

**HEALTHWATCH SHROPSHIRE**  
(A company limited by guarantee)

**UNAUDITED**

**TRUSTEES' REPORT AND FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 31 MARCH 2018**

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**HEALTHWATCH SHROPSHIRE**  
**(A company limited by guarantee)**

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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITABLE COMPANY, ITS TRUSTEES AND  
ADVISERS  
FOR THE YEAR ENDED 31 MARCH 2018**

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**Trustees (Board Members)**

Daphne Lewis, Chair  
Vanessa Barrett  
David Beechey  
Michael Terence Harte  
Steve Price  
Angela Saganowska  
Frederick David Voysey  
Robert Douglas Welch (appointed 23 May 2017)  
Anne Wignall  
Rosie Wood (appointed 23 May 2017, resigned 1 March 2018)

**Company registered number**

08415314

**Charity registered number**

1151343

**Registered office**

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

**Company secretary**

Ms S Homden

**Chief officer**

Ms J Randall-Smith

**Accountants**

Whittingham Riddell LLP  
Chartered Accountants  
Belmont House  
Shrewsbury Business Park  
Shrewsbury  
Shropshire  
SY2 6LG

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REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITABLE COMPANY, ITS TRUSTEES AND  
ADVISERS  
FOR THE YEAR ENDED 31 MARCH 2018

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**Advisers (continued)**

**Bankers**

Natwest  
London  
EC3P 3HX

**Contact details**

Telephone: 01743 237884  
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Email: [enquiries@healthwatchshropshire.co.uk](mailto:enquiries@healthwatchshropshire.co.uk)  
Website: [www.healthwatchshropshire.co.uk](http://www.healthwatchshropshire.co.uk)  
Twitter: @HWShropshire  
Facebook: <http://www.facebook.com/HealthwatchShropshire>

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**CHAIR'S STATEMENT AND MESSAGE FROM THE CHIEF OFFICER  
FOR THE YEAR ENDED 31 MARCH 2018**

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Chair's Statement, Daphne Lewis

What a year! With so many challenges facing our health and social care services, and indeed Healthwatch as well, the people of Shropshire have reported their concerns to us regarding just about every service currently provided, which has kept us extra busy. We have continued to develop and consolidate our relationships with all the providers of services to our population, and have held seats on all the Boards and Committees where we are able to make a difference. We have also had regular meetings with Chief Executives, Accountable Officers, Directors and Commissioners to talk through what is concerning the public, and to discuss proposals and ideas that could help ensure people are still able to access services when they need them.

Apart from the everyday work, we strove hard to win the tender and procure the contract to provide Healthwatch Shropshire for a further term. We were successful but this meant that much time was also needed this year in reconfiguring office accommodation and working hours for the staff in order to cope with a cut in our budget. We have an amazing team working for us, and have also benefitted greatly from the support of our Volunteers and Board Members. I would personally like to thank them all for making Healthwatch Shropshire the success it is today. My thanks go too to all those members of the public who contact us with their comments or concerns, and help us to get a clear picture of what is happening right across the county; without those comments we could not function effectively.

We now look forward to 2018 - 19 which sees the start of the long awaited Public Consultation on Future Fit, and the possibility of other major changes across the Local Health Economy. An exciting time for everyone, but also a time to get things right, and improve services for all. Please keep contacting us with your concerns so that we can do our best to influence decisions on your behalf.

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**CHAIR'S STATEMENT AND MESSAGE FROM THE CHIEF OFFICER  
FOR THE YEAR ENDED 31 MARCH 2018**

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Message from the Chief Officer, Jane Randall-Smith

As I write this statement I am very aware that not only does this report mark the end of the first five year contract for Healthwatch Shropshire but also my imminent retirement. So I will begin by thanking my marvellous team, our volunteers and our Board who have helped to make Healthwatch Shropshire what it is today. It has been an exciting five years as we began with a blank sheet of paper in terms of exactly how we were going to deliver the local vision for a Healthwatch in Shropshire. The team continues to be committed to making a difference for the people of Shropshire and is passionate about the work we do and this report highlights some of our achievements in the year to March 2018.

Healthwatch Shropshire is working to help local people get the best out of their health and social care services, either by improving them today or helping to shape them for the future. Local people can have a powerful voice and Healthwatch Shropshire is working to ensure that this voice is heard by commissioners and providers of health and social care services in order to address issues and concerns raised but also to share good practice. Although HWS is here to challenge and to influence change much of its work is dependent on good relationships across the health and social care economy so I would also like to take this opportunity to thank all the people we have worked with, who have listened to us and made changes as the result of local people's feedback.

It has been an unusual year. The recommissioning of the contract was a time consuming and stressful process but taking the opportunity to stand back and reflect was important as we embark on the new contract. The substantial reduction in income for both Healthwatch Shropshire and the Independent Health Complaints Advocacy Services from April 2018 has taken up considerable time to address, as a change in location and reduced working hours have had to be negotiated for the new contract.

2017-18 was also a very busy year with numerous services being challenged in terms of safety and sustainability but also in terms of equity. As a large rural county service provision has to reflect local need and geography across the county and, at times of great challenge in terms of resources, centralisation is not always the answer for our local populations. I believe that we have been able to speak on behalf of the people of Shropshire in the local discussions. The more feedback we receive from our public, the stronger and louder our voice. The report demonstrates how varied our activities are: we cover all ages, all health and social care services and the whole county.

We have seen a steady growth in and awareness of the Independent Health Complaints Advocacy service, which is well received by the people we are working with. Providing this advocacy service brings added value for Healthwatch Shropshire and the people of Shropshire as well as providers.

Our challenge, to ensure that everyone has the opportunity to make their voice heard and be listened to, continues and I wish Healthwatch Shropshire well under its new leadership.

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**TRUSTEES' REPORT**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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The Board Members (who are trustees of the charity and also directors of the company for the purposes of Companies Act) present their annual report together with the financial statements of Healthwatch Shropshire (the company) for the 1 April 2017 to 31 March 2018. The Board Members confirm that the Annual Report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) as amended by Update Bulletin 1 (effective 1 January 2015).

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

### **Introduction**

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

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

In the autumn of 2017 Healthwatch Shropshire successfully responded to the invitation tender to run local Healthwatch services in Shropshire and the Independent Health Complaints Advocacy Service (IHCAS) for the period from April 2018 for three years, with the possibility of an extension until end of March 2023.

### **Purpose and aims**

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

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

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

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

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**HEALTHWATCH SHROPSHIRE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**Structure, governance and management**

**a. Constitution**

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

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

**b. Method of appointment or election of Board Members**

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

Board Members, who are volunteers, are recruited, when the need arises, from the Associate Membership and also from the people of Shropshire in an open and transparent process. Vacancies are advertised as widely as possible. Two new Board Members were formally appointed in May 2017. Board Members are elected for a period of three years.

All potential candidates to become Board Members must:

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

(\*By "Shropshire" we mean the area covered by Shropshire Council and Shropshire Clinical Commissioning Group).

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

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

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



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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**d. Organisational structure and decision making**

The maximum number of Board Members is 12. At the end of the year in March 2018 the Board comprised 9 members:

Vanessa Barrett  
David Beechey  
Michael Terence Harte  
Daphne Lewis  
Steve Price  
Angela Saganowska  
Frederick David Voysey  
Anne Wignall  
Robert Douglas Welch

The staff complement at the end of the year was six, two of whom are part time. No employee received remuneration amounting to more than £60,000 in either year. The list below shows the changes that took place during 2017-18 which had a significant impact on capacity during periods of recruitment.

Jane Randall-Smith	Chief Officer
Steph Dunbar	Volunteer Officer and Secretary to the Board
Patricia McInnes	Administrative Officer
Lynn Cawley	Enter & View Officer and Advocacy Co-ordinator
Adelle Wilkinson	Community Engagement Officer
Kate Parslow	Information Officer (resigned April 2017)
Brian Rapson	Information Officer (joined May 2017)

The staff team is small but reflects the funding that is available. In addition, Healthwatch Shropshire has a team of volunteers to support its work programme. At the end of March 2018 Healthwatch Shropshire had 13 volunteers. Through the Healthwatch Shropshire volunteer role individuals can contribute in many ways, including conducting surveys, supporting community engagement and as Enter & View Authorised Representatives. During the year the volunteering opportunities were further developed and new roles formalised: Community Support volunteers help to raise awareness of HWS in their communities throughout Shropshire, Engagement Support volunteers help with HWS stands at locations across the county and Volunteer Representatives represent HWS at a wide range of meetings.

More information is given below under Achievements and Performance but in 2017-18, a total of 1,855 hours of volunteer time (2,573 hours last year) was given as a contribution to Healthwatch Shropshire. Of these, 319 hours reflect the hours contributed by Board Members in their governance role.

Associate Members are people of Shropshire who are interested in the work of Healthwatch Shropshire but do not wish to be as actively involved as volunteers. At the end of March 2018 Healthwatch Shropshire had 69 Organisation Associate Members (67 last year) and 217 Individual Associate Members (216 last year). Healthwatch Shropshire twitter followers continue to increase and at the end of March 2018 there were over 1,875.

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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*Our governance*

Board Members are lay people and volunteers. Healthwatch Shropshire has regularly held Board meetings in public during 2017-18 at different community venues across Shropshire. There are three Committees, each with their own Terms of Reference, to which the Board has delegated some of its responsibilities to enable the business of Healthwatch Shropshire to be delivered in a timely manner but the Board remains accountable. The Committees are:

- Business
- Enter & View
- Intelligence

It was agreed at Board meeting on 6th September 2017 that the Marketing Group should also become a committee of the Board, chaired by a Board Member with membership of the relevant staff, board members and volunteers. The Marketing Committee met for the first time in January 2018.

The public voice is also represented on our Stakeholder Group, which has involvement from commissioners and major providers, including the independent and voluntary sectors, and Shropshire Patient Group; it meets quarterly. The primary purpose is to ensure the future overall effectiveness of Healthwatch Shropshire by providing a peer-to-peer strategic forum for the interchange of information, ideas and perspective pertinent to the work of HWS.

During the last quarter of the year substantial work went into reviewing and updating the policies to ensure they meet the requirements of the new contract, new legislation and are fit for purpose. The Risk Management matrix was also subject to an in-depth review.

*How we make relevant decisions*

A Decision-Making policy is published on the web site, [www.healthwatchshropshire.co.uk](http://www.healthwatchshropshire.co.uk). The relevant decisions are included in Board meeting minutes and published on the web site.

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

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- Which premises to Enter & View and when those premises are to be visited:  
The Enter & View programme is informed by intelligence Healthwatch Shropshire receives from members of the public. It also receives requests from the Local Authority CQC Liaison Meeting that takes place every two months, regular bi-monthly meetings with Shropshire Council and regular meetings with the local NHS Trusts.  
  
The Enter & View Committee includes three Board Members, two of whom are also Authorised Representatives and directly involved in conducting Enter and View visits, two Authorised Representatives and volunteers who are not Authorised Representatives.
- Whether to refer a matter to an Overview & Scrutiny Committee:  
The Board will make these decisions based on evidence and recommendations from the Intelligence Committee. Healthwatch Shropshire meets regularly with the Health Overview and Scrutiny Committee, the Young People's Scrutiny Committee and the Health and Wellbeing Board in order to triangulate intelligence and ensure that the work programmes do not duplicate.

**e. The involvement of the public and volunteers**

*Delivering our statutory activities*

Healthwatch Shropshire volunteers are involved in a wide range of our activities. Volunteers represent Healthwatch Shropshire at meetings across health and social care, including attending the Board meetings of NHS Trusts operating locally, Better Care Fund working groups and voluntary sector mental health forums. Volunteers help promote the existence and work of Healthwatch Shropshire by supporting our community engagement activities, for example, volunteers have attended promotional stalls in local hospitals and distributed leaflets to key locations local to them. In a large and sparsely populated county like Shropshire, having a good geographical spread of volunteers is important to help us have a presence across the county in all our activities.

Importantly volunteers also support Healthwatch Shropshire in its involvement with the local transformation programmes.

**f. Related party relationships**

Healthwatch Shropshire has no related party relationships.

**g. Risk management**

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

**h. Healthwatch Trademark Licence Agreement**

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

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**Objectives and Activities**

**a. Policies and objectives**

Healthwatch Shropshire has continued to approve and review the key policies, and supporting procedures, to underpin the delivery of its work programmes. Key policies are available on the web site. Policies are reviewed regularly, the frequency being determined by the reviewing panel.

The priorities for the year are informed by the people of Shropshire through the intelligence received, engagement and Healthwatch Shropshire's understanding of the context that it is working in. Key priorities for the year 2017-18 were agreed as:

- Exploring people's understanding of how to raise concerns and complaints (and share compliments)
- Explore the application of the NHS Accessible Information Standards across the county
- Support the local population to better understand how the local health and care system works
- Continue to develop and implement the approach for understanding quality of care delivered in people's homes
- Expand the discharge project to other providers
- Contribute to delivering the Carers' Voice project locally
- Working with partners on the implementation of Dementia strategy and delivering on our Dementia Action Alliance (DAA) commitments
- Continue to engage in the local transformation work programmes including the Sustainability and Transformation Plan.
- Chairing the Maternity Voices workstream as part of the work on the Local Maternity System

The role of the IHCAS is to provide information and advocacy support to people living in Shropshire and anyone using NHS services in Shropshire to make a formal NHS complaint.

**b. Strategies for achieving objectives**

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

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

The IHCA Service meets its objectives by:

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

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**c. How our activities deliver public benefit**

Healthwatch Shropshire is working to help local people get the best out of their health and social care services, either by improving them today or helping to shape them for the future. Local people have a powerful voice and Healthwatch Shropshire is working to ensure that this voice is heard by commissioners and providers of health and social care services in order to address issues and concerns raised but also to share good practice.

The work programme of Healthwatch Shropshire is primarily informed by the experiences of people of all ages, from across the county and from all backgrounds. Healthwatch Shropshire is inclusive in its approach and is working to ensure that everyone has the opportunity to have their voice heard. Although Healthwatch Shropshire uses digital technology to help deliver its work programme it has a comprehensive programme of community engagement across the county to make sure that everyone has the opportunity to get involved. How this is achieved is outlined in more detail below under the heading "Achievements and Performance".

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

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

**d. Grant making policies**

Healthwatch Shropshire has been in the fortunate position of being able to award grants for research projects undertaken by the voluntary and community sector in Shropshire. Each year the theme of the grant and its accompanying conditions varies slightly but is always related to people's experiences of health and social care services in the county. A panel, with individuals representing a range of Shropshire organisations, reviews the proposals received. Funded projects have to meet the criteria of the grant scheme and the aims of Healthwatch Shropshire. In 2017 -18 there was no additional funding available from Shropshire Council and during the year projects to which funding was already committed were monitored.

**Achievements and performance**

The following sections highlight the achievements of Healthwatch Shropshire in 2017-18 against the statutory activities for Healthwatch in the context of Shropshire and also reports on the Independent Complaints Advocacy Service. During the latter part of the year local Healthwatch services for Shropshire were recommissioned and the Board, staff and volunteers all contributed to the recommissioning process. The considerable input had an impact on the capacity to deliver the regular activities but Healthwatch Shropshire was successful and will run the services for Shropshire for the next three years until 2021, with a possible extension to 2023. Planning for delivery of the new contract and relocation to new accommodation took place in the final quarter.

The eight statutory activities for Local Healthwatch have been collated under three main headings by Healthwatch England and this report follows this approach:

- Your views on health and care
- Helping you find the answers
- Making a difference together

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**TRUSTEES' REPORT (continued)**  
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**a. Going concern**

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements.

**b. Review of activities**

**Your views on health and care**

Listening to local people's views:

*Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known (SA 3)*

Healthwatch Shropshire continues to work hard to ensure that local people's needs and experiences of health and social care services in Shropshire are heard and that the engagement is as far reaching as possible. Approaches we have used include:

• **Community Engagement:**

Attending local groups, forums and community events. The total number of community engagement events we have participated in during 2017-18 is over 130 (210 last year) and over 2,300 people engaged with Healthwatch Shropshire.

• **Healthwatch Shropshire events:**

Arranging our own events which are by invitation or drop in and regular engagement.

• **Networking:**

Participating in local networks and partnership boards to share and gather experiences but also to influence decision making based on feedback and experiences and to represent the people of Shropshire.

• **Tell Us:**

Healthwatch Shropshire has a variety of ways local people can tell us of their needs for and experiences of local health and social care services, including telephone, email, online form on our website, social media, Tell Us leaflet (with a FREEPOST option), community engagement events (see above) and by partnership working with the voluntary and community sector.

• **Enter & View:**

Speaking to patients or service users and their carers and families about their experiences as part of a visit. Each visit also provides an opportunity to talk to staff.

• **Hot Topics:**

HWS introduced the Hot Topic approach in order to stimulate feedback on particular issues. The communications plan for each Hot Topic is supported by an engagement plan and a report on the feedback, including recommendations where possible, is published on the web site.

**Research**

The Research Grant fund enables Healthwatch Shropshire to receive feedback from hard to reach people, including the remote and isolated. At the annual event in November 2017 holders of the research grants presented their projects and the findings to a mixed audience, including the chair of Healthwatch England.

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**TRUSTEES' REPORT (continued)**  
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**Profile raising**

Healthwatch Shropshire also makes use of local media, sending out press releases to local publications and contributing to Radio Shropshire. The 'Tell Us' leaflets and other literature are widely distributed around the county including in libraries, hospitals, GP surgeries, dental practices and community facilities.

Healthwatch Shropshire is also fully engaged with the local NHS transformation programme, NHS Future Fit, and the Local Sustainability and Transformation Plan (STP). Healthwatch Shropshire has contributed to the development of the engagement programmes and supported a wide range of engagement events across the county on Future Fit. Board Members and staff represent Healthwatch Shropshire on a range of workstreams to ensure that the public's voice is heard.

One of the workstreams of the STP is the Local Maternity system (LMS) and Healthwatch Shropshire chairs the Maternity Voices Partnership. Contributing to the LMS, a major review of local midwifery led units took place during the year. Healthwatch Shropshire played an active role sharing its feedback with the CCG and supporting the co-production programme.

Despite the higher profile and the engagement (above) Healthwatch Shropshire has heard views from slightly fewer local people with 1030 comments being made this year (1372 last year). This drop in comments follows 4 years of year on year increases. A combination of factors could have contributed to this decrease; lower patient and service user expectation, the use of generic Healthwatch publicity campaigns which raise awareness within the community but have no direct impact on number of comments received, the increased use of engagement resources in system change and the focus on recommissioning.

Healthwatch Shropshire made the decision to upgrade its software for collecting and analysing information and started using the Healthwatch England CRM software from May 2017. The new software has not been without its challenges but a whole year's data is now available on the CRM and this has enabled sharing of intelligence with Healthwatch England.

Healthwatch Shropshire has information sharing protocols in place with local service providers and commissioners in order to share individual (anonymised) experiences in addition to collated intelligence. Regular meetings take place with these organisations which provide the opportunity to discuss concerns raised and good practice.

Callers to the IHCAS also share their feedback on services and the complaints services locally. The Keele University medical students with us in 2018 carried out an analysis of the awareness and attitudes towards the complaints procedures in local general practices in Shrewsbury, from the perception of patients and staff members. The aim was to explore people's experiences of providing feedback on and making a complaint about health and social care services.

**What we've learnt from visiting services:**

*Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved (SA2)*

Healthwatch Shropshire has a robust and rigorous approach to Enter & View. Volunteers, the fully trained Authorised Representatives, are involved in the planning, delivery of the Enter & View visits and the report writing. All Enter & View final reports are approved by the Board before publication. The findings contained within the reports are used to make recommendations to the providers and to disseminate examples of good practice. Healthwatch Shropshire also engages with the Care Quality Commission before a visit to ensure there is no duplication.

There are places for the Enter & View volunteers on the Enter & View Board Committee, with an opportunity for rotation of membership amongst the volunteers. Other interested volunteers attend committee meetings.

In 2017-18 Healthwatch Shropshire published 16 (30 last year) Enter & View reports, including one overarching

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report for Pain Management Solutions which was the result of 10 visits to clinics across the county. These Enter & View reports cover visits to a variety of health and social care settings, including acute hospitals, care homes and for the first time GP practices.

The Enter & View report for Inhealth Pain Management Solutions was the result of visits to all nine Shropshire clinics where we spoke to a total of 38 patients and seven members of PMS staff. Our recommendations included a review of the information available to GPs to ensure they were making appropriate and timely referrals and their website to ensure it gave patients information they needed (e.g. therapies available). We also recommended they obtain timely feedback from patients to try and understand why they might stop engaging with the service. We identified that therapies were not available at all clinics and some patients still had to travel some distance to get the therapy they needed. In response PMS agreed to re-evaluate their clinic distribution. This report was also discussed at the Shropshire CCG Musculoskeletal Programme Board.

During the year HWS began visiting GP practices for the first time. The proposed Enter & View visits aim to engage with service users and staff to understand: the practice's compliance with the NHS Accessible Information Standard and the practice's approach to delivering primary care services and any barriers they face. The visits were supported by both the LMC and Shropshire CCG. Initial findings showed that practices feel they have a good understanding of the communication needs of their patients and are continuing to work with them in the same way they did before the Standard. The information displayed by practices that is produced by the NHS often does not meet the AIS, e.g. font size, layout and leaflets/posters are not available in large print or easy read. The practice has to meet any costs of producing accessible information and so this is done as required rather than being routine, e.g. information in braille. The visits will continue into 2018-19 and a combined report will be produced.

Visit reports are available on our website: <http://www.healthwatchshropshire.co.uk/enter-view-reports-0>.

### **Helping you to find the answers**

#### **How we have helped the community access the care they need:**

*Providing information and signposting about access to local care services so choices can be made about local care services (SA5)*

Healthwatch Shropshire regards its information and signposting service as a crucial element of its service provision to support the people of Shropshire. It has continued to be proactive in promoting awareness of the range of services and support organisations available locally and takes great care to ensure that people are signposted appropriately.

Healthwatch Shropshire is a co-chair of the Shropshire Together Communications and Engagement Group and works with partners to provide information in an integrated way on local services; for example on the availability and most appropriate choice of services over holiday periods. Social media is used regularly to raise awareness of services available to help people choose well. The group focuses on local priorities and the joined up approach, using a toolkit for campaigns, and ensures consistent messages are disseminated across the county.

Between April 2017 and March 2018, over 234 people (over 200 last year) have been provided with information and signposting services.

People accessing the IHCAS frequently require signposting to other services in addition to requiring assistance in making a complaint, such as those providing more general advocacy. The signposting function is an essential part of the service offered as some of these people are very vulnerable. We also signpost to Engaging Communities Staffordshire, the IHCAS provider for residents of Telford & Wrekin using NHS services in Telford, or make a professional referral with their permission if the caller has given us information about their complaint to prevent them having to repeat themselves which they can find distressing.



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HEALTHWATCH SHROPSHIRE  
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TRUSTEES' REPORT (continued)  
FOR THE YEAR ENDED 31 MARCH 2018

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**Making a difference Together**

**How experiences of local services are helping to influence change:**

*Making reports and recommendations about how local care services could or ought to be improved (SA4)*

Feedback from patients and service users is considered at our Intelligence Committee, which considers hot spots and trends and the most appropriate form of action. Feedback is shared directly with providers, commissioners and our stakeholder group. This feedback is also used to inform our Enter & View programme of visits.

Examples of the actions taken in response to feedback received can be seen in the "You Said We Did" section of our website at: <http://www.healthwatchshropshire.co.uk/you-said-we-did>. For example:

Following the acknowledgement of service delivery issues in neurology by the service provider and having identified an historic lack of feedback from neurology service users, it was agreed to focus on this seldom heard group of long term service users, by choosing this as a Hot Topic. This resulted in 97 users giving feedback (over a 2 month period) highlighting some stark issues of access and service coordination. This patient experience is being shared with local commissioners and service providers as well as being fed into regional strategic discussion around the future of neurology services.

Patient feedback to Healthwatch Shropshire showed there were issues around accessing the reconfigured Memory Service. This feedback was shared with the service provider, South Staffordshire & Shropshire Foundation Trust (SSSFT). The trust followed up with an investigation, the outcomes of which were:

- When they rang the hubs to test response times in and out of hours, they discovered an answerphone facility had been developed at one of the hubs, which was not intended for clinical services, this has been rectified.
- A call agent (IT/telephony software) solution has been purchased so that a proper call queuing system will be implemented at both administration hubs (East and West).
- Shift co-ordinator clinical roles have been developed in each team which can respond to queries from service users raised with the admin hub.
- The trust will continue to monitor performance with quality improvement events scheduled over the next few months focussing on processes in operation in the admin hubs.

Enter & View reports are widely disseminated to ensure they reach the right people, including Healthwatch England, NHS England and the CQC as well as local organisations. Substantial effort has gone in to making our reports easier to read and more accessible to wider groups of people.

Healthwatch Shropshire also provided statements on the Quality Accounts produced in spring 2017 for the following Trusts: Shropshire Community Health NHS Trust, South Staffordshire & Shropshire Healthcare NHS Foundation Trust, Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and West Midlands Ambulance NHS Foundation Trust.

In July, at the Healthwatch England Awards at the annual conference George Rook, nominated by Healthwatch Shropshire, and Healthwatch Shropshire itself were highly commended by Healthwatch England for the work locally on raising awareness of dementia and improving local dementia services.

**How we've worked with our community:**

*Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services (SA1)*

Healthwatch Shropshire has encouraged and supported local people to get involved in local health activities such as engagement about the NHS FutureFit programme focussing on the future of acute and community hospitals,

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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midwife led units and the pharmacy needs assessment, involving a substantial commitment from Healthwatch Shropshire Board Members, volunteers and staff. Engagement with new mothers and mothers-to-be using the freestanding midwife led units generated substantial feedback for Healthwatch Shropshire. The feedback was shared with the CCG as part of the review and the coproduction process.

Other examples of our activities include:

Working people are also hard to reach and are seldom targeted with specific local health information. HWS organised an event on the business park in the summer and attracted over 30 people and in addition posters have been displayed in all buildings on the business park to raise awareness of Healthwatch Shropshire and its services.

During 2015-16 we carried out some research about Dementia in Shropshire. The recommendations were used to inform the new Dementia Strategy for Shropshire 2017-2020. Our report and the Strategy were presented to the Health and Wellbeing board in 2016. A key recommendation in our report was to provide every person living with dementia with a 'dementia care advisor' who will know that person and their family and be able to support and guide them through their dementia journey. This year it was announced that Shropshire now has two Dementia Companions undertaking the 'dementia care advisor' role, hosted and trained by the Alzheimer's Society, in Oswestry and Ludlow.

Where we have been approached by NHS Trusts to take part in the Patient Led Assessment of the Care Environment (PLACE), we have facilitated the involvement of our volunteers in these visits. The Trusts we have been approached by are: Shrewsbury & Telford Hospital NHS Trust, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Shropshire Community Health NHS Trust, and South Staffordshire & Shropshire Healthcare NHS Foundation Trust.

Healthwatch Shropshire takes advantage of its statutory right to have a seat on the Health and Wellbeing Board (HWBB). Either the Chief Officer or the Chair attends these meetings. The team supports the Chief Officer by providing information to inform reports to the HWBB on a six-monthly basis. Healthwatch Shropshire continues to work with the HWBB and the Health Overview and Scrutiny Committee of Shropshire Council to ensure we avoid duplication and optimise opportunities for joint working.

Healthwatch Shropshire is chairing the Citizen Engagement sub group of the Keeping Adults Safe in Shropshire Board. The sub-group enables communications and engagement to be co-produced to ensure that the wider public is made aware of and understands the issues. The web site has now gone live and a poster campaign has been developed to raise awareness.

**Working with other organisations:**

*Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England (SA6)*

During the year Healthwatch Shropshire has regularly shared feedback with local service providers and commissioners and has formally requested responses where concerns have been raised about service provision. Healthwatch Shropshire was invited to become a member of the Quality Committee of Shropshire CCG which is an important mechanism to share feedback and any concerns raised with us.

For example, HWS has been going into prison to run focus groups to hear about health care provision to prisoners. Complaints have been received subsequently and are being followed up by IHCAS. After running focus groups at HMP Stoke Heath, the prisoners raised concerns about pain medication being stopped without explanation or support. We shared our findings with NHS England Health and Justice, who commission the service. They then met with the provider and there will now be improved communications with patients about the medication they are on and any changes to this including explaining the need to stop certain pain medications. In addition to this every person who needs their medication changed will be offered full support including access to

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**HEALTHWATCH SHROPSHIRE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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mental health support during this time.

The Independent NHS Complaints Advocacy contract has developed our working relationship with other advocacy services and, in particular, the Community Advice and Advocacy Network, CAAN and also the complaints and PALs teams in the local trusts.

Healthwatch Shropshire is a member of a number of partnership boards in Shropshire including the Mental Health Partnership Board, the Learning Disability Partnership Board Keeping Adults Safe in Shropshire Board, Making it Real Board and transformation programme boards.

Healthwatch Shropshire works with Healthwatch Telford & Wrekin as local NHS providers deliver services to both populations. Healthwatch Shropshire also works with the two other Local Healthwatch in the NHS North Midlands area and participates in the Local Healthwatch West Midlands Regional meeting.

*Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues (SA7)*

Healthwatch Shropshire has not had a need to make recommendations to Healthwatch England regarding special reviews, investigations or reports on particular issues. HWS now uses the Healthwatch England (HWE) Customer Relationship Management (CRM) system which facilitates the sharing of information with HWE. This makes routine sharing of information much easier but HWS has always participated in HWE's calls for information and contributed to its reviews. For example, this year HWS has shared information on the NHSE accessible information consultation, HWE discharge and HWE pharmacy projects.

We meet regularly with local CQC representatives. The information sharing meeting with the local CQC inspectors now involve inspectors for a range of services and the information sharing is open and transparent. The positive relationships are important to inform the work programme and especially Enter & View visits.

*Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively (SA8)*

As Healthwatch Shropshire is now using the Healthwatch England CRM the intelligence is automatically shared with Healthwatch England. Healthwatch Shropshire hasn't escalated issues to Healthwatch England to raise our concerns but we respond to requests for comments on specific issues when asked by Healthwatch England.

### **It starts with you**

In the summer of 2017 Healthwatch Shropshire participated in the Healthwatch England Campaign #it starts with you. The campaign raised our profile with an increase in social media coverage and press coverage. Our online presence received a significant uplift with increased social media interaction, including 156 new followers and website visits were up by 41% on the corresponding period in the previous year.

The following is a selection of how people's experiences of health and care services locally have improved as a result of Healthwatch Shropshire's activity during the year

HWS has worked with the Shropshire Polish community, translating our literature and working in conjunction with the Polish Centre to guarantee members of the Polish community are given equitable health information and the opportunity to have a say in their care. Due to our links with the Polish Centre two members of the public have been supported to make a formal NHS complaint through IHCAS this year.

HWS has shared feedback on the ophthalmology services since 2014 and in spring 2017 the outpatient eye services, including the Urgent Eye Clinic, have moved into the refurbished Copthorne building on the

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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Royal Shrewsbury Hospital (RSH) site. A recent E&V visit showed that the new facilities address many of the concerns patients had expressed.

Healthwatch Shropshire was made aware that there are some issues around the information provided for members of the public to use to gain access to Mental Health Services in Shropshire. HWS carried out a survey of information sources and Shropshire Council came out as the top ranked source of web based information. However, the information was confusing and not up to date. As the result of HWS feedback to Shropshire Council, the council has reviewed all the information around mental health they publish on their website.

We received feedback that a patient was unable to contact their GP through the out of hours telephone number and there was some confusion over who was covering a regular closed afternoon, the practice or ShropDoc. We contacted the surgery and clarified that it was the practice on call doctor covering the closed afternoon. The practice agreed to change their publicity to make it clearer for all of their patients and to double check that their systems are functioning correctly.

Residents and relatives at a local care home were very upset with some building work that had reconfigured the communal living space and that there had been no prior warning or consultation with them. They asked for a meeting with the home managers to discuss the issues. Healthwatch Shropshire was asked by Shropshire Council if we would be willing to attend a meeting at the home to act as an independent witness and this was agreed with the managers and residents. Following the meeting the home managers have written to relatives apologising for the lack of consultation and promising that it would be different in future. The building work has been removed and the communal area restored to the original layout.

Healthwatch Shropshire continues to provide a bimonthly update to the Governing Body meeting in Public and a six monthly update to the Health and Wellbeing Board. This enables a wider audience to be reached and the opportunity to raise awareness of Healthwatch Shropshire and current issues.

#### **Independent Health Complaints Advocacy Service**

Healthwatch Shropshire delivers this service on behalf of Shropshire Council. The Advocacy Co-ordinator provides the initial contact with a potential client, who is then allocated an advocate. Healthwatch Shropshire continues to work with providers to explain our role in the complaints process.

This year, Healthwatch Shropshire's IHCA Service has been directly contacted by 117 members of the public who have considered making a formal complaint about NHS services they have received within the county or elsewhere. IHCAS aims to give people an explanation of the complaints process, the information they need to make a formal complaint and will provide additional help depending on an individual's need. People are encouraged to use the self-help pack, which is available on the Healthwatch Shropshire website.

The Advocacy Co-ordinator also proactively seeks feedback on the IHCAS from providers and people using the service to ensure that a quality service is being provided. Twenty people have given HWS feedback on the IHCAS, including people who were able to resolve their concerns before making a formal complaint using the self-help pack, e.g. 'Thank you for your email. I have spoken to the practice manager this morning and the matter is now resolved.' Many people have commented on the speed of our response and how quickly we grasp the issues; one person who needed support to write their letter of complaint said 'You managed to get it all down in a letter. Other [carers] had tried and failed.'

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**HEALTHWATCH SHROPSHIRE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**c. Investment policy and performance**

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

**Financial review**

**a. Reserves policy**

Healthwatch Shropshire's income is from Shropshire Council, its Commissioner. The majority of the income is to deliver its services as set out in the contract but, in addition, for 2017-18 Healthwatch Shropshire was fortunate to have a small amount of grant funding to support research projects in the third sector in Shropshire.

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

At 31st March 2018 the total free reserve of Healthwatch Shropshire was £38,754 (2016-17 was £34,206).

**Plans for next year**

**a. Future priorities**

With the award of its new contract Healthwatch Shropshire began planning its forward priorities. It is impossible to plan too rigidly when the local health and social care economy is currently undertaking a major consultation and there are additional transformation programmes taking place.

Healthwatch Shropshire has used its intelligence, local knowledge of the health and social care system, worked with its stakeholder group and the Shropshire patients group to identify key themes and with its volunteers, staff team and board members separately undertook a prioritisation exercise using a modified nominal group technique. The Health and Wellbeing board members were also invited to contribute. Bringing everything together key priorities for 2018-19 have been identified as:

- Young People & mental health services including the pastoral element within schools.
- 'Communication' including health literacy, awareness/understanding of services covering both social care and health.
- Involvement in local transformation programmes and consultations.
- Building on initial work on Social care, particularly domiciliary care, discharge and complaints.
- Engaging with the local initiatives on prevention including social prescribing.

The wider work programme will involve all the different functions of Healthwatch Shropshire, making sure that we consider the most appropriate form of response to intelligence received.

Healthwatch Shropshire will continue to deliver the Independent Health Complaints Advocacy Service and will continue to promote the service across the county to the public and with the service providers.

Activity for the year 2018-19 is set within the context of a reduced budget and a reduced working week as a result. It is anticipated that a robust approach to prioritisation will need to be developed to ensure quality of delivery within a challenged health and social care economy.

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HEALTHWATCH SHROPSHIRE  
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TRUSTEES' REPORT (continued)  
FOR THE YEAR ENDED 31 MARCH 2018

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**Dissemination of the Annual Report**

Healthwatch Shropshire will make the Annual Report available in the following ways:

- Local press release
- Direct engagement with local media
- Website
- Social media
- Annual Event
- Ongoing Community Engagement strategy
- Email to Associate Members (individual and organisational)
- Email to volunteers and Board Members
- Engagement with local networks
- Email to local commissioners (Shropshire Clinical Commissioning Group and Shropshire Council and providers of services)
- Sent to Healthwatch England, The Care Quality Commission, NHS England (nationally and locally), Shropshire Council's Health Overview & Scrutiny Committee

Healthwatch Shropshire will produce a concise and user friendly "Annual Review" for publication in the summer of 2018.

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HEALTHWATCH SHROPSHIRE  
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TRUSTEES' REPORT (continued)  
FOR THE YEAR ENDED 31 MARCH 2018

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**Trustees' responsibilities statement**

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

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

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

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

This report was approved by the Trustees, on *27 June 2018* and signed on their behalf by:



**Daphne Lewis, Chair**

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**HEALTHWATCH SHROPSHIRE**  
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**INDEPENDENT EXAMINER'S REPORT**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**Independent Examiner's Report to the Trustees of Healthwatch Shropshire (the 'charitable company')**

I report to the charity Trustees on my examination of the accounts of the charitable company for the year ended 31 March 2018.

This report is made solely to the charitable company's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. My work has been undertaken so that I might state to the charitable company's Trustees those matters I am required to state to them in an Independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charitable company and the charitable company's Trustees as a body, for my work or for this report.

**Responsibilities and Basis of Report**

As the Trustees of the charitable company (and its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

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

**Independent Examiner's Statement**

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

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

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

Signed:



Dated:

27/6/18

Andy Malpass FCA

**Whittingham Riddell LLP**  
Chartered Accountants  
Shrewsbury



**HEALTHWATCH SHROPSHIRE**  
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**STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2018**

	Note	Unrestricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
<b>INCOME FROM:</b>				
Charitable activities	2	224,262	224,262	226,366
<b>TOTAL INCOME</b>		<u>224,262</u>	<u>224,262</u>	<u>226,366</u>
<b>EXPENDITURE ON:</b>				
Charitable activities	8	213,340	213,340	234,981
<b>TOTAL EXPENDITURE</b>	3	<u>213,340</u>	<u>213,340</u>	<u>234,981</u>
<b>NET INCOME / (EXPENDITURE) BEFORE OTHER RECOGNISED GAINS AND LOSSES</b>		10,922	10,922	(8,615)
<b>NET MOVEMENT IN FUNDS</b>		10,922	10,922	(8,615)
<b>RECONCILIATION OF FUNDS:</b>				
Total funds brought forward		34,206	34,206	42,821
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u><u>45,128</u></u>	<u><u>45,128</u></u>	<u><u>34,206</u></u>

The notes on pages 25 to 34 form part of these financial statements.

HEALTHWATCH SHROPSHIRE  
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REGISTERED NUMBER: 08415314

BALANCE SHEET  
AS AT 31 MARCH 2018

	Note	£	2018 £	£	2017 £
<b>CURRENT ASSETS</b>					
Debtors	10	39,916		10,715	
Cash at bank and in hand		49,081		56,202	
		88,997		66,917	
<b>CREDITORS: amounts falling due within one year</b>	11	(43,869)		(32,711)	
<b>NET CURRENT ASSETS</b>			45,128		34,206
<b>NET ASSETS</b>			45,128		34,206
<b>CHARITY FUNDS</b>					
Unrestricted funds	12		45,128		34,206
<b>TOTAL FUNDS</b>			45,128		34,206

The charitable company's financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The Trustees consider that the charitable company is entitled to exemption from the requirement to have an audit under the provisions of section 477 of the Companies Act 2006 ("the Act") and members have not required the charitable company to obtain an audit for the year in question in accordance with section 476 of the Act.

The Trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The financial statements were approved and authorised for issue by the Trustees on *27 June 2018* and signed on their behalf, by:



**Daphne Lewis, Chair**

The notes on pages 25 to 34 form part of these financial statements.

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**HEALTHWATCH SHROPSHIRE**  
(A company limited by guarantee)

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**1. ACCOUNTING POLICIES**

**1.1 Summary of significant accounting policies and key accounting estimates**

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

**1.2 Basis of preparation of financial statements**

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair' view. This departure has involved following the Charities SORP (FRS 102) published on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

Healthwatch Shropshire meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

**1.3 Company status**

The charitable company is a company limited by guarantee, incorporated in England. The registered office address can be found in the reference and administrative details on page 1 of this report. The members of the company are the Trustees named on page 1. In the event of the charitable company being wound up, the liability in respect of the guarantee is limited to £1 per member of the charitable company.

**1.4 Fund accounting**

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the charitable company and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

**1.5 Income**

All income is recognised once the charitable company has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

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**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**1. ACCOUNTING POLICIES (CONTINUED)**

**1.6 Expenditure**

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the charitable company and include project management carried out at Headquarters. Governance costs are those incurred in connection with administration of the charitable company and compliance with constitutional and statutory requirements.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued as expenditure.

All expenditure is inclusive of irrecoverable VAT.

**1.7 Going concern**

The financial statements have been prepared on the going concern basis.

The Trustees assess whether the use of the going concern basis is appropriate i.e whether there are any material uncertainties related to events or conditions that may cast significant doubt on the ability of the Charity to continue as a going concern. The Trustees make this assessment in respect of a period of one year from the date of approval of the financial statements.

**1.8 Interest receivable**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charitable company; this is normally upon notification of the interest paid or payable by the Bank.

**1.9 Debtors**

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

**1.10 Cash at Bank and in hand**

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

**HEALTHWATCH SHROPSHIRE**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2018**

**1. ACCOUNTING POLICIES (CONTINUED)**

**1.11 Liabilities and provisions**

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charitable company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

**1.12 Financial instruments**

The charitable company only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

**2. INCOME FROM CHARITABLE ACTIVITIES**

	<b>Unrestricted funds 2018 £</b>	<b>Total funds 2018 £</b>	<i>Total funds 2017 £</i>
Charitable activities	223,052	223,052	225,737
Public sector grants	300	300	629
Other income	910	910	-
	<u>224,262</u>	<u>224,262</u>	<u>226,366</u>
<i>Total 2017</i>	<u>226,366</u>	<u>226,366</u>	

**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018**

**3. ANALYSIS OF EXPENDITURE BY EXPENDITURE TYPE**

	Other costs 2018 £	Total 2018 £	Total 2017 £
Charitable activities (notes 5, 6, 7 & 8)	208,914	208,914	231,841
Expenditure on governance (note 9)	4,426	4,426	3,140
	<u>213,340</u>	<u>213,340</u>	<u>234,981</u>
<i>Total 2017</i>	<u>234,981</u>	<u>234,981</u>	

**4. ANALYSIS OF EXPENDITURE BY ACTIVITIES**

	Activities undertaken directly 2018 £	Grant funding of activities 2018 £	Support costs 2018 £	Total 2018 £	Total 2017 £
Charitable activities	189,182	882	18,850	208,914	231,841
<i>Total 2017</i>	<u>200,223</u>	<u>11,823</u>	<u>19,795</u>	<u>231,841</u>	

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**5. DIRECT COSTS**

	Total 2018 £	Total 2017 £
Wages and salaries	131,668	126,616
Volunteer & Trustee non-governance expenses	4,574	6,868
Telephone and remote broadband	572	535
Venue hire and events	878	1,150
Recruitment (including DBS checks)	901	164
Equipment	392	5,253
Postage	740	941
Photocopying/Internal printing	1,445	2,652
Marketing and publicity	545	7,159
Office stationery	679	845
Travel and subsistence	3,936	4,965
Training and development	582	1,790
Insurance	2,022	1,557
Consultancy	13,762	12,926
Publications/Subscriptions	836	409
Website	-	408
Office rent	25,570	25,570
Other expenses	80	415
	<b>189,182</b>	<b>200,223</b>
	<b>189,182</b>	<b>200,223</b>
<i>Total 2017</i>	<i>200,223</i>	<i>200,223</i>
	<i>200,223</i>	

**6. ANALYSIS OF GRANTS TO ORGANISATIONS**

	Grants 2018 £	Total 2018 £	Total 2017 £
Grants, Charitable activities	882	882	11,823
	<b>882</b>	<b>882</b>	<b>11,823</b>
	<b>882</b>	<b>882</b>	<b>11,823</b>

	2018 £
Active Carers	882
	<b>882</b>
	<b>882</b>

**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2018**

**7. SUPPORT COSTS**

	Total 2018 £	Total 2017 £
Computer costs	-	367
Sundry support costs	3,310	3,888
Financial administration	15,540	15,540
	18,850	19,795
	18,850	19,795
<i>Total 2017</i>	<i>19,795</i>	

**8. GOVERNANCE COSTS**

	Unrestricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
Trustee expenses	796	796	1,233
Independent Examination fee	1,356	1,356	1,188
Trustees Indemnity Insurance	510	510	508
Venue hire/catering	36	36	163
Other	48	48	48
Professional fees	1,680	1,680	-
	4,426	4,426	3,140
	4,426	4,426	3,140

**9. NET INCOME/(EXPENDITURE)**

During the year, no Trustees received any remuneration (2017 - £NIL).

During the year, no Trustees received any benefits in kind (2017 - £NIL).

9 Trustees received reimbursement of expenses amounting to £3,730 in the current year, (2017 - 10 Trustees - £5,341).

**10. DEBTORS**

	2018 £	2017 £
Trade debtors	37,107	10,250
Other debtors	1,522	-
Prepayments and accrued income	1,287	465
	39,916	10,715
	39,916	10,715



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HEALTHWATCH SHROPSHIRE  
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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018

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11. CREDITORS: Amounts falling due within one year

	2018	2017
	£	£
Trade creditors	7,199	10,636
Other taxation and social security	2,379	2,302
Other creditors	2,037	17,338
Accruals and deferred income	32,254	2,435
	<u>43,869</u>	<u>32,711</u>

Other creditors includes £2,073 in relation to a provision for Committed Research Grants.

**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018**

**12. STATEMENT OF FUNDS**

**STATEMENT OF FUNDS - CURRENT YEAR**

	Balance at 1 April 2017 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2018 £
<b>Designated funds</b>					
IT Fund	-	-	-	6,374	6,374
<b>General funds</b>					
General Funds	34,206	224,262	(213,340)	(6,374)	38,754
Total Unrestricted funds	34,206	224,262	(213,340)	-	45,128
Total of funds	34,206	224,262	(213,340)	-	45,128

**STATEMENT OF FUNDS - PRIOR YEAR**

	Balance at 1 April 2016 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2017 £
<b>Designated funds</b>					
Information System Expenditure	15,000	-	-	(15,000)	-
	15,000	-	-	(15,000)	-
<b>General funds</b>					
General Funds	27,821	226,366	(234,981)	15,000	34,206
	27,821	226,366	(234,981)	15,000	34,206
Total Unrestricted funds	42,821	226,366	(234,981)	-	34,206
Total of funds	42,821	226,366	(234,981)	-	34,206

**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2018**

**12. STATEMENT OF FUNDS (continued)**

**Designated Funds**

The IT Fund is for set up costs involved in setting up the IT system in the new offices.

The Information System Expenditure Fund was for the purchase of an information system suitable for the collection and analysis of the data collected by Healthwatch Shropshire. The new system that is currently being implemented by Healthwatch Shropshire will not incur charges as it will be using the Healthwatch England CRM system from April 2017 onwards.

**SUMMARY OF FUNDS - CURRENT YEAR**

	Balance at 1 April 2017 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2018 £
Designated funds	-	-	-	6,374	6,374
General funds	34,206	224,262	(213,340)	(6,374)	38,754
	<u>34,206</u>	<u>224,262</u>	<u>(213,340)</u>	<u>-</u>	<u>45,128</u>

**SUMMARY OF FUNDS - PRIOR YEAR**

	Balance at 1 April 2016 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2017 £
Designated funds	15,000	-	-	(15,000)	-
General funds	27,821	226,366	(234,981)	15,000	34,206
	<u>42,821</u>	<u>226,366</u>	<u>(234,981)</u>	<u>-</u>	<u>34,206</u>

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**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2018**

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**13. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

**ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR**

	<b>Unrestricted funds 2018 £</b>	<b>Total funds 2018 £</b>
Current assets	88,997	88,997
Creditors due within one year	(43,869)	(43,869)
	<u>45,128</u>	<u>45,128</u>

**ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR**

	<i>Unrestricted funds 2017 £</i>	<i>Total funds 2017 £</i>
Current assets	66,917	66,917
Creditors due within one year	(32,711)	(32,711)
	<u>34,206</u>	<u>34,206</u>

**14. RELATED PARTY TRANSACTIONS**

There were no related party transactions during the year.