

HEALTHWATCH SHROPSHIRE
UNAUDITED
TRUSTEES' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016



Whittingham Riddell

chartered accountants

HEALTHWATCH SHROPSHIRE
(A company limited by guarantee)

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HEALTHWATCH SHROPSHIRE
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REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 MARCH 2016

Trustees (Board Members)

Carole Hall, Chair
Vanessa Barrett
David Beechey
Wendy Brook (resigned 13 April 2015)
Ann Furness (appointed 22 February 2016)
Michael Terence Harte
Daphne Lewis
Steve Price (appointed 22 February 2016)
Angela Saganowska (appointed 22 February 2016)
Amanda Thorn MBE
Frederick David Voysey
Anne Wignall

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 COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 MARCH 2016**

Advisers (continued)

Bankers

Natwest
London
EC3P 3HX

Contact details

Telephone: 01743 237884
Fax: 01743 342179
Email: enquiries@healthwatchshropshire.co.uk
Website: www.healthwatchshropshire.co.uk
Twitter: @HWSShropshire
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 2016

Chair's Statement, Carole Hall

It seems only yesterday that we were setting up Healthwatch Shropshire but it's three years ago and so much has happened in that time. In April 2013 we were a fledgling organisation: we had one member of staff, a transitional Board of Directors, no Enter and View programme; we were unknown and our purpose was equally unknown. It's hard to imagine that then there was no FutureFit programme, so large a part of our lives it has become. We have now undertaken 39 Enter and View visits covering a wide range of health and social care facilities; we have received 2171 comments from the public; our Stakeholder Group is established and well-attended; our contract has been extended for two years; we have become a completely independent organisation; we have won and begun providing Shropshire's independent NHS complaints advocacy service on behalf of individuals – a natural and valuable extension to our services for the population of Shropshire.

Of course there have been challenges in the last three years. There is so much we would have wanted to do but with a very limited budget prioritisation has been essential. And I think that we have got our priorities – access to and quality of services – right. Working with the Care Quality Commission (CQC) has been a challenge despite the existence of a 'working together' protocol. The proliferation of different engagement structures and routes emanating from the CQC and NHS England have been confusing for our population and risked diluting their key messages about their concerns. We can't help feeling that sometimes action has not always meant progress at a national level.

There have been disappointments, especially that the decision on the preferred FutureFit option for acute services was deferred last October. We remain concerned about the impact of delay upon our population as well as the separation of the transformation of community and acute services. These are mutually dependent elements of health and social care but planning and delivering them does not always reflect this.

If all this sounds like a valedictory, it is. After three years as Chair I have decided to step down and I wish my successor every success for the future. I have many people to thank for their commitment, energy, hard work and support: Jane, our Chief Officer and her team, both past and present; the HWS Board; our volunteers; our stakeholders across the whole health and social care economy; and, of course, our Commissioner.

We are making a difference and I am confident we shall build on this in the future.

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CHAIR'S STATEMENT AND MESSAGE FROM THE CHIEF OFFICER
FOR THE YEAR ENDED 31 MARCH 2016

Message from the Chief Officer, Jane Randall Smith

This report covers the final year of the initial three year contract that commenced in April 2013 and I am delighted to be able to say that Healthwatch Shropshire has been awarded a contract extension of two years, up to the end of March 2018. In January 2016 Healthwatch Shropshire was invited to submit a tender to run the Independent Health Complaints Advocacy Service for Shropshire from April 2016. We are really pleased to have been awarded the contract (which also ends in March 2018) as we believe that the advocacy service complements and brings added value to the work of Healthwatch Shropshire.

As a result 2016-17 has started with a new staff configuration and newly recruited advocates but 2015-16 was also a year of change. During the year we said goodbye to three members of staff who were instrumental in the establishment and development of Healthwatch Shropshire. The recruitment processes were successful and new team members joined us in July, September and November but the lack of capacity at times during the year has undoubtedly had an impact on our activities. In total we have welcomed four new members of staff who are now very much "Healthwatch Shropshire". In February we appointed three new Board Members and during the year successfully recruited eight new volunteers. This report is not only my opportunity but it is also my privilege to thank everyone who has "worked" with us for their contribution to making sure that the people of Shropshire have their voice heard.

From April 1, 2016 we will be based in significantly larger office accommodation (in the same building) and we look forward to the challenges of the year ahead. Change continues to take place in both health and social care services locally and we will work hard to ensure that people's voices are heard to influence local service provision.

Name Carole Hall
Chair

Date 23 June 2016

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TRUSTEES' REPORT
FOR THE YEAR ENDED 31 MARCH 2016

The Board Members (who are trustees of the charity and also directors of the company for the purposes of the Companies Act) present their annual report together with the financial statements of Healthwatch Shropshire (the company) for the year ended 31 March 2016. 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) "Accounting and Reporting by Charities" issued in March 2005 and the guidance from Healthwatch England.

Introduction

The Health and Social Care Act 2012 established Healthwatch as the independent consumer champion for health and social care in England. We are uniquely placed as a national network, 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.

Purposes 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.

Since the 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.

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. The Articles were revised in December 2015 to co-incide with the removal of the parent guarantee, which the Shropshire Rural Community Council (RCC) held with Shropshire Council.

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 2016

b. Method of appointment or election of Trustees

The management of the company 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 2015-16 the Board's membership increased following a recruitment process in the autumn and the three new Board Members were appointed in February 2016. 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).

The RCC had an entitlement to have two of its Board Members as full members of the Healthwatch Shropshire Board until December 2015. The RCC Board nominates its representatives but they may join in the induction training with other candidates if they wish. Until December 2015 the RCC exercised its right to have one Board Member on the HWS but the amendment to the Articles removed that provision.

c. Policies adopted for the induction and training of Trustees

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 2016

d. Organisational structure and decision making

The maximum number of Board Members is 12. At the end of the year the Board comprised 11 Members:

Carole Hall – Chair
Vanessa Barrett
David Beechey
Ann Furness
Michael Terence Harte
Daphne Lewis
Steve Price
Angela Saganowska
Amanda Thorn MBE
Frederick David Voysey (full Board Member since January 2016)
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 2015 which had a significant impact on capacity during periods of recruitment.

| | |
|---------------------|--|
| Jane Randall Smith | Chief Officer |
| Steph Dunbar | Administrative Officer; Volunteer Officer and Secretary to the Board from (May 2015) |
| Robyn Handford | Administrative Officer (appointed September 2016) |
| Kate Prescott | Volunteer and Involvement Officer (resigned May 2015) |
| Lynn Cawley | Enter & View Officer (appointed July 2015) |
| Andrea Jones | Community Engagement Officer (resigned September 2015) |
| Adelle Wilkinson | Community Engagement Officer (appointed November 2016) |
| Catherine Pritchard | Information Officer (resigned September 2015) |
| Kate Parslow | Information Officer (appointed November 2015) |

From April 1, 2016 Lynn Cawley also holds the role of the new Independent Health Complaints Advocacy Co-ordinator. The new advocacy service will complement existing HWS activity, enhance relationships with providers and strengthen our intelligence.

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 and undertake some key tasks. At the end of March 2016 Healthwatch Shropshire had 23 volunteers. Through the Healthwatch Shropshire volunteer role individuals can contribute in many ways, including conducting surveys and providing community engagement support. Individuals also contribute as Enter & View Authorised Representatives after appropriate training.

More information is given below under Achievements and Performance but in 2015-16, a total of 2710.5 hours of volunteer time (2891 hours last year) was given as a contribution to Healthwatch Shropshire. Of these, 346.5 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 Healthwatch Shropshire had 62 Organisation Associate Members (52 last year) and 192 Individual Associate Members (180 last year).

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The Board has met regularly in public during 2015-16 and it has 3 Committees, each with their own Terms of Reference, to which it 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

A stakeholder group with involvement from commissioners and major providers, including the independent and voluntary sector, 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 within the areas of social and health care within the county.

A Decision Making policy is published on the web site. The relevant decisions are published in Board meeting minutes on the web site.

e. The role of volunteers and lay people

Delivering our statutory activities

Volunteers are involved in both the planning and delivery of the Enter & View programme. There are also places for Enter & View volunteers on the Enter & View Board Committee with an opportunity for rotation amongst the volunteers. Volunteers also participate in the Intelligence Committee.

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 and supporting us to have a presence in the local community. 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.

Our governance

Board Members are lay people and volunteers. We have regularly held Board meetings in public during 2015-16 at different community venues across Shropshire. The Board also has Committees chaired and attended by Board Members: Business Committee, Intelligence Committee and Enter & View Committee. 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.

How we make relevant decisions

Healthwatch Shropshire has a decision making policy, the development of which involved the Board Members (who are volunteers) and is published on the website, www.healthwatchshropshire.co.uk. Decisions made are published in the minutes of Board meetings which are also on the website.

- **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. Volunteers and Board Members also use this information 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. Monthly "Hot Topics" were started in 2015 and enable Healthwatch Shropshire to encourage feedback on a particular topic where there may

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be a lack of feedback or where there is a local focus, such as a forthcoming CQC inspection. The additional feedback informs future activities.

- **Whether to request information:**

Ongoing comments received from members of the public have informed decisions about activities which includes whether to request information from providers. 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 have 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 driven by intelligence we receive from members of the public. The Enter and View Committee receive requests to conduct visits from the Healthwatch Shropshire Intelligence Committee as a result of comments received from 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 Shrewsbury and Telford Hospital NHS Trust.

The Enter & View Committee includes three Board Members, two of whom are also Authorised Representatives and directly involved in conducting Enter and View visits and two Authorised Representatives. There are places on the committee for volunteers who are not Authorised Representatives.

In February 2016 the Enter and View Officer delivered a workshop on Report Writing for all Authorised Representatives to look at how Healthwatch Shropshire can make their reports 'easier to read', using Plain English and meeting the new NHS Accessible Information Standards that need to be implemented by July 31, 2016.

- **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.

f. Related party relationships

Healthwatch Shropshire is a charitable company wholly owned by the RCC until the end of December 2015. The RCC was the only company member of Healthwatch Shropshire. From January 1, 2016 the Board Members are also the Company Members.

g. Risk management

The Board Members, together with the staff, have developed a risk management matrix to enable them to effectively identify and manage the risks faced by the charity. Regular reviews take place by Board Members and staff.

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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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 programme. Key policies are available on the web site. 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. Priorities for the year were agreed as:

- A project on Out of Hours GP telephone messages and web sites, building on the A&E survey 2014
- Follow up on the relocation of the Walk in Centre from the patient perspective
- Continue to visit facilities for people with learning disabilities
- Determine the impact of the reconfiguration of women's and children's services for the people of Shropshire
- Engage in the NHS FutureFit work programme, especially as it moves to consider community and primary care services
- Supporting the Health and Wellbeing Board Year of Physical Activity
- Programme of Enter and View visits to local midwifery units to follow up recommendations in the local Maternity Services Review 2013.

b. Strategies for achieving objectives

Healthwatch Shropshire works (HWS) 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
- Developing 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
- Developing ways of capturing people's experience and complaints

Healthwatch Shropshire's work programme is primarily led by the people of Shropshire and it is important that their voice is heard in developing the forward programme to deliver its objectives.

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 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 to ensure that everyone has the opportunity to have their voice heard. Although Healthwatch Shropshire uses

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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 Board Members have given due consideration to general guidance published by the charity commission relating to public benefit.

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 2015-16, two calls for applications for which the key themes were quality and access were promoted widely across Shropshire. 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 the third year of Healthwatch Shropshire against the statutory activities for Healthwatch in the context of Shropshire.

The eight statutory activities have been collated under three main headings:

- Listening to people who use health and social care services
- Giving people information and signposting
- Influencing decision makers with evidence from local people

Healthwatch Shropshire started the year by undertaking a Reflective Audit which was designed to explore the impact the organisation had made over its lifetime of two years. The Reflective Audit comprised 18 questions and was sent by email to 46 stakeholder recipients as a Survey Monkey online questionnaire. 56% of those approached responded to the survey and gave a strong picture of the reputation of Healthwatch Shropshire. Recommendations in the report have been followed up by a task & finish group.

a. Going concern

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

b. Review of activities

Listening to people who use health and social care services

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)

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We have been working hard to ensure that local people's needs and experiences of health and social care services in Shropshire are collected by Healthwatch Shropshire.

We recognise that the demographics of Shropshire are such that we have a rapidly ageing population. Therefore, we are ensuring that we engage with older people through such events as the Shropshire Older People's Assembly.

Young people (under 25) are important too and we have worked with the Parent and Carers Council and the Children's Trust Area Forums to ensure that young people's voices are heard.

A key part of our profile raising is to provide information about our 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.

We have worked hard to ensure that our engagement is as far reaching as possible, including reaching disadvantaged or vulnerable people and people who are seldom heard. This has included visits to Gypsy and Traveller communities across Shropshire to gather their experiences and a focus group at Stoke Heath Prison to talk to the prisoners about their experiences of healthcare within the justice system.

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 2015-16 is over 138. 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 our own events which are by invitation or drop in and we are already planning regular engagement events during 2016-17

• **Networking:**

Participating in local networks to share and gather experiences e.g. Family Carers Partnership, 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, the Learning Disabilities Partnership. Healthwatch Shropshire is also a member of the Clinical Commissioning Group (CCG) Patient and Public Engagement Committee and a member of the Health Economy wide Equality Delivery System (EDS) Steering Group.

• **Tell Us:**

Encouraging people to get in touch about their experiences via the website, phone, email, leaflet or social media (see below). From December 2015 we have a FREEPOST address. Healthwatch Shropshire also makes use of local media, sending out press releases to local publications and contributing to debates on Radio Shropshire. The 'Tell Us' leaflets are widely deposited in places around the county, such as libraries, hospitals, GP surgeries and dental practices.

• **Enter & View:**

Speaking to patients or service users and their carers and families about their experiences as part of a visit.

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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 are developed. Healthwatch Shropshire has contributed to the development of the engagement programme and supported a wide range of engagement events across the county.

As a result of higher profile and the engagement (above) Healthwatch Shropshire has heard views from local people in 967 comments (684 last year) which have been received from April 2015 – March 2016, from 704 contacts (563 contacts last year) (some people commented on more than one provider in the same contact, which have been recorded as separate comments).

We have a variety of ways local people can tell us of their needs for and experiences of local health and social care services.

- Telephone
- Email
- 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.

We have processes for collecting, collating and analysing the wide range of feedback that we receive; we continue to develop processes for determining prioritisation and action. As our profile increases so does the number of comments we are receiving.

We have in place information sharing protocols to use with local service providers and commissioners in order to share individual (anonymised) experiences in addition to collated intelligence. We have regular meetings with these organisations which provide the opportunity to discuss concerns as well as good practice.

In addition, we have also supported other opportunities for people to make their views heard:

- Shrewsbury & Telford Hospital NHS Trust listening events
- Contributing to the CQC's inspections of GP Practices; inspection and listening event for the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust; inspections of the South Staffordshire and Shropshire NHS Foundation Trust and the Shropshire Community Health NHS Trust and care homes across Shropshire

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)

We have 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 individual 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 are welcome to attend committee meetings at any point.

The purpose of an Enter & View visit is confirmed by the Committee and is informed by the intelligence held by Healthwatch Shropshire. We also receive requests from other organisations to carry out visits as a result of sharing intelligence. All Enter & View final reports are approved by the Board before publication.

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The findings contained within the reports are used to make recommendations to the providers about service improvement, identifying and disseminating examples of good practice and notifying regulators, such as the CQC, of any visits carried out to help inform their own inspection programme.

In 2015-16 Healthwatch Shropshire published 23 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. Healthwatch Shropshire used its powers of Enter & View to follow up on the relocation of the Walk in Centre and the impact of the reconfiguration of Women's and Children's services. The programme of visits to learning disability facilities continued and an overarching report will be published in early 2016-17.

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

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

Giving people information and signposting

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 2015 and March 2016, 112 people (106 last year) have been provided with information and signposting services.

In 2015-16 we worked with POHWER (the local Independent Health Complaints Advocacy service) and other specialist, local advocacy services to ensure that we optimised how we assisted people by signposting to these services when appropriate. In February 2016 Healthwatch Shropshire won the contract from Shropshire Council to provide an Independent Health Complaints Advocacy service, starting on April 1, 2016. This service is for people who live in Shropshire and/or people who use NHS services in Shropshire.

We have also been proactive in promoting awareness of the range of services and support organisations available locally. This has included information on the availability and most appropriate choice of services over holiday periods. We have also used social media to regularly 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.

Influencing decision makers with evidence from local people

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

Feedback from patients and service users is monitored through our intelligence committee. Hot spots and trends are shared directly with providers, commissioners and our stakeholder group. Where appropriate this feedback is used to inform our Enter & View programme of visits.

For the details of the actions we have taken please see our You Said We Did report for 2015-16, which is available on our website at: <http://www.healthwatchshropshire.co.uk/documents>.

HEALTHWATCH SHROPSHIRE
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2016

We disseminate Enter & View reports widely to ensure they reach the correct commissioners and providers and the right people within them, and also Healthwatch England and the CQC. During 2015-16, 23 Enter & View reports were finalised and disseminated; others will be available shortly in the first quarter of 2016-17.

We have also followed NHS Accessible Information standards in our report writing. A lot of effort has gone in to making our reports easier to read and more accessible to wider groups of people.

In reaction to feedback received from members of the public and in partnership with three other local Healthwatch (Staffordshire, Stoke-on-Trent and Telford and Wrekin), we published the report on Access to GP Appointments. The report covers GP practices in the four local authority areas.

As a result of feedback we have received, we have taken forward concerns about the referral process to consultants in our local acute trust. We have worked with Shrewsbury & Telford Hospital NHS Trust to undertake a questionnaire survey of patients accessing outpatient clinics to understand their experiences of the referral and appointments process. A report will be published in the summer 2016.

We also contributed our comments to the round of Quality Accounts produced in spring 2015 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. All our contributions were published as part of the final accounts.

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 Hip and Knee Score, the Sexual Health Needs Assessment and the NHS FutureFit programme focussing on the future of acute and community hospitals, involving a substantial commitment from Healthwatch Shropshire Board Members, volunteers and staff. During the year the involvement was extended to include rural urgent care and Community Fit.

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.

We launched the third Healthwatch Shropshire Research Grant funding scheme with joint priorities of access and quality. Two calls for proposals were announced in 2015 and details of the successful projects can be found on our website: <http://www.healthwatchshropshire.co.uk/content/research>.

The relationship between Healthwatch Shropshire and Shropshire Council's Health Overview and Scrutiny Committee (HOSC) has developed further during the year. A Memorandum of Understanding is in place between the Health and Wellbeing Board, Healthwatch Shropshire and the Health and Overview Scrutiny Committee. We have set in place a process whereby intelligence we hold is made available to the Chair in advance of the meeting on specific agenda items. We are committed to ensuring that information is shared and that we work together with maximum efficiency.

HEALTHWATCH SHROPSHIRE
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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2016

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)

We worked with the three other local Healthwatch within the NHS England Local Area Team to undertake an investigation into people's experiences and expectations of accessing GP services. The report is available on our web site, http://www.healthwatchshropshire.co.uk/sites/default/files/final_report_gp_report_sept_15.pdf

We are also collaborating with Engaging Communities Staffordshire, to find out patients' experiences of South Staffordshire & Shropshire Healthcare NHS Foundation Trust around dignity and respect. This work is continuing.

Healthwatch Shropshire also works closely with Healthwatch Telford & Wrekin as there are providers which deliver services to both populations. In particular, joint Enter & View visits are undertaken where both Local Healthwatch have raised concerns or when patients from both areas use a particular service, such as Stroke services.

Healthwatch Shropshire has worked in partnership during 2015-16 to develop a refreshed Dementia Strategy Action Plan. A working group comprising the CCG, the Memory Service and Alzheimer's Society was set up and Healthwatch Shropshire undertook a number of engagement events across the county with people living with dementia and their carers, held an event with providers and also worked with the GP locality groups to gather information about local service provision. Healthwatch Shropshire also worked with final year medical students to gain insight from them and their host practices to contribute to the project. The report will be published and inform the refreshed action plan in summer 2016.

Healthwatch Shropshire has escalated one issue to Healthwatch England to raise our concerns about overseas nurse recruitment and the experiences of our local acute trust. The escalation was shared by Healthwatch Staffordshire. Subsequently the overseas nurses have received visas and are beginning to work locally. Healthwatch Shropshire also raised a concern at a regional local Healthwatch network meeting about the pressures on social care of early discharge and admission avoidance initiatives.

Healthwatch Shropshire is a member of the Adult Safeguarding Board for Shropshire and during 2016 has raised safeguarding concerns about a particular care home. The concerns triggered an Enter & View visit and a CQC inspection and subsequently multi agency meetings have been convened at which Healthwatch Shropshire is present.

We engage with local service providers and commissioners as well as the area Quality Surveillance Group on the standard of local services. We have responded to requests for comments on specific issues when asked by Healthwatch England. We have also participated in webinars to discuss topical issues with Healthwatch England.

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 with CQC representatives.

Healthwatch Shropshire undertook Enter & View visits to local midwife led units to follow up the recommendations made in the local Maternity Services Review 2013. The overarching report was published and

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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2016

contributed to our response to the National Maternity Services Review in 2015. The findings were shared with Healthwatch England.

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

We respond to requests for comments on specific issues when asked by Healthwatch England and would identify issues with them as the need arose. We have also participated in webinars to discuss topical issues with Healthwatch England.

We actively participated in the regional Local Healthwatch meetings with Healthwatch England and have raised concerns during the year about the number of additional ways for people to share their experiences including NHS Citizen and through the CQC nationally. We were concerned that local information could be lost and not triangulated with existing data. Too many feedback routes has the potential to dilute the power of Healthwatch.

Responses from the system

The following is a selection of the responses we have received as a result of action taken by Healthwatch Shropshire. For the details of all the actions we have taken please see our You Said We Did report for 2015-16, which is available on our website at: <http://www.healthwatchshropshire.co.uk/documents>. Below are examples of the work we have been involved in:

We have been pleased to contribute to the CQC's inspection process for a number of local service providers during the year (Robert Jones & Agnes Hunt Orthopaedic NHS Foundation Trust, Shropshire Community Health NHS Trust and South Staffordshire & Shropshire Healthcare NHS Foundation Trust). We have anonymised and passed on to them comments we have received, both positive and negative, about the services concerned. We actively supported the listening events held prior to the inspection of the Robert Jones & Agnes Hunt Orthopaedic Hospital.

September's Hot Topic focussed on Orthopaedic surgery and the feedback received contributed to the CQC inspection (see above) and also to the local discussion on the Hip and Knee orthopaedic pathway.

Feedback is regularly received on the referral process into the acute sector; with the support of our Stakeholder Group and the local acute trust we undertook a survey in outpatients to gather patient experience information on the "booking and scheduling" processes. This has fed into a larger piece of work in the trust to inform an action plan and Healthwatch Shropshire will publish its report in the summer of 2016.

Social Care was an area that did not receive a large volume of comments and the January Hot Topic on social care services stimulated a range of comments and in particular has led to sharing of feedback on domiciliary care and the payment of care workers with Shropshire Council. A new brokerage system has been established for domiciliary care and a project is exploring the costs of providing care across a large rural county.

In January Healthwatch Shropshire gathered feedback on pharmacy services and also promoted the consultations on community pharmacy to raise awareness of proposed changes. The feedback received informed our consultation response to the Department of Health.

We have developed a strong relationship with Shropshire Clinical Commissioning Group including regular engagement with the Quality, Patient Safety & Experience Commissioning Manager to take forward comments which influence their oversight of health services.

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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2016

Being effective on the Health and Wellbeing Board

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. We are working with the HWBB and the Health Overview and Scrutiny Committee of Shropshire Council to ensure we avoid duplication and optimise opportunities for joint working.

Following the peer challenge in early 2015 Healthwatch Shropshire was invited to chair a task and finish group to develop a communication and engagement strategy for the Health and Wellbeing Board. This was agreed by the Health and Wellbeing Board and signed up to by the commissioners and providers in the county. An operational group was set up to implement the strategy and Healthwatch Shropshire actively participates.

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 2015-16 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 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 a part of the budget setting process and when a significant event may trigger the need for a review.

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 31 March 2016 the total free reserves of Healthwatch Shropshire were £27,821 (2014-15 - £20,337).

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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2016

Plans for future periods

a. Future developments

The Healthwatch Shropshire Work programme is led by the views of the people of Shropshire. As a result 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 2016-17 have been identified including:

- Increasing our engagement with young people (aged 17 – 25) and enabling them to feedback more easily on the services they use.
- Focus on discharge from hospital: Is it working for people? What are people's experiences of community services?
- Work with providers and commissioners of domiciliary care services and community NHS services to develop methodology to explore the quality of care delivered in people's homes
- Further develop engagement with people who are "seldom heard";
- Based on intelligence received, continue to develop our focus on specific service areas through the promotion of our monthly hot topics.
- Continue to engage in the NHS FutureFit and associated transformation work programmes including the Sustainability and Transformation Plan.

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

- CQC requests for patient experiences 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 also be delivering the Independent Health Complaints Advocacy Service from April 1, 2016. The additional feedback from patients will contribute to local intelligence.

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

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TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 MARCH 2016

- 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 dissemination at its Annual Event in early November.

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 23 June 2016 and signed on their behalf by:



Carole Hall, Chair

HEALTHWATCH SHROPSHIRE
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INDEPENDENT EXAMINER'S REPORT
FOR THE YEAR ENDED 31 MARCH 2016

Independent Examiner's Report to the Trustees of Healthwatch Shropshire

I report on the financial statements of the company for the year ended 31 March 2016 which are set out on pages 22 to 29.

This report is made solely to the 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 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 company and the company's Trustees as a body, for my work or for this report.

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 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 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.

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 and 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: *23/6/2016*

Mrs C Moelwyn-Williams FCA

Whittingham Riddell LLP
Chartered Accountants
Shrewsbury

HEALTHWATCH SHROPSHIRE
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STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2016

| | Note | Unrestricted funds 2016 £ | Total funds 2016 £ | <i>Total funds 2015 £</i> |
|-------------------------------------|------|------------------------------------|-----------------------------|---------------------------------------|
| INCOME FROM: | | | | |
| Charitable activities | 2 | 207,956 | 207,956 | 209,842 |
| Other income | 3 | 827 | 827 | - |
| TOTAL INCOME | | <u>208,783</u> | <u>208,783</u> | <u>209,842</u> |
| EXPENDITURE ON: | | | | |
| Charitable activities | 4,9 | 202,299 | 202,299 | 199,464 |
| TOTAL EXPENDITURE | 4 | <u>202,299</u> | <u>202,299</u> | <u>199,464</u> |
| NET INCOME | | <u>6,484</u> | <u>6,484</u> | <u>10,378</u> |
| NET MOVEMENT IN FUNDS | | 6,484 | 6,484 | 10,378 |
| RECONCILIATION OF FUNDS: | | | | |
| Total funds at 1 April 2015 | | 36,337 | 36,337 | 25,959 |
| TOTAL FUNDS AT 31 MARCH 2016 | | <u><u>42,821</u></u> | <u><u>42,821</u></u> | <u><u>36,337</u></u> |

All activities relate to continuing operations.

The notes on pages 24 to 29 form part of these financial statements.

HEALTHWATCH SHROPSHIRE
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REGISTERED NUMBER: 08415314

BALANCE SHEET
AS AT 31 MARCH 2016

| | Note | £ | 2016 £ | £ | 2015 £ |
|---|------|-----------------|---------------|-----------------|---------------|
| CURRENT ASSETS | | | | | |
| Debtors | 11 | 8,380 | | 9,427 | |
| Cash at bank and in hand | | 59,224 | | 55,327 | |
| | | <u>67,604</u> | | <u>64,754</u> | |
| CREDITORS: amounts falling due within one year | 12 | (24,783) | | (28,417) | |
| NET CURRENT ASSETS | | | 42,821 | | 36,337 |
| NET ASSETS | | | 42,821 | | 36,337 |
| CHARITY FUNDS | | | | | |
| Unrestricted funds | 13 | | 42,821 | | 36,337 |
| TOTAL FUNDS | | | 42,821 | | 36,337 |

The Trustees consider that the 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 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 23 June 2016 and signed on their behalf, by:



Carole Hall, Chair

The notes on pages 24 to 29 form part of these financial statements.

HEALTHWATCH SHROPSHIRE
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016

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 Reconciliation with previous Generally Accepted Accounting Practice

In preparing these accounts, the Trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 the restatement of comparative items was required.

No restatements were required.

1.3 Company status

The company is a company limited by guarantee. The members of the company are the Trustees named on page 1. In the event of the company being wound up, the liability in respect of the guarantee is limited to £1 per member of the 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 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 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.

HEALTHWATCH SHROPSHIRE
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016

1. ACCOUNTING POLICIES (continued)

1.6 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings.

Support costs are those costs incurred directly in support of expenditure on the objects of the company and include financial and IT support.

Governance costs are those incurred in connection with administration of the 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.

Irrecoverable VAT is charged against the expenditure heading for which it was incurred.

1.7 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount repaid 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.

1.9 Creditors and provisions

Creditors and provisions are recognised where the company has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

2. INCOME FROM CHARITABLE ACTIVITIES

| | Unrestricted funds 2016 £ | Total funds 2016 £ | <i>Total funds 2015 £</i> |
|-----------------------|--|---------------------------------------|---------------------------------------|
| Charitable activities | 207,956 | 207,956 | <i>209,842</i> |

In 2015, of the total income from charitable activities, £209,842 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 2016

3. OTHER INCOMING RESOURCES

| | Unrestricted funds 2016 £ | Total funds 2016 £ | <i>Total funds 2015 £</i> |
|--------------|--|---------------------------------------|---------------------------------------|
| Other income | 827 | 827 | - |

In 2015, of the total other incoming resources, £NIL was to unrestricted funds and £NIL was to restricted funds.

4. ANALYSIS OF RESOURCES EXPENDED BY EXPENDITURE TYPE

| | Other costs 2016 £ | <i>Total 2015 £</i> |
|------------------------------------|-----------------------------------|-----------------------------|
| Charitable activities (note 5) | 198,351 | 195,822 |
| Expenditure on governance (note 9) | 3,948 | 3,642 |
| | 202,299 | 199,464 |

In 2015, of the total resources expended, £199,464 was from unrestricted funds and £NIL was from restricted funds.

5. ANALYSIS OF RESOURCES EXPENDED BY ACTIVITIES

| | Activities undertaken directly 2016 £ | Grant funding of activities 2016 £ | Support costs 2016 £ | Total 2016 £ | <i>Total 2015 £</i> |
|-----------------------|--|---|---|-----------------------------|-----------------------------|
| Charitable activities | 169,242 | 11,944 | 17,165 | 198,351 | 195,822 |

HEALTHWATCH SHROPSHIRE
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016

6. DIRECT COSTS

| | Charitable activities | Total 2016 | <i>Total 2015</i> |
|---|----------------------------------|-----------------------|-----------------------|
| | £ | £ | £ |
| Wages and salaries | 113,059 | 113,059 | 114,121 |
| Volunteer & Trustee non-governance expenses | 7,416 | 7,416 | 8,522 |
| Telephone and remote broadband | 620 | 620 | 457 |
| Venue hire and events | 3,951 | 3,951 | 3,445 |
| Recruitment (including DBS checks) | 2,234 | 2,234 | 240 |
| Equipment | 1,455 | 1,455 | 238 |
| Postage | 687 | 687 | 427 |
| Photocopying/Internal printing | 2,275 | 2,275 | 2,520 |
| Marketing and publicity | 7,017 | 7,017 | 6,798 |
| Office stationery | 560 | 560 | 488 |
| Travel and subsistence | 4,898 | 4,898 | 5,021 |
| Training and development | 2,865 | 2,865 | 1,785 |
| Insurance | 1,615 | 1,615 | 909 |
| Consultancy | 6,077 | 6,077 | 13,724 |
| Publications/Subscriptions | 811 | 811 | 255 |
| ICT | 298 | 298 | 109 |
| Website | 360 | 360 | 408 |
| Office rent | 13,044 | 13,044 | 12,863 |
| | <u>169,242</u> | <u>169,242</u> | <u>172,330</u> |

7. ANALYSIS OF GRANTS

| | Grants to Institutions | Total | <i>Total</i> |
|-------------------------------|-----------------------------------|---------------|--------------|
| | 2016 | 2016 | 2015 |
| | £ | £ | £ |
| Grants, Charitable activities | <u>11,944</u> | <u>11,944</u> | <u>7,545</u> |

8. SUPPORT COSTS

| | Charitable activities | Total | <i>Total</i> |
|--------------------------|----------------------------------|---------------|---------------|
| | £ | £ | £ |
| Sundry support costs | 2,843 | 2,843 | 1,906 |
| Financial administration | 14,322 | 14,322 | 14,041 |
| | <u>17,165</u> | <u>17,165</u> | <u>15,947</u> |

HEALTHWATCH SHROPSHIRE
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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016**

9. GOVERNANCE COSTS

| | Unrestricted funds 2016 £ | Total funds 2016 £ | Total funds 2015 £ |
|------------------------------|------------------------------------|-----------------------------|-----------------------------|
| Trustee expenses | 1,094 | 1,094 | 1,248 |
| Independent Examination fee | 1,164 | 1,164 | 1,140 |
| Trustees Indemnity Insurance | 492 | 492 | 490 |
| Trustee meeting expenses | 388 | 388 | 716 |
| Other | 13 | 13 | 48 |
| Professional fees | 797 | 797 | - |
| | <u>3,948</u> | <u>3,948</u> | <u>3,642</u> |

10. NET INCOMING RESOURCES/(RESOURCES EXPENDED)

During the year, no Trustees received any remuneration (2015 - £NIL).

During the year, no Trustees received any benefits in kind (2015 - £NIL).

During the year, 10 Trustees received reimbursement of expenses totalling £5,961 (2015 - 9 Trustees, £6,292).

11. DEBTORS

| | 2016 £ | 2015 £ |
|--------------------------------|--------------|--------------|
| Trade debtors | 7,915 | 8,651 |
| Prepayments and accrued income | 465 | 776 |
| | <u>8,380</u> | <u>9,427</u> |

12. CREDITORS:

Amounts falling due within one year

| | 2016 £ | 2015 £ |
|------------------------------------|---------------|---------------|
| Income received in advance | - | 2,400 |
| Trade creditors | 10,333 | 8,379 |
| Other taxation and social security | 2,323 | 1,832 |
| Other creditors | 10,000 | 13,425 |
| Accruals and deferred income | 2,127 | 2,381 |
| | <u>24,783</u> | <u>28,417</u> |

Other creditors includes £10,529 in relation to a provision for Committed Research Grants (2015: £9,904).

HEALTHWATCH SHROPSHIRE
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2016**

13. STATEMENT OF FUNDS

| | Brought Forward £ | Incoming resources £ | Resources Expended £ | Transfers in/out £ | Carried Forward £ |
|--------------------------------|-------------------------|----------------------------|----------------------------|--------------------------|-------------------------|
| Designated funds | | | | | |
| Information System Expenditure | 15,000 | - | - | - | 15,000 |
| Grant Research Training | 1,000 | - | (465) | (535) | - |
| | <u>16,000</u> | <u>-</u> | <u>(465)</u> | <u>(535)</u> | <u>15,000</u> |
| General funds | | | | | |
| General Funds | 20,337 | 208,783 | (201,834) | 535 | 27,821 |
| Total Unrestricted funds | <u>36,337</u> | <u>208,783</u> | <u>(202,299)</u> | <u>-</u> | <u>42,821</u> |
| Total of funds | <u><u>36,337</u></u> | <u><u>208,783</u></u> | <u><u>(202,299)</u></u> | <u><u>-</u></u> | <u><u>42,821</u></u> |

The Information System Expenditure Fund is for the purchase of an information system suitable for the collection and analysis of the data collected by Healthwatch Shropshire.

The Grant Research Training Fund was for the provision of training to the voluntary and community sector on research applications in 2015-16.

SUMMARY OF FUNDS

| | Brought Forward £ | Incoming resources £ | Resources Expended £ | Transfers in/out £ | Carried Forward £ |
|------------------|-------------------------|----------------------------|----------------------------|--------------------------|-------------------------|
| Designated funds | 16,000 | - | (465) | (535) | 15,000 |
| General funds | 20,337 | 208,783 | (201,834) | 535 | 27,821 |
| | <u>36,337</u> | <u>208,783</u> | <u>(202,299)</u> | <u>-</u> | <u>42,821</u> |

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

| | Unrestricted funds 2016 £ | Total funds 2016 £ | Total funds 2015 £ |
|-------------------------------|------------------------------------|-----------------------------|-----------------------------|
| Current assets | 67,604 | 67,604 | 64,754 |
| Creditors due within one year | (24,783) | (24,783) | (28,417) |
| | <u>42,821</u> | <u>42,821</u> | <u>36,337</u> |