

**Annual report from the Chair for the period of 24<sup>th</sup> Oct 2021 to 15<sup>th</sup> of October 2022.**

Covid has caused the world to change forever as it affects every aspect of our lives - the NHS is in the forefront of its successful treatment. Covid is, however, so infectious, that the NHS has had to initiate major changes, to eliminate the possibility of cross infection of NHS staff. This involves every diagnostic pathway, from primary care to successful treatment of almost every illness and injury. A major increase in the use of technology to minimise unnecessary patient contact, plus a modernisation programme that is both huge and rapid, is underway. The objective is to make the NHS resilient enough to cope with any foreseeable similar threat in the future.

SATA was established on September 29<sup>th</sup> 1993, so every year we very sadly suffer some membership loss of older members, around 10 per year in recent times. However, Covid resulted in 50 more deaths than we previously experienced. Thankfully, the death rate has almost returned to normal. We wish to express our deepest sympathy to the families of members who lost their lives. May they rest in peace.

The pioneering efforts of all those who supported SATA from its early days helped us to achieve our first great goal of free CPAP treatment on the NHS and more recently, a new NICE Guideline that will help save many others.

**Trustee & Committee**

The past year has been very difficult for the Committee, with the resignations of Chris Wade in January, and then Graham Hill in June. This meant that we lost our interim Chairman and also the planned long-term Chairman in less than a year. On countless occasions we have identified the need for succession and, just as important, finding volunteers to meet the skill shortages we face, such as fundraising, social media, IT and website. We now add Chairmanship to those skills. We advertised these roles in the August edition of Sleep Matters. Sadly, at this moment, no one with the specific skills required has come forward.

There is a real threat to the continuation of the Charity since, if we are not successful, we will have to buy in these services, which means a revolution in the way we are funded.

The Trustees have discussed the issue and decided that we should follow the Charity Commission guidance on how a COI should operate to adapt to a more efficient business regime. Our current structure is out of date and cumbersome, with three committees; the Trustees, the Executive (Trustees plus some Committee members) and the Committee. From now on we will have a Trustee Board with the active engagement of Trustees in every aspect of the Charity's business. So, with immediate effect, the Trustees have decided to offer all current Committee Members a Trustee position and have concentrated all activities with a SATA Trustee Board, with clear roles and responsibilities.

**New SATA Trustee Board:**

Chairman:	Vacant
Vice-Chairman:	Rob Holt
Managing Secretary:	Chris Rogers (Part voluntary/part paid)
Treasurer:	Rob Holt
Medical Advisor:	Dr Annabel Nickol
Travel Officer:	David Graddon
Sleep Matters Team:	Dr Tim Healing plus David Graddon & Chris Rogers
Sleep Clinic Liaison Officer:	Louise Mather
Local Fundraising Officer:	Keith Nadin
National Fundraiser Officer:	Vacant
IT Officer:	Vacant
Social Media/Website Officer:	Vacant

When the new CIO charity started operation on 1<sup>st</sup> July 2021, the previous organisation was actually dissolved in terms of running the charity, but the Association of the paying members still exists. However, the impractical arrangements for establishing officers has been terminated, as it conflicted with the modernisation that is so vital for our future success. We have had no nominations from the AGM for the Committee in the past 10 years. In future, any member, so long as they have the proven skill set required, can apply for the vacant positions and the Trustee Board will consider all applications.

**Progress report.**

Our advocacy is now as high as it can be. SATA has a unique position in terms of influencing those that make decisions about sleep apnoea and its treatment. This applies to the NHS as a whole but also at a local level in Sleep Clinics. The new NICE Guideline was supposed to stimulate another major increase in Sleep Clinic referrals. It also provides for an alternative to those intolerant of CPAP with moderate or mild OSA, the Mandibular Advancement Splint.

However, two major factors have muted these effects.

The global shortage of CPAP machines is due to the Philips issue. The company is having to replace and or repair millions of machines, so very few new patients are getting a Philips product. The other manufacturers of high-quality machines (ARTP standard) are unable to increase production owing to the global shortage of micro-processors. In addition, DeVilbiss decided to stop production in Dec 2021. The remaining usual NHS suppliers, ResMed and Fisher & Paykal, have been joined by France's Sefam and Germany's Lowenstein, but the numbers supplied are still not meeting the demand. Therefore, waiting lists will continue to grow for perhaps the next year and then gradually return to normal.

The second is the current fragmentation of dental services and clinical services in the NHS. This is inhibiting the development of the Mandibular Advancement Splints (MAS) treatment for moderate and mild obstructive sleep apnoea for those intolerant to CPAP. Clear treatment pathways are not emerging other than in places like Bristol, as clearly outlined in the August 2022 edition of Sleep Matters. We are working with the OSA Alliance to address this issue.

### **Activity Report**

It is important to stress that there is a "below the line" activity where we have been particularly influential in both raising awareness of sleep apnoea and improving the efficiency of the referral and diagnostic process.

Health Education England have established a learning hub for clinicians and SATA was invited by the NHS to contribute the section on sleep apnoea. Graham Hill completed that job before he left the committee, and David Graddon is now in charge of editing any changes that might be necessary or updating any information as required.

In another area of what is known as Future NHS collaboration, which came out of the NHS "Get It Right First Time" initiative, we have been involved in helping to formulate a new pathway to sleep disorder referral and diagnosis, considering the new technologies that are available and using electronic communication in the virtual world.

In addition, we have assisted in PIFU, Patient Initiated Follow Up, to give patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. This means that after an appointment with a specialist, it is often the need to arrange follow-up outpatient appointments for ongoing care. This will tailor a patient's follow-up care to their individual clinical needs, circumstances and preferences. This will bring many efficiencies and significantly reduce unnecessary administration.

### **Outlook**

As identified in the Imperial College study on SATA three years ago, we needed to make major improvements to our website. This has taken place but we still have one area to address, that being the readability of the website text. As the smart phone is now the predominant tool for viewing websites, we have to adapt the text to make it easier to read on this smaller screen. This is going to be a routine but major job for the new Trustee Board

### **Graham Hill**

Our Chairman, Graham Hill, decided to resign as Chairman and also leave the Committee. He will be greatly missed with his years of experience, not only as a SATA Committee member, but also for his external work. During his time on the Committee and as Chair, he attended many conferences and exhibitions on our behalf. His early work on the Committee involved a survey of Primary Care Trusts and he identified that low GP referrals was limiting the of growth of patients being diagnosed and treated. His tenacity in dealing with the Royal College of General Practitioners to try and get them to recognise this issue was outstanding even if it was not as successful as we had hoped. But it has led to other organisations becoming involved and they are also exerting pressure. On the important issue of driving, his liaison with the DVLA was continuous and his guideline for patients on our website is regarded as the best and most accurate guide in the UK. We are most grateful to him for his years of service to SATA and the organisation has lost an excellent ambassador, someone who could stand up in front of any audience and get them to understand what Sleep Apnoea is, how it affects people and what they need to do about it be they a patient, a politician or a civil servant.

### **Conclusion**

The Committee as a whole must be congratulated in the way it has coped with the unexpected challenges it has faced this year. As a Trustee Board it will be better equipped to work as an integrated team and harness the creativity and innovation of all its members.

Signed,

*Rob Holt*

Vice Chairman  
Sleep Apnoea Trust  
Charity No. 1186235

**Sleep Apnoea Trust**  
**Registered Charity No. 1186235**  
**Accounts for the year ended**  
**31 March 2022**

**Seymour Taylor Limited**  
**57 London Road**  
**High Wycombe**  
**Buckinghamshire**  
**HP11 1BS**

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF  
SLEEP APNOEA TRUST  
CHARITY NO. 1186235**

**FOR THE YEAR ENDED 31 MARCH 2022**

**INDEPENDENT EXAMINER'S REPORT**

I report to the charity trustees on my examination of the accounts of the charity for the year ended 31 March 2022 which comprise the Receipts and Payments Account and the Statement of Assets and Liabilities

**RESPONSIBILITIES AND BASIS OF REPORT**

As the charity's trustees you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

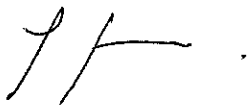
I report in respect of my examination of the charity's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

**INDEPENDENT EXAMINER'S STATEMENT**

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the accounts do not accord with those records

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Tim Fulker BSc(Econ) FCA  
Seymour Taylor Limited  
57 London Road  
High Wycombe  
Buckinghamshire  
HP11 1BS

12 October 2022



CHARITY COMMISSION  
FOR ENGLAND AND WALES

Sleep Apnoea Trust

1186235

## Receipts and payments accounts

CC16a

For the period  
from

01.04.2021

To

31.03.2022

### Section A Receipts and payments

	Unrestricted funds	Restricted funds	Endowment funds	Total funds	Last year
	to the nearest £	to the nearest £	to the nearest £	to the nearest £	to the nearest £
<b>A1 Receipts</b>					
Membership - unrestricted	13,265	-	-	13,265	-
Bag tags - unrestricted	200	-	-	200	-
Public Awareness - unrestricted	375	-	-	375	-
Gift Aid - unrestricted	3,459	-	-	3,459	-
Legacy income - unrestricted	367	-	-	367	-
Donation - unrestricted	1,796	-	-	1,796	-
Fund raising - unrestricted	126	-	-	126	-
Interest income - unrestricted	1	-	-	1	-
<b>Sub total (Gross income for AR)</b>	<b>19,589</b>	<b>-</b>	<b>-</b>	<b>19,589</b>	<b>-</b>
<b>A2 Asset and investment sales, (see table).</b>					
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total receipts</b>	<b>19,589</b>	<b>-</b>	<b>-</b>	<b>19,589</b>	<b>-</b>
<b>A3 Payments</b>					
Printing and postage	2,190	-	-	2,190	-
Stationary	127	-	-	127	-
Annual meetings	2,426	-	-	2,426	-
Telecommunications	6	-	-	6	-
IT & website	940	-	-	940	-
Insurance	674	-	-	674	-
Secretarial costs	16,430	-	-	16,430	-
Public awareness	2,903	-	-	2,903	-
Travel and subsistence	510	-	-	510	-
Bank fees	513	-	-	513	-
Sundries	171	-	-	171	-
Accountancy fees	1,204	-	-	1,204	-
<b>Sub total</b>	<b>28,094</b>	<b>-</b>	<b>-</b>	<b>28,094</b>	<b>-</b>
<b>A4 Asset and investment purchases, (see table)</b>					
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total payments</b>	<b>28,094</b>	<b>-</b>	<b>-</b>	<b>28,094</b>	<b>-</b>
<b>Net of receipts/(payments)</b>	<b>- 8,505</b>	<b>-</b>	<b>-</b>	<b>- 8,505</b>	<b>-</b>
<b>A5 Transfers between funds</b>					
Transfer of funds from previous unincorporated charity	26,522	-	-	26,522	-
<b>A6 Cash funds last year end</b>					
<b>Cash funds this year end</b>	<b>18,017</b>	<b>-</b>	<b>-</b>	<b>18,017</b>	<b>-</b>

## Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
<b>B1 Cash funds</b>	NatWest Current Account (1)	2,769	-	-
	NatWest Current Account (2)	666		
	NatWest Reserve Account (1)	13,301		
	COIF Deposit Account	153		
	Paypal	1,128		
		-	-	-
	<b>Total cash funds</b>	<b>18,017</b>	<b>-</b>	<b>-</b>

(agree balances with receipts and payments account(s))

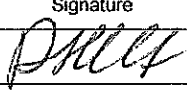
	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
<b>B2 Other monetary assets</b>		-	-	-
		-	-	-
		-	-	-
		-	-	-

	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
<b>B3 Investment assets</b>			-	-
			-	-
			-	-

	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
<b>B4 Assets retained for the charity's own use</b>			-	-
			-	-
			-	-
			-	-
			-	-
			-	-

	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
<b>B5 Liabilities</b>	Trade creditors	Unrestricted	284	
			-	
			-	
			-	
			-	

Signed by one or two trustees on behalf of all the trustees

Signature	Print Name	Date of approval
	Robert Holt	11/10/22