



HEALTHWATCH CENTRAL WEST LONDON
(a company limited by guarantee & not having a share capital)

Financial Statements
31st March 2022

Reference and Administrative details

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TRUSTEE, EXECUTIVE, ADVISORS AND BANKERS

Trustees:

Chair:	Christine Vigars
Vice Chair:	Joanna Mark-Richards Layo
Treasurer:	Yusuf
Others:	Abdul Towolawi Keith Mallinson Helen Cooke Tania Kerno Patrick McVeigh Chris Doherty

CEO

Olivia Clymer

Independent Examiner

A&B Chartered Certified Accountants

1 Orchard Close
Essex
RM15 6HS

Principal Bankers

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160-166 Kensington High
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W8 7RG

Registered office

5.22 Grand Union Studios
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Solicitors

Russell-Cooke
2 Putney Hill
London
SW15 6AB

Company number: 08548208

A charitable company approved by the Charity Commissioners
Registered number: 1154777

Report of the Trustees for the year ended 31 March 2022

The Trustees present the report and the independent examined financial statements for the year to 31 March 2022.

STRUCTURE, GOVERNANCE & MANAGEMENT

Governing Document

Healthwatch Central West London (“The Charity”) is a registered charity and is incorporated as a company limited by guarantee and its governing document is its Memorandum and Articles of Association.

Recruitment and Appointment of the Board of Management

A Board of Trustees provides strategic direction, governance and oversight. The Board of Trustees are appointed following external recruitment. The Chair of the Charity, Christine Vigars has led the charity to independence and increasing profile across North West London and as part of the national Healthwatch network.

Trustees bring a wide range of experience to the Board, from the public, private and charitable sectors, including social work, healthcare management, public sector commissioning, human resources, finance, legal expertise, and fundraising.

The Charity has Local Committees who collate and represent the views and needs of each of the Boroughs in which the charity operates. There are up to 16 people on each Local Committee, at least six of whom are local residents, and at most, six of whom represent local community groups or organisations. There are places on the Board of Trustees for three people to represent each Borough, one of whom must be nominated from the Local Committee of each Borough.

The day to day running of the Charity is undertaken by a staff team.

Trustee Induction and Training

New Trustees are recruited based on an evaluation of the balance of diverse skills and experience needed to govern Healthwatch Central West London. Newly appointed Trustees receive induction packs containing information about Healthwatch Central West London, its structure and operations, board structures, Trustee duties and responsibilities, and our key policies. Training opportunities are shared as are conferences, webinars and seminars to provide context and ensure Trustees can remain current in the rapidly changing context of health and social care. Trustees are encouraged to participate in operational activities wherever feasible to obtain a better appreciation of the Charity’s operations. Training is provided to the Board as a need is identified.

Public Benefit

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities.

Report of the Trustees for the year ended 31 March 2022

Statement of Trustees' Responsibilities

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

Company law requires the directors to prepare financial statements for each financial year. Under that law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

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 company and the profit or loss of the company for that year. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP (FRS 102);
- make judgments and accounting 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 business.

The Trustees are responsible for; keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity; 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 charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charity's independent examiner is unaware; and
- the trustees have taken all steps they ought to have taken to make themselves aware of any relevant audit information and to establish that the independent examiner is aware of that information.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

OBJECTIVES AND ACTIVITIES

The Charity aims to promote public good and the improvement of health and social care services across the Royal Borough of Kensington and Chelsea and the City of Westminster, by promoting the voice and views of the local community in health and wellbeing matters. The Charity also seeks to advance the education of the public in health and social care.

Our aim is to reach out to everyone in our communities by:

- Operating as a free membership-based charity open to everyone who lives in, or uses health and social care services, in the Royal Borough of Kensington and Chelsea and the City of Westminster and the Borough of Enfield;
- Collecting the views of local people about their needs for, and experience of, local health and social care services;
- Making these views and experiences known to decision makers, local stakeholders, Healthwatch England and the Care Quality Commission;
- Writing reports and making recommendations about how those services could be improved;
- Promoting and supporting the involvement of local people in the monitoring, commissioning and provision of local services; and
- Providing information to help people access and make informed choices about services.

ACHIEVEMENTS AND PERFORMANCE

Throughout the last 12 months Healthwatch Central West London have been listening to local people, patients, and carers about their experience of using health and social care services. The COVID-19 pandemic highlighted the deep-rooted health inequalities that exist in our communities. It remains our mission to work to ensure that health and social care services work for everyone across Westminster and Kensington & Chelsea. We were also fortunate to be awarded the contract for Healthwatch Enfield and have spent the year expanding our reach, building relationships, and recruiting volunteers to ensure that as many Enfield residents as possible benefit from our service.

We have played a key role in keeping local people up to date with reliable information, linking them to sources of help and support, countering misinformation and supporting Covid recovery. In addition, we have been working closely with NHS partners and local people to ensure the voice of local residents is heard in the upcoming changes from borough-based CCGs to regional Integrated

Care Systems. In response to guidance from Healthwatch England the charity focused on gathering the experience of local people on the effects of the pandemic and using this to help commissioners to develop plans for recovery.

This year we have been working to improve the accessibility of local services. This has involved exploring how well digital healthcare tools are working for people. We held a series of focus groups and interviews with groups from across our communities and developed a comprehensive set of recommendations designed to ensure digital health services become as accessible and user-friendly as possible.

We have also expanded the membership of Young Healthwatch and worked with our young volunteers to improve access to services and tackle the mental health issues experienced by young people post-lockdown.

We remain committed to ensuring that we hear from as many different people and communities as possible. Much of our work continues to involve connecting with groups we haven't spoken to before and ensuring that everyone can help shape local services for the better.

Over the year we expanded our ground-breaking Small Grants Programme this year. We provided six grassroots community groups with support to capture their communities' experience of using health and social care services. The programme is vital in strengthening our community connections and ensuring that we are speaking to those who find it most difficult to be heard in conversations about health and social care services.

Staff and volunteers spoke to more than 2000 people and ran over 100 focus groups, surveys, interviews, or public meetings. As a result, we published 11 reports which were widely distributed and proved very influential at all levels of the NHS and Social Care.

In consultation with members and commissioners the Trustees agree key annual priorities. In 2021/22 these focused mental health, GP and primary care access, digital inclusion, dental health and Covid recovery. Thanks to people sharing their thoughts and experiences of using digital healthcare tools, we've developed a comprehensive set of recommendations designed to ensure digital health services become as accessible and user-friendly as possible. Before the pandemic, the NHS began initiating an ongoing 'digital first' strategy. From physiotherapy to GP appointments, many services are being moved online. To find out how well this strategy is working for all people, we engaged with a range of organisations and groups from communities across Kensington & Chelsea and Westminster, including a majority of people from Black African, South Asian, Arab and Central European communities. These groups we worked with included Midaye Somali Development Network, Macular Society, Groundwork London, One You Westminster, For Women, and Age UK Kensington & Chelsea

In Enfield we teamed up with four local Healthwatch across North Central London, we gathered insights about people living with Long COVID. We shared the findings with local press and statutory healthcare services. We urged GP Practices to make their services easier to access after surveying 360 people about their experiences and shared our report with decision-makers. Teaming up with the Edmonton Community Partnership we carried out engagement work to improve our understanding of the local Bulgarian community and to help them sign up to their local GP.

In Westminster, we reached out to a group comprised of young people aged 16+ of varying nationalities, including Eritrea and Sudan. We contacted the group and arranged to run an inclusive and creative activity that encouraged the young people to think about how a fictional young person might find help. The young people had some compelling ideas and we offered further routes to explore. We were commended by the North West London Clinical Commissioning Group for this engagement and explicitly asked what more could be done to support this group, and groups like them. We also carried out a mystery shopping exercise to find out how well safeguarding pathways are signposted by council departments in Westminster and Kensington & Chelsea. Over a four-week period, we called a range of local council departments to find out how well staff were able to identify safeguarding concerns and signpost callers to relevant sources of help, support, and advice. We reported our findings to the council to help them improve their safeguarding procedures for the future.

We continued talking to GP practice patient participation groups (PPG) who told us that most practices suspended patients' group activities during the pandemic, and many were still not up and running. During that time significant changes took place in GP practices. Remote access and digital consultations replaced traditional ways of looking after patients. PPG members felt that communicating and actively seeking patients' feedback about those changes was particularly important and they asked us for support with restarting patient groups. We held conversations with NHS borough managers and asked North West London Clinic Commissioning Group to prioritise patient engagement. As a result, several GP practices contacted us for advice and relaunched their Patient Group post COVID-19.

The health and social care sector in which we operate continues to face many challenges, not least around funding and the increasing demands for services. There has been the challenge of the Clinical Commissioning Groups (CCG) merging and becoming regional Integrated Care Systems (ICS), with local borough 'place' based boards responsible for primary care. HWCWL has worked hard with cross the North West London ICE and North Central London ICS to ensure the patient voice is heard, represented and built into governance structures to assist the NHS in meeting its statutory duties. The work that HWCWL does enables the people of the Royal Borough of Kensington and Chelsea, the City of Westminster, and the London Borough of Enfield to be informed and have their say about the rapidly changing environment. We are pleased that ICS is paying attention and making moves to improve engagement with local people, patients and the voluntary sector, but the

level and effectiveness of this is still patchy across the regions and we will be continuing to apply pressure over the coming years.

We have continued to strengthen our working relationships with those who design, purchase, and deliver health and care services, the voluntary and community sector and the wider public, through a range of programmes and events. As a result, we believe that Healthwatch Central West London is seen as a valued, respected, critical friend within the health and social care arena. For example, HWCWL was commissioned by the National Institute of Health Research (NIHR) NW London to support their engagement programmes including developing a young person's steering group to review and support research in young people's mental health across Northwest London.

A key component of delivering the service is our work with volunteers. Our volunteers come from a wide range of backgrounds and bring a diverse range of skills and knowledge. They add considerably to the breadth and depth of our work, and we would like to take this opportunity to thank them for their contributions. To support our volunteers, we provide induction training and mentoring, combined with a wide range of volunteering opportunities.

Our board consists of 8 members who work on a voluntary basis to provide direction, oversight, and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 12 times and, working with staff, volunteers, and our Local Committees, made decisions on matters such as the annual work programme priorities, and a range of critical and non-critical governance matters like the scheme of delegation, staff and volunteer wellbeing programme and supporting the small grants programme.

2021/2022 was another exceptionally busy year for Healthwatch Central West London. We met the challenge to ensure local patient voices were heard throughout the pandemic. We responded to urgent issues across our boroughs and initiated and delivered exciting new projects. We are confident that we can build on this experience to develop our work as we move onto recovery in the year ahead.

Report of the Trustees for the year ended 31 March 2022

FINANCIAL REVIEW

The results for the year ended 31 March 2022 are set out in the Statement of Financial Activities on page 14. The assets and liabilities of the charity as of 31 March 2022 are given in the Balance Sheet on page 15.

The financial statements should be read in conjunction with their related notes which appear on pages 11 to 21.

Principal Funding Sources

The main sources of funding for the Charity are the contracts with the Royal Borough of Kensington & Chelsea and the City of Westminster whom commission Healthwatch Central West London to provide services across the locality. In addition, we now hold the contract to deliver the local Healthwatch service in Enfield. In 2021-22 the total contract sum was £430,811 (2020-21: £311,520). In addition, the Charity provided further services to other funders in the health and social care sector and income from this source in 2021-22 was £146,873 (2020-21: £186,870).

Reserves

The Charity has reserves of £483,844 at 31 March 2022 (31 March 2021: £451,053) of which unrestricted reserves were £ 428, 527 (31 March 2021: £381,853). Restricted reserves were £ 55,317 (31 March 2020: £69,200). These reserves are expected to be utilised in support of the contracts to which they relate. The level of reserves as of 31 March 2022 were high due to the additional income secured to deliver contracts in addition to local Healthwatch and in part due to planned projects being delayed due to Covid related restrictions on holding in-person meetings and events.

The Board keeps the level of reserves under regular review to ensure that it is adequate and appropriate to meet the requirements of the organisation. The Trustees have agreed a reserve policy, the focus of which is to ensure that the Charity could meet all its commitments in the event that the core contracts from the local authorities were cancelled and the Charity was to be wound up. The Trustees have estimated that this would be £150,000. The remaining reserves have been designated, as per the Reserves Policy, to support the development of charitable activities across the commissioning Boroughs and associated London regions. This includes a focus on our offer to support the voice of young people up to 25 years and sustaining the Charity through the likely re-tendering of Healthwatch contracts for our local authority boroughs with the associated risks of re-tendering.

PLANNING FOR FUTURE YEARS

Healthwatch CWL continues to focus on our core priorities of signposting, capturing the views and experiences of service users and patients, and feeding back to our local communities, service providers and commissioners.

During 2020-21 and 2021-22, we invested in operational systems, procedures and staff to support our development as an independent organisation and provide the framework for future programmes. The Board has agreed on a plan reflecting the priorities of our members, funders and various stakeholders. We also have monitoring procedures in place, so that the Board has increased oversight over our delivery activities.

We recognise the financial pressures that the commissioners of our services face and will work closely with them to address their requirements and maximise efficiency whilst continuing to provide the high-quality services that we have become recognised for. As the accounts are prepared, we are mindful of the challenges arising from the global pandemic and how this has impacted all delivery.

As an independent charity, we are prudent with our reserves, particularly given how vulnerable Healthwatch is to local authority funding.

Planning for the future, the Board has been working with senior management to diversify our funding sources and the investment of the reserves. This is to support the capacity of the charity and growth that responds to gaps in provision. For example, the investment in a youth worker role to enable greater engagement with the 16-25 age range and in our communication capability, and the adjustment to our Articles of Association to ensure we have the flexibility and governance to meet any future challenges.

We recognise our reliance on core local Healthwatch contracts. The development of a more commercial approach, identifying key products and services we can provide that are in line with our charitable objectives and generate unrestricted income from is a core part of our future planning. In addition, retention and the securing of additional Healthwatch anchor contracts remains a key part of our strategy for 2022-23 onwards. HWCWL secured the tender for the provision of Healthwatch Services for the London Borough of Enfield which commenced on the 1st June 2021.

The Charity was successful at securing additional income through the financial year which has enabled us to invest in further product/service development. These are being reinvested to bring additional capacity to the charity to support the reach and impact of our work.

Report of the Trustees for the year ended 31 March 2022

PRINCIPAL RISKS AND UNCERTAINTIES

The Charity's income has largely been dependent upon the funding from the three boroughs which is subject to the local commissioning of Healthwatch (as underpinned by the Health and Social Care Act 2012) and thus the local commissioning award to Healthwatch Central West London.

The Charity, Healthwatch Central West London, bid for but did not secure any additional local Healthwatch contracts in 2021-22. Our primary contract with for the bi-borough Healthwatch across Westminster and Kensington and Chelsea has been put up for tender, but has not yet been awarded. We have been undertaking detailed contingency planning in 2021-22 in case we are not successful in the tender. These plans, developed with staff and Trustees, include alternative

delivery models, staff changes, reductions in overheads and different contingency budgets to foresee any significant changes in income over the next 12 to 24 months and beyond. They include reviewing and adjusting our Articles of Association to ensure we have the flexibility to be responsive to changes, changes to our delivery model to be more efficient and better meet the needs of our service users and commissioners, developing a new commercial model for paid for services, identification of potential marketing opportunities, and developing a more diverse income pipeline.

Subsequent to the preparation of this report and after the close of the financial year we learnt that the Charity had indeed been unsuccessful in retaining the Bi-Borough contract. However the trustees are confident that the work undertaken on contingency planning as outlined above, including the cash reserves prudently built-up for such risks, enable the Charity to move forward with a more commercial approach to gain diverse sources of funding and continue to deliver against the core mission for the residents of Enfield, Kensington and Chelsea , Westminster and neighbouring Boroughs.

In addition, we have planned for the effective use of some of our reserves in the interim to sustain the organisation and ensure we remain a fully functional going concern. Over the last four to five years the organisation has made a conscious effort to build our reserves up to cover these eventualities. We were fortunate that Covid, whilst having a significant impact on need and workload, has not had a dramatic negative effect on our income and as a result our reserves have remained stable. Our plans for judicious use of reserves will ensure the future of the organisation in the event of a national financial downturn, mitigate the effect of inflation, and minimise the impact of being unsuccessful in the bi-borough tender process.

HWCWL did source significant levels of additional income over the year, with several projects crossing over into the next financial year, from a variety of sources for related projects and has delivered associated project work across North West London and North Central London.

The Covid 19 Pandemic has put considerable economic strain on the Country, and this is likely to be reflected in funding challenges; however the early work of HWCWL in engagement on health inequalities in the multiple communities of Westminster and Kensington and Chelsea, as well as our community research in Enfield, our Patient Participation Group work across Primary Care Networks, our extensive work with CWNL NHS Trust through our Voice Exchange programme, and the development of our youth steering group and engagement in health service research and delivery, has put us in good stead to bid for and secure funds to support to support these areas of work.

The Charity will continue to ensure maximum participation through our volunteers, relationships with local community groups and key members of the community, the network of Patient Participation Groups in GP practices, and joint working with local grassroots community organisations, balancing the expectations of funders.

The future of this valuable targeted work is dependent upon additional funding which is at risk for 2022/23 in part due to potential commissioning changes, and likely public sector funding restrictions, as we come out of the pandemic.

Tax Status

Healthwatch Central West London is a registered charity and is therefore potentially exempt from taxation of its income and gains as it falls within the definition of a Charity as defined in Part 1, Schedule 6 of the Finance Act 2010. No tax charge has arisen in the year.

Small Company Provisions

This report has been prepared in accordance with the special provisions for small companies under part 15 of the Companies Act 2006.

Independent Examiners

A&B Chartered Certified Accountant.

Approved by the Board of Management on 3rd October 2022

Signed by Christine Vigars
Chair of Trustees

Independent examiner's report to the trustees of Healthwatch Central West London (HWCWL) Charitable Company

I report on the accounts of the company charity for the year ended 31 March 2022, which are set out on pages 14 to 24.

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 accounts. The trustees consider that an audit is not required for this year under s. 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of ACCA.

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

- examine the accounts under s. 144 of the 2011 Act;
- follow the procedures laid down in the Directions given by the Charity Commission under s. 152(5) 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 Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the company 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 explanations sought 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 s. 386 of the Companies Act 2006; and
- to prepare accounts which accord with the accounting records, comply with the accounting requirements of s. 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.

Signed:

Date: XXXXXXXXXXXX

A. Altaye FCCA, MSc.

Relevant Professional Body: ACCA, Address 1 Orchard Close, Essex, RM15 6HS

HEALTHWATCH CENTRAL WEST LONDON

Statement of financial activities for the year ended 31 March 2022 (including an Income and Expenditure Account)

	Note	Unrestricted funds £	Restricted income funds £	Total 2022 £	Total 2021 £
Income					
Income and endowments from:					
Charitable activities	2	577,684	-	577,684	498,390
Other		-	-	-	-
Total		577,684	-	577,684	498,390
Expenditure					
Expenditure on:					
Charitable activities	3a	544,896	-	544,896	507,055
Other		-	-	-	-
Total		544,896	-	544,896	507,055
Net income/(expenditure)	8&9	32,788	-	32,788	-
Net movement in funds		32,788	-	32,788	-
<i>Reconciliation of funds:</i>					
Balances brought forward		428,527	55,317	483,844	375,040
Balances carried forward		428,527	55,317	483,844	366,375

All amounts relate to continuing activities of Healthwatch Central West London.

Healthwatch Central West London has no recognised gains or losses other than those dealt with above.

The notes on pages 17 to 24 form part of these financial statements.

HEALTHWATCH CENTRAL WEST LONDON

Balance sheet as at 31 March 2022

	Notes	2022 £	2021 £
Fixed Assets			
Tangible Assets	4	12,715	11,769
Total Fixed Assets		12,715	11,769
Current assets			
Debtors & Prepayment	6	54,196	44,519
Cash at bank		477,344	454,775
		531,540	499,294
Creditors: amounts falling due within one year	7	13,436	9,808
Deferred Grant		32,000	50,200
Other Creditors		14,975	
Total current liabilities		60,411	60,008
Total assets less total liabilities		483,844	451,055
Represented by:			
Unrestricted funds:			
Designated reserves	8	428,527	381,855
Restricted funds	9	55,317	69,200
Total funds		483,844	451,055

These financial statements have been prepared in accordance with the special provisions for small companies under part 15 of the Companies Act 2006.

The financial statements were approved by the Board of Trustees and authorised for issue on 03 October 2022 and signed on its behalf by:

Christine Vigars
Chair of the Board of Trustees
Company Number: 08548208

The notes on pages 17 to 24 form part of these financial statements.

HEALTHWATCH CENTRAL WEST LONDON

Statement of cash flows for the year ended 31 March 2022

	Notes	2022		2021
		£		£
Cash flows from operating activities:				
Cash flows generated from operating activities	(a)		-	
		27,754		24,622
Cash inflow(outflow) from Investing activities				
		(5,185)		(1,919)
Change in cash and cash equivalents in the reporting period		22,569		22,703
Cash and cash equivalents at 1 April 2021		454,775		432,072
Cash and cash equivalents at 31 March 2022		477,344		454,775

(a) Reconciliation of net income /(expenditure) to

Net income for the year		32,788		(8,665)
Office Equipment Depreciation		4,239		3,922
Office Equipment bought		-		-
Bad Debts written off		-		-
Increase/(Decrease) in debtors		(9,677)		61,249
Increase / (Decrease) in creditors		18,604		(31,884)
Deferred Grant		(18,200)		-
Cash generated (outflow) from operations:		27,754		24,622

The notes on pages 17 to 24 form part of these financial statements.

Notes to the financial statements for the year ended 31 March 2022

1. Accounting policies

(a) Basis of preparation and assessment of going concern

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2015) (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

Healthwatch Central West London constitutes a public benefit entity as defined by FRS 102.

The Trustees consider that there are no material uncertainties about Healthwatch Central West London's ability to continue as a going concern.

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

(b) Income

Contract income is credited to the Statement of Financial Activities when invoiced unless it relates to a specified future year, in which case, it is deferred.

Under other creditors we account for income collected on behalf of other organisations as part of an agreement for projects, but is later transferred to the relevant parties.

(c) Expenditure

Expenditure is recognised in the year in which it is incurred. Expenditure includes attributable VAT which cannot be recovered.

Expenditure is allocated to particular activities where costs relate directly to that activity.

Costs classified as "support" represent those costs associated with the governance and administration arrangements of the Charity which relate to the general running of the Charity. Such costs include office running costs, costs recharged for HR, finance, I.T. and facilities' services provided by Hestia as well as external audit fees, legal costs, related Trustee costs and costs associated with compliance with statutory requirements.

(d) Unrestricted funds

Unrestricted funds are donations and other income received or generated for charitable purposes.

(e) Restricted funds

Restricted funds are to be used for specified purposes as laid down by the donor. Expenditure which meets these criteria is charged to the funds.

(g) Leasing

Rentals payable under operating leases are taken to the Statement of Financial Activities on a straight-line basis over the lease term.

Notes to the financial statements for the year ended 31 March 2022

2. Income from charitable activities

	Unrestricted	Restricted	2022	2021
			Total	Total
	£	£	£	£
Healthwatch Bi-borough contract	310,000	-	310,000	311,000
Healthwatch Enfield***	120,811		120,811	-
Donation and BI	1596		1596	520
H&F PPG				35,000
WL CCG Community Response Phase 1				20,000
CL CCG Covid Response				16,800
Bi-borough safeguarding				15,000
Thrive London Covid Experiences				10,000
H&F PPG training				5,000
CNWL Equality and Diversity Project				1,500
Receptionist Training				400
Equality Action Learning Set- HW England				400
Imperial College Student Placement				390
Census (Travellers Community)				380
Other Income				319
CNWL Your Voice Exchange	25,200		25200	-
CLCH Charitable Funds	25,000		25000	-
NIHR	20,000		20000	-
Dignity Champions	15,000		15000	-
Advocacy Project	12,000		12000	-
ARC Project	14,875		14875	-
Homecare Project	13,500		13500	-
NWL E-consult Primary Project	8,325		8325	-
Young People Engagement Project	6,825		6825	-
Enfield PPG Audit	2,542		2.542	-
Communities at Interest	1,200		1200	-
Imperial College Student placement	560		560	-
National Voices	250		250	-
	577,684		577,684	498,390
Total				

In 2021-2022, £577,684 of income from charitable activities was attributed to unrestricted funds and £0 to restricted funds.

***In 2022 Healthwatch Central West London was awarded the Healthwatch Enfield contract, which commenced on 1st June 2021.

3 (a) Analysis of expenditure on charitable activities

Programme of Activity	Activities Undertaken directly	Support Costs	2022 Total	2021 Total
	£	£	£	£
Healthwatch Bi-borough	265,306	64,333	329,639	318,495
Healthwatch Enfield	60,992	25,071	86,063	-
Donation and BI	490	330	820	0
H&F PPG				34,993
WL CCG Community Response Phase 1				19,987
CL CCG Covid Response				15,007
Bi-borough safeguarding				13,035
Thrive London Covid Experiences				9,784
H&F PPG training				4,341
CNWL Equality and Diversity Project				1,475
Receptionist Training				373
Equality Action Learning Set- HW England				371
Imperial College Student Placement				390
Census (Travellers Community)				383
Other Income				
CNWL Your Voice Exchange	19,970	5,230	25,200	17,366
CLCH Charitable Funds	19,810	5,190	25,000	22,000
NIHR	7,885	4,151	12,036	20,167
Dignity Champions	9,693	3,113	12,806	16,893
Advocacy Project	8,913	3,087	12,000	12,000
ARC Project	9,172	2,802	11,974	
Homecare Project	8,491	2,490	10,981	
NWL Econsult Primary Project	5,634	1,728	7,362	
Young People Engagement Project	5,408	1,416	6,824	
Enfield PPG Audit	1,505	1,037	2,542	
Communities at Interest	724	250	974	
Imperial College Student placement	350	116	466	
National Voices	159	51	210	
Total	424,501	120,395	544,896	507,058

Expenditure on charitable activities was £544,896 (2020-21: £507,058) of which £544,896 (2020-21 £318,495) was unrestricted and £0 (2020-21: £188,564) was restricted.

3(b) Analysis of Support Costs for the year ended 31 March 2022

The analysis of support costs is in line with Charity Commission guidance. The allocation of support costs is a proportionate distribution based on contract size. Healthwatch CWL are consistently focused on an efficient back office supporting front line delivery.

The analysis of support costs in the table below is £s.

<i>Support Costs</i>	<i>Governance</i>	<i>Finance</i>	<i>Facilities Management</i>	<i>Human Resources</i>	<i>Information Technologies</i>	<i>Total</i>
<i>Healthwatch RBKC</i>	2,114	10,671	13,588	1,499	3,879	31,751
<i>Healthwatch Wesminster</i>	2,170	10,950	13,943	1,538	3,981	32,582
<i>Healthwatch Enfield</i>	1,669	8,426	10,729	1,184	3,063	25,071
<i>CNWL Your Voice Exchange</i>	348	1,758	2,238	247	639	5,230
<i>CLCH Charitable Funds</i>	345	1,744	2,220	247	634	5,190
<i>NIHR</i>	276	1,395	1,776	196	507	4,151
<i>Dignity Champions</i>	207	1,046	1,332	147	380	3,113
<i>ARC Project</i>	206	1,037	1,321	146	377	3,087
<i>Homecare Project</i>	187	942	1,199	132	342	2,802
<i>Advocacy Project</i>	166	837	1,066	118	304	2,490
<i>NWL Econsult Primary Project</i>	115	581	739	82	211	1,728
<i>Young People Engagement</i>	94	476	606	67	173	1,416
<i>Enfield PPG Audit</i>	69	349	444	49	126	1,037
<i>Communities at Interest</i>	17	84	107	12	31	250
<i>Imperial College Student</i>	8	39	50	5	14	116
<i>National Voices</i>	3	17	22	2	5	51
<i>BI and Donation</i>	22	110	142	16	40	330
<i>Total</i>						120,395

Notes to the financial statements for the year ended 31 March 2022

4. Tangible fixed assets

Tangible fixed assets are measured at cost less accumulative depreciation and any accumulative impairment losses. Depreciation is provided on all tangible fixed assets, other than freehold land, at rates calculated to write off the cost, less estimated residual value, of each asset evenly over its expected useful life, as follows:

Plant and machinery

Plant and machinery	over 4 years				
	Freehold land & buildings	Other land & buildings	Plant, office equipment	Music equipment	Total
	£	£	£	£	£
At the beginning of the year 01/04/2020	-	-	15,983	-	15,983
Additions	-	-	5,186	-	5,186
Revaluations	-	-	-	-	-
Disposals	-	-	-	-	-
Transfers *	-	-	-	-	-
At end of the year	-	-	21,169	-	21,169

5.1 Depreciation and impairments on reducing balance method (RB)

	**Basis	RB	RB	RB	RB	RB
	** Rate 25%					
At beginning of the year		-	-	4,216	-	4,216
Disposals		-	-	-	-	-
Depreciation		-	-	4,238	-	4,238
Impairment		-	-	-	-	-
At end of the year		-	-	8,454	-	8,454

5.2 Net book value

Net book value at the beginning of the year 01/04/2021	-	-	11,767	-	11,767
Net book value at the end of the year 31/03/2022	-	-	12,714	-	12,714

5. Staff and Trustees

The Charity employs 8.4 (9.75-2021) Full Time Equivalent staff directly. Total staff costs of Healthwatch Central West London were £412,627 (including agency staff) and broken down as follows:

	2022	2021
	£	£
Staff Costs:		
Wages and salaries	324,017	325,950
Social security costs	31,569	32,497
Pension costs	10,968	12,065
	366,554	370,512

Notes to the financial statements for the year ended 31 March 2022

Moreover, to wages and salaries, £46,073 of agency staff was paid during the year (2020-21: £22,510).

No employee received total emoluments in excess of £70,000 during the year.

No Trustee received any remuneration for services during the year. No Trustees claimed expenses during the year. No Trustee had any beneficial interest in any contract with either Healthwatch Central West London or Hestia Housing and Support.

Indemnity insurance was arranged on behalf of the Trustees of Healthwatch Central West London for the 12 months commencing 1 April 2021.

The key management personnel of the Charity is comprised of the Trustees and the Director. The total employee benefits of the key management personnel were £ 85,585 (2020-21: £73,854).

6. Debtors		
	2022	2021
	£	£
Grants receivable	33,405	42,390
Debtors and Prepayment	3,374	2,129
	36,779	44,519

7. Creditors: amounts falling due within one year

	2022	2021
	£	£
Creditors amounts falling due within one year	28,411	9,807
Deferred Grant Income	32,000	
	60,411	9,807

Notes to the financial statements for the year ended 31 March 2022

8. Unrestricted funds

Designated Funds	01-Apr-21	Income	Expenditure	31-Mar-22
	£	£	£	£
Healthwatch Westminster	117,200	157,000	165,990	108,211
Healthwatch RBKC	162,530	153,000	163,649	151,882
General Reserve	105,230			105,230
Healthwatch Enfield	-	120811	86,063	34,749
Donation and BI	4085	1596	821	4,860
CNWL Your Voice Exchange		25200	25200	-
Westminster CLCH Charitable Funds		25000	25000	-
NIHR	6693	20000	12,036	14,657
Dignity Champions	-	15000	12,805	2,195
Advocacy Project	-	12000	12,000	-
ARC Project	-	14875	11,974	2,901
Homecare Project	-	13500	10,981	2,519
NWL E-consult Primary Project	-	8325	7,362	963
Young People Engagement Project	-	6825	6,825	-
Enfield PPG Audit	-	2,542	2,542	-
Communities at Interest	-	1200	974	226
Imperial College Student placement	-	560	466	94
National Voices	-	250	210	40
Total	395,738	577,684	544,896	428,527

Notes to the financial statements for the year ended 31 March 2022

During the period, our reserve funding was restructured by creating a General Reserve fund which was designated by the Board for undertaking detailed contingency planning in 2022-23 as we transition to the new business model. These designated funds will meet the costs of future service development provision and in addition, will be applied in the interim to sustain the organisation and ensure we remain a fully functional entity going forward.

9.Restricted funds				
	1 st April 2021	Income	Expenditure	31 March 2022
	£	£	£	£
Westminster PPG	9343	-	-	9343
West London PPG	45974	-	-	45974
Total	55,317	-		55,317

After a historical review of the status of restricted reserves, a percentage of those have been redesignated to general reserve in unrestricted funds.

Restricted reserves comprise those funds used for specified purposes as laid down by the donor.

- The Patient Participation Group was funded by NHS West London Clinical Commissioning Group to support local GP practices in Kensington & Chelsea, Queens Park and Paddington, to develop and sustain Patient Participation Groups.
- The Westminster Patient Participation Group was funded by Central London Healthcare Charitable Funds and Central London Clinical Commissioning Group to develop patient participation.

Notes to the financial statements for the year ended 31 March 2022

10. Analysis of net assets between funds

	Net Current	Total
	Assets	Funds
	£	£
Unrestricted funds	428,527	428,527
Restricted funds	55,317	55,317
	483,844	483,844

11. Operating Lease Commitments

The amounts payable by Healthwatch Central West London in respect of operating leases are shown below:

	Operating Lease		Other	
	2022	2021	2022	2021
	£	£	£	£
Amounts due;				
In less than one year	32,841	28,367	-	-
Between one and five years	-	-	-	-
In more than five years	-	-	-	-
			-	
Total	32,841	28,367	-	-

12. Capital commitments and capital grants

There were no capital commitments outstanding at the year end, nor any capital grants receivable.