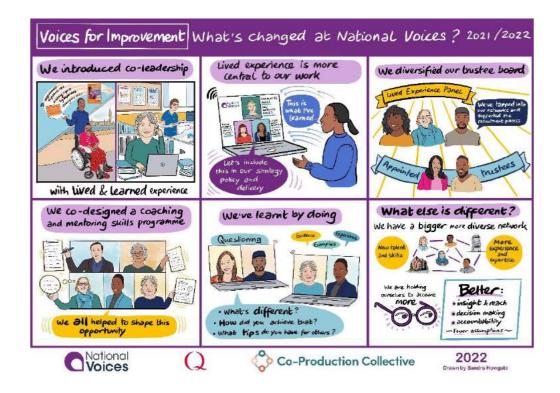
National Voices Report and Financial Statements

For the period ended 31 March 2022



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

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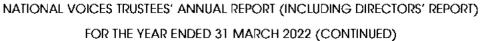
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Chair's foreword

It hardly seems possible that a year has passed since I wrote my first foreword to a National Voices annual report. So much has happened in that time, both on the national stage and in the health and care sector.

The COVID-19 pandemic, sadly, is still with us. Although advances in treatment coupled with less severe variants have thankfully reduced overall levels of mortality, for people who are clinically vulnerable, and the many thousands of people and their families affected by Long Covid we are long way from returning to normality. The last two years have accelerated the increase in waiting times for health care which we were already starting to see before the pandemic. On top of this, the economic outlook for many individuals and families is bleak, and this too has a real impact on health and well-being.

So, the work which National Voices leads with its members has never been more needed. Making sure that the real experiences of people who are using health and care services are front and centre of the minds of the people making decisions about those services is critical. I am extremely proud of the work accomplished by Charlotte Augst and the whole National Voices team this year, and the influence that this small organisation has on leaders across the health and care sector. You will read more about their impact in the following pages.

There are many opportunities ahead. As I write, in early July 2022, Integrated Care Boards have just become statutory bodies. Across the country, NHS organisations are finding new ways to work in partnership with colleagues in the voluntary sector, to recognise the expertise and the value that the VCSE brings, and to move on from 'consultation' to true co-production. The journey will not be an easy one, but the rewards for success will be worth it.

Finally, although this report looks back on the year 2021/22, it would be remiss of me not to pay further tribute here to Charlotte, who has announced that she will be standing down as Chief Executive later in 2022. In the 3 and half years she has been with National Voices, our membership of nearly 200 organisations has grown bigger than ever, our income has more than doubled, our influence and profile have increased significantly, and our team has grown. She leaves an impressive legacy on which her successor will build.

Helen Buckingham Chair, National Voices

CEO's introduction

Reporting on last year's activities creates an opportunity to pause and reflect. 2021/22 has been another busy year for our small team, responding to the fallout from the pandemic and how it shapes the work of our members as they respond to the needs and ambitions of people and communities.

Despite continuous pandemic, political and structural churn in our external environment we managed to focus our work on clear and consistent priorities. Mostly we aim to amplify how the pandemic and underlying service shortages continue to impact people who need health and care services. To this end, we focus on elective recovery, primary care access, the need for ongoing long term conditions care, mental health and also Long Covid.

Growing and maturing as an organisation, we also continue to reflect on our methodologies – how do we build an *inequalities* perspective into everything we do, and how do we work *alongside people*, rather than just *on their behalf*? We have made some progress in diversifying the team and the Board, and are continuing to reflect on how we recruit, how we design our programmes and how we connect with people, particularly those who are not currently well supported by existing service models. In our minds, the inequalities agenda and the space and status we give to genuine coproduction are connected. The massive blind spots in how the health and care system deals with barriers to access, poor quality, stigma or discrimination can be explained by a lack of focus on inequalities, but also by a lack of commitment to and expertise in genuinely working differently with people and communities.

Our <u>Voices for Improvement Programme</u>, which was so generously supported by the Health Foundation Q Community, has helped us build lived experience and codesign both into our *own* work, *and* into our support and challenge to system partners. We are excited to facilitate an emerging community of diverse lived experience partners who have coaching skills and who will be working with system leaders on lived experience-based coaching and strategic coproduction.

We embark on the next year of our work with an even stronger commitment to keeping both inequality and genuine coproduction front and centre of our *own* work, *and* of our engagement with the formal health and care system.

Dr Charlotte Augst CEO, National Voices



Objectives and activities

The Trustees present their report and the examined financial statements of the charity for the year ended 31 March 2022. 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 16.

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 190 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:

- Understand and advocate for what matters to people, especially those who have greater health or care needs.
- Find common cause across communities and conditions by working with member charities and those they support.
- Connect and convene 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

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

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 ill health 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 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 ill health or impairment, and their ambitions and priorities, at the centre of decision making.

Activities, performance and plans

Organisational priorities:

- A focus on inequality and inclusion.
- Deepening and widening engagement with our membership and people with lived experience of ill health, disability and inequality.
- Being agile and responsive to the challenges emerging through the Covid recovery.

Recovery

This year we have argued strongly for an inclusive and equitable recovery from the pandemic. As some parts of society returned to a new normal, we amplified the voices of those who were most effected by the ongoing, drastic and unequal impacts of the pandemic - those living with long term ill

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

health, and those who find themselves at the sharp end of the inverse care law¹.

In July 2021 we <u>wrote to the Prime Minister</u> urging him to reconsider lifting infection control measures, asking him to consider the risk to those who remain highly vulnerable to Covid.

Addressing issues such as the strain on the NHS, waiting lists, people's rights at work, and the need for much greater clarity in communication.

We followed this intervention with <u>Timely access to care: Principles for recovery</u>. Addressing the widespread, devastating, impact of delays, waits, service disruptions and cancellations so widespread that it was difficult to find areas of healthcare that aren't affected, we called for rebuilding timely access to health and care to be top priority for all system leaders.

Throughout this year we have repeatedly raised the needs of those living with long term conditions or those who remain vulnerable to the virus, to have better access to health and care services.

Where appropriate, we amplified our messages through working with the media – for example by placing comment pieces into trade magazines, such as Health Service Journal and the British Medical Journal, and also by working with mainstream media, including BBC News. Our Twitter account provides a strong platform to share our activities and our messaging, and continues to grow. We now have 15.6k followers, and this continues to rise steadily month by month. Our online events are also very well attended; with our Valuing Lived Experience Event attracting 250 people.

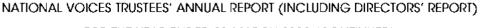
Inclusive and holistic service models

Primary care

We have engaged with the Primary Care team at NHSE/I and primary care leaders across the system (NHS Confederation, Royal College of General Practitioners, British Medical Association) to address the widely reported frustration and access difficulties people have when seeking help from GPs and their teams.

We have organised a well-attended members' workshop where members working with often marginalised communities provided feedback to NHS

¹ 1 The inverse care law states that often the relationship between people's health needs and their access to and use of health services is inverse, ie those in greatest needs are the least well served by health services. See for example: https://www.kingsfund.org.uk/publications/articles/inverse-care-law



FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

England and Improvement colleagues on a proposed communications campaign explaining access to primary care through online forms, telephone calls or by walking into surgeries.

We continue to engage with system and sector colleagues on this topic which consistently comes up as a top priority for people using our members' services and helplines. For 2022/23 we are planning to work up a more person and community centred vision for primary care, and are seeking funding for a series of roundtables focusing on different aspects of the primary care reform agenda.

Digital exclusion and bad administrative processes

We have done extensive insight and influencing work on the topic of digital exclusion. Our suite of publications under the heading of the 'digital front door' sets out clearly how people have experienced the shift to remote models of care and what system leaders and healthcare providers at all levels need to now do to rebuild trust, inclusion and personalisation. In partnership with NHS England and Improvement and Ipsos Mori we particularly focused on the experiences of people at risk of exclusion: people who don't speak English as a first language, people living in poverty and disabled people.

We also concluded work in partnership with the Kings Fund and Healthwatch England that explored how <u>people experience administrative processes in the NHS</u>, and how badly run processes can create barriers for people to access the care they need in ways that work for them, particularly when they are struggling with disadvantage or marginalisation.

We continue to influence the elective and primary care recovery and transformation programmes, with a focus on digital exclusion as a core factor driving unequal access, experiences and outcomes, for example by working with on the development of their MyPlannedCare platform.

Peer support

The move to online delivery models also impacted our own sector, for example as many organisations needed to think through quickly how the benefits of peer support could be realized when people were not allowed to be in the same room together. We have <u>convened conversations</u> between members who develop peer support models that often blend online and face to face elements.



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As part of this work, we have also handed over the Peer Support Hub from our website to a member organization, Mind, who will update and host all materials supporting the delivery and evaluation of peer support.

#AskHowlAm

Early in the year we co-produced <u>Ask How I Am: Supporting emotional health among people living with long-term conditions</u> with Centre for Mental Health. A report drawn from conversations with people living with long term conditions, their carers, and healthcare professionals who work with them. Bringing understanding to the relationship between having a long-term illness and people's emotional and mental wellbeing, and to identify ways of improving people's experiences and outcomes. The report makes 10 recommendations for system leaders and designed to support people.

Alongside the report we ran #AskHowlAm, a campaign calling for compassionate conversations at all points of contact between healthcare professionals and people living with long-term conditions. We called upon every healthcare provider - nurses, doctors, and allied healthcare professionals – to ask people how properly, meaningfully, they are feeling. We met with the then Minister for Mental Health Nadine Dorries MP and worked with the Policy Lead for Mental Health Delivery and Data at the Department of Health and Social Care. The insight from this report will now show our contribution to the 10 year Mental Health Plan the Government is pursuing, and continues our influencing around the recovery of good holistic long term conditions care.

Bringing our work closer to people and communities

Our strategy commits us to place people's experience at the heart of what we do. When you listen harder to what people experience you realise quickly that such experiences are unequal, and that this inequality is not random variation, but clusters around disadvantages that layer on top of each other. Poverty, racism and digital exclusion all burden communities living with ill health. We believe we have to challenge ourselves, our members and stakeholders much more deeply, thinking through what we need to do to effectively bridge between different kinds of experiences, and different forms of knowledge, to enable the principles of participation, democracy and equity to shape what we know about the world, and how we build equitable services for people who need them.

In 21/22 we have continued our journey towards humanising and democratising our own work. Undertaking numerous projects which have not only produced meaningful, impactful findings in their own right, but that

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

are transforming and modelling new ways of working with people who have lived experience of marginalisation alongside ill-health or being a carer.

We have sought to "practice what we preach" and have brought people with lived experience of ill health, disability or inequality in to all that we do. We have been grateful for the support of our networks in doing this.

Voices For Improvement

Finishing during the year, Voices for Improvement, a National Voices project funded in partnership with the Health Foundation Q Community, explored sustainable options to strengthen diversity and inclusion and the voice of people with lived experience in the improvement of health and care. The project advisory group settled on growing a consultancy model which provides training for Lived Experience Partners to acquire coaching and mentoring skills and to deploy these in a supervised coaching and mentoring relationship with senior system leaders. Through 1 to 1 coaching and action learning sets, Lived Experience Partners bring fresh perspective and insight to senior leaders and offer constructive challenge through their coaching skills to strengthen inclusive practice grounded in real world experience. This offer was launched online in February 2022. 250 participated in the online event, 70 expressions of interest were received. We support a pool of eight Lived Experience Partners who are embarking on this partnership working based on coaching and mentoring skills. They are already working with our industry partner Roche. Prospective further clients include NHS Trusts, academic teams, social care and voluntary organisations.

Common Ambitions

National Voices also partners with RUBIS.QI, as technical support partners to the Health Foundation's three year Common Ambition Programme. Our involvement is part of the Health Foundations $\pounds 2.1$ million Programme and funds 4 partnerships in England to improve health care by developing collaborative communities. Each partnership draws on voluntary sector expertise. These communities tackle HIV and sexual health services with African and Caribbean communities in Bristol, put people living with inflammatory bowel disease at the centre of service design in Sheffield, promote better connections for people living with and without learning disabilities in London, and support the co-creation of homeless health services in Brighton. This programme provides valuable insight into inclusive partnership practice across health, care and voluntary sectors. During the year National Voices' involvement as technically support partners has been

slow to establish as a result of delays caused by the ongoing pandemic, increased involvement is expected in the coming year.

Lived Experience Consultancy and Co-Production

We are taking our lived experience consultancy and coproduction offer to a range of clients and organisations and are in conversations with a national regulator, a professional body, a large NHS trust, and an end of life charity. The first partnership to actually establish and deliver has been with Roche UK, who have the ambition to center lived experience and coproduction much more explicitly in all their work. We have introduced coproduction methodologies and coaching questions into this challenging but supportive partnership and are looking forward to understanding how far this work will go in the new year.

Long Covid Project

Another significant project that embeds equitable, inclusive coproduction in our own work and with system partners has been our outreach project looking at the experiences and needs of diverse people living with Long Covid. We have been working with through and with six partner organisations who support communities at risk of exclusion.



They have strong, authentic relationships with communities at risk of marginalisation. We split our grant funding with them 50/50, paying for project management and influencing on our side, and for their staff time and to engage members of their communities on theirs. In collaborating with this unique coalition of partners, we are learning about the power of supporting each other and showing solidarity in the VCSE (Voluntary, Community and Social Enterprise) sector, enabling each other to work from our respective strengths, with the total being more than the sum of its parts. Funded by NHS England and Improvement, this work complements work being undertaken by our members Asthma UK/BLF who are piloting holistic needs assessments for people with Long Covid.

The project has surveyed over 150 people living with Long Covid across the groups represented by the partners. In depth interviews have been conducted with over 15 individuals. Shared learning has been a central tenant of the project, alongside awareness raising through significant local media coverage. Together partners are working to build a footprint and programme of support.

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Learnings from the project have highlighted already existing inequalities. Long Covid can be seen as a microcosm of how people experience long term conditions in marginalized communities. Lack of access, lack of awareness, lack of quality, lack of connection. This lack of connection is crucial to understanding people's experience. Services often do not join us in these communities, and people also can lack connection with other individuals experiencing the condition, such as through peer support. People are exasperated, desperate and mistrusting of the system so turn to their own solutions.

The project has influenced system thinking and practice on multiple levels. Supporting the design of NHS pathways and working with VCSE organisations to empower them to work holistically and strengthen peer support networks. It has complemented work being undertaken by our members Asthma UK/BLF who are piloting holistic needs assessments for people with Long Covid.

This new for us type of partnership working has led to many opportunities we will build upon in 22/23. We are not normally working on specific conditions, and are looking forward to extending this methodology to other issues where marginalisation and inequality shape service uptake or community engagement.

Inequalities

We have challenged ourselves and our networks to listen more deeply to, and meaningfully act upon, the experiences and insight of people who find themselves at the sharp end of the inverse care law. Addressing inequalities has been a thread throughout all our insight and influencing work, underpinned by the methodologies we've developed from Voices for Improvement and our Long Covid project.

We were represented at different levels of the NHS England and Improvement inequalities agenda: the Health and Wellbeing Alliance, our work on Long Covid, and various NHS England and Improvement task forces and programme boards. We have also supported, and brought lived experience voices into, Core20Plus5, the approach all ICSs will be mandated to pursue that focuses on the outcomes of the 20% most deprived communities, plus other communities at risk of exclusion.

We are at the beginning of a journey of organisational change. We are working with our management team, the Board and our wider network to ensure that we are both addressing racial inequalities across health and care, and in our own sector and organisation. Through targeted recruitment campaigns we have diversified our board and made some headway

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

diversifying our staff team. Internally we've had a series of conversations around race, our shared goal to be an anti-racist organization, and the actions we need to take to ensure that we are. We are not assuming a right to lead, but we also don't want to sit back – we are learning as we go along.

Be The Change

Following our March 21 inequalities conference, we recognised a real appetite amongst our members to, alongside tackling inequalities in the health and care system, look internally at our own organisations to tackle racism in the charity sector and build inclusive organisations. In response, we organised a series of anti-racism roundtables providing an honest and safe space for member organisations to come together to share good practice, reflect on challenges and support one another to bring about meaningful change in the VCSE.

Two of four workshops took place in this reporting year. One on diversifying trustee boards, the other on establishing and maintaining inclusive workplaces. A further two workshops are planned on inclusive service delivery and amplifying the voices of marginalized people through insight and influencing work. We would like to thank Pfizer for sponsoring these workshops.

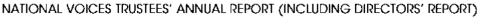
Health Inequalities Insight

Community Connectors (Core20Plus5)

We have supported the work of the Health Inequality Improvement Team (HIIT), led by Dr Bola Owolabi, Director for Health Inequality Improvement at NHS England and Improvement, and their main programme of work: Core20Plus5. This is the approach all ICSs will be mandated to pursue which focuses on the outcomes of the 20% most deprived communities, plus other communities at risk of exclusion.

We submitted a response to the <u>Core20Plus5 programme consultation</u>, expressing support for the ambition to support and challenge ICSs to mainstream the inequalities agenda into substantial clinical programmes. We also expressed some concern about the relative weakness of commitments around community engagement or coproduction.

Working with our associate Samira Ben Omar we brought people with lived experience into the early thinking around the delivery of Core20Plus5. Organising a series of round tables with people who have lived experience of being a community connector or of leading a community connectors programme, asking them what good looks like and feeding intelligence into the programme. We also supported people with lived experience to shape



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the selection of successful systems to take part in the first wave of the programme.

We are now moving into developing a learning and support offer and building a network of community connectors and partnerships that will form a lasting legacy of this national programme.

Health and Wellbeing Alliance

This year we, along with NAVCA as a partner, have taken on the newly created role of co-ordinator for the Health and Wellbeing Alliance. A shared initiative from NHS England and Improvement, the Department of Health and Social Care and then Public Health England, the Alliance brings together 18 partners across the VCSE who have an inequalities focus to feed into the emerging work of the system partners. In this role we have co-ordinated the Alliance through facilitating working days, writing a newsletter, and building relationships.

With lots of new partners and a new way of working, it has taken some time to build the relationships and methodologies we will need to create impact, but we now have clear priorities, workplans and a shared understanding of everyone's roles, so are ready to deliver an impactful programme of work for the second year of this partnership.

Promoting equitable, community focused, connected local systems

As local systems grappled with the impact of Covid and moved towards the implementation of Integrated Care Systems (ICSs) we promoted the value of community-based approaches and meaningful engagement with VCSE organisations and community groups. We have engaged with the NHS England and Improvement System Transformation and Partnership teams and have co-created various pieces of guidance on how ICSs need to build different relationships with people and communities. Together with other civil society organisations, we have developed a people and community focused vision for what ICSs actually need to achieve.

Our members consistently identified the ICS agenda as a key area they wanted us to focus upon and in addition to our work on Core20Plus5 we were involved in conversations about the development of ICSs at different levels. We brought those leading the changes, both locally and nationally, together with our members to talk about the wider integration agenda.

We are bringing our members into dialogue with system partners and enabling the input of a wide range of organisations into the emerging plans

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

for ICS design and delivery. In March we invited Sarah Wollaston and Tracey Bleakley to reflect with our members and partners on the emerging ICS partnership agenda, as Chair designate for the Devon and CEO designate for the Norfolk and Waveney systems. In June 2022 we also delivered a large national conference on the ICS agenda as seen from a community and voluntary sector perspective, which attracted over 300 participants and a range of high profile speakers.

Social Prescribing

We have been working to understand the impact of NHS England's investment in social prescribing link workers on the VCSE sector and to ensure that roll out takes account of the needs of VCSE bodies. In our 2020 report Rolling out social prescribing we shared learning from over 300 VCSE organisations on their experiences of the early phases of the roll out through Primary Care Networks. This year we've worked with the Personalised Care Group at NHS England and NHS Improvement and with New Philanthropy Capital to broaden the discussion around how to realise the potential of social prescribing as a tool for supporting a wider shift across the health and care system towards more effective community-based support to help people live well with long-term conditions. We published the follow-on report, Changing Lives, changing places, changing systems in June 2022.

Ongoing strategic Input

National Voices continues to provide constructive challenge to decision makers across the health and care system. As well as sitting on various NHS England and Improvement boards, such as ICS implementation, primary care access, elective recovery and inequalities, we also conducted a focused piece of work, together with Think Local Act Personal (TLAP) and the CQC on how the original I statements we developed together and that have evolved into the Making it Real framework could shape the new regulatory approach the CQC will adopt going forward. We are currently shaping a new piece of work, again in this three way partnership to help facilitate the required culture change that CQC needs to go through in order to focus its regulatory work, from registration to inspection, on what matters to people.

Events, membership, and partnership

During 21/22 we have hosted ten virtual events. Highlights included <u>Valuing Lived Experience</u> where we were joined by 250 people to reflect on the learnings of Voices For Improvement and to introduce our consultancy offer, and <u>the launch of the #AskHowlAm campaign and report</u>.

We've been delighted to welcome hundreds of attendees to our events, from across the UK and beyond.
Attendees included our members and partners, system leaders, people with lived experience and academics.

Throughout the course of the year our membership has grown to 197, its highest ever. Over the past couple of years our membership has diversified, welcoming members from across England and those who support marginalised communities.

We have brought members together through our Heads of Policy meetings where we have invited senior system leaders to discuss pertinent issues.



Map showing the location of event attendees in 2021/2022

Highlights included sessions on the ICS agenda, on Core20Plus5, on the Long Term Plan, and on elective recovery.

We continue to partner up with a wide range of organisations who value our insight on their Boards, and steering groups and our contributions to their conferences and events. These include organisations as varied as the National Institute for Health Research Rapid Evaluation Centre at the University of Birmingham (BRACE), the Health Foundation, the Kings Fund, and the Association of British Pharmaceutical Industry.

Partnership Scheme and Industry Collaborative

We continue to value our work with industry partners through our collaborative. Highlights of our engagement were an event with Tim Ferrer from NHSE/I to talk about innovation in the NHS, and event on the need for ICSs to work in partnership with non-NHS bodies. On both occasions, we showcased work of industry partners. We also held an event that looked at how collaboration between industry and the VCSE can help with reaching communities that would otherwise be locked out of innovation.

In March 2022 we also launched a wider <u>partnership scheme</u> that allows organisations that don't qualify for membership (i.e., aren't patient or user organisations) to support our work and benefit from our network. We have half a dozen members so far and have been delighted to welcome organisations as diverse as the Kings Fund, the NHS Confederation, PPL, and the Accelerated Access Collaborative to our scheme.

Impact of volunteers

We are very grateful that many people and organisations have chosen to be generous towards us this year. Volunteers worked with us to provide data protection training, to support Board Development and as pro-bono legal support reviewing employment contract and data protection processes. Gifts in kind are shown in our accounts in note 2b.



Key risks and uncertainties

The Trustees regularly review the principal risks and major uncertainties to which the charity may be exposed, and policies, systems and procedures have been established to manage those risks.

The Audit and Risk Committee reviews the risk register quarterly and prior to it being presented for discussion at board meetings once every six months, and it 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 during the year are:

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 2021/22 workload for the senior team. Having achieved significant growth in the previous year our fundraising target to maintain our size was considerably higher.

Responding to this risk, the team worked with a consultant to develop a longer term plan to secure more sustainable income sources. This included the launch of a partnership scheme and consultancy offer.

Failure to deliver on projects and work

This year saw us holding multiple large projects, commissioned by strategically important partners. These included Voices for Improvement, Long Covid and our role as the Health and Well-being Alliance co-ordinator, as well as multiple other projects, ongoing reactive influencing, and relationship management. This risk was exacerbated by sickness absences across the staff team.

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

We manged the risk through thorough business planning from the start of the year, regularly reviewed and updated by the senior team, to manage capacity planning. We also supported the core team by bringing in expert consultants where staff members were off for significant periods of illness. Throughout, the CEO personally held oversight of key projects and their deliverables.

Team wellbeing

The team continued to work predominately from home, coming into the office when Covid rates were lower, and guidance supported doing so. Two years of pandemic, and the strains of a growing organisation with at times unpredictable workloads have impacted the team, which has experienced significant turnover in the year, and we are mindful that we need to address more sustainable ways of working in the new business year. This is one of the major focal points of this year's business plan, closely monitored by the Board.

Organisational details and key management personnel

Staff Team 2021-22

Dr Charlotte Augst, Chief Executive Jess Brayne, Head of Membership, Cor Operations	nmunications and	To March 22
Dr Rebecca Steinfeld, Head of Policy, c	urrently on	
maternity leave Sarah Sweeney, Head of Policy (Materr	nity Cover)	From January 22
Rachel Matthews, Head of Experience	,,	,
Jen Beardsley, Head of Finance and O	•	From October 21
Aleyah Babb-Benjamin, Outreach and Keymn Whervin, Co-production Manag	•	From July 21 From February 21
Charles Howgego, Communications M	,	To November 21
Catherine Stone, Operations Manager	-	Mar to Sept 21
Rosie Moffat, Communications and Eng	gagement Officer	
Ella Wright, Senior Policy Officer Kasia Zielinski-Rushforth, Executive Assis	tant to the Chief	To Fobruary 22
Executive	idili lo me Chiel	To February 22
Laura Reed, Executive Assistant to the C	Chief Executive	From February 22
Savannah Fishel, Policy and Engageme	ent Officer	To June 21
Pavi Brar, Policy Officer		From September 21
Esme Hahlo, Operations Officer		From November 21
 Keisha Dixon, Operations and Engager 	nent Officer	From July- Dec 21

The SORP considers the key management personnel of the charity to be those persons having authority and responsibility for planning, directing and

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

controlling the activities of the charity, directly or indirectly. The Trustees consider that the National Voices Board of Trustees, the Chief Executive and the Heads of Departments are Key Management Personnel of the charity during the 2021/22 Financial year. This senior team consisted of a Head of Policy, Head of Engagement and Head of Finance at one point, and is now the Head of Policy, and the Head of Operations.

Details of Trustee expenses and related party transactions are disclosed in note 23 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.

Reference and administrative details

Charity name: National Voices

Charity registration number: 1057711 Company registration number:

03236543 Registered office and operational address:

The Foundry 17

Oval Way London SE11 5RR

Board of Trustees

The Trustees who have served from 1 April 2021 up to the date of approval of these financial statements were as follows:

Helen Buckingham Independent, Chair Noha Al Afifi Elected. Arthritis Action

Helen Ball Independent, Treasurer and Chair of Audit and Risk

Committee (from 11th May 22)

Ezra Ben-Yisrael Elected, Turning Point (from 23 November 21)

Rick Borges Independent, Treasurer and Chair of Audit and Risk

Committee (end of term of office 4 June 22)

Shannon Brennan Elected, Alzheimer's Society (from 11 May 22)

Sarah Collis Elected, Self Help UK (end of term of office 23 November

2021)

Harry Evans Independent

Margaret Gilbert Elected, Better Living (from 23 November 21 to 22 December

21ነ

Akiko Hart Elected, National Survivor User Network

Ed Holloway Elected, MS Society²

Samantha Holmes Elected, Rethink Mental Illness (from 11 May 22)

Kalu Obuka Independent (from 23 November 21) Sherone Phillips Independent (from 23 November 21)

 $^{^2}$ Ed Holloway has moved onto becoming CEO of the Bank Workers Charity, during this year, he will stand down at the next AGM

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

Steven Platts Elected, Groundswell (resigned 22 June 21)

Sarah Rae Elected, Mind (end of term of office 23 November 2021)

Meera Shah Elected, Shine Cancer Support (from 11 May 22)

Clare Woodford Elected, Macmillan Cancer Support (from 23 November 21)

Professional advisers

Bankers:

CAF Bank Ltd 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ

Auditors:

Xeinadin Audit Limited 12 Conqueror Court Sittingbourne Kent ME10 5BH

Solicitors:

Bates Wells 10 Queen Street Place London EC4R 1BE

Financial review

Income for the year ended 31 March 2022 totalled £817,773 (2020/2021: £774,819) and increased by £42,954 from the previous year. Income from charitable activities associated with Influencing Policy and Practice rose by £149,209 when compared with the previous year associated with the further growth of this area of income and in particular the large NHS England grant received towards the Long Covid Project. This increase was offset by a fall in income of £97,657 from Grants and Donation due to the receipt of emergency COVID–19 funding in 2020/21 which wasn't repeated in the current year as well as donated services being lower in the 2021/22 year.

National Voices' principal sources of income during 2021-22 were from grant and contract funding towards Influencing Policy and Practice, which totalled $\pounds654,546$ (2020/2021: $\pounds505,337$) and comprised 80% of all income (2020/2021: $\pounds505,337$), while Membership subscriptions continue to be a significant and important source of income, totalling $\pounds138,417$ (2020/21: $\pounds113,175$) and comprising 17% of total income (2020/2021: 16%). We saw an 22% growth in membership income, welcoming several new members and some larger members providing additional support by raising their contribution.

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

Expenditure totalled £791,191 during the year (2020/2021: £686,112), an increase of £105,079 when compared with the previous year. The largest area of increase was direct project costs, primarily associated with the delivery of Influencing Policy and Practice work, which increased by £115,877 to £619,019 at the 31 March 2022 (2020/2021: £503,142). This rise was driven by three factors: increased direct staff costs of £20,409 resulting from a larger team delivering this area of work, increased costs of work delivered in association with partner organisations and associates of £16,534, and increased support costs of £78,934 as a result of investment in support staff to develop the infrastructure of the organisation and higher rental costs associated with the office in the 2021/22 year. The four largest projects in terms of direct costs were Voices for Improvement, the Long Covid Project, Digital Inclusion, and Core20plus5.

Staff costs also saw an overall increase of £77,571 to a total of £435,323 for the 2021/22 financial year (2020/2021: £357,752), which was a result of the expansion of the team from an average full-time equivalent of 7.4 in the 2021 to 10.00 in 2021/212. This was necessary to invest in operational and governance infrastructure and included the change of the Chief Executive post from part to full time.

Costs of raising funds totalling £32,791 (2020/2021: £29,626) were recognised during the 2021/22, which represented staff costs and support costs associated with staff time spent on grant applications and seeking funding for project work. As well as the increase in grant and project income seen in the 2021/22 financial year, the investment was successful in securing income towards 2022/23, of £171,000 including further funding for the Core20plus5, funding for a culture change and leadership development programme with Mid and South Essex NHS trust, Lived Experience Coproduction contracts with Roche and several new partnership agreements. We are very grateful to all our funders for their support.

Total funds, reserves policy and going concern

Total funds at 31 March 2022 were £295,647 (2020/2021: £269,065) and comprised restricted funds of £73,386 (2020/2021: £63,705) and unrestricted funds of £222,261 (2020/2021: £205,360). The largest remaining restricted fund comprise funds for the

3 I am supported and kept informed

while I wait for treatment and care

finalisation of the Long Covid Project funded by NHS England which will be used in 2022/23.

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

The Trustees review the charity's reserves policy annually and aim to hold 5-7 months of core staff and running costs plus other specific amounts in relation to staff statutory redundancy entitlement and other lease commitments. As such, the agreed reserves target is between £256,105 and £349,522. At the 31 March 2022 unrestricted free reserves, excluding fixed assets, totalled £218,096, which was below this target range and, after adjusting for the specific amounts mentioned above, represented 4.26 months of core costs. The trustees have included plans within the fundraising strategy and budget to raise levels of reserves during the year and expect to reach at least 4.66 months of core costs by March 23. Trustees will monitor the reserves quarterly and review the policy again six months into the new financial year.

The Trustees have reviewed the budgets for the 2022/23 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.

During the year, a membership election took place to recruit new member trustees. Three new trustees were recruited whose term started at the AGM on 23 November 2021: Ezra Ben-Yisrael, Margaret Gilbert and Clare Woodford. In addition, Noha Al Afifi was re-elected for a second term.

In addition, the trustees invited applications for two independent trustee positions on the board and these were successfully filled by Kalu Obuka and Sharone Phillips from 23 November 2021,

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

The appointment of the new posts was the result of a public recruitment process overseen by Helen Buckingham, who chaired the Nominations Committee. The posts were advertised widely, and suitable applicants were interviewed by a panel of 3 Trustees, the Chief Executive, as well as a "lived experience" panel, the members of which were drawn from the Voices for Improvement project. We are grateful to the following for their involvement on the panel:

- Trustees: Helen Buckingham, Noha Al Afifi and Ed Holloway
- Lived experience panel: Helen Hassell, Pauline Kenton-Batt and Marlon Patrice

During the period of this report, two Trustees stood down at the AGM of 23 November 2021 because their term of office had come to an end: Sarah Collis and Sarah Rae. In addition, Stephen Platts resigned in June 21 and Margaret Gilbert resigned in December 2021.

For the period between December 21 and May 22 the number of elected Trustees was equal to the number of independent trustees. The constitution stipulates that the elected trustees should exceed independent trustees by at least one. Legal advice was taken, and a member election was arranged as soon as possible within the capacity of the team. As a result, three new member trustees were elected and in place from May 2022.

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.

FOR THE YEAR ENDED 31 MARCH 2022 (CONTINUED)

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.



Statement of Trustees' responsibilities

Trustees' responsibilities in relation to the financial statements

The charity Trustees are responsible for preparing a Trustees' annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). The law applicable to charities in England and Wales requires the charity Trustees to prepare financial statements for each year that give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing the financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the applicable Charities SORP
- Make judgements and estimates that are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures that must be disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

 The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations, and the provisions of the constitution. They are also responsible for safeguarding the assets of the charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each of the Board members confirms that:

- So far as the Board member is aware, there is no relevant audit information of which the charity's auditor is unaware; and
- The Board member has taken all the steps that they ought to have taken as a Board member in order to make themselves aware of any relevant audit information and to establish that the charity's auditor is aware of that information. This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

The Trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements.

Appointment of Auditors

The members appointed Xeinadin Audit Limited as auditors for the 2022/23 year end at the AGM on the 23rd November 2021.

This report was approved by the Board of Trustees on 18 July 2022 and signed on their behalf by:

Helen Buckingham, Chair of Trustees

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NATIONAL VOICES

Opinion

We have audited the financial statements of National Voices Limited for the year ended 31 March 2022, which comprise the Statement of comprehensive income, the Balance sheet, the Statement of cash flows, and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting

Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Company's affairs as at 31 March 2022 and of the profit 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 Company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council'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 directors' 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 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 directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report other than the financial

statements and our Auditors' report thereon. The directors are responsible for the other information contained within the Annual Report. 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. 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 course of 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.

Opinion 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 strategic report and the Directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the Directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the Company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the Directors' report.

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

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

Responsibilities of directors

As explained more fully in the Directors' responsibilities statement set out on page 2, the directors 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 directors 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 directors are responsible for assessing the 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 directors either intend to liquidate Company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. 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 may 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.

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.

Use of our report

This report is made solely to the 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 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 Company and the Company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

Alastair Crawford FCA (Senior statutory auditor) for and on behalf of **Xeinadin Audit Limited**Statutory Auditors
12 Conqueror Court
Sittingbourne
Kent
ME10 5BH
Date:

National Voices Statement of Financial Activities (Incorporating an Income and Expenditure Account)

For the year ended 31 March 2022

		Unrestricted Funds	Restricted Funds	2022 Total Funds	2021 Total Funds
	Note	£	£	£	£
Income from:					
Grants and Donations	3	23,848	-	23,848	121,505
Charitable activities:	4				
Membership and Engagement		138,417	897	139,314	147,828
Influencing Policy and Practice		321,895	332,651	654,546	505,337
Investments	5	65	-	65	149
Total income	_	484,225	333,548	817,773	774,819
Expenditure on:					
Raising funds		32,791	-	32,791	29,626
Charitable activities					
Membership and Engagement		139,381		139,381	153,344
Influencing Policy and Practice		295,152	323,867	619,019	503,142
Total expenditure	6	467,324	323,867	791,191	686,112
Net income for the year	8	16,901	9,681	26,582	88,707
Transfers between funds	_	-	<u>-</u>	<u>-</u>	-
Net movement in funds for the year		16,901	9,681	26,582	88,707
Reconciliation of funds:		_	_		
Total funds brought forward	16	205,360	63,705	269,065	180,358
Total funds carried forward	16	222,261	73,386	295,647	269,065
	_				

All income and expenditure derive from continuing activities. The Statement of Financial Activities includes all gains and losses recognised during the year. The notes form an integral part of these financial statements.

National Voices Balance Sheet As at 31 March 2022

As at 31 March 2022				Company no.	03236543
			2022		2021
	Note	£	£	£	£
Fixed assets:					
Tangible assets	12		4,165		4,712
			4,165		4,712
Current assets:					
Debtors	13	297,790		115,065	
Cash at bank and in hand		412,584		363,954	
		710,375		479,019	
Liabilities:					
Creditors: amounts falling due within one year:	14				
Deferred membership		(66,088)		(47,846)	
Other creditors		(352,356)		(164,730)	
		(418,444)		(212,576)	
Net current assets			291,930		266,443
Total assets less current liabilities		•	296,095	-	271,155
Creditors: amounts falling due after one year	14b		(448)		(2,090)
Total net assets		-	295,647	-	269,065
		=		-	
The funds of the charity:	16				
Restricted income funds			73,386		63,705
Unrestricted income funds:					
General funds		222,261		205,360	
Total unrestricted funds			222,261		205,360
Total charity funds		<u>-</u>	295,647	<u>-</u>	269,065

The financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime and in accordance with FRS 102 and the Charities SORP (FRS 102) 2019.

The financial statements were approved by the Trustees and authorised for issue on 18 July 2022 and signed on their behalf by:

Helen Buckingham Chair

National Voices Statement of Cash Flows

For the year ended 31 March 2022

	Note	20 £	022 £	20: £	21 £
Net cash provided by operating activities	17		53,281		108,100
Cash flows from investing activities:					
Interest from investments Purchase of fixed assets	_	65 (2,714)		149 (7,068)	
Net cash used in investing activities	_		(2,649)		(6,920)
Cash flows from financing activities:					
Payment of finance leases obligations	_	(2,003)		(1,669)	
Net cash used in financing activities			(2,003)		(1,669)
Change in cash in the year			48,629		99,510
Cash at the beginning of the year			363,955		264,445
Cash at the end of the year	18		412,584		363,955

Notes to the Financial Statements

For the year ended 31 March 2022

1 Basis of Preparation

1.a 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.

1.b 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.

1.c 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.

1.d 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 £.

1.e Significant accounting estimates and judgements

Aside from going concern set out in 1c above, there have been no other key estimates or judgements required in determining the carrying values of assets and liabilities.

2 Accounting Policies

Income

2.a 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 3.

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.

National Voices

Notes to the Financial Statements (continued)

For the year ended 31 March 2022

2 Accounting Policies (continued)

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

2.c. 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.

2.d. 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.

2.e. Fund accounting

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

2.f Volunteer help

Other than specific pro bono services set out in note 3a, the value of any voluntary help received is not included in the accounts but is described in the trustees' annual report.

Expenditure

2.g Expenditure and Irrecoverable VAT

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

Costs of raising funds comprise of trading costs and the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.

Expenditure on charitable activities includes the costs of delivering services and other activities undertaken to further the purposes of the charity and their associated support costs.

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

2.h 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.

2.i Operating leases

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

National Voices

Notes to the Financial Statements (continued)

For the year ended 31 March 2022

2 Accounting Policies (continued)

Assets and Liabilities

2.j 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

2.k Debtors

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

2.I 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.

2.m Creditors and provisions

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

2.n Financial Instruments

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

2.o Pensions

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

2.p Accrued and Deferred income

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

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

3	Income from grants and donations				
•	meetine from grants and defiations			2022	2021
		Unrestricted	Restricted	Total	Total
		£	£	£	£
	National Lottery Community Foundation	_	_	_	60,000
	Janssen (Core)	_	_	_	10,000
	Other donations	10	_	10	671
	Coronavirus Job Retention Scheme	1,603	_	1,603	2,167
	Other staff support grants	7,010	_	7,010	-/
	Donated services (note 3a)	15,225	-	15,225	48,667
	Total income from grants and donations 2022				
		23,848	<u>-</u>	23,848	121,505
	Total income from grants and donations 2021	61,505	60,000	121,505	
3a.	Donated services				
				2022	2021
		Unrestricted	Restricted	Total	Total
		£	£	£	£
	Membership Video	-	-	-	3,000
	Health Inequalities Conference- Project management	-	-	-	6,317
	Support with our Covid Voices Project	-	-	-	35,000
	Training	1,000	-	1,000	1,100
	Trustee away day facilitation	1,770	-	1,770	-
	Legal support	12,455	-	12,455	-
	Other Influencing support			-	3,250
	Total donated services	15,225		15,225	48,667
4	Income from charitable activities				
				2022	2021
		Unrestricted	Restricted	Total	Total
		£	£	£	£
	Membership and Engagement				
	Membership subscriptions	138,417	-	138,417	113,175
	Membership Support (Janssen)	-	-	-	15,000
	Health Inequalities Conference	-	897	897	19,653
	Total Membership and Engagement 2022	138,417	897	139,314	147,828
	Total Membership and Engagement 2021	113,175	34,653	147,828	

Income from charitable activities (continued) 2022 2021 Unrestricted Total Total Restricted £ £ £ Influencing policy and practice Voices For Improvement/Patient Carer Network (Health Foundation & Northumbria Healthcare NHS Foundation 76,082 76,082 109,423 Lived Experience Consultancy and Co-Production 9,200 9,200 Common Ambition (The Health Foundation) 46,812 46,812 Long Covid Grant- NHS England 133,500 133,500 Be the Change (Pfizer) 15,200 15,200 Community Connectors(NHS Central and South West) 38,925 38,925 Department of Health- Health & Wellbeing Alliance 86,420 86,420 80,000 Digital Inclusion (NHS England and Ipsos) 57,986 57,986 58,870 Peer Support (Health Foundation and Nesta) 3,350 7,449 10,799 22,372 Social Prescribing (Capita) 32,024 32,024 38,921 Integrating Mental and Physical Health Needs (Various) 40,459 Strategic Input (TLAP, NHS England, NAVCA) 47,600 47.600 **Industry Collaborative** 46,265 45,988 45,988 Impact of Bad Admin (The Kings Fund) 11,776 Covid Influencing Recovery (The Health Foundation/AbbVie/Various) 43,400 Experience of Waiting Times (NHS England) 35,850 Enabling voice (Diabetes UK) 14,000 14,000 5,000 Kaleidoscope (NHS X) 40.010 13.001 Workshops, events and consultancy 40.010 Total influencing policy and practice 2022 321,895 332,651 505,337 654,546 Total influencing policy and practice 2021 200,308 305,029 505,337 **Total Charitable Activities 2022** 460,312 333,548 793,860 653,166 **Total Charitable Activities 2021** 313,483 339,682 653,165

The industry collaborative members during the year were AbbVie, Bayer, Coloplast, Gilead Sciences, Novatis Pharmaceuticals and Roche.

Government Grants were received from the Department of Health and Social Care (DHSC) totalling £86,420 (2021:£80,000). In addition, as set out above funds were received from the Coronavirus Job Retention Scheme totalling £1,603 (2021:£2167), Access to work totalling £1,805 (2021:£nil) and Kick Start totalling £5,206 (2021:£nil). In the prior year National Lottery Community Fund funding totalling £60,000 was received. There were no unfulfilled conditions or contingences in relation to government grants at the end of March 2022 (2021: none).

For the year ended 31 March 2022

5	Income from investments				
				2022	2021
		Unrestricted	Restricted	Total	Total
		£	£	£	£
	Bank interest	65	-	65	149
	Total income from investments 2022	65		65	149
	Total income from investments 2021	149		149	

6 Analysis of expenditure

For the Year Ended 31 March 2022

Chari	itable	Activities

Direct costs	Fundraising £	Membership and Engagement £	Influencing Policy and Improving practice £	2022 Total £	2021 Total £
Direct Costs Direct Salary costs	23,402	75,864	219,355	318,621	299,757
Direct costs of delivery	23,402	2,486	235,347	237,833	241,234
Support Costs		_,			,
Salaries including governance (see note 7)	4,668	30,343	81,691	116,702	57,995
Direct governance costs (see note 7)	462	3,002	8,083	11,547	5,055
Recruitment	240	1,559	4,198	5,997	1,268
Consultants and freelance	512	3,326	8,954	12,792	8,611
Legal Support	498	3,238	8,719	12,455	-
Finance Support	426	2,768	7,452	10,646	8,275
Other personnel costs	384	2,499	6,728	9,611	6,578
Premises and equipment	1,515	9,848	26,515	37,878	25,209
Depreciation and loss on disposal of fixed assets	118	765	2,059	2,942	4,664
Office overheads	331	2,154	5,800	8,286	15,963
Events, conferences and networking	-	-	-	-	1,782
Website and marketing	99	643	1,731	2,473	2,969
Other costs of activities	136	886	2,386	3,408	3,276
Bad debts	-	-	-	-	3,478
Total Expenditure 2022	32,791	139,381	619,018	791,190	686,113
Unrestricted Expenditure 2022	32,791	139,381	295,152	467,324	334,055
Restricted Expenditure 2022	-	-	323,867	323,867	352,057
Total Expenditure 2022	32,791	139,381	619,019	791,191	686,112

Support costs, including governance costs, are apportioned across the activities shown in note 6 based on the proportion of time spent on each activity by staff as detailed in note 2h.

6 b Analysis of expenditure prior year

	Charitable Activities					
		Membership	Policy and			
		and	Improving			
	Fundraising	Engagement	practice	2021 Total		
	£	£	£	£		
Direct costs	24.076	70 725	100.046	200 757		
Direct Salary costs	21,076 1,850	79,735 20,570	198,946 218,813	299,757 241,234		
Direct costs of delivery	1,650	20,370	210,013	241,234		
Support Costs						
Salaries including governance (see note 6)	2,743	21,307	33,945	57,995		
Direct governance costs (see note 6)	239	1,857	2,958	5,055		
Recruitment	60	466	742	1,268		
Consultants and freelance	407	3,164	5,040	8,611		
Finance Support	391	3,040	4,844	8,275		
Other personnel costs	311	2,417	3,850	6,578		
Premises and equipment	1,192	9,262	14,755	25,209		
Depreciation and loss on disposal of fixed assets	221	1,713	2,730	4,664		
Office overheads	755	5,865	9,343	15,963		
Events, conferences and networking	84	655	1,043	1,782		
Website and marketing	140	1,091	1,738	2,969		
Other costs of activities	155	1,204	1,918	3,276		
Total Expenditure 2021	29,626	153,344	503,142	686,113		
Unrestricted Expenditure 2021	29,626	97,571	206,858	334,055		
Restricted Expenditure 2021	-	55,773	296,284	352,057		
Total Expenditure 2021	29,626	153,344	503,142	686,112		

For the Year Ended 31 March 2022

7 Governance Costs

Governance costs are included within support costs (note 6) and comprise:

	2022	2021
	£	£
Staff costs	23,427	12,866
Direct governance costs		
Audit Costs	4,500	4,447
Board expenses, training and recruitment	7,034	595
Other Governance costs	13	13
	34,974	17,920

Staff costs represent the amount of staff time spent on governance activities. This amount is included within staff support costs in note 6.

8 Net incoming / (outgoing) resources for the year

This is stated after charging:

Depreciation of owned fixed assets Depreciation of assets held under hire purchase agreements Loss on disposal of fixed assets Loss on disposal of fixed assets Interest payable on Hire Purchase Agreements Operating lease rentals: land and buildingsequipment Auditors' remuneration (excluding VAT): Audit Audit F £ £ £ £ £ £ £ Audit 1,453 548 1,808 1		2022	2021
Depreciation of assets held under hire purchase agreements Loss on disposal of fixed assets Interest payable on Hire Purchase Agreements Operating lease rentals:land and buildingsequipment Auditors' remuneration (excluding VAT):		£	£
Loss on disposal of fixed assets Interest payable on Hire Purchase Agreements Operating lease rentals:land and buildingsequipment Auditors' remuneration (excluding VAT):	Depreciation of owned fixed assets	1,453	548
Interest payable on Hire Purchase Agreements Operating lease rentals:land and buildingsequipment Auditors' remuneration (excluding VAT):	Depreciation of assets held under hire purchase agreements	1,808	1,808
Operating lease rentals: land and buildingsequipment Auditors' remuneration (excluding VAT):	Loss on disposal of fixed assets	-	(2,308)
land and buildings 30,981 16,570equipment 1,056 1,056 Auditors' remuneration (excluding VAT):	Interest payable on Hire Purchase Agreements	212	177
equipment 1,056 1,056 Auditors' remuneration (excluding VAT):	Operating lease rentals:		
Auditors' remuneration (excluding VAT):	land and buildings	30,981	16,570
	equipment	1,056	1,056
Audit 4,500 3,500	Auditors' remuneration (excluding VAT):		
	Audit	4,500	3,500

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

Staff costs were as follows:

	2022	2021
	£	£
Salaries and wages	385,418	309,644
Social security costs	28,975	27,055
Employer's contribution to defined contribution pension schemes	20,930	16,803
Redundancy and termination costs		4,250
	435,323	357,752

One employee (2021: none) received employee benefits excluding pension contributions during the year between £80,000 and £90,000. In 2021 one employee received employee benefits excluding pension contributions during the year of between £60,000 and £70,000. The change was seen as a reflection of full time working arrangements for one member of staff.

National Voices operates a defined contribution pension scheme for all eligible employees. Employer contributions are included in the SOFA within staff costs as an expenses for the year ended 31 March 2021 and total £20,930 (2021: £16,803). At the end of the year amounts totalling £2,361 (2021: 3,907) were owed to pension providers and are included in other creditors shown in note 14.

The key management personnel of the charity during the 2021/22 year comprise the Trustees and the Chief Executive. Head of Engagement, Head of Policy, Head of Finance and Operations and the Head of Experience (2021: the Trustees and the Chief Executive, Head of Membership, Communications and Operations and the Head of Policy). No trustee receives any payment for their services to the charity (2021: none). The total amount paid, including Employers National Insurance and Pension, to the Key Management Personnel in the financial year ended 31 March 2021 was £244,997

The charity trustees were not paid and did not receive any other benefits from employment with the charity in the year (2021: none). One trustee (2020: none) was reimbursed expenses totalling £61 (2020: £nil). Trustee training for all trustees totalling £500 was also paid for during the year (2021: £nil) No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

For the Year Ended 31 March 2022

10 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 11 (2021: 9) with a full time equivalent of 10 (2021: 7.4)

The full time equivalent of staff working across the various areas of operation was

	2022	2,021
	No.	No.
Raising funds	0.28	0.26
Membership and Engagement	1.83	2.05
Influencing policy and practice	4.95	4.11
Governance and support	2.94	0.98
	10.00	7.40

11 Taxation

By virtue of S.478 Corporation Tax Act 2010, the charitable company is exempt from corporation tax.

12 Tangible fixed assets

Tanglate linea assets	Equipment £	Total £
Cost		
At the start of the year	27,644	27,644
Additions in year	2,714	2,714
Disposals in year	-	-
At the end of the year	30,358	30,358
Depreciation		
At the start of the year	22,932	22,932
Charge for the year	3,261	3,261
Eliminated on disposal	-	-
At the end of the year	26,193	26,193
Net book value		
At the end of the year	4,165	4,165
At the start of the year	4,712	4,712

All of the above assets are used for charitable purposes.

Included within the net book value is £1,808 (2020: £3,615) relating to assets held under hire purchase agreements for laptops.

13 Debtors

All debtors relate to amounts owed within one year.	2022	2021
	£	£
Trade debtors	288,902	88,884
Prepayments	6,362	5,758
Accrued income	2,526	20,423
	297,790	115,065

14	Creditors: amounts falling due within one year				
	,			2022	2021
			•	<u> </u>	£
	Trade creditors			24,647	38,789
	Taxation and social security			68,804	45,083
	Other creditors			2,361	3,908
	Accruals			55,999	33,612
	Deferred membership income (note 14c)			66,088	47,846
				198,754	41,547
	Deferred income (note 14c)				
	Hire Purchase Creditor			1,791	1,791
				418,444	212,577
14 b	Creditors: amounts falling due after one year				2024
				2022	2021
				£	£
	Hire Purchase Creditor			448	2,090
				448	2,090
			-		
14 c.	Deferred income			2022	
				2022 £	2021 £
				L	Ľ
	At the start of the period			89,393	80,648
	Released to income from charitable activities during the year			(89,393)	(80,648)
	Amount deferred in the year			265,886	89,393
	, and an energy and the year		,	203,000	_
	Balance at the end of the year			265,886	89,393
	,				
4-					
15	Analysis of net assets between funds				
		Restricted	Designated	Unrestricted	Total funds
		£	£	£	£
	Balances at 31 March 2022 are represented by:				
	Tangible fixed assets	637	-	3,528	4,165
	Current assets	99,569	-	610,806	710,375
	Current liabilities	(26,820)	-	(391,624)	(418,444)
	Creditors: amounts falling due within one year	-	-	(448)	(448)
	Net assets at the end of the year	73,386		222,261	295,647
15b	Analysis of net assets between funds of previous reporting period				
		Restricted	Designated	Unrestricted	Total funds
		£	£	£	£
	Balances at 31 March 2021 are represented by:	-	-	-	-
	Tangible fixed assets			4 712	4,712
	Current assets	80,471	-	4,712 398,448	4,712 478,919
	Current liabilities	(16,866)	-	(195,710)	478,919 (212,576)
		(10,000)	-		
	Creditors: amounts falling due within one year	-	-	(2,090)	(2,090)
	Net assets at the end of the year	63,605	-	205,360	268,965

For the Year Ended 31 March 2022

16 Movements in funds

	At the start				At the end
	of the year	Income	Expenditure	Transfers	of the year
	£	£	£	£	£
Restricted funds:					
Health and Wellbeing Alliance (Department of Health)	-	86,420	(86,420)	-	-
Long Covid (NHS England)	-	133,500	(105,569)	-	27,931
Enabling Voice (Diabetes UK)	-	14,000	-		14,000
Peer Support Hub- The Health Foundation	-	7,449	(600)	-	6,849
Be the Change (Pfizer)	-	15,200	(6,100)	-	9,100
Voices for Improvement- The Health Foundation	29,700	76,082	(104,729)	-	1,053
Patient and Carer Network (Northumbria Healthcare NHS					
Foundation Trust)	24,030	-	(9,577)	-	14,453
Health Inequalities Conference- The Health Foundation	-	897	(897)		-
Digital Inclusion - Roche	9,375	-	(9,375)	-	-
Integrating Mental and Physical Health Needs (Various)	600		(600)		
Total restricted funds	63,705	333,548	(323,867)	-	73,386
Unrestricted funds:			·		
General funds	205,360	484,225	(467,324)	-	222,261
Total unrestricted funds	205,360	484,225	(467,324)		222,261
Total alliestricted failus	203,300	707,223	(407,324)	_	222,201
Total funds	269,065	817,773	(791,192)		295,647

16 Movements in funds (continued)

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. The projects have been on hold whilst further funding is secured.

Peer Support Hub- The Health Foundation and NESTA

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 of support resources from National Voices website to another platform. This work will be completed in 2022/23.

Anti-racism round tables - 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. 2 of the 4 round tables will be held in 2022/23

Voices for Improvement- The Health Foundation

The Health Foundation awarded grant 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 fund 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.

Digital Inclusion - Roche

The grant was awarded to support a cross-sectoral team responding to the development of the NHS App. Roche kindly agreed a grant variation for the unused funds which were used in 2021/22 towards influencing the development and roll out of more digitally inclusive, personalised approaches and the mitigation of digital exclusion.

Integrating Mental and Physical Health Needs (Various)

Funding was gratefully received from Alzheimer's Society, Guys and St Thomas Charity, British Heart Foundation, Arthritis Action, Macmillan Cancer Support Diabetes UK and Independent Age towards a project looking at meeting the emotional support needs of people living with physical ill health in 2020/21. The final part of the funding was utilised in 2021/22.

16 b. Movements in funds during previous reporting period

	At the start				At the end
	of the year	Income	Expenditure	Transfers	of the year
	£	£	£	£	£
Restricted funds:					
Health and Wellbeing Alliance (Department of Health)	-	80,000	(80,000)	-	-
Covid Influencing Recovery -The Health Foundation	-	28,400	(28,400)	-	-
Covid Influencing Recovery -AbbVie	-	15,000	(15,000)	-	-
Peer Support Hub- The Health Foundation	-	5,295	(5,295)	-	-
Peer Support Hub- Nesta	-	15,000	(15,000)	-	-
Voices for Improvement- The Health Foundation	-	67,500	(45,518)	7,717	29,700
Patient and Carer Network (Northumbria Healthcare NHS					
Foundation Trust)	-	44,000	(16,199)	(3,771)	24,030
Support PPG (NHS England)			(2,340)	2,340	-
Health Inequalities Conference- The Health Foundation	-	19,653	(19,653)	-	-
Digital Inclusion - Roche	-	9,375	-	-	9,375
The National Lottery Community Fund	-	60,000	(60,000)	-	-
Integrating Mental and Physical Health Needs (Various)	-	40,459	(49,653)	9,794	600
Membership Support (Janssen)	-	15,000	(15,000)	-	
Total restricted funds	-	399,682	(352,057)	16,080	63,704
Unrestricted funds:					
Designated funds:					
VCSE capacity building	11,783	-	(11,783)	-	-
Depreciation fund	2,308	-	(2,308)	-	-
Total designated funds	14,091		(14,091)	-	
General funds	166,267	375,137	(319,964)	(16,080)	205,361
Total unrestricted funds	180,358	375,137	(334,055)	(16,080)	205,361
Total funds	180,358	774,819	(686,112)		269,065

Total Financial Liabilities

7	Reconciliation of net income to net cash flow from operating activ	ities			
	,			2022	202
				£ 2022	202
	Net income for the reporting period			26,582	88,70
	(as per the statement of financial activities)			,,,,,,	
	Depreciation charges			3,261	2,35
	Interest			(65)	(14
	Payment of finance leases obligations			2,003	1,66
	Loss on disposal of Fixed Assets			-	2,30
	Increase in debtors			(182,725)	(65,36
	Decrease in creditors			204,227	78,57
	Net cash provided by operating activities		=	53,281	108,09
.8	Analysis of cash and cash equivalents				
		At 1 April		Other	At 31 Marc
		2021	Cash flows	changes	202
		£	£	£	
	Cash in hand	266,657	48,630	-	315,28
	30 day notice deposits	97,297	<u> </u>	_	97,29
	Total cash and cash equivalents	363,954	48,630	-	412,58
.9	Analysis of changes in net funds				
	, ,		At 1st April 2021	Cash flows	At 31 Marc
			£	£	
	Cash and cash equivalents		363,954	48,630	412,58
	Obligations under finance leases		(3,881)	1,642	(2,23
	Total net funds		360,073	50,272	410,34
20	Financial Instruments				
	At the Balance Sheet date the Charity held the following:				
				2022	202
				£	
	Carrying amount of financial assets				
	Cash at bank measured at cost:			412,584	363,95
	Debt instruments measured at amortised cost:			291,428	109,30
	Total Financial Assets		-	704,012	473,26
			=		
	Carrying amount of financial liabilities				
	Carrying amount of financial liabilities Measured at amortised cost:			85,246	80,19

85,246

80,190

National Voices Notes to the Financial Statements (continued)

For the Year Ended	31 March 2022
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21 Operating lease commitments

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

	Property		Equipn	nent	nt	
	2022	2021	2022	2021		
	£	£	£	£		
Less than one year	10,326	10,326	792	1,056		
One to five years	-	-	-	792		
	10,326	10,326	792	1,848	-	
					_	

22 Finance lease commitments

Future minimum lease payments due under finance leases:

	IT Equipment	IT Equipment	
	2022	2021	
	£	£	
Within one year	1,791	1,791	
In two to five years	448	2,090	
	2,239	3,881	

Finance lease payments represent rentals payable by the charity for the IT equipment. Leases include purchase options at the end of the lease period, and no restrictions are placed on the use of the assets. The average lease term is 36 months. All leases are on a fixed repayment basis and no arrangements have been entered into for contingent rental payments.

23 Related party transactions

No trustee made any donation during the year (2021: none).

During the year sub grants for the Long Covid project were issued to National Voices member Self Help UK totalling £18,000. National Voices trustee, Sarah Collis until 23 November 21, was the CEO of Self Help UK at the time the sub grant was awarded. The conflict of interest was managed carefully, and the trustee was not involved in the final decision to provide the funding to Self Help UK. Self help UK's grant was larger than other organisations because as well as involvement in the project, the grant covered support they offered to the wider cohort of sub-grantees.

During the year sub grants for the Long Covid project were issued to National Voices member Groundswell totalling £10,000. National Voices trustee, Steven Platts until 22nd June 21, was the CEO of Groundswell during the project. The conflict of interest was managed carefully, and the trustee was not involved in the final decision to provide the funding to Groundswell.

In addition to the two members above, 4 other organisations were awarded sub-grants as part of the Long Covid work.

National Voices Notes to the Financial Statements (continued)

For the Year Ended 31 March 2022

During the previous year, member charity Arthritis Action made a grant totalling £5,000 towards the Integrating Mental and Physical Health Needs project. National Voices trustee, Noha Al Afifi is a member of the Executive Management Team at Arthritis Action. The conflict of interest was managed carefully, and the trustee was not involved in the final decision to provide the funding to National Voices.

24 Capital Commitments

There are no capital commitments as at 31 March 2022 (2021:£nil).