

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

UNAUDITED

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2021

THE PATIENTS ASSOCIATION
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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 DECEMBER 2021**

Trustees

Ms L Watson, Chair²
Ms C Hewitt¹
Mr I Egberedu, Treasurer²
Mr D I Taylor, Vice Chair (resigned 15 July 2021)²
Dr A M Rollin MBE¹
Mr A Naughton¹
Mrs F Browne, Chair of Governance Committee¹
Mr D Hopkin²
Mrs S White¹
Ms R King (appointed 18 March 2021)
Ms J Thallon, Acting Vice Chair (appointed 18 March 2021)¹
Ms B Joshi (appointed 9 December 2021)
Mr W Valji, Associate Trustee (appointed 9 December 2021)
Dr R Hillson, Associate Trustee (appointed 9 December 2021)
Ms M Davies (appointed 9 December 2021)²

¹ Governance Committee

² Finance and Resources Committee

**Company registered
number** 02620761

**Charity registered
number** 1006733

Registered office P Block
The London North West Healthcare NHS Trust
Watford Road
Harrow
Middlesex
HA1 3UJ

**Chief Executive Officer
and Company Secretary** Rachel Power

President Sir Robert Anthony Francis, QC

Independent Examiner MHA MacIntyre Hudson
Chartered Accountants
6th Floor
2 London Wall Place
London
EC2Y 5AU

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TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2021

Introduction from our chair, Lucy Watson

I and the Trustees present our annual report together with the consolidated financial statements for the year 1 January to 31 December 2021.

The year started positively with the launch of our true patient partnership strategy, which will guide our work for the next five years. This sets our strategic focus for 2021-2025 of patient partnership in the design and delivery of health and care services. As a Board of Trustees, we are excited to have a clear message for our members and our stakeholders on what we are working to achieve for patients. This strategy builds on our history and our campaigning to ensure that the experience of patients is listened to and used to improve health and care. Given the pandemic and the huge impact on access to healthcare for patients, patient partnership is all the more important as the NHS seeks to recover healthcare.

Our second Pandemic Patient Experience report confirmed just how difficult it has been for patients, when it was published in April 2021. Patients reported continuing struggles to get appointments with their GPs, and some people had shielded without leaving the house for nearly a year. Two-thirds (63%) of patients who responded had had appointments cancelled or postponed, and more than half (56%) reported delaying accessing treatment. These findings demonstrate the huge impact the pandemic has had on patients' health and care, and access to services.

We also saw a rise in visitors to our website seeking information and advice. Significantly more people came to our website in 2021 compared to 2020 to read about how to make a complaint (up 230%), you and your dentist (up 368%), and how to get hold of your medical records (up 621%).

Our work with patients gave us the authority to talk with NHS England about the need for face-to-face appointments in primary care and much better information for patients waiting for care. This resulted in NHS England calling on GPs to reinstate face-to-face appointments for those who needed them in May. We also told NHS England about patients feeling abandoned as their wait for treatment increased with no information from the NHS about what was happening or how to keep well. This led to the publication of communications guidance for all NHS Trusts on best practice for communicating with patients waiting for treatment, which we helped develop. As pleased as we are about those achievements, we know that in practice neither have been widely implemented and there is much more to be done.

Despite all these challenges in health and care, I was delighted with the level of interest in the Association when we launched a search for new Trustees to take the places of those members of the Board who stepped down in 2021. It was my great pleasure to welcome Rachel King, Julie Thallon, Meryl Davies and Bhavna Joshi as Trustees, and Rowan Hillson and Wiqas Valji as Associate Trustees. We have had to welcome them to the Association via online meetings. While this makes it a little harder for them to get to know the other Trustees and staff, we are delighted they have chosen to bring their wide-ranging skills to our Board. They will strengthen our diversity of experience and our approach to ensure we are reaching patients from diverse backgrounds and communities.

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The appointments of new Trustees, of course, means we have said goodbye to others: Dave Taylor, Vice Chair of the Board of Trustees, whose IT expertise and foresight meant that in 2020 when we had to move to remote working, our systems were able to support home-working; and Archie Naughton, Chair of the Governance Committee, who kept us focused on the impact and outcome of our work for patients, our beneficiaries. I thank both of them for their service to the Association.

Once again, I am proud of how the staff at the Patients Association have continued the important work of the Association despite the pandemic and working from home. Between them they have continued to run patient workshops and focus groups, established our first lived experience panel – Patients Voices Matters, and ran our extremely successful shared decision making event, which attracted more than 150 attendees and was delivered with NHS England, the National Institute for Health and Care Excellence, and the Winton Centre for Risk and Evidence Communication, University of Cambridge.

I hope you enjoy reading our annual report and finding out about the work of the Association and how we have spoken up for patients during 2021.

The Trustees confirm that this annual report and financial statements comply with the current statutory requirements of the company's governing document and provisions of the Statement of Recommended Practice (SORP), applicable to charities, preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). Since the Charity and Group qualify as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Director's report) Regulations 2013, is not required.

Lucy Watson
Chair

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Background and Objectives

The Patients Association is one of the oldest health and care charities in the UK. Established in 1963, the purpose of the organisation, as per its Memorandum and Articles of Association, is to promote the health and wellbeing of people in the UK by influencing the enhancement of health and care services and helping people to secure the most suitable care and support. We believe this is best achieved by ensuring services are designed and delivered through equal partnership with patients.

The remit of the Patients Association is not condition-specific; it covers all issues that affect patients, including social care and public health. We work directly with patients, they are our members and the beneficiaries of our help, advice, and support. We speak up on their behalf to Government, the NHS, and other bodies about their priorities, concerns, and opinions. Our aim is to ensure the patient voice is heard and acted upon to inform national policy.

At the start of 2021, we launched our five-year strategy, True Patient Partnership. The strategy builds on years of work speaking up for patients and sets out a vision of health and care services designed and delivered through partnerships with patients. Our strategy provides a strong message to the NHS and care sector about the need to work in partnership with patients as it recovers from the health emergency caused by COVID-19.

The need for the Patients Association is greater now than it has ever been. The effects of the pandemic on health and social care in the UK have been widespread and profound. Recovering from its effects, including responding to the unmet patient need that has built up since spring 2020, may take years. The country's aim should be to return to a position where waiting lists are not counted in the millions and patients can access the care they need in good time. We recognise the extent of the task ahead for all involved. We also believe that health professionals and the NHS must work in partnership with patients if the recovery is to be successful and meet patients' needs.

A partnership approach answers the challenge of rebuilding health and care and overcoming many long-running problems of patients not being listened to and not seen as partners in their treatment and care and about services that need to change to meet their diverse needs.

The Patients Association, therefore, has a crucial role in helping the NHS understand patients' expectations of the recovery, based on our understanding of their experiences during the pandemic.

Our core values and commitment to diversity ensure we never lose sight of what we are trying to achieve. They are:

- Compassion: we treat patients, their families and carers with respect, empathy and understanding.
- Collaboration: we share knowledge and work with others to achieve common goals.

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- Inclusiveness: we work to fulfil our mission equitably and for the benefit of all, guarding against discrimination and disadvantage.
- Empowerment: we support patients, their families, and carers to take action on their own wellbeing and wider decision-making.
- Ambition: we aim to deliver our purpose to the highest standards.

These core values serve to guide our decision-making and the strategic direction of the Patients Association, and fundamentally underpin everything we do.

Activities and Achievements

The COVID-19-induced national emergency continued to make our operational environment challenging, but the Association's work continued and expanded during 2021.

We made a number of important appointments during the year, starting with administrative support, including a personal assistant for the Chief Executive, which has freed her to focus on our strategy. A Head of Communications and Marketing was appointed in the summer, freeing the Head of Policy from the responsibility of managing media enquiries. A Head of Patient Partnership was also appointed in the summer: this is a new position within the Association and critical to our ability to implement our strategy for true patient partnership.

We also appointed four new Trustees: two full Trustees and two Associates. The two Associates will become full trustees once the three-year term of two of our current trustees ends in 2022. We were delighted with the high quality of candidates who applied to become Trustees; we appreciate what a commitment it is to be a Trustee of a health and social care charity in the current environment. Our new Trustees bring a wealth of expertise and diversity of experience and background to the Board of Trustees as we take forward our strategy for partnership with patients.

While our continued need to work primarily online has meant the expanded team has not been together in an office, we have had several opportunities to meet and work together under safe working conditions.

Patient experience

We started the year with the launch of our true patient partnership five-year strategy, which will guide our work from 2021-2025. By the spring, we were able to show how needed patient partnership is following the publication of our second Patient Pandemic Experience report in April. Although access to some services had improved since the first lockdown, access to general practice had deteriorated. This led us to call for the restoration of face-to-face appointments with GPs; NHS England wrote to all GPs mid-May telling them that face-to-face appointments had to be available to patients who preferred them. The letter said: "Patients' input...should be sought and practices should respect preferences for face-to-face care unless there are good clinical reasons to the contrary."

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We also heard in our report from patients who had appointments cancelled or postponed and long delays to access treatment. Following the report's publication, we worked with NHS England, and other charities, to develop communications guidelines for NHS organisations to support an improvement in communication with patients waiting for care. These guidelines were launched in January 2021 and updated at the end of May following our work with NHS England.

At the end of the year, we once again asked patients about their experience of health and social care. We also asked several of our stakeholders to share the survey among their members. About 10% of the respondents took the survey via one of these stakeholders. The findings from the survey were published in the report, *Patient experience before the omicron wave: the storm before the storm*, in January 2022. We made six recommendations, which we have been raising with stakeholders. They are:

1. The NHS must recognise the extent of patient difficulties, understand them, and make a concerted effort to find out patients' concerns.
2. The NHS must reconnect with patients as we come out of the pandemic and work in partnership with them to rebuild the relationship between the NHS and patients, and together, redesign services.
3. Health leaders must remove barriers in the health system that stand in the way of health professionals and patients working in partnership. Leaders should champion a culture change that fosters patient partnership and shared decision making.
4. The NHS must put in place arrangements to communicate with patients about their wait, how to keep healthy and well, and where they can get support while they wait. All NHS organisations should be using the communications guidelines published in May 2021 on how to keep patients up to date with what is happening with their care.
5. If the NHS expects people to use NHS 111, then it must look into the variation in standards of service exposed by the survey and take steps to remedy the problems.
6. A post-pandemic recovery plan is needed that covers all aspects of healthcare and includes community and social care. Such a plan must also include a long-term workforce strategy to ensure we have enough doctors and nurses to deliver the additional care needed to address the backlog of patients waiting for treatment.

Patient Voices Matter

In late summer we established our lived experience advisory panel, as part of our partnership work. Made up of 10 patients, the panel is helping us understand the experiences of healthcare from the perspective of people from communities that are often overlooked by health and social care services. By bringing people together from different communities, our aim is to support panel members to explore what they have in common, learn from each other, and for us to learn what the Patients Association can do to improve poor experiences of patients from these communities. We will evaluate our work with the panel, now called Patient Voices Matter, in the spring of 2022, to assess if it has enabled us to improve our own partnership working and our next steps in this approach.

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Shared decision making

Our report, *Shared decision making: shared reality or insider jargon?*, published in July 2021 was part of a critical workstream for the Association. Our commitment to patient partnership makes shared decision making an important approach to us: it enables true patient partnership in individual care and treatment decisions. But our work showed that although ideas around shared decision making are well developed, many barriers prevent its wider use including the fact that many patients are unaware of its potential benefits.

The recommendations that stem from our research are:

- National health leaders must address the barriers in the health system to shared decision making and champion the practice.
- There should be greater promotion of the information and tools that exist to support patients take part in shared decision making.
- Information and awareness campaigns that are relevant to different communities should be created.
- An audit should be undertaken of how shared decision making is taught in medical schools to develop a picture of how skilled in shared decision making we can reasonably expect our present workforce to be.
- Whether targets in the NHS Comprehensive Model for Personalised Care for making shared decision making are being met must be reported.

To explore the themes and recommendations in our report, we brought together patients and healthcare professionals at an online event to discuss how to make shared decision making a reality for everyone. Speakers included patients, carers, and representatives from the Winton Centre for Risk & Evidence Communication at Cambridge University, NHS England, and the National Institute for Health and Care Excellence. The online event attracted more than 150 attendees who asked more than 200 questions of us and the panel of speakers.

We continue to talk to multiple stakeholders, including champions of shared decision making within NHS England's personalised care team, about our report's findings and how shared decision making can be used by more clinicians to improve patient involvement in their own care. In 2022 we will work with the Patient Information Forum and the Integrated Care System in Nottinghamshire on the development of tools that would support shared decision making for patients who are receiving ongoing care for musculoskeletal health conditions.

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Patients speaking up for themselves

We also gave many patients the opportunity to raise their concerns and share their experiences directly with the health service throughout 2021.

- CVDPREVENT, a national primary care audit in England that will provide the foundation for quality improvement in GP practices across diagnosis and management of six high risk cardiovascular conditions. We recruited and manage the 35-member patient panel which is drawn from across the seven NHS regions. Between the panel members they have lived experience of the six CVD conditions being audited. We also support two of members of the patient panel who sit on the CVDPREVENT Steering Group. The patient representatives ensure patients views are heard and that they have an opportunity to influence and respond to plans and outputs including audit reports and data tools. They offer the Steering Group the perspective of what it is like to be a patient with these conditions receiving care and challenge them to ensure that tangible changes are an outcome of the audit.
- The National Audit of Care at the End of Life (NACEL) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during their last admission leading to death in acute hospitals, community hospitals and mental health inpatient providers in England, Wales and Northern Ireland. Our helpline advisers have, since 2019, supported the audit by helping bereaved family members invited to take part, complete the survey.
- The Government response to the independent inquiry report into the issues raised by former surgeon Ian Paterson. The Department of Health and Social Care (DHSC) asked us to convene a focus group with patients and carers who were not affected by Paterson to understand their views on the broader patient safety principles that should be considered in the government's response.
- The Integrated Care Systems (ICS) design framework, resources to support leaders establishing integrated care boards (ICB). We held a co-production workshop with patients and NHS England to gather patient views on the principles for ICSs for working with people and communities. The aim was to inform the NHS what excellent co-production is for patients. The patient feedback was included in the guidance to ICSs and ICBs in September 2021.
- Evidence-based Interventions, an ongoing project looking into when it is and isn't appropriate to carry out some medical interventions. We have enabled NHS England to hear the views of patients, carers and the public on plans to stop the provision of some medical interventions and limit the provision of others. Members of our focus groups were able to say they understood why the changes were being suggested, if they agreed with the changes, and to say what support patients, carers and the public would need from NHS England to help them adjust to the proposed changes and new ways of working.

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- Our report, *Shared decision making: shared reality or insider jargon?*, published in July 2021 was based on three co-production workshops with patients, carers and healthcare professionals. Together, they explored their experiences of shared decision making, absence of shared decision making, and the barriers patients and clinicians may face in practising shared decision making. Findings from the workshops, along with feedback on some of the existing tools to facilitate shared decision making, were used to formulate the report's recommendations.
- In 2021, we held 26 focus groups that enabled patients to either give feedback on proposals, share their experiences or co-produce information, which involved nearly 300 patients and included many more patients from diverse backgrounds than we have previously worked with. The sessions have covered issues as diverse as patient safety, choice, nutrition, and antimicrobial resistance.

We also shared the views of many more patients via our various responses to Government and health service consultations. We invited patients to tell us what they thought about a range of topics using online surveys and included their voices in our submissions to the following consultations:

- NHS England's proposals to replace the four hour A&E target
- Professional Standards Authority's consultation on the voluntary registers it accredits
- Proposed changes to eligibility to non-emergency patient transport
- Spending review (own initiative, to inform response to spending review)
- Department of Health and Social Care's call for evidence for the creation of a women's health strategy.

In all we responded to 17 consultations during 2021; a remarkable achievement for such a small team. The other 12 consultations were:

- NHS England's proposals for structural change
- National Institute for Health and Care Excellence's (NICE) new guideline on shared decision making
- The Care Quality Commission's consultation on its new strategy
- House of Commons Health and Social Care Committee inquiry into the NHS White Paper
- Evidence submission on the Government's proposed legislative reforms, based on NHS England's proposals
- Submission to NICE's long-running review of its technology evaluation processes
- Response to the Government's proposals to revise duties and powers of professional regulators
- Response to NHSX Data Strategy on the use of data in health and care

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- DHSC consultation on the new Patient Safety Commissioner
- DHSC consultation on proposals to scrap free prescriptions for people aged 60-64
- DHSC consultation on mandatory COVID-19 and 'flu vaccination for NHS care staff
- House of Commons Health and Social Care Committee's inquiry on the future of general practice.

Working in partnership

We continue to seek alliances and coalitions with others working in the health and social care field. An important coalition for us, given the impact of remote health consultations during the pandemic, is the Patient Coalition for AI, Data and Digital Tech in Health, which the Patients Association chairs. The coalition unites a diverse range of organisations including Royal Colleges, health charities and patient groups, to champion the patient perspective in this field. Its first report, published in 2021, *Digital Health during the Covid-19 Pandemic: Learning Lessons to Maintain Momentum*, showed uptake of digital health technology during the pandemic had been limited, while patient experience of tools including video conferencing had been mixed. Patients, while positive about the value of digital health, had concerns about data collection and sharing.

We are also part of NHS England and NHS Improvement's Co-production Task & Finish Group for the elective recovery programme, the Medical Technology Group, the Care and Support Alliance, and Prescription Charges Coalition.

With the appointment of our Head of Patient Partnership we can contact more organisations, especially those representing the diverse groups of patients who we want to get to know and understand their needs. This has been a major and fruitful part of the Head of Patient Partnership's work in the time she has been in post; for example, contact with the Men's Health Forum resulted in sharing the link to our December 2021 patient experience survey (resulting in many responses from their members) and supporting their call for a men's health strategy.

Talking to the press

The media continued to seek our opinion on a variety of issues, largely to do with patients' experience during the pandemic. We advocated strongly for patients and their challenges accessing healthcare during the pandemic while being aware of the pressures on health professionals and the unprecedented calls they faced on their time. While our patient experience surveys and callers to our helpline showed struggles to get through to GP practices and huge resentment at being questioned by receptionists, we repeated our point about the need to work in partnership.

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Waiting times and their impact on patients were also an ongoing theme for journalists getting in touch with us for comments and interviews, and we advocated strongly for the need to keep patients informed about how long they were likely to wait for treatment and how they could keep healthy and well while they waited.

Talking to our members

With the appointment of a Head of Patient Partnership and a Head of Communications and Marketing we plan to expand and diversify our membership. To understand what our existing members thought about the Association and how we keep in touch with them, we ran two surveys exclusively for members: one asking why they joined and what they thought of us, the other about how we communicate with them.

As a result of the feedback, we are making changes to several aspects of our membership offer. We will be giving members the opportunity to tell us when they join what their interests are so we can invite them to take part in activities we think will interest them. We are also improving how we capture members' involvement in our work so we can better understand their experience of being a member. Many members also told us how much they valued *Patient Voice*, our quarterly printed magazine, which was suspended in 2020 because of the pandemic. We plan to relaunch it in 2022.

We are also pleased to report that our membership increased by 32% in 2021.

Our plans for the future

Plans for the Association in 2022 and beyond include continuing our work towards our next stage of implementing our strategy of true patient partnership. At this point in our five-year plan, we will be developing a patient partnership framework and approach in collaboration with patients and professionals, piloting our approach, and enabling us to be in a position to begin developing resources that will enable health and social care organisations embed patient partnership.

To do this we will:

- Launch our bi-annual patient experience tracker to provide us with data on patient experience and any changes over time.
- Establish a working group of patients, health care professionals, and other stakeholders to develop criteria/principles and characteristics of true patient partnership and how this can be measured.
- Continue to work with the NHS to improve its capacity and capability to offer all patients shared decision making as standard.
- Revise our fundraising strategy to ensure a sustainable income level commensurate with our ambitions.
- Provide assurance to patients, their families about the reliability and accuracy of our information by achieving the Patient Information Forum Tick.

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- Evaluate our telephone helpline to gain a better understanding of the experience of current callers and develop a helpline strategy focused on our strategic purpose for patient partnership.
- Increased partnership working with key stakeholders, especially those working with underserved communities, so that we increase our work to engage and partner with patients and consequently diversify our membership.

Financial Review

Our funding

We remain concerned, in line with most of the charitable sector, about the long-term impact of COVID-19 on the economy and, therefore, on our ability to raise funds.

Our income comes from a variety of sources including:

- NHS trust memberships and improvement projects.
- NHS/DHSC/Corporate funded health and care improvement projects. Examples of this in 2021 included our work with NHS on the ICS Support Framework with NHS England, the Government's response to the Paterson review with DHSC, and the development of patient resources for disease-related malnutrition with the company Nutricia.
- Corporate membership, sponsorship, and donations.
- Individual giving.

Our fundraising strategy remains focused on:

- Diversifying our income streams.
- Growing our individual membership support base and promoting individual giving.
- Increasing our income to increase charitable spend on priority areas of work.

The Patients Association is registered with the Fundraising Regulator and has fully adopted and is committed to its code of best fundraising practice. In addition, the Trustees and staff work to clearly ensure we work to an ethical fundraising policy and process. We have received no complaints about our fundraising ethics and do not fundraise from individuals in any way which could be seen as intrusive on a person's privacy or place pressure on any person to donate.

The Trustees receive full disclosure on a quarterly basis of all fundraising activities undertaken by the Association. At present the Association has not and does not have plans to engage external services of a professional or commercial fundraiser.

At the end of the year our income was £650,100 against a target of £573,660.

Our expenditure at the end of the year was £579,876 against a budget of £554,321.

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Patient Association companies

The trading company ceased to trade in July 2020 of the prior year. Following independent and professional advice, all activity was transferred to the Charity, which was registered for VAT on 1st July 2020.

Reserves policy

The Patients Association has a reserves policy in place, which comprises of two levels:

Level One

A base reserve covering all liabilities. This fund is to ensure that the Association is able to cover its total liabilities, should it no longer be a 'going concern'.

Level Two

Six months reduced running costs to cover expenditure equivalent of four months budgeted expenditure in the event of reduced income or changes in expenditure.

This equates to holding £297,000 in reserves.

Free reserves

The sum of the reserves levels makes up the unrestricted funds shown in the accounts.

The outcome for the year ending 31 December 2021 was a surplus of £70,224 (2020: £62,995). This compares with a surplus of £62,995 in the year ending 2020 and a deficit of £22,100 in the year ended 31 December 2019.

The balance held in unrestricted funds at the 31 December 2021 was £248,182. This compares to the balance at 31 December 2020 of £177,958 and at 31 December 2019 where the balance was £114,963.

Restricted reserves

Restricted reserves relate to monies received where the donor has specified what the funds must be used for. There were no restricted reserves at the end of 2021 or 2020 in comparison to £1,264 at the end of 2019.

Investment policy

The Patients Association does not have investments in equity or stocks and has no plans to acquire such a portfolio. Our cash management principles are that when we have cash in excess of our reserves policy, any investment of cash must be balanced to achieve zero risk of loss and to ensure that the organisation maintains enough cash to ensure continuous operations.

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Structure, Governance, and Management

Legal and administrative information

The Patients Association is a registered company limited by guarantee, company number 02620761 registered in England and Wales. It is also a registered Charity, number 1006733. The Charity was established under a memorandum and articles of association.

Public benefit

When reviewing our aims and objectives and planning our current and future activities, we have referred to the Charity Commission's general guidance on public benefit. In particular, the Trustees consider how our activities will contribute to our objectives for the benefit of patients.

Governance and management

The Trustees continue in their commitment to achieving the highest possible standards by demonstrating exemplary leadership and governance and we self-assess our position against the principles in the Charity Code of Governance. During 2021 all Trustees contributed to a review of our Governance and Leadership using the Governance Wheel developed by the National Council of Voluntary Organisations developed for this purpose.

Principal risks and uncertainties

The principal uncertainty is the impact of the ongoing global COVID-19 outbreak and the impact that this may have on the organisation in terms of funding. Our staff are still home-working and seeking to secure a blended return to an office environment. The Board of Trustees has responsibility for ensuring there is adequate and effective risk management and do this through our risk register, which is reviewed quarterly by our Governance and Finance Committee and our Board of Trustees. Our risk register is designed to support informed decision making regarding the principal risks that may affect the achievement of our objectives and control procedures that help manage those risks.

Board of trustees

The Board is responsible and accountable for our policies and activities to our members, the Charity Commission, funders, stakeholders, and for compliance with charity and company law. It is responsible for setting the strategic direction and for the financial management of the Association, setting the annual budget and compiling the annual report and accounts. The Chief Executive is accountable to the Board of Trustees for delivery of the strategy and presents an update against progress in delivering our objectives at each board meeting.

Diversity

The Board is committed to ensuring the organisation represents a diverse range of skills, experience, and background. The Board of Trustees and the leadership team undertook diversity training during 2021 and a task and finish group of Trustees and staff was established in December 2021 to update our equality objectives. These objectives will be presented to the Board of Trustees in early 2022 for approval.

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Board recruitment

Appointments to the Board continue to be via an open and formal recruitment process. At the AGM in July 2021, Fiona Browne, was re-elected as a Trustee, Isaac Egberedu was reappointed as Honorary Treasurer and Rachel King and Julie Thallon were appointed as new Trustees. Later in 2021, we advertised for trustees in anticipation of the end of the term of service of other trustees. We appointed two new trustees, Bhavna Joshi and Meryl Davies, and two associate trustees, Wiqas Valji and Rowan Hillson MBE, who will become full trustees once the term of service of two current trustees ends in 2022.

Our recruitment process includes an initial skills audit of the Board of Trustees to identify gaps, an open and transparent advertising process with formal interviews, and eligibility checks including fit and proper person, references and identify checks.

Board meetings

The Board of Trustees meets four times a year and at the Annual General Meeting.

Supporting staff and volunteers

During 2021, we continued to work hard on the well-being and engagement of our staff and volunteers. We have one volunteer supporting the work of the organisation. Both staff and volunteer have responded well to changed working patterns necessitated because of the COVID-19 restrictions.

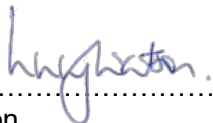
Remuneration of key personnel

The Patients Association recognises the motivation of its staff team to work within the charitable sector and aims to strike a balance between paying enough to recruit and keep people with the skills we need, and the public and our donors' expectations that the money they entrust us with will be used wisely. Our Remuneration Policy sets out the approach of the Patients Association to setting remuneration levels in order to be able to recruit and retain staff with the appropriate skills and experience needed to meet the requirements of our charitable objectives and to deliver our agreed strategic objectives.

The Board of Trustees is ultimately responsible for setting the remuneration levels of senior members of staff in line with the skills, experience and competencies required to meet the requirements of Patients Association's purpose and deliver the agreed strategic objectives. It does this by a thorough review of the skills needed, benchmarking against other organisations and consideration of the sustainability of the organisation.

The Trustees' Annual Report has been prepared in accordance with the provisions applicable to entities subject to the small companies' regime.

Signed on behalf of the Trustees by:



.....
Ms. L Watson

Chair Date: 31st March 2022

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

INDEPENDENT EXAMINER'S REPORT
FOR THE YEAR ENDED 31 DECEMBER 2021

Independent Examiner's Report to the Trustees of The Patients Association ('the Group')

I report to the charity Trustees on my examination of the consolidated accounts of the Group comprising the The Patients Association ('the parent Charity') and its subsidiary undertaking for the year ended 31 December 2021.

Responsibilities and Basis of Report

As the Trustees of the parent Charity (and its directors for the purposes of company law) you are responsible for the preparation of the consolidated accounts of the Group in accordance with the requirements of the Companies Act 2006 ('the 2006 Act') and you have chosen to prepare consolidated accounts for the Group.

Having satisfied myself that the consolidated accounts are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your company's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act').

In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent Examiner's Statement

Since the consolidated income of the Group is in excess of £250,000, your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales, which is one of the listed bodies.

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

1. accounting records were not kept in respect of the parent Charity and its subsidiaries as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

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

Signed:



Dated: 05/07/2022

Stuart McKay BSc FCA DChA

MHA MacIntyre Hudson, 6th Floor, 2 London Wall Place, London, EC2Y 5AU

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 DECEMBER 2021

	Note	Unrestricted funds 2021 £	Total funds 2021 £	<i>Total funds 2020 £</i>
Income from:				
Donations and grants	4	287,938	287,938	242,975
Charitable activities	5	361,982	361,982	228,616
Investments	6	180	180	40
		<u>650,100</u>	<u>650,100</u>	<u>471,631</u>
Expenditure on:				
Raising funds	7	60,993	60,993	29,296
Charitable activities	8	518,883	518,883	379,340
		<u>579,876</u>	<u>579,876</u>	<u>408,636</u>
		<u>70,224</u>	<u>70,224</u>	<u>62,995</u>
Net movement in funds				
Reconciliation of funds:				
Total funds brought forward		177,958	177,958	114,963
Net movement in funds		70,224	70,224	62,995
		<u>248,182</u>	<u>248,182</u>	<u>177,958</u>

The Consolidated Statement of Financial Activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The notes on pages 21 to 38 form part of these financial statements.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)
REGISTERED NUMBER: 02620761

CONSOLIDATED BALANCE SHEET
AS AT 31 DECEMBER 2021

	Note	2021 £	2021 £	2020 £	2020 £
Fixed assets					
Tangible assets	12		1,172		696
			<u>1,172</u>		<u>696</u>
Current assets					
Debtors	13	65,147		52,182	
Cash at bank and in hand		261,263		248,715	
		<u>326,410</u>		<u>300,897</u>	
Creditors: amounts falling due within one year	14	(79,400)		(123,635)	
Net current assets			247,010		177,262
Total net assets			248,182		177,958
Group funds					
Unrestricted funds	15		248,182		177,958
Total funds			248,182		177,958

The Group was entitled to exemption from audit under section 477 of the Companies Act 2006.

The members have not required the company to obtain an audit for the year in question in accordance with section 476 of Companies Act 2006.

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

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

.....

Ms L Watson

Chair

Date: 31st March 2022

The notes on pages 21 to 38 form part of these financial statements.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)
REGISTERED NUMBER: 02620761

CHARITY BALANCE SHEET
AS AT 31 DECEMBER 2021

	Note	2021 £	2021 £	2020 £	2020 £
Fixed assets					
Tangible assets	12		1,172		696
			<hr/>		<hr/>
			1,172		696
Current assets					
Debtors	13	65,283		50,697	
Cash at bank and in hand		261,127		237,254	
		<hr/>		<hr/>	
		326,410		287,951	
Creditors: amounts falling due within one year	14	(79,400)		(151,814)	
		<hr/>		<hr/>	
Net current (liabilities) / assets			247,010		136,137
			<hr/>		<hr/>
Total net assets			248,182		136,833
			<hr/>		<hr/>
Charity funds					
Unrestricted funds	15		248,182		136,833
			<hr/>		<hr/>
Total funds			248,182		136,833
			<hr/>		<hr/>

The Charity was entitled to exemption from audit under section 477 of the Companies Act 2006.

The members have not required the company to obtain an audit for the year in question in accordance with section 476 of Companies Act 2006.

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

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

.....
Ms L Watson

Chair

Date: 31st March 2022

The notes on pages 21 to 38 form part of these financial statements.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2021

	2021	2020
	£	£
Cash flows from operating activities		
Net cash used in operating activities	13,618	139,421
	<hr/>	<hr/>
Cash flows from investing activities		
Investment income	180	40
Purchase of tangible fixed assets	(1,250)	-
	<hr/>	<hr/>
Net cash (used in)/provided by investing activities	(1,070)	40
	<hr/>	<hr/>
Change in cash and cash equivalents in the year	12,548	139,461
Cash and cash equivalents at the beginning of the year	248,715	109,254
	<hr/>	<hr/>
Cash and cash equivalents at the end of the year	261,263	248,715
	<hr/> <hr/>	<hr/> <hr/>

The notes on pages 21 to 38 form part of these financial statements

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

1. General information

The Patients Association is a company limited by guarantee and is registered with the Charity Commission (Charity Registered Number 1006733) and Registrar of Companies (Company Registration Number 02620761) in England and Wales. 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 given in the Charity information on page 1 of these financial statements. The nature of the Charity's operations and principal activities are detailed in the Trustees' Report.

2. Accounting policies

2.1 Basis of preparation of financial statements

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

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

The financial statements are presented in sterling, which is both the functional and presentational currency of the Group, and are rounded to the nearest pound.

The Consolidated Statement of Financial Activities (SOFA) and Consolidated Balance Sheet consolidate the financial statements of the Charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

The Charity has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of Financial Activities in these financial statements.

The income and expenditure account for the year in the accounts of the Charity was surplus £111,349 (2020: surplus £107,951), including £41,125 (2020: £86,082) of donations gifted by the trading subsidiary.

2.2 Going concern

The Trustees have assessed the use of going concern and have considered possible events or conditions that might cast significant doubt on the ability of the Charity to continue as a going concern including the impact of Covid-19. The Trustees have made this assessment for a period of at least one year from the date of the approval of these financial statements. The Trustees have concluded that there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. The Charity, therefore, continues to adopt the going concern basis in preparing these financial statements.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

2. Accounting policies (continued)

2.3 Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Grants, including government grants, are included in the Consolidated Statement of Financial Activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance Sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

Gifts in kind donated for distribution are included at valuation and recognised as income when they are distributed to the projects. Gifts donated for resale are included as income when they are sold.

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Charity which is the amount it 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.

2.4 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs.

All expenditure is inclusive of irrecoverable VAT.

2.5 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Group; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

2.6 Taxation

The Charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and, therefore, it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the Charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

2. Accounting policies (continued)

2.7 Tangible fixed assets and depreciation

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

At each reporting date the Charity assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined to be the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives.

Depreciation is provided on the following basis:

Fixtures, fittings and equipment -	25%	straight line or reducing balance
Computer equipment -	33%	straight line or reducing balance

2.8 Investments

Investments in subsidiaries are valued at cost less provision for impairment.

2.9 Debtors

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

2.10 Cash at bank and in hand

Cash at bank and 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.

2.11 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

2. Accounting policies (continued)

2.12 Financial instruments

The Group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. The financial assets and financial liabilities of the Group are as follows:

Debtors – trade and other debtors (including accrued income) are basic financial instruments and are debt instruments measured at amortised cost as detailed in Note 13. Prepayments are not financial instruments.

Cash at bank – is classified as a basic financial instrument and is measured at face value.

Liabilities – trade creditors, accruals and other creditors will be classified as financial instruments, and are measured at amortised cost as detailed in Note 14. Taxation and social security are not included in the financial instruments disclosure. Deferred income is not deemed to be a financial liability, as in the cash settlement has already taken place and there is simply an obligation to deliver charitable services rather than cash or another financial instrument.

2.13 Operating leases

Rentals paid under operating leases are charged to the Consolidated Statement of Financial Activities on a straight line basis over the lease term.

2.14 Pensions

The Group operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Group to the fund in respect of the year.

Contributions are expensed as they become payable. This expenditure is allocated to an activity and fund based on the department that member of staff works in.

2.15 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Group and which have not been designated for other purposes.

Investment income, gains and losses are allocated to the appropriate fund.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

3. Critical accounting estimates and areas of judgment

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The Charity makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are listed below.

- Depreciation rates for tangible fixed assets
- Allocation of support costs.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

4. Income from donations and grants

	Unrestricted funds 2021 £	Total funds 2021 £	<i>Total funds 2020 £</i>
Donations and grants	23,163	23,163	6,413
Corporate donations/ membership	264,775	264,775	236,562
Total 2021	<u>287,938</u>	<u>287,938</u>	<u>242,975</u>
<i>Total 2020</i>	<u>242,975</u>	<u>242,975</u>	

Included within the Donations and grants category is £3,732 of government grant income (2020: £Nil). This grant income relates to funding received under the Job Retention Scheme. There were no unfulfilled commitments or other contingencies associated with this income at the year-end date.

5. Income from charitable activities

	Unrestricted funds 2021 £	Total funds 2021 £	<i>Total funds 2020 £</i>
Helpline and Information Services	24,175	24,175	24,175
Performance-related grants	337,807	337,807	204,441
Total 2021	<u>361,982</u>	<u>361,982</u>	<u>228,616</u>

In 2020, all income from charitable activities was allocated to unrestricted funds. In prior periods, the performance-related grants were described as 'Project income'. This has been updated in the current year to clarify the nature of the income source.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

6. Investment income

	Unrestricted funds 2021 £	Total funds 2021 £	<i>Total funds 2020 £</i>
Bank interest receivable	180	180	40

In 2020, all investment income was allocated to unrestricted funds.

7. Expenditure on raising funds

	Unrestricted funds 2021 £	Total funds 2021 £
Direct costs - Staff costs	55,354	55,354
Direct costs - Other costs	423	423
Direct costs - Consultancy costs	5,216	5,216
Total 2021	60,993	60,993

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Direct costs - Staff costs	24,962	24,962
Direct costs - Consultancy costs	4,334	4,334
<i>Total 2020</i>	29,296	29,296

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

8. Analysis of expenditure by charitable activities

	Activities undertaken directly 2021 £	Support costs 2021 £	Total funds 2021 £
Helpline and Information Services	126,185	17,118	143,303
Influencing Policy and Practice	341,346	34,234	375,580
Total 2021	467,531	51,352	518,883

	<i>Activities undertaken directly 2020 £</i>	<i>Support costs 2020 £</i>	<i>Total funds 2020 £</i>
Helpline and Information Services	112,718	26,910	139,628
Influencing Policy and Practice	190,562	49,150	239,712
<i>Total 2020</i>	303,280	76,060	379,340

In 2020, the total expenditure on charitable activities of £379,340 was from unrestricted funds. In previous periods, 'Influencing Policy and Practice' was split into two charitable activities, being 'Policy and Campaigns' and 'Projects'. These charitable activities have been merged and presented as 'Influencing Policy and Practice' in the current year following a review by the Trustees and Key Management, to better reflect the activities of the Charity.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

8. Analysis of expenditure by charitable activities (continued)

Analysis of support costs

	Total funds 2021 £	<i>Total funds 2020 £</i>
Depreciation	774	568
Rent and rates	-	8,534
Recruitment expenses	3,041	225
Communication costs	21,433	24,519
Consultancy costs	2,520	8,766
Advertising and marketing	1,577	2,710
Travel and subsistence	879	1,501
Printing, postage and stationery	5,372	8,026
Subscriptions	1,201	5,253
Bank charges	90	182
Governance costs	12,904	14,589
Other costs	1,561	997
Bank interest	-	190
Total 2021	51,352	76,060

Governance costs are analysed in Note 9.

9. Governance costs

	2021 £	<i>2020 £</i>
Trustee meeting and travel costs	-	644
Insurance	2,348	1,271
Independent Examiners' Remuneration	3,400	3,350
Bookkeeping costs	7,143	9,324
Other costs	13	-
	12,904	14,589

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

10. Staff costs

	Group 2021 £	<i>Group 2020 £</i>
Wages and salaries	296,193	242,845
Social security costs	26,311	20,496
Contribution to defined contribution pension schemes	9,220	6,568
	331,724	269,909

The average number of persons employed by the Charity during the year was as follows:

	Group 2021 No.	<i>Group 2020 No.</i>
Staff	9	7

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

	Group 2021 No.	<i>Group 2020 No.</i>
In the band £60,001 - £70,000	1	1

The total amount of employee benefits, including employers social security costs, received by Key Management Personnel of the Charity was £81,215 (2020: £76,245). The Charity considers its Key Management Personnel to comprise of the Trustees and the Chief Executive Officer. As disclosed in Note 11, no Trustees received any remuneration or other benefits during the year (2020: £NIL).

11. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2020 - £NIL).

During the year ended 31 December 2021, no expenses were reimbursed to Trustees (2020: £135 to 1 Trustee). These reimbursements were for meeting and travelling costs.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

12. Tangible fixed assets

Group

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At 1 January 2021	8,843	22,420	31,263
Additions	-	1,250	1,250
Disposals	(3,166)	(20,667)	(23,833)
At 31 December 2021	<u>5,677</u>	<u>3,003</u>	<u>8,680</u>
Depreciation			
At 1 January 2021	8,392	22,175	30,567
Charge for the year	113	661	774
On disposals	(3,166)	(20,667)	(23,833)
At 31 December 2021	<u>5,339</u>	<u>2,169</u>	<u>7,508</u>
Net book value			
At 31 December 2021	<u>338</u>	<u>834</u>	<u>1,172</u>
<i>At 31 December 2020</i>	<u>451</u>	<u>245</u>	<u>696</u>

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

12. Tangible fixed assets (continued)

Charity

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At 1 January 2021	5,677	1,753	7,430
Additions	-	1,250	1,250
At 31 December 2021	<u>5,677</u>	<u>3,003</u>	<u>8,680</u>
Depreciation			
At 1 January 2021	5,226	1,508	6,734
Charge for the year	113	661	774
At 31 December 2021	<u>5,339</u>	<u>2,169</u>	<u>7,508</u>
Net book value			
At 31 December 2021	<u>338</u>	<u>834</u>	<u>1,172</u>
At 31 December 2020	<u>451</u>	<u>245</u>	<u>696</u>

13. Debtors

	Group 2021 £	Group 2020 £	Charity 2021 £	Charity 2020 £
Due within one year				
Trade debtors	65,115	50,350	65,115	48,865
Amounts owed by group undertakings	-	-	136	-
Other debtors	32	32	32	32
Prepayments and accrued income	-	1,800	-	1,800
	<u>65,147</u>	<u>52,182</u>	<u>65,283</u>	<u>50,697</u>

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

14. Creditors: Amounts falling due within one year

	Group 2021 £	<i>Group 2020 £</i>	Charity 2021 £	<i>Charity 2020 £</i>
Trade creditors	10,873	3,676	10,873	3,297
Amounts owed to group undertakings	-	-	-	31,306
Other taxation and social security	22,674	25,454	22,674	24,901
Accruals and deferred income	45,853	94,505	45,853	92,310
	79,400	123,635	79,400	151,814
	Group 2021 £	<i>Group 2020 £</i>	Charity 2021 £	<i>Charity 2020 £</i>
Deferred income				
Deferred income at 1 January	88,609	26,188	15,000	15,000
Resources deferred during the year	(88,609)	88,609	(15,000)	-
Amounts released from previous periods	39,000	(26,188)	39,000	-
Deferred income at 31 December	39,000	88,609	39,000	15,000

Deferred income represents income received in 2021 for projects taking place post year-end.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

15. Statement of funds

Statement of funds - current year

	Balance at 1 January 2021 £	Income £	Expenditure £	Distribution of profits £	Balance at 31 December 2021 £
Unrestricted funds					
General unrestricted funds	136,833	650,100	(579,876)	41,125	248,182
The Patients Association Trading Company Ltd	41,125	-	-	(41,125)	-
	<u>177,958</u>	<u>650,100</u>	<u>(579,876)</u>	<u>-</u>	<u>248,182</u>

Statement of funds - prior year

	<i>Balance at 1 January 2020 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Distribution of profits £</i>	<i>Balance at 31 December 2020 £</i>
Unrestricted funds					
General unrestricted funds	28,882	351,576	(329,707)	86,082	136,833
The Patients Association Trading Company Ltd	86,081	120,055	(78,929)	(86,082)	41,125
	<u>114,963</u>	<u>471,631</u>	<u>(408,636)</u>	<u>-</u>	<u>177,958</u>

Unrestricted funds are general funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

16. Analysis of net assets between funds

Analysis of net assets between funds - current year

	Unrestricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	1,172	1,172
Current assets	326,410	326,410
Creditors due within one year	(79,400)	(79,400)
Total	<u>248,182</u>	<u>248,182</u>

Analysis of net assets between funds - prior year

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Tangible fixed assets	696	696
Current assets	300,897	300,897
Creditors due within one year	(123,635)	(123,635)
Total	<u>177,958</u>	<u>177,958</u>

17. Reconciliation of net movement in funds to net cash flow from operating activities

	Group 2021 £	<i>Group 2020 £</i>
Net income for the year (as per Statement of Financial Activities)	<u>70,224</u>	<u>62,995</u>
Adjustments for:		
Depreciation charges	774	568
Investment income	(180)	(40)
(Increase)/ decrease in debtors	(12,965)	26,504
(Decrease)/ increase in creditors	(44,235)	49,394
Net cash provided by operating activities	<u>13,618</u>	<u>139,421</u>

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18. Analysis of cash and cash equivalents

	Group 2021	<i>Group 2020</i>
	£	£
Cash in hand	261,263	248,715
Total cash and cash equivalents	261,263	248,715

19. Analysis of changes in net debt

	At 1 January 2021	Cash flows	At 31 December 2021
	£	£	£
Cash at bank and in hand	248,715	12,548	261,263
	248,715	12,548	261,263

20. Pension commitments

The group operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the group in an independently administered fund. The pension cost charge represents contributions payable by the group to the fund and amounted to £9,220 (2020: £6,568) in the year.

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21. Operating lease commitments

At 31 December 2021 the Group and the Charity had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	Group 2021 £	<i>Group 2020 £</i>	Charity 2021 £	<i>Charity 2020 £</i>
Not later than 1 year	1,256	2,104	1,256	2,104
Later than 1 year and not later than 5 years	1,256	2,512	1,256	2,512
	2,512	4,616	2,512	4,616

The following lease payments have been recognised as an expense in the Statement of Financial Activities:

	Group 2021 £	<i>Group 2020 £</i>	Charity 2021 £	<i>Charity 2020 £</i>
Operating lease rentals	2,146	13,449	2,146	13,449

22. Trustees liability

Each Trustee of the charitable company undertakes to contribute to the assets of the company in the event of it being wound up while they are a Trustee, or within one year after they cease to be a Trustee, such amount as may be required, not exceeding £1 for the debts and liabilities contracted before they cease to be a Trustee.

23. Related party transactions

The Group has taken advantage of the exemption in Section 33.1A in FRS 102 from the requirement to disclose transactions between wholly owned members of the Group.

Other than Trustee and Key Management Personnel transactions detailed in Notes 10 and 11, there were no related party transactions during the period (2020: None).

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24. Principal subsidiaries

Subsidiary name:	The Patients Association Trading Company Limited
Company registration number:	05252321
Principal address:	The London North West Heal NHS Trust, Watford Road, Harrow, Middlesex, HA1 3UJ
Basis of control:	100% controlled
Total assets as at 31 December 2021:	£136
Total liabilities as at 31 December 2021:	£136
Total equity as at 31 December 2021:	£Nil
Turnover for the year ended 31 December 2021:	£Nil
Expenditure for the year ended 31 December 2021:	£Nil
Taxation for the year ended 31 December 2021:	£Nil
Profit for the year ended 31 December 2021:	£Nil

The principal activity of The Patients Association Trading Company Limited is to support The Patients Association in providing services to patients of both health and social care. The results of The Patients Association Trading Company Limited are included in these consolidated financial statements. The Patients Association Trading Company Limited was dormant during the current year, after ceasing to trade in 2020.

25. Post balance sheet events

The Patients Association Trading Company Limited ceased to trade during the prior year and the Directors are in the process of winding up the Company.