"The sense that we are part of a much bigger movement for change provides motivation and courage."

National Voices member

# National Voices Annual Report and Financial Statements 2023/24

National Voices is a charity and company limited by guarantee. Charity Number - 1057711 Company Number - 03236543



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## Chair's Foreword

Annual reports are pivotal documents for organisations. They are simultaneously backward looking, reflecting on the year which has been, and scene setting as we look to the future. And this is true for me personally too as I enter my second term as Chair of National Voices.

My first term was characterised by uncertainty in the world around us, as we all – as individuals, as a health and care system and as a society – responded to the global pandemic and to the ongoing impact of austerity. It was an extraordinarily difficult time, and National Voices rose to the challenge magnificently.

By the time we got to 2023/24, we had significantly reshaped our organisation, and our offer to our members and to the people they and we serve – the people who use health and care services. Jacob Lant joined us as Chief Executive in May 2023, and as you can read in the report, he has continued to build on the strong foundations put in place by Charlotte Augst and Sarah Sweeney. Our small but mighty team has continued to generate a level of impact organisations ten times our size might envy. They have made a difference to people's lives at a micro level, working with individual teams and organisations, and a macro level, having a direct impact on national policy. I want to take this opportunity to thank each and every one of them, and also to thank our Trustees, who give so freely of their time and expertise.

Our Lived Experience Partners and our Members are integral to our team and our work. Co-production is not simply something we expect other people to do, it is embedded in our own practice. You will see many examples in this report of the way in which that has shaped what we do, from designing research tools to chairing national policy projects. And I have been especially proud to see the start of the 'Next Generation' network, enabling people early in their careers across our membership and partner organisations to connect with and learn from each other, as well as from those with more life experience. They are all of our futures.

Looking to the future, it's fair to say that for many people life is no easier in 2024/25 than it was in 2023/24. The pandemic may have abated, but it has a long tail. And austerity is still with us. Health and care services are continuing to struggle to meet the demands placed on them. So the need for the support and challenge which National Voices offer is, if anything, greater than ever before. And we have a new government to work with, which has already announced the development of a new ten year strategy for health and care.

We will continue to work with our Members and our Lived Experience Partners to ensure that the voices of people who use services are at the heart of this strategy, and that the measures of success for the strategy are measures which are meaningful to them. Not just the length of time which people wait for care – important though that is – but the way in which every interaction makes a difference. The 'I statements' originally developed by National Voices working with Think Local, Act Personal, and refreshed during the pandemic, are clear statements of 'what matters to people'. And as National Voices, we will continue to do everything we can to ensure that we make what matters to people matter in health and care.

## Chief Executive's Introduction

When I joined National Voices in May 2023, it was clear to me that the charity was making huge strides supporting its 200 plus members, growing the value of lived experience across the health and care sector, and helping to tackle health inequalities. And having worked closely with National Voices for many years, it was the charity's influence and impact that was a huge draw when applying for the role.

It was also clear that the organisation had been through many of the growing pains associated with success. The pandemic had seen income rocket, but in the post-pandemic period we had to adjust to a new financial reality. A number of key people had also left the charity, and we had a relatively new Senior Management Team in place.

A big part of 2023/24 has therefore focused on consolidating and bringing a bit of stability to the team in a time of considerable external change. But what has this looked like in practice?

#### Mainstreaming the role of lived experience

For a few years now our team of Lived Experience Partners have been a core part of our external offer, helping the NHS, industry and our members on a variety of projects. But we weren't yet involving them explicitly in all our own decision-making processes.

Over the last year we have given a clear role for our Lived Experience Partners (LEPs) in the development of our new five-year strategy, they helped us shape our policy priorities for the year and have played an integral role in developing important internal thinking on everything from our safeguarding policy to the EDI plan. They have also continued to support our recruitment activity.

In 2024/25 we intend to grow this further, with a number of National Voices staff already undergoing our Voices for Improvement coaching offer.

#### Making National Voices a brilliant place to work

Our rapid growth in previous years meant we needed to do some work on our internal policies and processes to make sure we are not only working efficiently but also ensuring that National Voices is a great place to work.

Living and breathing our commitment to equal opportunities, we have

introduced new and enhanced policies to support staff with maternity, paternity and sick leave.

We have also looked for creative ways to address operational challenges. A personal favourite example of this for me is our carbon neutral plan. We could have bought a boring off the shelf package to offset our emissions. But instead, we have worked with the charity Autism Allotments to plant a small orchard of fruit trees. This will help us meet our net-zero obligations for the next 10 years, and I look forward to leading a team fruit picking trip in the near future!

#### Our growing influence

Some policy wins have been obvious, like the impact our work has had on shaping both the Primary Care and Dental recovery plans. The emphasis in these plans on improving access barriers for those who struggle most to get care is a significant achievement. On the Major Conditions Strategy too, although this was paused due to the election, we hope we have shifted thinking with the Department of Health and Social Care (DHSC) away from condition-based silos, to thinking more about people living with multiple needs.

Other areas of influence are perhaps less public, but on vaccines policy, the role of new weight loss drugs, how patient data is used and improving NHS admin, the team are helping to ensure people and communities are playing a central role.

### Making income generation a team effort

Lastly, but also crucial to the future of the organisation, we have significantly shifted our focus on fundraising. We now have a dedicated fundraising team, made up of colleagues from across the staff team. This means the job of identifying opportunities and applying for funding is now a cross organisational activity.

Although we made a small loss in 2023/24, the new approach saw us enter 2024/25 in a much healthier position with almost two thirds of our annual target already achieved before the start of the financial year. The external fundraising environment remains incredibly challenging, but we are confident we have the right structures in place to ensure the long-term sustainability of the National Voices coalition.

#### Words on the future

In anticipation of a general election, in early 2024 we published our <u>Manifesto</u> <u>for Equitable Healthcare</u> and set out three clear calls. These were:

- 1. Pioneer a cross-government strategy to reduce the gap in healthy life expectancy.
- 2. Introduce a package of measures to reduce the health impact of the rising cost of living.
- Focus on getting the basics right.

We are <u>delighted that the new Labour government's manifesto reflected these</u> <u>asks</u> in a number of different ways, from directly pledging to halve the gap in healthy life expectancy between the richest and poorest areas, to ending the 8am scramble to book a GP appointment, one of the most basic frustrations experienced by millions of patients. We look forward to working with the Government to make these commitments a reality for all.

2024/25 will also see National Voices set our new five-year strategy, which has been developed with staff, LEPs, Trustees, members and partners. This strategy will provide clear focus for our team, help our stakeholders understand our priorities and ensure we are relentlessly focused on achieving impact for those we are here to support.

It is an exciting time, one filled with opportunities. I look forward to leading the organisation, and our broader coalition of member charities, as it goes from strength to strength.

## Report of the Trustees

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2024. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" in preparing the annual report and financial statements of the charity.

The financial statements have been prepared in accordance with the accounting policies set out in notes to the financial statements and comply with the charity's governing document, the Charities Act 2011, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published in October 2019.

The Directors of the charitable company are its Trustees for the purposes of charity law. The Trustees who have served during the year are listed on page 39.

## Objectives and activities for the public benefit

National Voices is the leading coalition of health and social care charities in England. We have more than 200 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations and groups that work for them.

Our mission is to advocate for more inclusive and person-centred health and care, shaped by the people who use and need it the most.

#### We do this by:

- Understanding and advocating for what matters to people especially those living with health conditions and groups who experience inequalities.
- Finding common cause across communities and conditions by working with member charities and those they support.
- Connecting and convening charities, decision makers and citizens to work together to change health and care for good.

The objects of the charity as set out in its governing document are, for the public benefit, to:

 Advance health and to relieve those in need by reason of ill-health or disability, including, but without limitation, to relieve people affected by long-term health conditions and disabilities, in particular, but without limitation, by fostering and encouraging co-operations between individuals, voluntary organisations and/or public bodies connected with health and social care in a common effort to improve the care and treatment of service users and to promote services which take account of the needs of service users and carers. • Educate the public in the subjects of health and social care, including the causes, effects and treatments of all long-term health conditions and disabilities.

The Trustees confirm that they have referred to the Charity Commission's Guidance on public benefit when reviewing the charity's aims and objectives and in planning future activities. The objects are achieved through a combination of the following activities:

- Engaging with our membership to bring their insight, practice and ambitions to senior decision makers.
- Engaging with people who live with health conditions or disability to ensure our influencing work is driven by their experience and ambitions.
- Supporting national policy and system design by including the insights of the voluntary and community sector and the people they work with.
- Championing and strengthening the vital role that the voluntary, community and social enterprise (VCSE) sector plays in health and care.
- Supporting the adoption and spread of person-centred approaches across health and care by placing people's experience of living with health conditions, and their ambitions and priorities, at the centre of decision making.

### Activities, performance and plans

During 2023/24, National Voices has continued to influence the health and social care agenda in England, supporting members to have their voices heard and amplifying the voices of people with lived experience of health conditions and disabled people, both through our direct work with our Lived Experience Partners and in making the case for co-production and involvement throughout health and care.

## The Year in Numbers

#### **OUR MEMBERS**

- 205 Members.
- 90% report their experience of working with us as 'Excellent', 'Very Good', or 'Good'.
- More than 750 moments when a member has engaged in our work

   this includes activities as light touch as signing up to one of our joint letters, right up to partnering with us on a research project.

#### LIVED EXPERIENCE

- 15 Lived Experience Partners working with National Voices.
- They have been involved in over 40 events, not only sharing their knowledge and perspectives but also co-facilitating conversations and encouraging others to participate.
- They have collectively delivered an impressive 117 hours of Lived Experience coaching to senior leaders in health and care.

#### **OUR REACH**

- Across Twitter/X and LinkedIn we have 17k followers, and over the course of the year our posts received 418k impressions.
- Our newsletters reach 4,800 VCSE and health sector colleagues. Our members newsletter has an average open rate of 65%.
- We published 30 blogs on our new website, highlighting the work of members and the response of key sector leaders.
- We were quoted in 46 news stories across the national and trade media including the front page of the Daily Telegraph on concerns around proposed cuts to Royal Mail and the impact on patients receiving letters in a timely manner.

#### **OUR INFLUENCE**

- We have delivered 30+ projects in collaboration with more than 150 partner organisations across our lived experience and policy work.
- This has resulted in 14 reports, 12 by National Voices and 2 as part of our role in jointly co-ordinating the VCSE Health and Wellbeing Alliance.
- We have attended over 200
  meetings with policy makers and
  senior stakeholders to share our
  recommendations and insights
- In total we made 108
   recommendations across 12
   policy areas, and saw 52 of these
   acted on or acknowledged
   positively by those we were
   seeking to influence.

#### **OPERATIONALLY**

- We have 13 members of staff, FTE of 10.8
- Last year we raised £812k to fund our activities, up £55k from 2022/23
- Overall we made a loss of £27k, significantly better than the £59k loss made in 2022/23.

## Stability and Sustainability

#### Our team

At the beginning of 2023/24 there was a significant turnover of staff, and in small organisations that can make a big difference to the dynamics. But although we lost some great people, we also welcomed some wonderful new ones too.

Since the last report we have successfully recruited and restructured the team, with Jacob Lant, our new Chief Executive starting along with Sharon Brennan, Director of Policy and External Affairs. Sarah Sweeney also moved from Interim Chief Executive to Director of Membership and Development to focus on income generation. The staff team was strengthened further with the addition of new Policy and Research Manager roles.

This new structure has helped to add capacity, enabling us to deliver projects without relying on third party associates. These new roles have also brought new levels of experience and expertise to the staff team. This is not only helping to improve the breadth of our work but is also helping to support the professional development of more junior team members.

### Our evolving approach to fundraising

Like many small charities, one of the key factors affecting our stability and ability to have impact is money – how we raise it and how we spend it. This year we undertook an analysis of income generation streams we have built over the past five years, trends within these, where there might be potential to build more sustainable sources of income and risks related to our income generation approach.

As a result, we have identified a number of priorities for how we could pivot our approach to income generation and test new opportunities. In 2024/25, our plan is to:

- Share fundraising more across senior members of the team building skills and confidence, ensuring better alignment with each teams' priorities;
- Secure larger multi-year funding, to support sustainability of our funded work and to better manage capacity during 'peak' periods;
- Secure funding from Trusts and Foundations (who haven't been a major funder previously) and from regional/local health and care bodies, predominantly through tendering; and much more.

The early indications from our new approach to fundraising have been very positive and we are optimistic that we are moving towards a more planned and sustainable approach to securing funding.

## Our financial performance in 2023/24

In the 2023/24 financial year, our organisational income was £812k, an improvement of £55k compared to our income of £756k in 2022/23.

The improvement in income generation arises from larger number of commissioned pieces of work within our Lived Experience team, a small number of grants from pharmaceutical companies for independent pieces of policy and insight work and an increase in funding secured from regional and local health and care organisations compared to previous years.

Our overall expenditure increased by £24k from £815k in 2022/23 to £839k in 2023/24. The increase in expenditure is largely driven by staff costs – with more people recruited into the staff team and an organisation- wide pay increase to mitigate against the impact of the cost of living crisis on our staff team. The Key Management Personnel of the charity during the year ended 31 March 2024 comprised of the Chief Executive, the Director of Finance and Operations, the Director of Membership and Development, and the Director of Policy and External Affairs.

We therefore reported a net loss of £27k in 2023/24, compared with a net loss of £59k in 2022/23. The intention for 2023/24 was to invest in a larger team to better match the capacity demands on the organisation, to strengthen our long-term approach to fundraising and to reduce our reliance on external consultants for core pieces of the charity's work. With the reduction of the deficit from £59k in 2022/23 to £27k, we are confident that the change in focus along with the new, strengthened team is paying off.

### Strengthening our work on equality and inclusion

Over the past year, we have undertaken significant work within National Voices to strengthen our organisational approach to equality and inclusion.

Through a series of discussions within our staff team, trustee board, Senior Management Team and Lived Experience Partners, we have been developing and strengthening our understanding of the unique role our organisation can play in addressing inequality.

In 2024/25, we will be publishing an ambitious and solutions-orientated plan setting out the key actions we will take to:

- 1. Make National Voices a genuinely diverse and inclusive organisation.
- 2. Advocate for an end to inequalities in health and care.
- 3. Work with our members to strengthen the way they work to bring an end to inequalities in health and care.

But we haven't waited to finalise this plan to start putting our discussions into action. In 2023/24 we have taken important actions to address inequality, for example:

- Health inequalities are front and centre of our upcoming organisational strategy;
- We have recently introduced enhanced parental leave for all staff in National Voices; and
- we have now made it standard practice within our performance and appraisal approach for all staff members to have at least one objective which helps to advance equality.

### Be the Change

As a coalition of over 200 health and care charities, we recognise we have a key role to play in helping our members learn from each other's approaches to Equality, Diversity and Inclusion.

On racial inequality, we convened our members to share their experiences and key learning from each other through a series of four, members-only roundtables for focused, pragmatic and open discussion in the following areas:

- How to effectively diversify Trustees and staff teams
- How to establish and maintain inclusive organisational cultures
- How best to work with people with diverse lived experience in insight and influencing activities
- How to ensure inclusive service delivery

Upon completion of the roundtables, we published a report highlighting the main learnings in each of these areas and setting out four key recommendations for those working in the VCSE:

- Remember why diversity and inclusion matters
- Identify the strengths of your organisation and what needs improvement
- Remember that change will not happen overnight, but you need to start somewhere
- Keep practising co-production it's the key to meaningful change

We continue to disseminate our findings from this report with members, partners and friends as they undertake their own organisational journeys. Our hope is that if we work together to pool our resources and talent, we can turn help the tide on racial inequalities in both the health and voluntary sectors.

You can read the report here - <u>Be the Change: How to tackle racial</u> inequalities in health and care charities - National Voices

## Valuing diversity

"National Voices is dedicated to reducing health inequalities and promoting lived experience across its organisational activities, in particular through our own recruitment.

"I have multiple long-term conditions which limits my ability to work fulltime but also means I can offer valuable and unique insight and understanding on health policies to National Voices and the national stakeholders we engage with.

"I was delighted therefore to pioneer a job-share at the organisation, and then be supported to work part-time in a very high-profile director role at National Voices.

"I hope the work I do at National Voices proves the valuable role people with disabilities can offer to the VCSE sector if meaningful flexibility is offered.

"This recruitment policy has continued with new recruits as well as for members in our team who have new caring responsibilities to ensure we maintain retention rates, enthusiasm and a diversity of thoughts in our work."

Sharon Brennan, Director of Policy and Communications

### Operational Improvements

Over the past year, we have aimed to constantly improve and reinvest in our systems, processes and people.

We have heavily focused on systems over the last year, with the introduction of new project management software, HR and Payroll software and improvements to our infrastructure with new equipment to make sure we are fit for the future. Following on from these improvements, we successfully gained cyber essentials accreditation.

Other accreditations also gained over the last year include National Voices becoming a disability confident employer.

The charity has also become carbon neutral 16 years ahead of our planned

schedule, our office is based in a sustainable building, and all staff are based in the UK, only meeting in person when the need arises to reduce travel to a minimum. In December 2021, our base emissions were calculated at 303.11 tCO2e, and to get to net zero we worked with a social enterprise in Yorkshire to plant a small woodland. We will continue to do more and look at further improvements over the coming years.

## Amplifying the role of lived experience

Over the past year, we have witnessed remarkable progress through the invaluable contributions of our Lived Experience Partners (LEPs) across our work – both internally and externally.

Our LEPs have been involved in over 40 events and deployed their knowledge and expertise on co-production with senior leaders in health and care across England, including with our friends at West Midlands ADASS, Mid and South Essex Foundation Trust, within Core20PLUS Connector sites and much more. These collaborations are a strong signal that our more inclusive and effective approach to health and care policy development is being increasingly valued by partners at a national, regional and local level.

We continue to have a focus on strengthening the knowledge, skills and confidence of people with lived experience to influence decision making – with a particular focus on our community of 15 LEPs. Reflecting on her experience working with National Voices, Louise Woodward said:

"Working with National Voices has been life changing for me ... it has helped me to grow, to learn new skills, to be able to listen with intent and to be able to ask important questions. I feel accepted valued for who I am, but itself has given me more confidence and pride in my ability to be a part of an organisation that values lived experience. The support I have received has got me to here today - I feel I've got another chance in life now."

#### A spotlight on our work with Roche:

Between May and October 2023, our lived experience team provided consultancy support to the UK arm of Roche - a multinational pharmaceutical company. Roche wanted to equip members of their staff team to work with people who bring lived experience to enable coproduction of their future healthcare and research projects.

We delivered a series of workshops bringing together representatives from across Roche with National Voices' Lived Experience Partners to develop and rehearse co-production skills by working through 'live' issues faced by Roche. The workshops were designed to create space for members of the Roche team to hear alternative perspectives and understand how to work with people from underrepresent groups.

We also matched eight representatives from Roche with National Voices' Lived Experience Partners in 'Voices for Improvement' coaching relationships. Through these, coachees were supported to explore, reflect and learn about how to enact meaningful change through strategic coproduction in their role.

#### Core20PLUS Connectors Programme

Over the past three years, we have been proud to work alongside <u>SCW</u> and the <u>Health Creation Alliance</u> to support the delivery of NHS England's Core20PLUS Connectors programme.

'Connectors' are a group of over 550 inspiring individuals who come from communities that experience health inequalities and who dedicate their time to addressing unfair and avoidable differences in life expectancy, healthcare and health conditions.

The scale of the work that is underway is impressive – from initiatives to improve early cancer diagnosis amongst older Asian people in Derby, to work addressing inequalities in asthma amongst young people in Humber and North Yorkshire, and much more.

This year, we were privileged to host a national learning event for the programme. We had over 20 speakers, over half of whom were from racial and ethnic minority groups. The event was well attended, with 244 registrants from across 32 different ICSs. Attendees told us that as a result of attending the event, they planned to:

- Engage more in health inequality conversations in their local area
- Spread the word about the Connectors programme
- Undertake more proactive engagement with community organisations

#### Practicing what we preach

In the past, our main focus has been on supporting others in how to do coproduction. Throughout 2023/24, we have been involving our LEPs more in delivering our own research activities.

For example, we have shifted from involving LEPs as participants in our roundtables, such as those conducted around our primary care projects, to a world where they are now helping at the design stage of funding bids, running workshops for us and getting involved in presenting findings back.

This is a unique selling point of National Voices and sets us apart from much of the competition.

- LEPS have been central to our Care Quality Commission project around helping ICSs engage their communities to tackle inequalities. For example, one of our LEPs is co-chairing the Expert Advisory Group meetings.
- We are working with our LEPs on more funding bids, including a team of three who helped co-design a joint application with the University of Plymouth and University of Manchester for an NIHR funded project on the how patient records could be better used to enhance continuity of care.

We have also made positive progress in mainstreaming co-production in our work internally. Our LEPs have contributed to the development of our organisational strategic plan, sat on interview panels for new staff members, helped us to identify our policy influencing priorities for the coming year and much more.

## Members at the heart

#### Our evolving approach to working with members

In our Interim Strategy, we committed to deepening our relationship with our membership – understanding their ambitions, practice and ideas and making their insights more central to everything that we do. Over the past year, we have made positive progress on this ambition.

We have developed and implemented an improved membership engagement approach which enables us to better understand the priorities of our member organisations, to connect these with the work that we do and to bring these insights into our conversations with senior decision makers in health and care.

At our fortnightly team meetings, each member of the team shares an insight from a member they have met with or who they follow online. These conversations remind us of the important work our members do and help to keep our finger on the pulse of what matters to our members and the diverse groups of people they support.

In August, we hosted our inaugural 'Next Generation Network' event for early career professionals from our member charities. This free event was "sold out" within days, and we received overwhelmingly positive feedback from attendees. One attendee said "the speaker talks actually gave a confidence boost which was personally very helpful", with others commenting on how "refreshing" and "necessary" the opportunity was. As a result of this success, we are planning to continue running this as a series of events.

#### What our members think of us

Our annual membership survey demonstrated that National Voices members feel positive about our membership offer, with over 90% of our members rating National Voices as 'Excellent', 'Very Good' or 'Good'.

Members tell us the things they value the most about their membership are:

- Opportunities to engage with senior decision makers in health and care.
- Opportunities to network with and learn from peers in the voluntary sector.
- Being able to amplify their organisation's voice on issues which matter to the people they work with.

In 2023/24, there have been 750+ moments when a member has engaged in our work – this includes activities as light touch as signing up to one of our joint

letters right up to activities as hands-on as partnering with us on a research project.

"We have been extremely impressed at the level of information and the sense of belonging to something so important."

Long Covid SOS

"I love how proactive National Voices is, there is always something going on and something to be a part of."

The Nerve of my MS

"The sense that we are part of a much bigger movement for change provides motivation and courage."

Thomas Pocklington Trust

#### Joint Statement on Vaccines

Since the start of the pandemic, COVID-19 has continued to present a great deal of risk to communities and specific health conditions represented by some of National Voices' members.

In early autumn the NHS announced its plans for the winter roll out of the Covid-19 and Flu vaccine, but it quickly became apparent members has concerns about the communication plans and the eligibility.

We convened a rapid roundtable, attended by over 30 members, to discuss the vaccine rollout plans for 2023-2024, which allowed them to provide insights on behalf of the communities and conditions they represent.

The <u>joint statement</u>, supported by 61 members, is the result of this discussion, and set out clear actions for the Department of Health and Social Care, NHS England, and the Joint Committee on Vaccination and Immunisation.

Following on from the recommendation surrounding stepping up communicative efforts, in April 2024, UKHSA released a survey for VCSE organisations regarding the vaccine programme communications, exploring campaign perceptions and future campaign preferences.

#### Working with members to identify our policy priorities

Our members are our eyes and ears. Through them we can hear from millions of people across the country and understand the issues that matter to them. But we can't cover all of the issues that our 200 plus members are working on at any one time. It is therefore essential that we work with our coalition to systematically identify the topics we should work on together.

This year, for the first time, we used our annual membership survey to ask members what their own priorities are within their organisations, as well as rating, in order of importance, a list of possible topics suggested by National Voices for 2024/25. This created a wealth of information from which to analyse and identify some clear themes.

We then compared this list with the priorities of our key national stakeholders, like NHS England (NHSE), the Care Quality Commission and the Department of Health and Social Care to identify where we were most likely to have influence. We then tested the final list with members and our Lived Experience Partners at a series of meetings in quarter four to support our final business plan.

#### The three headline themes for 2024/25 are:

- Accessibility and inclusion
  - o Diagnosis and follow-up.
  - o Inclusive communications, including digital exclusion.
  - NHS recovery for all e.g. elective waiting lists, access in primary care.
- Working with people and communities
  - o How ICSs are working with their communities.
  - o Wider inclusion in clinical research.
  - o New models of community prevention and self-management.
- NHS future development
  - o Campaigning for better data on health inequalities.
  - Exploring emerging new models of care e.g. virtual wards.
  - Supporting secondary prevention e.g. weight loss programmes, smoking cessation.

You can read more about the detailed work under these themes on our website. We recognise there is still a lot of work under these priority areas but by naming them we can give our members and stakeholders a clear idea of our collective areas of interest.

#### Providing leadership

The world of health and social care policy can move quickly, and our members look to National Voices to lead on emerging topics which they may not have capacity to respond to individually.

Sometimes this is on breaking topics where we need to speak up quickly. In 2023/24, examples included our calls for a <u>clearer vaccination strategy</u> with VCSE sector input; a <u>letter to the Chancellor</u> raising concerns about the impact of the cost of living crisis on people's health; and the need for <u>Royal Mail toprioritise NHS letters</u> in its proposed business shakeup.

Other times it is more about working behind the scenes to raise issues up the agenda. For example, we have been working in partnership with the Royal Pharmaceutical Society to raise increasing patient concerns about medication shortages. Similarly, we have been pushing for enhanced statutory sickness benefits for those now waiting longer for elective care. This has included speaking in parliament on the topic and submitting a response to the Work and Pensions Committee's inquiry.

Most often we find ourselves exerting influence on behalf of members through the insights and advice we provide via national advisory groups and boards. As one example, our work on the <u>Major Conditions Strategy</u> (MCS) helped to concentrate minds in the Department for Health and Social Care on the need to offer patients meaningful choice. Whilst the MCS was paused at the point the General Election was called, we hope officials hold on to our key takeaway: that services need to break away from the traditional condition-based silos and start working with patients and communities more holistically.

## Our growing impact: Primary Care Focus

### The importance of focus

One of the challenges of being a small charity working right across the health and social care sector is prioritising where we focus our influencing efforts. After all, every issue raised by our members and partners is important and every one of them is deserving of our attention, but we know focusing our activities is the best way to make change happen.

In 2023/24 we have given significant attention to the challenges in primary care. We know access to GPs, pharmacists and dentists is a cross-cutting issue that affects most of those we work with in some way, and with a major NHS recovery plan in the works it made sense to focus our efforts here. We coproduced a vision for primary care with members and our Lived Experience Partners, and launched it at a dedicated conference attended by over 150 members and key stakeholders. Of the nine areas we highlighted as needing improvement, four were directly referenced in NHSE's primary care recovery plan, with progress made against a further three.

As a concrete example of the sort of change we have been able to bring about, in May NHSE announced people would now be able to <u>register with a GP surgery</u> online. This new online portal would be more accessible for people out of hours and would ensure people were not asked for more information than required to register. This tackles a long-standing issue we hear from members around wrongful refusal for registration for a GP surgery, most commonly experienced by people without a fixed address or form of ID (even though these are not legal requirements).

NHSE welcomed our input throughout the process of developing the recovery plan, and directly commissioned us to review the Equality Action Plan to ensure that the efforts to recover services also seek to improve health inequalities.

We are using this model of successes within primary care to develop new work around diagnosis in 2024/25.

#### Following through

We know that publishing reports and vision documents is not enough on its own. It is important to follow through on our recommendations and support partners to take action. In primary care we have achieved this in four key areas:

#### Supporting implementation

A big part of the recovery plan is to ensure every GP practice in England has at least one trained care navigator. The National Association of Primary Care won the contract to deliver a nationwide training programme for these new roles, and approached National Voices to support with ensuring patient voice played a central role in all the supporting materials.

In total we developed 10 videos with members and people with lived experience that are helping those undergoing training to a) learn how to seek care navigation support from the VCSE sector and b) understand the value to patients of good care navigation. These videos are helping to ensure front line primary care staff get the training they need to modernise the offer to patients.

#### Improving quality

The Quality Outcomes Framework (QOF) is funding used to incentivise activity in primary care aimed at specific health conditions, such as undertaking annual dementia or asthma reviews. Following DHSC and NHSE's announcement of a review of QOF, we held a roundtable in November to hear our members views and shape our response to the consultation.

We outlined concerns about the rising disparity between different long-term conditions as well as with patients who present with higher complexity. We also identified concerns that due to the way QOF is designed, it currently drives specific activity but does not always reward an emphasis on quality interactions. To address this, we proposed an annual holistic review for all people with long-term conditions, with GP payments split into two tranches to promote development and then implementation of a care plan.

#### Influencing the future

Alongside the QOF consultation, the DHSC and NHSE asked for input on the future of the standard GP contract. We concentrated our feedback on the need for more incentives around providing relevant patients with greater continuity of care. The research is clear that for those with complex needs or multiple conditions, seeing the same professional across appointments can make a big difference to both user experience and outcomes.

We proposed using the contract to set expectations for practices on how they should identify patients who might benefit from greater continuity of carer and set targets based on delivering for this group. Following our contributions the DHSC has established a task and finish group on continuity which we will be contributing to in 2024/25.

## Our wider influence

Whilst we have had a focus on primary care, that hasn't stopped us influencing on a whole range of additional issues.

#### **NHS@75**

In May 2023, we brought together around 50 members and people with lived experience in response to an invitation from the NHS Assembly to offer insights and recommendations on future directions for the NHS in the lead up to its 75th anniversary.

Working in partnership with Healthwatch England, we identified three key areas:

- The NHS must improve how it communicates with people about their access options, treatment and ongoing care – we heard that too often communication with the NHS is one-way, and that people do not feel listened to. We also heard of significant failures to meet additional communication needs.
- Work to build relationships with people and communities we heard that
  too often the NHS asks people to engage on its terms, rather than
  meeting people where they are and working to establish trust. Good work
  happened during the pandemic to establish more trusting relationships
  with communities, often through trusted intermediaries, but progress
  since has faltered here.
- Focus on what matters to people we heard that people wanted the NHS to listen to their priorities rather than pursuing targets set by the system or imposing its own ideas or systems on people's lives. People understand that the NHS is under pressure, and they know that there will sometimes be limits to what can be done, but too often they feel they have to fight to get the care they want and are too often left to pick up the pieces of a fragmented system.

We were delighted that many <u>of our recommendations</u> were reflected in <u>the final report from the NHS Assembly</u>. This shows the importance the NHS leadership places on the insight we can bring to the table.

#### The evolution of ICSs

The evolution of Integrated Care Systems (ICSs) continues to be an area of significant interest to members, in particular how they can get the insights from their communities in front of key decision makers.

We have been working to help make this easier, and succeeded in influencing the refresh of NHSE's <u>Guidance on the preparation of the integrated care strategies</u>. The updated guide, published in February 2024, strengthens the input ICSs should seek from the third sector, including specific wins around working with charities based on population need not locality of charity. The guidance also calls on ICSs to make contact details clearly and publicly available to facilitate VCSE organisations reaching out to them.

We have also been working in partnership with the Point of Care Foundation on a Care Quality Commission (CQC) funded project to create a framework for ICSs to help them assess how well they are working with their communities in the pursuit of addressing health inequalities. The project is due to finish in 2025.

Despite these successes, many of our members simply do not have the resources to engage with 42 ICSs, as opposed to just NHSE prior to the passing of the Health and Social Care Act 2022. We are slowly making inroads in NHSE's grasp of the seriousness of the situation and have also briefed political parties on the need to rethink how ICSs listen to the voices and communities they serve. In 2024/25 we will look to secure further funding to develop more in-depth work to think through possible solutions to our members' concerns.

### Informing the political debate

In anticipation of a General Election taking place in 2024, we began our political influencing and manifesto developing activities in late Summer 2023.

We stepped up our direct engagement with political parties, supporting their thinking on a variety of issues, from how to support the recovery of NHS dental care, how to fix the 8am scramble for GP appointments and how patient data should be used for planning and research.

We also held multiple roundtables with members and people with lived experience to gather key insights on what asks would ensure that the NHS works for all. In January 2024 we then published our 'Manifesto for Equitable Healthcare'. Our general election priorities are as follows:

- Pioneer a cross-government strategy to reduce the gap in healthy life expectancy – calling for a centralised strategy focused on ending the inequality gap in healthy life expectancy, developing a measurable goal of reducing the gap in healthy life expectancy (with a clear implementation plan), and calling on all government departments to set out how they will work together to embed preventative action and tackle wider determinants of health.
- 2. Introduce a package of measures to reduce the health impact of the rising cost of living including the introduction of free prescriptions for all, support with the costs of transport and attend appointments, extending Statutory Sick Pay (SSP) to support those waiting for care, and supporting people with the costs of running medical equipment at home and costs associated with management of long-term health conditions.
- 3. Focus on getting the basics right including better supporting people on elective waiting lists by communication clearly and signposting to appropriate VCSE or non-clinical support services, enforcing the Accessible Information Standard and ensuring everyone is able to access information in a way that works for them.

Our general election campaign work is also raising the profile of National Voices in new ways. For example, our work on "Getting the Basics Right" around NHS letters featured on the front page of the <u>Daily Telegraph</u>, and secured other national coverage, and garnered support from the Secretary of State for Health and Social Care, Victoria Atkins.

## The strategic value of the VCSE

### VCSE Health and Wellbeing Alliance

The Health and Wellbeing Alliance (HW Alliance) is a partnership between the VCSE sector representatives and the health and care system. It is jointly managed and funded by the Department of Health and Social Care (DHSC), NHS England and the UK Health Security Agency (UKHSA), with National Voices acting as joint co-ordinator. The HW Alliance's mission is to enable policy, commissioning and provider organisations to design services and support based on the needs of people and communities who face disadvantage and exclusion.

The HW Alliance was commissioned in its current form to run between 2021 and 2024, and has been extended to run to the end of 2024/25. With the contract coming to an end, we have turned our focus to demonstrating and communicating its impact. This is critical for the new government to help them decide how they want to shape their strategic relationship with the VCSE sector over the new parliamentary term.

#### Strategic investment in the VCSE

- Government has long invested in its strategic relationship with the VCSE sector. In 2009 for example the DHSC had a dedicated grant pot of £25 million to support VCSE organisations to engage with its priorities. In today's money that would be worth £38.7 million.
- Between 2009 and 2015, this money supported a range of initiatives including:
  - The strategic partners (a group of representatives from across the VCSE who provide strategic advice to Ministers).
  - The Innovation, Excellence and Strategic Development (IESD)
     Fund
  - The Volunteering Fund
- Following the VCSE Review, the above programmes were replaced with the Health and Wellbeing Alliance costing £2 million a year.
- A new fund was also established to provide additional investment in a
  different theme each year. The first theme was social prescribing, with
  projects funded to work over two or three years. In subsequent years, this
  fund also established programmes to work on other government
  priorities such as RSV, women's reproductive health etc.
- However, in 2023/24 no new grant programmes were supported and there are currently no plans to run a grant programme in 2024/25. This means that the Alliance core grant of £2 million is the only strategic funding being made available to support VCSEs.
- This means that over the last 15 years the funds to support the VCSE have fallen by almost 95% based on the real terms value of what was being invested in 2009.

54 inequalities-focused work projects were undertaken collaboratively this year by Alliance members. This has provided decision makers in government and the wider health landscape with rapid access to unique insights and advice on topics ranging from understanding inequalities in accessing virtual wards, to the development of a framework for digital inclusion in the NHS.

This year also saw us launch the Alliance's first online resource library to increase awareness and access to published work by Alliance members since its inception in its current form in 2021. This is the first resource of its kind, demonstrating the range of evidence, influence and joint working between the VCSE sector, government and the health and care system. Stakeholders from national policy teams to VCSE sector colleagues, and those with lived experience, are now using this back catalogue of insights to help support and inform new work, and we will continue to maintain this resource as an up-to-date user-friendly source of intelligence from the sector.

We were also successful this year in receiving additional Alliance funding to design new data collection tools and collating, for the first-time, evidence of impact across the Alliance. We used this to compile an accessible impact report and infographics to demonstrate the value of the Alliance to a range of key stakeholders. This report will be published in 2014/25.

Our Alliance work enables National Voices to strengthen our relationships and reputation as a leader in VCSE partnership working and understanding and addressing inequalities. This was evidenced when Dr Neil Churchill, Director for People and Communities at NHS England, noted at the Alliance working day in February this year that National Voices' work on 'getting the basics right' (for example good, accessible communication and administration) has been influential within NHSE, informing recovery plans.

Over 2024/25 we will continue to focus on how the VCSE sector can contribute to the development of inclusive health policy in core areas, such as social prescribing, primary care, social care, urgent and emergency care and hospital discharge.

### The Patient Voice Community

Over the last 12 months we have significantly strengthened our partnership working with other key organisations advocating for patient and community voices.

For example, we have taken joint action on things like the <u>NHS strikes</u> with organisations such as Healthwatch England, the Patients Association and Age UK.

On helping government and the NHS to <u>understand people's views on the use</u> <u>of their medical records</u> for planning and research, we have worked very

closely with Understanding Patient Data, the National Data Guardian and the Association of Medical Research Charities.

And on the Government's plans around changes to the <u>NHS Constitution</u>, we teamed up with the Richmond Group of Charities to raise concerns about the way in which they intended to consult the public.

We recognise that patient and community voice can be more powerful when we make it more than the sum of its parts, and we will very much look to continue this partnership approach in future years.

## A new government

On the 4 July 2024 the Labour Party were elected to lead the next government with a significant majority.

We were pleased to see the Labour manifesto make some ambitious plans for health and social care, not least in making hospital waiting lists one of five priorities across the whole of government.

Proposals for a National Care Service are also a much needed acknowledgement of the challenges faced in social care, and we hope to see the Labour team use their record breaking election result to go further and faster to support those already struggling to get the support they need to live their lives.

In line with our <u>own manifesto</u>, we were encouraged to see Labour set a bold ambition around tackling health inequalities. We urged the next government to commit to a long-term, cross-departmental plan with clear milestones that prioritises the reduction of this gap. We also stressed that inequalities in health are not just driven by poverty but are also affected by age, ethnicity, disability, sexuality and gender. We look forward to working with the new administration to ensure policy solutions consider health inequalities in all its forms.

Other areas of overlap with Labour's plans include:

Labour's 'Fit For the Future' fund to double the number of CT and MRI scanners is much needed, allowing the NHS to catch cancer and other conditions earlier, saving lives. We encourage a joined-up approach to diagnosis demonstrated through clear intentions to implement a ten-year Strategic Diagnostics Plan. Our vision for improving patient experience of diagnosis, outlines our recommendations to improve patients' diagnosis experiences and support people to better manage their long-term conditions.

- 2. Labour's new Dentistry Rescue Plan, providing 700,000 more urgent dental appointments and recruiting new dentists to areas that need them most, is much needed. Among National Voices' members we see the crystal-clear consequences of the challenges in dentistry. We encourage a stronger commitment to ensure dentistry remains a preventative service, and that patients who need dental check-ups to access other NHS treatment, such as a transplant or chemotherapy, are given priority access.
- 3. Our own manifesto ask of the NHS to 'Get the Basics Right' is reflected through many of the plans of this new government, such as the creation of a Community Pharmacist Prescribing Service and improving GP access by ending the 8am scramble. We equally recognise Labour's good intentions to bring back the family doctor, providing an opportunity for complex conditions to be dealt with effectively through continuity of care. To achieve this, we need a well-supported primary care workforce, and patients to be given choice and control over who they see, when and how.
- 4. While we appreciate the policies outlined in the wider manifesto regarding the cost of living crisis, we urge the Labour party to bring in additional interim measures to support individuals with long-term conditions and/or disabilities whose health has been directly impacted by ongoing financial struggles. In our <a href="Manifesto for Equitable">Manifesto for Equitable</a> Healthcare we have defined clear steps to tackle this crisis.
- 5. In line with <u>our work addressing inequalities in research</u>, we welcome Labour's intentions to make clinical trials more accessible, but are concerned about the focus on using the NHS App as the primary method to access opportunities. Current estimates suggest <u>8.5 million people lack basic digital skills</u>, and <u>1.5 million people don't have a smartphone</u>, <u>tablet or laptop</u>, and would therefore find themselves at a disadvantage. The impact of digital exclusion must be grasped by government.
- 6. We called for the better gathering and use of data to help address health inequalities, and Labour has committed to this in specific areas, like in closing the Black and Asian maternal mortality gap. But we need much more widespread diverse data to identify explicit patient safety concerns such as these to prevent ongoing inequalities felt across the system.

## Our funders and clients

We would like to take the opportunity to thank all of our funders and clients for making our work at National Voices possible through their generosity and support. We would like to particularly thank our members and partners who are central to the success and impact of our work.

Each year, we also work with a wide range of funders and clients on projects central to our mission. This year, we are proud to have worked with the following individuals and organisations:

Funders and clients	Project
Association of the British Pharmaceutical Industry (ABPI)	For National Voices' involvement in the ABPI Patient Advisory Council.
AstraZeneca	A sponsorship grant towards our independent programme of work on quality assurance in primary care.
The VCSE Health and Wellbeing Alliance which is jointly managed and funded by the Department of Health and Social Care, NHS England and the UK Health Security Agency	<ul> <li>For two grants:</li> <li>For our role as joint co-ordinator of the VCSE Health and Wellbeing Alliance.</li> <li>For our project, 'How has the Alliance as a whole successfully supported and challenged providers and policymakers to embed inclusion in health and care service design and improvement?'</li> </ul>
The Health Foundation	For our 'Voices for Improvement' project delivered as part of the Common Ambitions programme.
NHS England	<ul> <li>For ten projects: <ul> <li>For our 'NHS at 75' work offering insights and recommendations to the NHS Assembly on future directions for the NHS.</li> <li>For our work supporting the National Association of Primary Care in delivering Care Navigators training.</li> <li>For our work with SCW and the Health Creation Alliance as learning partner for the Core20PLUS Connectors programme.</li> <li>For our engagement and strategic advice on the Federated Data Platform and for chairing the independent Check and Challenge group.</li> <li>For our work on addressing health inequalities through the access elements of the Primary Care Recovery Plan.</li> </ul> </li> </ul>

	<ul> <li>For engagement activity related to the Innovation Ecosystem Review.</li> <li>For a grant on contributing the voices of those with lived experience to Prevention and Tobacco Dependence.</li> <li>For undertaking a series of interviews and analysis on patient perspectives on weight management drugs.</li> <li>For participation in the Core20PLUS5 Collaborative.</li> <li>For participation in the ICS Delivery Partners Group.</li> </ul>
Care Quality Commission (CQC)	For two projects:  - For our work on helping Integrated Care Systems assess their own performance in understanding and responding to the health and care needs and experiences of people most likely to experience poorer care and inequalities For our work with PPL on understanding what good co-design of the CQC Dementia Strategy would look like.
West Midlands Association of Directors of Social Services (ADASS)	For our support in training and developing a community of trained Lived Experience Partners to work with WM ADASS and also for the delivery of Voices for Improvement coaching and mentoring leadership development course for Directors.
Roche	For consultancy support to equip staff members from Roche to work with people who bring lived experience in order to enable respectful co-production in future healthcare and research projects.
Johnson & Johnson	A grant towards our work developing a vision for improving patient experience of diagnosis. Please note that Johnson & Johnson had no input into the project or report.
Novartis	A grant towards our independent programme of work on addressing inequalities in clinical trials.
Sandoz	For chairing and participating in a roundtable on biosimilars with National Voices members and other VCSE and NHS partners.
Impact on Urban Health	For participation in an interview and workshop on inequalities.
Greater Manchester Cancer Alliance	For our work on understanding and addressing inequalities around cancer diagnosis.
Professional Standards Authority	For our contribution to the Professional Standards Authority and Parliamentary Health Service Ombudsman event on barriers to complaints.

University of Oxford	For our contribution towards the Digitally Enabled Care in Diverse Environments (DECIDE) centre, funded by NIHR.
University of Birmingham	For our contribution towards the BRACE Rapid Evaluation Centre, funded by NIHR.
University of Sheffield	For our support and facilitation skills in support of a feasibility study around colorectal cancer in socioeconomically disadvantaged areas.
ICS Research Engagement Network (REN)	For our work with the University of Bristol on English literacy as a barrier to participation in clinical trials.
NHS North West London ICS	For our work with PPL on addressing inequalities in virtual wards.
NHS North East London	For our session on Lived Experience.
South East London ICS	For our contribution to their deliberation on primary care.
Pfizer	For our participation in a roundtable on trust and engagement.

## Key risks and uncertainties

The Trustees regularly review the principal risks and major uncertainties to which the charity may be exposed. OThe Audit and Risk Committee reviews the risk register quarterly and prior to it being presented for discussion at board meetings. This lists the key risks identified together with a risk score calculated on the probability and the potential impact of the risk concerned. Actions taken to manage the identified risks are listed on the register.

## Key risks identified

#### Funding and income

Unsecured income continued to make up a significant amount of our annual budget. Income generation therefore remained a substantial part of the 2023/24 workload for the senior team. During 2023/24 the charity rolled out a new income generation plan across the team with the second half of the year showing real improvement. This trend has continued into the new financial year with secured income much improved over previous years. The team is confident in the new approach.

#### **Team Capacity**

Through regular team meetings and 1-2-1s, we continue to monitor work pressures on the team to ensure that we have sufficient capacity to deliver the projects that we have committed to. We have improved the project management system so we can see when the peaks in delivery and what that means for the team. We have also further improved the offer to staff with enhanced wellbeing packages and support available with things such as counselling, health cash plans and a wellbeing allowance. We also continue to offer flexible working so staff can manage and peaks in workload and plan accordingly.

#### Staff Retention

As a small charity competitive remuneration packages are always challenging, and this could mean we fail to retain staff in line with the anticipated retention timelines. The charity could face a loss of knowledge and experience and face higher levels of disruption in trying to deliver on projects. All staff have clear objectives including a personal development goal for the year, aligned across the charity. With the wellbeing improvements mentioned in a prior risk and regular monitoring of feedback from staff we are confident that this risk is mitigated as much as it can be.

# Organisational details and key management personnel

# Staff Team 2023/24

The SORP considers the key management personnel of the charity to be those persons having authority and responsibility for planning, directing and controlling the activities of the charity, directly or indirectly. The Trustees consider that the National Voices Board of Trustees, the Chief Executive and the directors of departments are Key Management Personnel of the charity during the 2023/24 Financial year. The directors of departments consisted of a Director of Policy, Director of Finance & Operations and the Director of Development and Membership.

Details of Trustee expenses and related party transactions are disclosed in note 19 of the accounts. Trustees are required to disclose all relevant interests and register them with the charity and, in accordance with the charity's policy, withdraw from decisions where a conflict of interest arises.

# Financial review

The principal funding sources of income for the charity come from Membership and Engagement (£197k) and Influencing Policy and Improving Practice (£609k) with a total combined income of £812k compared to £756k in 2022/23, representing an increase of £56k or 7.4%. This is a commendable performance in a year with significant changes in the senior leadership and the challenges mentioned earlier in this report. Overall expenditure increased by £23k, or 2.8%, compared to the prior year to £839k (2022-23 £815k). This increase was largely driven by staff costs following the recruitment of the permanent Chief Executive earlier in the year and an increased headcount compared to prior year across the wider team. The focus on business development and changes in the structure around this have pushed up costs slightly.

The charity reported a consolidated net loss of £27k in 2023/24, compared with a net loss of £59k in 2022/23. The budget for 2024/25 has been set and we expect to continue to develop an increasingly diversified funding base and to generate a small net gain. Secured income for the next financial year is well

ahead of any recent period and we are optimistic that we will achieve these objectives.

# Total funds, reserves policy and going concern

The Trustees review the charity's reserves policy annually and aim to hold 4-5 months of core costs in reserves. As at the 31st of March 2024, the agreed total reserves target is therefore between £180,000 and £225,000. Core costs are defined as staff salaries plus office overheads including IT and other fixed costs but excluding discretionary costs and non-cash costs.

The reserves for these purposes are defined as the sum of:

- The unrestricted reserves on the balance sheet at the year end and
- That portion of restricted reserves on the balance sheet at year end which will be utilised to pay salaries of employees working to deliver the projects to which the restricted funding relates

As at 31 March 2024 these reserves totalled £199,102 and core costs coverage in reserves stood at 5 months.

In addition to these reserves, the charity held further restricted reserves of £10,653 which will be used to finance third party costs relating to the projects for which the funding was received. Total reserves as at 31 March 2024 amounted to £209,755.

The Trustees have reviewed the budgets for the 2024/25 financial year, including reserves and secured income, and consider there to be sufficient funding to prepare these accounts on a going concern basis.

# Structure, management and governance

National Voices is a charitable company and operates within the parameters of its Memorandum and Articles of Association and accompanying Bye-Laws and its business is managed by a Board of Trustees.

The governing document gives the Board powers regarding its management of the charity, and these powers may be delegated to the Chief Executive and Officers, in line with the Scheme of Reservation and Delegation of Powers.

The Board is comprised of Trustees elected from the membership and independent Trustees who are appointed by the Board (and in accordance

with the Bye-Laws) for their skills and experience relevant to the work of the Board. Trustees are appointed for a term of three years and may serve a second term of three years up to a maximum of six years. A Trustee's first or second term may be extended by one year in exceptional circumstances and with the approval of the Board. The Articles of Association stipulate that the number of elected Trustees will always be greater than the number of independent Trustees.

As part of trustee induction, new Trustees meet officers and the team and are made familiar with key documents and work programmes of the organisation. Trustees have to formally confirm they are aware of the conflict-of-interest policy and the trustee code of conduct. We also ran a board away day and are in the process of planning more of those. A budget is available for training or reasonable adjustments for new Trustees if required.

The Senior Management Team has compiled a Risk Register of the major risks to which the charity is exposed, together with actions taken to mitigate these. The Register is updated regularly and is considered alongside the Business Plan; both the Risk Register and Business Plan are reviewed by the Audit and Risk Committee and the Board of Trustees.

The Audit and Risk Committee oversees the pay and remuneration of the charity's personnel in accordance with its Remuneration Policy. The Audit and Risk Committee conducts annual reviews of salary, taking into account the financial health of the charity, expected future income and expenditure, the wider financial climate, and market sector trends. To determine the remuneration of a new post, the Committee takes into account information about comparable roles in similar organisations, preferably within the voluntary sector, using reputable sources of data, such as NCVO.

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 March 2024. The trustees have adopted the provisions of 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 2019).

# STRUCTURE, GOVERNANCE AND MANAGEMENT

# Governing document

The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006.

# REFERENCE AND ADMINISTRATIVE DETAILS

# **Registered Company number**

03236543 (England and Wales)

# **Registered Charity number**

1057711

# **Registered office**

The Foundry 17 Oval Way London SE11 5RR

#### **Trustees**

Helen Elizabeth Ball
Ezra Ben-Yisrael
Sharon Brennan (resigned 30.4.23)
Helen Buckingham
Harry Evans
Noha Al Afifi
Akiko Hart (resigned 30.4.23)
Edward James Holloway (resigned 30.4.23)
Samantha Holmes
Kalu Agwu Obuka
Sherone Phillips

Meera Shah

Clare Woodford

Jessica Kay Cunnett (appointed 8.1.24)

Eamon Joseph Dunne (appointed 8.1.24)

Esther Elizabeth Freeman (appointed 8.1.24)

# **Auditors**

Xeinadin Audit Limited Chartered Accountants and Statutory Auditors 12 Conqueror Court Sittingbourne Kent ME10 5BH

#### STATEMENT OF TRUSTEES' RESPONSIBILITIES.

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

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the trustees are required to

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charity SORP;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

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

# **AUDITORS**

The auditors, Xeinadin Audit Limited, will be proposed for re-appointment at the forthcoming Annual General Meeting.

Approved by order of the board of trustees on 5th August 2024 and signed on its behalf by:

Helen Buckingham Chair of the board of Trustees

# Opinion

We have audited the financial statements of National Voices (the 'charitable company') for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement 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 (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- 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 Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company 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

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

#### 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 Report of the Independent Auditors 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 this gives rise to a material misstatement in the financial statements themselves. 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 Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Trustees has 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where 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; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to take advantage of the small companies exemption from the requirement to prepare a Strategic Report or in preparing the Report of the Trustees.

# Responsibilities of trustees

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) 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 the trustees 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 charitable company'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 charitable company 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 a Report of the Independent Auditors 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.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

As part of an audit in accordance with ISAs (UK), exercise professional judgement and maintain professional scepticism through the audit. We also:

- 1. Assessed the susceptibility of the entity's financial statements to material misstatement, including how fraud might occur.
- 2. Held discussions with the client regarding their policies and procedures on compliance with laws and regulations.
- 3. Held discussions with the client regarding their policies and procedures on fraud risks, including knowledge of any actual suspected or alleged fraud.

We consider the entity's controls effective in identifying fraud. We do not consider there to be significant difficulty in detecting irregularities due to the low volume, high value nature of projects undertaken.

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. This description forms part of our Auditors' Report.

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. This description forms part of our Report of the Independent Auditors.

# Use of our report

This report is made solely to the charitable company'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 charitable company's members those matters we are required to state to them in an auditors' 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Samuel Ketcher FCCA (Senior Statutory Auditor) for and on behalf of Xeinadin Audit Limited Chartered Accountants and Statutory Auditors
12 Conqueror Court Sittingbourne Kent ME10 5BH

Date: 6 August 2024

# Statement of Financial Activities for the Year Ended 31 March 2024

INCOME AND ENDOWMENTS FROM	Notes	Unrestricted fund £	Restricted funds £	2024 Total funds £	2023 Total funds £
Donations and legacies	2	752	-	752	1,473
Charitable activities Membership and Engagement Influencing Policy and Improving Practice	4	197,097 391,877	- 217,560	197,097 609,437	259,753 492,833
Investment income	3	4,614		4,614	2,263
Total		594,340	217,560	811,900	756,322
<b>EXPENDITURE ON</b> Raising funds	5	144,629	-	144,629	54,157
Charitable activities Membership and Engagement Influencing Policy and Improving Practice	6	117,584 388,713	187,789	117,584 576,502	164,527 596,714
Total		650,926	187,789	838,715	815,398
NET INCOME/(EXPENDITURE) Transfers between funds	18	(56,586) (677)	29,771 677	(26,815)	(59,076)
Net movement in funds		(57,263)	30,448	(26,815)	(59,076)
RECONCILIATION OF FUNDS Total funds brought forward		143,174	93,396	236,570	295,646
TOTAL FUNDS CARRIED FORWARD		85,911	123,844	209,755	236,570

# **NATIONAL VOICES (REGISTERED NUMBER: 03236543)**

**Balance Sheet** 31 March 2024

	Notes	Unrestricted fund £	Restricted funds	2024 Total funds £	2023 Total funds £
FIXED ASSETS Intangible assets	13	22,132		22,132	22,100
Tangible assets	14	3,888	-	3,888	3,751
		26,020	-	26,020	25,851
CURRENT ASSETS					
Debtors	15	257,463	-	257,463	51,927
Cash at bank		82,471	123,842	206,313	338,993
		339,934	123,842	463,776	390,920
<b>CREDITORS</b> Amounts falling due within one year	16	(280,041)	-	(280,041)	(180,201)
NET CURRENT ASSETS		59,893	123,842	183,735	210,719
TOTAL ASSETS LESS CURRENT LIABILITIE	ES	85,913	123,842	209,755	236,570
NET ASSETS		85,913	123,842	209,755	236,570
FUNDS Unrestricted funds Restricted funds	18			85,913 123,842	143,174 93,396
TOTAL FUNDS				209,755	236,570

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 5th August 2024 and were signed on its behalf by:

Helen Buckingham Chair of the Board of Trustees

# Cash Flow Statement for the Year Ended 31 March 2024

	Notes	2024 £	2023 £
Cash flows from operating activities Cash generated from operations	1	<u>(127,791</u> )	(49,562)
Net cash used in operating activities		<u>(127,791</u> )	(49,562)
Cash flows from investing activities Purchase of intangible fixed assets Purchase of tangible fixed assets Interest received  Net cash used in investing activities		(1,800) (3,089) - - (4,889)	(22,100) (1,953) 2,263 (21,790)
Cash flows from financing activities Capital repayments in year  Net cash provided by/(used in) financing	g activities	<del>-</del>	(2,239) (2,239)
Change in cash and cash equivalents the reporting period Cash and cash equivalents at the beginning of the reporting period	in	(132,680) 338,993	(73,591) 412,584
Cash and cash equivalents at the end of the reporting period	I	206,313	338,993

1.	RECONCILIATION OF NET EXPENDITURE TO NET CASH FLOW FROM OPERATING ACTIVITIES				
			2024 £	2023 £	
	Net expenditure for the reporting period (as per the State	ement of	_	_	
	Financial Activities)		(26,815)	(59,076)	
	Adjustments for:		, ,	,	
	Depreciation charges		4,720	2,367	
	Interest received		-	(2,263)	
	(Increase)/decrease in debtors		(205,536)	245,863	
	Increase/(decrease) in creditors		99,840	(236,453)	
	Net cash used in operations		(127,791)	(49,562)	
2.	ANALYSIS OF CHANGES IN NET FUNDS				
		At 1.4.23 £	Cash flow £	At 31.3.24 £	
	Net cash				
	Cash at bank	338,993	(132,680)	206,313	
		338,993	(132,680)	206,313	
	Total	338,993	(132,680)	206,313	

Notes to the Financial Statements for the Year Ended 31 March 2024

# 1. ACCOUNTING POLICIES

#### **Basis of preparation**

# **Basis of accounting**

The charity constitutes a public benefit entity as defined by FRS 102. 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 issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

# Legal form

National Voices is a charitable company incorporated in England under the Companies Act 2006. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is The Foundry, 17 Oval Way, Vauxhall, London, SE11 5RR. The charity's operations and principal activities are included in the Trustees' annual report.

# Going concern

The financial statements are prepared on a going concern basis. The Trustees have looked at least 12 months from the signing date of these accounts, considering the charity's cost base, reserves and secured funding and have concluded that there are no material uncertainties around the charity's ability to continue as a going concern.

# **Accounting policies**

The accounts present a true and fair view and the accounting policies adopted are those outlined in note 2. The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £.

# Significant accounting estimates and judgements

There have been no key estimates or judgements required in determining the carrying values of assets and liabilities.

#### Income

# Recognition of 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.

The charity has received government grants in the reporting period and these are disclosed in note 18.

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.

Grants and donations are only included in the SoFA when the general income recognition criteria are met, generally upon receipt.

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

### 1. ACCOUNTING POLICIES - continued

#### Income

There has been no offsetting of assets and liabilities, or income and expenses, unless required or permitted by the FRS 102 SORP.

# 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.

#### Interest

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.

# **Fund accounting**

Unrestricted funds are available to spend on activities that further any of the purposes of charity. 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.

# Volunteer help

Unless specifically set out, the value of any voluntary help received is not included in the accounts but is described in the trustees' annual report.

#### Expenditure

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.

# Allocation

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of office space, personnel development and support, financial support, insurances and IT support.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of its compliance with regulation and good practice.

Support costs including governance costs are apportioned based on the proportion of time spent on each activity by staff.

#### Operating leases

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

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

# 1. ACCOUNTING POLICIES - continued

#### Intangible fixed assets

Amortisation is provided at the following rates in order to write off each asset over its estimated useful life. The depreciation rate used is as follows:

Website - Over four years

# Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation is provided on a straight line basis 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

#### **Taxation**

The charity is exempt from corporation tax on its charitable activities.

# Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

# Pension costs and other post-retirement benefits

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

#### **Debtors**

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

# 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.

# **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.

#### **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.

# Accrued and deferred income

Accrued income relates to contract income to which the charity is entitled but which has not yet been invoiced.

# 1. ACCOUNTING POLICIES - continued

# **Debtors**

Deferred income relates to contract income received where a proportion of the work remains incomplete.

	Botorioa moomo rotatoo to contrac		tho work formali	o moomptoto.
2.	DONATIONS AND LEGACIES			
			2024	2023
			£	£
	Donations		752	1,473
3.	INVESTMENT INCOME			
0.			2024	2023
			£	£
	Bank interest		<del>-</del>	
	bank interest		4,614	2,263
4.	INCOME FROM CHARITABLE ACT	IVITIES		
			2024	2023
		A - 11 11		
		Activity	3	£
	Membership and engagement	Membership and Engagement	196,156	259,753
	Grants	Membership and Engagement	941	_
	Oranto	Tromboromp and Engagoment		050.750
			197,097	259,753
	Influencing policy and	Influencing Policy and Improving		
	practice	Practice	461,717	309,604
	praetice		401,717	000,004
		Influencing Policy and Improving		
	Grants	Practice	147,720	183,229
			609,437	492,833
			003,437	432,000
			806,534	752,586
5.	RAISING FUNDS			
	Raising donations and legacies			
	naionia aonationa ana tegacies		2024	2023
			£	£
	0+-#			
	Staff costs		91,422	26,679
	Support costs		53,207	27,478
			144,629	54,157

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

6.	CHARITABLE ACTIVITIES COST	S			
			Direct Costs £	Support costs (see note 7)	Totals £
	Membership and Engagement Influencing Policy and Improving		75,022	42,562	117,584
	Practice		388,738	187,764	576,502
			463,760	230,326	694,086
7.	SUPPORT COSTS				
			Management £	Governance costs £	Totals £
	Raising donations and legacies		46,889	9,820	56,709
	Membership and Engagement Influencing Policy and Improving	37,511	7,854	45,365	
	initialiting rottey and improving reactice		150,039	31,420	181,459
			234,439	49,094	283,533
	Activity Management Governance costs	Basis of allocation Based on time spent Based on time spent			
8.	NET INCOME/(EXPENDITURE)				
	Net income/(expenditure) is stat	ed after charging/(crediting	g):		
	Depreciation - owned assets Website amortisation			2024 £ 2,952 1,768	2023 £ 2,367
9.	AUDITORS' REMUNERATION				
	Cananayahla ta tha alkarith l	lianus formalis or relia refer	a a wida da	2024 £	2023 £
	Fees payable to the charity's aud financial statements	allors for the audit of the ch	narity's	7,500	4,500

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

# 10. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2024 nor for the year ended 31 March 2023.

	2024	2023
	£	£
Trustees' expenses	1,358	1,177

All trustees had some expenses reimbursed or paid for by the charity in relation to subsistence, entertaining, travel, accommodation or welfare.

# 11. STAFF COSTS

	2024	2023
	£	£
Wages and salaries	528,312	433,192
Social security costs	48,284	41,168
Other pension costs	26,049	23,519
	602,645	497,879
		<u> </u>

The average monthly number of employees during the year was as follows:

	2024	2023
Membership and engagement	1	2
Influencing and practice	8	6
Governance and support	5	5
	<u></u>	
	14	13

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

£60,001 - £70,000	2024	2023 1
£70,001 - £80,000	1	
	3	1

The key management personnel of the charity during the year ended 31 March 2024 comprised of the Chief Executive, the Director of Policy, the Director of Membership and Development and the Director of Finance and Operations.

The total amount paid, including Employers National Insurance and Pension, to the Key Management Personnel in the year ended 31 March 2024 was £300,905 (2023: £149,764). In 2023 the Charity's former CEO stepped down mid year, the senior team comprised of a Interim CEO and Head of Finance and Operations that joined part way through the year, the head of policy was on maternity leave in 2023.

12.	COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIV	Restricted	Total	
		fund	funds	funds
	INCOME AND ENDOWMENTS FROM	£	£	£
	INCOME AND ENDOWMENTS FROM Donations and legacies	1,473	-	1,473
	Charitable activities			
	Membership and Engagement	259,753	-	259,753
	Influencing Policy and Improving Practice	189,271	303,562	492,833
	Investment income	2,263		2,263
	Total	452,760	303,562	756,322
	EXPENDITURE ON			
	Raising funds	54,157	-	54,157
	Charitable activities			
	Membership and Engagement	83,452	81,075	164,527
	Influencing Policy and Improving Practice	380,003	216,711	596,714
	Total	517,612	297,786	815,398
	NET INCOME/(EXPENDITURE)	(64,852)	5,776	(59,076)
	Transfers between funds	(14,234)	14,234	
	Net movement in funds	(79,086)	20,010	(59,076)
	RECONCILIATION OF FUNDS			
	Total funds brought forward	222,260	73,386	295,646
	TOTAL FUNDS CARRIED FORWARD	143,174	93,396	236,570

# 13. INTANGIBLE FIXED ASSETS

	Website £
COST At 1 April 2023 Additions	22,100 1,800
At 31 March 2024	23,900
AMORTISATION Charge for year	1,768
NET BOOK VALUE At 31 March 2024	22,132
At 31 March 2023	22,100

14.	TANGIBLE FIXED ASSETS		
			Computer
			equipment
			£
	COST		00.040
	At 1 April 2023		32,312
	Additions		3,089
	Disposals		(20,577)
	At 31 March 2024		14,824
	DEDDECIATION		
	DEPRECIATION At 1 April 2022		00 504
	At 1 April 2023		28,561
	Charge for year		2,952
	Eliminated on disposal		(20,577)
	At 31 March 2024		10,936
	NET BOOK VALUE		
	At 31 March 2024		3,888
	At 31 March 2023		3,751
45	DERTORS, AMOUNTS FALLING BUE WITHIN ONE VEAR		
15.	DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	2024	2023
		£	2023 £
	Trade debtors	252,517	48,014
	Other debtors	1,584	1,584
	Prepayments	3,362	2,329
	Trepayments	3,302	2,020
		257,463	51,927
16.	CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR		
		2024	2023
		£	£
	Trade creditors	21,923	3,850
	Social security and other taxes	53,083	27,426
	Other creditors	8,838	3,473
	Deferred income	164,451	112,228
	Accruals	31,746	33,224
		280,041	180,201
		200,071	100,201

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

# 17. DEFERRED INCOME

Deferred income comprises grant funding for which entitlement to the income does not exist at the balance sheet date as well as membership income which has been paid in advance.

	<del>上</del>
Balance as at 31 March 2023	112,228
Amount released to income from charitable activities	(112,228)
Amount deferred in the year	164,451
Balance at 31 March 2024	164,451

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

# 18. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

 Restated

 2024
 2023

 £
 £

 Within one year
 4,162
 3,660

During the year twelve operating lease payments totalling £15,160 were recognised as an expense.

# 19. MOVEMENT IN FUNDS

TIOVELLE INTENTION				
		Net	Transfers	
		movement	between	At
	At 1.4.23	in funds	funds	31.3.24
	£	£	£	£
Unrestricted funds				
General fund	143,174	(56,584)	(677)	85,913
Restricted funds				
Health and Wellbeing Alliance				
(Department of Health)	22,070	38,711	-	60,781
Enabling Voice (Diabetes UK)	4,000	(4,000)	-	-
Voices for Improvement - The Health				
Foundation	6,487	3,466	-	9,953
Patient and Carer Network				
(Northumbria Healthcare NHS				
Foundation Trust)	4,541	(4,610)	69	-
Covid Enquiry	2,608	(2,916)	308	-
ICS Project	-	13,747	-	13,747
Essex	15,750	(16,050)	300	-
Community Connectors	37,940	(4,547)	-	33,393
Bowel Screening		5,968		5,968
	93,396	29,769	677	123,842
TOTAL FUNDS	236,570	(26,815)		209,755

Net movement in funds, included in the above are as follows:

	Incoming resources	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	594,340	(650,924)	(56,584)
Restricted funds Health and Wellbeing Alliance			
(Department of Health)	147,720	(109,009)	38,711
Enabling Voice (Diabetes UK)	-	(4,000)	(4,000)
Voices for Improvement - The Health		(4.504)	0.400
Foundation	5,000	(1,534)	3,466
Patient and Carer Network			
(Northumbria Healthcare NHS		(4.040)	(4.040)
Foundation Trust)	-	(4,610)	(4,610)
Covid Enquiry	-	(2,916)	(2,916)
ICS Project	20,830	(7,083)	13,747
Essex	5,000	(21,050)	(16,050)
Community Connectors	32,500	(37,047)	(4,547)
Bowel Screening	6,510	(542)	5,968
	217,560	(187,791)	29,769
TOTAL FUNDS	811,900	(838,715)	(26,815)

# Comparatives for movement in funds

	At 1.4.22 £	Net movement in funds £	Transfers between funds £	At 31.3.23 £
Unrestricted funds				
General fund	222,260	(64,852)	(14,234)	143,174
Restricted funds				
Health and Wellbeing Alliance				
(Department of Health)	-	22,070	-	22,070
Long Covid (NHS England)	27,931	(36,260)	8,329	-
Enabling Voice (Diabetes UK)	14,000	(10,000)	-	4,000
Peer Support Hub - The Health				
Foundation	6,849	(8,293)	1,444	-
Be the Change (Pfizer)	9,100	(9,881)	781	-
Voices for Improvement - The Health				
Foundation	1,053	5,434	-	6,487
Patient and Carer Network				
(Northumbria Healthcare NHS				
Foundation Trust)	14,453	(9,912)	-	4,541
Health Inequalities Conference - The				
Health Foundation	-	(563)	563	-
Covid Enquiry	-	2,608	-	2,608
ICS Project	-	(3,117)	3,117	-
Essex	-	15,750	-	15,750
Community Connectors		37,940		37,940
	73,386	5,776	14,234	93,396
TOTAL FUNDS	295,646	(59,076)		236,570

Comparative net movement in funds, included in the above are as follows:

	Incoming resources	Resources expended £	Movement in funds
Unrestricted funds			
General fund	452,760	(517,612)	(64,852)
Restricted funds			
Health and Wellbeing Alliance			
(Department of Health)	175,920	(153,850)	22,070
Long Covid (NHS England)	-	(36, 260)	(36, 260)
Enabling Voice (Diabetes UK)	-	(10,000)	(10,000)
Peer Support Hub - The Health			
Foundation	-	(8,293)	(8,293)
Be the Change (Pfizer)	-	(9,881)	(9,881)
Voices for Improvement - The Health			
Foundation	7,309	(1,875)	5,434
Patient and Carer Network			
(Northumbria Healthcare NHS			
Foundation Trust)	-	(9,912)	(9,912)
Health Inequalities Conference - The			
Health Foundation	-	(563)	(563)
Covid Enquiry	2,833	(225)	2,608
ICS Project	10,000	(13,117)	(3,117)
Essex	45,000	(29, 250)	15,750
Community Connectors	62,500	(24,560)	37,940
	303,562	(297,786)	5,776
TOTAL FUNDS	756,322	(815,398)	(59,076)

A current year 12 months and prior year 12 months combined position is as follows:

		Net movement	Transfers between	At
	At 1.4.22	in funds	funds	31.3.24
	£	£	£	£
Unrestricted funds				
General fund	222,260	(121,436)	(14,911)	85,913
Restricted funds				
Health and Wellbeing Alliance				
(Department of Health)	-	60,781	-	60,781
Long Covid (NHS England)	27,931	(36,260)	8,329	-
Enabling Voice (Diabetes UK)	14,000	(14,000)	-	-
Peer Support Hub - The Health				
Foundation	6,849	(8,293)	1,444	-
Be the Change (Pfizer)	9,100	(9,881)	781	-
Voices for Improvement - The Health				
Foundation	1,053	8,900	-	9,953
Patient and Carer Network				
(Northumbria Healthcare NHS				
Foundation Trust)	14,453	(14,522)	69	-
Health Inequalities Conference - The				
Health Foundation	-	(563)	563	-
Covid Enquiry	-	(308)	308	-
ICS Project	-	10,630	3,117	13,747
Essex	-	(300)	300	-
Community Connectors	-	33,393	-	33,393
Bowel Screening		5,968		5,968
	73,386	35,545	14,911	123,842
TOTAL FUNDS	295,646	(85,891)		209,755

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

# 19. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	1,047,100	(1,168,536)	(121,436)
Restricted funds			
Health and Wellbeing Alliance			
(Department of Health)	323,640	(262,859)	60,781
Long Covid (NHS England)	-	(36,260)	(36, 260)
Enabling Voice (Diabetes UK)	-	(14,000)	(14,000)
Peer Support Hub - The Health			
Foundation	-	(8,293)	(8,293)
Be the Change (Pfizer)	-	(9,881)	(9,881)
Voices for Improvement - The Health			
Foundation	12,309	(3,409)	8,900
Patient and Carer Network			
(Northumbria Healthcare NHS			
Foundation Trust)	-	(14,522)	(14,522)
Health Inequalities Conference - The			()
Health Foundation	-	(563)	(563)
Covid Enquiry	2,833	(3,141)	(308)
ICS Project	30,830	(20,200)	10,630
Essex	50,000	(50,300)	(300)
Community Connectors	95,000	(61,607)	33,393
Bowel Screening	6,510	(542)	5,968
	521,122	(485,577)	35,545
TOTAL FUNDS	1,568,222	(1 <u>,654,113</u> )	(85,891)

# **Purposes of restricted funds**

# Health and Wellbeing Alliance (Department of Health and Social Care)

National Voices is the co-ordinator of this alliance, which is a partnership between the voluntary sector and health and care system partners to provide a voice and improve the health and wellbeing for all communities. The fund represents DHSC funding towards the costs of coordinating the alliance.

# Long Covid Project (NHS England)

NHS England awarded grant funding towards project work with smaller community organisations looking at the impacts of Long Covid on a wide range of communities. The grant was used to fund the costs of the project manager and sub-grants to participating groups who collaborated in the work.

# **Enabling Voice - Diabetes UK**

Diabetes UK awarded a grant of £14,000 towards participation costs in work surrounding inequalities and living with obesity, however because of delays in securing other funders for our work on obesity, we agreed to repurpose this funding to support National Voices' work developing a vision for the future of primary care. The grant was used to ensure people with lived experience were able to help lead and also to be participants of our events on primary care.

The project aims to increase the availability of high quality peer support by supporting those leading peer support programmes through round tables and discussions, plus an online hub that collates, curates and categorises peer support resources. Further funding was awarded to support work on the impact of the pandemic and to transfer support resources from National Voices website to another platform.

# Be the Change - Pfizer

Pfizer provided funding for the hosting of 4 roundtables to enable National Voices members to discuss their approach to anti-racism work. The funding was used to cover staff time and participation.

# **Voices for Improvement- The Health Foundation**

The Health Foundation awarded further grant funding towards this work in 2021/22. The funding aimed to support the development of a Lived Experience Consultancy offer which was successfully developed during the year. The funding was used to cover staff time, participation and business development. The remaining balance represents funds associated with further development of the website to support further implementation of the project.

# Patient and Carer Network (Northumbria Healthcare NHS Foundation Trust)

These funds were used to support the input from people who set up the Rosamund Snow Community some years ago to bring lived experience into improvement work and exploring how the learning from this initiative and others like it can be put on a more sustainable, impactful footing. The funding was used in the year to support the Voices for Improvement work.

# **ICS Project**

Strategic engagement of our partners network for the development of ICS strategy, policy, and programmes.

# Essex (NHS Mid and South Essex)

Design and delivery of an exemplar or pathfinder coproduction process to address one inequality or health inclusion focused problem that is identified by both partners as strategically relevant.

#### **Community Connectors**

A coaching & mentoring offer to ICS leaders tasked with narrowing the gap in access, experiences and outcomes for people affected by inequalities.

# **Bowel Screening**

Working as part of a group of organisations to look at a Feasibility study assessing active case finding of colorectal cancer in socio-economically deprived areas.

# 20. RELATED PARTY DISCLOSURES

No trustee made any donation during the year (2023: none).

During the year there were no related party transactions.