HEALTHWATCH SUTTON

Company No: 08171224
(A Company Limited by Guarantee and not having a Share Capital)

Charity No: 1151601

FINANCIAL STATEMENTS
FOR THE YEAR TO 31 MARCH 2015

MYRUS SMITH
Chartered Accountants
Norman House,
8 Burnell Road,
Sutton, Surrey.
SM1 4BW
HEALTHWATCH SUTTON

Company No: 08171224
(A Company Limited by Guarantee and not having a Share Capital)

Charity No: 1151601

Annual Report
FOR THE YEAR TO 31 MARCH 2015

Legal and Administrative Details ........................................... 1
Report of the Trustees ......................................................... 2 - 9
Independent Examiner’s Report ........................................... 10
Statement of Financial Activities ........................................ 11
Balance Sheet ..................................................................... 12
Notes to the Financial Statements ......................................... 13 - 15
HEALTHWATCH SUTTON
Company No: 08171224
Charity No: 1151601

TRUSTEES’ REPORT AND ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2015

The Board of Directors/Trustees presents its report and audited financial statements for the year ended 31 March 2015.

Reference and Administrative Information

Honorary President
Edward Gates MBE

Charity No.
1151601

Company No.
08171224

Registered Office and Principal address:
Granfers Community Centre
73-79 Oakhill Road,
Sutton
Surrey
SM1 3AA

Board of Directors/Trustees who served during the year and up to the date of this report:

Chairperson:
Doris Richards (until November 2014)

Chairperson:
David Williams (from November 2014)

Vice Chairperson:
Annette Brown (from November 2014)

Adrian Attard
Derek Yeo
Hillary Smith (until September 2014)
Shri Mehrotra
Sylvia Aslangul

Staff Team:
Pete Flavell – Operational Manager
Pam Howe – Volunteer and Engagement Officer
Sara Thomas – Communications and Administration Officer

Bankers:
Barclays Bank PLC
43 High Street
Sutton
Surrey
SM1 1DR

Independent Examiner:
Stephen Jones
c/o Myrus Smith
Chartered Accountants
Norman House
8 Burnell Road
Sutton
Surrey
SM1 4BW
HEALTHWATCH SUTTON
REPORT OF THE TRUSTEES
FOR THE YEAR TO 31 MARCH 2015

1. Structure, governance and management

Healthwatch Sutton (HWS) is the consumer champion for health and social care in Sutton. HWS was incorporated on 7 August 2012 and achieved charitable status on 11 April 2013 it is therefore both a Company limited by Guarantee (08171224) and a registered Charity (1151601).

HWS is governed by a Board of Directors/Trustees (currently 6) who meet bi-monthly to oversee the strategic direction and development of the organisation. The original directors/trustees in 2013/14 were those who established the organisation but they were then subject to election by the members at the first AGM in February 2014. The members of HWS are local voluntary organisations and individual residents who have an interest in health and social care and support the work of HWS.

The Board of HWS work in partnership with 3 local voluntary organisations (through sub-contracting arrangements) to deliver the work of HWS. The HWS partner organisations are:

- Sutton Centre for the Voluntary Sector (SCVS) who support the Board, the running of HWS, the engagement and representation role and the delivery of specific projects.
- SCILL who provide the information and advice service.
- Sutton Citizen’s Advice Bureau who provide a complaints advocacy service.

Recruitment and Appointment of new Trustees

Trustees are recruited and co-opted on to the Board of Healthwatch Sutton during the course of the year to meet the requirements of the organisation. At the Annual General Meeting the membership vote as to whether or not they should be elected to the board.

2. Financial Review

HWS’s main source of income comes from the London Borough of Sutton and in 2014/15 £197,987 was received to deliver the activities of the organisation. From this £40,000 was allocated to Sutton CABx and £39,800 to SCILL to deliver work on behalf of HWS. The balance was retained by HWS/SCVS to deliver the core work of the organisation – including funding the 3 staff posts and office accommodation.

Additional funding of £29,550 was secured from Sutton Clinical Commissioning Group to support work to development Patient Participation Groups and the Patient Reference Group.

3. Public Benefit Statement

Healthwatch Sutton Trustees have complied with their duty to have due regard to the guidance on public benefit published by the Commission in exercising their powers or duties. The activities delivered during 2014/15 have been entirely in accordance with the charitable objectives.

4. Objectives and Activities

4.1 The Objects of the Charity are:

- the advancement of health and the relief of those in need, including:
  i. providing information and advice to the general public about local health and social care services; and
  ii. making the views and experiences of members of the general public known to health and social care providers;
4.1 The Objects of the Charity are:

- the advancement of citizenship and community development, including ensuring local people have a voice in the development, delivery and equality of access to local health and care services and facilities;
- the advancement of education, including the provision of training and the development of skills for volunteers and the wider community in understanding, reviewing and monitoring local health and care services and facilities;
- any other exclusively charitable purposes as the Trustees see fit;
- in particular (but not exclusively) in Sutton and neighbouring areas of South London.
- This provision may be amended by special resolution but only with the prior written consent of the Commission.

4.1 Activities

HWS gives people a chance to have their say and help to improve local health and social care services. It does this through the following activities:

- Gives people information, advice and support about local health and social care services.
- Actively finds out what people think about health and social care services.
- Has voting rights on the local Health and Wellbeing Board and makes recommendations on how health and social care services should be run.
- Shares information and ideas with other local Healthwatch groups, Healthwatch England and the Care Quality Commission.

5. Achievements and Performance

The main achievements during 2014/15 were as follows.

5.1 Hospital Discharge

During 2014/15 we carried out a piece of work to find out about people's experience of being discharged from St Helier hospital. Patients took part in a short telephone interview with HWS volunteers after they had been discharged from hospital. We had some very positive feedback; however this work also highlighted several areas where things could be improved.

These included:

- **Communication** – poor communication about the services patients need after discharge. Poor discharge summaries.
- **Delays** on the day of discharge due to medication or transport. Delays to the day of discharge due to tests and procedures. Discharges late in the day.
- **Information** – Patients not aware who to contact after leaving hospital. Little or no written information for patients or their families.

Following our report, Epsom and St Helier hospitals has worked with us to try and find solutions to some of the issues that arose.

In November 2014, the Trust organised a workshop for hospital staff and Healthwatch to discuss the findings and work on a way forward.

A Work Plan was developed by the Service Improvement team that identified actions to address these problems. This resulted in a further workshop with staff and Healthwatch to look at the literature and other documents given to patients and a series of changes have been identified to improve these documents.

Several of the recommendations related to improved working between health and social care and better integration of services and these have been taken up as part of the Better Care Fund.

Our report has been used as part of the evidence put forward at Sutton Clinical Commissioning Group's Quality Committee in relation to the Better Care Fund.

Our report has also been used as part of Healthwatch England's Special Inquiry in to unsafe discharge.
5.2 Way-finding Project
HWS was invited, by Epsom and St Helier hospitals, to take part in two special focus groups to help the Trust redesign their signage and improve the patient experience of finding their way around both hospital sites.

In order to make effective contributions two groups of trained 'authorised' Healthwatch volunteers undertook to walk around each of the hospital sites to look at signage/wayfinding and gather views and experiences to feed in.

5.3 GP Access
Following a consultation with Sutton residents in early 2014, a large number of people said they thought that GP services were an area of concern. In particular, getting to see or speak to a GP. They included problems with making an appointment and issues relating to the times that GP were available and what to do out-of-hours.

We took up the challenge to look at this in more detail and developed a questionnaire about accessing GP services. In the space of 2 months over 450 people completed our questionnaire. We promoted our survey to local voluntary and community groups and asked if they could encourage their members to complete a survey. The survey was also promoted through social media and various websites.

We produced our 'GP Access' report which included the results of the survey.

The key findings were:
- A majority of respondents said that they would be willing to travel to another location locally and see a different doctor if they wanted a routine appointment on a Saturday or Sunday.
- Patients are keen to have Saturday and evening appointment, though Sunday appointments were less favoured.
- Nearly a third of respondents would prefer to use either on-line, email or text to book an appointment instead of 'by phone or in person'.
- When patients call their GP they want to be able to make an appointment straight away and not wait for a call back or call at a specific time in the morning.
- Working age people felt that their appointments were less convenient than those of non-working age.
- Of the patients who couldn't get a convenient appointment, 24% said this was because they could not book ahead.

The report was shared with NHS England and Sutton Clinical Commissioning Group (CCG). Sutton CCG is using this information as part of their evidence to investigate the potential move to extend the hours GPs are available in Sutton.

Our report has also been used by Healthwatch England as part of their evidence in a national report looking at the difficulties patients have encountered accessing their GP.

5.4 Caring for People with Dementia
Dementia and caring for people with dementia appear more and more in government discussions and national media. The feedback that we received showed that Sutton is no exception when it comes to concern about this subject and as such we were keen to investigate this further.

In September 2014, Healthwatch Sutton held a themed information and engagement event, which was attended by over 50 participants who expressed an interest in dementia. Speakers from the London Borough of Sutton, Sutton Carers' Centre and the Alzheimer's Society gave an overview of the local and national situation. Following these presentations, group discussions talked about what the issues were locally and how these may be addressed.
5.4 Caring for People with Dementia/contd...

The themes that emerged were very varied, however, many spoke of the issues around finding support and access to information especially just after diagnosis.

In order to take this work forward, Healthwatch Sutton worked in partnership with Sutton Alzheimer's Society and agreed to ask a small number of people to take part in making diaries about their experience. This would be done with the support of Healthwatch Sutton volunteers. These diaries will be used to create case studies that demonstrate the problems that carers and the people they care for have encountered and identify possible solutions. This piece of work is on-going and we hope to be able to publish these case studies in the autumn of 2015.

5.5 Children and Young People's Priorities

When it comes to engaging with local people, we know that we often speak to groups that represent the elderly. To address this imbalance, we are carrying out a project working with young people in Sutton. Before we could even start this work, we needed to find out what areas of health and social care were most important to them. We carried out a prioritisation exercise. We asked young people to identify their top three areas of concern. To our surprise, their highest priority was 'body image'.

We felt strongly that the work that we would carry out for this project should involve young people and be in a medium that young people prefer. So we agreed to make a film about this subject. We asked a local company called Citizenship Media Group if they could help us. They have great connections with young people in Sutton and would also involve young people in artistic direction and editing of the film. Interviews were carried out in a variety of locations with a wide variety of young people. The film will be launched in the summer of 2015.

5.6 Volunteer Activities

These have included:
- Carrying out telephone interviews with patients that had been recently discharged from hospital.
- Attending workshops set up by St Helier Hospital to look at reviewing patient literature and leaflets for patients when they are discharged from hospital.
- Visiting two hospital sites (St Helier & Epsom) and provided feedback on the signage and finding their way around the hospitals.
- Promoting the GP Access survey and encouraged local residents to have their say.
- Attending training for the Caring for people with Dementia project, including Dementia Friends and writing case studies.
- Promoting the children and young people's survey.
- Providing some administrative support and helped at events.

5.7 Developing Patient Participation Groups

- Patient Participation Groups

During 2014/15, Healthwatch Sutton (HWS) has provided independent support for the development of Patient Participation Groups (PPGs) and engagement with the Patient Reference Group (PRG) across Sutton.

Almost all of Suttons GP practices now have a PPG and are represented on the PRG.

In November 2014 HWS facilitated Sutton's first Patient Participation Group Forum. 32 members of patient groups, from 19 different Sutton practices, met to learn about the activities of other groups, share ideas and good practice and explore the challenges faced in setting up and running an effective patient group.
Patient Reference Group

The Patient Reference Group (PRG) provides a forum for dialogue between patient representatives from practice based groups and Sutton Clinical Commissioning Group (SCCG) to ensure they have meaningful engagement with patients and to deliver an effective patient voice.

Healthwatch support has included introducing agenda setting meetings, good governance guidance, progressing an election of officers for the group, a competition to design the group’s logo and 2 workshops for PRG members providing training in understanding the healthcare structure and role and remit of the group.

The PRG holds bi monthly meetings. Membership of the group is voluntary and open to patients elected or selected from individual Sutton GP Practice Participation Groups.

Patient representatives are encouraged to raise issues about local commissioned services, with Sutton CCG and concerns around the provision of podiatry, the NHS 111 service and the changes to the provision of mental health in patient services were highlighted in their work plan.

Representatives are provided with regular updates on commissioning planning, priorities and changes to the way services will be commissioned including Collaborative Commissioning, Primary Care Co-Commissioning and the Better Care Fund.

Opportunities to participate in consultations were shared with representatives who are encouraged to inform and engage their wider practice population.

Consultations included the Pharmaceutical Needs Assessment and changes to mental health inpatient services.

Patient Reference Group Commissioning Workshop

In September 2014 the PRG undertook a key piece of work with representatives collecting the views of their practice patients about the health services patients would like to see prioritised in the commissioning planning and where they would wish to see these delivered.

21 of Sutton’s 27 GP Practices were represented at the workshop and almost 200 bullet point comments noted as a result of conversations and surveys.

So what do local people want?
More and better services overall particularly in the area of mental health
The provision of services which support early intervention and prevention
Quality hospital care.

What’s important?
That services are local, accessible by public transport, that the needs of Carers are taken into account and that services are not “one size fits all”.

What needs improving?
Information, waiting times, the integration of health and care services

Sutton CCG used the patient feedback to inform their commissioning planning for 2015/16.

5.8 Information and Signposting

This year SCILL have continued to promote its Community Information and Advice Service and the Healthwatch Sutton Service to ensure the wider public are aware of the services available to them. The team have secured links with a number of Health professionals and encourage referrals to the service.
5.8 Information and Signposting/contd.

During 2014/15 SCILL have attend and promoted HWS at 184 events across the Borough, received 118 enquiries relating to health and or social care and have spoken with over 3,000 Sutton residents.

After a lot of hard work and perseverance in May 2014 SCILL successfully secured a regular outreach every 3 weeks at St Helier Hospital in the Retreat Café.

As a result of the work at the Hospital talks have been arranged and given to the Cardiac Rehab Team, Rapid Response Team and the Stroke Ward. Staff at the hospital regularly speak to the SCILL team if they need help or guidance.

A number of locations at the hospital have SCILL leaflets that can be given to patients. The Hospital Information Centre not only has all the information for SCILL but also calls regularly asking for advice. This is an example of good partnership working.

In April 2015 we are anticipating that we will have a regular outreach location at the Jubilee Health Centre in Wallington. This will enable us to speak to the patients and staff directly.

This year we were invited to the Robin Hood Health Centre, Sutton during the flu vaccine sessions to handout leaflets to patients. As a result there was an increase in the number of enquiries for footcare services.

The majority of Pharmacists in the Borough have been revisited to ensure they have leaflets. We continue to receive calls from people who have been directed to us by their Community Nurse, Occupational Therapist or Health Care Professional. This follows on from the work that SCILL did last year to raise awareness.

Talks have also been given to the START team and The No Panic Group amongst others.

The Information Team have assisted and signposted local residents on the following topics:-
- Treatments and Therapies
- Stroke club drop in
- Parkinson's
- Local Physiotherapists
- Chiropody and Footcare Services
- PALS
- MS Society
- Daily living aids and disability equipment
- Dental Services including home visiting services
- Breathe Easy Group
- Fibromyalgia
- Exercise Classes

5.9 Complaints Advocacy
Sutton Borough Citizens Advice Bureaux (CABx) provides the complaints advocacy service for HWS.

The HWS complaints advocacy service is delivered by 3 volunteer specialist advisers. The complaints advocacy volunteers, like all CABx advisers received full training in advice work and are supported by a very experienced supervisor.

The CABx complaints and advocacy staff will talk with the client about their options and then provide any necessary support with their chosen option. The advisers use the CABx services up to date and comprehensive, online information resource to advise the clients.
5.9 Complaints Advocacy/contd...

During 2014-2015 the complaints advocacy advisors have met with 67 clients.

The HWS complaints and advocacy service benefits from CABx relationship with two local solicitors who give free advice to clients on clinical negligence and personal injury claims.

6. Plans for the Future 2015/16

The following areas of work have been agreed for 2015/16 by the HWS Board. These areas of work have been selected following responses received at one of our information and engagement event and the implementation of 'What matters to you?' the new way in which we plan to collect information and feedback from local residents.

Analysis of the data that we have received has identified the following areas for investigation for the year 2015-16.

6.1 Outpatient Care
People have told us that this is a priority area for them. Issues they have identified include:
- Appointments
- Enough time with clinicians
- Waiting areas
- Parking

This will be first time that Healthwatch Sutton has carried out a project to look at outpatient services. The team will look into different ways to gather the views of service users and their carers.

6.2 Inpatient Care
HWS carried out a project looking at discharge in 2014, however, our feedback shows that there are several other areas of concern for people about inpatient care so we will be looking to target those areas that we have not already investigated. The insight that we have received from patients shows us that these areas are of concern:
- Staffing levels at weekends
- Bank nursing staff and having sufficient nursing staff
- Food
- Noise at night

6.3 Mental Health of Young People
We believe that our ‘body image’ work will lead to the need for more work to identify in a broader sense issues that affect the mental health of young people in Sutton. Once the film has been completed we will be looking to see how we can take this further.

We are always looking to find new ways of engaging with the residents of Sutton and will continue to hold regular events and improve our systems that capture the views and experiences of local people.

We will also ensure that we are able to use the views that we have captured to influence key decision-making organisations that provide or deliver health and social care services. We will continue to input into the engagement processes of the Better Care Fund, the South West London Primary Care Co-commissioning Committee and monitor the changes coming as part of the Care Act. We will also be monitoring any other potential changes that may impact on local services.
7. Trustees' Responsibilities Statement

The trustees (who are also directors of Healthwatch Sutton for the purposes of company law) are responsible for preparing the Trustees' Annual 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, which 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 judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- 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 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 has been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (issued in March 2005) and in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the Board of Trustees on 13th July 2015 and signed on its behalf by:

D. Williams
Trustee
Independent Examiner's Report to the Members of:

HEALTHWATCH SUTTON

I report on the accounts of the Healthwatch Sutton for the year ended 31 March 2015, which are set out on pages 11 to 15.

Respective responsibilities of trustees and examiner

The trustees are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the Act 2011) and that an independent examination is needed.

Having satisfied myself that the charity is eligible for independent examination, it is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to 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 charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, 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 accounts 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 accounts which accord with the accounting records, 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 accounts to be reached.

S. A. Jones FCA
C/o Myrus Smith
Chartered Accountants

Norman House
8 Burnell Road
Sutton, Surrey
SM1 4BW

13th July 2015
HEALTHWATCH SUTTON

STATEMENT OF FINANCIAL ACTIVITIES
(Incorporating Income and Expenditure Account)
FOR THE YEAR TO 31 MARCH 2015

<table>
<thead>
<tr>
<th>INCOMING RESOURCES</th>
<th>Notes</th>
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<tr>
<td>Activities for generating funds:</td>
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</tr>
<tr>
<td>Voluntary income</td>
<td></td>
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<tr>
<td>Incoming resources from charitable activities</td>
<td>2</td>
</tr>
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</table>

**TOTAL INCOMING RESOURCES**

<table>
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<tr>
<th>RESOURCES EXPENDED</th>
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<tr>
<td>Charitable activities</td>
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<tr>
<td>Governance costs</td>
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**TOTAL RESOURCES EXPENDED**

<table>
<thead>
<tr>
<th>NET MOVEMENT IN FUNDS</th>
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<tr>
<td>Funds brought forward at 31 March 2014</td>
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**Funds carried forward at 31 March 2015**

<table>
<thead>
<tr>
<th>Total Funds</th>
<th>Year to 31 March</th>
<th>11 months to 31 March</th>
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<tbody>
<tr>
<td>Notes</td>
<td>£</td>
<td>£</td>
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<tr>
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<td>2015</td>
<td>2014</td>
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<td></td>
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<tr>
<td>Voluntary income</td>
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<tr>
<td>Incoming resources from charitable activities</td>
<td>2</td>
<td>227,737</td>
</tr>
<tr>
<td><strong>TOTAL INCOMING RESOURCES</strong></td>
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<td>228,153</td>
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<tr>
<td>Charitable activities</td>
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<td>Governance costs</td>
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<td>2,762</td>
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<tr>
<td><strong>TOTAL RESOURCES EXPENDED</strong></td>
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<tr>
<td>Funds brought forward at 31 March 2014</td>
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<tr>
<td><strong>Funds carried forward at 31 March 2015</strong></td>
<td></td>
<td>13,554</td>
</tr>
</tbody>
</table>

All funds are unrestricted.

The notes form part of these Financial Statements
HEALTHWATCH SUTTON
(Company No: 08171224)

BALANCE SHEET
AS AT 31 MARCH 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>Year to 31 March</th>
<th>11 months to 31 March</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2014</td>
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CURRENT ASSETS

<table>
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<th></th>
<th>£</th>
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<tbody>
<tr>
<td>Debtors</td>
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<td>Cash at Bank</td>
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<td></td>
<td></td>
<td>183,183</td>
</tr>
</tbody>
</table>

CREDITORS:

| Amounts falling due within one year | 7 | 66,391 | 8,108 |

NET ASSETS

|                | £13,554 | £10,251 |

Funds

| Unrestricted funds | 8 | £13,554 | £10,251 |

The company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2015.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2015 in accordance with Section 476 of the Companies Act 2006.

The directors acknowledge their responsibilities for:

(a) ensuring that the company keeps accounting records which comply with Section 386 and 387 of the Companies Act 2006 and
(b) preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of each financial year and of its profit for loss for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the company.

These Financial Statements have been prepared in accordance with the Special Provisions of Part 15 of the Companies Act 2006 relating to small companies and the Financial Reporting Standards for Smaller Entities (effective April 2008).

Approved by the Board of Trustees on 13th July 2015 and signed on its behalf by:

D Williams
Trustee

The notes form part of these Financial Statements.
1. ACCOUNTING POLICIES

a) Basis of Accounting

The Financial Statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice "Accounting and Reporting by Charities" issued in March 2005, the Companies Act 2006 and the Financial Reporting Standards for Smaller Entities (effective April 2008).

b) Fund Accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Restricted funds are those funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for specific purposes.

c) Company Status

The charity is a company limited by guarantee. The members of the company are the trustees. In the event of the charity being wound-up, the liability in respect of the guarantee is limited to £1 per member of the charity.

d) Incoming Resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. Income from contracts which are related to performance is recognised as the charity earns the right to consideration by its performance.

e) Resources Expended

All expenditure is accounted for on an accruals basis.

Charitable activities comprise those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include audit fees and costs linked to the strategic management of the charity.

f) Pension Costs

The charity operates a defined contribution pension scheme for the benefit of its employees. The cost of contributions are charged to the Statement of Financial Activities in the year they are payable.
# Incoming Resources from Charitable Activities

<table>
<thead>
<tr>
<th></th>
<th>Year to 31 March 2015</th>
<th>11 months to 31 March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracts</td>
<td></td>
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<tr>
<td>London Borough of Sutton</td>
<td>197,987</td>
<td>202,916</td>
</tr>
<tr>
<td>NHS Sutton Clinical Commissioning Group</td>
<td>29,550</td>
<td>19,700</td>
</tr>
<tr>
<td>Other</td>
<td>200</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>£227,737</strong></td>
<td><strong>£222,616</strong></td>
</tr>
</tbody>
</table>

# Charitable Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year to 31 March 2015</th>
<th>11 months to 31 March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff and volunteers costs</td>
<td>103,194</td>
<td>98,473</td>
</tr>
<tr>
<td>Fees to sub-contractors</td>
<td>79,800</td>
<td>79,800</td>
</tr>
<tr>
<td>Property costs</td>
<td>8,205</td>
<td>7,193</td>
</tr>
<tr>
<td>General running costs</td>
<td>8,829</td>
<td>9,926</td>
</tr>
<tr>
<td>Legal costs</td>
<td>468</td>
<td>-</td>
</tr>
<tr>
<td>Management costs</td>
<td>7,690</td>
<td>5,139</td>
</tr>
<tr>
<td>ICT costs</td>
<td>2,792</td>
<td>2,552</td>
</tr>
<tr>
<td>Finance costs</td>
<td>5,330</td>
<td>1,500</td>
</tr>
<tr>
<td>Other support costs</td>
<td>4,820</td>
<td>4,802</td>
</tr>
<tr>
<td>Accountancy fees</td>
<td>960</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>£222,088</strong></td>
<td><strong>£209,385</strong></td>
</tr>
</tbody>
</table>

# Governance Costs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year to 31 March 2015</th>
<th>11 months to 31 March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Examiners fees</td>
<td>1,440</td>
<td>-</td>
</tr>
<tr>
<td>Audit fees</td>
<td>-</td>
<td>1,500</td>
</tr>
<tr>
<td>Board Meetings and AGM</td>
<td>1,309</td>
<td>1,467</td>
</tr>
<tr>
<td>Other costs</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td><strong>£2,762</strong></td>
<td><strong>£2,980</strong></td>
</tr>
</tbody>
</table>

# Staff Costs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year to 31 March 2015</th>
<th>11 months to 31 March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>89,035</td>
<td>83,857</td>
</tr>
<tr>
<td>Social Security</td>
<td>9,023</td>
<td>6,475</td>
</tr>
<tr>
<td>Pension costs</td>
<td>4,041</td>
<td>3,059</td>
</tr>
<tr>
<td>Total</td>
<td><strong>£102,099</strong></td>
<td><strong>£95,391</strong></td>
</tr>
</tbody>
</table>

Average number of employees based on full-time equivalents

<table>
<thead>
<tr>
<th>No:</th>
<th>No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

No employee received remuneration amounting to more than £60,000 in either period.
HEALTHWATCH SUTTON
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR TO 31 MARCH 2015
/cont'd....

6. DEBTORS

<table>
<thead>
<tr>
<th></th>
<th>Year to 31 March</th>
<th>11 months to 31 March</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2014</td>
</tr>
<tr>
<td>Other debtors and prepayments</td>
<td>£178</td>
<td>£183</td>
</tr>
</tbody>
</table>

7. CREDITORS: Amounts falling due within one year

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred Income</td>
<td>49,497</td>
<td>-</td>
</tr>
<tr>
<td>Accruals</td>
<td>16,894</td>
<td>8,108</td>
</tr>
<tr>
<td></td>
<td>£66,391</td>
<td>£8,108</td>
</tr>
</tbody>
</table>

8. STATEMENT OF FUNDS

<table>
<thead>
<tr>
<th></th>
<th>At 31 March 2014</th>
<th>Incoming Resources 2014</th>
<th>Resources Expended 2015</th>
<th>At 31 March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted funds</td>
<td>£10,251</td>
<td>£228,153</td>
<td>£224,850</td>
<td>£13,554</td>
</tr>
<tr>
<td>General funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The General Fund represents the free resources of the charity which are not designated for particular purposes.

9. RELATED PARTIES

During the year three (2014: three) trustees were reimbursed £61 (2014: £431) for travel expenses.

The trustees received no remuneration in either year.