



Healthwatch Walsall Annual Report 2013/14



### Overview from the Joint Chairs

It is with great pleasure that we present the first Annual Report of Healthwatch Walsall which sets out our vision and the progress we have made

The creation of Healthwatch Walsall as a community led organisation is entirely due to the hard work, dedication and commitment shown by the Consortium Partners, MyNHS Walsall, Walsall LINk, Age UK Walsall, Walsall CAB and Walsall Housing Group. Particular thanks also go to the members of the MyNHS/Walsall LINk Joint Working Group who worked so hard to ensure the company was established by 1st April 2013.

We also wish to thank all our members who have participated so enthusiastically in our work, and continued to give their time freely throughout the year, their contributions have been immense in helping to establish Healthwatch Walsall as a working entity.

Our first year has presented huge challenges which we have successfully overcome, setting up a new organisation from scratch with little run-in time and putting the necessary infrastructure in place to support our work. At the start of the year the company existed in name only, with an Interim Board of Directors and a contract with Walsall Metropolitan Borough Council to deliver the statutory Healthwatch functions. At the end of our first year we are proud to have in place an elected board, five members of staff, town centre premises and a growing Assembly which is now some 40 strong. We have established a presence in all major libraries across Walsall and regular engagement events around the borough with Assembly workstreams examining GP services, Accident and Emergency services and the integration of health and social care across Walsall.

Our priorities are focussed on continuing to gather the opinions of all Walsall people and to obtain more evidence of their experiences of health and social care. Our role as public champion requires us to evaluate and interpret this evidence so that we can present robust information and proposals that can influence decision making at strategic and operational level across Walsall. Our aim is to influence improvements in health and social care which meet the needs of Walsall people and in particular seldom heard groups.

Our vision and key goals for the second year are:

- To increase our membership ten- fold to over 1,000 members
- To develop an e-consultation panel
- To develop and extend our network and partnerships with voluntary and 3rd sector groups
- To engage with and involve broader sections of the Walsall community
- To increase our influence in helping to shape services which meet the needs of Walsall people
- To increase people's awareness about Healthwatch Walsall.



Rupy Pandaal



Richard Przybylko

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Any enquiries regarding this publication should be sent to us at info@healthwatchwalsall.co.uk

This report is available on our website at www.healthwatchwalsall.co.uk in PDF format or in hard copy format on request from Healthwatch Walsall (see contacts page). Copies in alternative formats are available upon request.

A copy has also been sent to every local library in Walsall.

foundations in our first year. Now we will build on them to develop Healthwatch Walsall as a vibrant and engaging organisation that will help Walsall people make a difference to health and social care in the Borough.

We have laid strong

Rupy Pandaal and Richard Przybylko

### **Our Mission**

Health & Social Care in Walsall



### Healthwatch Walsall is the public voice for Walsall health and social care users

We find out the experiences, concerns and aspirations of Walsall people and ensure that they are used to inform decisions made about their services. Healthwatch Walsall is independent, speaking for communities and individuals in Walsall. We challenge commissioners and providers to make improvements important to people and support them in promoting best practise. We also help individuals understand what choices are available and help them to get information and advice. Our aims are to:

- ensure Walsall people are setting Healthwatch Walsall strategy, direction and influencing the quality of health and social care
- become a recognised and respected member led consumer champion that is trusted by stakeholder's providers and commissioners
- contribute to shaping local health and care strategy through the Joint Strategic Needs Assessment and Health and Wellbeing strategy
- improve the quality of health and care services by forming effective influential partnerships and collaborative relationships with all stakeholders.
- support individuals to make informed choices by helping them to access information and advice.
- become an effective advocate and recognised as the health and care champion for the community and individuals.

Healthwatch Walsall is an independent organisation, led by our members and volunteers, who set the direction of the organisation and drive it forward.

Our mission is to become an organisation that continues to be rooted in local communities, with an Assembly that is able to speak knowledgably about the needs and views of people across Walsall, informed by a strong evidence base.

### Walsall Clinical Commissioning Group

- Became fully authorised from 1 April 2013
- · Buys and manages the majority of healthcare services for the borough
- Comprises 62GP Practices covering a population of 270,000 with a budget of £346 million

## Walsall Healthcare NHS

- Formed on 1st April 2011, following the integration of Walsall Hospitals NHS Trust and NHS Walsall Community Health
- £225m turnover; 4,000 staff
- The Manor acute hospital with around 600
- Adult and Children's Community Health Services from health centres, GP surgeries and community locations
- Full range of local acute services:-
  - A and E, emergency medicine and surgery, critical care
  - Outpatients and planned surgery (inc bariatrics)
  - Maternity, inpatient paediatrics and neo-natal care
  - Diagnostics including CT and MRI scanners, radiology and pathology
- · Community health services
  - Community nursing teams
  - Community Specialist COPD Team
  - Specialist end of life care teams at Palliative Care Centre
  - Intermediate care and services for frail older people
  - Health visiting and school nursing
  - Community children's teams and hospital at home for children
  - Specialist community children's services

#### **Walsall Primary Care Services**

- 62 Practices
- Approx 162 GPs
- Ratio of 1 to 1,680 people
- 76 Pharmacies
- Walk in Centre
- Initial diagnosis, treatment and management
- Access to all NHS

#### Local Area Team

- CCG development and assurance
- Emergency Preparedness, Resilience and Response
- Quality and safety
- Partnerships, includes Local Authorities, particularly through Health and Wellbeing
- Configuration
- System oversight

#### Commission a range of services directly

- GP
- Dental
- Pharmacy
- Optometry services
- Public health services for children under five, screening and vaccination and immunisation







### Health & Social Care in Walsall

Nursing Homes)

• Approx 1500 beds

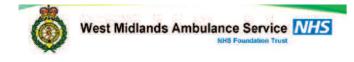


#### **Adult Social Care Services**

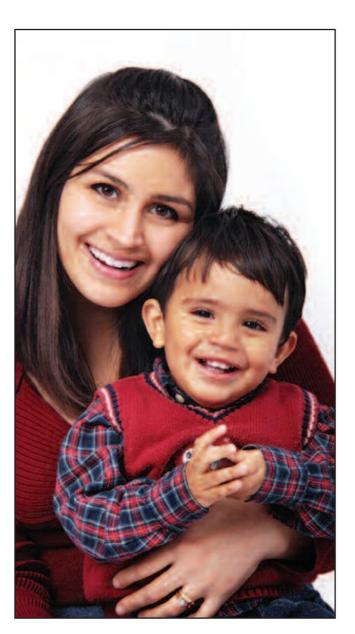
- Hollybank Intermediate Care Centre
- 21 beds joint with WHNHST Intermediate Care Team
- Community Intermediate Care Service
- Frail Elderly Pathway

### Dudley and Walsall NHS ontal Health Partnership NHS Trust

- Provides all inpatient and community mental health services for Dudley and Walsall Boroughs
- Includes separate services for children and adolescents, adults of working age and older adults (over-65)
- Employs around 1,100 staff



- Serves a population of 5.36 million people covering an area of more than 5,000 square miles
- Employs approximately 4,000 staff and operates from more than 100 community ambulance stations and 15 fleet preparation hubs across the region e.g. Willenhall
- Pre-hospital emergency and urgent ambulance service
- Patient transport service which annually completes in the region of a million nonemergency patient journeys



Care Homes and Home Care Services

Nearly 60 different organisations providing:

• Around 73 Care Homes (of which 11 are

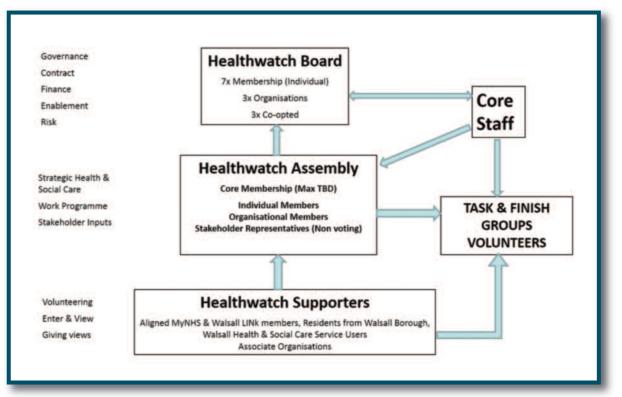
• 20,000 hours of home care per week

### Structure & Personnel



Healthwatch Walsall is a not for profit Community Interest Company. It is a member-led organisation, controlled by volunteers representing the Walsall Community

#### **Organisational Structure**



#### The Assembly

The Healthwatch Assembly is made up of the members of the company. It meets monthly to consider key health and social care issues and determine what action should be taken. Assembly Members are individuals or organisations with a track record of involvement in health and social care issues in Walsall. They are all volunteers, who give their time freely for the good of the local community. The Assembly leads on policy and elects a Board of Directors to run the company. The amount of time contributed by members and volunteers is shown in the Performance section of this report.

Additionally there are organisational members of the Assembly who were associate partners to the original bid. They were selected because they are organisations that have reach into different communities in Walsall and are:

- Midland Mencap
- Walsall Disability Forum
- Walsall Black Sisters Collective
- Walsall Voluntary Action
- The Vine Trust
- Walsall Service User Empowerment (SUE)
- The University of Wolverhampton



### Structure & Personnel

### The Journey

# C

#### The Board

Comprises seven community directors and three directors elected from amongst the organisations represented on our Assembly. The Board meets every six weeks to oversee the work of the company, ensuring contractual, operational and financial targets and standards are met.

#### **Board Members**

- Rupy Pandaal (Community Director) -Joint Chair
- Richard Przybylko (Community Director) -Joint Chair
- Peter Browne (Community Director) -Vice Chair
- Dominic Leadbetter (Community Director)
   Vice Chair
- Sylvia Bailey (Community Director until 30/09/2013)

- John Carter (Community Director from 30/09/2013)
- Brian Gillham (Community Director)
- Davina Lytton (Organisational Director -Age UK Walsall)
- Giovanni Mastrantone (Community Director)
- Carl Rice (Organisational Director -Walsall CAB)
- Carole Wildman (Organisational Director -Walsall Housing Group)

#### **Staff Team**

Our staff underpin the work of the Board and Assembly.

- Matt Bennett- Chief Executive Officer
- · Maxine Wain Implementation and Engagement Lead
- Shazia Ahmed Research Officer
- Emma Bourne- Project Support Officer
- Sarah Jawad Project Support Assistant
- Kerisha Collins Project Support Officer (until November 2013)

#### **Assembly Members**

Vivienne Sylvia Vera Colin Peter Diane John Lynda Lesley Brenda	Aston Bailey Birch Boswell Browne Carpenter Carter Cooper Dews Etchells	Brian Jennifer Kathleen Brian Dominic Davina Peter Giovanni Monzur Bambul	Gillham Haswell Hawker Hudson Leadbetter Lytton Mackenzie Mastrantone Miah Miah	Valerie Richard Mark Carl Cyril Dave Lynda David Charlotte Trevor	Penney Przybylko Pulford Rice Richardson Rogers Rowan Sinclair Thursfield Walden
•					
Patricia	Etchells	Imrana	Niazi	Carole	Wildman
Ronald	Etchells	Anne	Paddock	Anthony	Wilson
Mike	Eyre	Rupy	Pandaal	Maureen	Woodcock
Hazel	Gillham	Deirdre	Pedley		

Our journey over the first twelve months has been eventful and successful. We built up a new organisation from scratch, finding premises, equipment, recruiting staff and establishing ways of working

Our consortium was formed to ensure Healthwatch Walsall was locally based and accountable and responsive to Walsall citizens. Our collective vision and a tremendous effort has ensured we have a local Healthwatch, community led and community focussed.

The company was legally established on 12th March 2013. The contract with Walsall Council, signed on 26th March, had a start date of 1st April. From there our journey to deliver Healthwatch began ......

#### Quarter 1 (April-June 2013)

We operated "hand to mouth" at the start of the contract without premises, staff or equipment. All of the set up work was done by volunteers (Board members) and members of the Joint Working Group from MyNHS and LINk. The Interim Board designed and approved an

initial staffing structure, whilst the Joint Working Group identified the Town Centre base for the company. The Chief Executive Officer and a Project Support Officer started work in June and we began raising awareness with stakeholders that Healthwatch Walsall was established. At the same time we were working hard on the "nuts and bolts" of the company to ensure we complied with our legal and contractual obligations.

#### Key achievements and milestones:

- Premises identified and occupied
- First news bulletin produced
- Website launched

healthwatch

Ensuring |

local health and

care services are

centred around

to that who

use t

- First contract review meeting with Walsall Council concluded good progress
- CEO and Project Support Officer commenced in post
- Premises furnished at no cost from Council surplus stock
- Board selected representative to the Health and Wellbeing Board
- Presented progress report to Health and Wellbeing Board and Health Scrutiny Panel
- Initial Assembly format agreed and recruitment commenced
- Healthwatch Walsall Twitter account commenced

### Quarter 2 (July - September 2013)

There was continued focus on meeting with key partners and getting company infrastructure and resources in place. We held our first Assembly meeting experimenting with an innovative format, identifying priorities for our workplan, using guest speakers and expert panels to inform and stimulate workshop

discussions. We held a successful Open Evening to raise awareness and network with key partners and stakeholders. We started to develop the external face of the company, with the launch of our Supporters scheme and the recruitment of two new staff members to help with engagement activity. We attended community events and meetings such as the Police Open Day to gather public views and issued our first questionnaire widely through partners and the MyNHS magazine. We held our first AGM, with a full Board elected.



### The Journey

- Assembly Meetings held workplan priorities identified, guest speakers from Primary Care, Walsall CCG, NHS England
- · Open Evening officially announced Healthwatch Walsall to key partners and stakeholders
- Progress reported to the Social Care Scrutiny **Panel**
- Regional press coverage of Assembly Meeting
- Supporter Scheme launched
- First meetings with CQC and Voiceability
- · Commenced our first survey of people's health and care issues.
- · Attended events to raise awareness and gather views e.g. - Police HQ Open Day
- Formally approved as a Community Interest Company
- First AGM held to elect new Board.

#### Quarter 3 (October - December 2013)

We held our Launch Event on the 18th November at Walsall Art Gallery. There were twenty partner organisation stalls and the Mayor unveiled a plaque to commemorate the launch. It was well attended by the public, with positive feedback from the Mayor and from stallholders, who found the day a good networking opportunity. The Mayor subsequently invited Assembly Members to his Parlour on the 19th December.



The evening launch event for invited guests was well attended by local Councillors, senior officers, partners and Assembly Members. The three guest speakers were well received.

We began our member training programme covering engagement techniques, Enter and View and Safeguarding, to ensure members were equipped to carry out Healthwatch work.

- · Workstreams were set up covering GP Performance, Urgent Care and Health and Social Care Integration
- Guest speakers at Assembly Meetings were from the Joint Commissioning Unit, Walsall CCG, Badger Group, WMAS and Walsall Healthcare NHS Trust



- Successful Public Launch Event held
- Training programme for members began
- Presentations made to community groups and organisations
- Communication and engagement strategy launched and commended by Health and Wellbeing Board

#### Quarter 4 (January- March 2014)

Our revamped website was formally launched, which included our initial Service Watch survey for collecting Walsall residents' experiences. This survey is also available in paper form at various locations around Walsall. Our locality based programme of engagement meetings

### The Journey

began in Caldmore and Bloxwich, both of which were well attended with people keen to tell us of their experiences. We secured agreement for a Healthwatch access point at each of the larger libraries in Walsall. These comprise static display stands with the potential to be used as a base for outreach sessions and surgeries. By the end of our first year Healthwatch had a presence in every local Partnership Area.

The CCG invited us to provide input into their Urgent Care Review and the Stroke Services Review, which were presented to our Assembly Meeting.



- Service Watch survey launched
- Locality based engagement events began
- Access points placed in libraries
- Assembly's views sought on CCG led reviews of Urgent Care and Stroke Services
- · Assembly Members trained in innovative engagement techniques Planning for Real and Pinpoint
- Led the formation of the Black Country Healthwatch Group with Dudley, Sandwell and Wolverhampton Healthwatches





#### In the coming year we will:

- Engage with the people of Walsall through events and activities around the Borough to gather their views
- Build our Supporter base to represent the composition of the Borough
- Expand and extend our network of organisations and voluntary groups
- Use our Grants Scheme to engage with community organisations working with "hard to reach" groups
- Build up the skills and expertise of our Assembly so they are better equipped to present the views of Walsall people to commissioners and providers
- Further develop our website as a participative interactive tool
- Build on the relationships we have developed with the Council, CCG and local Trusts



### **Activity**

During our first year our focus has been on building foundations for effective engagement. We have put in place mechanisms to enable us to make a real difference to health and social care services in Walsall

#### Communications & Engagement

Our communications and engagement strategy was published in October 2013 and presented to the Health and Wellbeing Board, where it was commended. At its core is our website, the various means of face to face contact and the outreach outlined below.

www.healthwatchwalsall.co.uk provides a means whereby the majority of Walsall's 269,300 population can contact us and access our resources. It is used to:

- Enable visitors to take part in surveys and give feedback on current hot topics
- Provide ongoing information about





Healthwatch Walsall events, activities and resources

- Offer direct access to publications, research and minutes of meetings published by Healthwatch Walsall and links to other websites publishing similar documents of interest
- Enable Supporters and Members to access documents relating to ongoing work in which they are involved

Alongside this is our range of face to face contact/outreach facilities - combining permanent, semi-permanent or temporary information and engagement facilities at locations around the borough. These include:

- Our town centre offices, open Monday-Friday 9am-5pm
- Healthwatch "drop in" surgeries and listening events held at various times and locations around the borough. We are ensuring that these take place in every area of Walsall, reaching out to every community.
- Leaflet stands in partner organisations offices or receptions, including libraries
- Partner Events events run by partners at which Healthwatch Walsall has a presence e.g. the CCG's "pop-up" shop events
- Other resources, such as interactive touchscreens and surveys deployed around the borough in accordance with priorities identified in our work programme

### **Activity**

Other methods of engagement used include:

- Social Media Twitter and Facebook
- Regular bulletins sent to all stakeholders
- Targeted emails sent to people and organisations that have identified as having specific interests and expertise
- Actively seeking coverage in local newspapers, radio and television to publicise activities and events
- Surveys collected using any or all of the above methods
- Meetings and Presentations presentations given and/or attendance at meetings held by partner organisations to inform about Healthwatch Walsall's work and to discuss joint working

#### Training & Development

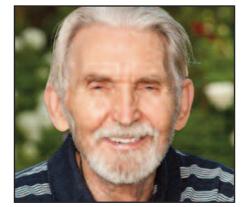
We are committed to training our Members, to ensure that they are equipped to carry out their function as the public voice for health and social care service users in Walsall. We have trained our members in techniques such as Planning for Real and Pinpoint, which provide simple ways to gather ideas and views and prioritise them. These techniques are put into practice by the Assembly and at listening events in different parts of the Borough.

#### Hard to Reach groups

We are developing a network of partner organisations, through which we can access hard to reach groups and obtain their views. We have established a grants scheme for engaging these communities.

#### **Enter & View**

We have a planned approach to Enter and View and work with the Council and the CQC to identify where such visits can add value. We will carry out visits in line with identified needs during 2014-15.





#### Information requests

We received 9 public enquiries of which resulted in 8 referrals to Voiceability and one to Citizens Advice Bureau Walsall.

We wrote seven formal letters to stakeholders

- Four to WHNHST
- Two to the CCG
- One to Public Health

#### Representation on key bodies

We are represented on the Health and Wellbeing Board by one of our Board Members. In recognition of the importance of this body, we have aligned our Board meeting cycle with those of the HWBB so that our representative is able to obtain the views of the Healthwatch Walsall Board and can reflect them when participating in discussion.

During the course of the year we have presented to the Health and Wellbeing Board

on three occasions, once to introduce Healthwatch Walsall and advise them of our aims, once to give an update of progress and once to present our Communications and Engagement Strategy, which was well received and commended by the Board.

We are also represented at the Quality Surveillance Group, which brings together the CQC, NHS





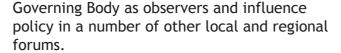
### **Activity**

England, the Trust Development Authority and Monitor, along with local Healthwatches, to look at data and issues of concern in Birmingham, Solihull and the

Healthwatch Walsall representatives regularly attend meetings of the Health and Social Care Scrutiny Panels. We contributed to discussions on a number of key issues. Our representatives also attend **Board Meetings of WHNHS** 

Trust and Walsall CCG

Black Country.



A representative attends the quarterly national CQC Local Healthwatch Advisory Conference.



Healthwatch branding is used for all internal and external documentation, promotional goods, website and social media in accordance with our licensing agreement.



### **Our Statutory Activities**

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;

Obtaining the views of local people

regarding their needs for, and experiences of, local care services and importantly to make these views known; making reports and recommendations about how local care services could or ought to be improved. These are directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with

Healthwatch England;

- Providing advice and information about access to local care services so choices can be made about local care services; 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;
- Making recommendations to Healthwatch England to advise the Care Quality Commission 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;
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effective

### **Performance**



Healthwatch Walsall organised and attended meetings throughout Walsall during the year where it engaged with people face to face, distributed promotional materials and recruited Supporters. The table below lists these events and the number of people who attended, as well as those engaged through marketing the event (e.g. through advertisements and flyers).

Date of Activity	Venue	Ward	Activity	Type of Activity	Numbers Attending	Numbers engaged through marketing
15/09/2013	Police Station Green Lane	Birchills Leamore	Police Open Day	Stakeholder Event	300	100
03/10/2013	100 Hatherton Street	St Matthews	WHG Open Day	Stakeholder Event	150	20
19/10/2013	Darlaston Town Hall	Bentley and Darlaston North	Darlaston Diversity Day	Stakeholder Event	100	50
28/10/2013	Clarkes Lane Sikh Temple	Willenhall South	Community Safety Event	Stakeholder Event	50	50
18/11/2013	Walsall Art Gallery	St Matthews	HWW Launch Event, Art Gallerv	HWW Borough wide event	110	2000
21/02/2014	Saddlers Centre Walsall	St Matthews	CCG Pop Up Shop, Saddlers Centre	Stakeholder Event	225	50
25/02/2014	Streetly CA	Streetly	Tuesday Luncheon Club Streetly CA	Stakeholder Presentation	15	15
04/03/2014	Blackwood Rd, Streetly	Streetly	Blackwood Surgery, Talk	Stakeholder Presentation	12	
06/03/2014	Village Hub, Caldmore	St Matthews	HWW Listening Event	HWW Locality based event	50	3000
12/03/2014	Alrewych Court, Aldridge	Aldridge Central and South	First Stop Express Bus- Alrewych	Stakeholder Event	15	10
13/03/2014	Blakenall Community Centre	Blakenall	HWW Listening Event	HWW Locality based event	45	6000
31/03/2014	Shelfield Community Academy	Rushall and Shelfield	Shelfield CA - Question and Answer event	Stakeholder Event	10	9



### Membership Demographics

Our key challenge is have a membership that broadly reflects the population of Walsall. The composition set out below was as of 31st March 2013, when we had just begun regular locality based engagement activity. Most of the membership up to that point had come from our launch event, MyNHS Walsall, LINk and from our article in the MyNHS magazine. In the few months since, the position has changed dramatically. With events now taking place around the Borough we confidently expect to be able to report a membership in excess of 1000, better reflecting the demographics of Walsall in our next Annual Report.

Age Profile	Year 1	%
16-24	7	4.4
25-44	24	14.9
45-59	33	20.5
60-74	32	19.9
75+	14	8.7
Not identified	51	31.6
Total	161	100

Disability	Year 1	%
Yes	29	18
No	81	50
Not Identified	51	32
Total	161	100

Ethnicity	Year 1	%
White British	121	75.2
White Irish	0	0
White Eastern European	0	0
Other White Background	2	1.2
Indian	14	8.6
Pakistani	13	8.1
Bangladeshi	2	1.2
Chinese	0	0
Other Asian Background	0	0
Carribean	0	0
African	0	0
Other Black Background	0	0
Mixed Race	2	1.2
Traveller / Romany	0	0
Not Identified	7	4.4
Total	161	100



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Out of Borough or Data not available: 27 members /supporters

During 2014-15 Healthwatch Walsall will identify and develop other meaningful demographics for better identifying our membership.

#### **Volunteer Time**

Healthwatch Walsall calculates that the time given by volunteers to its work during 2013-14 was 2567 hours, which equates to £28,240.

### The NHS in your words

C

no time for you leave you alone no communication left waiting in a bay kind Considerate

listens explains personal care empathy

long waits took time to listen just another number

polite made me feel at ease appointment for the same week first class work nurse abrupt explained treatment

Variable no quality no consistency not listening lack of communication not enough time caring

## Summary of Key Priorities for Healthwatch Walsall based on responses to citizens survey

Rank	Health Sector	Pospopso
Kank		Response
1	GP Services: Appointments	209
2	Community Care: Waiting Times & Capacity	209
3	GP Services: Out of Hours	192
4	Community Care: Keeping People out of hospital	192
5	Secondary Care: A&E Services	129
6	GP Services: Opening Hours	128
7	Community Care: Domiciliary Services	128
8	Secondary Care: Communication throughout the system	123
9	Social Care: Re-enablement Services	97
10	Social Care: Discharges from Hospital	96
11	Social Care: Mental Health Services for young people	64
12	GP Services: Prescriptions	46
13	Secondary Care: Rehabilitation Services	41

#### **Primary Care:**

Appointments closely followed by out of hours' services are considered the most important primary care services to be explored by Healthwatch Walsall.

#### Secondary Care (Hospital Services)

A&E closely followed by communication throughout the system are considered the most important secondary care services to be examined by Healthwatch Walsall.

#### **Community Care**

Waiting times closely followed by keeping people out of hospital are considered the most important community care services to be explored by Healthwatch Walsall.

#### Social Care

Re-enablement closely followed by hospital discharge are considered the most important primary care services to be explored by Healthwatch Walsall.



# Financial Information

nancial Information

Balance sheet as at 31 March 2014	£
Income	
Income from Local Authority	220,131
Total Income	220,131
Expenditure	
Purchases	10,000
Meeting and Events Expenses	5,626
Salaries	64,885
Employers NI	4,431
Miscellaneous Expenses (allowable)	25
Refreshments	142
Insurance	2,942
Printing, Postage and Stationery	8,386
Telephone	887
Travel and mileage	2,078
Consultancy Fees	3,943
Recruitment Expenses	2,304
Rent and Rates	12,512
Accountancy	995
Subscriptions	612
Computers and Software	930
Repairs and Renewals	84
Promotional and Marketing	37,040
Legal Fees	9,663
Training Costs	6,106
Depreciation - Office Equipment	5,629
Total resources	179,220
Net income/(expenditure) for the year	40,911

40,911

Balance sheet as at 31 March 2014	
	£
Fixed Assets Tangible assets	16,887
Current Assets Cash at bank and in hand	39,435
Total current assets Creditors (amounts falling due within one year) Net current assets Total assets less current liabilities Total funds	(20,216) 19,219 36,106 36,106







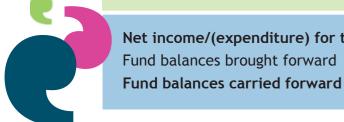




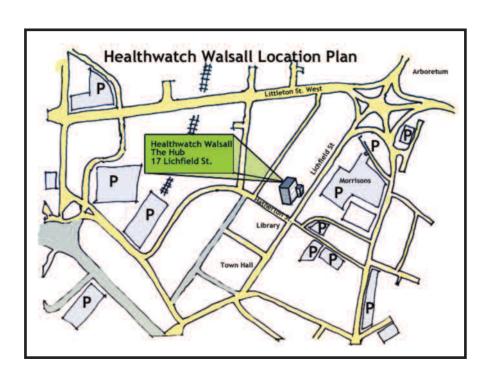












#### **Registered Office and Contact Address**

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