



Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch North Yorkshire

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"The impact that Healthwatch North Yorkshire have is vitally important. Healthwatch is empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities."

Louise Ansari, Chief Executive, Healthwatch England

A message from our CEO

Thank you to everyone who has shared their health and social care experiences with us—through our surveys, at events, and in conversations with our staff and volunteers. Your honest feedback continues to be vital in showing what’s working and what needs to change across health and care services.

Crucially, what we hear also helps highlight when services are getting things right—so they can learn from what works, and people have the chance to say thank you.

This year, two areas of our work stand out. The first is how much stronger our working relationships have become with local organisations, allowing us to shape our activity with greater understanding and reach. The second is our ongoing drive to do things differently. This makes sure people’s views are not just gathered but acted upon by people in charge of your health and social care to make improvements.

We’ve worked closely with North Yorkshire Council to understand how people experience adult social care, and with Tees, Esk & Wear Valleys NHS Foundation Trust to support their **mental health service improvement** plans.

We also **heard from mothers about the care they received after giving birth**, and recently released a **report focusing on the challenges farmers face** when trying to access health services.

A highlight of the year was hosting the **Rural Health & Care Summit** with Community First Yorkshire. It brought together key organisations, including the York & North Yorkshire Mayor, to look at how we can improve support for people living in rural areas.

As we continue our work through our current three-year plan until 2026, we remain focused on making sure local people’s voices are part of every conversation about how health and care is delivered in North Yorkshire.



“Healthwatch’s sole purpose is to listen and make care better. Getting feedback from people really works. Feedback about what is and isn’t working plays a crucial role in helping care services spot issues and understand how they can improve quality, safety, and efficiency.”

**Ashley Green, Chief Executive Officer,
Healthwatch North Yorkshire**

About us

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

We ensure that NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

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



Our values are:

We are **independent** of health and care providers, the government. We work on things that matter to people.

We are **inclusive**, making sure everyone's voice is heard.

We **act with integrity**, and we provide challenge and community-led ideas, speaking truth to power.

We **work together** with the public, charities, community organisations, NHS and North Yorkshire Council so we can support them to get health and care services right.

We hold services to account by **driving for changes**, tracking those changes in real time and letting people know what changes and impact happens.

Our year in numbers

We've supported people to have their say and get information about their care. We currently employ 7 staff, and our work is supported by 31 volunteers.

Reaching out:



1,726 people reached

People we spoke with to raise awareness about who Healthwatch is and help them find information and advice.

1,092 gave feedback

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

Championing your voice:



We published **12** individual reports about the improvements people would like to see in areas like **accessible information**, **care homes**, **mental health** and **farmers**.

Plus, we published an additional **8** reports with our Healthwatch partners in West Yorkshire & the Humber & York, covering areas of **migrant health**, **older people's health** and **palliative & end of life care**.

Statutory funding:



We're funded by North Yorkshire Council. In 2024/25 we received **£180,000** which is **7% higher** than last year.

Our digital reach

Over the past year, we've continued growth in how people connect with Healthwatch North Yorkshire across digital platforms.

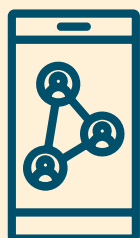
Reaching people through our website:



Our website remains one of the most active across the Healthwatch network. Between 1 April 2024 and 31 March 2025, we recorded **41,722 page views** and **23,304 people using it**.

The most visited pages were our **homepage, news and reports, search, job opportunities, and contact details**. This shows people are not only reading our content—they're actively looking to connect with Healthwatch and find information.

Social media



Facebook

Views: **89,515** – times our posts were seen.

Page/profile visits: **3,395** – times people clicked to our page.

Reach: **82,587** – unique people who saw our posts.

Instagram

Views: **17,384** – times posts and stories were viewed.

Reach: **7,491** – unique people who saw our content.

Our posts shared healthcare rights, event updates, and local stories. This helped to amplify people's voices. Instagram helped us reach a younger audience through visual-based content, while some paid posts boosted our reach further.

Email newsletters



We sent out **17 newsletters** reaching inboxes **18,463 times**.

These shared updates, public opportunities to get involve and the real-world impact of people speaking up.

Media coverage

Healthwatch appeared across 20 media outlets. This includes local papers, national websites, specialist publications and local radio.

Healthwatch North Yorkshire's recent media round-up demonstrates the extraordinary influence of its efforts with features that amplified public voices on critical issues.

By spotlighting matters such as postnatal care disparities, rural healthcare access, youth vaping, and dental provision, they reached a substantial audience—over a quarter of a million people—engaging local communities and decision-makers alike.

A big achievement was the uncovering of postcode-based inequalities in maternal support. Coverage in the Yorkshire Post, Greatest Hits Radio, and The Scarborough News brought these concerns sharply into public and policy focus. These stories not only raised awareness but also helped to pressure local authorities (councils) to address service gaps in rural and coastal areas.

Impact summary



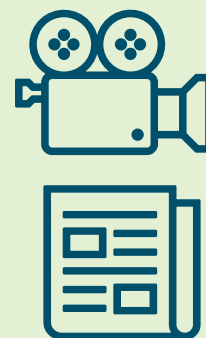
Printed circulation: 127,514

Website reach: 117,200

Radio reach: 25,500

TV viewers: 2,600

Total reach: 272,814



All media coverage focused on turning personal stories into powerful advocacy. By sharing real experiences in newspapers, on radio, and on TV, Healthwatch North Yorkshire brought attention to the issues that matter most to local people.

These stories didn't just raise awareness — they sparked conversations, challenged decision-makers, and helped shape better health and care services across the county.

A year of making a difference

Over the year we've been out and about in the community listening to people's stories, engaging with partners and working to improve care in North Yorkshire. Here are a few highlights.

We **helped women and girls share their experiences** on contraception, mental health, menopause, and healthy ageing, leading to a plan for real change by North Yorkshire Council.



We worked with the Refugee Council to listen to women's experiences about their access to healthcare and the need to ensure translation services are accessible to them and meet their needs to access the right care.



New **perinatal pelvic-health service** now empowers pregnant women and new mothers across North Yorkshire to self-refer for specialist physiotherapy, breaking stigma and ensuring timely and supportive care.



We explored adult social care access for ethnic minority communities, revealing barriers like language, cultural misunderstanding, and stigma can all act to stop people accessing the care they need.



We listened to what new mothers wanted and mapped **accessible, free or low-cost community support groups** ensuring that mothers felt connected, informed, and supported in those early weeks after giving birth.



We shared our **postnatal care report** with GP practices, and they have delivered a series of protected learning time training session covering mother's physical health and mental well-being support.



Local hospitals have strengthened their commitment to unpaid carers thanks to Healthwatch working them to make information clearer, more accessibility and create a shared identity and brand that carers feel a part of.



Healthwatch evidence strengthened the case for a ban on selling vapes to under-18s, directly informing new public health legislation. Healthwatch also made **recommendations**.



Working together for change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in North Yorkshire are heard at the Integrated Care System (ICS) level, and they influence decisions made about services at the Humber and North Yorkshire Health and Care Partnership.

This year, we've worked with local Healthwatch to achieve the following:

Amplifying young people's voices in healthcare



Young people often feel overlooked when it comes to health and care services. That's why, with funding from NHS England, we supported a team of young volunteers (aged 14–25) to speak directly with their peers about what's working, and what isn't in local healthcare.

Over the course of the project, we heard from 887 young people across the Humber and North Yorkshire. Their honest feedback is already helping to shape services, with findings shared both locally and with the wider NHS through the Children and Young People's Transformation Programme.

This work means decision makers are now hearing directly from young people themselves, not just adults speaking on their behalf.

Listening to communities to improve cancer care



Early diagnosis saves lives, but not everyone has the same awareness or access to cancer information. That's why we worked with the Humber and North Yorkshire Cancer Alliance to find out what people know, and what they don't.

We listened to people often left out, including those in poverty, refugees, carers, autistic people, people with ADHD, people with mental health conditions, and those experiencing homelessness. We spoke to communities in urban, rural, and coastal areas so no one was left behind.

What we learned will help shape cancer services to be more accessible, inclusive, and shaped by real experiences.

Making a difference in the community

Creating empathy and breaking continence stigma



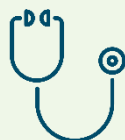
Healthwatch has supported decision makers to understand the human impact of continence care challenges, driving improvements that support dignity and better services for local people.

We brought powerful stories to health decision makers, showing the real impact of stigma and lack of support for people who live with incontinence.

Since then, tangible improvements have rolled out across hospitals, GP practices, and community services:



Hospital care that respects individual needs: Hospitals such as York and Scarborough NHS Trust introduced continence needs screening within 72 hours of admission; Harrogate District Hospital implemented toilet plans to reduce unnecessary pad use; and both now offer accessible online information and pre- and post-op guidance to stoma patients' evidence.



GPs leading early conversations: General practices have started proactively discussing continence during check-ups, with a focus on preventing long-term issues such as untreated infections and delayed diagnoses.



Supporting care staff to provide better day-to-day care: Care homes and home-care providers are receiving enhanced training to help staff better identify urinary tract infections, manage continence products effectively, and provide appropriate catheter and stoma care.



Public campaigns breaking taboos: Public health teams are promoting bowel health awareness, using tools like the Bristol Stool Chart to help people talk more openly and confidently about their symptoms.

We know things aren't perfect. More needs to be done. But by listening to even a small number of voices, **we've helped to break the silence and improve dignity and care for people** who experiences continence challenges in North Yorkshire.

Making a difference in the community

Getting equipment providers to involve the public

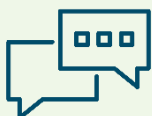


Medequip acted on your feedback and Healthwatch's recommendations, making equipment delivery, communication, and support better for everyone.

"The equipment has given me back my independence," shared one North Yorkshire resident after receiving essential mobility aids from Medequip. Medequip provides vital equipment to help people live independently at home.

In 2023, Healthwatch North Yorkshire asked people to share their experiences with Medequip. While 75% rated the service highly, concerns were raised about communication, delivery delays, and equipment suitability.

Medequip listened and introduced significant improvements throughout 2024:



Improved communication: Clearer timelines for deliveries and repairs, proactive updates on any delays, and better trained customer service teams to respond swiftly and with empathy.



Equipment suitability: Greater involvement of healthcare professionals in selecting the right equipment for individual needs and the creation of equipment review groups that include service users themselves.



Information access: Over 30,000 leaflets were distributed explaining services, how to get equipment, and self-funding options, ensuring everyone understands their choices.



Compassionate collections: More sensitive collection processes, especially for bereaved families, and increased awareness of recycling options to support sustainability.

These changes mean more people in North Yorkshire now receive the right equipment at the right time. Boosting independence and wellbeing. Your feedback made this possible.

Learn more about [how the Medequip healthcare aids and equipment has improved](#).

Making a difference in the community

Making health information work for everyone



When health information meets people's needs, they feel included, respected, and empowered to make informed choices about their care, understand their options, and feel more able to manage their health.



“When I finally received information in a format I could understand, it felt like someone had listened. I didn’t have to rely on anyone else—I could do it myself.”

That’s what accessible information makes possible — independence, dignity, and equal access to care.



In 2022, people across North Yorkshire shared their experiences with us. Too often, they weren’t being asked how they preferred to receive information. Or if they were, their needs weren’t met. As a result, people missed appointments, felt excluded, and had to rely on other people just to access basic health information. We listened and acted.



Our report highlighted the need for better systems, more awareness, and consistent use of the Accessible Information Standard. We called for change. And action happened.



Over the last year we have heard how NHS Hospital Trusts, including South Tees, Harrogate District and York & Scarborough, have improved, for example, how they ask, record, and respond to people’s communication needs. From easy read letters to accessible websites and specialist training.



Staff champions, communication flags on patient records, and feedback groups involving people with lived experience are making a real difference. More people are now receiving information in the format that works for them, whether that’s large print, braille, or translated documents.

This is a powerful example of what happens when people speak up and services listen. Together, we’re building a more inclusive, person-centred health and care system, where everyone’s voice is heard clearly.

Learn more about [how we've improved accessible information](#).

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all corners of our community, gathering insights from people of all ages and backgrounds. Your experiences of health and social care help us see what's working well and, just as importantly, what isn't.

By sharing your stories, you help us build a clearer picture of local services, what's making a difference and where things need to change. This allows us to feed that evidence back to the people who make decisions, so they can understand the real-world impact of their services and make improvements that benefit everyone, no matter where they live.

In a county as vast as North Yorkshire, it's vital that every community, whether urban, coastal, or rural feels heard. Because when services listen and act, they can make sure the right support reaches those who need it most.



Listening to your experiences

Championing community concerns to improve access and health in rural areas

From farming communities to remote villages, people living rurally are shaping health and care that works for them. By breaking down barriers, building services, and ensuring no one is overlooked.

Across North Yorkshire, rural communities are experiencing tangible improvements in how health and care services are delivered.

What did we do?

Rural voices took centre stage at our health and care event.

With Community First Yorkshire, we brought together community organisations, charities, the NHS, North Yorkshire Council, the York & North Yorkshire Mayor, and people living in rural areas to tackle the challenges facing people. Through discussions, shared learning, and real-life examples, we created a space to uncover key issues, exchange ideas, and shape a health and care system that better responds to the needs of people.

What difference has it made?

Working with Community First Yorkshire, we will be establishing a group called the North Yorkshire Rural Health Taskforce to tackle the problem.

This includes North Yorkshire Council, NHS, the York and North Yorkshire Combined Authority (Mayor) as well as voluntary and community organisations to take forward the actions. Our focus will be to ensure that our future health and care services are 'rural proofed' and meet needs.

We heard about long journeys to appointments, poor public transport, and digital barriers. But we also heard ideas and saw change already underway:

- 'Hospital at Home' is bringing medical care to people's front doors.
- MyCare24 offers round-the-clock phone and video support for people with long-term conditions.
- Clustering of medical appointments is being explored by Hambleton Community Action to ease transport challenges for patients.
- The Living Well, Dying Well initiative aims to shift more end-of-life care into the community.

Learn more about the [action being taken](#) to make rurality and healthcare work better for people locally.

Listening to your experiences

Building bridges to better mental health

Local improvements in mental health services, like specialist roles, GP-based practitioners, and trauma-informed training, are already making a difference by helping people feel heard, supported, and cared for in the way that matters most.

Healthwatch highlighted how poor communication, and fragmented record-keeping can leave people feeling unsupported. Many told us they had to repeat their story multiple times or were passed between services without clear follow-up. They also told us support didn't feel very personalised, and whilst people understand procedures had to be followed, things came across as a 'tickbox'.

In response to local feedback, the NHS, GPs, North Yorkshire Council and Tees, Esk and Wear Valleys NHS Foundation Trust, has introduced several initiatives to improve continuity and coordination in care:

What difference we made together

New complex emotional needs specialists: These roles provide dedicated, consistent support for people with complex emotional health needs.

Introduced 45 mental health practitioners GP practices: Access to mental health support through local GP practices is helping people receive quicker, more joined-up care without needing to navigate multiple services. This ensures people are offered support that's right for them.

Trauma-informed care training: Over 1,000 staff have received training to better understand and respond to people's past experiences, creating more sensitive and appropriate care.

Recognition by award win highlights power of public voices in shaping mental health support:

The national recognition celebrates the courage of local people who shared their experiences—and reinforces how public feedback can lead to meaningful change through Healthwatch.



Access to the right care, at the right time, supported by clear and accurate records, can transform lives. These **developments** reflect a shared commitment to improving mental health support based on what people are telling us. We know more needs to be done. Healthwatch will continue to campaign for better mental health support for people across North Yorkshire.

Listening to your experiences

Making a difference for people in care homes

Through our Enter & View visits, we listen, learn, and share insights that drives meaningful change in care homes. Championing residents' voices, influencing improvements, and highlighting what's working well.

Enter & View visits are at the heart of Healthwatch North Yorkshire's work. Our trusted, respectful conversations and observations in care homes allow trained Healthwatch staff and volunteers to witness the real day-to-day experience of people living there, as well as their families and staff. These visits aren't just window-dressing: they drive improvements, celebrate good practice, and influence positive change.

What difference we made together

The Grange Care Home, Selby: Our visit highlighted a genuinely "family-home" atmosphere, warm staff relationships and a rich, structured life for residents. Our recommendation to enhance communication around accessing healthcare, like eyesight and dental checks, has already prompted the home to review care-plan clarity, ensuring residents feel empowered to seek vital health support.

Beachwood Place, Malton: We observed a welcoming environment where staff knew each resident's preferences and curated engaging activities. We suggested improved signage and better facilitation for residents with hearing needs. The home has begun reviewing signage and is working to boost inclusive social activities, ensuring no one misses out.

Southlands Care Home, Harrogate: We found that strong leadership, staff development and responsive call-bell systems contribute to a culture of continuous improvement. Importantly, Healthwatch had no formal recommendations for Southlands—because what we witnessed was quality care in action, with prompt response to needs, personalised meals, and an uplifting atmosphere.

In listening to people, Healthwatch have been able to help care providers focus support where it matters so that people living in a care home are comfortable and feel included. It's not just about observing, it's about listening, validating good practice, and working with residents, families and staff to create better experiences.

Hearing from all communities

We're here for all people in North Yorkshire. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Listening to the **healthcare experiences of migrant communities** so they feel they have a voice when it comes to the services provided to them.
- **Listened to people who live in care homes**, so families and staff can identify what is working well with services and where they could be made better.
- Ensured that the voices of **people living with bladder and bowel conditions** were heard by collecting their experiences, presenting findings to health leaders, and prompting service reviews and improvements locally.



Hearing from all communities

Improved adult social care support

Healthwatch North Yorkshire's 'mystery shopping' exercise has led to practical improvements in adult social care services, including reduced call wait times, clearer website information, enhanced staff training, and more accessible support materials.

We explored how easy it was for the public to find and access adult social care information and support through the phone, website and email. Our findings have helped shape how North Yorkshire Council provides information about adult social care to the public.

The improvements achieved

Faster call response times: North Yorkshire Council is actively working to reduce call wait times and prioritise calls from the public. A new phone system will be introduced over the next year which will include queue updates and call-back options for callers to help provide an improved experience and faster response time.

Easier website access: The [adult social care web pages](#) have been reviewed and an easier to navigate layout has been created to ensure better accessibility for people. The new layout has been created with user feedback to make the website more intuitive, to meet accessibility standards, and improve people's website journeys. User testing will continue to ensure the pages meet the needs of all people.

Increase staff knowledgeable: A newly developed training programme has been introduced for new starters in the specialist customer service officer role. This training is delivered by staff from Health & Adult Services with specialist knowledge. Additionally, a comprehensive list of training courses to support the SCSO role has been created.

Better information materials: Updated leaflets and guides to adult social care are now available at local contact points, and there is increased collaboration between partners to distribute key information more widely, such as in GP practices, pharmacies, foodbanks etc. All adult social care leaflets have been reviewed to ensure they contain the right information and are in an accessible format.

Improved face-to-face support: All frontline staff have receiving additional training to help them with supporting the public. This training will be expanded to all library staff, volunteers, and customer service staff this year. Video booths will be installed in face-to-face locations to allow the public to speak with specialist customer service officer role.

Hearing from all communities

Involving autistic people in how care and services work for them

We've ensured that the voices of autistic people and their families shaped North Yorkshire's Autism Strategy, turning experiences into real, positive change.

Healthwatch North Yorkshire is proud to have played a crucial role in shaping the North Yorkshire [All Age Autism Strategy \(2025–2030\)](#). Our work has ensured that the voices of autistic people and their families are at the heart of the strategy's design, making it more inclusive and community-focused.

With over 6,000 children, young people, and adults in North Yorkshire who describe themselves as autistic, it was vital to hear their voices and ensure services work for them.

What difference did this make?

By listening to autistic people and their families, we highlighted what matters most to them. Things like early diagnosis, accessible support, and inclusive communities. This feedback directly influenced the plan's priorities, ensuring that services reflect real experiences.

Our work also made the plan more inclusive and user-friendly. We helped shape public workshops and sessions so that everyone felt welcomed and able to share their thoughts. This strengthened the community's sense of ownership and trust in the plan.

We've already seen the difference our efforts have made. The first-year action plan includes practical steps that reflect the lived experiences of autistic people, from better health and care services to more supportive education and pathways into work.

By standing alongside autistic people and their families, we've ensured the plan isn't just a document — it's a promise of real change.

Since the Autism Act 2009, we've seen improvements in support and awareness of autism in North Yorkshire. But there's still work to do to ensure autistic people have the same opportunities as everyone else.

Healthwatch North Yorkshire is committed to making that happen, so everyone in our community can live a happy and healthy life.

Listening to mothers to improve care after birth

Following our report into mothers' reflections on postnatal care, we're already seeing encouraging action. But the work is only just beginning.

Postnatal care is essential for helping mothers recover and give babies the healthiest start in life. Yet it's often overlooked and underfunded compared to other parts of maternity care. We wanted to understand what the availability and quality of postnatal care was like from mothers and identify the areas where services can be improved, as well as champion what is working well.

Our report, **What mothers told us about postnatal care**, has helped those organisations and providers of postnatal care to understand what mothers want to see improved.

What difference did this make?

Helping healthcare services listen and learn from mothers: Your feedback helped GP practices, maternity voice partnerships, local care partnerships, and hospitals across the county. One standout success was North Yorkshire Primary Care's commitment to deliver Protected Learning Time training for GPs on postnatal care. A major step forward in awareness and clinical understanding.

Educational classes: York & Scarborough Hospitals NHS Trust have undertaken a quality improvement project on antenatal education classes. They have used the feedback from our report to inform the sessions to ensure parents are better prepared for the realities of postnatal care.

Improving infant feeding support: Airedale Foundation NHS Trust has introduced a weekly breastfeeding clinic and a weekly tongue tie clinic. They have also begun offering breastfeeding support drop-in sessions in community settings.

Improved support at home and in rural areas: Our report's findings highlighted the need for home visits, improved pelvic health support, and the importance of in-person care for those in rural areas or recovering from surgery. As a result, local providers have been reviewing their visit protocols and digital systems like Badgernet to better share information between professionals, improving consistency for mothers.

These are early but encouraging signs of progress. From reshaping services to enhancing frontline support, our work is prompting a wider conversation about what good postnatal care should look like. But the work is far from done. Sustained improvement will rely on continued listening, greater coordination, and a commitment to putting mums and their babies first.

Hearing from all communities

Helping farmers get healthcare support

Our report on farming communities has sparked change by bringing vital services directly to farmers and influencing healthcare planning.

Farmers are often reluctant to use health services. Not because they don't need them, but because traditional models don't fit the farming way of life. This can mean health problems go untreated until they become serious, leading to poorer health outcomes for this vital rural community.

We listened to over 200 people across North Yorkshire revealing widespread issues – with 74% reporting physical pain and 42% struggling with stress or anxiety. But it also uncovered clear, practical solutions. Such as, bringing services to auction marts, offering more flexible appointment times, and ensuring healthcare staff understand the unique pressures of farming.

Now, thanks to the voices of farmers, those ideas are starting to become reality.

What difference did this make?

Bringing healthcare to auction marts:

Thanks to your feedback, new services are being trialled at Selby and Hawes auction marts, bringing health checks and wellbeing support directly to farmers, making it easier to get help without having to travel too far.

Local GP practices taking action: GP practices in Central Dales and Richmondshire are responding to our report's findings. They're exploring ways to offer mobile health checks and provide social prescribing, helping farmers access non-medical support that fits around their farming work.

Innovative ideas driven by your voices: From a pilot mobile cancer screening bus to involving local vets in signposting, your feedback is inspiring practical solutions. These innovative ideas are being considered to support ways of reaching the farming community to ensure their health and wellbeing needs are met.

Healthwatch volunteer action leads to parliamentary response and local partners joining in: MP for Skipton and Ripon, Julian Smith, **raised three written questions in Parliament prompting formal government responses** about mobile health services, walk-in GP access, and mental health support via vets for rural communities.

This is just the beginning. Your voices are helping make rural health more visible, more flexible, and more accessible. Bringing support closer to farmers and breaking down barriers that have been in place for too long.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year we helped 1,726 people in-person and 23,304 people used our website for advice, support or help finding services.

This year, we've helped people by:

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



New GP guide empowers patients and eases pressures on practices



"With clearer information, I feel more confident in managing appointments and understanding my rights as a patient. It's reassuring to know where to turn and what to expect at each step."

That's just one of the many positive responses we've received since launching our new guide to using your local GP practice.

People often tell us that accessing GP services can feel confusing and overwhelming. That's why we created a clear, practical guide. Written with patients in mind. To help everyone understand how their local GP practice works and how to get the support they need.

The guide includes helpful information on:

- Booking and managing appointments
- Understanding the roles of different healthcare professionals
- Using online and telephone services
- Accessing urgent care and raising concerns

It's designed to give patients the knowledge and confidence to make the right choices, while also helping GP practices run more efficiently by reducing avoidable appointments and misunderstandings.

Developed with input from healthcare professionals, GP staff, and local people, the guide has been welcomed across the county as a useful, timely resource.



"This guide helped me understand when to see a GP or another professional, making my healthcare journey smoother and less stressful."

By giving people, the tools to navigate services more easily, we're making access to healthcare fairer and more effective for everyone.

Showcasing volunteer impact

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

This year, our volunteers:

- Visited community venues and events to promote Healthwatch and helped people find information and advice so they know their options and can make the best decisions about their care – or someone they love.
- Visited GP practices, helping to raise awareness of our [patient guide to GP practices](#). This is to help them get the most out of their visit but also save GP practices time by helping people get the right care sooner.
- Collected people's experiences and supported people across the county to share their views and to see the worth in why [speaking up is important as it can truly make a difference](#)
- Carried out [visits to local care homes](#) in Harrogate, Malton and Selby to listen to how people living their feel, as well as their loved ones, staff and managers to see what's working well and what things need to improve.
- Reviewed 84 GP practice which [led to a number of improvements](#), such as accessibility features, clearer appointment guidance, and updated contact information.



Showcasing volunteer impact

At the heart of what we do

From finding out what people think to helping raise awareness, our volunteers have championed community concerns to improve care.

"When I found Healthwatch and saw what they did, I could see the passion, care and dedication behind all they do. They are eager to create positive changes."

Fliss started volunteering for Healthwatch after having bad experiences of using health care. She wanted to help others using her own experience to make suggestions that could help services.

"While volunteering with Healthwatch I have gained more knowledge of the issues locally. I've learnt a huge amount from training and tasks that I've performed, and I've gained confidence in myself."

Fliss



Sheena joined our Healthwatch team after a long career as a nurse of 40 years and after hearing about us through the Patients Association, another independent patient charity campaigning improvements in health and social care.

"I want to ensure that all our people receive the care they deserve. I love speaking with people and listening to them and have really valued volunteering for Healthwatch."

Sheena



Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can volunteer for us.



HealthwatchNorthYorkshire.co.uk



01423 788 128



Hello@hwny.co.uk

Finance and future priorities

We receive funding from North Yorkshire Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£180,000.00	Expenditure on staff/salaries	£177,677
Additional income	£84,896	Expenditure on organisational delivery	£35,221
		Office and management fee	£17,243
Total income	£264,896	Total Expenditure	£230,141

Additional income for projects:

- **£4,560** from Humber & North Yorkshire Health and Care Partnership
 - Health Equity Fellowship support
- **£1,636** from the Association of Directors of Adult Social Services
 - Mystery shopping (adult social care), North Yorkshire Council
- **£7,400** from York St John University and the Humber and North Yorkshire Cancer Alliance
 - Hearing people's knowledge of the signs and symptoms of cancer
- **£12,990** from North Yorkshire Council
 - Conversations with ethnic minority groups about adult social care
- **£50,000** from North Yorkshire Council Development Fund
 - Develop volunteer networks and to increase our social media presence.

Integrated Care System (ICS) funding:

Healthwatch across West Yorkshire (including Healthwatch North Yorkshire for Craven) receive funding to support joint working initiatives.

Purpose of ICS funding	Amount
For continued work to listen to experiences and ensure the public's voice is heard at meetings with the NHS	£5,000

Our future priorities

Next steps:

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

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

Our priorities for April 2025 to March 2026, include:

- Working with partners across health and care to ensure there is equitable access and care for people who live rurally, building on our farming report and our Rural Health & Care Summit from 2025.
- We will expand our reach and awareness through digital communication, by working with pharmacies and hospital radio, through targeted conversations with the public using our 'what matters most to your health & wellbeing' survey, and through our volunteers speaking with people.
- We will explore people's perceptions around alcohol consumption and identify the key reasons behind alcohol misuse focusing on the most disadvantaged communities within North Yorkshire.
- Following on from our previous Accessibility report & GP website report, we will review whether adequate 'reasonable adjustments' are being made in primary care to support people with physical and mental disabilities access care.
- We will focus on ensuring that our work continues to make an impact, via monitoring our work and reports, and share this impact with the public via reports and our website.

healthwatch
North Yorkshire

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

Our Healthwatch board consists of ten trustees who work voluntarily 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 county.

Throughout 2024/25, the board of trustees met five times and made decisions on matters such as staff recruitment, HR and governance policies, finance and our future work priorities. We ensure wider public involvement in deciding our work priorities.

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

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

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, email it to those who fund and run health and social care services, community organisations, and the public, and tell people about it at community events and at meetings with health and care decision makers (commissioners and providers).

Healthwatch North Yorkshire
55 Grove Road
Harrogate
HG1 5EP



www.healthwatchnorthyorkshire.co.uk



01423 788 128



hello@hwny.co.uk



#HealthwatchNorthYorkshire



#healthwatchNY



#HealthwatchNY



#Healthwatch-North-Yorkshire



#<https://bsky.app/profile/healthwatchny.bsky.social>

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2025

Achievements and performance

- We reached over 1,700 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 over 1,000 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 20 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 community postnatal care, accessible information, mental health and farming, alongside joint reports with our local Healthwatch colleagues in West Yorkshire and Humberside. Here we produced a number of reports, on for example migrant health, older people and palliative and end of life care. Additionally, we produced reports on care homes as part of our enter & view programme.
- Over 23,000 people visited our website for information and resources, including information on local health and care services. This was a 21% increase in views from the previous year. We reached 273,000 people via social media, print, radio and TV.
- We have focused on hearing from people facing the greatest health inequalities which have included people living in rural North Yorkshire, with a specific spotlight on the farming community, older people, for example those people living with dementia as part of our care home visits. Women, where we heard from new mothers and their experiences of using and accessing postnatal care (midwife, health visitor and GP). People living with a mental health condition, carers, veterans and adults using adult social care services.
- 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 Women's Health strategy, All-Age Autism strategy and work around supporting carers. 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 position of the charity.

Reserves policy

Healthwatch North Yorkshire will work towards ensuring unrestricted funds are equivalent to one months' running costs. This is to ensure we can provide financial stability and the means for the development of our required activities. The Board will annually review the number of reserves that are required to ensure that they are adequate to fulfil our continuing obligations.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2025

The trustees' annual report was approved on 3 October 2025 and signed on behalf of the board of trustees by:



P Southgate
Trustee



A Cram
Trustee

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2025

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

Year ended 31 March 2025

The trustees present their report and the unaudited financial statements of the charity for the year ended 31 March 2025.

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
A Cram
A Wood
A Cunningham
S Eyre
J Walker
S Hannah
C O'Neill
H Darton
A Green

Independent examiner	Mr R I Crisp 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

Financial Statements

Year ended 31 March 2025

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Trustees' annual report	1
Independent examiner's report to the trustees	5
Statement of financial activities	6
Statement of financial position	7
Notes to the financial statements	8
The following pages do not form part of the financial statements	
Detailed statement of financial activities	16
Notes to the detailed statement of financial activities	17

CHARITY REGISTRATION NUMBER: 1171152

Healthwatch North Yorkshire
Unaudited Financial Statements
31 March 2025

IAN CRISOP ACCOUNTANCY

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

Healthwatch North Yorkshire

Statement of Financial Activities

Year ended 31 March 2025

		Unrestricted funds	2025 Restricted funds	Total funds	2024 Total funds
	Note	£	£	£	£
Income and endowments					
Donations and legacies	4	212,636	50,000	262,636	189,168
Charitable activities	5	—	—	—	6,242
Investment income	6	2,260	—	2,260	1,421
Total income		<u>214,896</u>	<u>50,000</u>	<u>264,896</u>	<u>196,831</u>
Expenditure					
Expenditure on charitable activities	7,8	214,297	16,556	230,853	237,610
Total expenditure		<u>214,297</u>	<u>16,556</u>	<u>230,853</u>	<u>237,610</u>
Net income/(expenditure) and net movement in funds		<u>599</u>	<u>33,444</u>	<u>34,043</u>	<u>(40,779)</u>
Reconciliation of funds					
Total funds brought forward		99,362	—	99,362	140,141
Total funds carried forward		<u>99,961</u>	<u>33,444</u>	<u>133,405</u>	<u>99,362</u>

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

The notes on pages 8 to 14 form part of these financial statements.

Healthwatch North Yorkshire

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

Year ended 31 March 2025

I report to the trustees on my examination of the financial statements of Healthwatch North Yorkshire ('the charity') for the year ended 31 March 2025.

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

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

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

3 October 2025

Healthwatch North Yorkshire

Statement of Financial Position

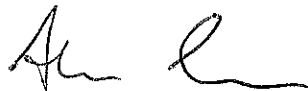
31 March 2025

	Note	2025 £	2024 £
Fixed assets			
Tangible fixed assets	13	684	1,395
Current assets			
Debtors	14	1,050	15,288
Cash at bank and in hand		132,332	83,340
		<u>133,382</u>	<u>98,628</u>
Creditors: amounts falling due within one year	15	<u>661</u>	<u>661</u>
Net current assets		<u>132,721</u>	<u>97,967</u>
Total assets less current liabilities		<u>133,405</u>	<u>99,362</u>
Net assets		<u>133,405</u>	<u>99,362</u>
Funds of the charity			
Restricted funds		33,444	—
Unrestricted funds		<u>99,961</u>	<u>99,362</u>
Total charity funds	16	<u>133,405</u>	<u>99,362</u>

These financial statements were approved by the board of trustees and authorised for issue on 3 October 2025, and are signed on behalf of the board by:



P Southgate
Trustee



A Cram
Trustee

The notes on pages 8 to 14 form part of these financial statements.

Healthwatch North Yorkshire

Notes to the Financial Statements

Year ended 31 March 2025

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 donor or through the terms of an appeal, and fall into one of two sub-classes: restricted income funds or endowment funds.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

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 resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

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

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.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Debt instruments are subsequently measured at amortised cost.

Where investments in shares are publicly traded or their fair value can otherwise be measured reliably, the investment is subsequently measured at fair value with changes in fair value recognised in income and expenditure. All other such investments are subsequently measured at cost less impairment.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

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 £	Restricted Funds £	Total Funds 2025 £
Grants			
NYCC service grant	180,000	—	180,000
Other grants	32,636	50,000	82,636
	<u>212,636</u>	<u>50,000</u>	<u>262,636</u>
	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
Grants			
NYCC service grant	168,793	—	168,793
Other grants	20,375	—	20,375
	<u>189,168</u>	<u>—</u>	<u>189,168</u>

5. Charitable activities

	Unrestricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Total Funds 2024 £
Other commissioned work	—	—	2,857	2,857
Other work	—	—	3,385	3,385
	<u>—</u>	<u>—</u>	<u>6,242</u>	<u>6,242</u>

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2025

6. Investment income

	Unrestricted Funds	Total Funds 2025	Unrestricted Funds	Total Funds 2024
	£	£	£	£
Bank interest receivable	<u>2,260</u>	<u>2,260</u>	<u>1,421</u>	<u>1,421</u>

7. Expenditure on charitable activities by fund type

	Unrestricted Funds	Restricted Funds	Total Funds 2025
	£	£	£
Charitable activity	<u>214,297</u>	<u>16,556</u>	<u>230,853</u>

	Unrestricted Funds	Restricted Funds	Total Funds 2024
	£	£	£
Charitable activity	<u>237,610</u>	<u>—</u>	<u>237,610</u>

8. Expenditure on charitable activities by activity type

	Activities undertaken directly	Total funds 2025	Total fund 2024
	£	£	£
Charitable activity	<u>230,853</u>	<u>230,853</u>	<u>237,610</u>

9. Net income/(expenditure)

Net income/(expenditure) is stated after charging/(crediting):

	2025	2024
	£	£
Depreciation of tangible fixed assets	<u>711</u>	<u>711</u>
Operating lease rentals	<u>2,869</u>	<u>6,211</u>

10. Independent examination fees

	2025	2024
	£	£
Fees payable to the independent examiner for: Independent examination of the financial statements	<u>720</u>	<u>700</u>

11. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2025	2024
	£	£
Wages and salaries	<u>179,276</u>	<u>182,392</u>

The average head count of employees during the year was 6 (2024: 6).

No employee received employee benefits of more than £60,000 during the year (2024: Nil).

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

12. Trustee remuneration and expenses

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

13. Tangible fixed assets

	Equipment £	Total £
Cost		
At 1 April 2024 and 31 March 2025	<u>15,950</u>	<u>15,950</u>
Depreciation		
At 1 April 2024	14,555	14,555
Charge for the year	<u>711</u>	<u>711</u>
At 31 March 2025	<u>15,266</u>	<u>15,266</u>
Carrying amount		
At 31 March 2025	<u>684</u>	<u>684</u>
At 31 March 2024	<u>1,395</u>	<u>1,395</u>

14. Debtors

	2025 £	2024 £
Other debtors	<u>1,050</u>	<u>15,288</u>

15. Creditors: amounts falling due within one year

	2025 £	2024 £
Accruals and deferred income	<u>661</u>	<u>661</u>

16. Analysis of charitable funds

Unrestricted funds

	At 1 April 2024 £	Income £	Expenditure £	At 31 March 2025 £
General funds	<u>99,362</u>	<u>214,896</u>	<u>(214,297)</u>	<u>99,961</u>

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

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

16. Analysis of charitable funds *(continued)*

Restricted funds

	At 1 April 2024	Income	Expenditure	At 31 March 2025
	£	£	£	£
Restricted Fund	—	50,000	(16,556)	33,444

	At 1 April 2023	Income	Expenditure	At 31 March 2024
	£	£	£	£
Restricted Fund	—	—	—	—

17. Analysis of net assets between funds

	Unrestricted Funds	Total Funds 2025
	£	£
Tangible fixed assets	684	684
Current assets	99,938	99,938
Creditors less than 1 year	(661)	(661)
Net assets	99,961	99,961

	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

Healthwatch North Yorkshire

Management Information

Year ended 31 March 2025

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

Healthwatch North Yorkshire

Detailed Statement of Financial Activities

Year ended 31 March 2025

	2025 £	2024 £
Income and endowments		
Donations and legacies		
NYCC service grant	180,000	168,793
Other grants	82,636	20,375
	<u>262,636</u>	<u>189,168</u>
Charitable activities		
Other commissioned work	—	2,857
Other work	—	3,385
	<u>—</u>	<u>6,242</u>
Investment income		
Bank interest receivable	2,260	1,421
	<u>2,260</u>	<u>1,421</u>
Total income	<u>264,896</u>	<u>196,831</u>
Expenditure		
Expenditure on charitable activities		
Wages/salaries inc. fees	179,276	182,392
Staff training and welfare	2,869	6,211
Subs & publications	1,951	782
Engagement budget	8,045	6,834
Sundry expenses	—	31
Insurance	1,737	1,679
Staff travel and expenses	3,554	6,251
Repairs and IT costs	6,716	6,432
Volunteer travel expenses	590	276
Legal, professional and consultancy fees	1,010	1,134
Trustees expenses	414	610
Office rent, broadband and phone	18,823	18,776
Depreciation	711	711
Bank charges	60	60
Printing, stationery and postage	1,295	831
Marketing and publicity	3,351	3,646
Room hire and hospitality	451	954
	<u>230,853</u>	<u>237,610</u>
Total expenditure	<u>230,853</u>	<u>237,610</u>
Net income/(expenditure)	<u>34,043</u>	<u>(40,779)</u>

Healthwatch North Yorkshire

Notes to the Detailed Statement of Financial Activities

Year ended 31 March 2025

	2025 £	2024 £
Expenditure on charitable activities		
<i>Activities undertaken directly</i>		
Wages/salaries inc fees	179,276	182,392
Staff training and welfare	2,869	6,211
Subs & publications	1,951	782
Engagement budget	8,045	6,834
Sundry expenses	—	31
Insurance	1,737	1,679
Staff travel and expenses	3,554	6,251
Repairs and IT costs	6,716	6,432
Volunteer travel expenses	590	276
Legal, professional and consultancy fees	1,010	1,134
Trustees expenses	414	610
Office rent, broadband and phone	18,823	18,776
Depreciation	711	711
Bank charges	60	60
Printing, stationery and postage	1,295	831
Marketing and publicity	3,351	3,646
Room hire and hospitality	451	954
	<u>230,853</u>	<u>237,610</u>
 Expenditure on charitable activities	 <u>230,853</u>	 <u>237,610</u>

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2025

Achievements and performance

- We reached over 1,700 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 over 1,000 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 20 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 community postnatal care, accessible information, mental health and farming, alongside joint reports with our local Healthwatch colleagues in West Yorkshire and Humberside. Here we produced a number of reports, on for example migrant health, older people and palliative and end of life care. Additionally, we produced reports on care homes as part of our enter & view programme.
- Over 23,000 people visited our website for information and resources, including information on local health and care services. This was a 21% increase in views from the previous year. We reached 273,000 people via social media, print, radio and TV.
- We have focused on hearing from people facing the greatest health inequalities which have included people living in rural North Yorkshire, with a specific spotlight on the farming community, older people, for example those people living with dementia as part of our care home visits. Women, where we heard from new mothers and their experiences of using and accessing postnatal care (midwife, health visitor and GP). People living with a mental health condition, carers, veterans and adults using adult social care services.
- 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 Women's Health strategy, All-Age Autism strategy and work around supporting carers. 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 position of the charity.

Reserves policy

Healthwatch North Yorkshire will work towards ensuring unrestricted funds are equivalent to one months' running costs. This is to ensure we can provide financial stability and the means for the development of our required activities. The Board will annually review the number of reserves that are required to ensure that they are adequate to fulfil our continuing obligations.

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2025

The trustees' annual report was approved on 3 October 2025 and signed on behalf of the board of trustees by:



P Southgate
Trustee



A Cram
Trustee

Healthwatch North Yorkshire

Trustees' Annual Report *(continued)*

Year ended 31 March 2025

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

Year ended 31 March 2025

The trustees present their report and the unaudited financial statements of the charity for the year ended 31 March 2025.

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
A Cram
A Wood
A Cunningham
S Eyre
J Walker
S Hannah
C O'Neill
H Darton
A Green

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

Financial Statements

Year ended 31 March 2025

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Statement of financial activities	6
Statement of financial position	7
Notes to the financial statements	8
The following pages do not form part of the financial statements	
Detailed statement of financial activities	16
Notes to the detailed statement of financial activities	17

CHARITY REGISTRATION NUMBER: 1171152

Healthwatch North Yorkshire
Unaudited Financial Statements
31 March 2025

IAN CRISOP ACCOUNTANCY

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

Healthwatch North Yorkshire

Statement of Financial Activities

Year ended 31 March 2025

		Unrestricted funds	2025 Restricted funds	Total funds	2024 Total funds
	Note	£	£	£	£
Income and endowments					
Donations and legacies	4	212,636	50,000	262,636	189,168
Charitable activities	5	—	—	—	6,242
Investment income	6	2,260	—	2,260	1,421
Total income		<u>214,896</u>	<u>50,000</u>	<u>264,896</u>	<u>196,831</u>
Expenditure					
Expenditure on charitable activities	7,8	214,297	16,556	230,853	237,610
Total expenditure		<u>214,297</u>	<u>16,556</u>	<u>230,853</u>	<u>237,610</u>
Net income/(expenditure) and net movement in funds		<u>599</u>	<u>33,444</u>	<u>34,043</u>	<u>(40,779)</u>
Reconciliation of funds					
Total funds brought forward		99,362	—	99,362	140,141
Total funds carried forward		<u>99,961</u>	<u>33,444</u>	<u>133,405</u>	<u>99,362</u>

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

The notes on pages 8 to 14 form part of these financial statements.

Healthwatch North Yorkshire

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

Year ended 31 March 2025

I report to the trustees on my examination of the financial statements of Healthwatch North Yorkshire ('the charity') for the year ended 31 March 2025.

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

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

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

3 October 2025

Healthwatch North Yorkshire

Statement of Financial Position

31 March 2025

	Note	2025 £	2024 £
Fixed assets			
Tangible fixed assets	13	684	1,395
Current assets			
Debtors	14	1,050	15,288
Cash at bank and in hand		132,332	83,340
		<u>133,382</u>	<u>98,628</u>
Creditors: amounts falling due within one year	15	<u>661</u>	<u>661</u>
Net current assets		<u>132,721</u>	<u>97,967</u>
Total assets less current liabilities		<u>133,405</u>	<u>99,362</u>
Net assets		<u>133,405</u>	<u>99,362</u>
Funds of the charity			
Restricted funds		33,444	—
Unrestricted funds		<u>99,961</u>	<u>99,362</u>
Total charity funds	16	<u>133,405</u>	<u>99,362</u>

These financial statements were approved by the board of trustees and authorised for issue on 3 October 2025, and are signed on behalf of the board by:



P Southgate
Trustee



A Cram
Trustee

The notes on pages 8 to 14 form part of these financial statements.

Healthwatch North Yorkshire

Notes to the Financial Statements

Year ended 31 March 2025

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 donor or through the terms of an appeal, and fall into one of two sub-classes: restricted income funds or endowment funds.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

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 resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

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

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.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Debt instruments are subsequently measured at amortised cost.

Where investments in shares are publicly traded or their fair value can otherwise be measured reliably, the investment is subsequently measured at fair value with changes in fair value recognised in income and expenditure. All other such investments are subsequently measured at cost less impairment.

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

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 £	Restricted Funds £	Total Funds 2025 £
Grants			
NYCC service grant	180,000	—	180,000
Other grants	32,636	50,000	82,636
	<u>212,636</u>	<u>50,000</u>	<u>262,636</u>
	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
Grants			
NYCC service grant	168,793	—	168,793
Other grants	20,375	—	20,375
	<u>189,168</u>	<u>—</u>	<u>189,168</u>

5. Charitable activities

	Unrestricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Total Funds 2024 £
Other commissioned work	—	—	2,857	2,857
Other work	—	—	3,385	3,385
	<u>—</u>	<u>—</u>	<u>6,242</u>	<u>6,242</u>

Healthwatch North Yorkshire

Notes to the Financial Statements (continued)

Year ended 31 March 2025

6. Investment income

	Unrestricted Funds	Total Funds 2025	Unrestricted Funds	Total Funds 2024
	£	£	£	£
Bank interest receivable	<u>2,260</u>	<u>2,260</u>	<u>1,421</u>	<u>1,421</u>

7. Expenditure on charitable activities by fund type

	Unrestricted Funds	Restricted Funds	Total Funds 2025
	£	£	£
Charitable activity	<u>214,297</u>	<u>16,556</u>	<u>230,853</u>

	Unrestricted Funds	Restricted Funds	Total Funds 2024
	£	£	£
Charitable activity	<u>237,610</u>	<u>—</u>	<u>237,610</u>

8. Expenditure on charitable activities by activity type

	Activities undertaken directly	Total funds 2025	Total fund 2024
	£	£	£
Charitable activity	<u>230,853</u>	<u>230,853</u>	<u>237,610</u>

9. Net income/(expenditure)

Net income/(expenditure) is stated after charging/(crediting):

	2025	2024
	£	£
Depreciation of tangible fixed assets	<u>711</u>	<u>711</u>
Operating lease rentals	<u>2,869</u>	<u>6,211</u>

10. Independent examination fees

	2025	2024
	£	£
Fees payable to the independent examiner for: Independent examination of the financial statements	<u>720</u>	<u>700</u>

11. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2025	2024
	£	£
Wages and salaries	<u>179,276</u>	<u>182,392</u>

The average head count of employees during the year was 6 (2024: 6).

No employee received employee benefits of more than £60,000 during the year (2024: Nil).

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

12. Trustee remuneration and expenses

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

13. Tangible fixed assets

	Equipment £	Total £
Cost		
At 1 April 2024 and 31 March 2025	<u>15,950</u>	<u>15,950</u>
Depreciation		
At 1 April 2024	14,555	14,555
Charge for the year	<u>711</u>	<u>711</u>
At 31 March 2025	<u>15,266</u>	<u>15,266</u>
Carrying amount		
At 31 March 2025	<u>684</u>	<u>684</u>
At 31 March 2024	<u>1,395</u>	<u>1,395</u>

14. Debtors

	2025 £	2024 £
Other debtors	<u>1,050</u>	<u>15,288</u>

15. Creditors: amounts falling due within one year

	2025 £	2024 £
Accruals and deferred income	<u>661</u>	<u>661</u>

16. Analysis of charitable funds

Unrestricted funds

	At 1 April 2024 £	Income £	Expenditure £	At 31 March 2025 £
General funds	<u>99,362</u>	<u>214,896</u>	<u>(214,297)</u>	<u>99,961</u>

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

Healthwatch North Yorkshire

Notes to the Financial Statements *(continued)*

Year ended 31 March 2025

16. Analysis of charitable funds *(continued)*

Restricted funds

	At 1 April 2024	Income	Expenditure	At 31 March 2025
	£	£	£	£
Restricted Fund	—	50,000	(16,556)	33,444

	At 1 April 2023	Income	Expenditure	At 31 March 2024
	£	£	£	£
Restricted Fund	—	—	—	—

17. Analysis of net assets between funds

	Unrestricted Funds	Total Funds 2025
	£	£
Tangible fixed assets	684	684
Current assets	99,938	99,938
Creditors less than 1 year	(661)	(661)
Net assets	99,961	99,961

	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

Healthwatch North Yorkshire

Management Information

Year ended 31 March 2025

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

Healthwatch North Yorkshire

Detailed Statement of Financial Activities

Year ended 31 March 2025

	2025 £	2024 £
Income and endowments		
Donations and legacies		
NYCC service grant	180,000	168,793
Other grants	82,636	20,375
	<u>262,636</u>	<u>189,168</u>
Charitable activities		
Other commissioned work	—	2,857
Other work	—	3,385
	<u>—</u>	<u>6,242</u>
Investment income		
Bank interest receivable	2,260	1,421
	<u>2,260</u>	<u>1,421</u>
Total income	<u>264,896</u>	<u>196,831</u>
Expenditure		
Expenditure on charitable activities		
Wages/salaries inc. fees	179,276	182,392
Staff training and welfare	2,869	6,211
Subs & publications	1,951	782
Engagement budget	8,045	6,834
Sundry expenses	—	31
Insurance	1,737	1,679
Staff travel and expenses	3,554	6,251
Repairs and IT costs	6,716	6,432
Volunteer travel expenses	590	276
Legal, professional and consultancy fees	1,010	1,134
Trustees expenses	414	610
Office rent, broadband and phone	18,823	18,776
Depreciation	711	711
Bank charges	60	60
Printing, stationery and postage	1,295	831
Marketing and publicity	3,351	3,646
Room hire and hospitality	451	954
	<u>230,853</u>	<u>237,610</u>
Total expenditure	<u>230,853</u>	<u>237,610</u>
Net income/(expenditure)	<u>34,043</u>	<u>(40,779)</u>

Healthwatch North Yorkshire

Notes to the Detailed Statement of Financial Activities

Year ended 31 March 2025

	2025 £	2024 £
Expenditure on charitable activities		
<i>Activities undertaken directly</i>		
Wages/salaries inc fees	179,276	182,392
Staff training and welfare	2,869	6,211
Subs & publications	1,951	782
Engagement budget	8,045	6,834
Sundry expenses	—	31
Insurance	1,737	1,679
Staff travel and expenses	3,554	6,251
Repairs and IT costs	6,716	6,432
Volunteer travel expenses	590	276
Legal, professional and consultancy fees	1,010	1,134
Trustees expenses	414	610
Office rent, broadband and phone	18,823	18,776
Depreciation	711	711
Bank charges	60	60
Printing, stationery and postage	1,295	831
Marketing and publicity	3,351	3,646
Room hire and hospitality	451	954
	<u>230,853</u>	<u>237,610</u>
 Expenditure on charitable activities	 <u>230,853</u>	 <u>237,610</u>

