

Registered number: 08415314  
Charity number: 1151343

**HEALTHWATCH SHROPSHIRE**  
**UNAUDITED**  
**TRUSTEES' REPORT AND FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2017**



**Whittingham Riddell**

*chartered accountants*

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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 2017**

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**Trustees (Board Members)**

Daphne Lewis, Chair  
Vanessa Barrett  
David Beechey  
Ann Furness (resigned 14 November 2016)  
Carole Hall (resigned 29 July 2016)  
Michael Terence Harte  
Steve Price  
Angela Saganowska  
Amanda Thorn MBE (resigned 14 February 2017)  
Frederick David Voysey  
Robert Douglas Welch (appointed 23 May 2017)  
Anne Wignall  
Rosie Wood (appointed 23 May 2017)

**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 2017**

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**Advisers (continued)**

**Bankers**

Natwest  
London  
EC3P 3HX

**Contact details**

Telephone: 01743 237884  
Fax: 01743 342179  
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 2017**

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**Chair's Statement, Daphne Lewis**

How fortunate I have been in taking up the Chair of Healthwatch Shropshire after so much of the hard work in establishing itself had already been done! In this past year we have concentrated on further consolidating our position within the Local Health Economy and have become heavily involved in everything connected to Health and Social Care. Healthwatch Shropshire (acting on behalf of local people) is in attendance at all the relevant boards, committees and events, and is able to collect and exchange views and information that can influence decisions which affect the services provided across Shropshire. We also network with other Local Healthwatch to keep abreast of new ideas and practices.

At the beginning of the year we moved premises into a larger open-plan office with two meeting rooms. This has already proved its worth, and we are also able to host meetings on our premises instead of having to rent rooms and travel elsewhere. We are proud of our very enthusiastic, loyal and good humoured team to support Jane Randall-Smith, whose experience and commitment drives Healthwatch Shropshire from strength to strength.

We have had a challenging year regarding the progression of NHS Future Fit – the local programme proposing the reconfiguration of acute hospital services in Shropshire. We kept up the pressure on commissioners and providers to communicate and engage with the public, and have offered our support with their engagement, but we have all been frustrated by circumstances beyond our control. We remain heavily involved with all the work-streams that are informing the NHS Future Fit options process, and preparing for public consultation. I would like to thank Jane and her team, the Board Members and the volunteers who attend the many meetings and events, and report back for us.

We continue to collect increasing feedback not only from patients, service users and their families and carers about their experiences of the services they receive, but also from providers who have acknowledged and heeded our comments and recommendations, and acted upon them. You can see some examples of this on our website, under our "You said, We did" reports, and in individual service 'Enter & View' reports.

The coming year of 2017-18 promises to be extremely busy, with public consultation on NHS Future Fit, the reconfiguration of services, and a number of service reviews.

Healthwatch Shropshire will also be preparing for its own re-commissioning in March 2018. Having enjoyed support and encouragement from our Commissioner, we hope very much to be able to continue to demonstrate the value of collecting peoples' health and social care experiences in order to inform appropriate decision making for our local population.

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**CHAIR'S STATEMENT AND MESSAGE FROM THE CHIEF OFFICER  
FOR THE YEAR ENDED 31 MARCH 2017**

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**Message from the Chief Officer, Jane Randall-Smith**

At the end of a very busy fourth year this is my opportunity to thank my colleagues, Board Members and our volunteers, as well as everyone who has worked with us, for helping us make sure that the people of Shropshire have their voice heard.

One of the biggest challenges we have faced during the year, but which is also a positive development, is the increasing demand for our input in Shropshire. It is very welcome that both the commissioners and providers of services are interested in the feedback that we receive and how it might influence future service delivery. Raising awareness of Healthwatch Shropshire and encouraging people to share their feedback remained a priority but is reflected in increased levels of feedback, in particular on the regular "Hot Topics" which focus on current issues.

People from across the county have also had the opportunity to be involved through the Research Grant Scheme, which has funded a range of projects in the voluntary and community sector. This has enabled us to support local organisations and contribute to the understanding of the experiences of seldom heard and hard to reach people across Shropshire.

As there is more joint working across both Shropshire and Telford & Wrekin, Healthwatch Shropshire has worked hard to ensure that the Shropshire voice is heard and that the challenges of providing services to a large rural area with a dispersed population are recognised. We are proud of the relationships that have been developed and the partnership working with both statutory and voluntary sectors is important to us.

Delivery of the Independent Health Complaints Advocacy Service was taken on by Healthwatch Shropshire in April 2016 and the service was successfully embedded into our work during the year.

We are looking forward to the year ahead, as there is a lot of change taking place in both health and social care services locally. It is important that the people of Shropshire are at the centre of these decisions. Healthwatch Shropshire, as an independent organisation, will be supporting the engagement and consultation to make sure that people are aware of what is happening and the potential impact for them and their families and, importantly, how to make their voice heard.

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**TRUSTEES' REPORT**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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The Board Members present their annual report together with the financial statements of the charity for the 1 April 2016 to 31 March 2017.

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.

### **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.***

### **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.

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**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. During 2016-17 the Board's membership decreased and a recruitment process was held in early 2017. Two new Board Members were formally appointed in May 2017. Board Members are elected for a period of three years and may be re-elected for a second term.

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 intend to 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 2017**

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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 2017 the Board comprised 8 members:

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

The staff complement at the end of the year was six, two of whom are part time. The list below shows the changes that took place during 2016-17 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
Robyn Handford	Administrative Officer (resigned July 2016)
Mandy Brettell	Administrative Officer (August – October 2016)
Patricia McInnes	Administrative Officer (joined November 2016)
Lynn Cawley	Enter & View Officer and Advocacy Co-ordinator
Adelle Wilkinson	Community Engagement Officer
Kate Parslow	Information Officer

The staff team is small but reflects the funding that is received. In addition, Healthwatch Shropshire has a team of volunteers to support its work programme. At the end of March 2017 Healthwatch Shropshire had 23 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.

More information is given below under Achievements and Performance but in 2016-17, a total of 2,573 hours of volunteer time (2,599 hours last year) was given as a contribution to Healthwatch Shropshire. Of these, 338 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 2017 Healthwatch Shropshire had 67 Organisation Associate Members (62 last year) and 216 Individual Associate Members (192 last year). Healthwatch Shropshire twitter followers continue to increase and at the end of March 2017 there were over 1,500.

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**TRUSTEES' REPORT (continued)**  
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*Our governance*

Board Members are lay people and volunteers. Healthwatch Shropshire has regularly held Board meetings in public during 2016-17 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

We continue to investigate other opportunities for volunteers and Associate Members to be involved in the governance process. The public voice is also represented on our Stakeholder Group, which also has involvement from commissioners and major providers, including the independent and voluntary sectors, and 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.

*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.
- 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.

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**TRUSTEES' REPORT (continued)**  
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- 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 efficiently have a presence across the county in all our activities.

Importantly volunteers also support Healthwatch Shropshire in its involvement with the local transformation programmes, as there are many meetings and also a commitment to public engagement and consultation.

**f. Risk management**

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

**g. Healthwatch Trademark Licence Agreement**

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

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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## **Objectives and Activities**

### **a. Policies and objectives**

Healthwatch Shropshire has continued to approve the key policies, and supporting procedures, to underpin the delivery of its work programmes. Key policies are available on the web site. Policies are revised 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 and Healthwatch Shropshire's understanding of the context that it is working in. Three key priorities for the year were agreed as:

#### **Discharge**

- To understand patient experience of the discharge process from the Royal Shrewsbury Hospital

#### **Young People (17 – 25 years)**

- To engage with the Child and Adolescent Mental Health Service Transformation Plan
- To understand better the experiences of young people aged 17-25 years using (or not using) health and social care services

#### **Domiciliary and community NHS services**

- Develop methodology to seek feedback on social care services and NHS services provided to people in their own homes and use it to understand the experiences of people using these services across the county.

#### **Implement the Independent Health Complaints Advocacy Service**

- Develop the literature to support the complaints service
- Develop, implement and integrate the new service into Healthwatch Shropshire

### **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

### **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 led 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

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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 talk to it. 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.

**d. Grant making policies**

Healthwatch Shropshire is 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. For 2016-17 two calls for applications were launched with a focus on capturing the voices of the seldom heard. A panel, with individuals representing a range of Shropshire organisations, reviewed the proposals received. Funded projects have to meet the criteria of the grant scheme and the aims of Healthwatch Shropshire.

**Achievements and performance**

The following sections highlight the achievements of Healthwatch Shropshire in 2016-17 against the statutory activities for Healthwatch in the context of Shropshire.

At the beginning of April 2016 Healthwatch Shropshire moved offices, within the building, and as a result created more working space and also a separate meeting room. The improved working environment has been well received by Board Members, staff and volunteers. It has been possible to invite organisations to meetings in our own premises and to host meetings which has saved time and travel costs.

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

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

**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.

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**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 that the engagement is as far reaching as possible. This has included reaching disadvantaged or vulnerable people and people who are seldom heard such as visits to Gypsy and Traveller communities across Shropshire to gather their experiences and in smaller remote rural communities.

The demographics of Shropshire are such that there is an ageing population, which is spread out across a large rural county. Healthwatch Shropshire engages with older people through such events as the Shropshire Older People's Assembly and Senior Citizens Forums.

Young people (under 25) are important too and Healthwatch Shropshire continues to work with the Parent and Carers Council and the Children's Trust Area Forums to ensure that young people's voices are heard. A project was undertaken with Keele University final year medical student projects to explore how young people 17 - 25 years old access health information. HWS also worked with Shrewsbury College to offer their students the opportunity not only to volunteer but also to gather their own peer group's experiences and to listen to and consider their health needs. We also worked with Ludlow college so that a geographically diverse voice was heard. Addressing this age demographic was important to inform local priorities as there is little information on this.

Healthwatch Shropshire continues to work hard to ensure that everyone across Shropshire has the opportunity to share their views. The Research Grant fund enables Healthwatch Shropshire to receive feedback from hard to reach people, including the remote and isolated.

A key part of Healthwatch Shropshire's profile raising is to provide information about its work with service providers across Shropshire, enabling any service users, regardless of where they live or work, to contact us. Where patients cross borders to access services we liaise closely with neighbouring Healthwatch and in Wales with the Community Health Councils.

Approaches we have used include:

**• Community Engagement:**

Attending local groups, forums and community events, e.g. carers' groups, housing groups and senior citizens groups. The total number of community engagement events we have participated in during 2016-17 is over 210 (138 last year) and over 3,500 people engaged with Healthwatch Shropshire. This has also helped us develop our relationships with other interest groups and demonstrate to the people of Shropshire our wish to work closely and in partnership with other community and voluntary groups.

**• Healthwatch Shropshire events:**

Arranging its own events which are by invitation or drop in and regular engagement events will continue during 2017-18. Having a presence at local hospitals, local events, libraries etc. to raise awareness and collect feedback.

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**• Networking:**

Participating in local networks to share and gather experiences but also to influence decision making based on feedback and experiences and to represent the people of Shropshire e.g. Family Carers Partnership Board, Maternity Engagement Group, Making It Real Board, the Voluntary and Community Sector Assembly, the Voluntary Sector Health and Social Forum, the Voluntary Sector Mental Health Forum, Shropshire Older People's Assembly, Shropshire Patients' Group and the Learning Disabilities Partnership. Healthwatch Shropshire is also a member of the Clinical Commissioning Group (CCG) Patient and Public Engagement Committee (now called the Patient Advisory Group), the programme boards for the Health and Wellbeing Board priorities, the Keeping Adults safe in Shropshire Board and programme boards and working groups for the transformation of services. Healthwatch Shropshire participates in a number of strategic boards that have been set up.

**•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.

- Telephone
- E-mail
- Online form on our website
- Social media (Twitter and Facebook)
- Tell Us leaflet (FREEPOST option)
- Community engagement events (see above)
- via partnership working with the voluntary and community sector

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

**•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.

Healthwatch Shropshire is also fully engaged with the local NHS transformation programme, NHS Future Fit; it has worked hard to ensure that the public has its voice heard as the options for future reconfiguration of services are developed. Healthwatch Shropshire has contributed to the development of the engagement programme and supported a wide range of engagement events across the county. Healthwatch Shropshire has participated in the initial work to develop the Sustainability and Transformation Plan, the STP.

As a result of higher profile and the engagement (above) Healthwatch Shropshire has heard views from local people in 1,174 comments (967 last year) which have been received from April 2016 – March 2017.

Processes for collecting, collating and analysing the wide range of feedback are well established but have been expanded to respond to the additional involvement in complaints through the Independent Health Complaints Advocacy Service. The processes for determining prioritisation and action continue to evolve. During the year Healthwatch Shropshire made the decision to upgrade its software for collecting and analysing information and will be using the Healthwatch England CRM software from 2017 onwards.

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 and good practice.

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In addition, Healthwatch Shropshire also supports other opportunities for people to make their views heard:

- Contributing to the NHS England national pilot on the Carers Voice project
- Engaging with the Health and Justice team of NHS England to build on the focus group for prisoners at Stoke Heath prison

**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 including the ongoing recruitment and selection of volunteers to become Authorised Representatives. Authorised Representatives are required to complete a thorough initial training programme and have the opportunity to attend additional supplementary training. They receive ongoing support from the Enter & View Officer.

Volunteers are involved in the planning and delivery of the Enter & View programme and the visits. There are also places for 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.

The purpose of an Enter & View visit is confirmed by the Committee and is informed by intelligence held by Healthwatch Shropshire. Requests from other organisations to carry out visits as a result of sharing intelligence are also considered. 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.

In 2016-17 Healthwatch Shropshire published 30 (23 last year) Enter & View reports. These reports cover visits to a variety of health and social care settings, including acute hospitals, care homes, community hospitals and maternity services.

In August 2016 Healthwatch Shropshire published an Enter and View report bringing together findings from visits to 12 residential facilities for adults with learning disabilities in Shropshire with the aim of identifying key findings and sharing good practice.

Another key piece of work looked at Stroke services across Shrewsbury and Telford Hospital Trust (SaTH) and involved visits to the Stroke wards at the Royal Shrewsbury Hospital and Princess Royal Hospital. These visits highlighted the age limit for neuro-rehab which Healthwatch Shropshire was able to raise with the Shropshire Clinical Commissioning Group.

One Enter and View visit to a learning disability facility caused Healthwatch Shropshire to raise safeguarding concerns with Adult Safeguarding and led to the residents concerned being moved to alternative accommodation.

Visit reports are available on our website: <http://www.healthwatchshropshire.co.uk/enter-view-reports-0>. They are also available for reference in the six main public libraries across the county.

There is a list of volunteers who are Authorised Representatives available on our website. <http://www.healthwatchshropshire.co.uk/authorised-representatives>.



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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**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)*

Considerable effort has been put into identifying and making contact with the wide range of providers and support organisations delivering services across Shropshire.

Between April 2016 and March 2017, over 200 people (112 last year) have been provided with information and signposting services.

From April 2016 Healthwatch Shropshire has provided an Independent Health Complaints Advocacy service, for people who live in Shropshire and/or people who use NHS services in Shropshire. This new service has enabled Healthwatch Shropshire, with the permission of the callers, to gather additional intelligence about local services.

Healthwatch Shropshire has continued to be proactive in promoting awareness of the range of services and support organisations available locally. It has been involved in the development of the new Council web based service Shropshire Choices.

Healthwatch Shropshire provides information 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.

Healthwatch Shropshire regards its information and signposting service as a crucial element of its service provision to support the people of Shropshire.

**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. Hot spots and trends are shared directly with providers, commissioners and our stakeholder group. This feedback is also used to inform our Enter & View programme of visits.

Details 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>.

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. During 2016-17, 29 Enter & View reports were published.

A lot of effort has gone in to making our reports easier to read and more accessible to wider groups of people.

Reports are available on our website on the work done at Shrewsbury & Telford Hospital NHS Trust to understand experiences of the referral and appointments process and also the discharge processes.

Healthwatch Shropshire also provided statements on the Quality Accounts produced in spring 2016 for the following Trusts: Shrewsbury & Telford Hospital NHS Trust, 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.

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**HEALTHWATCH SHROPSHIRE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**Working 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 focusing on the future of acute and community hospitals, rural urgent care and Community Fit, the primary care 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 has generated substantial feedback for Healthwatch Shropshire and they will be encouraged to participate in further work to ensure that future models are co-produced.

Other examples of our activities include:

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.

The Healthwatch Shropshire Research Grant funding scheme for the voluntary sector focused on the seldom heard. Two calls for proposals were announced in the year and details of the four successful projects can be found on our website: <http://www.healthwatchshropshire.co.uk/content/research>.

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 actively participates in the HWBB Communications and Engagement working group (Shropshire Together) to share good practice and optimise opportunities for engagement with the public. During the year the Citizen Engagement sub group of the Keeping Adults Safe in Shropshire Board was set up and Healthwatch Shropshire is chairing the group.

**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)*

Healthwatch Shropshire works closely 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.

Healthwatch Shropshire continued to work in partnership across Shropshire. Following its engagement project on Dementia services locally to inform the local forward Strategy and Action Plan, Healthwatch Shropshire became a member of the local Dementia Action Alliance.

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.

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

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

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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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 configuration. Healthwatch Shropshire engages with local service providers and commissioners as well as the area Quality Surveillance Group on the quality of local services.

*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. However, we have responded to requests for comments on specific issues when asked by Healthwatch England and by the CQC. We have also participated in other webinars to discuss topical issues with Healthwatch England and we meet regularly with local CQC representatives. The local information sharing meetings have been strengthened by the involvement of hospital inspectors as well as those from Primary Care.

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

Healthwatch Shropshire responds to requests for comments on specific issues when asked by Healthwatch England and identifies issues with them as the need arises. We have also participated in webinars to discuss topical issues with Healthwatch England.

Although Healthwatch Shropshire hasn't escalated issues to Healthwatch England to raise our concerns we have responded to requests for comments on specific issues when asked by Healthwatch England. We also hosted a visit by Jane Mordue, interim chair of Healthwatch England, to illustrate the challenge of being a Local Healthwatch in a large rural county and the issues faced by local people accessing services.

#### **It starts with you**

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:

A concern was raised about confidentiality at a general practice. This was escalated as a serious incident with the CCG and as a result processes were changed in the practice.

A formal complaint was made to NHSE about the process to gain access to medical records for a deceased relative. The relative received the records after the Healthwatch Shropshire intervention but it was unfortunate that the process was so protracted with little communication about progress of the initial request.

A formal letter was sent to the Shropshire Clinical Commissioning Group (CCG) about age discrimination in terms of access to a local rehabilitation service. The CCG committed to including the recommendation to remove such a restriction in its contract reviews.

Over a lengthy period Healthwatch Shropshire has been following up patient feedback around local Ophthalmology services. Information has been shared and escalated with the provider, commissioner and local QSG. This coming summer a new facility will be available for Shropshire patients.

"Hot Topics" definitely stimulate additional feedback and the January Hot Topic on Domiciliary care identified some serious issues and these were shared with the Commissioner and also the Adult safeguarding team. As a result, one provider was suspended until they were able to manage their existing case load and assure the quality of their services.

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**HEALTHWATCH SHROPSHIRE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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During 2016-17 Healthwatch Shropshire raised safeguarding concerns about a particular care home after an Enter & View visit. Subsequently multi agency meetings have been convened at which Healthwatch Shropshire was present and new admissions to the home have been suspended.

After a turbulent year for Shropshire Clinical Commissioning Group the relationship has been re-established and Healthwatch Shropshire now provides a bimonthly update to the Governing Body meeting in Public. This enables a wider audience to be reached and the opportunity for awareness raising of current issues.

**Independent Health Complaints Advocacy Service**

Healthwatch Shropshire began delivering this service in April 2016. An Advocacy Co-ordinator was appointed and was responsible for establishing the system then delivering the service, working with two advocates. A number of clients transferred from the previous provider and Healthwatch Shropshire has worked hard to raise awareness of the service across the county with the providers of NHS services.

Healthwatch Shropshire's IHCA Service has been directly contacted by 160 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 the information they need to make a formal complaint and an explanation of the complaints process.

People are encouraged to use the self-help pack (which is available on the Healthwatch Shropshire website) and if they wish to continue to make a formal complaint a range of help is available through the Advocacy service.

**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 2016-17 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 2017 the total free reserve of Healthwatch Shropshire was £34,206 (2015-16 was £27,821).

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

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**Plans for next year**

**a. Future priorities**

The Healthwatch Shropshire Work programme is led by the views of the people of Shropshire. It is essential to build in flexibility in planning the forward activities as we are unaware at this stage of the year of issues that may come up later on. It is also important that capacity is built into the work plan to respond to issues raised that may require an immediate response, which may include Enter & View.

An underpinning priority is to continue to increase our profile to stimulate the amount of feedback that we receive from members of the public. The greater the number of responses the more confidence we can have identifying trends and hotspots from our data and subsequently use this to inform our work programme but also engagement with providers and commissioners of services.

Specific priorities for 2017-18 have been identified including:

- 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 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

In order to ensure the people of Shropshire's experiences and views are taken into account we will also continue to participate in activities such as:

- CQC requests for patient experiences and findings from Enter & View visits to inform their inspections by sharing patient experiences from Healthwatch Shropshire intelligence and proactively gathering patient stories
- Continue to work with the Scrutiny Committees and the Health and Wellbeing Board (under the Memorandum of Understanding) to ensure that we avoid duplication of effort but bring added value by jointly identifying the issues that matter most locally
- Work with key commissioners and providers to ensure that our intelligence is shared

The 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 promote the service across the county to the public as well as with the service providers.

**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

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**HEALTHWATCH SHROPSHIRE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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- 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 2017.

**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 26 June 2017 and signed on their behalf by:



**Daphne Lewis, Chair**

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

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**INDEPENDENT EXAMINER'S REPORT**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**Independent Examiner's Report to the Trustees of Healthwatch Shropshire**

I report on the financial statements of the charitable company for the year ended 31 March 2017 which are set out on pages 23 to 32.

This report is made solely to the charitable company's Trustees, as a body, in accordance with section 145 of the Charities Act 2011 and regulations made under section 154 of that Act. 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.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has been withdrawn.

This has been done in order for the accounts to provide a true and fair view in accordance with the Generally Accepted Accounting Practice effective for reporting periods beginning on the after 1 January 2015.

**Respective Responsibilities of Trustees and Examiner**

The Trustees, who are also the directors of the company for the purposes of company law, are responsible for the preparation of the financial statements. The Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the Act) and that an independent examination is needed.

Having satisfied myself that the charitable company is not subject to audit under charity or company law and is eligible for independent examination, it is my responsibility to:

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

**Basis of Independent Examiner's Report**

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

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

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**INDEPENDENT EXAMINER'S REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**Independent Examiner's Statement**

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that in any material respect the requirements:
  - to keep accounting records in accordance with section 386 of the Companies Act 2006; and
  - to prepare financial statements which accord with the accounting records, Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard in the UK and Republic of Ireland (FRS 102) and in other respects comply with the accounting requirements of section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities.have not been met; or
- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

Signed: *C Moelwyn Williams*

Dated: *28/6/2017*

Mrs C Moelwyn-Williams FCA

**Whittingham Riddell LLP**  
Chartered Accountants  
Shrewsbury



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

**STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2017**

	Note	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
<b>INCOME FROM:</b>				
Charitable activities	2	226,366	226,366	207,956
Other income	3	-	-	827
<b>TOTAL INCOME</b>		<u>226,366</u>	<u>226,366</u>	<u>208,783</u>
<b>EXPENDITURE ON:</b>				
Charitable activities	9	234,981	234,981	202,299
<b>TOTAL EXPENDITURE</b>	4	<u>234,981</u>	<u>234,981</u>	<u>202,299</u>
<b>NET INCOME / (EXPENDITURE) BEFORE OTHER RECOGNISED GAINS AND LOSSES</b>		(8,615)	(8,615)	6,484
<b>NET MOVEMENT IN FUNDS</b>		(8,615)	(8,615)	6,484
<b>RECONCILIATION OF FUNDS:</b>				
Total funds brought forward		42,821	42,821	36,337
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u><u>34,206</u></u>	<u><u>34,206</u></u>	<u><u>42,821</u></u>

All activities relate to continuing operations.

The notes on pages 25 to 32 form part of these financial statements.

**HEALTHWATCH SHROPSHIRE**  
**(A company limited by guarantee)**  
**REGISTERED NUMBER: 08415314**

**BALANCE SHEET**  
**AS AT 31 MARCH 2017**

	Note	£	2017 £	£	2016 £
<b>CURRENT ASSETS</b>					
Debtors	11	10,715		8,380	
Cash at bank and in hand		56,202		59,224	
		<u>66,917</u>		<u>67,604</u>	
<b>CREDITORS:</b> amounts falling due within one year	12	<u>(32,711)</u>		<u>(24,783)</u>	
<b>NET CURRENT ASSETS</b>			<u>34,206</u>		<u>42,821</u>
<b>NET ASSETS</b>			<u>34,206</u>		<u>42,821</u>
<b>CHARITY FUNDS</b>					
Unrestricted funds	13		<u>34,206</u>		<u>42,821</u>
<b>TOTAL FUNDS</b>			<u>34,206</u>		<u>42,821</u>

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 by the Trustees on 26 June 2017 and signed on their behalf, by:



**Daphne Lewis, Chair**

The notes on pages 25 to 32 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 2017**

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**1. ACCOUNTING POLICIES**

**1.1 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

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.

**1.2 Company status**

The charitable company is a company limited by guarantee. 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.

**1.3 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.

**1.4 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**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**1. ACCOUNTING POLICIES (continued)**

**1.5 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 resources expended are inclusive of irrecoverable VAT.

**1.6 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.

**1.7 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.

**1.8 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.

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**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2017**

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**1. ACCOUNTING POLICIES (continued)**

**1.9 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.

**1.10 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 2017 £</b>	<b>Total funds 2017 £</b>	<i>Total funds 2016 £</i>
Charitable activities	<u>226,366</u>	<u>226,366</u>	<u>207,956</u>

In 2016, of the total income from charitable activities, £207,956 was to unrestricted funds and £ NIL was to restricted funds.

**3. OTHER INCOMING RESOURCES**

	<b>Unrestricted funds 2017 £</b>	<b>Total funds 2017 £</b>	<i>Total funds 2016 £</i>
Other income	<u>-</u>	<u>-</u>	<u>827</u>

In 2016, of the total other incoming resources, £827 was to unrestricted funds and £NIL was to restricted funds.

**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2017**

**4. ANALYSIS OF RESOURCES EXPENDED BY EXPENDITURE TYPE**

	<b>Other costs 2017</b>	<i>Total 2016</i>
	£	£
Charitable activities (notes 5, 6, 7 & 8)	231,841	198,351
Expenditure on governance (note 9)	3,140	3,948
	<b>234,981</b>	<i>202,299</i>
	<b>234,981</b>	<i>202,299</i>

In 2015, of the total resources expended, £202,299 was from unrestricted funds and £NIL was from restricted funds.

**5. ANALYSIS OF RESOURCES EXPENDED BY ACTIVITIES**

	<b>Activities undertaken directly 2017</b>	<b>Grant funding of activities 2017</b>	<b>Support costs 2017</b>	<b>Total 2017</b>	<i>Total 2016</i>
	£	£	£	£	£
Charitable activities	200,223	11,823	19,795	231,841	198,351
	<b>200,223</b>	<b>11,823</b>	<b>19,795</b>	<b>231,841</b>	<i>198,351</i>
	<b>200,223</b>	<b>11,823</b>	<b>19,795</b>	<b>231,841</b>	<i>198,351</i>

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2017**

**6. DIRECT COSTS**

	Charitable activities £	Total 2017 £	<i>Total</i> 2016 £
Wages and salaries	126,616	126,616	113,059
Volunteer & Trustee non-governance expenses	6,868	6,868	7,416
Telephone and remote broadband	535	535	620
Venue hire and events	1,150	1,150	3,951
Recruitment (including DBS checks)	164	164	2,234
Equipment	5,253	5,253	1,455
Postage	941	941	687
Photocopying/Internal printing	2,652	2,652	2,275
Marketing and publicity	7,159	7,159	7,017
Office stationery	845	845	560
Travel and subsistence	4,965	4,965	4,898
Training and development	1,790	1,790	2,865
Insurance	1,557	1,557	1,615
Consultancy	12,926	12,926	6,077
Publications/Subscriptions	409	409	811
ICT	-	-	298
Website	408	408	360
Office rent	25,570	25,570	13,044
Other expenses	415	415	-
	<u>200,223</u>	<u>200,223</u>	<u>169,242</u>

**7. ANALYSIS OF GRANTS TO ORGANISATIONS**

	Grants 2017 £	Total 2017 £	<i>Total</i> 2016 £
Grants, Charitable activities	<u>11,823</u>	<u>11,823</u>	<u>11,944</u>

	2017 £
Shropshire Youth Association	4,000
Patient and Carer Experience (PACE) in Research	4,000
The HIVE	3,823
Total	<u>11,823</u>

**HEALTHWATCH SHROPSHIRE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2017**

**8. SUPPORT COSTS**

	Charitable activities £	Total 2017 £	Total 2016 £
Computer costs	367	367	-
Sundry support costs	3,888	3,888	2,843
Financial administration	15,540	15,540	14,322
	<u>19,795</u>	<u>19,795</u>	<u>17,165</u>

**9. GOVERNANCE COSTS**

	Unrestricted funds 2017 £	Total funds 2017 £	Total funds 2016 £
Trustee expenses	1,233	1,233	1,094
Independent Examination fee	1,188	1,188	1,164
Trustees Indemnity Insurance	508	508	492
Trustee meeting expenses	163	163	388
Other	48	48	13
Professional fees	-	-	797
	<u>3,140</u>	<u>3,140</u>	<u>3,948</u>

**10. NET INCOMING RESOURCES/(RESOURCES EXPENDED)**

During the year, no Trustees received any remuneration (2016 - £NIL).

During the year, no Trustees received any benefits in kind (2016 - £NIL).

10 Trustees received reimbursement of expenses amounting to £5,341 in the current year, (2016 - 10 Trustees - £5,961).

**11. DEBTORS**

	2017 £	2016 £
Trade debtors	10,250	7,915
Prepayments and accrued income	465	465
	<u>10,715</u>	<u>8,380</u>



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**NOTES TO THE FINANCIAL STATEMENTS**  
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**12. CREDITORS: Amounts falling due within one year**

	<b>2017</b>	<i>2016</i>
	£	£
Trade creditors	<b>10,636</b>	<i>10,333</i>
Other taxation and social security	<b>2,302</b>	<i>2,323</i>
Other creditors	<b>17,338</b>	<i>10,000</i>
Accruals and deferred income	<b>2,435</b>	<i>2,127</i>
	<hr/> <b>32,711</b> <hr/>	<hr/> <i>24,783</i> <hr/>

Other creditors includes £17,100 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 2017**

**13. STATEMENT OF FUNDS**

	Brought Forward £	Income £	Expenditure £	Transfers in/out £	Carried Forward £
<b>Designated funds</b>					
Information System Expenditure	15,000	-	-	(15,000)	-
<b>General funds</b>					
General Funds	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

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**

	Brought Forward £	Income £	Expenditure £	Transfers in/out £	Carried Forward £
Designated funds	15,000	-	-	(15,000)	-
General funds	27,821	226,366	(234,981)	15,000	34,206
	42,821	226,366	(234,981)	-	34,206

**14. RELATED PARTY TRANSACTIONS**

There were no related party transactions during the year.