</b>			
Unrestricted	161,850	(157,087)	4,763
<b>Restricted funds</b>			
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>
<b>TOTAL FUNDS</b>	<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 co-ordinating 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 £
<b>INCOME AND ENDOWMENTS</b>		
<b>Charitable activities</b>		
Charitable activities	164,000	161,850
Public sector grants	6,500	-
	<hr/>	<hr/>
<b>Total incoming resources</b>	170,500	161,850
<b>EXPENDITURE</b>		
<b>Charitable activities</b>		
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
<b>Support costs</b>		
<b>Management</b>		
Sundries	9,493	3,297
Financial administration	15,350	15,000
	<hr/>	<hr/>
	24,843	18,297
<b>Governance costs</b>		
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 £
<b>Governance costs</b>		
Brought forward	1,229	1,248
Trustees expenses	-	1,215
Board meetings	-	60
Trustee indemnity insurance	517	517
	<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>