

Company no. 2644430  
Charity no. 1005671

**The National Council for Palliative Care**  
**Report and Financial Statements**  
**31 March 2013**

**sayer vincent**  
  
*auditors and advisors*

## The National Council for Palliative Care

### Reference & administrative details

#### For the year ended 31 March 2013

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<b>Status</b>	The National Council for Palliative Care is a charitable company limited by guarantee incorporated on 10 September 1991 and registered as a charity on 5 November 1991	
<b>Governing document</b>	The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association	
<b>Company number</b>	2644430	
<b>Charity number</b>	1005671	
<b>Registered office and operational address</b>	The Fitzpatrick Building 188-194 York Way London N7 9AS	
<b>Honorary officers</b>	Prof. Mayur Lakhani Chris Grimes	Chairman Chair of Finance & Personnel Committee
<b>Principal staff</b>	Eve Richardson	Chief Executive & Company Secretary
<b>Principal bankers</b>	CAF Bank PO Box 289 Kings Hill West Malling KENT ME19 4TA	
<b>Principal Solicitors</b>	Charles Russell Solicitors 8-10 New Fetter Lane London EC4A 1RS	
<b>Auditors</b>	Sayer Vincent Chartered Accountants & Statutory Auditors 8 Angel Gate City Road London EC1V 2SJ	

## **The National Council for Palliative Care**

### **Report of the Trustees**

#### **For the year ended 31 March 2013**

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The Trustees present their report and the audited financial statements for the year ended 31 March 2013.

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Memorandum and the Articles of Association and the Statement of Recommended Practice – Accounting and Reporting by Charities (SORP 2005).

### **Structure, Governance and Management**

#### **Object of the Charity**

The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland. We believe that everyone approaching the end of life has the right to the highest quality care and support, wherever they live, and whatever their condition. We work with government, health and social care staff and people with personal experience to improve end of life care for all. NCPC's objectives are:-

- To promote any charitable purpose for the benefit of palliative and end of life care generally in the United Kingdom and elsewhere in the world and, in particular, to promote the provision of palliative care through those organisations, institutions, societies and bodies engaged in or otherwise concerned with general, hospice and specialist palliative care including the Department of Health (DH) and other Government departments and agencies and other statutory authorities;
- To initiate and co-ordinate all such actions and processes required to maintain and improve the efficiency and effectiveness of the commissioning and provision of general, hospice, specialist palliative care and end of life care services;
- To promote, encourage and undertake all such actions and processes directed to improving the facilities, resources and personal skills dedicated to the commissioning and provision of general, hospice and specialist palliative care services.

#### *Public benefit focus on ensuring that our activities achieve our charitable aims*

The Trustees review NCPC's aims, objectives and activities each year, and those of the Dying Matters Coalition that NCPC has led since 2009. This report looks at what NCPC has achieved and the outcomes of its work within the previous twelve months. The Trustees report the success of each key activity and the benefits they have brought to those groups of people they are set up to help. The review also helps the Trustees to ensure the aims, objectives and activities remained focused on their stated purposes.

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives they have set.

#### **Organisational Structure**

The Corporate Body, which meets at AGMs and other general meetings, comprises of the founding organisations and a range of other health and social care bodies, Trustees with a range of expertise and elected Area and Country Representatives. NCPC operates in England, Wales and Northern Ireland. A sister organisation, The Scottish Partnership for Palliative Care, operates in Scotland, and we have observer status on each other's boards.

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**For the year ended 31 March 2013**

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#### **The Board of Trustees**

The Trustees consist of not more than 15 trustees who are appointed on recommendation from the Nominations Panel subject to law, the Memorandum and the Articles of Association. They report to the membership in general meetings of the membership, and meet with subscribers in an annual forum.

All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 5 to the accounts. NCPC wishes to ensure that its trustees form a balanced board in terms of skills and experience as well as equal opportunities and cultural diversity. Trustees are expected to attend the four meetings of the Board each year, but are welcome to attend other meetings and events across the calendar as part of their learning. Induction and training are prepared by the Chief Executive and are tailored to the needs of the individual Trustee depending on their knowledge and experience of the organisation at the time of joining the Board.

#### **Achievement and performance – Review of Activities during 2012-13**

NCPC's main activities and those it tries to help are described below. All the charitable activities focus on widening access and improving the quality of palliative and end of life care and are undertaken to further our charitable purposes for the public benefit.

#### **Beneficiaries of our services**

- People at or approaching the end of life, patients and carers in all settings
- National and local commissioners of palliative and end of life care services
- National and local providers and planners of palliative and end of life care services
- Partner charities and stakeholders
- The general public

In the last year NCPC has worked towards the continuous development and delivery of its priorities as set out in our Service Delivery Plan for 2012-13. It has been a busy and successful year for NCPC and the national Dying Matters coalition, which we lead, and which exists to raise awareness and change behaviour in relation to death, dying and bereavement.

In order to achieve our vision that everyone approaching the end of life has the right to the highest quality care and support wherever they live and whatever their condition, we continued our three pronged approach; to change national and local policy to ensure end of life care remains a priority; to change the practice of those commissioning or providing the care to ensure it is of the highest quality and in line with people's wishes; and to change public attitudes and behaviours so that living and dying well become the norm.

2012-13 saw dementia become an increasing priority of NCPC. We successfully influenced Number 10 and the Department of Health to ensure palliative and end of life care was included in the Prime Minister's Dementia Challenge. Our campaigning led to end of life care becoming part of the 15 point action plan and NCPC was represented on two of the three Champion Groups (health and care and dementia friendly communities).

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As an umbrella charity, NCPC has always existed to inform and influence government national policy, and by achieving consensus and identifying good practice we continue to support those using, commissioning and providing services. Our leadership of the national Dying Matters coalition also enables us to inform and influence the public and to target key groups. In 2012-13 our work was

- People will be aware of choices and issues of dying, death and bereavement
- People will be able to make informed choices in order to get their needs met
- People and professionals will be equipped to meet those needs and wishes

#### Influencing Government & National Policy Development

We continued to develop our national role strategically:

- We successfully influenced the DH to include 'Dying Well' as the sixth objective in the forthcoming Long Term Conditions Strategy. We were invited to work with a small group of the Strategic Partners to shape the strategy and helped to plan the national engagement event in March
- Westminster parliamentarians debated care of the dying in January, and David Burrowes MP highlighted in his opening speech the importance of increased awareness of end of life issues as part of a national debate and called for parliament to support Dying Matters awareness week.
- A parliamentary question was posed: To ask the Secretary of State for Health what initiatives his Department is taking to enhance palliative care. [102117]. To which the response was: The Government remain committed to improving choice and quality in end of life and palliative care and we continue to work to implement the Department's End of Life Care Strategy. Important initiatives we are taking include the national survey of bereaved relatives, the roll-out of electronic palliative care coordination systems, the work on palliative care funding, support for the national Dying Matters coalition, and implementation of the End of Life Care for Adults Quality Standard developed by the National Institute for Health and Clinical Excellence.
- The NHS published a companion document identifying key actions to support the national COPD strategy (2011). NCPC was asked to contribute to the document and palliative and end of life care has been included as a major action for the NHS. Both NCPC and Dying Matters were referenced as sources of support, and our publications *Difficult Conversations on COPD* and *A Fresh Approach* were recommended, as was the Minimum Data Set (MDS).
- We have been incredibly instrumental as part of the Prime Minister's Dementia Challenge producing and launching pain guidance and a briefing on the challenge at our 7th Annual Dementia and End of Life Care Conference. The National Clinical Director for Dementia, Professor Alistair Burns, commented at the conference:  
*"I can tell you that the National Council for Palliative Care is the most effective lobbying organisation that I have seen in this area. It is a testament to you Eve and your colleagues. When I saw the producer's brief when I did the interview, it said 'Interview with Professor Alistair Burns - he was quite late coming to the interest in end of life care, but he's convinced now' When I saw that I thought, 'That's a very good summary!' So congratulations to you all for being extremely effective in this area."*

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- Working with partners we spent significant time campaigning for and succeeding in ensuring end of life care was included in the government's Mandate to the NHS Commissioning Board (now NHS England). End of life care was not mentioned at all in the draft Mandate, but as a result of our efforts it was first-listed in the government's priorities for particular improvement.
- We have been campaigning for free social care at the end of life, together with Help the Hospices, Macmillan Cancer Support, Marie Curie Cancer Care, the MND Association and Sue Ryder. In its white paper on adult social care the Government said that it saw "much merit" in this proposal and that it would make a decision following evaluation of the work of the palliative care funding pilots.
- We launched "10 Questions to ensure good end of life care in your area" with Marie Curie Cancer Care, which is now being used by Health and Wellbeing Boards (HWBs) and others to drive local agendas. The Leader of West Sussex County Council described this as a "terrific" document.
- We have been working with the Chief Nurse, Jane Cummings, and are pleased that end of life care is now a strong part of the nursing vision. Jane is keen to continue to work with NCPC.
- Our mapping of which Health and Wellbeing Boards include end of life care attracted attention from media, Local Government Intelligence Unit and the boards themselves.
- The Local Government Intelligence Unit referenced NCPC throughout its new report 'The Role of the Local Authority in End of Life Care'.
- The All Party Parliamentary Group has continued to attract very influential speakers and supporters and the meetings are used to highlight specific issues within end of life care. The APPG meeting on transitions heard from younger people with a range of conditions at the end of life who told their stories and received considerable cross party support from parliamentarians.
- We are supporting the DH's agenda to extend Quality Innovation Productivity and Prevention in the NHS (QIPP) and leading the public-facing Find Your 1% campaign with GPs.

Our policy work is informed and supported by the following multi-professional, expert multi-sector volunteer working groups, with membership including people with personal experience of end of life care, professional experts in the field, and representatives of leading national charities:

- Cancer and specialist palliative care
- Heart Failure
- Neurological Conditions
- Older People
- Dementia Working Group
- Meaning Faith and Belief Reference Group (organised jointly with the Dying Matters coalition)
- Ethics forum

Each working group has supported the programme of activities set out in the Service Delivery Plan for 2012-13. The Chairs Steering Group meets twice-yearly to co-ordinate and share learning across these and other NCPC working groups and to provide accountability to the Board of Trustees.

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#### Changing Practice

We continued to change the practice of those commissioning and providing palliative and end of life care:

- We were successful in asking NICE to widen the scope of its new guidance on the use of opioids in palliative care, published in May. The guideline was amended to address our concerns that the scope (as then set out) excluded many people with palliative needs, including adults unable to take drugs by mouth and those with 'significant' kidney failure, liver failure or breathing problems.
- Our publication Parkinson's and the last days of life launched in February is affecting change on the ground. A Community Staff Nurse told us *"I was able to discuss the withdrawal of Parkinson's drugs with the GP and recommend they continue with the transdermal patch"*
- We get lots of feedback and comments on Facebook and Twitter, but this one goes to the heart of what we're trying to achieve:  
*'My Grandmother sadly passed away last Friday. Prior to her passing I found your website and spent some time reading through all the information on it. I believe that this helped me to prepare for her death, and it certainly gave me the confidence to be with her, before, during and after she had departed. I now feel very differently about death and dying, and firmly believe that it truly do matter how, when and where we die and it should not be hidden away and feared.'*

We played a key role in the End of Life Care Programme's National Commissioning event, 'In the End, Care Counts', at which our Chairman and Chief Executive ran workshops.

- Our GP training workshops continue to go from strength to strength. We held 6 workshops between 27th June -10th December 2012, and trained 113 GPs. We have put this learning together to form a 'model workshop' which we provide to those GPs who attend our 'train the trainer' workshops. Comments included:

*"Inspiring"* – Edward Porter, Leicester (27th June)

*"The whole set up of the course was very organised and ran smoothly. I was more than impressed with the agenda and materials discussed. In particular, the specially commissioned DVD was very good. Very helpful course which I would recommend to all GPs- at least one from each surgery should attend to bring back and share. Most importantly this education would help to lead to better palliative patient care"* - Dr YT Low, Macclesfield (24th October)

*"I now feel spurred on to introduce advanced care planning into my own practice"* – Dr Simon Spooner, London (13<sup>th</sup> November)

- Our new 'Train the Facilitator' workshops have been very well received. Again feedback has been very encouraging:

*"This was a well rounded educational event pitched right for me. I have been on a lot of communication skills training. The most useful thing was the role play around scenarios... The demonstration role play, acting a poor doctor, was brilliant. Not sure he realised how good he was."* – Dr Patrick McDaid, London (18<sup>th</sup> October)

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*“Excellent. Thought provoking. Can't think of any way it could be improved” – Dr Julie Osborne, Leicester (15<sup>th</sup> November)*

- We began a project to improve end of life care in acute hospitals, by supporting and empowering carers to be more involved.
- In October, we launched Involve Me, a website to evaluate the impact of user involvement at [www.involveme.org.uk](http://www.involveme.org.uk)
- Difficult Conversations for people with Motor Neurone Disease has been published and formally launched at the APPG in March.
- Our new toolkit ‘What about end of life care?’ continues to receive praise from subscribers; Martin Green OBE, Chief Executive of ECCA recently emailed to say:

*“With the health and social care system going through enormous change, it is important that local communities and care providers understand the new structures and how to work effectively on some of the core issues that define quality services, such as end of life care. The new toolkit, which has just been launched by NCCPC, is a much-needed resource and I would urge all care providers to take advantage of this resource because it will really help you to navigate through a new and emerging health and social care system.”*

#### Events

We held a number of NCCPC and Dying Matters events with very positive responses. Below showcases a selection:

**Managing crises at the end of life: Responsibility, welfare & choice:** The event received a 92% ‘Very Good’ & ‘Good’ rating. Feedback from the event included:

*“I really appreciated the format - it was much more engaging than the normal lectures. I also enjoyed the Dying Matters video - very thought provoking”*

*“Excellent event overall - as reflected in the unusually high evaluation I have given to all the panellists. The conference was thought provoking & actually quite inspiring.”*

*“Very enjoyable! I travelled a long distance to event but well worth it, and helpful information given re travel to event. Great chance to network, met some lovely people.”*

#### Celebrating the Day of the Dead

Our Annual Dying Matters **Day of the Dead** event on 1<sup>st</sup> November was very well received. This year the theme was ‘A Showcase of Community Approaches’ which demonstrated the range of Dying Matters member activities. The event received a 93% ‘Very Good’ & ‘Good’ rating. Comments included:



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*"The whole day was excellent. Thank you."*

*"The personal speakers I found to be truly inspiring and emotive. I went away after this session and really thought long and hard about how important planning is in preparing for death."*

#### **Who cares? Support for carers at the end of life**

The event received a 96% 'Very Good' & 'Good' rating. Feedback included:

*"An excellent event that gathered together many different disciplines and people involved in supporting carers at end of life ... events like these are an invaluable way to share ideas, they also raise the bar with regards to raising awareness of how best to recognise and support carers..."*

*"Valuable to hear carers speaking about their experiences of end of life with their loved ones."*

#### **7<sup>th</sup> Annual Conference on Dementia and End of Life: Rising to the Prime Minister's Challenge**

The event happened in London and launched NCPC's new DVD for GPs to support people with dementia and new guidance on pain relief for people with dementia. Evaluation responses received a 94% 'Very Good' & 'Good' rating. Feedback from the event so far includes:

*"This conference made me feel that we are progressing with the care of people with dementia and their carers."*

*"I was extremely impressed to see how the work of NCPC has evolved from a hospice focus to a whole community focus over the past 6 years. Tremendous strides have been made..."*

*"I particularly enjoyed listening to Dr Bute and also the significant work that has contributed to the launch of the 'Time to Talk, Doc?' DVD and the new guidance on pain and agitation. Overall I found the conference excellent."*

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#### **Data Collection and Analysis**

We continue to collect the annual Minimum Data Set (MDS) for Specialist Palliative Care for England, Wales and Northern Ireland, and provide individual reports to all respondents benchmarking their activity locally and nationally. This year we published the national report for 2010-11 and collected data for 2011-12, and provided individual reports to service providers. The national report for 2011-12 will be published next year. We also carried out the annual specialist palliative care workforce survey for 2012, which will be published in 2013-14. We finalised our report on the pilot project to collect the MDS at individual level and presented it to the National End of Life Care Intelligence Network (NEoLCIN). We continued to support the work of the NEoLCIN steering group. We have also been supporting the work of the palliative care funding pilots. We have established a working group to consider the development of the MDS and its relationship with any future palliative care funding mechanism in England.

#### **Changing Public Awareness on Dying, Death & Bereavement**

- Our success with the Dementia Challenge funding demonstrates that NCPC is seen as a trusted source of information and training and will build on the success of our GP training and behavior change.
- We were approached to lead the public consultation around the Liverpool Care Pathway. We held a workshop with people with good and bad personal experience, spoke to a further 30 individuals and analyzed the public response to the media reports. We have submitted our own independent report to the review led by Baroness Neuberger and have expressed a desire to be involved in any ongoing work post review. We were praised by Minister Norman Lamb and new Director of NHS Domain 2 Martin McShane.
- We have announced a three year partnership with Heart of England NHS Foundation Trust who will sign up 6,000 nurses to Dying Matters and we will input into their training to ensure that Dying Well on the wards and in the community is a major part of their compassionate care programme. The staff will work towards gaining their Dying Matters badge in recognition of their commitment to end of life care.  
Our repeat survey of Dying Matters members showed that members think we are doing a very good job of leading the coalition with survey responses showing a 20% increase in praise for the coalition over the last three years when asked 5 main questions.
- Our new GP training DVD Time to Talk, Doc? was previewed at the dementia conference, and our new pain guidance leaflet How would I know? What can I do? was launched by the National Clinical Director for Dementia, Professor Alistair Burns.
- Mandy Paine, a member of People in Partnership, was presented with an MBE at Buckingham Palace on 29th October for her services to end of life care. She was nominated by NCPC and we held a small reception for her afterwards.

#### **Media Impact**

Substantial coverage was received across national, regional and online media for NCPC and Dying Matters in the past twelve months. Dying Matters awareness week obviously saw a spike in media coverage. Highlights included:

- Over 400 separate pieces of media coverage for Dying Matters and the Awareness Week. This compares with 200 articles last year.

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- Seven different articles in print editions of six different national newspapers, including prominent coverage in The Daily Mail, an article by Mayur Lakhani in Guardian Society and an article by the Archbishop of York, Dr John Sentamu in the Daily Telegraph.
- Substantial broadcast coverage including on BBC Breakfast TV, Sunday, Today and Thought for the Day on BBC Radio 4, BBC Radio 5 Live and regional TV and radio
- Extensive online coverage including on the Daily Mail website (the world's most visited English-speaking newspaper site with over 5.6 million daily visitors and almost 100 million unique visitors a month), The Guardian (3.8 million daily visitors), Daily Telegraph and BBC Online (including a Scrubbing Up column by Mayur Lakhani).
- Articles and coverage across medical, health and care media including GP magazine (which ran a news article as well as a comment piece from Mayur Lakhani), BMJ and Nursing Times.
- Estimated radio reach of 3.3 million listeners through the 17 regional radio interviews carried out by Eve Richardson on the morning of the launch of awareness week alone.
- Great coverage in publications we haven't previously engaged with, including Time Out magazine which ran a really good feature on the work of Dying Matters.
- Dying Matters organised by the NHS in Manchester also ran on Smooth Radio, Real Radio, Real XS, Key 103 and Magic 1152 also ran in the North West of England.
- Substantial member-led regional and local media coverage, with extensive print and broadcast coverage for some really innovative events and activities.
- After the week, Dying Matters had a letter printed throughout local and regional papers, thanking people for getting involved and reminding them of how to find out more through [www.dyingmatters.org](http://www.dyingmatters.org)

Media coverage continued throughout the year with highlights including

- Chief Executive had a very well received piece in the Guardian entitled 'People deserve to have their end-of-life care wishes met'
- Chairman Mayur Lakhani has had a number of articles published in both specialist and mainstream media and been quoted extensively including in GP magazine, Pulse, BMJ, Health Service Journal, The Guardian, Daily Telegraph and Daily Mail.
- The launch of our How long have I got Doc? DVD was covered extensively in the media
- Tony Bonser had a very powerful article in the Daily Mail and Mail Online published entitled 'it took my son's death to show me what it means to be a father'
- Significant media coverage secured for 'What about end of life care', NCPC's report on Health and Wellbeing Boards which we published in November. Coverage included in The Daily Telegraph, Guardian, Nursing Times, Health Service Journal, MSN.com, Care Industry News, Saga and Local Government News. In addition, we worked with a number of organisations including Macmillan, Help the Hospices and Alzheimer's Society so that they put out comments in response to the report.

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- Our response to the VOICES survey of bereaved family members which was published by the Office for National Statistics in July was picked up across the media, including by the Daily Mail, Daily Telegraph, Daily Express and the Sun.
- Other issues we provided comment on to the national media included dementia and the importance of talking to people about their wishes (Telegraph), death cafes (Independent), costs of social care (Telegraph and Community Care) and cancer care at end of life (Daily Mail).
- We challenged misleading coverage in the Daily Mail about work we are supporting to encourage GPs to identify patients likely to be approaching the end of life – coordinating a joint letter from NCPA and the National End of Life Care Programme which was published in the Daily Mail. We also arranged a response from RCGP, providing a background briefing to inform this, which was sent by RCGP to all media and through online and social media.
- A number of articles including by Professor Mayur Lakhani have been published in specialist media including Pulse.

#### **Awareness Week**

The third annual Dying Matters Awareness Week ran from 14-20 May 2012, under the theme of “Small Actions, Big Difference”. The awareness week was a great success, with extensive opportunities to raise awareness of Dying Matters and the importance of making end of life plans, great involvement from coalition members and increased membership. Highlights included:

- A survey of Dying Matters members revealed their activities saw them directly reach over 200,000 people, members invested over £110,000 in their activities and over 11,000 volunteer hours were recorded
- Following on from the success of last year’s Dying for a Laugh short film, which featured top comedians talking about dying, Picturewise Productions, with support from Dying Matters Bolton, St Ann’s Hospice in Manchester and Bolton Hospice, produced Last Laugh. This features comedian Alexei Sayle exploring the value of humour with four people who are dying.
- The Final Chapters writing competition attracted almost 1,400 entries, in the process raising awareness of end of life issues. Winning and highly commended entries, which were read out by actors Peter Eyre and Barbara Flynn, were announced at a great event hosted and supported by BT during the awareness week and chaired by Carmen Callil.
- The Dying Matters Small Actions, Big Difference photography project, featuring photos by Nadia Bettiga which capture the small things that can make a big difference to quality of life at the end of life, exhibited at the Old Truman Gallery in London’s East End during the awareness week. We secured media coverage for this on the Guardian’s website, which ran an online photo gallery, as well as in Time Out which promoted the exhibition. Photos from the exhibition have been on tour throughout the year exhibited by a range of Dying Matters members across the country.

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- We also launched I didn't want that, a short film which examines what can happen if you don't make your end of life wishes known. The film has received over 10,000 hits on YouTube.
- The 30 minute film Dying to Know received a premiere screening at the Cannes Film Festival with so much interest the film was screened twice.
- Hundreds of events and activities were held across the country, with the central Dying Matters team having a presence at a number of these including two major national conferences on bereavement in Birmingham held under our theme of Small Actions, Big Difference.
- We were encouraged by the number of events held in different communities including a coffee morning organised by MP Sadiq Khan held in the Mushkil Aasaan community centre in Tooting which attracted both Muslim members and members of the public from the local community. Events were also held with homeless people and people with learning disabilities. Dying Matters is beginning to build a regular presence within a number of minority ethnic communities.
- Dying Matters members also played a key role in building the profile of the coalition, with a wide range of events and activities held and substantial media coverage secured. Highlights included a wide range of activities organised by NHS Manchester, including a partnership with the radio station Key 103 so that their bus toured the region for people to find out about end of life issues and Marie Curie Cancer Care's epitaph social media campaign, which was covered extensively by the media.
- Our range of free postcards and posters for the awareness week, focusing on the small actions that individuals, organisations and communities can take, proved to be a real hit with excellent feedback received. We also received numerous requests for existing Dying Matters materials. In all, we distributed over 200,000 Dying Matters promotional items in the run up to the awareness week.
- We also gained over 200 new members as a direct result of the awareness week. These included the longstanding BBC DJ Johnnie Walker, who got in touch to join Dying Matters to offer his support after seeing media coverage about our work.
- Our online activities proved to be a real success in the run up to and during the awareness week, with record numbers of visitors to our website.
- There were almost 100,000 page views of [www.dyingmatters.org](http://www.dyingmatters.org) during this year's awareness week, compared with almost 30,000 last years – an increase of 230%.
- The awareness week also saw a 9% increase in Facebook likes and an 8% increase in Twitter followers of Dying Matters, as well as increases in online community members and views of our YouTube pages. As well as the very significant increases in our own online engagement, it was really encouraging to see so many coalition members tweet about the awareness week and their own activities and publicise Dying Matters through their own websites.

#### **Subscriber Forum, March 2013**

We hold an annual Subscriber Forum which meets annually and gives an opportunity for the growing number of subscribers to present their views to NCPC and discuss future plans and proposals.

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At our March 2013 Subscriber Forum, our Chairman Prof. Mayur Lakhani and Chief Executive Eve Richardson welcomed subscribers and reported on NCPC's work during 2012-13. They outlined NCPC's progress and achievements over the past year and pledged to continue to support the implementation of the End of Life Care Strategy, contribute to the National End of Life Care Intelligence Network and support government plans to enable more people to die in their place of choice. The agenda focused on working collaboratively and in partnership under the heading "Better Together". This was followed by a lively All Party Parliamentary Group on the future of social care, attended by both subscribers and parliamentarians.

#### **Working in partnership to promote good practice**

##### **Listening to our stakeholders & supporters**

NCPC listened to the views of its stakeholders through our People in Partnership Group, People Bank, at regional and national events and at our Subscriber Forum. We:

- Maintained close links with the Scottish Partnership for Palliative Care and with NCPC's representatives in Wales and Northern Ireland to share guidance and trends across the countries.
- Maintained a wide-ranging external reference group of people with personal experience of palliative and end of life care. The views of this group inform all Dying Matters and NCPC's work and lead to changes in the commissioning and provision of end of life care as well as development of national policy and strategy.
- Reached out to people who are 'seldom heard', including people from Lesbian, Gay Bisexual and Transgender (LGBT) communities, to explore what would help discussions around death, dying and bereavement. We have an ongoing programme of work jointly with the Macmillan and Nottingham University around LGBT issues
- Launched Difficult Conversations: Making it easier to talk to people with Motor Neurone Disease about end of life care, based on conversations with people with MND, their carers and bereaved

##### **Area and Country Activities**

NCPC delivered an extensive programme of events in England, Wales and Northern Ireland including:

- Two Area and Country Forums bringing together NCPC's Area Representatives and Network Liaison Leads from around the countries. The forum serves as a crucial tool in our two-way communication, ensuring that those at the grass roots of palliative care are kept informed and in touch with national policies and initiatives.

We worked with Scotland and Wales who have adopted the Dying Matters approach and will use and adapt our range of resources for their respective countries.

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#### **Volunteers**

NCPC benefits from a wide range of volunteers from administrative to high level clinical, academic, policy making and financial expertise. Using a costing model we have estimated that NCPC received approximately £135,000 of volunteer benefit in kind during the year. We have not included trustee time as this is a statutory requirement however if we did cost this we can assume the figure to be closer to £200,000.

#### **Future Priorities for NCPC & Dying Matters**

In addition to ongoing priorities, 2013-14 will see a specific focus on the following:

- Holding the annual Dying Matters Awareness Week in May to generate as much national, regional and local awareness as possible
- Making end of life care a priority at national and local level
- Conferences on ethics, dementia, and other vital issues
- Playing an active role in the Prime Minister's Challenge on Dementia to ensure that it includes the important needs of people who need end of life care
- A focus on the continued raising of the confidence of GPs to initiate end of life discussions, through an ongoing training programme in partnership with the Macmillan, whilst campaigning via the 'Find your 1%' campaign for increased use of end of life care registers  
Training of over 1000 health and social care staff to initiate and continue end of life care conversations in particular with people affected by dementia
- Considering 2030 and the implications of changing demographics on the delivery of end of life care services and the creation of older age friendly communities
- Widening the involvement of more people with personal experience and expertise in NCPC and Dying Matters with a specific project looking at the role of carers in end of life care services in acute hospitals

#### **Financial Review**

NCPC has had an active and productive year, with a range of new projects and funding at a time of economic restraint for the voluntary sector and major changes across health and social care. The Statement of Financial Activities shows that we closed with £240,000 of unrestricted reserves (the core measure of financial stability), slightly in excess of the level required by our reserves policy. Overall the year saw a net surplus of £92,000. We are carrying forward £245,000 of restricted reserves into 2013-14 for ongoing activities, as agreed with our funders. We will also begin several new projects, especially around the provision of training.

## **The National Council for Palliative Care**

### **Report of the Trustees**

#### **For the year ended 31 March 2013**

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Working with the Board of Trustees and the senior management team, the Finance & Personnel Committee continues to monitor and develop a rolling three year income generation strategy, aiming to further diversify our income with a view to maintaining NCPC as a charity with an annual turnover of more than £1.5m.

#### **Reserves Policy**

NCPC's reserves policy is to hold, as a minimum, free reserves sufficient to meet the contractual requirements of all staff, restricted and unrestricted, and to cover six months of building costs (as six months' notice is required on our office space). At current cost levels this means minimum reserves of £223,000. At 31 March 2013 NCPC held unrestricted reserves of £240,000. The reserves policy will be reviewed on an annual basis.

#### **Risk Statement**

The Trustees have conducted their own review of the major risks to which the charity is exposed. The Trustees consider that a failure to secure sustainable income in the medium term, overreliance on a single funder, impact of the recession and loss of reputation / key personnel are the greatest risks to the organisation but have developed mitigating strategies for each risk. The risk assessment includes timelines and will be reviewed annually.

#### **Statement of Trustees' responsibilities**

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

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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



## **The National Council for Palliative Care**

### **Report of the Trustees**

**For the year ended 31 March 2013**

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#### **The Trustees**

The Board of Trustees is comprised of not more than 15 Trustees with a wide range of skills and experience to reflect the strategy and direction of NCPC.

Prof. Mayur Lakhani (Chair)  
Rev Dr Keith Albans  
Dr James Beattie  
Tony Bonser  
Dr Jane Bywater  
Chris Dainty  
Chris Grimes  
Dr Richard Huxtable  
Kevin Miller  
Vicki Morrey (Vice Chair)  
Jacqueline Davis  
Kate Heaps - stood down 27 September 2012

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2013 was 11 (2012 - 11). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

#### **Auditors**

Sayer Vincent were re-appointed as the charitable company's auditors during the year and have expressed their willingness to continue in that capacity.

Approved by the trustees on 27 June 2013 and signed on their behalf by

Chris Grimes  
Finance & Personnel Committee Chair

## **Independent auditors' report**

### **To the members of**

#### **The National Council for Palliative Care**

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We have audited the financial statements of The National Council for Palliative Care for the year ended 31 March 2013 which comprise the statement of financial activities, balance sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

#### **Respective responsibilities of the trustees and auditors**

As explained more fully in the Trustees' Responsibilities Statement set out in the report of the trustees, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

#### **Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the report of the trustees to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

#### **Opinion on financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2013 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

#### **Opinion on other matter prescribed by the Companies Act 2006**

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Independent auditors' report

To the members of

**The National Council for Palliative Care**

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

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

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

DRAFT

Pamela Craig

DATE

for and on behalf of Sayer Vincent, Statutory Auditors

Sayer Vincent, 8 Angel Gate, City Road, LONDON EC1V 2SJ

**The National Council for Palliative Care**

**Statement of financial activities (Incorporating an income and expenditure account)**

**For the year ended 31 March 2013**

	Note	Restricted £	Unrestricted £	2013 Total £	2012 Total £
<b>Incoming resources</b>					
<i>Incoming resources from generated funds</i>					
Voluntary income	2	-	82,035	<b>82,035</b>	75,000
Investment income		-	4,582	<b>4,582</b>	4,899
<i>Incoming resources from charitable activities</i>					
Public awareness	3	510,000	-	<b>510,000</b>	650,000
Policy and development		520,860	209,361	<b>730,221</b>	486,356
Information, publications, training and events		-	171,064	<b>171,064</b>	118,181
Subscriptions		-	115,524	<b>115,524</b>	134,557
<b>Total incoming resources</b>		<u>1,030,860</u>	<u>582,566</u>	<u><b>1,613,426</b></u>	<u>1,468,993</u>
<b>Resources expended</b>					
<i>Costs of generating funds</i>					
Fundraising & income generation		-	68,145	<b>68,145</b>	58,532
<i>Charitable activities</i>					
Public awareness		578,069	-	<b>578,069</b>	768,508
Policy and development		390,225	206,188	<b>596,413</b>	439,699
Information, publications, training and events		-	186,197	<b>186,197</b>	175,491
Subscriber support		-	56,904	<b>56,904</b>	117,989
<i>Governance</i>		-	35,485	<b>35,485</b>	31,716
<b>Total resources expended</b>	4	<u>968,294</u>	<u>552,919</u>	<u><b>1,521,213</b></u>	<u>1,591,935</u>
<b>Net incoming/(outgoing) resources for the year</b>	5	62,566	29,647	<b>92,213</b>	(122,942)
<b>Reconciliation of funds</b>					
Funds at 1 April 2012		<u>182,373</u>	<u>210,389</u>	<u><b>392,762</b></u>	<u>515,704</u>
<b>Funds at 31 March 2013</b>	12	<u><b>244,939</b></u>	<u><b>240,036</b></u>	<u><b>484,975</b></u>	<u>392,762</u>

All of the above results are derived from continuing activities. There are no recognised gains or losses other than the net income resources for the year. Movements in funds are disclosed in note 12 to the financial statements

## The National Council for Palliative Care (Limited by Guarantee)

### Balance sheet

As at 31 March 2013

	Note	£	2013 £	2012 £
<b>Fixed assets</b>				
Tangible assets	8		<u>32,969</u>	<u>41,310</u>
<b>Current assets</b>				
Debtors	9	51,708		55,123
Short term deposits		-		203,507
Cash at bank and in hand		<u>642,863</u>		<u>435,352</u>
		<b>694,571</b>		693,982
<b>Liabilities</b>				
Creditors: amounts falling due within one year	10	<u>242,565</u>		<u>342,530</u>
<b>Net current assets</b>			<u>452,006</u>	<u>351,452</u>
<b>Net assets</b>	11		<u><u>484,975</u></u>	<u><u>392,762</u></u>
<b>Funds</b>				
Restricted funds			244,939	182,373
Unrestricted funds				
General funds			<u>240,036</u>	<u>210,389</u>
<b>Total funds</b>	12		<u><u>484,975</u></u>	<u><u>392,762</u></u>

Approved by the Trustees on 27 June 2013 and signed on their behalf by

Mayur Lakhani - Chair

Chris Grimes - Chairman,  
Finance & Personnel Committee

## The National Council for Palliative Care

### Notes to the financial statements

#### For the year ended 31 March 2013

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##### 1. Accounting policies

- a) The financial statements have been prepared under the historical cost convention and in accordance with applicable accounting standards. They follow the recommendations in the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP 2005) and the Companies Act 2006.
- b) Voluntary income is received by way of donations and gifts and is included in full in the statement of financial activities when receivable.
- c) Grants are recognised in full in the statement of financial activities in the year in which they are receivable. Where amounts are received which relate specifically for use in a future period, they are deferred and recognised in the accounting period to which they relate, when entitlement arises. Contract income receivable in the year is deferred to the extent relevant matching expenditure occurs after the year end. Subscriptions are invoiced in line with the financial year and are therefore recognised in full when receivable.
- d) Income generated from the supply of goods or services is included in the statement of financial activities in the period in which the supply is made, net of VAT where applicable.
- e) Donated services are recognised when the benefit to the charity is reasonably quantifiable and measurable. The value placed on these resources is the estimated value to the charity of the service received.
- f) Resources expended are recognised in the period in which they are incurred. Resources expended include attributable VAT which cannot be recovered.

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned between the unrestricted expenditure headings on the basis of staff time. For this year, the estimated percentages were: Fundraising and income generation 12%; Policy & development 35%; Subscriber relations 10%; Support costs 5%; Information, publications and events 33%; Governance 5%. Support costs are then allocated to the four main unrestricted activities (i.e. all the others except governance and public awareness) in the same proportions, and to the restricted Public Awareness column in accordance with the agreed budget for this project.

- g) Governance costs include the management of the charitable company's assets, organisational management and compliance with constitutional and statutory requirements.
- h) Fundraising and income generation costs are those incurred in seeking voluntary contributions for the charity and in publicising the charity itself.
- i) Depreciation is provided at rates calculated to write off the cost of each asset over its expected useful life. The depreciation rates in use are as follows:

Computers	33% per annum
Office equipment	33% per annum
- j) Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Depreciation of an asset begins in the quarter following that of its acquisition.

## The National Council for Palliative Care

### Notes to the financial statements

#### For the year ended 31 March 2013

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#### 1. Accounting policies (continued)

- k) Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund together with a fair allocation of management and support costs.
- l) Unrestricted funds are donations and other incoming resources receivable or generated for the objects of the charity.
- m) Transfers are made when either the funders' permission is obtained or unrestricted general funds are required to cover any shortfall on projects which do not receive their full costs from funders.
- n) Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged on a straight line basis over the life of the lease.
- o) The charity makes contributions into a defined contributions pension scheme. The pension cost charge represents contributions payable under the scheme. The charity has no liability under the scheme other than for payment of those contributions.

#### 2. Voluntary income

	Restricted £	Unrestricted £	2013 Total £	2012 Total £
Macmillan Cancer Support	-	15,000	<b>15,000</b>	15,000
Marie Curie Cancer Care	-	50,000	<b>50,000</b>	50,000
Sue Ryder	-	10,000	<b>10,000</b>	10,000
Dying Matters Supporters Club	-	5,000	<b>5,000</b>	-
Others	-	2,035	<b>2,035</b>	-
<b>Total</b>	<b>-</b>	<b>82,035</b>	<b>82,035</b>	<b>75,000</b>

#### 3. Incoming resources from charitable activities

##### (a) Public awareness

	Restricted £	Unrestricted £	2013 Total £	2012 Total £
Big Lottery Fund Photography Project	10,000	-	<b>10,000</b>	-
Department of Health	<u>500,000</u>	-	<b>500,000</b>	650,000
	<u>510,000</u>	-	<b>510,000</b>	<u>650,000</u>

The National Council for Palliative Care

Notes to the financial statements

For the year ended 31 March 2013

3. Incoming resources from charitable activities (continued)

(b) Policy and development

	Restricted £	Unrestricted £	2013 Total £	2012 Total £
Department of Health				
▪ Bereavement Alliance	-	30,000	<b>30,000</b>	-
▪ GP Project	-	-	-	64,000
▪ Dementia	-	-	-	36,000
▪ Involve Me	-	2,738	<b>2,738</b>	-
▪ Workforce Survey	-	33,000	<b>33,000</b>	-
▪ National End of Life Care Intelligence Network data analysis	-	51,500	<b>51,500</b>	51,500
▪ National End of Life Care Programme GP Train the Trainer Project	20,500	-	<b>20,500</b>	20,500
▪ Minimum Data Sets development	-	-	-	27,175
▪ Strategic Partners	196,245	-	<b>196,245</b>	196,245
▪ Learning Disabilities	-	-	-	10,000
▪ Integrated Care Pathways	3,000	30,000	<b>33,000</b>	-
▪ Acute Hospitals (Transform)	38,000	15,000	<b>53,000</b>	-
▪ GP Training (QIPP)	50,000	-	<b>50,000</b>	-
▪ LGBT	6,000	-	<b>6,000</b>	-
	-	-	-	-
Quality, Innovation, Productivity & Prevention: website development	-	28,123	<b>28,123</b>	25,936
Macmillan Cancer Support Mapping End of Life Care Support Services	40,000	-	<b>40,000</b>	40,000
MS Society Difficult Conversations	-	14,000	<b>14,000</b>	-
Shaw Healthcare Trust Training Project	23,715	-	<b>23,715</b>	-
British Heart Foundation Resources & Training	32,400	-	<b>32,400</b>	-
Oldham PCT Dementia Web Tool	-	5,000	<b>5,000</b>	-
Dementia Challenge: North Hampshire	111,000	-	<b>111,000</b>	-
Donated services - seconded staff	-	-	-	15,000
<b>Total</b>	<b>520,860</b>	<b>209,361</b>	<b>730,221</b>	<b>486,356</b>

'Seconded staff' refers to one person who was seconded to NCPC during 2011-12.  
For more details, see note 6.



The National Council for Palliative Care

Notes to the financial statements

For the year ended 31 March 2013

3. Incoming resources from charitable activities (continued)

(c) Information, publications and events

	Restricted £	Unrestricted £	2013 Total £	2012 Total £
Sales of publications & training pack	-	100,010	<b>100,010</b>	21,789
Help the Hospices publication funding	-	-	-	3,500
Department of Health Pain Guidance	-	7,450	<b>7,450</b>	-
Income from consultancy services	-	16,848	<b>16,848</b>	6,309
Income from events	-	46,756	<b>46,756</b>	76,583
British Heart Foundation event sponsorship	-	-	-	5,000
Marie Curie Cancer Care event sponsorship	-	-	-	5,000
<b>Total</b>	-	<b>171,064</b>	<b>171,064</b>	<b>118,181</b>

(d) Subscriptions & Corporate Sponsorship

	Restricted £	Unrestricted £	2013 Total £	2012 Total £
Subscriptions	-	103,524	<b>103,524</b>	112,557
Napp Pharmaceuticals	-	11,000	<b>11,000</b>	11,000
Grunenthal	-	1,000	<b>1,000</b>	11,000
	-	<b>115,524</b>	<b>115,524</b>	<b>134,557</b>

The National Council for Palliative Care

Notes to the financial statements

For the year ended 31 March 2013

4. Total resources expended

	Fundraising & income generation	Public Awareness	Policy and development	Information, publications, training & events	Subscriber support	Governance	Support costs	2013 Total	2012 Total
	£	£	£	£	£	£	£	£	£
Staff costs (note 6)	42,013	214,980	361,626	115,536	35,011	17,505	17,505	<b>804,176</b>	727,580
Consultancy	3,372	5,000	15,302	9,274	2,810	1,405	1,405	<b>38,568</b>	114,938
Postage, resources & stationery	3,926	63,883	49,093	10,797	3,272	1,636	1,636	<b>134,243</b>	185,650
Conferences and events	692	199,155	56,886	1,903	577	288	288	<b>259,789</b>	267,316
Travel and training	2,644	32,733	38,530	7,272	2,204	1,102	1,102	<b>85,587</b>	150,116
Website	1,602	17,978	27,447	4,406	1,335	668	668	<b>54,104</b>	22,221
Office costs	7,669	40,000	30,685	21,089	6,391	3,195	3,195	<b>112,224</b>	95,065
Depreciation	2,098	2,190	6,120	5,770	1,749	874	874	<b>19,675</b>	13,970
Audit, accountancy and legal	245	2,150	679	641	207	8,812	113	<b>12,847</b>	15,079
	<u>64,261</u>	<u>578,069</u>	<u>586,368</u>	<u>176,688</u>	<u>53,556</u>	<u>35,485</u>	<u>26,786</u>	<b><u>1,521,213</u></b>	<u>1,591,935</u>
Allocation of support costs	<u>3,884</u>	<u>-</u>	<u>10,045</u>	<u>9,509</u>	<u>3,348</u>	<u>-</u>	<u>(26,786)</u>	<u>-</u>	<u>-</u>
	<u><u>68,145</u></u>	<u><u>578,069</u></u>	<u><u>596,413</u></u>	<u><u>186,197</u></u>	<u><u>56,904</u></u>	<u><u>35,485</u></u>	<u><u>-</u></u>	<b><u><u>1,521,213</u></u></b>	<u><u>1,591,935</u></u>

## The National Council for Palliative Care

### Notes to the financial statements

#### For the year ended 31 March 2013

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#### 5. Net incoming/(outgoing) resources for the year

This is stated after charging:

	2013 £	2012 £
Depreciation	19,676	13,970
Trustees' remuneration	Nil	Nil
Trustees' expenses	7,938	10,555
Operating lease costs		
▪ Premises	43,472	43,724
▪ Office equipment	3,203	6,718
Auditors' remuneration:		
▪ Audit	7,500	7,350
	<u>7,500</u>	<u>7,350</u>

Trustees received reimbursed expenses for the cost of attending meetings. The number of trustees who received reimbursed expenses in the year was 9 (2012: 8).

#### 6. Staff costs and numbers

Staff costs were as follows:

	2013 £	2012 £
Salaries and wages	696,795	609,106
Seconded staff	-	15,000
Social security costs	75,607	68,068
Pension contributions	29,104	31,465
Recruitment costs	2,670	3,941
	<u>804,176</u>	<u>727,580</u>

The number of employees earning more than £60,000 during the period are as follows:

	2013	2012
Between £60,000 and £70,000	1	1
Between £70,000 and £80,000	1	1
Between £80,000 and £90,000	None	None
Between £90,000 and £100,000	1	1
	<u>1</u>	<u>1</u>

Pension contributions of £21,491 (2012: £23,521) were paid in respect of the above employees.

## The National Council for Palliative Care

### Notes to the financial statements

#### For the year ended 31 March 2013

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#### 6. Staff costs and numbers (continued)

The average weekly number of employees (full-time equivalent) during the year was as follows:

	<b>2013</b>	2012
	<b>No.</b>	No.
Fundraising & income generation	<b>2.0</b>	1.0
Public awareness	<b>4.8</b>	3.9
Policy development	<b>5.2</b>	4.8
Information, publications, training and events	<b>3.0</b>	2.5
Subscriber support	<b>2.4</b>	2.0
Support	<b>1.0</b>	1.0
Governance	<b>1.0</b>	1.0
	<b>19.4</b>	16.2

#### 7. Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

#### 8. Tangible fixed assets

	Computer equipment £	Office equipment & furniture £	<b>Total</b> £
<b>COST</b>			
At the start of the year	92,221	14,801	<b>107,022</b>
Additions in year	11,335	-	<b>11,335</b>
At the end of the year	<b>103,556</b>	<b>14,801</b>	<b>118,357</b>
<b>DEPRECIATION</b>			
At the start of the year	53,686	12,026	<b>65,712</b>
Charge for the year	18,295	1,381	<b>19,676</b>
At the end of the year	<b>71,981</b>	<b>13,407</b>	<b>85,388</b>
<b>NET BOOK VALUE</b>			
<b>As at 31 March 2013</b>	<b>31,575</b>	<b>1,394</b>	<b>32,969</b>
As at 31 March 2012	38,535	2,775	41,310

The National Council for Palliative Care

Notes to the financial statements

For the year ended 31 March 2013

9. Debtors and prepayments

	2013	2012
	£	£
Other debtors	16,588	1,493
Rent deposit	10,940	10,940
Prepayments and accrued income	24,180	42,690
	<u>51,708</u>	<u>55,123</u>

10. Creditors : amounts falling due within one year

	2013	2012
	£	£
Trade creditors	116,935	158,701
Accruals	22,076	7,617
Taxation & social security	22,354	24,212
Deferred income	81,200	152,000
	<u>242,565</u>	<u>342,530</u>

11. Analysis of net assets between funds

	Restricted funds	General funds	Total funds
	£	£	£
Tangible fixed assets	-	32,969	32,969
Net current assets	244,939	207,067	452,006
<b>Net assets at 31 March 2013</b>	<u>244,939</u>	<u>240,036</u>	<u>484,975</u>

The National Council for Palliative Care

Notes to the financial statements

For the year ended 31 March 2013

12. Movements in funds

	At 1 April 2012 £	Incoming resources £	Outgoing resources £	Transfers £	At 31 March 2013 £
<b>Restricted funds:</b>					
Department of Health					
GP Project	21,205	-	21,205	-	-
Dementia	32,001	-	19,498	-	12,503
Acute Hospitals	-	38,000	16,794	-	21,206
End of Life Care					
Programme GP Train the					
Trainer Project	20,500	20,500	-	-	41,000
LGBT & LCP	-	9,000	9,000	-	-
GP Training (QIPP)	-	50,000	39,942	-	10,058
Benchmarking	474	-	-	-	474
Strategic Partners	-	196,245	196,245	-	-
Coalition	68,193	500,000	568,069	-	124
Macmillan Cancer Support					
Mapping End of Life Care					
Support Services	40,000	40,000	46,346	-	33,654
British Heart Foundation					
Resources & Training	-	32,400	7,400	-	25,000
Shaw Healthcare Training	-	23,715	23,715	-	-
Dementia Challenge N Hants	-	111,000	10,080	-	100,920
BLF Photography Project	-	10,000	10,000	-	-
<b>Total restricted funds</b>	<b>182,373</b>	<b>1,030,860</b>	<b>968,294</b>	<b>-</b>	<b>244,939</b>
<b>Total unrestricted funds</b>	<b>210,389</b>	<b>582,566</b>	<b>552,919</b>	<b>-</b>	<b>240,036</b>
<b>Total funds</b>	<b>392,762</b>	<b>1,613,426</b>	<b>1,521,213</b>	<b>-</b>	<b>484,975</b>

**Purposes of restricted funds**

**End of Life Care Programme GP Project**

The End of Life Care Programme provided funding to roll out the independently evaluated GP training workshops on initiating and undertaking end of life care conversations with patients.

**End of Life Care Programme Dementia Project**

The End of Life Care Programme funded work on dementia and end of life care, including the production and dissemination of a publication entitled 'Difficult Conversations: Making it easier to talk to people with dementia about the end of life' based on interviews with people with dementia, their carers and bereaved carers, and a contribution towards a national event.

**End of Life Care Programme Acute Hospitals Project**

Funding was received to examine the role of carers in acute hospitals. A project manager was appointed to work closely with staff and carers of people at the end of life as well as bereaved carers to collect information in order to produce guidance for staff and for carers. The guidance is due to be launched in Autumn 2013.

## 12. Purposes of restricted funds (continued)

### **End of Life Care Programme GP Train the Trainer Project**

Following on from our successful GP training model, funding was received to develop and pilot a 'train the facilitator' model to enable GPs to facilitate their own training session within their localities and cascade the learning. Roll out of the training will take place in 2013/14.

### **End of Life Care Programme LGBT and LCP Projects**

Funding was initially provided for a joint event showcasing recent work on the end of life care issues faced by members of the LGBT community in June 2012. When the event came in under budget, it was agreed that the remaining funds (totalling £3k) could be put towards work surrounding the Liverpool Care Pathway for the Dying Patient.

### **GP Training (QIPP)**

QIPP funded the roll out of confidence building training for GPs to initiate and continue end of life care conversations with patients. The half day training was followed up with a three month audit to demonstrate behaviour change with patients.

### **Department of Health Benchmarking Project**

The Department of Health funded a project looking at establishing benchmarks for end of life care.

### **Department of Health Strategic Partners**

The funding of £196k for this project is supporting the work of our policy groups and production of resources and information for those commissioning and providing care. It also enables our policy team to gather feedback from our networks and pass on to the DH to enable the provision of appropriate services.

### **Department of Health Dying Matters Coalition**

The Department of Health continue to fund this national coalition to raise awareness of issues around dying, death and bereavement. Work this year concentrated on the development of resources and training materials for members to use within their own communities to change behaviour around death, dying and bereavement.

### **Macmillan Cancer Support Mapping End of Life Care Support Services**

This project scopes and maps end of life care support services around the country. The primary focus is on voluntary services, and the results are available via an interactive, searchable map on the Dying Matters website. This project is funded by Macmillan Cancer Support and a stakeholder group of key voluntary sector partners will ensure existing resources are shared and there is no duplication of others' work.

### **British Heart Foundation Resources & Training**

The BHF are funding two strands of work: production of a Difficult Conversations for Heart Failure guide and the development and delivery of a training programme for heart failure nurses. The training programme has been devised and piloted and work on the guide begun, but both projects will continue into 2013-14.

### **Shaw Healthcare Training Project**

Shaw Healthcare funded a project to provide publications, resources and subscriptions to around 70 care home services, as well as receiving training through three bespoke one day events around the country attended by their staff.

## The National Council for Palliative Care

### Notes to the financial statements

For the year ended 31 March 2013

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#### 12. Purposes of restricted funds (continued)

##### **Dementia Challenge: North Hampshire**

As part of the Prime Minister's Dementia Challenge, NHS South set aside funding for CCG-led bids to improve dementia services locally. North Hampshire CCG's successful bid included £111k for training and resources from NCPC and Dying Matters. The groundwork is well underway but the training itself will take place during 2013-14.

##### **Big Lottery Fund Awards for All Photography Project**

A professional photographer was commissioned to carry out a project to illustrate, through photographs, the small actions which can make a big difference to the lives of those at the end of life. An exhibition formed one of the highlights of the 2012 Dying Matters Awareness Week and the images spent the remainder of the year touring the country for mini exhibitions hosted by Dying Matters members within their own care settings.

#### 13. Operating lease commitments

The charity had annual commitments at the year end under operating leases expiring as follows:

	Property		Equipment	
	2013	2012	2013	2012
	£	£	£	£
0 - 2 Years	37,245	37,245	-	-
2 - 5 Years	-	-	4,148	4,147
	<u>37,245</u>	<u>37,245</u>	<u>4,148</u>	<u>4,147</u>

#### 14. Related party transactions

Chris Dainty, a Trustee, is Director of Communications at Marie Curie Cancer Care. During the year Marie Curie provided core funding of £50,000 (2012: £50,000) to the charity.

Some Trustees worked for organisations which subscribed to NCPC during the year:

Kate Heaps was the Chief Executive of Greenwich & Bexley Community Hospice during the year. The hospice paid subscriptions of £285 (2012: £285).

Jane Bywater was a Consultant in Palliative Medicine at St Michael's Hospice, North Hampshire. The hospice paid subscriptions of £160 (2012: £160) and event delegate fees of £300.