

# Annual Report and Accounts for the Year Ended 31 March 2020

## Chair's foreword

*"Hillary and the team at National Voices provide valuable input and a constant reminder to put patients at the centre of everything we do, making sure that innovation in the health service is what patients and their families need."*

**Ara Darzi, Co-Director of the Institute of Global Health Innovation  
and chair of the Accelerated Access Collaborative**

I am pleased to introduce the National Voices Annual Report for 2019-20. This year has been one of change for us, and with the Covid-19 crisis taking hold at the end of the year, it also marked the beginning of an important period for the charity sector and the whole country. Despite this challenging backdrop, National Voices has had a very successful year, demonstrating its unique and vital role in changing health and care, and growing its membership, income and influence.

We successfully implemented our new strategy, with a stronger focus on working with members and foregrounding patient and user experience. I would encourage both current and potential members to look at the range of activities and impact we have delivered as a result this year. We have come a very long way in a remarkably short space of time.

Overshadowing everything this year, of course, is Covid-19. The pandemic started in the last quarter of the financial year and its impact continues as we write this report. It brought extraordinary demands and challenges on our members and the health and care system, on the millions of people living with ongoing health conditions and wider society as a whole. Our way of life and health and care services may never be the same again, and in our role working with a broad cross-section of health and care charities, we have seen at close range what these challenges mean for people. National Voices' unique role has never been more important than now – as a connector, a convenor and advocate.

Like other organisations, National Voices had to arrange to work from home, reprioritise activities and start new ones at short notice, such as [Our Covid Voices](#), and our popular [webinar series](#), linking our sector together and advocating for decision making based on people's actual experiences. I am very proud of the way National Voices rose to the challenge of Covid-19, and on behalf of the Board thank Dr Charlotte Augst and the whole team for their agile thinking, and going above and beyond the call of duty.

National Voices is a membership organisation. Our successes are therefore our members' successes. We are proud to serve a diverse membership of large and small organisations and I thank all our full and professional members for their ongoing support. We also thank our numerous other generous supporters, such as the Health Foundation and the members of the Industry Collaborative. Our diversity of income and independence strengthens our coalition.

This year saw four of our elected trustees leave us – Olivia Belle, David Crepaz-Keay, Sally Hughes and Red Godfrey Sagoo. My thanks to them for their wise counsel and support throughout their term and to the rest of the Board for their support during the year.

We look forward to next year, continuing to argue for a strong patient voice in the changes that lie ahead.



**Hilary Newiss**

Chair

17 September 2020

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## Chief Executive's introduction

*"National Voices is a highly valued partner for the Nuffield Trust. Our mission is to uncover, marshal and disseminate research evidence that can help policy makers and practitioners design and deliver better health care. We have consistently found that National Voices is an authentic voice for patient organisations and our work is stronger with their input and engagement."*

**Nigel Edwards, Chief Executive Officer, Nuffield Trust**

*"Our NHS-funded project on how NHS organisations locally work with the VCSE benefits from Charlotte chairing our advisory group. We are finding our collaboration with National Voices to be a valuable way of getting advice and information from and about the third sector, and for enabling third-sector perspectives to inform and guide our research."*

**Rod Sheaff, Professor of Health and Social Services Research, University of Plymouth**

From today's perspective, the year that ended on 31 March 2020 feels a very long way in the past. In ways we could not possibly have imagined, life for the millions of people in the UK living with ongoing health needs changed after March this year with the Covid pandemic. For our members, there was huge disruption to their ability to work, with some revenue sources drying up, whilst demand for services such as helplines increased massively. Many health and care services were thrown into disarray as the threat of further contagion led to closed wards, delayed treatments and discontinuation of home visits. The impact on many of the people we work with was severe. For people shielding, and their families and carers, life was put on hold for months. Access to vital services was in many cases cut off.

The need for a strong voice for health and care charities has arguably never been higher than during the Covid pandemic. But each patient is different, each long term condition amounts to a different level of vulnerability to the virus, and each organisation faces a different set of challenges. With so many different, sometimes competing perspectives, our role has been to learn from our members about what they are experiencing, identify common causes, develop policy responses that will make a difference to people's lives, and ensure that they find their way to decision-makers in government and the health system.

## Covid-19 response

Working closely with members has been the key to achieving this.

At the outset of the Covid-19 crisis we embarked on a new range of member and stakeholder activities, centring on regular online webinars.

We opened this offer up to non-members because we felt the crisis demanded this kind of generous leadership. Between April and July, we ran 13 webinars, which attracted over 600 individuals from more than 400 organisations.

In April, faced with the terrifying prospect of mass hospitalisations and rationing of care, we set out a [joint position statement](#) arguing for the need to avoid blanket policies regarding acute care provision, because there cannot be a one-size-fits-all approach to life-altering, or end-of-life, health decisions.

We also worked to ensure that the range of stories that comprise the Covid experience were captured, through the [Our Covid Voices project](#). Our Covid Voices is a website where people living with mental or physical ill-health or disability can share their experiences of life under lockdown. The result is a unique archive of first-person accounts from people whose lives were significantly impacted by the pandemic. The stories provide an essential source of data to help the health policy world to properly understand what Covid-19 meant for many ordinary people. In particular, they powerfully illustrate the uniquely precarious and uncertain position that many shielding people have found themselves in.

The Our Covid Voices project led to some important policy work. The stories themselves have been shared widely, including through articles for the [British Medical Journal](#) and the [Health Service Journal](#), and at the Health Select Committee on 11 June 2020. We also commissioned an analysis of the dataset to identify trends and key messages from people's lived experiences. This helped to generate a series of 'I statements' (to be published in October), which aim to capture the needs of people who are shielding for their ongoing health and wellbeing. A panel of shielding people, drawn from contributors to the Our Covid Voices website, helped us to refine the statements and ensure they accurately represented their position.

Further drawing on what we had seen and heard from our members and the public through the Covid-19 crisis, we developed five principles for the easing of lockdown, which proposed a framework for policy-making that ensures vulnerable and shielding people's needs are taken into account. Published under the heading '[Nothing about us without us](#)', it generated national [media attention](#) and our statement on it was co-signed by over 90 partner organisations.

## Redefining our role

Why am I writing about all this at the front of our annual report for 2019-20? Because the story of 2019-20 paved the way for the delivery of our work during the Covid-19 outbreak, and because our work so far in 2020 is illustrative of how we will work under our new strategy.

Early in 2019 we faced a strategic challenge. We had been highly successful, with others, in shifting national policy towards a commitment to patient centred care, and we needed to think about what our next steps should be, in terms of improving patient experience and ensuring patient voice is always a key concern in decision-making processes. We also needed to consolidate our finances after two years of deficits.

During 2019-20 we managed to balance our books much more closely and made a number of strategic changes. These changes have taken time to devise, implement and embed, but the work we have done on Covid-19 demonstrates the value of our new approach.

Our new strategy was developed through a member engagement exercise we called 'Future proofing National Voices'. We ran a survey and webinars with members during the spring of 2019, alongside a wide range of conversations, in which we discussed what members wanted and needed from us. We also spoke to dozens of external stakeholders.

The new strategy we arrived at heralded some significant shifts in our approach. In particular we committed to working more closely with our members in our influencing and advocacy work – 'with members' rather than just 'for members'. We want to ensure through our work that patients' and service users' voices are heard within debates, and we have an important role to play in facilitating this: working closely with our members to reach patients and service users, partnering with other stakeholders, and applying robust methodologies to developing insights.

We decided to work on a small number of key issues within the wider national policy agenda and develop a distinctive voice and contribution on these. These are based on our members' activity and patient experience focus. Our activities during 2019-20 are outlined in the following pages and reflect these decisions.

Alongside strategic changes we saw a number of changes within the staff team during 2019-20. Don Redding left National Voices after being so central to its success as a thought leader on person centred care, as did Hannah Chalmers, Laura Bell and Pia Charles. We are grateful for everything they did for National Voices. Our leadership team now consists of Jess Brayne looking after our membership and communications, Patrick Ryan leading on operations, our finances and Board, and Rebecca Steinfeld as our new Head

of Policy. Ella Wright supports on engagement and influencing, Sam Batey on communications. In July 2020 we appointed a new communications manager, Charles Howgego.

The impact of the Covid-19 outbreak on health policy was severe. Decisions were taken quickly, often resulting in the dislocation of much needed health and care services, and pain, exacerbation, confusion and fear for many who live with ill-health and disability. Most of all the pandemic highlighted the essential strategic need for National Voices as a champion of patient voice in decision-making, and as an advocate for our members' needs and ambitions.



**Dr Charlotte Augst**

Chief Executive

17 September 2020

## Stakeholder views on National Voices' Covid-19 response

*"National Voices played an invaluable leadership role during the Covid-19 pandemic. As charities we needed a place to come together to advocate for a person-centred approach to vital issues like support for people who are shielding - and National Voices provided that."*

**Phillip Anderson, Head of Policy, MS Society**

*"We were very happy to be in a position to help National Voices with a small grant at the beginning of the pandemic, for a project to explore new ways of getting users and patients' voices to be audible to the wider world. What impressed me during this process was National Voices' capacity to innovate, and reflect and learn in a rapidly changing environment. Charlotte Augst recently fed back to a group of colleagues at the Health Foundation: what was impressive was how quickly National Voices had got to grips with the scale and range of challenges faced by 'vulnerable people' during this period and had worked out effective ways to communicate to policy makers about areas which would normally take months for researchers and the academic community to surface. I also noticed a real energy to collaborate and think differently about how to get these vital messages out and up to the ears of those who need to listen."*

**Ruth Thorlby, Assistant Director (Policy), The Health Foundation**

*"We really value our membership of National Voices, especially during the pandemic. They've been instrumental in bringing the sector together to share insights and use lived experience to influence the NHS."*

**Laura Cockram, Head of Policy and Campaigning, Parkinson's UK**

*"As a fellow coalition body, National Voices has been an incredible source of support and strength for the Alliance during the pandemic. As a truly unique coalition, with the ability to draw on the diversity and breadth of health and care sector, they've been invaluable in providing insights into the true impacts of COVID-19 on the most vulnerable. Undoubtedly this has had a direct and positive impact on people with long term conditions and beyond. Thank you for everything you do - it truly does make a difference."*

**Georgina Carr, CEO, Neurological Alliance**

*"It has been a great opportunity to work with National Voices on work to understand people's experiences of remote care during COVID and beyond. National Voices brought fresh insight, pragmatism, energy and connections to the work. Their values based approach and willingness to utilise existing conversations and to support the sharing of insight and learning meant the findings found a wide and diverse audience including some very senior influencers. This meant we have been able to see tangible impact from the work in the way remote care is being developed at the highest levels, leading to a direct positive benefit for people who use services. We are very much looking forward to continuing to develop our working relationship and to working together on other projects in the future."*

**Jessie Cunnett, Associate Director – Head of Health and Social Care, Traverse**



## Activities and impact

*“National Voices brings authentic lived experience to the design and delivery of the health and care system that enables partnerships to realise improved experience and outcomes for individuals and populations.”*

**Professor Donal O’Donoghue, Registrar, Royal College of Physicians**

*“A lot of things that are important to people with musculoskeletal (MSK) conditions, such as shielding or waiting times, are not specific to MSK. National Voices has provided valuable opportunities to increase our impact by collaborating with others.”*

**Sue Brown, CEO, Arthritis and Musculoskeletal Alliance (ARMA)**

### Membership and engagement

Membership remains a key area of activity. During 2019-20, we held ten network meetings bringing together colleagues from across member charities, sent 71 newsletters to our members, and supported members with advice and information. Our membership numbers were broadly stable during 2019-20, but interest from new members is picking up significantly since our open support offer during the Covid-19 crisis.

We have engaged with numerous teams inside NHS England/Improvement, and continued to build relationships with other system leaders – regulators, professional bodies, infrastructure organisations and think tanks.

### Projects

We worked on a range of projects during 2019-20. Not all completed during the year, and in some cases much of the work within the year 19-20 was scoping and planning for work taking place within the next financial year.

Taken as a whole, our activities during 2019-20 reflect the priorities within our new strategy of working closely with members, and working more directly with people with ongoing health and care needs. Many reflect our role as a convenor, using our strong relationships to bring together players from different parts of the health system. They show how we work to amplify members’ voices, ensuring they have a seat at the table in discussions about the future of healthcare. And they show our work to synthesise the information we gain from our members, combining with evidence from our own research to deliver impact and influence policy.

The short project descriptions that follow show how the research and advocacy work we do is geared towards improving the lives of people living with mental and/or physical conditions, and therefore achieving public benefit<sup>1</sup>. They support our influencing work, help improve practice and crucially are based on our ambition to provide representation and voice to both our members and the people they serve: people living with ill health and disability.

## Surfacing unmet need

In August 2019, as part of NHS England and NHS Improvement's Accelerated Access Collaborative to support the spread of innovation around the NHS, we were invited to undertake research and engagement to uncover the unmet needs of patients, carers and families managing many long term conditions.

Innovation is often driven by developers of technology. Suppliers to the NHS do not always take the needs of their services' end users as their starting point, because evidence of unmet need is elusive – it can exist throughout the health and care system, and in non-clinical settings. We worked to change this dynamic by asking our members where they knew that innovation was needed. Our members maintain close relationships with thousands of service users, giving them unique access to important evidence of the challenges people living with long term conditions face in real life, which developers are unable to reach.

We worked with 22 of our members, taking data they had obtained in their research and insight work and complementing them with our own interviews to dig down further into their findings. [Our analysis of the data](#) showed that, despite there being a number of different conditions represented in the data, there were clear cross-cutting themes. Our hope is that these insights can fuel useful discussions between voluntary organisations and innovators to help direct the developers of new systems and technologies towards the areas of greatest benefit to people with long-term conditions.

We were pleased to work with a range of our members through this project, which is a good indicator of how we intend to work with members in the future. The project highlighted what we believe is an important part of our role: as a synthesiser of members' information, creating a combined analysis with greater likelihood of having impact than a series of individual pieces of research. .

## Social Prescribing

Social prescribing is recognised as an important means of enabling people to stay well, manage their own wellbeing, and access services and support outside of the NHS. NHS England has invested in social prescribing to support achievement of its Universal Personalised Care model, and it is highlighted in the NHS Long Term Plan as an important area for development.

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<sup>1</sup> Not all the projects we did are listed in this overview.

The availability of services from non-NHS sources is a vital component of effective social prescribing, so the interface between the voluntary, community and social enterprise sector (VCSE) and health and care sectors is important. There needs to be mutual understanding and cooperation for successful social prescribing to take place. Increased engagement with people through referral from health services will also increase demand on VCSE services, which has resource and capacity implications - and starts from a much lower base in more deprived parts of the country where voluntary and community activity is not as well established.

Our work in this field was commissioned by the NHS England Personalised Care Group. We gathered insights and experiences of the VCSE sector on this key pillar of personalised care, through a range of engagements. After an inception phase during which we worked closely with NHS England and other VCSE bodies to build awareness and buy-in for the work, we ran practitioner workshops during February and March 2020 in Manchester, Newcastle and Exeter. In all we engaged with over 300 people in this process, in which we explored the conditions and practices that enable effective social prescribing locally, and how these conditions could be created through local or national systems.

The research found the VCSE sector to be generally supportive of social prescribing and keen to work with the health system, but identified some significant challenges. The fast roll out of social prescribing by the NHS has been somewhat destabilising for existing ways of working in some instances, and in areas without good existing relationships between voluntary and statutory sectors there have been problems linking the two sectors together effectively.

Specific issues were identified around funding and arrangements for link workers, who face huge challenges to meet the demands of their workload, and the ways used to evaluate outcomes from social prescribing. Respondents to the consultation also pointed to the need for funding for VCSE organisations to meet increasing demand, and a need to steer social prescribing towards tackling inequalities. Since poorer communities tend to have less formal VCSE activity, there is a danger that inequality of provision could be exacerbated. Investment in relationships between individuals and organisations is important for building and sustaining collaboration between sectors and ensuring social prescribing is used most effectively.

## **Digital Health**

In late 2019 we secured funding for capacity to enable us to exert influence in the digital health space. In the context of changes such as the launch of NHS X (a new agency leading on digitising how the NHS organises itself and provides services), we have worked to ensure that our members are represented in discussions about how digital services may reshape the NHS. We have joined a working group of charities interested in digital services

and how they can help the NHS to work better with patients through digital tools. The group has fed into the development of the NHS app which enables users to manage some aspects of care such as booking appointments and ordering repeat prescriptions.

## **Peer Support**

Commissioned by NHS England's Personalised Care Group, this project is to support the goals of the NHS Long Term Plan to widen access to peer support. The work is designed to engage with the VCSE sector on how peer support works best, and to enable NHS England to understand what good peer support looks like and how they can work with organisations who provide peer support for patients and service users. We also worked with the Health Foundation, and a group of advisers and decided to complement the work on our Peer Support Hub with some work around what learning and innovation was generated during Covid-19 regarding the way peer support is designed and delivered now that we can't easily bring people together into the same room.

## **Experiences of administration in the NHS**

In 2019 the [King's Fund](#) launched a project to measure the impact on patients of poor administration within the NHS. They began by analysing data from the Care Opinion website. We joined as partners to feed in our learning from people who live with more than one health condition, alongside Healthwatch, who spoke to more sporadic users of services.

We conducted in-depth telephone interviews with individuals and ran workshop sessions with groups of people with complex needs, such as deaf people and people with mental ill-health. For people who have very specific needs, such as sign language interpretation, if the administration fails and these needs cannot be met, there is a significant negative impact on their quality of care.

The final report from this project will be published by the King's Fund but has been delayed because of the Covid outbreak.

## **Experience of patients awaiting elective treatment**

Working with NHS England and NHS Improvement, we began a piece of insight work looking at the experience of patients waiting for elective treatment. The aim was to help NHS E/I in its thinking about how clinical standards are set. Activity was originally designed around four workshops with patients and carers, but had to be transitioned to interviews because of Covid-19. In the autumn of 2020, we are launching an insight report into what needs to be done to support people with waits as part of NHS restart.

## **Integrating mental and physical health: Insights from experience**

This project is a partnership between National Voices and the Centre for Mental Health, and seeks to understand better the links between physical and mental health. At least a third of people with long-term physical illness also have a mental health problem. For many others, while a mental health condition is not diagnosed, they nevertheless experience a negative impact on their mental health through their physical health condition, owing to pain, fatigue, loss of mobility or other factors.

The project aims to understand the experiences of a range of people with long-term physical health issues, including diabetes, arthritis and those living with chronic pain. We set out to explore the emotional impact of living with one or more long term conditions and how easy it is to access services, as well as considering the emotional toll on health workers, and how living with a physical condition affects economic and social wellbeing.

The project received funding from Guys and St Thomas's Charity. Unusually for a National Voices project, this work was also 'crowdfunded', with a group of members supporting the work. Macmillan Cancer Support, Alzheimer's Society, Diabetes UK, Arthritis Action and Independent Age all recognised the value of bringing together work looking at a range of conditions and emotional support needs and provided monetary support. Other, smaller, members provided important additional support by linking us up with individuals affected by these issues.

Much of the work done during 2019-20 was on scoping for this project, which began in earnest in March 2020 with a webinar of physical health charities, clinicians and experts, who helped to sharpen its focus. The research phase is based around a series of structured one-to-one conversations and survey data. We expect to report later in 2020.

## **Voices for Improvement**

Funded by the Health Foundation, Voices for Improvement is an ambitious project to create a community of patient activists who can work alongside members of the Health Foundation's professional quality improvement network, the Q community, to improve health services. The Q community is well-known for its work to bring together professionals engaged in improvement activity, enabling them to share practices and learn from one another to increase their impact overall. However only around 2 per cent of the Q Community are themselves identifying as patients, a proportion that means patient voice is not prominent in discussions around health quality improvement.

We and the Health Foundation recognise that this is a missed opportunity. Understanding patient experience is essential to developing person-centred care, and the energy and motivation of many patients to see improvements to services they use is valuable and should be harnessed. Our role, therefore, is to develop a parallel community of patient improvers, drawn from networks of patients working with our member organisations. Northumbria NHS Foundation Trust supported our work and thinking by joining forces with us and an existing patient and carers' network they were hosting.

We began scoping out this work in November 2019. The onset of Covid-19 has inevitably impacted on the ease with which these conversations can take place, but it also reframes the work and gives it added significance. As thoughts turn to the 'post-Covid' world, there is a strong need for patients to be in the driving seat around the design of new services.

This project, while still in its infancy, reflects our strategic direction to work with, not for, people with ongoing health issues. Our work on Voices for Improvement, benefiting from the experience built up by the Health Foundation of running the Q community, will create a platform that aims to give much greater agency to people using health services in the design of services.

## **Patient Participation Groups**

An additional piece of work we have begun under the theme of patient voice is to look at the role of Patient Participation Groups. All GP surgeries are required to operate with a PPG and we are interested in working to make these bodies as effective as possible in ensuring that patient's voices are heard and can influence services.

This project, supported by NHS England, aims to develop a clear development plan for PPGs and develop support materials and guidance for PPGs, based on material and knowhow held within our membership.

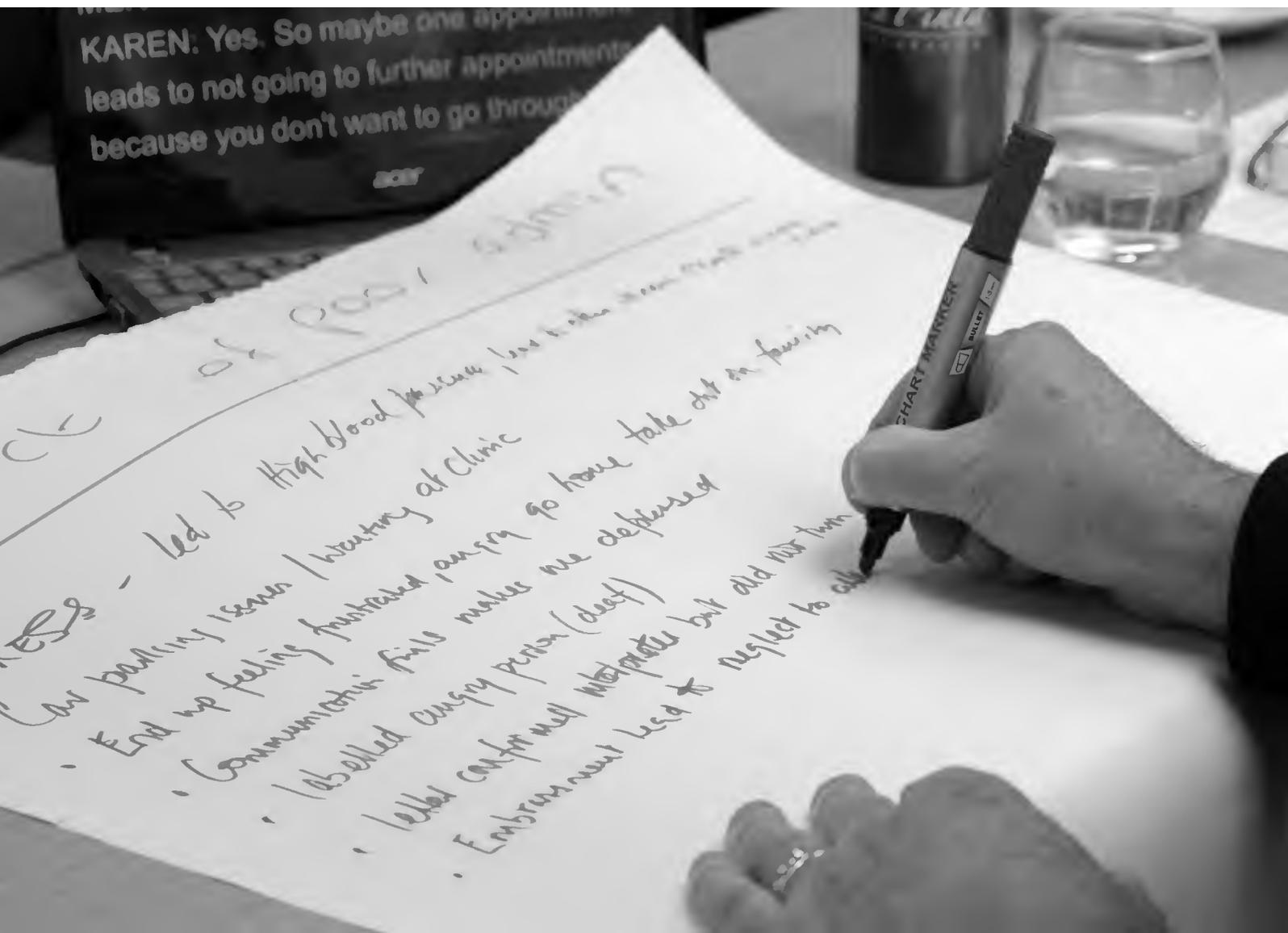
Like several projects this work has been held up by the Covid-19 outbreak.

## **Primary Care Networks**

The NHS Long Term Plan identified primary care as a crucial area for investment with greater integration of services with community care. Primary Care Networks are a key way in which this integration is being achieved locally. Each PCN has a footprint of around 40-50,000 people and so has the potential to make the planning of care services truly localised, joined up and person-centred.

Because of its potential to deliver services in these ways, we made primary care reform a key priority for National Voices during 2019-20. Of all the changes earmarked within the Long Term Plan, we see this area as being potentially the most significant for the highest number of people.

Since the publication of the Long Term Plan in January 2019 we have worked to help the VCSE sector to make sense of the government's commitment to reforming primary care. We published a set of resources for voluntary organisations to explain how their work could overlap with PCNs, including support to find and work with local PCNs. We also worked, in partnership with the National Association of Primary Care and the National Association of Link Workers, to support PCNs to engage with voluntary organisations.



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NESS

of pos, admin

- low parking issues / waiting at clinic
- End up feeling frustrated, angry go home take out on family
- Communication fails makes me depressed
- labelled angry person (deaf)
- Embarrassment lead to neglect to all

# Organisational details

## Staff members during 2019-20

Dr Charlotte Augst, Chief Executive  
Jess Brayne, Head of Membership and Engagement  
Pamela Saunders, Accountant  
Sam Batey, Communications and Engagement Officer  
Patrick Ryan, Head of Office  
Rachel Matthews, Programme Manager  
Ella Wright, Membership Officer

## Staff departures

Hannah Chalmers, Policy and Public Affairs Lead  
Laura Bell, Communications and Engagement Officer  
Pia Charles, Personal Assistant to the Chief Executive and Administrator  
Don Redding, Director of Policy and Partnerships  
Kate James, Head of Stakeholder Engagement (maternity cover)



## Reference and administrative details

### Board of trustees

Noha Al Afifi	Arthritis Action
Jean Appleyard	Treasurer (to 31 March 2020), independent
Olivia Belle	Versus Arthritis UK, term expired December 2019
Ricardo Borges	Independent
Sarah Collis	Self Help UK
David Crepaz-Keay	Mental Health Foundation, term expired December 2019
Catherine Davies	Independent
Red Godfrey Sagoo	Marie Curie, stepped down December 2019
Akiko Hart	NSUN, elected December 2019
Ed Holloway	MS Society, elected December 2019
Sally Hughes	British Heart Foundation, term expired December 2019
Hilary Newiss	Chair, independent
Steven Platts	Groundswell, elected December 2019
Sarah Rae	Mind
Sarah Vibert	The Neurological Alliance
Jill Worth	Independent

### Professional advisers

#### Bankers

CAF Bank Limited Kings Hill  
Kent ME19 4TA

#### Auditors

Goldwins Limited  
75 Maygrove Road  
West Hampstead  
London NW6 2EG

#### Solicitors

Bates Wells  
10 Queen Street Place  
London EC4R 1BE

# Statement of trustee responsibilities

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with the Companies Act 2006 and for being satisfied that the financial statements give a true and fair view. The Trustees are also responsible for preparing the financial statements in accordance with United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable 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 charity will continue in business.

The Trustees are responsible for keeping adequate accounting records that show and explain the charity's transactions, 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.

Financial statements are published on the charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The maintenance and integrity of the charity's website is the responsibility of the Trustees. The Trustees' responsibility also extends to the ongoing integrity of the financial statements contained therein.

# Financial Review

For the 2019-20 financial year, National Voices' incoming resources were £411k and resources expended were £404k, resulting in a surplus of £7k.

Incoming resources for the year of £411k represents an increase of 23 per cent against the £332k achieved in 2018-19. The largest elements of income were membership subscriptions of £112k, £86k earned income from chargeable services with respect to Improving Practice and £60k from the Department of Health for the Health and Wellbeing Alliance. An analysis of the different sources of income is provided in the table below, alongside the previous year's figures for comparison.

Category of income	Percentage of total	
	2019-20	2018-19
Membership income	27	32
Chargeable services	21	28
Central government grants	17	18
Other grants and donations	24	17
NHS grants	11	5
Total	100	100

Resources expended for the year were £404k compared with £417k for the previous year, a decrease of 3 per cent. This expenditure was almost entirely incurred on charitable activities. Salaries represent the largest item of expenditure and account for over two thirds of all costs. Average headcount for the year has stayed consistent with the previous year at 7 members of staff.

National Voices' reserves policy states that the charity should hold unrestricted reserves to cover between five and seven months' unrestricted operating costs. Reporting a surplus position on unrestricted funds for the current year, unrestricted reserves carried forward at 31 March 2020 were £180k which meets the reserves policy. As we go forward into 2020-21, the Audit and Risk Committee and Board of Trustees will continue to closely monitor the overall financial position to ensure that reserves remain at an appropriate level. The reserves policy is reviewed formally by the Board of Trustees on an annual basis. Restricted funds were fully utilised on the respective work streams during the year.

## Structure, governance and management

National Voices is governed by a Board of Trustees which is comprised of trustees elected from the membership and independent trustees appointed to the Board for their expertise and experience. National Voices' constitution stipulates that trustees elected from the membership must always be in the majority.

During this reporting period Olivia Belle, David Crepaz-Keay, Red Godfrey Sagoo and Sally Hughes stood down at the AGM in December 2019. At the same time, Akiko Hart, Ed Holloway and Steven Platts were elected as new members by our membership.

National Voices maintains a Risk Register highlighting its exposure to risks across all areas of the organisation, and actions taken in mitigation against them. The Risk Register is considered alongside the business plan. It is updated on a regular basis by the management team and reviewed quarterly by the Audit and Risk Committee and Board of Trustees.

The current key risk exposures at National Voices are a failure to demonstrate its impact in a rapidly changing health landscape and to ensure relevance. Income and organisational development remain risks despite markedly improving.

Pay and remuneration of all the charity's personnel is overseen by the Audit and Risk Committee. Advice from recognised voluntary sector bodies (including NCVO and the Charity Finance Group) is used to set pay awards and a benchmarking exercise is undertaken when new posts are created.

## Appointment of Auditors

Goldwins Limited conducted the audit of these accounts and have accordingly signed their auditor's report. The decision to appoint Goldwins was approved at the National Voices AGM of 26 March 2014 (and reported in the 2013/14 annual report and accounts). The decision to re-appoint Goldwins was confirmed at the AGM of 4 June 2015, and subsequently the AGM of 29 June 2016, the AGM of 28 September 2017, AGM of 10 October 2018 and the AGM of 3 December 2019.

Each of the directors has confirmed that so far as he/she is aware, there is no relevant audit information of which the charitable company's auditors are unaware, and that he/she has taken all the steps that he/she ought to have taken as a director in order to make him/herself aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

Approved and signed on behalf of the Board of Trustees

**Hilary Newiss**  
Chair

**Jean Appleyard**  
Trustee

Date:

## Opinion

We have audited the financial statements of National Voices (the 'Charity') for the year ended 31 March 2020 which comprise the Statement of Financial Activities, the Balance Sheet, statement of cash flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## **Other information**

The trustees are responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' report (incorporating the directors' report) have been prepared in accordance with applicable legal requirements.

## **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the Charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us;
- the financial statements are not in agreement with the accounting records and returns;
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not obtained all the information and explanations necessary for the purposes of our audit.

## **Responsibilities of the trustees**

As explained more fully in the trustees responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the Charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the Charity or to cease operations, or have no realistic alternative but to do so.

## **Our responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

This report is made solely to the Charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and the Charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

### **Anthony Epton (Senior Statutory Auditor)**

for and on behalf of

Goldwins Limited, Statutory Auditor, Chartered Accountants  
75 Maygrove Road, West Hampstead  
London NW6 2EG

# National Voices: Statement of Financial Activities

(Incorporating An Income and Expenditure Account)

## For the year ended 31 March 2020

	Note	Unrestricted £	Restricted £	2020 Total £	2019 Total £
<b>Income from:</b>					
Donations	2	6,550	-	<b>6,550</b>	10,070
Charitable activities:	3				
Influencing policy		8,100	92,097	<b>100,197</b>	76,000
Representation and voice		112,306	-	<b>112,306</b>	105,781
Improving practice		100,621	91,667	<b>192,288</b>	139,854
Other trading activities					
Investments	4	415	-	<b>415</b>	344
Other		-	-	-	71
<b>Total Income</b>		<u>227,992</u>	<u>183,764</u>	<b><u>411,756</u></b>	<u>332,120</u>
<b>Expenditure on:</b>					
Raising funds	5	1,747	-	<b>1,747</b>	35
Charitable activities					
Influence policy	5	8,664	92,875	<b>101,539</b>	182,281
Representation and voice		107,739	-	<b>107,739</b>	124,697
Improving practice		101,079	92,173	<b>193,252</b>	109,966
Other		-	-	-	-
<b>Total expenditure</b>		<u>219,229</u>	<u>185,048</u>	<b><u>404,277</u></b>	<u>416,979</u>
<b>Net income / (expenditure) before net gains / (losses) on investments</b>		8,763	(1,284)	<b>7,479</b>	(84,859)
Net gains / (losses) on investments		-	-	-	-
<b>Net income / (expenditure) for the year</b>	6	8,763	(1,284)	<b>7,479</b>	(84,859)
Transfers between funds		<u>(1,284)</u>	<u>1,284</u>	<u>-</u>	<u>-</u>
<b>Net income / (expenditure) before other recognised gains and losses</b>		<u>7,479</u>	<u>-</u>	<b><u>7,479</u></b>	<u>(84,859)</u>
<b>Net movements in funds</b>		7,479	-	<b>7,479</b>	(84,859)
<b>Reconciliation of funds:</b>					
Total funds brought forwards		172,879	-	<b>172,879</b>	257,738
<b>Total funds carried forward</b>		<u>180,358</u>	<u>-</u>	<b><u>180,358</u></b>	<u>172,879</u>

All of the above results are derived from continuing activities. There were no recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 16 to the financial statements.

# National Voices: Balance Sheet

## As at 31 March 2020

	Note	2020 £	2019 £
<b>Fixed assets:</b>			
Tangible assets	10	<u>2,308</u>	<u>-</u>
<b>Current assets:</b>			
Debtors	11	49,698	83,209
Cash at bank and in hand		<u>264,443</u>	<u>207,122</u>
<b>Liabilities:</b>		<b>314,141</b>	<b>290,331</b>
<b>Creditors: amounts falling due within one year:</b>	12,13		
Deferred membership		(35,620)	(37,077)
Other creditors		<u>(100,471)</u>	<u>(80,375)</u>
		<b>(136,091)</b>	<b>(117,452)</b>
<b>Net current assets / (liabilities)</b>		<u><b>178,050</b></u>	<u>172,879</u>
<b>Total assets less current liabilities</b>		<b>180,358</b>	
Creditors: amounts falling due after one year		<u>-</u>	<u>-</u>
<b>Total net assets / (liabilities)</b>		<b>180,358</b>	172,879
<b>The funds of the charity:</b>			
Restricted income funds	16	<u>-</u>	<u>-</u>
Unrestricted income funds:			
Designated funds		14,091	9,660
General funds		<u>166,267</u>	<u>163,219</u>
Total unrestricted funds		<b>180,358</b>	172,879
		<u>-</u>	<u>-</u>
<b>Total charity funds</b>		<u><b>180,358</b></u>	<u>172,879</u>

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

# National Voices: Statement of cash flows

## For the year ended 31 March 2020

	Note	2020		2019	
		£	£	£	£
<b>Net cash provided by / (used in) operating activities</b>	17		<b>59,731</b>		(59,245)
<b>Cash flows from investing activities:</b>					
Dividends, interest and rents from investments		415		<u>344</u>	
Purchase of fixed assets		<u>(2,825)</u>		<u>-</u>	
<b>Net cash (used in) / provided by investing activities</b>			<b><u>(2,410)</u></b>		344
<b>Change in cash and cash equivalents in the year</b>			<b>57,321</b>		<u>(58,901)</u>
Cash and cash equivalents at the beginning of the year			<b><u>207,122</u></b>		<u>266,023</u>
<b>Cash and cash equivalents at the end of the year</b>	18		<b>264,443</b>		207,122

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

## For the year ended 31 March 2020

### 1 Accounting policies

#### a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102 - effective 1 January 2015) - (Charities SORP FRS 102) and the Companies Act 2006.

The charitable company meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

#### b) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

#### c) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. Income received in advance for the provision of a specified service is deferred until the criteria for income recognition are met.

Membership income is recognised over the year to which it relates and the proportion of subscriptions received during the year that relate to a subsequent financial accounting period is carried forward as a creditor in the balance sheet and shown as subscriptions received in advance.

#### **d) Donations of gifts, services and facilities**

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

#### **e) Interest receivable**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

#### **f) Fund accounting**

Unrestricted funds are available to spend on activities that further any of the purposes of charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are grants and donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

#### **g) Expenditure and irrecoverable VAT**

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

Expenditure is classified under the following activity headings:

- Costs of raising funds comprise of trading costs and the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services and other activities undertaken to further the purposes of the charity and their associated support costs. Where costs cannot be directly attributed, they have been allocated to activities on a basis consistent with their incoming resources.

Staff costs, premises, office overheads and indirect costs are allocated as follows:

Influencing policy	25.5%
Representation and voice	28.9%
Improving practice	45.0%
Support costs	0.60%

Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

#### **h) Allocation of support costs**

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs comprise the salary and overhead costs of the central function.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on income, of the amount receivable for each activity.

Influencing policy	17.4%
Representation and voice	29.1%
Improving practice	53.5%

#### **i) Operating leases**

Rental charges are charged on a straight line basis over the term of the lease.

#### **j) Tangible fixed assets**

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

Fixtures, fittings & equipment	-	Over three years
Computers & other equipment	-	Over three years

#### **k) Debtors**

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

#### l) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

#### m) Creditors and provisions

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

#### n) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

#### o) Pensions

The charitable company operates a stakeholder defined contribution pension scheme. Contributions payable for the year are charged in the Statement of Financial Activities.

## 2 Income from donations and legacies

	Unrestricted	Restricted	2020 total	2019 total
	£	£	Total	Total
			£	£
DeepMind Technologies	-	-	-	10,000
The Helen Hamlyn Trust	4,500	-	<b>4,500</b>	-
Donations made by a trustee	2,000	-	<b>2,000</b>	-
Various	50	-	<b>50</b>	70
	<u>6,550</u>	<u>-</u>	<u><b>6,550</b></u>	<u>10,070</u>
Total income from donations 2020				
Total income from donations 2019	<u>10,070</u>	<u>-</u>		

### 3 Income from charitable activities

	Unrestricted	Restricted	2020 total Total	2019 total Total
	£	£	£	£
<b>Influencing policy</b>				
Department of Health				
Health & Wellbeing Alliance	-	60,000	<b>60,000</b>	60,000
Health and Wellbeing Alliance (Supporting Primary Care Network Development through VCSE)	-	10,000	<b>10,000</b>	
Oxford AHSN	8,000	-	<b>8,000</b>	16,000
Populus	100	-	<b>100</b>	-
Patient and Carer Network (Northumbria Healthcare NHS Foundation Trust)	-	22,097	<b>22,097</b>	-
Total influencing policy 2020	<u>8,100</u>	<u>92,097</u>	<u><b>100,197</b></u>	<u>76,000</u>
Total influencing policy 2019	<u>16,000</u>	<u>60,000</u>		
<b>Representation and voice</b>				
Membership subscriptions	112,306	-	<b>112,306</b>	105,781
Total representation and voice 2020	<u>112,306</u>	<u>-</u>	<u><b>112,306</b></u>	<u>105,781</u>
Total representation and voice 2019	<u>105,781</u>	<u>-</u>		
<b>Improving practice</b>				
Peer support hub (Health Foundation)	-	24,577	<b>24,577</b>	35,113
VCSE capacity building (Janssen)	15,000	-	<b>15,000</b>	10,000
NHS EI Unmet Need (NHS England)	-	9,750	<b>9,750</b>	-
Emotional Support (Various)	-	26,541	<b>26,541</b>	-
Support PPG (NHS England)	-	5,000	<b>5,000</b>	-
Social Prescribing (Capita)	-	11,230	<b>11,230</b>	-
Digital Health (Roche)	-	9,375	<b>9,375</b>	-
Experience of Waiting Times	-	3,970	<b>3,970</b>	-
Impact of Bad Admin	-	1,224	<b>1,224</b>	-
Workshops, events and consultancy	85,621	-	<b>85,621</b>	94,741
Total improving practice 2020	<u>100,621</u>	<u>91,667</u>	<u><b>192,288</b></u>	<u>139,854</u>
Total improving practice 2019	<u>104,741</u>	<u>35,113</u>		
Total income from charitable activities 2020	<u>221,027</u>	<u>183,764</u>	<u><b>404,791</b></u>	<u>321,635</u>
Total income from charitable activities 2019	<u>226,522</u>	<u>95,113</u>		

## 4 Income from investments

	Unrestricted	Restricted	<b>2020 total</b>	2019 total
	£	£	<b>Total</b>	Total
	£	£	<b>£</b>	£
Bank interest	415	-	<b>415</b>	344
Total income from investments 2020	<u>415</u>	<u>-</u>	<u><b>415</b></u>	<u>344</u>
Total income from investments 2019	<u>344</u>			

## 5 Analysis of expenditure

	Fundraising and Publicity £	Influencing policy	Representation and voice	Improving practice	Governance	Support costs	2020 total £	2019 total £
Salaries	-	73,233	78,573	119,868	-	1,733	<b>273,407</b>	316,762
Recruitment	-	1,172	3,866	1,951	-	-	<b>6,989</b>	2,985
Consultants and freelance	-	10,771	1,895	11,658	-	-	<b>24,324</b>	13,639
Other personnel costs	-	865	839	1,275	-	-	<b>2,979</b>	3,595
Premises and equipment	-	6,670	7,278	11,109	-	-	<b>25,057</b>	29,383
Depreciation	-	-	-	-	-	517	<b>517</b>	4,052
Office overheads	-	6,710	7,472	11,075	-	-	<b>25,257</b>	18,921
Cost of sales	-	31	53	32,023	-	-	<b>31,107</b>	3,341
Events, conferences and networking	-	296	337	93	-	-	<b>726</b>	2,509
Website and marketing	1,662	497	968	816	-	-	<b>3,943</b>	12,902
Other costs of activities	85	401	1,852	632	-	-	<b>2,970</b>	3,191
Bad debts	-	-	3,109	-	-	-	<b>3,109</b>	-
Audit and compliance	-	-	-	-	2,892	-	<b>2,892</b>	5,699
	<b>1,747</b>	<b>100,646</b>	<b>106,242</b>	<b>190,500</b>	<b>2,892</b>	<b>2,250</b>	<b>404,277</b>	<b>416,979</b>
Support costs	-	391	655	1,204	-	(2,250)	-	-
Governance costs	-	502	842	1,548	(2,892)	-	-	-
<b>Total expenditure 2020</b>	<b>1,747</b>	<b>101,539</b>	<b>107,739</b>	<b>193,252</b>	<b>-</b>	<b>-</b>	<b>404,277</b>	
Unrestricted expenditure 2019	35	107,417	124,697	71,407				
Restricted expenditure 2019	-	74,864	-	38,559				
<b>Total expenditure 2019</b>	<b>35</b>	<b>182,281</b>	<b>124,697</b>	<b>109,966</b>				

## 6 Net incoming / (outgoing) resources for the year

This is stated after charging:

	2020	2019
	£	£
Depreciation	517	4,052
Operating lease rentals:		
land and buildings	23,806	26,633
equipment	622	622
Auditors' remuneration (excluding VAT):		
Audit	<u>3,500</u>	<u>3,500</u>

## 7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2020	2019
	£	£
Salaries and wages	225,142	274,373
Social security costs	13,522	26,661
Employer's contribution to defined contribution pension schemes	12,057	15,728
Redundancy and termination costs	22,686	-
	<u>273,407</u>	<u>316,762</u>

The following number of employees received employee benefits excluding pension contributions during the year between:

£60,000 - £70,000	1	1
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The total employee benefits including pension contributions and employer NI of the key management personnel were £75,641 (2019: £95,931).

The charity trustees were not paid and did not receive any other benefits from employment with the charity in the year (2019: £nil). Four trustees (2019: 3) were reimbursed expenses totalling £638 (2019: £690). No charity trustee received payment for professional or other services supplied to the charity (2019: £nil).

## 8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 7 (2019: 7).

Average number of employees during the year (full time equivalent) was as follows:

	2020	2019
	No.	No.
Influencing policy	1.9	2.5
Representation and voice	2.0	2.3
Improving practice	2.6	1.2
Governance and support costs	0.5	0.5
	<u>7.0</u>	<u>6.5</u>

## 9 Taxation

National Voices is a charity within the meaning of Para 1 Schedule 6 Finance Act 2010. Accordingly the company is potentially exempt from taxation in respect of income or capital gains within categories covered by Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

## 10 Tangible fixed assets

	Equipment	Total
	£	£
<b>Cost</b>		
At the start of the year	32,081	<b>32,081</b>
Additions in year	2,824.94	<b>2,824.94</b>
Disposals in year	-	-
	<hr/>	<hr/>
At the end of the year	<b>34,906</b>	<b>34,906</b>
<b>Depreciation</b>		
At the start of the year	32,081	32,081
Charge for the year	517	517
Eliminated on disposal	-	-
	<hr/>	<hr/>
At the end of the year	<b>32,598</b>	<b>32,598</b>
<b>Net book value</b>		
<b>At the end of the year</b>	<hr/> <b>2,308</b> <hr/>	<hr/> <b>2,308</b> <hr/>
At the start of the year	<hr/> - <hr/>	<hr/> - <hr/>

All of the above assets are used for charitable purposes.

## 11 Debtors

	2020	2019
	£	£
Trade debtors	<b>30,434</b>	68,947
Prepayments	<b>8,899</b>	14,262
Accrued income	<b>10,365</b>	-
	<hr/>	<hr/>
	<b>49,698</b>	83,209

## 12 Creditors: amounts falling due within one year

	2020	2019
	£	£
Trade creditors	9,556	7,216
Taxation and social security	3,983	16,217
Other creditors	2,785	1,986
Accruals	3,500	5,155
Deferred membership income	35,620	37,077
Deferred income	80,648	49,801
	<u>136,091</u>	<u>117,452</u>

## 13 Deferred income

	2020	2019
	£	£
As at April 2019	49,801	37,500
Released to income from charitable activities during the year	(49,801)	(37,500)
Amount deferred in the year	80,648	49,801
	<u>80,648</u>	<u>49,801</u>
Balance at the end of the year	<u>80,648</u>	<u>49,801</u>

## 14 Pension scheme

The charitable company operates a stakeholder defined contribution pension scheme. Contributions payable for the year are charged in the Statement of Financial Activities.

## 15 Analysis of net assets between funds

	Restricted	Designated	Unrestricted	Total funds
	£	£	£	£
Balances at 31 March 2020 are represented by:				
Tangible fixed assets	-	2,308	-	2,307.8
Current assets	-	11,783	302,358	314,141.19
Current liabilities	-	-	(136,091)	(136,091)
<b>Net assets at the end of the year</b>	<u>-</u>	<u>14,091</u>	<u>166,267</u>	<u>180,358</u>

## 16 Movements in funds

	At the start of the year	Income	Expenditure	Transfers	At the end of the year
	£	£	£	£	£
<b>Restricted funds</b>					
Health and Wellbeing Alliance (Department of Health)	-	60,000	(60,098)	98	-
Patient and Carer Network (Northumbria Healthcare NHS Foundation Trust)	-	22,097	(22,565)	468	-
Health and Wellbeing Alliance (Supporting Primary Care Network Development through VCSE)	-	10,000	(10,212)	212	-
Voices for improvement HF (Health Foundation)	-	24,577	(24,577)	-	-
NHS EI Unmet Need (NHS England)	-	9,750	(9,750)	-	-
Emotional Support (Various)	-	26,541	(26,541)	-	-
Support PPG (NHS England)	-	5,000	(5,000)	-	-
Social Prescribing (Capita)	-	11,230	(11,230)	-	-
Digital Health (Roche)	-	9,375	(9,881)	506	-
Experience of Waiting Times	-	3,970	(3,970)	-	-
Impact of Bad Administration	-	1,224	(1,234)	-	-
<b>Total restricted funds</b>	-	<b>183,764</b>	<b>(185,048)</b>	<b>1,284</b>	-
<b>Unrestricted funds:</b>					
Designated funds:					
VCSE capacity building	9,660	15,000	(12,877)	-	<b>11,783</b>
Depreciation fund	-	2,825	(517)	-	<b>2,308</b>
Total designated funds	<b>9,660</b>	<b>17,825</b>	<b>(13,394)</b>	-	<b>14,091</b>
<b>General funds</b>	163,219	210,167	(205,835)	(1,284)	<b>166,267</b>
<b>Total unrestricted funds</b>	172,879	227,992	(219,229)	(1,284)	<b>180,358</b>
<b>Total funds</b>	172,879	411,756	(404,277)	-	<b>180,358</b>

### Transfers between funds

Transfers are made from the general fund to cover deficits on restricted projects.

Transfers are also made between general funds and designated funds in line with the reserves policy.

## 16 Movements in funds (continued)

### Purposes of restricted funds

Health and Wellbeing Alliance  
(Department of Health)

National Voices is a member of this alliance, which is a partnership between the voluntary sector and the health and care system to provide a voice and improve the health and wellbeing for all communities. It has been established to facilitate communication and integrated working between the voluntary and statutory sectors; to amplify the voices of the voluntary sector and its beneficiaries and to co-produce solutions to promote equality and reduce health inequalities.

Peer support hub (Health  
Foundation)

The project aims to increase the availability of high quality peer support by supporting those leading peer support programmes through the development of an online hub that will collate, curate and categorise peer support resources. This award will provide financial resources to develop and maintain the online hub.

### Purposes of designated funds

VCSE Capacity Building (Janssen)

Janssen has provided a grant to support a partnership with National Voices to co-create Patient Group events for the creation of a shared understanding of the challenges facing patients and to enable and support cross sector working to address these challenges. The partnership will also endeavour to build capacity in that part of the VCSE sector focussing on improving health and wellbeing in communities less well served by health and care services. The grant is unrestricted and runs for three years from December 2017, so the unspent amount is carried forward and designated to be spent on the project.

## 17 Reconciliation of net income to net cash flow from operating activities

	2020	2019
	£	£
<b>Net income / (expenditure) for the reporting period (as per the statement of financial activities)</b>	<b>7,479</b>	<b>(84,859)</b>
Depreciation charges	517	4,052
Interest	(415)	(344)
Decrease in debtors	33,511	32,692
Increase/(decrease) in creditors	18,639	(10,786)
	<b>59,731</b>	<b>(59,245)</b>

## 18 Analysis of cash and cash equivalents

	At 1 April 2019	Cash flows	Other changes	At 31 March 2020
	£	£	£	£
Tangible fixed assets	207,122	57,321	-	<b>264,443</b>
<b>Net assets at the end of the year</b>	<b>207,122</b>	<b>57,321</b>	<b>-</b>	<b>264,443</b>

## 19 Operating lease commitments

Total future minimum lease payments under non-cancellable operating leases are as follows:

	Property		Equipment	
	2020	2019	2020	2019
	£	£	£	£
Less than one year	<b>19,930</b>	23,806	<b>311</b>	622
One to five years	-	19,930	-	311
	<b>19,930</b>	<b>43,736</b>	<b>311</b>	<b>933</b>

## 20 Legal status of the charity

The company is limited by guarantee and does not have a share capital. The liability of each member is limited to a sum not exceeding £1 on the winding up of the company. The word Limited is omitted by licence from the Department of Business, Innovation and Skills (formerly Department of Trade and Industry) as the company has charitable status.

## 21 Related parties transactions

There was one related party transaction for 2020 (2019: none) representing an unrestricted donation from a trustee to the charity of £2,000.

There were no other unrestricted or restricted donations from related parties which were outside the normal course of business.

## 22 Notes from 2019 accounts

a. Analysis of expenditure from previous reporting period

	Fundraising and Publicity	Influencing policy	Charitable Activities				Support costs	2019 Total
			Representation and voice	Improving practice	Governance			
	£	£	£	£	£	£	£	
Salaries	-	136,697	83,215	68,762	3,173	24,933	316,762	
Recruitment	-	796	724	1,306	32	127	2,985	
Consultants and freelance	-	2,771	2,518	7,799	110	441	13,639	
Other personnel costs	-	2,206	914	358	22	95	3,595	
Premises and equipment	-	11,295	10,294	5,543	450	1,801	29,383	
Depreciation	-	-	-	-	-	4,052	4,052	
Office overheads	-	7,467	6,418	3,415	491	1,130	18,921	
Cost of sales	-	-	-	3,341	-	-	3,341	
Events, conferences and networking	-	1,020	1,460	29	-	-	2,509	
Payments to partners	-	-	-	-	-	-	-	
Website and marketing	-	871	1,391	10,466	35	139	12,902	
Other costs of activities	35	1,283	1,574	213	17	69	3,191	
Bad debts	-	-	-	-	-	-	-	
Audit and compliance	-	-	-	-	5,699	-	5,699	
	35	164,388	108,508	101,232	10,029	32,787	416,979	
Support costs	-	13,702	12,397	6,688	-	(32,787)	-	
Governance costs	-	4,191	3,792	2,046	(10,029)	-	-	
Total expenditure 2019	35	182,281	124,697	109,966	-	-	416,979	

## 22 Notes from 2019 accounts (continued)

b. Summary analysis of assets and liabilities by funds of previous reporting period

	Restricted £	Designated £	Unrestricted £	Total Funds £
Tangible fixed assets	-	-	-	-
Current assets	-	9,660	280,671	<b>290,331</b>
Net current assets	-	-	(117,452)	<b>(117,452)</b>
<b>Net assets at the end of the year</b>	<b>-</b>	<b>9,660</b>	<b>163,219</b>	<b>172,879</b>

c. Details of movement in funds during the previous reporting period

	Balance at 31 March 2018 £	Income £	Expenditure £	Transfers £	Balance at 31 March 2019 £
<b>Restricted funds:</b>					
DHSC Collaborate (Department of Health)	13,272	-	(13,272)	-	-
Health and Wellbeing Alliance (Department of Health)	-	60,000	(61,592)	1,592	-
Peer support hub (Health Fndn)	-	35,113	(38,050)	2,937	-
Coalition for Collaborative Care (NHS England)	401	-	(509)	108	-
<b>Total restricted funds</b>	<b>13,673</b>	<b>95,113</b>	<b>(113,423)</b>	<b>4,637</b>	<b>-</b>
<b>Unrestricted funds:</b>					
Designated funds:					
VCSE capacity building	13,443	10,000	(7,530)	(6,433)	<b>9,660</b>
Depreciation fund	4,052	-	(4,052)	-	-
Total designated funds	<b>17,495</b>	<b>10,000</b>	<b>(11,402)</b>	<b>(6,433)</b>	<b>9,660</b>
<b>General funds</b>	<b>226,570</b>	<b>227,007</b>	<b>(292,154)</b>	<b>1,796</b>	<b>163,219</b>
<b>Total unrestricted funds</b>	<b>244,065</b>	<b>237,007</b>	<b>(303,556)</b>	<b>(4,637)</b>	<b>172,879</b>
<b>Total funds</b>	<b>257,738</b>	<b>332,120</b>	<b>(416,979)</b>	<b>-</b>	<b>172,879</b>

## **National Voices**

A company limited by guarantee

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Charity Registration Number 1057711

Company Number 3236543