

The value of listening

Healthwatch North Yorkshire
Annual report 2023–2024



healthwatch
North Yorkshire

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Message from our CEO, Ashley Green

Over the last decade, Healthwatch North Yorkshire has empowered thousands of people to share their personal experiences of care.

In sharing those experiences, members of the public have demonstrated the power they have to show what is and isn't working about our health and social care system. They have been pivotal not only in identifying the issues, but in highlighting how to make real and lasting change.

The last year has been another busy time for us – our staff, trustees, and volunteers – who all deserve special praise for their commitment and hard work to ensure that through listening to the public we help bring about better care for people.

It's been rewarding to see improvements in services and care due to actions taken by NHS commissioners, providers, and North Yorkshire Council based on our report recommendations. For example, enhanced independence through accessible health information, quick support for mental health issues at GP practices, and improved continence support. I thank those in health and social care (NHS and North Yorkshire Council), community organisations and volunteers for their valuable work.

We look forward to continuing our work which we set out in our ambitious [three-year plan](#) (2023–2026) to make sure people have a say about their care. I hope you find our annual report informative and useful, and I welcome the opportunity to work with you over the next year.



“We’re here to represent the views of the public and their loved ones and improve care and services across North Yorkshire.”

Ashley Green, Chief Executive Officer,
Healthwatch North Yorkshire



About us

Healthwatch North Yorkshire is your local health and social care champion.

We make sure health and care leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need



Our mission

To make sure people's experiences help make health and care better



Our values are:

- **Listening** to people and making sure their voices are heard
- **Including** everyone in the conversation – especially those who don't always have their voice heard
- **Analysing** different people's experiences to learn how to improve care
- **Acting** on feedback and driving change
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate



Year in review

2023–2024

Reaching out:

3,626 people reached

People we spoke with and raised awareness about who Healthwatch are and how we can help

2,468 gave feedback

Spoke to us through our website, events, phone and surveys about health and social care issues



Making a difference to care:

We published

22 reports

about the improvements people would like to see in health and social care services

Our most popular report was

Continence care

which highlighted the stigma over talking openly and the struggles people face accessing the support they need



Health and social care that works for you:

We're lucky to have **35** outstanding volunteers who gave up their time to make care better for our community

We're funded by North Yorkshire Council

In 2023 – 24 we received **£168,792** which is **0.6% more** than the previous year.

We currently employ

5 staff

who help us with our work



Our digital reach

2023–2024

Website

35,260 webpage views

People accessed news about local health and social care services plus our advice and information articles

19,457 visits to our website



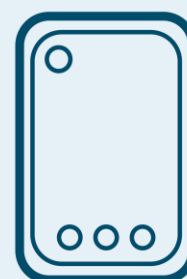
Social media

We reached more people this year than ever to tell them about Healthwatch and how we can help

152,800 people reached on Facebook

+ 258,492 additional through adverts

3,900 people reached on Instagram



Email newsletter





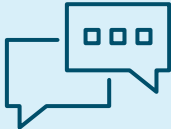



We sent out **15** newsletters about our local and national work as a people's champion

Our newsletters were opened a total of **4,718** times

Our most popular newsletter covered people's experiences of mental health services



How we have made a difference nationally

Spring	 <p>We drew attention to the “hidden waiting list” created by delays to GP referrals</p>	 <p>We took steps to get people the support they needed while waiting for planned care</p>
Summer	 <p>We highlighted the increasing issues people have getting mental health support, contributing to the release of a primary care recovery plan</p>	 <p>We called on the NHS to review and update the Accessible Information Standard to make sure everyone gets the care they need</p>
Autumn	 <p>Our “Because we all care” campaign encouraged more people to share their experiences, helping us improve care further</p>	 <p>We revisited the issue of maternal mental health, leading to updated guidance for GPs on six-week postnatal checks</p>
Winter	 <p>The NHS ran a campaign around the NHS app and how it can help patients after we highlighted the need to increase confidence in the NHS</p>	 <p>We highlighted the impact of the soaring cost of living on healthcare</p>

Your voice heard at a wider level

North Yorkshire

We work with other local Healthwatch to ensure the experiences of over 615,000 people living in North Yorkshire influence decisions made about services within the NHS and social care.

Hearing what matters to young people



Across Humber and North Yorkshire, we have been recruiting young **community connector** volunteers to listen to other young people's views.

We have also launched a survey, focusing on hearing experiences relating asthma, diabetes, epilepsy, oral health and mental health. This is part of helping NHS England make improvements to services, particularly in coastal areas. We have partnered with Coast and Vale Community Action to help us deliver this work across Scarborough.



Making sure people feel equal

Local Healthwatch attended a workshop to help NHS organisations in Humber and North Yorkshire improve performance for people receiving care who have protected characteristics.

What are protected characteristics? The Equality Act 2010 sets out age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

Our role was to assess and score evidence to influence fair treatment and equal care for all. This is part of an ongoing review by the local NHS, and we will be holding them to account to make sure this happens.

Your voice heard at a wider level

Craven

We work with other local Healthwatch to ensure the experiences of over 50,000 people in Craven (covered by NHS services in West Yorkshire) influence decisions made about services within the NHS and social care.



People's experiences of end-of-life care

We heard from 143 people who shared their and their loved one's experiences of receiving end-of-life care, to ensure we reached people who don't always feel heard.

From these experiences we produced a comprehensive report which highlighted a need, for example of a more person-centred approach and systems needing to be built for diversity and understanding people's different and individual needs. The experiences captured in the report will feed into the local NHS's work to assess people's needs and ensure the right care.



"Life on hold" – Neurodiversity report

Healthwatch and the West Yorkshire Voice created a report on neurodivergent people's healthcare experiences.

Most people said they feel like their lives are on hold while waiting for an assessment, diagnosis or support. Feedback from people with autism or attention deficit hyperactivity disorder has informed discussions with the NHS and we have agreed to continue to hear feedback from people who don't always feel a part of a conversation or having a say on their care.



Listening to experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to those people and organisations responsible for providing and commissioning care.

Getting people talking about continence

We published findings of the experiences the public shared with us about trying to access good continence care and how it was for them. Thanks to this insight, the NHS are working to simplify this process so people can better understand what to expect.

You shared worrying experiences with us that not enough people are talking. And more needs to happen to make sure continence is flagged at the earliest opportunity and pathways to diagnosis and treatment are as smooth as possible.

14 million people affected

by bladder and bowel health in the UK



What people told us about continence care

- Incontinence affects people of all ages and genders.
- There is a taboo around discussing it seriously, leading to embarrassment and jokes.
- Access to quality incontinence products varies.
- Public facilities often lack suitable toilets for all genders.
- The impact on mental health is often overlooked in care services.

What difference did your views and our report make?

- [York and Scarborough Teaching Hospitals NHS Foundation Trust](#) have introduced a tool for continence screening within 72 hours of a patient being admitted to hospital. It quickly determines the person's continence related needs.
- [Harrogate and District NHS Foundation Trust](#) have updated their website to contain information on how people can access continence services including self-referral. They also provide health promotion leaflets which people can access (including a contact phone number and the names of key staff involved in the specialist continence service).
- [North Yorkshire Council](#) will review the option for including continence poverty into their work for improving public health.

Making mental health services better for you

With one in four people in England experiencing a mental health condition, people in North Yorkshire feel more needs to be done. We undertook a major engagement project across North Yorkshire to hear from people and to understand the challenges they faced in using and accessing mental health support.

How are our people feeling?

- People felt that services didn't always cater to individual needs and that a more person-centred approach was required.
- People felt that they had more complex lives with multiple issues affecting their mental health, from housing and finances to relationships and education.
- People were feeling passed between services and that this was causing more harm than good.
- People were ending up on multiple waiting lists and having to repeat their story to several different people, which was causing additional stress and anxiety.

Your feedback is helping make things change:

- New first contact mental health practitioners have been recruited across North Yorkshire, with plans to hire more throughout 2024 and 2025. These practitioners serve as the initial point of contact for mental health assessments.
- Community mental health groups in Harrogate, Scarborough, Selby Vale, and Hambleton and Richmondshire have used our report recommendations to plan their work and budget allocations.
- Pilot projects have been launched to support individuals with severe mental illnesses, including a link worker programme and an allotment-based project to boost confidence.
- Specialist roles for adult eating disorders and complex emotional needs have been introduced for early intervention access.
- Mental health hubs will be established in North Yorkshire to provide support to people.
- Tees Esk and Wear Valley NHS Foundation Trust, who provide mental health services across the county, is expanding services for individuals with eating disorders. This includes new early intervention roles and working with Beat to provide support and training.

Three ways we have made a difference in the community

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

Acting on what older people have told us

We have undertaken visits to care homes to ensure that those people who don't always have a voice are heard.

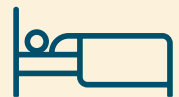
Our visits and reports have led care homes to implement new initiatives supporting more residents in physical activities, social events, and interaction. They have reassessed staffing levels to meet residents' needs and have prioritised updating and discussing care plans with family and carers.



Getting services to involve the public

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

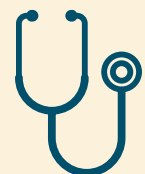
We worked with Medequip, who supply equipment and aids to help people live more independently at home and after coming out of hospital. They have committed to improving communication and delivery timescales, improve staff training, and ensure that the equipment provided meets the needs of the user.



Improving GP websites over time

Change takes time. We work with services to consistently raise issues and call for improvements to be made.

Our volunteers conducted a check-up of GP websites to assess how the patient journey is when navigating and using the websites. As a result, many GP practices have already made their websites more accessible, easier to use and navigate.





Hearing from all communities

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

This year we have reached different communities by:

- Getting people to share their experiences to make more people aware of why it's important to give feedback about their experiences of using health and social care services.
- Spoke with people across rural areas to hear why they're struggling to access the care they need, including veterans and people living with neurodiversity.
- We heard from older people and those living with dementia as part of our visits at care and nursing homes, hearing about experiences and how things can be improved.

Supporting a healthier Selby

Thanks to local feedback, those responsible for improving health and well-being in Selby Vale, are setting out priorities around reducing health inequalities; focussing on mental health, frailty and ageing well.

Healthwatch North Yorkshire and Up for Yorkshire heard how people felt about good health, their experiences of keeping themselves healthy, and their interactions with healthcare providers.

Your feedback has helped

- More funding and support for those experiencing health inequalities to participate in physical activity locally.
- Our findings also contributed to the insight gathering for a new plan (North Yorkshire Joint Health & Wellbeing) from 2023 to 2030.

Creating person-centred care in Scarborough, Selby and Malton

NHS services have taken steps to make care better for those patients who are most in need after work by local Healthwatch to listen.

There are ongoing challenges in urgent and emergency care services, including ambulance delays, long waits in A&E, and a significant number of postponed operations and appointments in England. This is compounded by limited GP access, inconsistent care, travel difficulties, confusion about urgent care options, and communication issues.

This situation is reinforced by a national picture of 819,000 operations, procedures and appointments in England having been postponed over the last year, adding to the 7.5 million people nationally waiting to start routine hospital treatment.

You said, we did

Local hospitals and GPs in York, Scarborough, Malton, Whitby, and Selby are working together to improve healthcare services. A new GP out of hours contract has been agreed and York Hospital will now run urgent treatment centers across York & North Yorkshire. They now share a health record system to improve communication and cooperation. This service has been in operation since April 2024.

Breaking down the barrier of rurality

It's essential that care is not only available, but that people can access it



With a population of over 615,000 spread across a vast area, with only eight towns having more than 10,000 residents, this presents challenges for residents in terms of accessing services, dealing with isolation, and transportation.

Public research conducted by us and York St John University examined how rurality impacted people's access to health and social care.

How your views are changing things

Rurality is being brought to the forefront of NHS and North Yorkshire Council's plans to make things better.

- The local NHS in Harrogate & district is working to reducing rural health inequalities, including reducing long waiting times in rural locations, with a particular focus on dementia patients.
- In Hambleton and Richmond, the NHS is trialling a project to group hospital appointments by postcodes, piloting clinics in village halls, allowing self-referrals, and improving coordination between NHS and community organisations.

Making information accessible to all

Over the last year we have continued to champion the views of those people who often struggle to access, understand and receive their health and social care information in a way that meets their needs.

The Accessible Information Standard is a law to make sure people who have a disability, impairment or sensory loss are given information they can easily read or understand. We have highlighted the daily challenges for those with communication needs to get the accessible healthcare information they're entitled to. This has led to improved rights and, crucially, more people being able to exercise those rights and get the support and information they need.

We have asked that:

- Services are held accountable for fully delivering the standard.
- Every health and care service has an accessibility champion appointed to lead their service's accessible policy and delivery.
- Better technology and systems are available so patients can update services with their communication needs.
- People with communication needs are involved and can regularly give feedback on their experiences to ensure continuous improvement.
- Training is made mandatory for all health and care staff.

People feel communication in the NHS is slow, inefficient, and lacks empathy. The NHS needs to prioritise quicker access and better customer service for booking appointments and answering questions

How your views are changing things

- The NHS in Harrogate have produced an easy-read format for their friends and family test and feedback forms for patients, carers, children and young people.
- The NHS in York and Scarborough produce letters for patients using a system called Synertec in a person's preferred format automatically. The system automatically creates large print, Easy Read and other versions based on a person's need.
- The NHS in South Tees now provide hospital passports for patients, their families and carers to improve patient information



Advice and information

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

This year we've helped people by:

- Providing up-to-date health & care information that people can trust
- Helping people access the services they need, such as community transport
- Supporting people to access NHS dentistry
- Supporting people to look after their health during the continued cost-of-living crisis

Making NHS dentistry better and fairer



A new recovery plan has been created to ensure that people have clear, accurate communication about their care – and get to see a dentist.

The NHS and the Government published a plan in February 2024 to improve (recover) NHS dentistry, setting out a new focus on prevention and good oral health in young children, and an expansion of the dental workforce.

Evidence from across North Yorkshire tells us that people on low incomes, children and women, have particularly found it difficult to get an NHS dental appointment. But your feedback is helping to change things.

The power of your feedback so far

- £50 million extra funding from NHS England to support dentistry.
- NHS dental practices were asked to complete a survey from NHS England to make the case for new dental services by providing up-to-date information on unmet patient needs and workforce capacity.
- NHS dentists will be given a 'new patient' payment of between £15-£50 (depending on treatment need) to treat around a million new patients nationally who have not seen an NHS dentist in two years or more.
- A new 'Smile For Life' programme will be rolled out across England to offer parents and parents-to-be advice for baby gums and milk teeth, with the aim that by the time children go to school, every child will see tooth brushing as a normal part of their day.
- Dental vans will help deliver dental treatment to people in rural and coastal areas, including North Yorkshire.
- New NHS dental practices have been opened in Scarborough, Whitby, Helmsley and Thirsk.



Volunteering

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

This year our volunteers:

- Reviewed GP websites, looking at how easy to use, up-to-date and accessible they were to help see improvements made across all GP practice websites in North Yorkshire.
- Supported our project on mothers' experiences of community postnatal care, mapping out mum and baby groups across North Yorkshire and looking at what literature is available and where the gaps are.
- Carried out visits to care and nursing homes to hear about people's experiences as part of our enter & view visits.
- Introduced more people to Healthwatch, and listened to experiences and suggestions for change so providers can act on them.



"I wanted to volunteer for an organisation that gave me new experiences. The Healthwatch North Yorkshire team give me the ability to complete tasks that give me a connection to the community and a sense of purpose. I now understand the unique issues locally.

I enjoy helping people and making a difference. The health and social care sector is so important for everyone, and I appreciate the opportunities that Healthwatch has given me to listen to diverse communities and promote local voices and opinions to try and make care better."



Sally
Healthwatch
volunteer



"My colleague suggested I volunteer as she felt I had something to offer. Over 20 years I had undertaken several health and social care related projects. I felt volunteering would be an exciting thing to do with my knowledge and skills.

"It has allowed me to still feel involved in the health and social care sector, but from the other side of the fence. I've had to look at issues as a person accessing services rather than someone who delivers services. It's been a steep learning curve, but it's been one that I have enjoyed and found fulfilling."



Lesley
Healthwatch
volunteer

Do you feel inspired?



We are always on the lookout for new volunteers, so please get in touch today.

🌐 www.HealthwatchNorthYorkshire.co.uk/Volunteer

📞 01423 788 128

✉ Hello@HWNH.co.uk



Finance and future priorities

To help us carry out our work we receive funding from North Yorkshire Council (our local authority) under the Health and Social Care Act 2012.

Our income and expenditure reflects a planned spend from our reserves of £43,189.

Income		Expenditure	
Annual grant from Government	£168,793	Expenditure on pay	£182,391
Additional income	£26,617	Non-pay expenditure	£38,934
		Office and management fees	£17,274
Total income	£19,5410	Total expenditure	£238,599

Additional funding

What we received

Who funded us and the purpose of it	Amount
Healthwatch England For organising and hosting a Healthwatch Yorkshire and Humber event	£2,800
West Yorkshire Health and Care Partnership (an integrated care system) For continued work to listen to experiences and ensure the public's voice is heard at meetings with the NHS	£5,000
West Yorkshire Health and Care Partnership For end-of-life care project work (a report of experiences and recommendations)	£650
Humber and North Yorkshire Health and Care Partnership Work on recruiting volunteer community connectors to listen to young people's experiences of healthcare	£12,500
York Health and Care Alliance Hearing people's experiences of urgent treatment centres to help providers make improvements	£2,450
Medequip For listening to local people's experiences of the equipment and aids service to help them improve their service for people living more independently at home and after returning from hospital	£2,900

Next steps: Our future priorities



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

We will listen and learn from patients and the public to make care better.

- We will complete our review of community and at home postnatal care for mothers after birth, exploring the availability and quality, with a specific focus on understanding mothers' experiences.
- We will work with the farming community to hear what health and wellbeing issues affect them, what the barriers are for accessing health services and explore what would facilitate them to seek help sooner.
- We will expand our reach and awareness, so more people know about us via digital communication and through the expansion and development of our volunteer network.
- We will continue our visits to care homes across the county to ensure some of the most vulnerable people are heard and their feedback and experiences are acted upon.



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

Louise Ansari, Healthwatch England





Statutory statements

Healthwatch North Yorkshire, 55 Grove Road, Harrogate, HG1 5EP

Healthwatch North Yorkshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement in our governance and decision-making

Our Healthwatch board of trustees consists of eight members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. They ensure that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, they met six times and made decisions on matters such as staff and trustee recruitment, policy and finance review, and procurement for our current Healthwatch contract.

We ensure wider public involvement in deciding our work priorities.



How we heard people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this report is made available to as many members of the public and managers in the NHS and North Yorkshire Council as possible. We will publish it on our website, share it via our monthly newsletter, promote it via social media, have printed copies available for people and share the report with volunteers and community organisations.

The way we work

Responses to recommendations

We have worked with health and social care providers to ensure our reports are acknowledged and acted on. Despite challenges due to the complexity of the system (with multiple health providers and two integrated care systems), we have received responses from most of our providers and commissioners. Any outstanding responses, such as from NHS hospital trusts or integrated care systems, have been escalated.

The only report without a response (from the NHS or North Yorkshire Council) is our Rural Health Inequalities report from October 2023. No issues were escalated to Healthwatch England Committee, resulting in no additional reviews or investigations.



Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us. For example, we share a monthly insight register of public feedback with organisations such as North Yorkshire Council, acute & mental health NHS services, primary care, Care Quality Commission. This is alongside sharing Healthwatch reports.

We also take insight and experiences to decision-makers at integrated care systems ([Humber and North Yorkshire Health and Care Partnership](#) and [West Yorkshire Health and Care Partnership](#) (Includes Craven)). We also share our data with Healthwatch England to help address health and care issues at a national level.



Visits to care homes

We have a legal power to visit hospitals and care homes and see them in action. This is called 'enter and view'.

It offers a way for us to meet some of our statutory functions and to identify what is working well with services and where they could be made better.

What Healthwatch do:

- Visit and gather views of the residents and patients, their relatives and the experiences of the services provided.
- Observe the ongoing care being provided for the residents and their interaction with staff and their surroundings.
- We ask for a response from to our recommendations with actions that are being taken, or are planned to be and when these will take place.

Location	Example of recommendation and action taken
Scorton Care Village	<p>Recommendation: Update the decoration in Elizabeth House and include dementia friendly elements, including colour contrast on toilet seats, switches, and rails.</p> <p>Actions taken to date:</p> <ul style="list-style-type: none"> Elizabeth House has an action plan in place to improve the decoration and dementia elements, this includes creating five new bedrooms, a laundry section, staff/training room, administration office, maintenance section.
Hambleton Grange Care Home	<p>Recommendation: Encourage agency staff to wear name badges to help the residents interact with them.</p> <p>Actions taken to date:</p> <ul style="list-style-type: none"> The home has introduced name badges for all agency staff. Additionally, recruitment and reliance on agency staff has reduced.
Scarborough Hall Care Home	<p>Recommendation: Review mealtime protocols and staffing levels to ensure sufficient staff are available in the dining room throughout the meal rooms.</p> <p>Actions taken to-date:</p> <ul style="list-style-type: none"> Staff rotas have been reviewed at lunchtime to ensure no staff have dinner breaks during resident mealtimes, as well as host staff being available to help during mealtimes.



Location	Example of recommendation and action taken
Rosedale Nursing Home	<p>Recommendation: Review the staff well-being support policy to ensure that appropriate and relevant support is offered to the team and some concerns about workload addressed.</p> <p>Actions taken to date:</p> <ul style="list-style-type: none"> • The home has reviewed this policy and has put in place a huge range of rewards and support for employees. • The rewards manager is planning to visit the home to explain all the rewards on offer.
Saint Cecilia's Nursing Home	<p>Recommendation: Evaluate staffing levels on weekends, holidays, and during shift handovers to ensure consistent care.</p> <p>Actions taken to date:</p> <ul style="list-style-type: none"> • This was assigned to the manager and clinical lead who now reviews the staffing dependency tool every Friday.

Location	Example of recommendation & action taken
<p>The Mill House</p>	<p>Recommendation: Enhance room signage for better recognition and accessibility. Consider adding local-themed decorations to connect residents to their surroundings.</p> <p>Actions taken to date:</p> <ul style="list-style-type: none"> • They have memory boxes next to each bedroom door to hold items such as photographs that mean something to the resident to help them identify their room.. There is a name plaque on each door, but the residents respond better to the memory boxes and room numbers to help them find their rooms. • If a resident needs a larger sign on their door, then this is something that they put in place for them.
<p>Mount Vale Care Home</p>	<p>Recommendation: Ensure that activities are accessible to all residents with an interest in participation and look for opportunities for one-to-one interaction for those unable or unwilling to participate in group activities.</p> <p>Actions taken to date</p> <ul style="list-style-type: none"> • Work closely with the provider of 'Oomph' which was created to bring personalised wellbeing to every care home resident, partnering with experts in areas including dementia, mental health and arthritis. Oomph has a specialist range of content and activities, such as Zoo Lab, Instructor Live and Arthritis Action, Archery UK, amongst others. • Upon admission, individuals provide their life history and communicate with their next of kin / family and friends to incorporate their past into their hobbies. Care plans are personalised to reflect individuals' needs and capabilities for tailored activities.

Healthwatch helping you to be heard

Healthwatch North Yorkshire is represented on the North Yorkshire Council Health and Wellbeing Board by Ashley Green, Chief Executive Officer.

Ashley also meets with the [Humber and North Yorkshire Health and Care Partnership](#) and [West Yorkshire Health and Care Partnership](#) to bring the people's experiences and recommendations for change to the decision-makers to act on it.

2023 – 2024 reports

Report
Enter and View – Scorton Care Village
Being healthy: Ideas and reflections from Selby
Enter and View – Hambleton Grange Care Home
Enter and View – Scarborough Hall Care Home
Why it's time to talk about continence
Public's experiences of mental health services
Healthwatch shares insight into experiences of mental health support (Craven and West Yorkshire)
Insight into the public's health and care views
Enter and View – Rosedale Nursing Home
Why people living in our rural areas are struggling to access care
Enter and View – Saint Cecillia's Nursing Home

Report

What are people's experiences of urgent care?

GP websites health check

Making aids and equipment services work better for people

Focus on winter – your experiences of health and care (West Yorkshire and Craven)

Insight into your health and care views

People's experiences of end-of-life care (West Yorkshire and Craven)

"Life on hold" – Neurodivergent people and healthcare experiences (West Yorkshire and Craven)

Hospital care (West Yorkshire and Craven)



healthwatch

North Yorkshire

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✉ hello@hwny.co.uk



CHARITY REGISTRATION NUMBER: 1171152

Healthwatch North Yorkshire
Unaudited Financial Statements
31 March 2024

Healthwatch North Yorkshire

Financial Statements

Year ended 31 March 2024

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Healthwatch North Yorkshire

Trustees' Annual Report

Year ended 31 March 2024

The trustees present their report and the unaudited financial statements of the charity for the year ended 31 March 2024.

Reference and administrative details

Registered charity name Healthwatch North Yorkshire

Charity registration number 1171152

Principal office
55 Grove Road
Harrogate
North Yorkshire
HG1 5EP

The trustees

P Southgate
J Cunningham
L Parker
K Hodgson
A Cram
A Wood
(Appointed 1 April 2023)
(Appointed 1 April 2023)

Independent examiner

Mr R I Crisop FCA
Unit 1, Borough House Business Centre,
5 Borough Road, Richmond,
North Yorkshire
DL10 4SX

Structure, governance and management

The charity is a Charitable Incorporated Organisation (CIO) registered with the Charity Commission on 17th January 2017. The charity is managed by the board of trustees. Trustees are appointed for a term of 3 years.

New trustees receive an induction and briefing on their legal obligations under charitable law and the content of the constitution as well as management committee papers to familiarise themselves with their role and responsibilities.

Funding is provided through a grant from North Yorkshire County Council and external earned income for time limited projects.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2024

Objectives and activities

The objects of the charity are:

- Gather the views and understand the experiences of people who use health and care services, carers and the wider community.
- Make people's views known, promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised.
- Provide advice and information (signposting) to the public about access to services and support to enable people to make informed choices.

Trustees have considered the Charity Commission's guidance on public benefits and believe that Healthwatch North Yorkshire meets the public benefit requirements in delivering the activities that contribute to the objects of the charity. The achievements are set out below in summary on how we delivered our charitable objects and who the beneficiaries are.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2024

Achievements and performance

- We reached over 3,600 people across the year as part of our research projects, talking to people at awareness events, outdoor stalls, and through our volunteer network. Alongside this almost 2,500 people shared their feedback with us about using and accessing health and social care in North Yorkshire. This was via our website, phone calls, email enquiries, and surveys.
- We published 22 reports which featured people's insight into their use and experiences of accessing health and social care. This included our own reports, on for example rurality, continence services, GP websites and mental health, alongside joint reports with our local Healthwatch colleagues in West Yorkshire. Here we produced a number of reports, on for example hospital care, primary care, neurodiversity, and mental health services. Additionally, we produced reports on care homes as part of our enter & view programme.
- Over 19,000 people visited our website for information and resources, including information on local health and care services. We reached over 400,000 people via social media, including Facebook, Instagram, and through targeted social media campaigns.
- We have focused on hearing from people facing the greatest health inequalities which have included people living in rural North Yorkshire, older people, for example those people living with dementia as part of our care home visits. Younger people, where we have prioritised those living in coastal areas to understand the issues facing them when using and accessing care. People living with a mental health condition, as well as those living with autism and attention deficit hyperactivity disorder (ADHD).
- We have worked collaboratively with our NHS, council, integrated care system, and voluntary community sector partners across the year to ensure public feedback was used to influence improvements in care and services. This has included our involvement in the All-Age Autism strategy and North Yorkshire Joint Health Wellbeing strategy (2023-2030). Attendance at the North Yorkshire Health & Wellbeing Board, North Yorkshire Adult Safeguarding Board, Humber & North Yorkshire Quality Committee, and York & North Yorkshire Quality Group.
- As a result of our work and reports we have seen improvements in care and service across the system, including in mental health with new mental health practitioners in GP practices providing care for people, improvements in accessible information to support people with additional needs, a renewed focus on directing care for people living rurally to ensure they can access services, and additional support for people with their end of life care needs.

Financial review

The trustees are satisfied with the financial performance of the Trust for the year ended 31 March 2024.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2024

The trustees' annual report was approved on 14 October 2024 and signed on behalf of the board of trustees by:



P Southgate
Trustee



A Cram
Trustee

Healthwatch North Yorkshire

Independent Examiner's Report to the Trustees of Healthwatch North Yorkshire

Year ended 31 March 2024

I report to the trustees on my examination of the financial statements of Healthwatch North Yorkshire ('the charity') for the year ended 31 March 2024.

Responsibilities and basis of report

As the trustees of the charity you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

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

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 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.

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.

Mr R I Crisop FCA
Independent Examiner

Unit 1, Borough House Business Centre,
5 Borough Road, Richmond,
North Yorkshire
DL10 4SX

14 October 2024

Healthwatch North Yorkshire

Statement of Financial Activities

Year ended 31 March 2024

		2024	2023
	Note	Unrestricted funds £	Total funds £
Income and endowments			
Donations and legacies	4	189,168	237,208
Charitable activities	5	6,242	–
Investment income	6	1,421	212
Total income		<u>196,831</u>	<u>237,420</u>
Expenditure			
Expenditure on charitable activities	7,8	237,610	252,307
Total expenditure		<u>237,610</u>	<u>252,307</u>
Net expenditure and net movement in funds		<u>(40,779)</u>	<u>(14,887)</u>
Reconciliation of funds			
Total funds brought forward		140,141	155,028
Total funds carried forward		<u>99,362</u>	<u>140,141</u>

The statement of financial activities includes all gains and losses recognised in the year.
All income and expenditure derive from continuing activities.

Healthwatch North Yorkshire

Statement of Financial Position

31 March 2024

	Note	2024 £	2023 £
Fixed assets			
Tangible fixed assets	13	1,395	363
Current assets			
Debtors	14	15,288	15,000
Cash at bank and in hand		83,340	125,414
		<u>98,628</u>	<u>140,414</u>
Creditors: amounts falling due within one year	15	661	636
Net current assets		<u>97,967</u>	<u>139,778</u>
Total assets less current liabilities		<u>99,362</u>	<u>140,141</u>
Net assets		<u>99,362</u>	<u>140,141</u>
Funds of the charity			
Unrestricted funds		99,362	140,141
Total charity funds	16	<u>99,362</u>	<u>140,141</u>

These financial statements were approved by the board of trustees and authorised for issue on 14 October 2024, and are signed on behalf of the board by:


P Southgate
Trustee


A Cram
Trustee

Healthwatch North Yorkshire

Notes to the Financial Statements

Year ended 31 March 2024

1. General information

The charity is a public benefit entity and a registered charity in England and Wales and is unincorporated. The address of the principal office is 55 Grove Road, Harrogate, North Yorkshire, HG1 5EP.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the 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) (Charities SORP (FRS 102)) and the Charities Act 2011.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Going concern

There are no material uncertainties about the charity's ability to continue.

Judgements and key sources of estimation uncertainty

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported. These estimates and judgements are continually reviewed and are based on experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future project or commitment.

Restricted funds are subjected to restrictions on their expenditure declared by the trustees.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

3. Accounting policies *(continued)*

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable and its amount can be measured reliably.
- legacy income is recognised when receipt is probable and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resources. Direct costs

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

3. Accounting policies *(continued)*

Tangible assets *(continued)*

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Fixtures, equipment etc.	-	20% straight line
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Impairment of fixed assets

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

Financial instruments

A financial asset or a financial liability is recognised only when the charity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs.

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2024

3. Accounting policies (continued)

Financial instruments (continued)

Other financial instruments, including derivatives, are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the statement of financial activities, with the exception of hedging instruments in a designated hedging relationship.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised under the appropriate heading in the statement of financial activities in which the initial gain was recognised.

For all equity instruments regardless of significance, and other financial assets that are individually significant, these are assessed individually for impairment. Other financial assets are either assessed individually or grouped on the basis of similar credit risk characteristics.

Any reversals of impairment are recognised immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

4. Donations and legacies

	Unrestricted Funds	Total Funds	Unrestricted Funds	Total Funds
	£	2024 £	£	2023 £
Grants				
NYCC service grant	168,793	168,793	167,459	167,459
Other grants	20,375	20,375	8,229	8,229
MH funded project	–	–	60,000	60,000
Grants receivable	–	–	1,520	1,520
	<u>189,168</u>	<u>189,168</u>	<u>237,208</u>	<u>237,208</u>

5. Charitable activities

Unrestricted Funds	Total Funds	Unrestricted Funds	Total Funds
2024	2024	2023	2023

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

7. Expenditure on charitable activities by fund type

	Unrestricted Funds	Total Funds 2024	Unrestricted Funds	Total Funds 2023
	£	£	£	£
Charitable activity	237,610	237,610	252,307	252,307

8. Expenditure on charitable activities by activity type

	Activities undertaken directly	Total funds	Total fund
	£	£	£
Charitable activity	237,610	237,610	252,307

9. Net expenditure

Net expenditure is stated after charging/(crediting):

	2024	2023
	£	£
Depreciation of tangible fixed assets	711	2,697
Staff training and welfare	6,211	—

10. Independent examination fees

Fees payable to the independent examiner for:
Independent examination of the financial statements

	2024	2023
	£	£
	700	660

11. Staff costs

The average head count of employees during the year was 6 (2023: 6).

No employee received employee benefits of more than £60,000 during the year (2023: Nil).

12. Trustee remuneration and expenses

No remuneration or other benefits from employment with the charity or a related entity were received by the trustees.

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2024

13. Tangible fixed assets

Cost	Equipment £	Total £
At 1 April 2023	14,207	14,207
Additions	1,743	1,743
At 31 March 2024	15,950	15,950
Depreciation		
At 1 April 2023	13,844	13,844
Charge for the year	711	711
At 31 March 2024	14,555	14,555
Carrying amount		
At 31 March 2024	1,395	1,395
At 31 March 2023	363	363

14. Debtors

Other debtors	2024 £	2023 £
	15,288	15,000

15. Creditors: amounts falling due within one year

Accruals and deferred income	2024 £	2023 £
	661	636

16. Analysis of charitable funds

Unrestricted funds

	At 1 April 2023 £		At 31 March 2024 £
General funds	140,141	Income £	99,362
		Expenditure £	
		(237,610)	

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2024

17. Analysis of net assets between funds

	Unrestricted Funds	Total Funds
	£	2024 £
Tangible fixed assets	1,395	1,395
Current assets	98,628	98,628
Creditors less than 1 year	(661)	(661)
Net assets	99,362	99,362

	Unrestricted Funds	Total Funds
	£	2023 £
Tangible fixed assets	363	363
Current assets	140,414	140,414
Creditors less than 1 year	(636)	(636)
Net assets	140,141	140,141

Healthwatch North Yorkshire

Management Information

Year ended 31 March 2024

The following pages do not form part of the financial statements.

Healthwatch North Yorkshire

Detailed Statement of Financial Activities

Year ended 31 March 2024

	2024 £	2023 £
Income and endowments		
Donations and legacies		
NYCC service grant	168,793	167,459
Other grants	20,375	8,229
MH funded project	-	60,000
Grants receivable	-	1,520
	<u>189,168</u>	<u>237,208</u>
Charitable activities		
Other commissioned work	2,857	-
Other work	3,385	-
	<u>6,242</u>	<u>-</u>
Investment income		
Bank interest receivable	1,421	212
	<u>1,421</u>	<u>212</u>
Total income	<u>196,831</u>	<u>237,420</u>
Expenditure		
Expenditure on charitable activities		
Wages and salaries inc fees	182,392	174,501
Staff training and welfare	6,211	-
Subs and publications	782	3,169
Engagement budget	6,834	44,813
Sundry expenses	31	181
Insurance	1,679	1,583
Staff travel and expenses	6,251	8,744
Repairs and IT costs	6,432	3,588
Volunteer travel expenses	276	757
Legal,professional and consultancy fees	1,134	2,841
Trustees expenses	610	226
Office rent, broadband and phone	18,776	4,944
Depreciation	711	2,697
Bank charges	60	83
Printing, stationery and postage	831	-
Marketing and publicity	3,646	1,785
Room hire and hospitality	954	2,305

Healthwatch North Yorkshire

Notes to the Detailed Statement of Financial Activities

Year ended 31 March 2024

	2024 £	2023 £
Expenditure on charitable activities		
Activity type 1		
<i>Activities undertaken directly</i>		
Wages/salaries inc fees	182,392	174,501
Staff training and welfare	6,211	–
Subs & publications	782	3,169
Engagement budget	6,834	44,813
Sundry expenses	31	181
Insurance	1,679	1,583
Staff travel and expenses	6,251	8,744
Repairs and IT costs	6,432	3,588
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Legal, professional and consultancy fees	1,134	2,841
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Printing, stationery and postage	831	–
Marketing and publicity	3,646	1,785
Room hire and hospitality	954	2,395
	<u>237,610</u>	<u>252,307</u>
Expenditure on charitable activities	<u>237,610</u>	<u>252,307</u>

CHARITY REGISTRATION NUMBER: 1171152

Healthwatch North Yorkshire
Unaudited Financial Statements
31 March 2024

Healthwatch North Yorkshire

Financial Statements

Year ended 31 March 2024

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Healthwatch North Yorkshire

Trustees' Annual Report

Year ended 31 March 2024

The trustees present their report and the unaudited financial statements of the charity for the year ended 31 March 2024.

Reference and administrative details

Registered charity name Healthwatch North Yorkshire

Charity registration number 1171152

Principal office
55 Grove Road
Harrogate
North Yorkshire
HG1 5EP

The trustees

P Southgate
J Cunningham
L Parker
K Hodgson
A Cram
A Wood

(Appointed 1 April 2023)
(Appointed 1 April 2023)

Independent examiner

Mr R I Crisop FCA
Unit 1, Borough House Business Centre,
5 Borough Road, Richmond,
North Yorkshire
DL10 4SX

Structure, governance and management

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New trustees receive an induction and briefing on their legal obligations under charitable law and the content of the constitution as well as management committee papers to familiarise themselves with their role and responsibilities.

Funding is provided through a grant from North Yorkshire County Council and external earned income for time limited projects.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2024

Objectives and activities

The objects of the charity are:

- Gather the views and understand the experiences of people who use health and care services, carers and the wider community.
- Make people's views known, promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised.
- Provide advice and information (signposting) to the public about access to services and support to enable people to make informed choices.

Trustees have considered the Charity Commission's guidance on public benefits and believe that Healthwatch North Yorkshire meets the public benefit requirements in delivering the activities that contribute to the objects of the charity. The achievements are set out below in summary on how we delivered our charitable objects and who the beneficiaries are.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2024

Achievements and performance

- We reached over 3,600 people across the year as part of our research projects, talking to people at awareness events, outdoor stalls, and through our volunteer network. Alongside this almost 2,500 people shared their feedback with us about using and accessing health and social care in North Yorkshire. This was via our website, phone calls, email enquiries, and surveys.
- We published 22 reports which featured people's insight into their use and experiences of accessing health and social care. This included our own reports, on for example rurality, continence services, GP websites and mental health, alongside joint reports with our local Healthwatch colleagues in West Yorkshire. Here we produced a number of reports, on for example hospital care, primary care, neurodiversity, and mental health services. Additionally, we produced reports on care homes as part of our enter & view programme.
- Over 19,000 people visited our website for information and resources, including information on local health and care services. We reached over 400,000 people via social media, including Facebook, Instagram, and through targeted social media campaigns.
- We have focused on hearing from people facing the greatest health inequalities which have included people living in rural North Yorkshire, older people, for example those people living with dementia as part of our care home visits. Younger people, where we have prioritised those living in coastal areas to understand the issues facing them when using and accessing care. People living with a mental health condition, as well as those living with autism and attention deficit hyperactivity disorder (ADHD).
- We have worked collaboratively with our NHS, council, integrated care system, and voluntary community sector partners across the year to ensure public feedback was used to influence improvements in care and services. This has included our involvement in the All-Age Autism strategy and North Yorkshire Joint Health Wellbeing strategy (2023-2030). Attendance at the North Yorkshire Health & Wellbeing Board, North Yorkshire Adult Safeguarding Board, Humber & North Yorkshire Quality Committee, and York & North Yorkshire Quality Group.
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Financial review

The trustees are satisfied with the financial performance of the Trust for the year ended 31 March 2024.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2024

The trustees' annual report was approved on 14 October 2024 and signed on behalf of the board of trustees by:



P Southgate
Trustee



A Cram
Trustee

Healthwatch North Yorkshire

Independent Examiner's Report to the Trustees of Healthwatch North Yorkshire

Year ended 31 March 2024

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2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 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.

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.

Mr R I Crisop FCA
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14 October 2024

Healthwatch North Yorkshire

Statement of Financial Activities

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Healthwatch North Yorkshire

Statement of Financial Position

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Current assets			
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		<u>98,628</u>	<u>140,414</u>
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Total assets less current liabilities		<u>99,362</u>	<u>140,141</u>
Net assets		<u>99,362</u>	<u>140,141</u>
Funds of the charity			
Unrestricted funds		99,362	140,141
Total charity funds	16	<u>99,362</u>	<u>140,141</u>

These financial statements were approved by the board of trustees and authorised for issue on 14 October 2024, and are signed on behalf of the board by:


P Southgate
Trustee


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Trustee

Healthwatch North Yorkshire

Notes to the Financial Statements

Year ended 31 March 2024

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Restricted funds are subjected to restrictions on their expenditure declared by the trustees.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

3. Accounting policies *(continued)*

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable and its amount can be measured reliably.
- legacy income is recognised when receipt is probable and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resources. Direct costs

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

3. Accounting policies *(continued)*

Tangible assets *(continued)*

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Fixtures, equipment etc.	-	20% straight line
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Impairment of fixed assets

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

Financial instruments

A financial asset or a financial liability is recognised only when the charity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs.

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2024

3. Accounting policies (continued)

Financial instruments (continued)

Other financial instruments, including derivatives, are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the statement of financial activities, with the exception of hedging instruments in a designated hedging relationship.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised under the appropriate heading in the statement of financial activities in which the initial gain was recognised.

For all equity instruments regardless of significance, and other financial assets that are individually significant, these are assessed individually for impairment. Other financial assets are either assessed individually or grouped on the basis of similar credit risk characteristics.

Any reversals of impairment are recognised immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

4. Donations and legacies

	Unrestricted Funds	Total Funds	Unrestricted Funds	Total Funds
	£	2024 £	£	2023 £
Grants				
NYCC service grant	168,793	168,793	167,459	167,459
Other grants	20,375	20,375	8,229	8,229
MH funded project	–	–	60,000	60,000
Grants receivable	–	–	1,520	1,520
	<u>189,168</u>	<u>189,168</u>	<u>237,208</u>	<u>237,208</u>

5. Charitable activities

Unrestricted Funds	Total Funds	Unrestricted Funds	Total Funds
2024	2024	2023	2023

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2024

7. Expenditure on charitable activities by fund type

	Unrestricted Funds	Total Funds 2024	Unrestricted Funds	Total Funds 2023
	£	£	£	£
Charitable activity	237,610	237,610	252,307	252,307

8. Expenditure on charitable activities by activity type

	Activities undertaken directly	Total funds 2024	Total fund 2023
	£	£	£
Charitable activity	237,610	237,610	252,307

9. Net expenditure

Net expenditure is stated after charging/(crediting):

Depreciation of tangible fixed assets	2024	2023
Staff training and welfare	£ 711	£ 2,697
	6,211	—

10. Independent examination fees

Fees payable to the independent examiner for: Independent examination of the financial statements	2024	2023
	£ 700	£ 660

11. Staff costs

The average head count of employees during the year was 6 (2023: 6).

No employee received employee benefits of more than £60,000 during the year (2023: Nil).

12. Trustee remuneration and expenses

No remuneration or other benefits from employment with the charity or a related entity were received by the trustees.

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2024

13. Tangible fixed assets

	Equipment £	Total £
Cost		
At 1 April 2023	14,207	14,207
Additions	1,743	1,743
At 31 March 2024	15,950	15,950
Depreciation		
At 1 April 2023	13,844	13,844
Charge for the year	711	711
At 31 March 2024	14,555	14,555
Carrying amount		
At 31 March 2024	1,395	1,395
At 31 March 2023	363	363

14. Debtors

Other debtors	2024 £	2023 £
	15,288	15,000

15. Creditors: amounts falling due within one year

Accruals and deferred income	2024 £	2023 £
	661	636

16. Analysis of charitable funds

Unrestricted funds

	At 1 April 2023 £	Income £	Expenditure £	At 31 March 2024 £
General funds	140,141	196,831	(237,610)	99,362

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2024

17. Analysis of net assets between funds

	Unrestricted Funds	Total Funds
	£	2024 £
Tangible fixed assets	1,395	1,395
Current assets	98,628	98,628
Creditors less than 1 year	(661)	(661)
Net assets	99,362	99,362

	Unrestricted Funds	Total Funds
	£	2023 £
Tangible fixed assets	363	363
Current assets	140,414	140,414
Creditors less than 1 year	(636)	(636)
Net assets	140,141	140,141

Healthwatch North Yorkshire

Management Information

Year ended 31 March 2024

The following pages do not form part of the financial statements.

Healthwatch North Yorkshire

Detailed Statement of Financial Activities

Year ended 31 March 2024

	2024 £	2023 £
Income and endowments		
Donations and legacies		
NYCC service grant	168,793	167,459
Other grants	20,375	8,229
MH funded project	-	60,000
Grants receivable	-	1,520
	<u>189,168</u>	<u>237,208</u>
Charitable activities		
Other commissioned work	2,857	-
Other work	3,385	-
	<u>6,242</u>	<u>-</u>
Investment income		
Bank interest receivable	1,421	212
	<u>1,421</u>	<u>212</u>
Total income	<u>196,831</u>	<u>237,420</u>
Expenditure		
Expenditure on charitable activities		
Wages and salaries inc fees	182,392	174,501
Staff training and welfare	6,211	-
Subs and publications	782	3,169
Engagement budget	6,834	44,813
Sundry expenses	31	181
Insurance	1,679	1,583
Staff travel and expenses	6,251	8,744
Repairs and IT costs	6,432	3,588
Volunteer travel expenses	276	757
Legal,professional and consultancy fees	1,134	2,841
Trustees expenses	610	226
Office rent, broadband and phone	18,776	4,944
Depreciation	711	2,697
Bank charges	60	83
Printing, stationery and postage	831	-
Marketing and publicity	3,646	1,785
Room hire and hospitality	954	2,305

Healthwatch North Yorkshire

Notes to the Detailed Statement of Financial Activities

Year ended 31 March 2024

	2024 £	2023 £
Expenditure on charitable activities		
Activity type 1		
Activities undertaken directly		
Wages/salaries inc fees	182,392	174,501
Staff training and welfare	6,211	–
Subs & publications	782	3,169
Engagement budget	6,834	44,813
Sundry expenses	31	181
Insurance	1,679	1,583
Staff travel and expenses	6,251	8,744
Repairs and IT costs	6,432	3,588
Volunteer travel expenses	276	757
Legal, professional and consultancy fees	1,134	2,841
Trustees expenses	610	226
Office rent, broadband and phone	18,776	4,944
Depreciation	711	2,697
Bank charges	60	83
Printing, stationery and postage	831	–
Marketing and publicity	3,646	1,785
Room hire and hospitality	954	2,395
	<u>237,610</u>	<u>252,307</u>
Expenditure on charitable activities	<u>237,610</u>	<u>252,307</u>