

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

UNAUDITED

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2022

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

CONTENTS

	Page
Reference and Administrative Details of the Charity, its Trustees and Advisers	1
Trustees' Report	2 - 13
Independent Examiner's Report	14
Consolidated Statement of Financial Activities	15
Consolidated Balance Sheet	16
Charity Balance Sheet	17
Consolidated Statement of Cash Flows	18
Notes to the Financial Statements	19 - 37

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 DECEMBER 2022

Trustees

Ms L Watson, Chair (resigned 31 December 2022)²
Ann Keen, Chair (appointed 15 December 2022)
Ms C Hewitt (resigned 5 May 2022)¹
Mr I Egberedu, Treasurer²
Dr A M Rollin MBE¹
Mrs F Browne, Chair of Governance Committee¹
Mr D Hopkin (resigned 31 March 2022)²
Mrs S White¹
Ms R King
Ms J Thallon, Vice Chair¹
Ms B Joshi
Mr W Valji, Associate Trustee
Dr R Hillson, Associate Trustee
Ms M Davis²

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
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Chief Executive Officer and Company Secretary Rachel Power

President Sir Robert Anthony Francis, KC

Independent Examiner MHA
Chartered Accountants
6th Floor
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London
EC2Y 5AU

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2022

Introduction from our chair, Ann Lloyd Keen

I and the Trustees present our annual report together with the consolidated financial statements for the year 1st January to 31st December 2022.

The year began with our third pandemic patient experience report, which found that two out of three patients lacked confidence that the health and care system would be able to deliver high quality care and treatment consistently after the pandemic. Unfortunately, their concerns proved well-founded as we ended the year amid the worst winter crisis many in the NHS had ever seen: 2022 was truly a difficult year for patients.

Despite these difficulties – or perhaps because of them – we experienced growing interest in our work. Our membership rose to nearly 3,000. Our members and the people taking part in our events and projects now come from more diverse backgrounds than previously. This testifies to the work staff members of the Charity have done to connect with a varied group of organisations and charities, through which we are able to share opportunities to take part in our work. We now have relationships with organisations representing the LGBTQ+ community in London, maternal mental health, men's health, think tanks, the disabled community in London, people living in rural areas, and champions of shared decision making in Scotland and Wales.

Our website continues to be a source of information and guidance for a great many people. Once again, information on how to access ones medical records was the most viewed information resource, making up two-fifths of all page views on the site. These figures underline how important it is to patients that they can see what healthcare professionals are recording about them. Other popular resources were 'you and your dentist', long term conditions, and 'making the most of your GP appointment'. But views of 'how to make a complaint' dropped by two-fifths from 2021 when interest in it had grown by 230%..This can be seen as a good thing, or that patients think there's little point in complaining.

Our extensive contact with patients through our helpline, events, projects and surveys, continues to give us the authority to talk with the NHS, the Government, and other organisations. We represent their concerns and hopes for their healthcare, and progress our goal of embedding patient partnership in the health and social care system members of the National Institute of Health and Care Excellence (NICE) Voluntary and Community Sector Forum and its Steering Group; within NHS England we are members of the National Implementation Board for the Fuller Stocktake of Primary Care, the National Health and Care Partner Advisory Board, the Elective Recovery Taskforce, and the Evidence Based Interventions Programme Board. All these memberships enable us to speak up for change and promote patient partnership to leaders within the health service and Department of Health and Social Care (DHSC).

Finally, we have had some changes within the Board. I am the new Chair, having taken over from Lucy Watson who served as a trustee for six years and as Chair for five. Lucy led the Charity through the pandemic and was at the helm when we introduced our strategy of patient partnership in 2021. We are all most grateful to Lucy for her leadership. Daniel Hopkin stepped down as a Trustee during this past year, and we thank him for his dedication and valued insight. Caroline Hewitt also stepped down from the Board, her tenure as Trustee having ended. Caroline's contribution to the Charity included time as our Honorary Treasurer and we thank her for her contributions.

Ann Lloyd Keen, Chair

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

The Trustees present their annual report together with the financial statements of the Charity for the 1 January 2022 to 31 December 2022. The Annual Report serves the purposes of both a Trustees' report and a directors' report under company law. The Trustees confirm that the Annual Report and financial statements of the charitable company comply with the current statutory requirements, the requirements of the charitable company's governing document and the 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 (FRS102) (effective 1 January 2015) as amended by Update Bulletins 1 and 2.

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 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 and local policies.

During 2022, we progressed our five-year strategy to embed patient partnership across health and social care systems, which we launched in 2021. We developed our Theory of Change, which creates a road map with milestones of how health and care services will eventually be designed and delivered through partnerships with patients. We believe crisis in the NHS should be viewed from the perspective of patients and carers: patients who are not receiving the care they need, patients who are unable to play an active role in their care because staff are too overworked and under-supported to partner with them, and carers who are left to support increasingly unwell, disabled and frail patients. Many of these carers are unpaid and their increasing responsibilities are making them ill. We understand that it is difficult for staff to work in partnership with patients when the system is in crisis, but we believe that partnership with patients is the only viable route out of the NHS's current crisis. We also think it is essential that patients are involved in all discussions and planning about how to tackle the crisis.

At the start of 2022, we discussed how the pandemic had badly disrupted the relationship between the NHS and patients. Over the year, we watched with growing alarm as the experience of patients deteriorated further and health staff began a wave of industrial action. In addition, two reviews into unsafe maternity care and the start of another independent inquiry into the failings of another maternity service added to our growing concerns for patients' access to care and their safety. While we accept that the pandemic has contributed to rising waiting lists, we believe that long-term underfunding of the NHS, long-term failure to plan the NHS's workforce, and poor cultures within certain units are the real foundations of why so many patients are dissatisfied with the service they receive while remaining committed to the concept of the NHS.

We recognise the extent of the task that faces the NHS to bring waiting lists down and return to something approaching a level of service patients received in 2019 – although waiting lists were rising even then. Recovery from the pandemic and the winter crisis cannot be achieved without a long-term workforce plan that covers all of the NHS and includes social care services. It needs leadership from the NHS and Government. It needs the NHS, Government, and health professionals to work in partnership with patients.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

The partnership approach we advocate answers the challenge of rebuilding health and care. It can also overcome many long-running problems of patients not being listened to and not seen as partners in their treatment and care. Also, patient partnership will help services change to meet the diverse needs of the populations they serve. Our role is to help the NHS, Government, professionals and all those making decisions about services, understand patients' needs and expectations, and help them work in partnership with patients.

Finally, our core values, which revisited in 2022, ensure we never lose sight of what we are trying to achieve. They are:

Diversity: We value diversity by encouraging a trusting, open and inclusive environment for staff, volunteers, patients, and stakeholders.

Dignity and respect: We treat every person with kindness, respect and dignity.

Inclusive: We welcome people's differences and believe it is important people are comfortable to be themselves while they are working or engaging with us.

Partnership: We work in partnership to make things better for patients so everyone can get and benefit from the health and care they need

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

We published three critical reports. In January, we published 'Patient experience before the omicron wave: the storm before the storm', the third in our pandemic patient experience reports. The findings were drawn from more than 1,000 respondents, a number that was achieved thanks to many of the organisations we have been developing relationships with, sharing information about the survey among their networks.

In June we published 'Shared decision making from the perspective of clinicians and healthcare professionals', a follow up to 2021's research and report on shared decision making. Corporate partner Novartis sponsored the survey, enabling us to reach more than 1,400 healthcare professionals, a number that we were delighted to achieve given we speak for patients and not professionals. We were also supported in the distribution of the survey by the Academy of Royal Medical Colleges (AoRMC), and in the launch of the report by AoRMC, NHS England's Personalised Care Group, the Personalised Care Institute, and the Nursing and Midwifery Council.

Also in June, we published 'Time to Choose', a report we developed with the Independent Healthcare Providers Network (IHPN). This report highlighted how few patients knew they had the right to choose where they are treated within the NHS, how many would be willing to travel out of their area to receive care more quickly, and how we thought the system could be improved for patients to enable to exercise their right to choose. This report has been cited throughout 2022 by many other organisations. Its publication is one of the reasons we were invited to join the Department for Health and Social Care Elective Recovery Taskforce in December. We are the only patient body on the Taskforce, which will explore how much support the independent sector can offer to the NHS to tackle the waiting list backlog.

We were also invited to join the National Health & Care Partner Advisory Board, which will look at how to get the NHS to better respect the role of patients' carers. Again, we are the only patient group on the Board. We were members of the expert advisory group at the Department of Health and Social Care (DHSC), looking at implementation of the data strategy and advising on patient engagement.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

We held a week of activities to showcase patient partnership, which included blogs, social media activity and five webinars. It enabled us to talk about our own work, that of partners, and also of organisations we believe are practising patient partnership. The whole week was so successful that we plan to make it an annual event each November. For more information on the week in 2022, please see page 9 of this report.

Towards the end of 2022 we appointed a new Chair to the Board of Trustees. Registered nurse, Ann Lloyd Keen, was appointed Chair, taking over from Lucy Watson, who had been Chair since 2018.

Patient Voices Matter

In September 2021 we formed our lived experience advisory panel, which members named Patient Voices Matter. It was supposed to run for six months as a pilot, but the group came together so well that it ran for 15 months. This group taught us lots and led us to review how we can improve the way we currently conduct patient partnership activities.

We have reviewed and changed some of our administration processes, our advice and information resources, and how we run focus groups. The group has helped us develop our code of conduct for working in partnership with patients, and our policy on patient partnership in our internal work.

What we have learnt from Patient Voices Matter will help with the creation of any future advisory panels.

We will work to ensure that any future advisory panels are as diverse as Patient Voices Matter. We have shared the concerns of Patient Voices Matter with all our staff, our trustees and we raise these experiences when we meet with healthcare professionals.

This pilot group was very diverse and yet we were struck by how they regularly all experienced similar issues with the health and care system. Recurring themes centred around appointments, accessibility, communication, mental health, and person-centred care. But the group also considered issues beyond their personal experiences, such as many patients using private healthcare providers because of long NHS waiting lists.

Group members found arranging appointments can be challenging: they might clash with family members' appointments, so must be rearranged but changing an appointment can be complicated. Additionally, healthcare professionals often change appointments without first checking with the patient.

Accessibility was a big concern of the group. If patients do not have internet access, they cannot book appointments online. Letters from the NHS that are full of jargon mean patients may not understand information about their own treatment.

How the health and care service communicate with patients can be unpredictable, which can be stressful for people with autism. Being told you will receive a call sometime between 9am and 5pm, is neither good communication nor accessible. Not knowing when the call will happen, means patients cannot ensure a confidential environment to take the call. The patient could be on the bus. And it is hard to do a health check over the phone if one is autistic or has a learning disability; the healthcare professional will miss things such as facial expressions.

For people with mental health concerns, having to repeat their medical history to different services can cause flashbacks. Also, appointments with GPs can be too short, and patients signposted to talking therapies often find it hard to get through to them.

The group agreed that person-centred care meant patients are treated with dignity and as an individual, but none of them felt current treatment they were receiving was like this. They felt the basic principles of the NHS are so important, but staff does not adhere to them.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

We know members of Patient Voices Matter will continue to partner with us, to help us shape the future direction of the Patients Association and work towards our goal of embedding patient partnership across the health and care system. We have learnt so much from them and appreciate them sharing their experiences with us.

Shared decision making

One of the recommendations in 'Shared decision making: shared reality or insider jargon?', published in July 2021, was the need for research to identify whether practising shared decision making took more time in clinical appointments, than other styles of working. Our report, Shared decision making from the perspective of clinicians and healthcare professionals, published in June 2022 answers that question.

Based on the answers of more than 1,400 professionals, the report shows doctors, nurses, GPs, and other clinicians regularly practice shared decision making, believe it is an appropriate way to work together with most patients, and are optimistic that it will be easier in the future to work in this way. But it also identified several barriers to practising shared decision making.

Respondents reported they lacked time, has excessively high caseloads and not enough staff to practice shared decision making. NHS IT systems were a barrier to recording, communicating, and implementing a patient's preference. Respondents were frustrated that the IT systems were hard to use, unreliable, and did not integrate with each other.

While not a barrier as such, the professionals questioned wanted more and better information to give patients, as well as tools and aids to help in shared decision making. Also, these tools and aids should be promoted more widely to encourage their use.

The report concluded with the extremely important point that the substantial resource barriers to shared decision making mean patients are unable to participate fully in decisions about their care, and, therefore, reaching the best decision for themselves. For us, this finding means the current crisis in the NHS must be understood in terms of patient involvement and experience, as well as the delivery or non-delivery of treatment. Shared decision making cannot be delivered consistently while the NHS is under its current resource limits, and this has serious implications for patient care.

The report also made several recommendations, including: the need to enhance the promotion of shared decision-making approaches within the NHS; NHS England should examine IT weaknesses and ensure that its future efforts to improve NHS IT; and no clinician or healthcare professional should be able to qualify to practice without having been taught fully about shared decision making.

Patient Partnership in Nottingham

We launched a pilot project in conjunction with the Patient Information Forum (PIF), to provide patients who are on the musculoskeletal pathway in Nottinghamshire with appropriate shared decision making materials. We worked with NHS Nottingham and Nottinghamshire ICS Making Personalised Care Real in Elective Care and Pre-Op Delivery Group, to ensure the project's outputs aligned with the Integrated Care System's (ICS) strategic aims.

We ran sessions with the patient/care group to get patient feedback on several shared decision making resources. Based on patients' comments, these resources were revised and are being used by Nottingham and Nottinghamshire ICS. They will be used as part of the ICS' staff personalised care training. We are now focussing on getting the resources digitalised on the Patients Know Best app and how we evaluate the efficiency of the resources from the patient's perspective.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

Patients speaking up for themselves

In 2022, we held 16 focus groups that enabled patients to either give feedback on proposals and share their experiences or co-produce information.

Our projects were:

- Working with NHS England and patients, we looked at GP referrals of patients to hospital, and how GPs use specialist advice to help them decide if they should refer a patient to a hospital-based consultant. NHS England would like more GPs to use this service because its research suggests it helps select the most appropriate plan for the patient at an earlier stage and reduces unnecessary referrals to hospital. But before expanding the service, NHS England asked us to help explore how patients experience the service, how to increase patients' awareness of the service, and learn from patients how the service could work better for them. The patient panel delivered several recommendations to NHS England, which it took onboard and will put in place.
- With Barts Health NHS Trust we brought together patients and healthcare professionals to identify what the Trust needed to consider in the design of a new centre for people with complex inflammatory and metabolic conditions. The mixed group showed the need for an improved, better co-ordinated service, and how a centre for people with complex inflammatory and metabolic conditions could improve patients' lives. Patient testimonies included one person had had to give up working to manage their condition and the numerous appointments they had but such a centre could have changed the quality of their life completely. Barts will take these views on board as they develop the service.
- Working with the charity Engage Britain and patients and carers who had complex health care needs, we looked at good examples of healthcare communication. Participants identified several themes to improve the communications issued by the NHS. These included investment in training staff, improving digital infrastructure for departments to talk to each other, and looking at matters to the person. Engage Britain will use the panel's suggestions as part of a larger piece of work to influence key decision makers within the health service.
- We worked with the Independent Healthcare Providers Network (IHPN) to look at the role patient choice can play in speeding up elective surgery and bringing down the number of patients on waiting lists. Overall, our report, Time to Choose, found significant variations in waiting times across the country – from the Southwest where the difference between the providers with the best and worst waits was over 18 weeks to London where patients were waiting over two months more in the providers with the longest list. The report made a number of recommendations for changes within the NHS in England, and we are now part of the Elective Recovery Taskforce set up by the Secretary of State for Health and Social Care in December 2022. The Taskforce will look at how the independent sector can support the NHS's efforts in tackling the backlog of care.
- Herts and West Essex Integrated Care Board (ICB) commissioned the Patients Association to provide development support for their Patient Participation Groups (PPGs). The aim was to assist with recruitment, increase diversity and reach a wider patient population in order to influence primary care services. Following a series of presentations to 10 local meetings, a survey was distributed to gain a better understanding of the current position, the challenges, and type of support patients and GP staff identified as needed to improve and strengthen their PPGs. The findings were used to develop bespoke training, which was then delivered to 155 practices. We are now exploring phase two of this work, which will continue to build on the training development and support provided to the practices.
- Our work on evidence-based interventions is an ongoing project looking the appropriateness of some medical interventions. Over several rounds and different interventions, we have enabled dozens of patients and carers to share with NHS England their views about 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.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

We also responded to a number of government and health service consultations:

- Department of Health and Social Care (DHSC), Health and social care integration: joining up care for people, places and populations
- UK Government COVID Inquiry terms of reference
- DHSC, Fixed recoverable costs in lower value clinical negligence claims
- NHS England, Draft Guidance on working with people and communities

Speaking up for change

Throughout 2022 we spoke up for change that would improve patients' experience of health and social care. While our focus was patient partnership, the growing crisis within the NHS and social care gave particular urgency to our calls around the need for the Government to publish a workforce plan that covers all aspects of healthcare and includes community and social care. As part of that, we published our position on safe staffing within the health and social care system. For us, a trained, competent, and supported workforce with sufficient numbers to deliver high quality patient-centred care is an essential component of patient safety.

We also wrote to two of the three Secretaries for State for Health and Social Care who held the office during 2022, to raise our concerns. In the summer, we asked Steve Barclay to take action to prevent a deterioration in NHS services, warning that allowing the crisis to continue would inevitably lead to unnecessary deaths. Sadly, we were proved right when in the winter both the Royal College of Emergency Medicine and the Office for National Statistics reported that England and Wales had experienced a surge in excess deaths. Our letter to Thérèse Coffey in the autumn welcomed her ABCD - ambulances, backlogs, care, doctors, and dentists – list of priorities and offered to work with her. However, her tenure was so short-lived that no progress was made. At an operational level, we used all our connections with the NHS and DHSC to ensure the health service was in no doubt about the challenges patients were facing. Together with other patient charities, we worked behind the scenes with both the NHS and unions to ensure communication about what patients could expect during the industrial action was made easily available.

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 second report published in May 2022 was based on research and case studies of good practice in combatting digital health inequalities demonstrated the importance in working with patients who are digitally excluded. It highlights different reasons for disparities in a person's ability to access and use digital health technology and provides insights into the severity of the UK's digital inequalities.

We are members of the GP Patient Survey steering group, NHS Confederation's Health for Care, the Hewitt Review: Data and Digital Workstream, NHS Assembly, NHS England's Outpatients Recovery Transformation Programme Behavioural Insights Phase 2 steering group, Shared Decision Making programme board, DNA (did not attend) Action on Outpatients steering group, Evidence-Based Interventions programme board, Elective Care Engagement Forum, National Health and Care Partner board, and the DHSC's Patient Safety Commissioner advisory group, National Data Advisory Group, and the National Programme Board implementation group.

We remain involved with the Healthcare Inequalities Improvement Network, Maternal Mental Health Alliance, National Institute of Health and Care Excellence (NICE) Voluntary and Community Sector Forum Steering Group, Rural Support Network, Welsh Value in Health Centre, Care and Support Alliance, Men's Health Forum Campaign Group, Prescription Charges Coalition, and the voluntary sector and the Care Quality Commission Executive Leaders' Forum.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

We continue to build relationships with many organisations, especially those representing the diverse groups of patients who we want to get to know and understand their needs. We are gaining access to some good networks in Wales and hope to broaden this to the other devolved nations.

Talking to the press

The media are an important means by which we can talk patient partnership and raise patients' concerns. Broadcast, print (national and local), and digital outlets continued to be interested in our opinions about how the state of the NHS affected patients. Of particular interest were patients waiting for treatment, access to GP appointments, and patient safety. In general, the media were interested in exploring how the difficulties within the NHS were affecting patients.

Talking to our members

We continue to expand and diversify our membership. Following our two members surveys in 2021, we completed all actions that came out of these during 2022. Members wanted more involvement with us and so we now record members' interests when they join us to be able to alert them for opportunities for involvement. Members wanted training, and we are looking at what we can learn from the work we are doing with Herts and West Essex ICB and its PPGs, to see if we can extend some of the learnings to our wider members. Members reported a strong desire to campaign, so we have added a section to our website with campaign resources. Members were keen for us to hold events and we held five webinars during patient partnership week in November. We have brought back the membership magazine Patient Voice as requested by members as a twice-yearly 24-page colour magazine.

We are also pleased to report that our membership increased by 23% in 2022 (an average of 46 new members per month).

Patient partnership week

Patient partnership week ran from 28th November to 2nd December. It included five webinars, several blogs and activity on social media. It was an opportunity for us to showcase our work in patient partnership and that of other organisations. We were delighted to invite long-standing partners to take part and work with new organisations. It was an opportunity for our members to talk about their experiences of working with us and healthcare organisations including the NHS and our corporate partners.

The webinars, all of which had patient speakers, were:

- Shared decision making – examples of great practice, with the Personalised Care director at NHS England, the Welsh Value in Health Centre, and Scotland's Realistic Medicine.
- Rachel Power in conversation with Dr Henrietta Hughes, Patient Safety Commissioner England
- Partnering with patients and communities – what's happening in ICSs, with contributions from Patient Information Forum, National Centre for Rural Health and Care, and NHS Hertfordshire and West Essex Integrated Care Board.
- Patient stories: our partnerships with industry, which gave funders and participants in some of our project work to talk about what it was like working together and with us. Companies participating were Novo Nordisk, Nutricia, and Pfizer.
- Making Families Count on how to work collaboratively with the NHS following a serious incident.

To extend the reach of the webinars, we recorded them and these are available on our website.

We received excellent feedback from participants and attendees, and so plan to run the week in 2023.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

The week was made possible thanks to sponsorship from Novo Nordisk, AstraZeneca and Nutricia who had no influence over the content of the webinars, beyond being invited to speak at individual webinars. At all times, the Patients Association had full editorial control.

Our plans for the future

Plans for the Association in 2023 include continuing to raise the profile of the organisation, provide high quality information and guidance to patients, and support active engagement of our members in our work.

To do this we will:

- Develop project offer to support organisations with implementation of patient partnership in a customised way relating to the organisation's regional/ community population needs.
- Take and refine our learnings from Patient Voices Matter to create new ways of working that build patient partnership and expertise into each area of our work.
- Continue to develop the information section of the website.
- Undertake two large scale surveys on patient experience.
- Run our biennial membership survey.
- Increase our membership during our anniversary year to 6,000 individuals.
- Develop an annual patient partnership week, consisting of events, blogs, and social media. In conjunction with promoting our patient partnership messages through social media, media engagement, campaigning, and our stakeholder engagement.
- Greater engagement with the media to raise issues of concern for patients.
- Increase partnership working with key stakeholders, especially those working with underserved communities, so 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, the war in Ukraine and the cost of living crisis on our 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.
- 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 PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

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 £638,487 against a target of £573,660.

Our expenditure at the end of the year was £577,682 against a budget of £554,321.

Patient Association companies

The trading company ceased to trade in July 2020. 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 £268,000 in reserves.

Although the balance of unrestricted funds held at the year-end is greater than the policy level, this is deemed reasonable given the current economic circumstances and the increased uncertainty over future costs as a result of the cost-of-living crisis.

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 2022 was a surplus of £60,805 (2021: £70,224). This compares with a surplus of £62,995 in the year ending 2020.

The balance held in unrestricted funds at the 31 December 2022 was £308,987. This compares to the balance at 31 December 2021 of £248,182 and at 31 December 2020 where the balance was £177,958.

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 2022 or 2021.

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.

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

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.

Principal risks and uncertainties

The principal uncertainty is the impact of the ongoing war in Ukraine, the cost of living crisis and the impact of COVID-19 and the impact that this may have on the organisation in terms of funding. Our staff are still home-working as we seek to find a suitable office space that can support 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.

Our Diversity objectives are;

To develop and encourage an inclusive environment where staff, freelancers, trustees, and volunteers feel empowered to express their views and perspectives.

To ensure that our work is accessible to all patients and increase the diversity of the people that influence and guide our views

THE PATIENTS ASSOCIATION

(A Company Limited by Guarantee)

TRUSTEES' REPORT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2022

Board recruitment

Appointments to the Board continue to be via an open and formal recruitment process. At the AGM in 2022, members agreed to appoint Meryl Davies, Bhavna Joshi, Rowan Hillson and Wiqas Valji as trustees. Isaac Egberedu was reappointed as Honorary Treasurer. In 2022 we appointed Ann Keen as trustee who will be voted for in our AGM in 2023.

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 2022, 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 by vacating our office in Northwick Park Hospital due to the land having been sold.

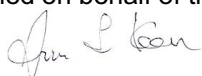
Remuneration of key personnel

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 A Lloyd Keen

Chair

Date: 25th May 2023

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

INDEPENDENT EXAMINER'S REPORT
FOR THE YEAR ENDED 31 DECEMBER 2022

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 2022.

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: 07/06/2023

Stuart McKay BSc FCA DChA

MHA, 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 2022

	Note	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Income from:				
Donations and grants	4	291,887	291,887	287,938
Charitable activities	5	334,537	334,537	361,982
Other trading activities	6	10,494	10,494	-
Investments	7	1,569	1,569	180
		<u>638,487</u>	<u>638,487</u>	<u>650,100</u>
Total income				
Expenditure on:				
Raising funds	8	52,278	52,278	60,993
Charitable activities	9	525,404	525,404	518,883
		<u>577,682</u>	<u>577,682</u>	<u>579,876</u>
Total expenditure				
		<u>60,805</u>	<u>60,805</u>	<u>70,224</u>
Net movement in funds				
Reconciliation of funds:				
Total funds brought forward		248,182	248,182	177,958
Net movement in funds		60,805	60,805	70,224
		<u>308,987</u>	<u>308,987</u>	<u>248,182</u>
Total funds carried forward				

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 19 to 37 form part of these financial statements.

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

CONSOLIDATED BALANCE SHEET
AS AT 31 DECEMBER 2022

	Note	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible assets	13		1,442		1,172
			1,442		1,172
Current assets					
Debtors	14	76,429		65,147	
Cash at bank and in hand		329,840		261,263	
		406,269		326,410	
Creditors: amounts falling due within one year	15	(98,724)		(79,400)	
Net current assets			307,545		247,010
Total net assets			308,987		248,182
Group funds					
Unrestricted funds	16		308,987		248,182
Total funds			308,987		248,182

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 A Keen
Chair
Date: 25th May 2023

The notes on pages 19 to 37 form part of these financial statements.

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

CHARITY BALANCE SHEET
AS AT 31 DECEMBER 2022

	Note	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible assets	13		1,442		1,172
			<u>1,442</u>		<u>1,172</u>
Current assets					
Debtors	14	100,064		65,283	
Cash at bank and in hand		306,205		261,127	
			<u>406,269</u>	<u>326,410</u>	
Creditors: amounts falling due within one year	15	(98,724)		(79,400)	
Net current (liabilities) / assets			<u>307,545</u>		<u>247,010</u>
Total net assets			<u>308,987</u>		<u>248,182</u>
Charity funds					
Unrestricted funds	16		308,987		248,182
Total funds			<u>308,987</u>		<u>248,182</u>


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 A Keen
 Chair
 Date: 25th May 2023

The notes on pages 19 to 37 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 2022

	2022	<i>2021</i>
	£	£
Cash flows from operating activities		
Net cash used in operating activities	67,956	<i>13,618</i>
	<hr/>	<hr/>
Cash flows from investing activities		
Investment income	1,569	<i>180</i>
Purchase of tangible fixed assets	(948)	<i>(1,250)</i>
	<hr/>	<hr/>
Net cash provided by/(used in) investing activities	621	<i>(1,070)</i>
	<hr/>	<hr/>
Change in cash and cash equivalents in the year	68,577	<i>12,548</i>
Cash and cash equivalents at the beginning of the year	261,263	<i>248,715</i>
	<hr/>	<hr/>
Cash and cash equivalents at the end of the year	329,840	<i>261,263</i>
	<hr/> <hr/>	<hr/> <hr/>

The notes on pages 19 to 37 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 2022

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 £60,805 (2021: surplus £111,349), including £Nil (2021: £41,125) 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. 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 2022

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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

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 2022

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 14. 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 15. 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 2022

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 2022

4. Income from donations and grants

	Unrestricted funds 2022 £	Total funds 2022 £	<i>Total funds 2021 £</i>
Donations and grants	7,103	7,103	23,163
Corporate donations/ membership	274,784	274,784	264,775
Legacy donations	10,000	10,000	-
Total 2022	<u>291,887</u>	<u>291,887</u>	<u>287,938</u>
<i>Total 2021</i>	<u>287,938</u>	<u>287,938</u>	

Included within the Donations and grants category is £Nil of government grant income (2021: £3,732). 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 2022 £	Total funds 2022 £	<i>Total funds 2021 £</i>
Helpline and Information Services	24,175	24,175	24,175
Performance-related grants	310,362	310,362	337,807
Total 2022	<u>334,537</u>	<u>334,537</u>	<u>361,982</u>

In 2021, all income from charitable activities was allocated to unrestricted funds.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

6. Income from other trading activities

Income from fundraising events

	Unrestricted funds 2022 £	Total funds 2022 £	<i>Total funds 2021 £</i>
Event income	10,494	10,494	-

7. Investment income

	Unrestricted funds 2022 £	Total funds 2022 £	<i>Total funds 2021 £</i>
Bank interest receivable	1,569	1,569	180

In 2021, all investment income was allocated to unrestricted funds.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

8. Expenditure on raising funds

	Unrestricted funds 2022 £	Total funds 2022 £
Direct costs - Staff costs	51,926	51,926
Direct costs - Other costs	352	352
Total 2022	52,278	52,278

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

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

9. Analysis of expenditure by charitable activities

	Activities undertaken directly 2022 £	Support costs 2022 £	Total funds 2022 £
Helpline and Information Services	165,680	20,489	186,169
Influencing Policy and Practice	298,257	40,978	339,235
Total 2022	463,937	61,467	525,404

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

In 2021, the total expenditure on charitable activities of £518,883 was from unrestricted funds.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

9. Analysis of expenditure by charitable activities (continued)

Analysis of support costs

	Total funds 2022 £	<i>Total funds 2021 £</i>
Depreciation	678	774
Rent and rates	2,325	-
Recruitment expenses	865	3,041
Communication costs	22,832	21,433
Consultancy costs	8,282	2,520
Advertising and marketing	2,560	1,577
Travel and subsistence	1,103	879
Printing, postage and stationery	1,666	5,372
Subscriptions	2,879	1,201
Bank charges	304	90
Governance costs	14,957	12,904
Other costs	3,016	1,561
Total 2022	61,467	<i>51,352</i>

Governance costs are analysed in Note 10.

10. Governance costs

	2022 £	<i>2021 £</i>
Insurance	2,966	2,348
Independent Examiners' Remuneration	3,750	3,400
Bookkeeping & accountancy costs	8,180	7,143
Other costs	61	13
	14,957	<i>12,904</i>

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

11. Staff costs

	Group 2022	<i>Group 2021</i>	Charity 2022	<i>Charity 2021</i>
	£	£	£	£
Wages and salaries	319,302	296,193	319,302	296,193
Social security costs	29,864	26,311	29,864	26,311
Contribution to defined contribution pension schemes	9,848	9,220	9,848	9,220
	359,014	331,724	359,014	331,724

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

	Group 2022	<i>Group 2021</i>
	No.	No.
Staff	9	9

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

	Group 2022	<i>Group 2021</i>
	No.	No.
In the band £60,001 - £70,000	-	1
In the band £70,001 - £80,000	1	-

The total amount of employee benefits, including employers social security costs, received by Key Management Personnel of the Charity was £84,452 (2021: £81,215). The Charity considers its Key Management Personnel to comprise of the Trustees and the Chief Executive Officer. As disclosed in Note 12, no Trustees received any remuneration or other benefits during the year (2021: £NIL).

12. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2021 - £NIL).

During the year ended 31 December 2022, no Trustee expenses have been incurred (2021 - £NIL).

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

13. Tangible fixed assets

Group

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At 1 January 2022	5,677	3,003	8,680
Additions	-	948	948
At 31 December 2022	<u>5,677</u>	<u>3,951</u>	<u>9,628</u>
Depreciation			
At 1 January 2022	5,339	2,169	7,508
Charge for the year	85	593	678
At 31 December 2022	<u>5,424</u>	<u>2,762</u>	<u>8,186</u>
Net book value			
At 31 December 2022	<u>253</u>	<u>1,189</u>	<u>1,442</u>
<i>At 31 December 2021</i>	<u>338</u>	<u>834</u>	<u>1,172</u>

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

13. Tangible fixed assets (continued)

Charity

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At 1 January 2022	5,677	3,003	8,680
Additions	-	948	948
At 31 December 2022	<u>5,677</u>	<u>3,951</u>	<u>9,628</u>
Depreciation			
At 1 January 2022	5,339	2,169	7,508
Charge for the year	85	593	678
At 31 December 2022	<u>5,424</u>	<u>2,762</u>	<u>8,186</u>
Net book value			
At 31 December 2022	<u>253</u>	<u>1,189</u>	<u>1,442</u>
<i>At 31 December 2021</i>	<u>338</u>	<u>834</u>	<u>1,172</u>

14. Debtors

	Group 2022 £	Group 2021 £	Charity 2022 £	Charity 2021 £
Due within one year				
Trade debtors	66,397	65,115	66,397	65,115
Amounts owed by group undertakings	-	-	23,635	136
Other debtors	32	32	32	32
Prepayments and accrued income	10,000	-	10,000	-
	<u>76,429</u>	<u>65,147</u>	<u>100,064</u>	<u>65,283</u>

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

15. Creditors: Amounts falling due within one year

	Group 2022 £	<i>Group 2021 £</i>	Charity 2022 £	<i>Charity 2021 £</i>
Trade creditors	6,399	<i>10,873</i>	6,399	<i>10,873</i>
Other taxation and social security	32,073	<i>22,674</i>	32,073	<i>22,674</i>
Accruals and deferred income	60,252	<i>45,853</i>	60,252	<i>45,853</i>
	98,724	<i>79,400</i>	98,724	<i>79,400</i>
	Group 2022 £	<i>Group 2021 £</i>	Charity 2022 £	<i>Charity 2021 £</i>
Deferred income				
Deferred income at 1 January	39,000	<i>88,609</i>	39,000	<i>15,000</i>
Resources deferred during the year	54,000	<i>39,000</i>	54,000	<i>39,000</i>
Amounts released from previous periods	(39,000)	<i>(88,609)</i>	(39,000)	<i>(15,000)</i>
Deferred income at 31 December	54,000	<i>39,000</i>	54,000	<i>39,000</i>

Deferred income represents income received in 2022 for projects & corporate membership relating to the following financial reporting period.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

16. Statement of funds

Statement of funds - current year

	Balance at 1 January 2022 £	Income £	Expenditure £	Balance at 31 December 2022 £
Unrestricted funds				
General unrestricted funds	248,182	638,487	(577,682)	308,987

Statement of funds - prior year

	<i>Balance at 1 January 2021 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Distribution of profits £</i>	<i>Balance at 31 December 2021 £</i>
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>

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 2022

17. Analysis of net assets between funds

Analysis of net assets between funds - current year

	Unrestricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	1,442	1,442
Current assets	406,269	406,269
Creditors due within one year	(98,724)	(98,724)
Total	<u>308,987</u>	<u>308,987</u>

Analysis of net assets between funds - prior year

	<i>Unrestricted funds 2021 £</i>	<i>Total funds 2021 £</i>
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>

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

	Group 2022 £	<i>Group 2021 £</i>
Net income for the year (as per Statement of Financial Activities)	60,805	70,224
Adjustments for:		
Depreciation charges	678	774
Investment income	(1,569)	(180)
(Increase)/ decrease in debtors	(11,282)	(12,965)
Increase/ (decrease) in creditors	19,324	(44,235)
Net cash provided by operating activities	<u>67,956</u>	<u>13,618</u>

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

19. Analysis of cash and cash equivalents

	Group 2022	<i>Group 2021</i>
	£	£
Cash in hand	329,840	261,263
Total cash and cash equivalents	329,840	261,263

20. Analysis of changes in net debt

	At 1 January 2022	Cash flows	At 31 December 2022
	£	£	£
Cash at bank and in hand	261,263	68,577	329,840
	261,263	68,577	329,840

21. 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 £9,848 (2021: £9,220) in the year.

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

22. Operating lease commitments

At 31 December 2022 the Group and the Charity had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	Group 2022	<i>Group 2021</i>	Charity 2022	<i>Charity 2021</i>
	£	£	£	£
Not later than 1 year	1,424	1,256	1,424	1,256
Later than 1 year and not later than 5 years	-	1,256	-	1,256
	1,424	2,512	1,424	2,512

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

	Group 2022	<i>Group 2021</i>	Charity 2022	<i>Charity 2021</i>
	£	£	£	£
Operating lease rentals	1,298	2,146	1,298	2,146

23. 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.

24. 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 11 and 12, there were no related party transactions during the period (2021: None).

THE PATIENTS ASSOCIATION
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

25. 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 2022:	£23,635
Total liabilities as at 31 December 2022:	£23,635
Total equity as at 31 December 2022:	£Nil
Turnover for the year ended 31 December 2022:	£Nil
Expenditure for the year ended 31 December 2022:	£Nil
Taxation for the year ended 31 December 2022:	£Nil
Profit for the year ended 31 December 2022:	£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.

26. Post balance sheet events

The Patients Association Trading Company Limited ceased to trade during 2020 and the Directors are in the process of winding up the Company.