ARTHUR RANK HOSPICE CHARITY

England & Wales · Charity number 1133354

Details

Status	Registered
Legal form	Charitable company
Company number	07086155
Registered	2009-12-21
Register	View on the Charity Commission register

Contact

Address	Arthur Rank Hospice Charity Arthur Rank Hospice Cherry Hinton Road Shelford Bottom Cambridge CB22 3FB
Phone	01223675777
Email	finance@arhc.org.uk
Website	www.arhc.org.uk

Activities

Objects: TO RELIEVE SICKNESS AND SUFFERING OF PEOPLE WITH LIFE LIMITING CONDITIONS AND/OR CHRONIC HEALTH CONDITIONS AND THEIR FAMILIES, LOVED ONES AND/OR CARERS THROUGHOUT CAMBRIDGESHIRE, PETERBOROUGH AND THE SURROUNDING AREAS. ('BENEFICIARIES') TO PROVIDE CARE AND SUPPORT TO BENEFICIARIES INCLUDING BY WAY OF PROVIDING: (A) SERVICES, FACILITIES, EQUIPMENT OR GRANTS FOR BENEFICIARIES; AND (B) ANY OTHER BENEFIT WHICH PROVIDES CARE AND SUPPORT TO BENEFICIARIES.

Activities: Arthur Rank Hospice Charity (ARHC) is dedicated to providing specialist palliative care and support to adult patients and their family, friends and carers. All care is provided free of charge, and is offered to people living throughout much of Cambridgeshire. The aim is to enable patients and those close to them to live as fully as possible, and make the most of the time that remains.

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Classification

- **How:** Provides Other Finance, Provides Human Resources, Provides Services, Provides Advocacy/advice/information
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, Elderly/old People, People With Disabilities, Other Defined Groups

Geography

- **Area of benefit:** CAMBRIDGESHIRE AND THE SURROUNDING AREAS
- Cambridgeshire

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£14,387,930	£12,779,936	£14,134,920	296
2024-03-31	£13,060,751	£11,955,133	£12,526,926	289
2023-03-31	£11,450,509	£11,235,356	£11,421,308	276
2022-03-31	£11,577,233	£10,290,393	£11,206,155	284
2021-03-31	£9,302,401	£8,983,554	£9,919,315	228

Trustees

Name	Role	Appointed
Antoinette Philomena Jackson	Chair	2021-03-04
Andy Rigby		2025-06-26
Carolan Maria Davidge		2021-03-04
Dr Catherine Margaret Bennett		2022-03-03
Eduardo Prato		2025-06-26
Julia Rose Curtis		2021-03-04
Mark Andrew Kingstone		2019-06-13
Neil Andrew Tween		2022-03-03
Nicola Scrivings		2023-06-15
Rob Negus		2025-06-26
Sonali Dina Kumarakulasinghe		2022-03-03

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Linked charities

- ARTHUR RANK HOUSE HOSPICE CHARITY (1133354-1)

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ARTHUR RANK HOSPICE CHARITY

England & Wales - Charity number 1133354

Accounts

Arthur Rank Hospice Charity

Trustees Report and Financial Statements

For the year ended 31 March 2025

Arthur Rank Hospice Charity
(A company limited by guarantee)
Registered number: 07086155
Charity Number: 1133354

making every moment count

Trustees Report and Financial Statements
For the year ended 31 March 2025

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The Trustees are pleased to present their annual Trustees' Report together with the consolidated financial statements of the Charity and its subsidiary for the year ended 31 March 2025. These are also prepared to meet the requirements for a directors' report and accounts for Companies Act 2006 purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Articles of Association, and Accounting and Reporting by Charities: 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) (Second edition October 2019).

Trustees' Report

The Five-Year Strategy, agreed in 2021-22, was ambitious. This Annual Report outlines the progress we have made against the objectives in that strategy and how we are delivering compassionate and safe care for our patients and their loved ones. We will be developing our new strategy during 2026-27 aiming to build on the progress we have made to date.

The Annual Report shows that we have a charity that focuses on service quality and continuous improvement and that it continues to deliver on both. We continue to adapt and develop our services in consultation with our NHS commissioners to meet changing needs. For example, we found that the need to support patients at night had reduced significantly since our Hospice at Home daytime service expanded and therefore, in conjunction with the Cambridgeshire & Peterborough ICB, we moved all our resources into providing support from 07.00 to 22.00 daily.

Financial sustainability remains an ongoing challenge. NHS funding is under pressure and the demographics of a growing and ageing population is increasing the demand for palliative and end-of-life care. The report outlines how we were unable to secure funding for a number of projects we wished to deliver in 2024-25 and this remains an ongoing challenge. For example, we have highlighted concerns about the inadequate provision of seven-day access to specialist palliative care nursing in Wisbech and our Specialist Palliative Care Home Team remains under pressure with demand outstripping our resources. It can be frustrating when we can see a need but are unable to convince commissioners to fund appropriate solutions.

This is why we continue to rely on fundraising and income generation to deliver and enhance those services that are not funded by the NHS. Approximately 40% of our costs are met by income from these sources but we are unable to cover everything we would like to do. The financial climate also makes it harder for charities like us to continue to maximize our income. As part of our fundraising strategy this year we opened two new shops in March and Ely. We were very fortunate to finish the year in surplus mainly due to one-off legacies and donations, which are hard to predict. We are very grateful to everyone who supports us, in so many different ways.

Despite the financial challenges we face, this report shows that we continue to evolve and innovate and deliver a wide range of services to patients and their loved ones. Not just supporting people at the end of life but also when they are dealing with life-limiting illnesses, providing care and psychological support. 2024-25 saw a decrease in the total number of referrals received, but an increase in clinical contacts completed. The reduction of referrals is due to greater understanding of the criteria for our services, which has resulted in fewer inappropriate referrals being received than in previous years. The increase in clinical contacts is mostly within our Hospice at Home service, which had 2,219 more face-to-face contacts than in 2023-24.

Our people will always be at the heart of what makes us special and each and every member of Team

Arthur plays a vital role in helping us achieve the quality of service we strive for. Recruitment and retention is an issue affecting charities and health providers across the country. We implemented a new pay structure last year to help ensure that we continue to attract and retain the colleagues we need to run our services effectively. We are very blessed to have skilled colleagues and volunteers who are passionate about what they do and that they are ably led by our talented CEO and senior leadership team. We need to ensure that we continue to be an employer of choice and so we were delighted to achieve a silver rating in 2023 in the Best Employers Eastern Region awards.

We are active partners in the Integrated Care System, recognising that a joined-up approach across the system is vital to tackling the health needs of our population and making best use of our collective resources. We are keen to contribute to the wider debate on the role hospice charities can play in achieving better health outcomes and system efficiency.

As well as thanking our wonderful colleagues and volunteers, and our community who support in so many ways, I also want to pay tribute to the very able trustees who sit on the Board of the Charity. They bring skills and enthusiasm to the Charity and ensure we continue to focus on the future and what we need to ensure Arthur Rank Hospice Charity continues to thrive.

Antoinette Jackson Chair of Trustees

Our vision

Our vision is 'Making Every Moment Count': supporting people with a life-limiting illness and caring for people and their loved ones at end of life. Underpinning this are our values:

Our values

* Compassionate: we provide compassionate care and support for people and their loved ones and a compassionate workplace through compassionate leadership.
* Caring: we care for everyone who needs our services, everyone who supports us, works for us

and volunteers for us.

* Community: we are part of our community, our community is part of us, our community is everyone in Cambridgeshire who needs us and we are proactive in tackling inequality.
* Excellence: we provide specialist care and support through our skilled team drawing on their expertise.

Strategic Report 2024-25

Why we are here?

In March 2022 we launched our current five-year strategy (2022-2027) which was produced in consultation with our community.

Our five-year strategy sets out strategic priorities that we have aligned to the Ambitions for Palliative Care and Hospice UK (HUK) Future Vision.

1) **Outstanding** - Service focused (continual improvement of current provision).
2) **Sustainable** - Income generation strategies and successful contract negotiations with statutory funders and developing our environmental responsibilities for a net zero carbon approach.
3) **Accessible** - Increase diversity of those accessing out services.
4) **Engaging** - Greater promotion and awareness, using resources such as digital solutions and effective use of our data.
5) **People** - Investing in our workforce and supporting our volunteers.
6) **Partnering** - Working with our system partners as part of the Integrated Care System, sharing knowledge and expertise.

In 2024-25 we focused on the following priorities:

Outstanding

We said that we would:

a) Increase our bereavement support services across Cambridgeshire and we will update our online and printed resources and use of other technological applications to support psychological wellbeing

b) Continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist.

c) Continue to build on the Transitioning programme for young people, involving them in decision making and service improvements.

d) Want to secure commissioning for the two remaining beds on our IPU at the hospice in Cambridge so we can maximise the care we provide.

e) Continue to develop education links with the social care sector to ensure seamless provision for patients and loved ones and accessible, appropriate support to develop confidence and competence of the social care workforce within PEOLC.

f) Continue to improve on our capacity in Hospice at Home to ensure more rapid response and

capacity to care.

g) Review community specialist nursing and specialist medical cover across Cambridgeshire with our system partners to ensure equality in service provision.

What we did:

a) We have updated our online resources and bereavement support leaflet. We have appointed a Bereavement Lead who has worked hard in setting up new services such as Understanding Grief monthly sessions and Grief Kind Space on Fridays in our Bistro, in partnership with Sue Ryder. We are also working with Sue Ryder to see if we can provide a similar service from our Alan Hudson Centre in Wisbech. We have provided placements for counselling students, which has enabled us to offer more 1:1 psychological support to carers and those bereaved. We have revised our group provision for carers, and are now delivering Carers Space, a fortnightly peer support group, facilitated by two skilled and experienced volunteers from the bereavement support team. Due to demand we are in the process of establishing a second Carers Space. Positive feedback received from Carers has demonstrated a preference for the revised model

b) Unfortunately, we were unsuccessful in our funding bids and continue to seek appropriate funding. However, we have been fortunate to employ colleagues with experience in supporting the psychological needs of young people going through pre and post bereavement and have set up a pilot project working with our Music Therapist, to provide group sessions for young people. This has been positively evaluated and the group of young people wrote a song to reflect on their experiences. Although this was very private to them and not for sharing, we know that the impact has been positive and are looking into how we can set up more of these sessions. We have a submitted a funding application to support delivery of the 'Sharing what it's like' workshops on a quarterly basis and hope to have the outcome in August 2025.

c) Unfortunately, we were unable to secure funding to continue to provide a Transitions Coordinator to support young people transitioning from Children's Hospice services to our Hospice. Nevertheless, we continue to work with EACH Children's Hospice in Milton and will support with offering annual review meetings for teenagers and young adults aged 16 - 25 years as needed.

d) We have not been able to secure additional funding to resource these two beds and are continuing to consider all options for funding these beds on our IPU.

e) Our Head of Education and Practice Development continues to engage with care homes and domiciliary care providers and deliver training on palliative and end of life care. We have now appointed a Practice Education Facilitator to support further training and practice development and support for student placements at the Hospice (due to start June 2025). Our education programme can be found on our website.

f) Following a review of unmet need with Cambridgeshire and Peterborough ICB, we have remodelled our service in partnership with ICB commissioners. We found that the need to support patients at night reduced significantly since our day service has expanded and therefore we have moved all our resources into providing support from 07.00 to 22.00 daily. Those patients who are eligible for Continuing Healthcare (CHC) at night will receive this from other service providers. This has allowed us to provide up to 120 hours of care a day across Cambridgeshire, reaching more patients who wish to die in their own homes and have a primary health need which requires additional care and support.

g) Due to the increasing number of referrals received by our Community Team (SPCHT), we have reviewed the way our team responds to patients in Cambridge City, South Cambridgeshire and East Cambridgeshire 9the area we are commissioned to provide this service in). We have

agreed a model for this year, taking into consideration the limitations of our resources. We produced a report and submitted this report to the C&PICB in August 2024 highlighting the need for further service development and resources and ideas to address some of the issues. We have highlighted concerns in the inadequate provision of seven-day access to specialist palliative care nursing in Wisbech. Sadly, without appropriate funding we are unable to provide a seven-day Specialist Palliative Care response service in Wisbech.

Sustainable

We said that we would:

a) Want to secure grant and trust income and long-term funding to support all our services through charitable or contracted means (namely support for children through patient and family support, Young Persons Transition, Caring Communities).
b) Want to increase the income from retail, online activities, venue hire and strengthen our brand identity and we will establish a new Charity shop in the town of March.
c) Want to build corporate partnerships and support and help increase awareness of hospice care within this group.
d) Invite people to consider making gifts such as donations and encourage people to future plan, using our Free Will service by making a small donation to our Charity or including our Charity in their will.
e) Continue to review our use of sustainable materials - reduction in use of plastic in all fundraising activities.

What we did:

a) Although we have not been successful in getting funding to deliver all the projects we had hoped to this past financial year, we have utilised the skills and competencies of those we employ and our wonderful volunteers to help deliver services to children and young people such as the children's "Sharing what it's like" workshop which helped a group of children to meet and share their experiences whilst being supported with music therapy and psychological support. We are looking to expand our volunteer roles within the bereavement and psychology team to provide high quality psychological support to patients and family members. We were delighted to secure further funding to support our Caring Communities service. Our Caring Communities service provides a volunteer who will visit or telephone weekly at a designated time, for up to eight weeks. Providing companionship for those who may be at risk of feeling isolated is so important.
b) We have opened shops in March and Ely and following assistance from an external consultant, are now implementing the actions recommended from their review of our retail services. We have implemented a new stock rotation system and have developed Gift Aid training for retail colleagues to encourage uptake. The set up of our new shops allowed us to strengthen our retail branding which will be carried across to future new shops and in refits of our current portfolio. More brand identity work will continue in the new financial year. We conducted a review of our Venue Hire operation which resulted in a move from the Fundraising team to the Education team so they have complete ownership of the Education centre.
c) We have reviewed the capacity of this team and created a new strategy to increase the number

of partnerships and therefore income from this area. To deliver this we have employed a Corporate Partnerships Officer and Manager to help implement our strategy to generate income through corporate sponsorship and fundraising activities

d) We continue to receive many generous donations and legacies that are so vital in allowing us to provide the level of care that is so valued throughout our community.

e) Our events team work hard to ensure we are as sustainable as possible. For example, we now ask people to bring refillable water bottles and have refilling stations at all our events, rather than providing plastic water bottles. Our star shine night walk medals are made from wood not plastic. We no longer hire vans to undertake our Christmas Tree Recycling scheme. We have recycling stations at our Hospice and encourage visitors to recycle their waste when visiting the Hospice.

Accessible

We said that we would:

a) Develop a plan to broaden access to events to diverse groups.

b) Achieve our widening access group action plan and complete community engagement sessions across Cambridgeshire.

What we did:

a) We partnered with the Judge Business School who undertook a project with their students to explore how we can best understand the community we serve. Their presentation explored how we can build stronger links, raising the profile of what we deliver and understanding the barriers to connecting with diverse communities. They presented their findings to us in December 2024 which our Widening Access Group (WAG) committee are taking forward in their action plan.

b) We discussed our priorities with our Trustees in October 2024 during an away day and these have been taken on by our WAG committee. We have had several engagements with the Khidmat Sisters and Chinese Community Centre and continue engaging with the Cambridge Mosque. We also attended Mid-Summer Fair, June 2024, in partnership with Cambridgeshire County Council and the Showman's Guild, which helped to increase awareness of our Hospice services with travelling communities. We have also participated in a community engagement event for Bangladeshi Women at the Arbury Community Centre on 12th September 2024 as part of the UPTURN Study with Cambridgeshire University Hospitals NHS Foundation Trust, who are leading the research study. We have also started working in partnership with the Ganga Prem Hospice in India, inviting their colleagues to attend our Quality Development Group meetings so we can share learning and ideas. They have also benefitted from some compression hosiery we donated to their Hospice for their cancer patients.

Engaging

We said that we would:

a) Continue to look to work with schools through fundraising, human resources and voluntary services, encouraging opportunities for work experience and volunteering.

b) Continue to develop our text messaging service, virtual consultations and videos online and introduce a telephony information service about self-care.
c) Develop an "introduction to clinical services" video to help promote our services and explain them in order to widen the public's perception of what we do and how we do it.

What we did:

a) Our community fundraising team continue to explore opportunities with local schools. We held successful Rudolf Runs throughout November and December 2024 with thousands of children engaged. We supported the Cambridge Muslim Scout Group by hosting them in our Bistro, along with students from the Cambridge University Islamic Society who gathered in our Bistro to create banners for the Cambridge Half marathon.
b) In addition to offering text reminders for appointments across our services, we have been looking at other ways in which technology can support our patients and their loved ones. Our Communications team has worked with our LWS to test a new telephone advice line for patients in addition to the online videos. This will help those who may be visually impaired and therefore unable to watch our supportive videos online but who might wish to call up and listen to pre-recorded advice over the telephone. The scripts for this have been written and we are in the process of uploading the recordings with our telephone service provider.
c) We have not yet been able to produce a video but hope to complete this in 2025-2026

People

We said that we would:

a) Look after our people by ensuring our staff benefits, career pathways, training and development opportunities and staff wellbeing support is implemented in line with our People Plan.
b) Grow our student and learner engagement and support apprenticeships and other development opportunities.
c) Continue to grow our volunteer services
d) Design an education plan fit for the future workforce.

What we did:

a) We have worked hard on achieving the objects that were set out in our People Plan. Some of these achievements include achieving a Compassionate Employers assessment rating of Bronze, rolling out mediation training for some colleagues, launching our Freedom to Speak Up Guardian revised policy, supporting our trained Mental Health First Aiders across the Charity and reviewing our staff benefits programme. Lots of other projects continue in 2025.
b) We have had a colleague successfully complete their trainee Nursing Associate course and we continue to provide this development for our Healthcare Support workers. We are also supporting a Nursing Associate to complete their Nurse Training programme. We are collaborating with Cambridge Regional College to support their learners and are considering placement opportunities for those students who wish to further careers in care or supportive services such as retail. We worked with Choices College to provide placement opportunities for work experience for young students with learning disabilities. We provide clinical

placements for students who are undertaking a nursing/paramedic/Allied Health Profession (AHP)/music therapy/social worker placement. We have now appointed a Practice Education Facilitator who joined us in summer 2025

c) We have increased the number of Caring Communities and Touchpoint Trajectory Technique volunteers. We have reviewed, amended and implemented a new Information Governance (IG) matrix to ensure that all volunteers have the appropriate level of IG training. We have expanded the use of Arthurs Shed and increased attendance numbers. We have completed the 2024 Volunteer Survey, achieving a 10% increased response rate. The action plan has been finalised and shared.

d) We undertook a training needs analysis for clinical services to identify areas to focus on. Areas such as improving IT literacy and skills and applying research were key themes that we wish to focus on in 2025-2026.

Partnering

We said that we would:

a) Ensure representation at the Palliative and End of Life Care Programme Boards and other relevant forums including the Integrated Care Partnership (ICP)

b) Continue links with our system partners by engaging in communities of practice and the Palliative and End of Life Care Strategic Clinical Network (PEOLCSCN).

What we did:

a) We continue to attend the systemwide palliative and End of Life Care Board with other system partners, focused on delivering the Cambridgeshire and Peterborough ICS' Palliative and End of Life Care Strategy 2022-2026

b) We continue to engage with other Hospices across the East of England and share learning through our Clinical Leaders Network and East of England Hospice CEO network.

In 2025- 2026 we want to focus on the following priorities:

Priority 1 – Outstanding

We will

- Continue to widen access to bereavement support, counselling and psychological services across our Hospice and Alan Hudson Centre.We will improve support for unpaid carers and social worker support across the Hospice and Alan Hudson Centre.
- Improve support for patients who have children around pre and post bereavement support.
- Plan for the use of the two remaining beds on our inpatient unit by revisiting the options appraisal and securing adequate funding.
- Introduce an electronic prescribing module to the inpatient unit and a electronic prescription service for the Palliative Care Hub.
- Review how we broaden our reach into local communities, building on the work with neurological conditions, single organ failures, frailty and dementia care.
- Contribute to education in palliative and end of life care of wider health and social care sector.
- Ensure that we review the range of diagnoses being supported and address any gaps.

- Build upon the Trajectory Touchpoint Technique and consider other methods for obtaining patient and family feedback.
- Improve our capacity in Hospice at Home to ensure more rapid response and capacity to care.
- Build on the number of independent prescribers in our specialist palliative care services.
- Increase access to the Palliative Care Hub advice line (111 option 4).
- Review the community specialist nursing and medical cover across Cambridgeshire with system partners to ensure equity in service provision.
- Implement Vantage software systems to report on CQC compliance, management of risks and incident reporting, management of complaints and management of policies
- Develop a bathing service for patients attending our Living Well Service at the Hospice

Priority 2 – Sustainable

We will

- Continue to seek funding to maintain our charity funded projects
- Continue to build partnerships and support
- Increase income through Gifts in Wills and donations
- Use sustainable materials and reduce the use of plastic in all our fundraising activities
- Develop a new Supporter Care and Insights team
- Increase income generated from retail outlets and online sales
- Strengthen our brand by refitting/ refreshing shops
- Increase retail income and visibility of our retails offering across the county
- Increase income generated by hospitality
- Assess our carbon footprint and take actions to reduce this
- Replace the wooden cladding on our Hospice building

Priority 3 – Accessible

We will

- Consider how we can broaden access to events and fundraising activities for all areas of our community
- Implement our Widening Access Group plan and cultural schedule

Priority 4 – Engaging

We will

- Continue our work with schools through fundraising and HR and voluntary services
- Use technology to engage i.e. through text messaging, virtual consultations and video messaging and telephone support about self care
- Develop an "introduction to Hospice Services" video for patients/public, to widen the public's understanding of what we do and how we do it.

Priority 5 – People

We will

- Continue to implement our People Plan
- Continue to champion an inclusive and compassionate culture in which we can all achieve our objectives
- Continue to explore new ways of working and delivering care
- Continue to build resilience in our services as we grow for the future
- Continue to support our volunteers through improving mandatory training and induction processes for retail volunteers and managers
- Introduce the bereavement support volunteer service at the Alan Hudson Centre
- Develop the use of Arthur's Shed by external organisations to widen our reach
- Continue to build our Caring Communities service

- Listen and act on feedback from colleagues
- Design an education plan fit for the workforce

Priority 6 – Partnering
We will

- Continue to provide representation at the Palliative and end of life care programme board and other relevant forums including the Integrated Care Partnership
- Continue our links with our system partners
- Continue to transition our IT architecture to be more cloud based
- Improve our clinical digital capabilities to make the most use of SystmOne and other software/applications used by the NHS/ICS

Public Benefit

In setting objectives for the year and planning the Charity's activities, the Trustees give due consideration to guidance from the Charity Commission relating to public benefit. Access to services is based solely on need and no charges are made for services provided.

The difference we make through our charitable activities
Our focus, at all times, is ensuring that our patients and their loved ones receive the very best, holistic care that we can provide.

The purpose of the Charity is to relieve sickness and suffering of people with life-limiting conditions and/or chronic health conditions and their families, loved ones and/or carers throughout Cambridgeshire, Peterborough and the surrounding areas and to assist their families, loved ones and/or carers (Beneficiaries) by providing:

* End of life care at Arthur Rank Hospice and elsewhere;
* Services, facilities, equipment or grants for Beneficiaries and
* Any other benefit which provides care and support to Beneficiaries.

Care and services are provided free of charge to patients. The Charity helps them and their loved ones to improve their quality of life and fulfil their choices at the end of their lives – making every moment count.

Our Charitable Activities

During the year we provided care services that enabled us to care for patients at the hospice just outside Cambridge, the Alan Hudson Centre in Wisbech and in patients' own homes. Our services are provided free of charge to those who need our vital care and support in the local community.

Living Well Service and Life Celebration

Our Living Well Service provides specialist advice, palliative care and support for adults who have a life-limiting illness. Living Well programmes typically involve once a week contact for eight weeks and are delivered by our multi-disciplinary team (MDT). Our MDT includes nurses and healthcare assistants, complementary therapists, a life celebration and creative co-ordinator, a music therapist, volunteers, physiotherapists, occupational therapists, chaplain, psychological therapists and the specialist medical team.

Our Life Celebration and Creative Activities Coordinators guide creative therapy sessions allowing patients to discover a new talent or enjoy a long-forgotten hobby. We encourage patients to talk about their lives and explore ways in which they might like to leave something which celebrates life-moments for family and loved ones.

Despite there being a vacancy for our Life Celebrations and Activities coordinator for most of the year, referrals to the LWS and Life Celebration have increased from 2023-24 by 17%. Alongside this, there has been an 18% increase in the number of people seen across their wide range of services including Wellbeing groups, carer support, and 1:1 outpatient appointments.

The Living Well Service is entirely funded by the Charity.

Education

We run courses for health and care professionals to learn and share best practice. These courses are provided by our experienced multi-professional hospice clinicians The teaching team are experienced in hospice, community and acute settings, which ensures that theory is linked to current practice in all settings. We also offer placements so that healthcare professionals and students can gain a more thorough understanding of the work we do.

We also design and provide bespoke education sessions that provide a tailored experience for a range of organisations. We have successfully partnered with Anglia Ruskin University to deliver a Masters Module in Palliative and End of Life Care. We were commissioned, in partnership with Sue Ryder Thorpe Hall, by the Integrated Care Board, to deliver training for GP's and residential care home managers on implementing ReSPECT across our system.

Hospice at Home

We know that many people would prefer to die at home. Our compassionate team of Health Care Assistants and Nurses are experts in the practicalities and complexities of end of-life care and support patients at the end of their lives to die in their own homes if they so wish and it is safe to do so.

Family carers want to be able to care for the person they love and, at times, this can be hard. Sometimes they need a break and sometimes they need support with particular care needs. This is what our teams can offer to give carers a chance to rest and carry on caring. Having our Hospice at Home team support with care, skill and knowledge can help keep loved ones at home, avoid unwanted admission to hospital and help patients return home from hospital when admission has been necessary.

Our care is practical and holistic. It might involve keeping patients comfortable, ensuring they have the medication they need, providing a hand massage and words of comfort. Our care is focused on person-centred care for patients and what they need.

The total number of referrals to HaH reduced because of the end of the night service in May 2024, but the day service received a similar number of referrals to 2023-24. Despite the ending of the night

service, HaH still saw 558 people throughout the year, and saw a 10% increase (24,047) in the total number of face-to-face clinical contacts. This is because patients have more complex needs and need closer monitoring and interventions. We continue to support patients to die in their Preferred Place of Death (PPOD) when it is safe to do so, with 95% of patients achieving their PPOD during the year.

Alan Hudson Day Treatment Centre (AHDTC) located at North Cambs Hospital, Wisbech

We work closely with Queen Elizabeth Hospital, Kings Lynn to support their end of life care provision and our Matron attends their MDT meetings.

Our MDT of highly qualified staff and dedicated volunteers provide expert care, which is holistic and tailored to each person's specific needs. Services include Living Well, treatment and clinical days (including blood transfusions, oncology and symptom management), complementary and diversional therapies, and bereavement and support services. Our specialist palliative care nurse is a core member of the team and is working closely with the GP practices in Wisbech. The team also provides clinical advice and support to palliative patients on the adjacent Trafford Ward. Part of our Hospice at Home Team is based at the Centre providing care for people throughout Fenland.

Demand for both specialist services and treatments in and around Wisbech continues to rise, as demonstrated in the 7% increase in completed treatments this year, a 20% increase in the number of day care sessions attended, and a 3% increase in the total number of people seen.

Inpatient Unit (Shelford Bottom, Cambridgeshire)

The hospice Inpatient Unit (IPU) has 12 **Specialist Beds** and seven **Nurse Led Beds** (NLB) with the ability to increase up to nine beds if necessary. Two beds remain available to be commissioned and we continue to explore how best for these to be utilised.

All patients and their loved ones are provided with holistic care from the Multi Disciplinary Teams.

Specialist Beds: Funding and catchment area

The beds for people with specialist and complex needs are funded by a contract with Cambridgeshire and Peterborough ICB and are available for patients whose GP practice falls within Cambridgeshire. Peterborough patients are cared for by Sue Ryder Thorpe Hall.

In exceptional circumstances, patients are admitted from outside the Cambridgeshire area, but funding must have been agreed with the relevant ICB.

The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist MDT, and/or a daily review by a doctor. All referrals must

come via a healthcare professional. As we are a short-stay unit we support the discharge of patients whose needs are stable and can return home or can be managed elsewhere in other care settings. Therefore, we are unable to admit people whose main need is long- term care.

We are experienced in caring for patients with specialist nutritional needs, non-invasive ventilation and tracheostomies, and are able to give oxygen, intravenous medication and fluids.

Our Specialist Beds continue to exceed our target occupancy of 72%, with the year ending with an average occupancy of 82%. Patients are admitted for a variety of reasons, not just for end-of-life care, as demonstrated in the fact that 19% of admissions were discharged back into the care of the community. There has been a decrease in the average length of stay compared to 2023-24, returning to the same average than in 2020-21.

Nurse Led Beds

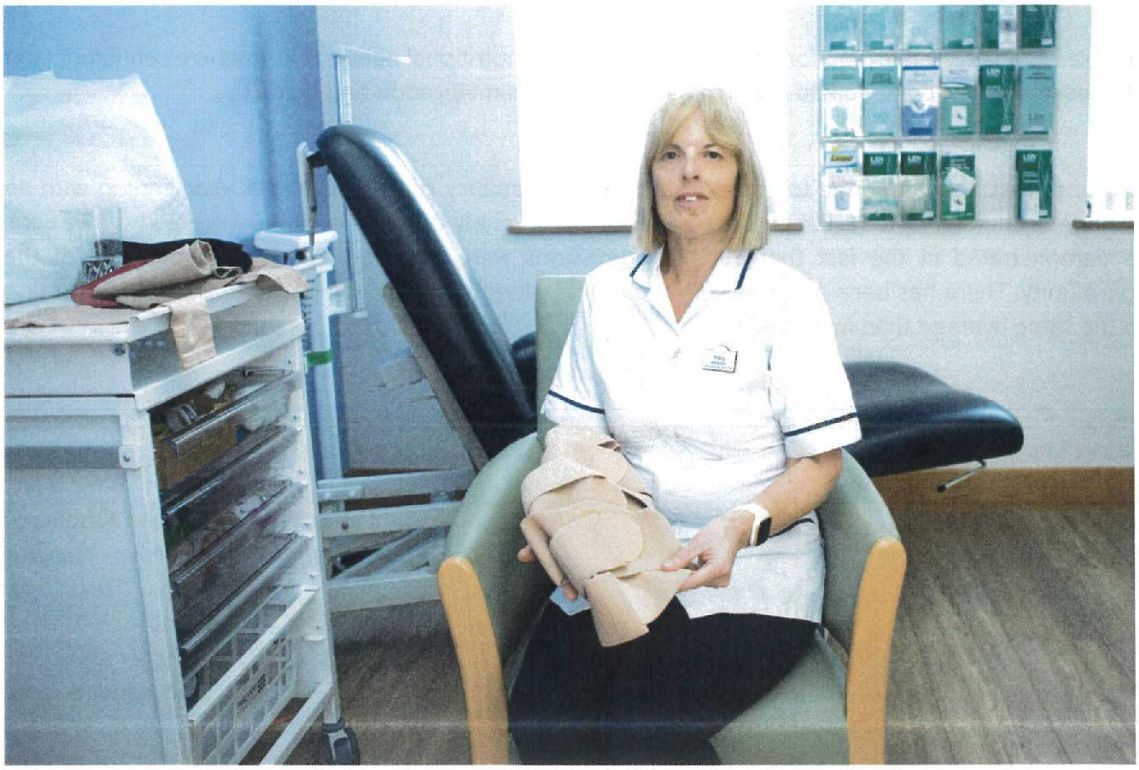
These beds have been funded by Cambridge University Hospital NHS Foundation Trust for patients in Addenbrooke's who would otherwise be dying in hospital, and who require non-complex nursing and medical care. Their daily management is led by experienced nursing staff rather than the full MDT. Patients have access to the ward doctor if required.

Our Nurse Led Beds ended the year with an average occupancy of 94%, a 21% increase from 2023-24. This sharp increase demonstrates the fantastic work completed this year alongside colleagues at Addenbrooke's to improve our referral process, ensuring that the correct patients are being identified and transferred at the appropriate time. 93% of admissions ended in death, also demonstrating that in most cases, the correct patients are being identified for this transfer for end-of-life care. The remaining 7% were discharged back into the care of the community.

Unfortunately, due to funding challenges within the NHS, Cambridge University Hospital NHS Foundation Trust has informed the charity that the Nurse Led Beds contract will come to an end at the end of March 2026. This is extremely disappointing given the hard work put in by Arthur Rank and Addenbrooke's staff as well as the recognition by all parties of what an excellent service this is for patients and their loved ones who would otherwise spend their last days in hospital.

We are now looking at alternative uses for these beds in the new financial year and hope to increase access to them throughout our local community.

Lymphoedema



The Lymphoedema Clinic provides a service for those with primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, and other related conditions. The team also assesses and advises Lipoedema patients.

All patients are offered an assessment with a clinical specialist and a treatment programme is agreed with them. Treatment may consist of some or all of the following: skin care, various forms of compression, exercise programmes, simple/manual lymphatic drainage or use of compression pumps, kinesiotape and low-level light therapy. We aspire to support all our patients to self-manage this long-term condition and, to help with this, we offer six sessions a year at our support group to provide further education about managing lymphoedema.

Referral figures have increased slightly, whilst the caseload has increased quite significantly and many. more people have been seen by the clinic compared to last year (35% more). The team are happy to deliver virtual and face-to-face consultations, yet many more contacts were delivered face-to-face this year than in the previous years following COVID-19.The team continue to work on a variety of Quality Improvement Projects including caseload reviews, for example looking at why some patients remain on the caseload for 2+ years, helping the team stabilise the caseload.

Patient and Family Support Team

The Patient and Family support team provides emotional and psychological support to patients and families who are known to our Hospice services. The service includes counselling, psychology, psychotherapy and creative therapy interventions and pre and post bereavement support. The team delivers evidence based psychological support for patients and their families with pre and post bereavement needs from level 1 to 3 (NICE Guidance 2024). The team also works closely with our Social Worker and Chaplain in order to provide practical social and spiritual support.

The Hospice's social workers provide social support and practical information to patients and families who are being cared for on our IPU or through our Community Team. This support may include bereavement support, 1 to 1 counselling, life celebration and memory making activities as well as music therapy, a Grief Kind Space and a Carers group

Spirituality can be seen to be the heart of who we are. Whilst some people view this through a religious lens for many others it is less defined, although no less important. A team of volunteers are available to all patients, their relatives and loved ones, whether they are of faith or not, to help explore the 'difficult questions'. We listen and help where we can. Inpatients and their visitors can also access our Sanctuary, a peaceful space at the Hospice for those of all different faiths or no faith. We will also facilitate acts of worship or rites as required. If appropriate to patient care and the situation, we encourage people from faith groups to visit, enabling patients still to feel part of their community if this is something that is important to them.

We have also provided music therapy to our patients. Music therapy is a form of emotional and psychological support that combines music making, listening and talking. The impact of the team has been demonstrated in their use of Clinical Outcomes in Routine Evaluation (CORE) questionnaires. Average scores for both versions of the CORE demonstrate that interventions from the team have resulted in positive outcomes – an improvement for the patient.

This Patient and Family Support Service is funded by both the Charity and by the Cambridgeshire and Peterborough ICB for patients registered with a GP in Cambridge City, South and East Cambridgeshire.

Specialist Palliative Care Team

Our seven days a week service helps those living with an advanced serious illness or other life-limiting condition to get further support and encourages planning for future care with families, carers or loved ones. We liaise regularly with care providers, such as GPs and district nurses, so that care remains as seamless as possible. The team may also be able to highlight other NHS services, charities or organisations that can help support the specific circumstances of a patient. The service is available 9am – 5pm, seven days a week and is able to provide a rapid response to people in crisis. We also have a part time clinical nurse specialist working at our Alan Hudson Day Treatment Centre to support patients registered with one of the four GP practices in Wisbech who have specialist palliative care needs. As this role is only funded for part-time hours, the Wisbech service is only available Monday to Friday.

Our team of skilled Clinical Nurse Specialists help manage symptoms and any other difficulties patients might be facing. We may help with medicine management and accessing the wider hospice team for psychological and spiritual support or complementary therapy. Psychological support may be provided via video consultation or over the phone to patients and their primary carers, family members and loved ones.

A large part of the team's work is to do with advance care planning. We help patients talk about their wishes and preferences, especially when it comes to end of life care. Wishes are documented in a ReSPECT plan so that other services are aware and the various teams can work together to fulfil them.

Demand for our SPCHT continues, with an 8% increase in total referrals compared to 2023-24. The large discrepancy between referrals and discharges demonstrates the high volume of referrals that the team receive, triage, and reject/refer on to other services. Most new referrals triaged and accepted by the team are phased as 'deteriorating' (63%). Using the OACC Suite of Outcome Measures, if a patient's Phase of Illness is deteriorating, this means that their care plan is addressing anticipated needs but requires periodic review. This is because their overall functional status is declining and their experiences are gradually worsening and/or they experience a new but anticipated problem, and/or the family/carer experience gradual worsening distress that impacts on the patient's care.

Transitioning Young Adults Project

Unfortunately, the funding for this project came to an end in August 2024. However, we continue to work with East Anglia's Children's Hospices (EACH) and will support with offering annual review meetings for teenagers and young adults aged 16 - 25 years as needed. EACH can refer young people from age 14 as an introduction to our Transition Service. Our Specialist Care Team are supporting young adults and their families from age 18 throughout illness, symptom control, crisis management and end of life care.

Palliative Care Hub

This service is for anyone who needs specialist palliative care advice or support. It is available to patients, family/friends, carers, GP's and other healthcare professionals including care and nursing homes and home care when the patient has been identified as having palliative care needs. We provide advice and support, signpost to appropriate services, transfer patients to another healthcare professional who can better help them.

The service is a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with HUC which commenced in April 2021.

In 2024-25 this service supported 1,609 patients (an increase of 8% from 2023-24), took 2,702 calls (an increase of 14% from 2023-24), and helped to avoid 83 hospital admissions.

Complementary Therapy

Our highly trained therapists tailor programmes to each person's needs. Sessions provide a safe space where patients and their loved ones can take a little time out from their daily challenges. The team see patients face-to-face in the hospice and in their own homes if required, as well as in the hospice for those attending our Living Well Service and on our IPU.

Treatments may help alleviate many common symptoms such as pain, nausea, insomnia, muscular aches and low mood. We aim to offer the maximum benefit whilst disturbing the client as little as possible.

Voluntary Services (inc Arthur's Shed)

Arthur Rank Hospice Charity is supported by over 620 volunteers in clinical, retail and supportive roles as well as in patients homes. Volunteers provide the charity with experience, knowledge, time and compassion and are informal ambassadors for the organisation in the local community, helping raise awareness of our work. Many of our volunteer roles operate on a 2–4-hour shift, weekly or fortnightly; for those unable to make a regular commitment we offer ad-hoc or flexible roles. The service is passionate about providing a high-quality and accessible volunteer experience, that is mutually beneficial, meeting the needs of the volunteer as well as the charity.

The service continues to future-proof and develop in line with service needs, introducing 11 new volunteer roles in 2024 alone. In addition, we have welcomed over 40 new volunteers to the charity to support our newest shops in Ely and March. As our numbers grow, we are always looking for ways to ensure our volunteer offer is efficient and governance led, whilst remaining meaningful and personal.

Arthurs Shed is a studio set in the Hospice gardens which acts as a hub for our local community. From here we run weekly and fortnightly volunteer-led sessions on a range of wellbeing-related topics, such as arts and crafts, meditation and physical activity, these are free of charge and open to the public. The aim of the Shed is predominantly to raise awareness of the charity and bring people into the site.

We have created strong working relationships with local health and social care providers who utilise our sessions for those they support. In addition, the space is available for public use for meetings, events and workshops. In 2024 we had over 160 individual visits to the Shed between April and November

Patients supported

2024-25 has seen a decrease in the total number of referrals received, but an increase in clinical contacts completed. The reduction of referrals is due to greater education surrounding the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. The increase in clinical contacts is mostly within our Hospice at Home service, which had 2,219 more face-to-face contacts than in 2023-24.

Number of Referrals	2024/25	2023/24
In-Patient Unit (specialist beds)	358	361
In-Patient Unit (nurse led beds)	318	292
Living Well Service	436	362
Hospice at Home	652	950
Specialist Palliative Care Home Team	1,227	1,131
Lymphoedema	315	305
Patient and Family Support Services	186	195
Pain Management	55	47
Complementary Therapy	270	323
Medical Outpatient and Domiciliary	137	118
Alan Hudson Day Treatment Centre	443	488
Caring Communities	58	56
Transitioning Young Adults	3	8
Total	**4,458**	**4,636**

Number of face-to-face contacts/appointments	2024/25	2023/24
Living Well Service	1,037	887
Hospice at Home	24,047	21,828
Specialist Palliative Care Home Team	1,607	1,642
Lymphoedema	778	742
Patient and Family Support Services	704	767
Pain Management	41	40
Complementary Therapy	495	660
Medical Outpatient and Domiciliary	410	341
Alan Hudson Day Treatment Centre	3,648	3,379
Transitioning Young Adults	11	17
Total	**32,778**	**30,303**
Number of telephone contacts	**2024/25**	**2023/24**
Living Well Service	1,378	1,317
Hospice at Home	3,758	4,597
Specialist Palliative Care Home Team	6,894	7,350
Lymphoedema	1,174	1,163
Patient and Family Support Services	534	367
Pain Management	26	11
Complementary Therapy	912	1,101
Medical Outpatient and Domiciliary	1,003	718
Alan Hudson Day Treatment Centre	3,473	4,198
Transitioning Young Adults	24	26
Total	**19,176**	**20,848**
In-Patient Unit (specialist beds)	**2024/25**	**2023/24**
Number of beds	12	12
Bed occupancy (target 72%)	82%	91%
Number of patients	217	213
Number of discharges/deaths	203	201
Average duration (days)	16.4	18.6
Available bed days	4,380	4,392

Approach to fundraising

Fundraising Approach and Controls

Arthur Rank Hospice Charity enjoys long-standing relationships with supporters and partner organisations, proactively engaging and collaborating with our community. The Charity maintains high standards in raising funds through a variety of means.

The Charity employs a team of paid colleagues to deliver our fundraising and communications strategy, operating within the Fundraising Code of Practice. Teams regularly attend events and training to increase their own understanding of hospice sector developments as well as changes in the external environment. Where possible representatives also contribute by sharing their own expertise, leading sessions, or speaking at events.

Arthur Rank Hospice Charity has a broad portfolio of open, legal, honest, and respectful activities. These include newsletter mailings and appeals shared by post, email, or social media. We seek the support of corporates, ensuring alignment to our purpose and providing commercial participator agreements when required. The Charity is voluntarily registered with the Fundraising Regulator and is a member of Hospice UK and the Hospice Income Generation Network (HIGN).

The Charity partners with Your Hospice Lottery (YHL) who are registered with the Gambling Commission to manage a weekly lottery for which the Charity receives royalties (launched in 2011). The team adhere to our Ethical Fundraising Promise, fundraising specific policies, and also benefit from other policies which involve safeguarding, lone working, and social media use. With the agreement and prior approval of scripts, telesales campaigns are occasionally conducted by Your Hospice Lottery. Notification of these activities are shared with the Senior Leadership Team and managers in advance.

From time to time the Charity may work with established and reputable service providers, such as mailing houses or event management companies. For two of our mass participation events we collaborate with two charitable organisations to deliver the fundraising activities. The annual Bridge the Gap walk remains in partnership with Romsey Mill, another Cambridge based charity, and Just Helping administer our Christmas Tree Recycling Scheme. We actively encourage discussions to collaborate with other businesses and people in the community. In both scenarios we are diligent around the relationships we seek or build.

The Income Generation Committee comprises of trustees, specialist advisors and senior leadership team members. Meetings are held three times a year and attendees contribute to strategic discussions for future planning and deep dives into specific existing activities. Fundraising activities are detailed in committee papers, with a standing open invite for trustees or senior leadership team not on this committee to attend.

The Charity places high importance on maintaining GDPR compliance. The Income Generation and Communications Director attends Information Governance (IG) meetings and the team contributes to the Information Governance (IG) Handbook. Where work is undertaken with external bodies, privacy notices are reviewed, and privacy impact assessments are conducted. This information is then recorded on an information asset register, which is checked annually.

The Charity has a dedicated supporter relationship management system to ensure we comply with Fundraising Regulator requirements. This maintains robust systems for data maintenance and record keeping. In the period 1 April 2024 to 31 March 2025, we received 2 suppression requests from the Fundraising Preference Service. These were actioned within 3 days.

Any complaints that do arise are recorded on Vantage, our incident reporting system, and dealt in line with our complaints policies. No complaints have been received in respect of Your Hospice Lottery and in the instance where the Charity receives calls relating to the Lottery these are escalated to the Lottery team in line with their policy. Pleasingly, no complaints were recorded for fundraising or communications during this period.

Financial review

These are very difficult financial times for all UK hospices. A recent survey by Hospice UK found that just under 60% of UK hospices incurred a deficit in 2024-25, resulting in service closures and redundancies at some hospices. There are significant political, economic and system pressures facing the sector currently and the impending restructuring of ICBs adds considerable uncertainty to all hospices nationwide. The government's announcement in December 2024 of a £100m capital grant to UK hospices is welcome, but does not address the fundamental underlying funding issues that the hospice movement faces. Our costs are increasing faster than our core income streams and this presents us with challenges to ensure our long-term sustainability. In addition, there is an ever-increasing demand from an aging population without improved funding to recognize this.

Despite this financial background, we are extremely fortunate to be able to report a surplus of £1,608k (2024: £1,106k). This was mainly due to a significant increase in one-off legacies. We are incredibly grateful for the generosity of those who recognise our work across the county of Cambridgeshire. In addition, the first tranche of the government's capital grant to hospices increased our income by a further £235k, but this was restricted to capital programmes and not day-to-day running costs. Together with small income increases from our NHS contracts and much higher investment income due to increased interest rates, our overall income rose by £1,327k (10%).

Expenditure has been managed tightly given the financial environment that the Charity finds itself in. However, the need to match NHS pay awards (5.5% in 2024/25) due to our proximity to Addenbrooke's Hospital and investment in our fundraising team to improve returns in future years did see our expenditure increase by 7%.

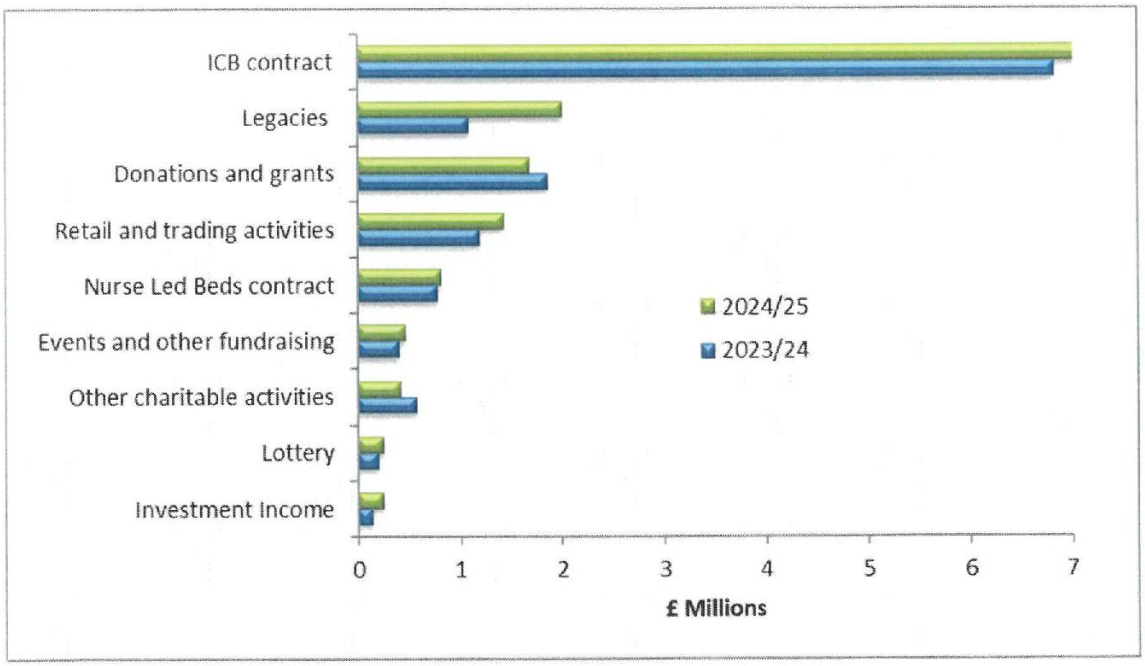
Our surplus has resulted in an increase in reserves to £14.1m (2024: £12.5m), with total free reserves that are available to spend on any of the Charity's purposes increasing to £7.6m as at 31 March 2025 (31 March 2024: £6.0m). This increase in the level of reserves strengthens our financial position to continue to provide the existing level of services as well as deal with the upcoming financial challenges that we will face. It is worth noting, however, that our free reserves (expressed as a number of months of expenditure) are below the average for UK hospices. Accordingly, we have revised our reserves policy to allow for the increased requirements in the uncertain times ahead.

The Charity has retained a strong focus on financial controls, managing costs and a prudent approach to setting budgets. Our income generation activities, including fundraising, have all worked extremely hard to secure the additional funds required. This will continue to be a stretch for our teams as we plan ahead with an increasing focus on our retail operations.

We will receive a second and final government grant of £706k in 2025/26. As before, this has to be spent on capital projects, not day-to-day expenditure. The majority of the grant will be spent on replacing the wooden cladding on the outside of the hospice building which has unfortunately not weathered well. This is one of our Sustainable objectives for 2025/26 and will help to minimize maintenance expenditure on the exterior of the hospice.

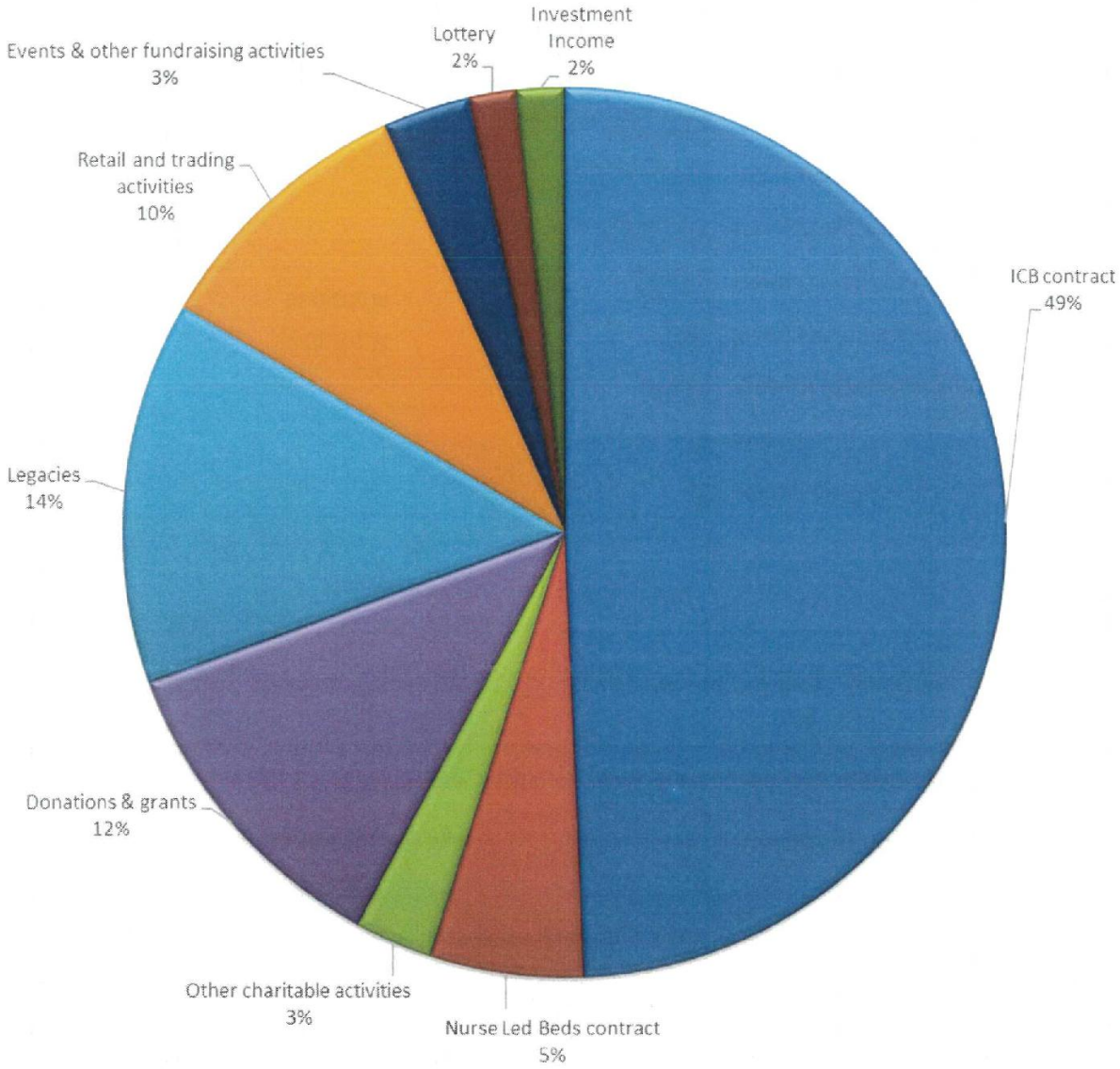
Income

The chart below shows our income compared to the previous year:



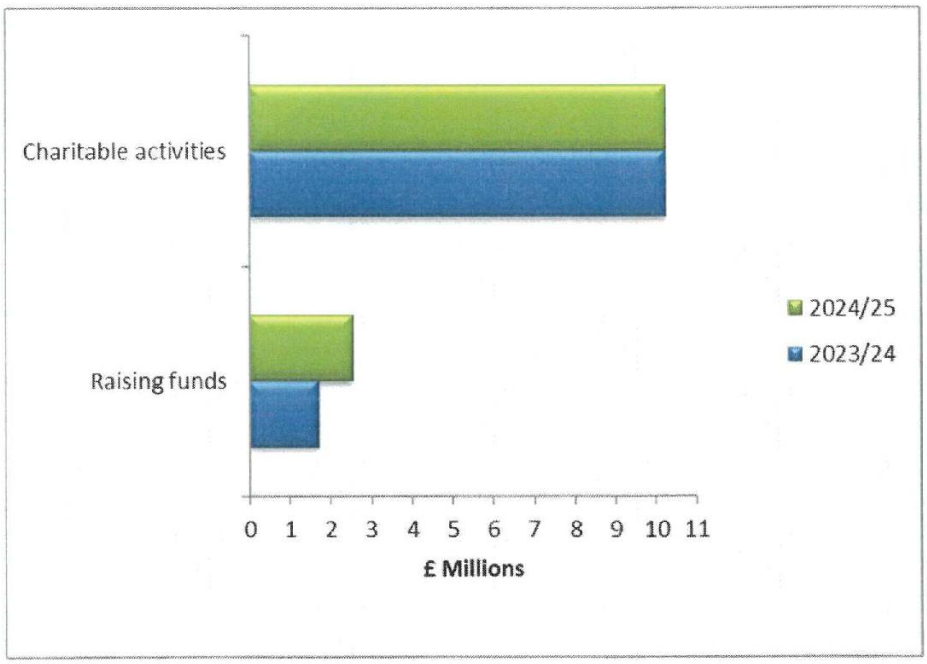
- The Charity's total income was £14.39m (2024: £13.06m), an increase of 10.2%
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations and events was £1.75m (2024: £1.90m)
- The Charity is extremely grateful for all gifts in wills, and income for the year was £2.01m (2024: £1.08m)
- The income from the charity's shops and other retail activities was £1.43m (2024: £1.19m)
- Our NHS income comes principally via the Cambridgeshire & Peterborough ICB and Cambridge University Hospitals Foundation Trust. NHS income for care services increased to £7.98m (2024: £7.68m) in the current year. This represents 55% of our total income.
- The Charity was extremely grateful to receive £0.33m (2024: £0.33m) via a combination of unrestricted and restricted grants and donations from charitable trusts. Donors included Albert Hunt Trust, Albert Van Den Bergh Charitable Trust, Arndee Trust, Betty Lawes Foundation, The Blunt Trust, City and University of Cambridge Masonic Charitable Trust, Frank Litchfield Trust, Girton Town Charity, Griffsome Trust, Innes Family Charitable Trust, The James Knott Charitable Trust, John Armitage Charitable Trust, John Laing Charitable Trust, The Jonathan Towler Memorial Foundation, The Julia Rausing Trust, The Mistra Trust, Mrs Wingfield Charitable Trust, Nancy Kenyon's Charitable Trust, Nicholas Swallow and Other Charities, Northwick Trust, The Paragon Trust, The Penchant Foundation, Philip King Charitable Trust, The Polonsky Foundation, The Rodney and Shirley Holder Charitable Fund, The Saddlers' Company, St James's Place Foundation, Strangward Charitable Trust, Terry and Pat Chalmers Charitable Trust, and Thomas Galon Charity of Swavesey.

The chart below shows the proportion of income that we received in the year from different sources.



Expenditure

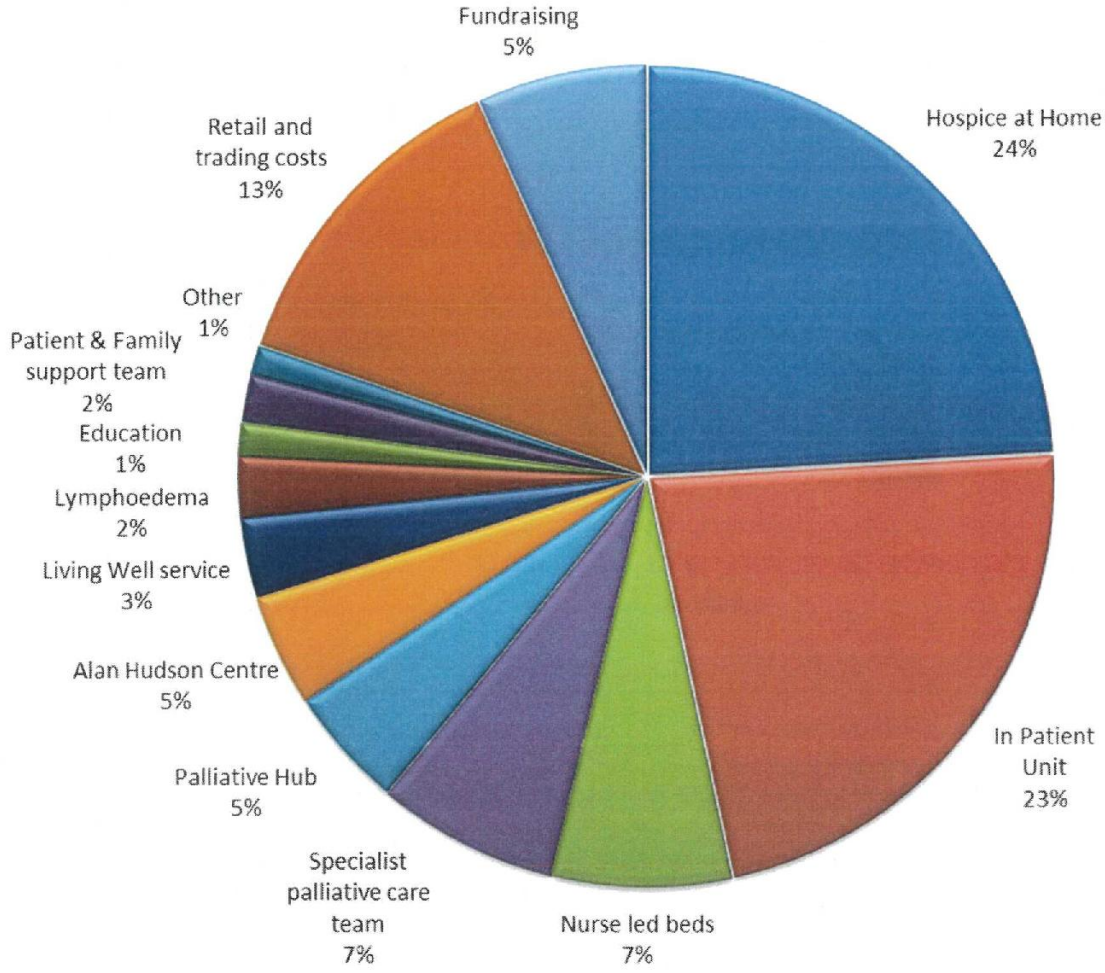
The chart below shows our expenditure compared to the previous year:



Overall expenditure increased this year to £12.78m from £11.96m last year, an increase of 6.9%

- 80% of all the expenditure this year has been spent on charitable activities (2024: 86%). The reduction is due to a strategic decision to invest in our fundraising team to increase income streams in future years as the funding challenges intensify.
- £8.99m was spent on staff costs (2024: £8.70m) and this represents 70% of the Charity's total expenditure (73% excluding depreciation)
- The expenditure on charitable care has decreased by 0.1% to £10.24m (2024: £10.25m). This was primarily due to having to close the Young Adults Transition project (due to lack of funding) and vacancies in our Education and Specialist Palliative Care teams.
- £2.30m (2023: £2.19m) was spent supporting direct delivery of charitable care. This included (but is not restricted to) medical, clinical administrative support, facilities and catering, the management team, HR, communications, Finance and IT.
- £0.86m was spent on fundraising activities (2024: £0.66m). This excludes the fundraising costs of retail activities totalling £1.68m (2024: £1.05m).

The chart below shows the proportion of expenditure within each area (including allocated support costs).



Trading Company – Arthur Rank Hospice Limited

The Charity has a separate subsidiary trading company through which our trading activities are managed which include the sales of new goods, venue hire and sales in our Bistro.

The consolidated accounts include income and expenditure generated by the trading company.

Our Education and Conference Centre provides a convenient meeting and conference venue which is available to hire by businesses, charities, health and social care organisations and community groups.

Our Bistro prides itself on delivering a freshly prepared and home cooked menu and providing a friendly welcome in its bright and airy space, where patients, visitors and colleagues can enjoy meeting friends over lunch, or a coffee and cake.

Gross income from the trading company was £0.3m (2024: £0.3m). Expenditure was £0.3m (2024: £0.2m) and a very small loss was incurred (2023: £0.1m profit). This loss was due to significant staff turnover and we are seeing improvements in the new financial year.

Reserves policy and going concern

As a result of the increased demand for our services, the Trustees are mindful of the Charity Commission publications: "Charity reserves – building resilience" (CC19) and "Managing a charity's finances: planning, managing difficulties and insolvency" (CC12).

The Charity needs a level of free reserves to continue with core services in the event of a reduction in income or loss of funding. Total free reserves of the Charity as at 31 March 2025 were £7.6m (31 March 2024: £6.0m). Free reserves comprise those funds that are freely available to spend on any of the Charity's purposes and is calculated as general funds plus the legacy reserve. They exclude restricted funds and tangible fixed assets (Hospice fund) held for the Charity's use. The 2024/25 surplus has contributed to a significant increase in reserves.

According to Hospice UK's data, the average amount of free reserves held by adult hospices in the UK equates to 8.8 months of expenditure. Historically, we have been well below this level, primarily as we only became independent some ten years ago. Our previous reserves policy had a target range of £2.5 to £5.0m. This was clearly not enough given the increase in our activities and expenditure as well as the need for financial resilience during the current financially challenging times. Accordingly, we have revised the reserves policy such that the target range is £5.0m - £9.0m with an aim to reach the higher level over the next ten years. Progress towards that aim has been much quicker than expected due to the fortunate outcome of the last two financial years.

Included within the reserves policy is a designated Legacy Reserve. Due to the unpredictable and fluctuating nature of legacy income, Trustees have designated a legacy reserve to which legacies received over and above the budget level may be allocated, to be drawn down in future years where legacy income falls below the budgeted level. This will help manage the peaks and troughs of funding received via legacy receipts. Such a reserve can also be assessed and managed at the Trustees' discretion should a service need present itself. As at 31 March 2025 the value of the designated Legacy Reserve was £1,917k (2024: £661k).

Following the Charity Commission's advice that Charity trustees consider the possibility of an unplanned closure, the Trustees view the possibility of unplanned closure as very unlikely. There is always going to be significant demand for high quality end of life care in Cambridgeshire. In a worst-case situation, the Charity's balance sheet would provide sufficient resources to fund a solvent liquidation.

Management has prepared detailed month-by-month budgets for the years ending 31 March 2026 and 31 March 2027. There are less detailed projections for the following years. Despite the matter noted as a post Balance Sheet event in the financial statements, the Trustees are of the opinion that there is no doubt about the ability of the Charity to continue as a going concern over the next two years. Accordingly, the Trustees are of the view that the Charity is a going concern.

Investment policy

In accordance with the Charity's constitution, the Trustees have the power to invest in such stocks, shares, investments and property as they see fit. The Trustees are mindful of the recommendation of the Charity Commission with regard to the management of investments. The Charity has a formal investment policy and strategy which has been approved by the Trustees. The investment guidelines relating to cash deposits were revised during the year to increase the returns available during a period of relatively high interest rates.

When we are able to invest funds, no investment will knowingly be made directly in tobacco and related products or in any other products which run counter to the ethical standards of the Charity.

Risk management

A comprehensive risk register is maintained by the Senior Leadership Team and reviewed by the Trustees on a quarterly basis.

During 2021, a significant review of our risk management framework took place further embedding risk management within the strategic planning and management for the organisation and incorporating the guidance within Charities and risk management (CC26).

Following the review, the risks have been split into strategic and operational risks. Strategic risks are allocated to the relevant sub-committees of Finance and General Purposes, Income Generation and Clinical Governance and reported on quarterly at each full Trustee Board meeting.

Operational risks are managed by the Senior Leadership Team and those identified as high risk are reported at each meeting of the full Trustee Board.

For each specific risk, the register describes the risk and assesses the level of risk, the likelihood of it happening and the potential impact. The register also includes proposed mitigation for each risk and Trustee appetite for each risk. The risks are scored both pre and post mitigation on the likelihood and impact of the risk.

Our most significant risks and mitigating actions are set out in the following table:

Principal risks	Management of risk
Income (both NHS and fundraising) does not offer ARHC financial stability	• Budgets linked to planning and objectives • Trustee monitoring of timely financial reporting • Proper costing procedures for service delivery • Diversity of income streams • Regular review of reserves • Income Generation strategy including investment in team • Appropriate authorisation processes in place for new investments and initiatives • Continued dialogue and negotiation with NHS commissioners • Scenario planning to identify how service costs could be reduced should income be insufficient
The charity is not able to meet the changing needs of patients and their families	• Highly qualified and skilled workforce • Highly skilled and experienced Trustee Board and SLT • Proactive engagement in relevant system decision making bodies • Seek feedback from system partners on effectiveness of our contribution • Ongoing dialogue with commissioners to ensure timely escalation as required • Good engagement with Hospice UK and NHS England so aware of national directives and trends • ARHC Open Days and active social media presence • Listening to patients & loved ones, engaging at strategic level ie through PEOLC Programme Board and with eg HUK • Escalation to ICB • Implementation of RUN-PC tool

The charity is a victim of a cyber attack	• Data security and awareness training for all staff • Regular Phishing training • IT outsourced to an ISO 27001 accredited company • Regular reviews of systems and security with and by IT support provider • Services backed up daily • Information asset register maintained • Support package with website provider • Following penetration testing, password security has been improved and MFA has been introduced • BCP identifies actions to be taken in emergencies (eg SystmOne going down) • BCP table top planning sessions with staff

Beyond the specific mitigation strategies for each risk, the Trustees take the strategic view that the overarching risk mitigation strategy is to ensure that the Charity is well led by its Senior Leadership Team, supervised and supported by the Board of Trustees.

Structure, governance and management

Constitution

The Charity is a charitable company limited by guarantee. The company was originally incorporated under Articles of Association on 25 November 2009. New Articles of Association were adopted on 6 June 2016 and amended on 31 March 2022. The company is a registered charity, number 1133354 The members of the company are the Trustees named below. In the event of the company being wound up, the liability of Trustees and members in respect of the guarantee is limited to £10 each.

The Charity previously operated as an unincorporated charity which was founded in 1981 and established by Trust Deed in 1982. With effect from 1 February 2010, the assets of the unincorporated charity, renamed Arthur Rank House Hospice Charity, registered charity number 1133354-1 (formerly number 283353), were transferred to the charitable company. Under a Uniting Order dated 29 April 2010, Arthur Rank House Hospice Charity is now treated as part of Arthur Rank Hospice Charity.
The Trustees who served during the year are shown on page 33.

Biographical details of all Trustees are included on our website at arhc.org.uk. We extend our gratitude to all of our Trustees.

Appointment of Trustees

The Charity has appropriate policies and procedures in place for the recruitment, appointment and training of new Trustees. In accordance with Charity Commission recommendations, the Charity is aware of the importance of a diverse range of skills, background and experience among Trustees to ensure good governance. The usual approach to recruitment is to advertise but where specific skills or knowledge are required to strengthen the board's expertise, the Charity will seek out people with those skills and ask them to apply. These candidates are then interviewed and considered in the normal way.

Trustees are usually appointed for an initial period of three years which may, subject to satisfactory performance, be renewed for up to two further terms of three years each. A Trustee would not normally serve for more than nine years but can be invited to serve for an additional three-year term at the request of the Trustees.

The induction and training of new Trustees

New Trustees are provided with an induction pack which includes the Charity's constitution, accounts and annual reports together with Charity Commission publications relating to the role of a trustee and material from the Hospice UK induction pack. They are encouraged to attend the Palliative Care Overview course run at Arthur Rank Hospice, which covers:

- the background and history of the hospice movement and palliative care;
- the working arrangements between the Charity and the NHS;
- clinical aspects of the care at the Hospice; and
- strategy, expenditure, income generation and other detailed information about the Charity Trustees are also invited to observe service delivery where appropriate and feasible.

Remuneration policy

The key management personnel of the Charity and the group comprise the Trustees and the senior leadership team, being the CEO, Clinical Services Director/Deputy CEO, Finance Director, Medical Director, Communications & Income Generation Director and People & Operations Director.

The Medical Director transferred in from the NHS in August 2015 and continues to be paid in accordance with the NHS salary framework. Her role is assigned to individual NHS salary bands subject to satisfactory performance, The Medical Director receives annual increments on the anniversary of her appointment until she reaches the top of her band. Salaries of other key management personnel are reviewed annually by Trustees, taking into account salaries paid for comparable roles in similar organisations. There are third-party salary surveys of remuneration in the hospice sector and charities more generally which provide helpful input to this process. Where senior employees take on significant new responsibilities during the year, salaries are adjusted accordingly.
Trustees serve pro bono and voluntarily.

A Remuneration and Nomination Committee is in place to provide focus, oversight and expertise on these matters, given the Charity's increased workforce post-independence.

Organisational structure and decision making

The Trustees set the strategic agenda and general policy of the Charity. The day-to-day affairs of the Charity are managed by the CEO who reports to the chair of Trustees. The CEO presents comprehensive reports to the Trustees at Board meetings, which are held at least quarterly. In addition, the CEO provides fortnightly briefing updates to the Trustees.

Within the organisation, there are also a number of sub-committees, which are set up to review each aspect of governance in more detail. Each sub-committee is made up of Trustees and supported by members of the Senior Leadership Team. Each committee reports back to the Board of Trustees.

The structure and membership of these formal committees during the year was detailed below:

Clinical Governance:

Dr Catherine Bennett
Julia Curtis
Dr Arnold Fertig
Mark Kingstone

Finance and General Purposes Committee:

Neil Tween (Chair)
Mark Kingstone
Sonali Kumarakulasinghe
Rob Negus (appointed 26th June 2025)
Nicola Scrivings
Colin Sherwood (resigned 11th August 2025)

Remuneration and Nominations:

Julia Curtis
Antoinette Jackson
Sonali Kumarakulasinghe (Chair)
Mehrunisha Suleman (resigned 13th June 2024)

Income Generation Committee:

Carolan Davidge (Chair)
Arnold Fertig
Antoinette Jackson
Meghan Mathieson (resigned 28th April 2025)
Peter Northmore (Director of Trading Company)
Eduardo Prato (appointed 26th June 2025)
Andy Rigby (appointed 26th June 2025)
Colin Sherwood (resigned 11th August 2025)
Mehrunisha Suleman (resigned 13th June 2024)

Trading Company Board:

Carolan Davidge (Chair)
Sharon Allen OBE (CEO)
Antoinette Jackson (Trustee)
Peter Northmore (Director of Trading Company)
John Bishop (Director of Finance)

There is also a formal scheme of delegation in place which sets out roles, responsibilities and decision-making thresholds.

Trustees' responsibilities statement

The Trustees (who are also directors of Arthur Rank Hospice Charity 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 period. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group 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 judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on a going-concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company and the group's transactions and disclose with reasonable accuracy at any time the financial position of the charitable group 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 the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

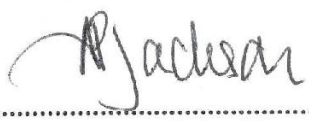
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable group's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Provision of information to auditors

So far as each of the Trustees is aware at the time the report is approved:

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

This report, including the strategic report, was approved by the Trustees on 4th December 2025 and is signed on their behalf by:



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A. Jackson - Chair of Trustees

Reference and Administrative Details of the Charity, its Trustees and Advisers

Trustees
Antoinette Jackson
Dr Catherine Bennett
Julia Curtis
Carolan Davidge
Dr Arnold Fertig
Mark Kingstone
Sonali Kumarakulasinghe
Meghan Mathieson (resigned 28th April 2025)
Rob Negus (appointed 26th June 2025)
Eduardo Prato (appointed 26th June 2025)
Andy Rigby (appointed 26th June 2025)
Nicola Scrivings
Colin Sherwood (resigned 11th August 2025)
Dr Mehrunisha Suleman (resigned 13th June 2024)
Neil Tween

President
Lady Chadwyck-Healey

Patrons
Baroness Cohen of Pimlico
Sir Derek Jacobi CBE
Lady Marshall
HM Lord-Lieutenant of Cambridgeshire Mrs Julie Spence OBE
QPM Mrs Belinda Sutton DL
Dr Nigel Williams MB. Ch.B., MRCGP., DCH.

Ambassadors
Robert Barnes
Les Bunker
Judith Chisholm
Jenny Cole
Stuart Evans
Rosemary Hall
Stephen Hall
Ian Kydd
Mike McCall
Jennifer Mullucks
Diana Petchell
Sheila Pierre
Eduardo Prato
John Short

Senior Leadership Team
Sharon Allen OBE, Chief Executive Officer
John Bishop, Finance & IT Director
Gemma Manning, People & Operations Director
Dr Lorraine Petersen, Medical Director
Sara Robins, Clinical Services Director/Deputy CEO
Jodie Vaughan, Communications and Income Generation Director

Company registered number
07086155

Charity registered number
1133354

Registered office
Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB

Company Secretary
John Bishop

Independent auditors
Price Bailey LLP, Tennyson House, Cambridge Business Park, Cambridge, CB4 0WZ

Website address
arhc.org.uk

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY

OPINION

We have audited the financial statements of Arthur Rank Hospice Charity (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Charity balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2025 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The other information comprises the information included in the Annual report other than the financial statements and our Auditors' report thereon. The Trustees are responsible for the other information contained within the Annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Annual Report, incorporating the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Strategic Report and the Directors' Report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Strategic Report and the Directors' Report.

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

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's 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.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Trustees' responsibilities statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

We have been appointed auditor under the Companies Act 2006 and report in accordance with this Act.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the charitable company and how it operates and considered the risk of the group and the parent charitable company not complying with the applicable laws and regulations including fraud in particular those that could have a material impact on the financial statements. This included those regulations directly related to the financial statements. In relation to the group and the parent charitable company this included employment law, financial reporting and health & safety.

The risks were discussed with the audit team and we remained alert to any indications of non-compliance throughout the audit. We carried out specific procedures to address the risks identified these included the following:

- We reviewed systems and procedures to identify potential areas of management override risk. In particular, we agreed the financial statements to underlying records and we carried out testing of journal entries and other adjustments for appropriateness.

- We reviewed accounting policies for evidence of management bias and ensured that the accounting policies were correctly applied to the financial statements.

- We reviewed minutes of Trustee Board meetings and agreed the financial statement disclosures to underlying supporting documentation.

- We have made enquiries of management and officers of the parent charitable company regarding laws and regulations applicable to the organisation.

- We have reviewed any correspondence with the Charity Commission and reviewed the procedures in place for the reporting of incidents to the Trustee Board including serious incident reporting of any such matters if necessary.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation. As our audit was not designed to be capable of detecting irregularities, including fraud.

A further description of our responsibilities is available on the FRC's website at https://www.frc.org.uk/auditors/audit-assurance/auditor's-responsibilities-for the audit of the-financial-statements-in-the-uk#:~:text=Our%20responsibilities%20for. This description forms part of our auditor's report.

We communicate with those charged with governance regarding, among other matters the planned scope and timing of the audit and significant audit findings including any significant deficiencies in internal control that we identify during our audit.

USE OF THIS REPORT

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

Suzanne Goldsmith FCA (Senior Statutory Auditor)
For and on behalf of

Price Bailey LLP
Chartered Accountants Statutory Auditors

Tempsford House
Cambridge Business Park
Cambridge
CB4 3WZ

Date: 11 December 2025

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2025

	Note	Unrestricted funds 2025	Restricted funds 2025	Total funds 2025	Total funds 2024
		£	£	£	£
INCOME FROM:					
Donations and legacies	3	**3,303,172**	**366,475**	**3,669,647**	2,946,954
Charitable activities	4	**8,096,467**	**235,458**	**8,331,925**	8,180,528
Other Trading activities	5	**2,132,413**	**4,583**	**2,136,996**	1,792,366
Investments	6	**249,362**	-	**249,362**	140,903
TOTAL INCOME		**13,781,414**	**606,516**	**14,387,930**	13,060,751
EXPENDITURE ON:					
Raising funds	9	**(2,446,220)**	**(93,408)**	**(2,539,628)**	(1,705,545)
Charitable activities	10	**(9,886,674)**	**(353,634)**	**(10,240,308)**	(10,249,588)
TOTAL EXPENDITURE		**(12,332,894)**	**(447,042)**	**(12,779,936)**	(11,955,133)
NET INCOME		**1,448,520**	**159,474**	**1,607,994**	1,105,618
Transfer between funds	22	**272,469**	**(272,469)**	-	-
NET MOVEMENT IN FUNDS		**1,720,989**	**(112,995)**	**1,607,994**	1,105,618
RECONCILIATION OF FUNDS					
Total funds brought forward		**11,734,291**	**792,635**	**12,526,926**	11,421,308
Net movement in funds		**1,720,989**	**(112,995)**	**1,607,994**	1,105,618
TOTAL FUNDS CARRIED FORWARD		**13,455,280**	**679,640**	**14,134,920**	12,526,926

The Consolidated statement of financial activities includes all gains and losses recognised in the year.
The notes on pages 48 - 70 form part of these financial statements.

CONSOLIDATED AND CHARITY BALANCE SHEET AS AT 31 MARCH 2025
COMPANY NUMBER: 07086155

	Note	GROUP 2025	GROUP 2024	CHARITY 2025	CHARITY 2024
		£	£	£	£
FIXED ASSETS					
Tangible assets	15	**8,504,962**	8,648,360	**8,504,962**	8,648,360
Investments	16	**-**	-	**10,000**	10,000
		8,504,962	8,648,360	**8,514,962**	8,658,360
CURRENT ASSETS					
Stocks	17	**20,321**	17,876	**-**	-
Debtors	18	**2,573,133**	1,605,526	**2,889,797**	1,634,535
Investments	19	**1,045,000**	705,000	**1,045,000**	705,000
Cash at bank and in hand		**5,990,929**	5,325,798	**5,620,837**	5,235,163
		9,629,383	7,654,200	**9,555,634**	7,574,698
CURRENT LIABILITIES					
Creditors due within one year	20	**(1,359,425)**	(975,634)	**(1,324,089)**	(940,260)
NET CURRENT ASSETS		**8,269,958**	6,678,566	**8,231,545**	6,634,438
TOTAL ASSETS LESS CURRENT LIABILITIES		**16,774,920**	15,326,926	**16,746,507**	15,292,798
Creditors: due after one year	21	**(2,640,000)**	(2,800,000)	**(2,640,000)**	(2,800,000)
TOTAL NET ASSETS		**14,134,920**	12,526,926	**14,106,507**	12,492,798
CHARITY FUNDS					
Restricted funds	22	**679,640**	792,635	**679,640**	792,635
Unrestricted funds	22	**13,455,280**	11,734,291	**13,426,867**	11,700,163
TOTAL FUNDS		**14,134,920**	12,526,926	**14,106,507**	12,492,798

The Charity's net movement in funds for the year was £1,607,994 (2024 - £1,105,618).

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

Antoinette Jackson, Chair of Trustees
Date: 04 December 2025

The notes on pages 48 to 70 form part of these financial statements

CONSOLIDATED STATEMENT OF CASHFLOW FOR THE YEAR ENDED 31 MARCH 2025

	Note	2025 £	2024 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	25	**1,486,476**	847,345
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of tangible fixed assets		**(321,346)**	(142,374)
Sale of tangible fixed assets		**-**	300
Movement in short term cash deposits		**(339,999)**	(280,017)
NET CASH USED IN INVESTING ACTIVITIES		**(661,345)**	(422,091)
Repayments of borrowings		**(160,000)**	(161,445)
NET CASH USED IN FINANCING ACTIVITIES		**(160,000)**	(161,445)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR		**665,131**	263,809
Cash and cash equivalents at the beginning of the year		**5,325,798**	5,061,989
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	26	**5,990,929**	5,325,798

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025

1. ACCOUNTING POLICIES

1.1 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) (Second Edition October 2019) the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Arthur Rank Hospice Charity 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 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 company 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.

1.2 GOING CONCERN

After the end of the 2024/25 financial year, Cambridge University Hospitals informed the charity that they would not be renewing the Nurse Led Beds contract from 1st April 2026. In 2025/26, the contract will generate income of £829k. Whilst it has a minimal impact on our surplus/deficit, the Trustees are considering how these beds will be funded in the future. They are comfortable that the cost can be absorbed from existing charity funds whilst a sustainable plan for the future is considered over the coming months. However, this will result in a reduction in the number of beds available if alternative funding cannot be found.

In addition to the above, the trustees have reviewed the financial position of the group and have a reasonable expectation that the group has adequate resources to continue in operational existence for the foreseeable future. Accordingly, the financial statements continue to be prepared on the going concern basis.

1.3 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.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.
Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.
Investment income, gains and losses are allocated to the appropriate fund.

1.4 INCOME

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

For legacies, entitlement is taken as the earlier of the date on which either: the company is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be

measured reliably, and the company has been notified of the executor's intention to make a distribution. Where legacies have been notified to the company, or the company is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated services or facilities are recognised when the company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general time given by volunteers is not recognised. On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the company which is the amount the company 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.

Donations are recognised as income on receipt unless there is earlier evidence of entitlement, and the amount can be measured reliably. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation. Donated goods for resale are recognised once sold.

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 Bank.

Income from NHS contracts, government and other grants, whether capital grants or revenue grants, are recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

Lottery income is recognised in the period to which it relates, and events income is recognised when the event has occurred. Education income received for bespoke and programmed courses is recognised in the period that the teaching course takes place. Any amounts received at the financial year end for future courses is carried forward as deferred income in these accounts.

Income from retail sales of new goods, venue hire income and catering income for the year, are recognised exclusive of Value Added Tax. Retail sales and catering sales are recognised immediately. Venue hire income is recognised in full when the event is held and any amounts received at the financial year-end for venue hire in the following year is carried forward as deferred income in these accounts.

1.5 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. All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings. Support costs have been allocated between cost of raising funds and expenditure on charitable activities based on direct costs. Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice. Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

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 raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading. 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.

1.6 TAXATION

The company 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 company 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.

1.7 TANGIBLE FIXED ASSETS AND DEPRECIATION

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably. 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 company 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, using the straight-line method.

Depreciation is provided on the following bases:

Freehold property	2 - 20% straight line
Leasehold land	1% straight line
Fixtures, fittings, equipment & artwork	10 - 33% straight line

1.8 INVESTMENTS

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'Gains/(Losses) on investments' in the Consolidated statement of financial activities. Investments in subsidiaries are valued at cost less provision for impairment.

1.9 STOCKS

Stocks comprise retail stock and are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on an average cost basis. At each balance sheet date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

1.10 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.

1.11 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.

1.12 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 moment that the company 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.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Consolidated statement of financial activities as a finance cost.

1.13 FINANCIAL INSTRUMENTS

The group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.14 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.

1.15 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. The charity also contributes to the NHS defined benefit scheme for members of staff who transferred to it with NHS pension scheme membership. It is not possible to identify the charity's share of assets in this scheme and therefore contributions are accounted for as if they were made to a defined contribution scheme.

2. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

Estimates and judgements 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 company 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 discussed below.

Accrued legacy income; there is inherent uncertainty in the probate valuation of estates due to the nature of underlying assets and liabilities, the time that may lapse between probate and closure, and other contingencies that attend the estate. Cases are reviewed on a case-by-case basis at least annually, and updated when any new information is received.

Depreciation of hospice; the various components of the hospice have been identified from the Component Replacement Report provided by Faithful Gould. This report was produced at the

commencement of the project and as such final costs exceed those that the component depreciation was calculated on. The additional costs have been pro-rated across the various depreciation rates in accordance with the percentage values. The trustees have reviewed the depreciation rates and charge in the year and are satisfied on the basis the estimate is calculated.

Critical areas of judgement:
The Trustees do not consider that there are any critical areas of judgement applied in the preparation of these financial statements.

3. INCOME FROM DONATIONS, LEGACIES AND GRANTS

	Unrestricted funds 2025	Restricted funds 2025	Total funds 2025	Total funds 2024
	£	£	£	£
Donations	**1,223,532**	**113,197**	**1,336,729**	1,532,066
Legacies	**1,922,410**	**83,673**	**2,006,083**	1,083,646
Grants	**157,230**	**169,605**	**326,835**	331,242
	3,303,172	**366,475**	**3,669,647**	2,946,954
Total 2024	2,633,289	313,665	2,946,954	

Included in donations is £16,241 of gifts in kind (2024: £48,860).

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2025	Restricted funds 2025	Total funds 2025	Total funds 2024
	£	£	£	£
ICB Contract	**7,096,547**	-	**7,096,547**	6,830,170
Nurse led beds contract	**806,909**	-	**806,909**	776,621
Other statutory	**68,475**	**235,458**	**303,933**	448,996
Education	**24,411**	-	**24,411**	14,701
Other	**100,125**	-	**100,125**	110,040
	8,096,467	**235,458**	**8,331,925**	8,180,528
Total 2024	8,048,544	131,984	8,180,528	

5. INCOME FROM FUNDRAISING AND TRADING ACTIVITIES

	Unrestricted funds 2025	Restricted funds 2025	Total funds 2025	Total funds 2024
	£	£	£	£
Shop and Trading	**1,428,784**	-	**1,428,784**	1,193,000
Events and fundraising	**411,296**	-	**411,296**	363,992
Lottery income	**249,065**	-	**249,065**	202,255
Other	**43,268**	4,583	**47,851**	33,119
	2,132,413	4,583	**2,136,996**	1,792,366
Total 2024	1,782,717	9,649	1,792,366	

6. INVESTMENT INCOME

	Unrestricted funds 2025	Restricted funds 2025	Total funds 2025	Total funds 2024
		£	£	£
Interest	**249,362**	-	**249,362**	140,903
Total 2024	140,903	-	140,903	

7. ANALYSIS OF EXPENDITURE BY ACTIVITY

	Direct costs 2025	Support costs 2025	Total funds 2025	Total funds 2024
	Note 9 & 10	Note 11		
	£	£	£	£
Fundraising, Retail and Trading	**2,042,700**	**496,928**	**2,539,628**	1,705,545
Hospice care services	**7,940,606**	**2,299,702**	**10,240,308**	10,249,588
	9,983,306	**2,796,630**	**12,779,936**	11,955,133
Total 2024	9,462,080	2,493,053	11,955,133	

8. ANALYSIS OF EXPENDITURE BY TYPE

	Charitable direct costs 2025	Fundraising direct costs 2025	Support costs 2025	Total funds 2025	Total funds 2024
	Note 10	Note 9	Note 11		
	£	£	£	£	£
Staff costs	**6,378,500**	**1,162,409**	**1,452,451**	**8,993,360**	8,700,738
Leases and rent	**56,822**	**187,533**	-	**244,355**	190,307
Loan financing costs	-	-	**95,859**	**95,859**	101,429
Depreciation	**61,296**	**34,492**	**368,955**	**464,743**	311,386
Other	**1,443,988**	**658,266**	**879,365**	**2,981,619**	2,651,273
	7,940,606	**2,042,700**	**2,796,630**	**12,779,936**	11,955,133
Total 2024	8,063,314	1,398,766	2,493,053	11,955,133	

9. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2025	Support costs 2025	Total funds 2025	Total funds 2024
	£	£	£	£
Community fundraising costs	**55,401**	**13,477**	**68,878**	58,068
Events and Challenges	**163,940**	**39,881**	**203,821**	144,991
Fundraising costs	**310,093**	**75,437**	**385,530**	279,461
Corporate	**55,384**	**13,473**	**68,857**	53,966
Legacies	**60,294**	**14,668**	**74,962**	66,102
In Memory	**29,681**	**7,221**	**36,902**	33,237
Trusts	**20,376**	**4,957**	**25,333**	20,866
Retail	**1,347,531**	**327,814**	**1,675,345**	1,048,854
	2,042,700	**496,928**	**2,539,628**	1,705,545
Total 2024	1,398,766	306,779	1,705,545	

In the year ended 31 March 2025, £93,408 (2024: £25,030) of expenditure on fundraising, retail and trading was attributable to restricted funds and £2,446,220 (2024: £1,680,515) to unrestricted funds.

10. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITES

	Direct costs 2025	Support costs 2025	Total funds 2025	Total funds 2024
	£	£	£	£
Living Well	**312,883**	**90,615**	**403,498**	414,668
Education	**132,103**	**38,259**	**170,362**	261,996
Hospice at home	**2,390,207**	**692,235**	**3,082,442**	2,972,294
Alan Hudson Day Treatment Centre	**439,727**	**127,351**	**567,078**	589,990
In patient unit	**2,235,536**	**647,439**	**2,882,975**	2,729,236
Nurse Led Beds	**706,052**	**204,482**	**910,534**	988,458
Lymphoedema	**235,729**	**68,270**	**303,999**	287,508
Patient and family support team	**186,262**	**53,944**	**240,206**	255,598
Specialist palliative care team	**715,190**	**207,128**	**922,318**	968,255
Palliative Hub	**472,502**	**136,843**	**609,345**	607,617
Transitioning Young Adults project	**26,396**	**7,645**	**34,041**	76,360
Voluntary services	**88,019**	**25,491**	**113,510**	97,608
	7,940,606	**2,299,702**	**10,240,308**	10,249,588
Total 2024	8,063,314	2,186,274	10,249,588	

In the year ended 31 March 2025, £353,634 (2024: £396,447) of expenditure on charitable activities was attributable to restricted funds and £9,886,674 (2024: £9,853,141) to unrestricted funds.

11. SUPPORT COSTS

	Staff costs 2025	Others 2025	Loan financing 2025	Total funds 2025	Total funds 2024
	£	£	£	£	£
Facilities & Catering	**406,680**	**225,424**	-	**632,104**	760,214
Central	**487,451**	**435,452**	**95,859**	**1,018,762**	640,382
Finance	**201,319**	**20,317**	-	**221,636**	215,983
Human resources	**134,976**	**54,746**	-	**189,722**	156,788
IT	-	**324,010**	-	**324,010**	308,021
Insurance	-	**95,666**	-	**95,666**	91,062
Public relations	**114,261**	**66,713**	-	**180,974**	194,737
Governance	**107,764**	25,992	-	**133,756**	125,866
	1,452,451	**1,248,320**	**95,859**	**2,796,630**	2,493,053
Total 2024	1,366,168	1,025,456	101,429	2,493,053	

12. NET INCOME

This is stated after charging:

	2025	2024
	£	£
Auditors' remuneration - audit	**28,446**	32,498
Auditors' remuneration - other services	**1,004**	15,274
Loss on impairment of Hospice cladding	**-**	386,700
Depreciation of tangible fixed assets: owned by the charitable group	**464,743**	311,386

13. STAFF COSTS

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
Wages and salaries	**7,594,850**	7,369,117	**7,578,631**	7,339,547
Social security costs	**723,087**	672,019	**721,462**	668,998
Contribution to defined contribution	**675,423**	659,602	**674,475**	657,887
	8,993,360	8,700,738	**8,974,568**	8,666,432

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

	Group and Company 2025	Group and Company 2024
	No.	No.
Clinical services	**162**	179
Fundraising and communications	**21**	16
Support and governance	**42**	40
Bank staff	**50**	37
Retail	**21**	17
	296	289

The average headcount expressed as full-time equivalents was:

	Group and Company 2025	Group and Company 2024
	No.	No.
Clinical services	**126**	137
Fundraising and communications	**18**	12
Support and governance	**34**	34
Bank staff	**31**	24
Retail	**17**	14
	226	221

13. STAFF COSTS (CONTINUED)

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

	Group and Company 2025	Group and Company 2024
	No.	No.
In the band £60,001-£70,000	**0**	2
In the band £70,001-£80,000	**4**	2
In the band £80,001-£90,000	**2**	2
In the band £90,001-£100,000	**0**	1
In the band £100,001-£110,000	**1**	0

The key management personnel of the Charity and the group comprise of the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, People & Operations Director and the Communications & Income Generation & Communications Director. The total employment costs including salaries, employer pension contributions and employers national insurance of key management personnel were £579,059 (2024: £515,066).

14. TRUSTEES' REMUNERATION AND EXPENSES

During the year, no Trustees received any remuneration or other benefits (2024 - £NIL).
During the year, no Trustee expenses have been incurred (2024 - £NIL)

15. TANGIBLE FIXED ASSETS

GROUP

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
COST OR VALUATION				
At 1 April 2024	10,720,849	120,000	1,052,231	11,893,080
Additions	-	-	321,346	321,346
Disposals	-	-	(37,563)	(37,563)
At 31 March 2025	10,720,849	120,000	1,336,014	12,176,863

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
DEPRECIATION				
At 1 April 2024	2,509,626	8,900	726,194	3,244,720
Charge for the year	330,457	1,200	133,086	464,743
On disposals	-	-	(37,562)	(37,562)
At 31 March 2025	2,840,083	10,100	821,718	3,671,901
NET BOOK VALUE				
At 31 March 2025	7,880,766	109,900	514,296	8,504,962
At 31 March 2024	8,211,223	111,100	326,037	8,648,360

15. TANGIBLE FIXED ASSETS (CONTINUED)

CHARITY

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
COST OR VALUATION				
At 1 April 2024	10,720,849	120,000	1,052,230	11,893,079
Additions	-	-	321,346	321,346
Disposals	-	-	(37,562)	(37,562)
At 31 March 2025	10,720,849	120,000	1,336,014	12,176,863

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
DEPRECIATION				
At 1 April 2024	2,509,626	8,900	726,193	3,244,719
Charge for the year	330,457	1,200	133,087	464,744
On disposals	-	-	(37,562)	(37,562)
At 31 March 2025	2,840,083	10,100	821,718	3,671,901
NET BOOK VALUE				
At 31 March 2025	7,880,766	109,900	514,296	8,504,962
At 31 March 2024	8,211,223	111,100	326,037	8,648,360

16. FIXED ASSET INVESTMENTS

COMPANY	Investments in subsidiary companies
	£
COST	
At 1 Apr 2024	10,000
At 31 March 2025	10,000

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the Company

Name	Company number	Registered office	Principal activity
Arthur Rank Hospice Limited	03020032	Cherry Tree Road, Shelford, Boston	Operating the fundraising trading arm of Arthur Rank Hospice Charity

Holding	Included in consolidation
100%	Yes

The financial results of the subsidiary for the year were:

Name	Income	Expenditure	Surplus / (Deficit)	Net assets
	£	£	£	£
Arthur Rank Hospice Limited	325,695	(331,520)	(5,715)	28,413

17. STOCKS

	Group 2025	Group 2024	Charity 2025	Charity 2024
	£	£	£	£
Retail stock	20,321	17,875	-	-
	20,321	17,875	-	-

18. DEBTORS

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
Trade debtors	**113,856**	18,804	**105,547**	14,818
Amounts owed by group undertakings	-	-	**326,338**	34,786
Other debtors	**246,903**	457,662	**246,698**	456,820
Prepayments and accrued income	**378,649**	291,908	**377,489**	290,959
Tax recoverable	**136,139**	20,030	**136,139**	20,030
Legacies receivable	**1,697,586**	817,122	**1,697,586**	817,122
	2,573,133	1,605,526	**2,889,797**	1,634,535

19. CURRENT ASSET INVESTMENTS

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
Investments	**1,045,000**	705,000	**1,045,000**	705,000
	1,045,000	705,000	**1,045,000**	705,000

20. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
Other Loans	**187,234**	188,902	**187,234**	188,902
Trade Creditors	**370,909**	209,552	**369,225**	207,053
Other Taxation and social security	**175,315**	113,646	**161,948**	103,845
Other creditors	**182,604**	241,527	**177,457**	237,750
Accruals and deferred income	**443,363**	222,007	**428,225**	202,710
	1,359,425	975,634	**1,324,089**	940,260

Included within the subsidiary is deferred income relating to event deposits. The amount deferred at the year-end is £8,425 (2024: £12,797).

Amounts included within other loans is a loan with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years until June 2042 with six monthly payments made. Interest is charged at 3.34%.

21. CREDITORS: AMOUNTS FALLING AFTER MORE THAN ONE YEAR

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
Other loans	**2,640,000**	2,800,000	**2,640,000**	2,800,000
	2,640,000	2,800,000	**2,640,000**	2,800,000

Included within the above are amounts falling due as follows:

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
BETWEEN ONE AND TWO YEARS				
Other loans	**160,000**	160,000	**160,000**	160,000
BETWEEN TWO AND FIVE YEARS				
Other loans	**480,000**	480,000	**480,000**	480,000
OVER FIVE YEARS				
Other loans	**2,000,000**	2,160,000	**2,000,000**	2,160,000

The above loan is with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years until June 2042 with six monthly payments made. Interest is charged at 3.34%.

22. STATEMENT OF FUNDS

CURRENT YEAR

	Balance at 1 April 2024	Income	Expenditure	Transfers in/out	Balance at 31 March 2025
	£	£	£	£	£
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	5,659,456	-	-	172,954	5,832,410
Legacy reserve	660,646	-	-	1,256,083	1,916,729
	6,320,102	-	-	1,429,037	7,749,139
GENERAL FUNDS					
General funds	5,380,061	13,455,608	(12,001,373)	(1,156,568)	5,677,728
Subsidiary undertakings	34,128	325,805	(331,520)	-	28,413
	5,414,189	13,781,413	(12,332,893)	(1,156,568)	5,706,141
TOTAL	11,734,291	13,781,413	(12,332,893)	272,469	13,455,280
RESTRICTED FUNDS					
Hospice at home	233,641	(9,336)	(6,228)	-	218,077
Alan Hudson DTC	196,057	119,905	(116,168)	(9,370)	190,424
Equipment	25,542	955	(12,359)	-	14,138
New Charity Shop	59,722	-	(59,896)	174	-
Capital Grant	-	235,458	-	(235,458)	-
Other restricted funds	277,673	259,534	(252,391)	(27,815)	257,001
	792,635	606,516	(447,042)	(272,469)	679,640
TOTAL OF FUNDS	12,526,926	14,387,929	(12,779,935)	-	14,134,920

22. STATEMENT OF FUNDS (CONTINUED)

PRIOR YEAR

	Balance at 1 April 2023	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2024
	£	£	£	£	£
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	5,926,506	-	-	(267,050)	5,659,456
Legacy reserve	211,000	-	-	449,646	660,646
	6,137,506	-	-	182,596	6,320,102
GENERAL FUNDS					
General funds	4,490,860	12,309,948	(11,306,956)	(113,791)	5,380,061
Subsidiary undertakings	34,128	295,505	(226,700)	(68,805)	34,128
	4,524,988	12,605,453	(11,533,656)	(182,596)	5,414,189
TOTAL	10,662,494	12,605,453	(11,533,656)	-	11,734,291
RESTRICTED FUNDS					
Hospice at Home	204,136	33,087	(3,582)	-	233,641
Alan Hudson DTC	228,622	72,989	(105,554)	-	196,057
Equipment	46,490	1,591	(22,539)	-	25,542
New charity shop	59,293	4,612	(4,183)	-	59,722
Other restricted funds	220,273	343,019	(285,619)	-	277,673
	758,814	455,298	(421,477)	-	792,635
TOTAL OF FUNDS	11,421,308	13,060,751	(11,955,133)	-	12,526,926

DESIGNATED FUNDS

Hospice fund
A designated Hospice Fund was originally established with the view of securing the long-term provision of hospice services in the region. The trustees were delighted that this became a reality and that the funds here, built up over the course of many years, have now been utilised in bringing about the new hospice at Shelford Bottom. The closing balance represents the value of tangible fixed assets less the loan taken out to complete the build and those assets held within restricted funds.

Legacy reserve
Legacy income received over and above the budgeted level can be added to the legacy reserve. This reserve is available to draw down in future years if legacy income falls below budget and allows the charity to manage peaks and troughs for this unpredictable stream of income.

RESTRICTED FUNDS

Hospice at Home
Donations continue to be received specifically for the Hospice at Home service.

Alan Hudson Day Treatment Centre
These funds compromise of donations made specifically for use at the Alan Hudson Day Treatment Centre which is managed by the charity. Expenditure made from this fund relates to the delivery of care at the Alan Hudson Day Treatment Centre. Funding received in previous years has been used to re develop the centre and garden area to provide an improved space for patients. This has helped to develop our service to meet the needs of patients in the Wisbech area in line with our objectives.

Equipment
Donations have been received and used for the purchase of equipment and furniture for the Hospice.

New Charity shop
These donations were raised from the 2022 Chariots of Fire race, to be used to facilitate the opening of a new charity shop and to support initial running costs. The lease for a new shop premises was signed at the end of March 2024. Funds spent in the year 2024/25 were used to fit out and set up the new location.

Capital Grant
Funding was received from the Department of Health and Social Care via Hospice UK. The funding is restricted for use on capital projects. In the year, we have used this funding to replace and purchase new essential equipment, fit out new shops and improve our IT infrastructure.

Other
This represents various smaller funds (including monies donated to a specific service within the charity) and some grant funded projects such as Caring Communities which provides companionship for our patients and their carer.

23. STATEMENT OF FUNDS

CHARITY ONLY FUNDS – CURRENT YEAR

	Balance at 1 April 2024	Income	Expenditure	Transfers in/out	Balance at 31 March 2025
	£	£	£	£	£
Unrestricted funds	11,700,163	13,455,609	(12,001,374)	272,469	13,426,867
Restricted funds	792,635	606,516	(447,042)	(272,469)	679,640
Total	12,492,798	14,062,125	(12,448,416)	-	14,106,507

CHARITY ONLY FUNDS – PRIOR YEAR

	Balance at 1 April 2023	Income	Expenditure	Transfers in/out	Balance at 31 March 2024
	£	£	£	£	£
Unrestricted funds	11,285,671	12,430,810	(11,359,013)	(657,305)	11,700,163
Restricted funds	758,814	455,298	(421,477)	-	792,635
Total	12,044,485	12,886,108	(11,780,490)	(657,305)	12,492,798

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (GROUP)

	Unrestricted funds 2025	Restricted funds 2025	Total funds 2025
	£	£	£
Tangible fixed assets	8,504,962	-	8,504,962
Current assets	8,949,743	679,640	9,629,383
Creditors due within one year	(1,359,425)	-	(1,359,425)
Creditors due in more than one year	(2,640,000)	-	(2,640,000)
TOTAL	13,455,280	679,640	14,134,920

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS (CONTINUED)

ANALYSIS OF NET ASSETS BETWEEN FUNDS – PRIOR YEAR (GROUP)

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024
	£	£	£
Tangible fixed assets	8,566,475	81,885	8,648,360
Current assets	6,943,450	710,750	7,654,200
Creditors due within one year	(975,634)	-	(975,634)
Creditors due in more than one year	(2,800,000)	-	(2,800,000)
TOTAL	11,734,291	792,635	12,526,926

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (CHARITY ONLY)

	Unrestricted funds 2025	Restricted funds 2025	Total funds 2025
	£	£	£
Tangible fixed assets	8,504,962	-	8,504,962
Investments	10,000	-	10,000
Current assets	8,875,994	679,640	9,555,634
Creditors due within one year	(1,324,089)	-	(1,324,089)
Creditors due in more than one year	(2,640,000)	-	(2,640,000)
TOTAL	13,426,867	679,640	14,106,507

ANALYSIS OF NET ASSETS BETWEEN FUNDS – PRIOR YEAR (CHARITY ONLY)

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024
	£	£	£
Tangible fixed assets	8,566,475	81,885	8,648,360
Investments	10,000	-	10,000
Current assets	6,863,948	710,750	7,574,698
Creditors due within one year	(940,260)	-	(940,260)
Creditors due in more than one year	(2,800,000)	-	(2,800,000)
TOTAL	11,700,163	792,635	12,492,798

25. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASHFLOW FROM OPERATING ACTIVITIES

	Group 2025	Group 2024
	£	£
Net income for the year	**1,607,994**	1,105,618
ADJUSTMENTS FOR:		
Depreciation charges	**464,743**	311,386
Loss/(Profit) on disposal of fixed assets	**-**	386,700
Decrease/(increase) in stocks	**(2,445)**	(2,001)
Decrease/(increase) in debtors	**(967,607)**	(528,185)
Increase in creditors	**383,791**	(426,173)
NET CASH PROVIDED BY OPERATING ACTIVITIES	**1,486,476**	847,345

26. ANALYSIS OF CASH AND CASH EQUIVALENTS

	Group 2025	Group 2024
	£	£
Cash in hand	**5,990,929**	5,325,798
TOTAL CASH AND CASH EQUIVALENTS	**5,990,929**	5,325,798

27. ANALYSIS OF CHANGES IN NET DEBT

	AT 1April 2024	Cash flows	Other non-cash changes	At 31 March 2025
	£	£	£	£
Cash at bank and in hand	**5,325,798**	**665,131**		**5,990,929**
Debt due within 1 year	**(188,903)**	**1,669**		**(187,234)**
Debt due after 1 year	**(2,800,000)**		**160,000**	**(2,640,000)**
Liquid investments	**705,000**	**339,999**		**1,044,999**
	3,041,895	**1,006,799**	**160,000**	**4,208,694**

28. PENSION COMMITMENTS

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2025, 193 (2024: 172) employees were members of this scheme, to which the charity contributed 6% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2025, 110 (2023: 102) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £677,038 (2024: £659,540). An amount of £91,347 (2024: £85,843) was outstanding at the year end and is included within creditors.

29. OPERATING LEASE COMMITMENTS

At 31 March 2025 the Group and the Charity had commitments to make future minimum lease payments under non-cancellable leases as follows:

	Group and Company 2025	Group and Company 2024
	£	£
No later than 1 year	**194,271**	229,326
Later than 1 year and not later than 5 years	**522,301**	524,498
Later than 5 years	**377,517**	347,678
	1,094,089	1,101,502

30. RELATED PARTY TRANSACTIONS

Arthur Rank Hospice Limited is a wholly owned Subsidiary of Arthur Rank Hospice Charity. During the year ended 31 March 2025 the charity charged £0 (2024: £52,056) to this company. Due to a loss for the period, the company has not made a gift payment of taxable profits (2024: £68,805) to the charity. The company also collects sums on behalf of the charity. As at 31 March 2025 the company owed the charity £326,338 (2024: (£34,019)). Further details of the results of the subsidiary for the year ended 31 March 2025 are included in note 16.

31. CONTROLLING PARTY

The Charity is under the control of its Trustees who are listed on page 39 of the financial statements

32. POST BALANCE SHEET EVENTS

After the end of the 2024/25 financial year, Cambridge University Hospitals informed the charity that they would not be renewing the Nurse Led Beds contract from 1st April 2026. Given the excellent feedback about the Nurse Led Beds service from patients, relatives and CUH staff, this is very disappointing news.

In 2025/26, the contract will generate income of £829k. Whilst it has a minimal impact on our surplus/deficit, the Trustees are considering how these beds will be funded in the future. They are comfortable that the cost can be absorbed from existing charity funds whilst a sustainable plan for the future is considered over the coming months. However, this will result in a reduction in the number of beds available if alternative funding cannot be found.

ARTHUR RANK HOSPICE CHARITY

England & Wales - Charity number 1133354

Accounts

Arthur Rank Hospice Charity

Trustees Report and Financial Statements

For the year ended 31 March 2024

Arthur Rank Hospice Charity
(A company limited by guarantee)
Registered number: 07086155
Charity Number: 1133354

making every moment count

Trustees Report and Financial Statements
For the year ended 31 March 2024
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The Trustees are pleased to present their annual Trustees' Report together with the consolidated financial statements of the Charity and its subsidiary for the year ended 31 March 2024. These are also prepared to meet the requirements for a directors' report and accounts for Companies Act 2006 purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Articles of Association, and Accounting and Reporting by Charities: 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) (Second edition October 2019).

Trustees' Report

Our Five-Year Strategy, agreed in 2021-22, is ambitious. We recognised that there was more to do to improve the reach of our services and to continually improve. This Annual Report outlines the progress we have made against the objectives in that strategy and how we are delivering compassionate and safe care for our patients and their loved ones. The report highlights that we have a charity that is focused on service quality and continuous improvement and that it continues to deliver on both.

We have faced several challenges in 2023-24 in delivering on our priorities, particularly recruitment and retention of staff as well as financial pressures. Financial sustainability remains an ongoing challenge and, in common with most organisations, the cost-of-living crisis has added to our cost pressures. A recent survey by Hospice UK found that 65% of UK Hospices were deficit in 2023-24. NHS funding is under pressure and the demographics of an aging population is increasing the demand for palliative and end of life care. We were fortunate to finish the year in surplus mainly due to one-off legacies and donations, which are hard to predict.

We rely on fundraising and income generation to deliver and enhance services that are not funded by the NHS. Approximately 40% of our costs are met by income from these sources and the financial climate makes it harder for charities like us to continue to maximize our income. We are very grateful to everyone who supports us, in so many different ways.

Despite the challenges, this report shows that we continue to evolve and innovate and deliver a wide range of services to patients and their loved ones. Not just supporting people at the end of life but also when they are dealing with life limiting illnesses, providing care and psychological support. We had a lower number of referrals in 2023-24 but an increase in clinical contacts completed, particularly in our Hospice at Home service which had 2,052 more face to face contacts than in the previous year. The reduction in referrals is mainly due to better understanding of the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. Sadly, we have not been able to achieve all our objectives due to lack of funding and were particularly disappointed that we were not able to find funding for our Think Family project which would enable us to deliver more bereavement support for children and young people.

Our people will always be at the heart of what makes us special and each and every member of Team Arthur plays a vital role in helping us reach the quality of service we strive for. Recruitment and retention is an issue affecting charities and health providers across the country. We implemented a new pay structure this year to help ensure that we continue to attract and retain the colleagues we need to run our services effectively. We are very blessed to have skilled colleagues and volunteers who are passionate about what they do and that they are ably led by our talented CEO and senior leadership team. We need to ensure that we continue to be an employer of choice and so we were delighted to achieve a silver rating in 2023 in the Best Employers Eastern Region awards.

We are active partners in the Integrated Care System, recognising that a joined-up approach across the system is vital to tackling the health needs of our population and making best use of our collective resources. We are keen to contribute to the wider debate on the role the hospice charity can play in achieving better health outcomes and system efficiency. An example of our contribution is our partnership with Sue Ryder Thorpe Hall which delivered ReSPECT training for 1,541 people across Cambridgeshire and Peterborough (including GPs, health practitioners and care home staff). ReSPECT is the 'Recommended Summary Plan for Emergency Care and Treatment'. It enables people to discuss and document the care they would like to receive with health professionals before they become unwell.

As well as thanking our wonderful colleagues and volunteers, and our community who support in so many ways, I also want to pay tribute to the very able trustees who sit on the Board of the Charity. They bring skills and enthusiasm to the Charity and ensure we continue to focus on the future and what we need to ensure Arthur Rank Hospice Charity continues to thrive.

Antoinette Jackson Chair of Trustees

Our vision

Our vision is 'Making Every Moment Count': supporting people with a life-limiting illness and caring for people and their loved ones at end of life. Underpinning this are our values:

Our values

- Compassionate: we provide compassionate care and support for people and their loved ones and a compassionate workplace through compassionate leadership.
- Caring: we care for everyone who needs our services, everyone who supports us, works for us and volunteers for us.
- Community: we are part of our community, our community is part of us, our community is everyone in Cambridgeshire who needs us and we are proactive in tackling inequality.
- Excellence: we provide specialist care and support through our skilled team drawing on their expertise.

Strategic Report 2023-24

Why we are here?

In March 2022 we launched our current five-year strategy (2022-2027) which was produced in consultation with our community.

Our five-year strategy sets out strategic priorities that we have aligned to the Ambitions for Palliative Care and Hospice UK (HUK) Future Vision.

1) **Outstanding** - Service focused (continual improvement of current provision).
2) **Sustainable** - Income generation strategies and successful contract negotiations with statutory funders and developing our environmental responsibilities for a net zero carbon approach.
3) **Accessible** - Increase diversity of those accessing out services.
4) **Engaging** - Greater promotion and awareness, using resources such as digital solutions and effective use of our data.
5) **People** - Investing in our workforce and supporting our volunteers.
6) **Partnering** - Working with our system partners as part of the Integrated Care System, sharing knowledge and expertise.

In 2023-24 we focused on the following priorities:

Outstanding

We said that we would:

a) Review our Patient and Family Support Team to build on the work in Wisbech, increasing our bereavement support volunteers and equitable access to services.
b) Continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist.
c) Build on our Young Persons Transitions work by securing funding for a substantive YPT coordinator. This will enable us to continue the valuable work we have managed to undertake since receiving funding from the National Lottery Community Fund.
d) Utilise our two currently uncommissioned beds on the Inpatient unit.
e) Broaden our reach into local communities, building on the work with neurological conditions, single organ failure and dementia care.
f) Continue to work with GPs and care homes in providing teaching and support in relation to palliative and end of life care, including the ReSPECT implementation. We also want to improve feedback from our patients and carers and other stakeholders so we learn and improve.

What we did:

a) We have remodelled the service to better meet the needs of our patients. We are delighted to now have a Bereavement Lead and team coordinator who is working closely with our Matron for Clinical Services to improve our bereavement support, alongside our bereavement support volunteers. We successfully recruited a Chaplain volunteer to our team in Wisbech in addition to our Chaplaincy volunteers that support the Inpatient Unit in Cambridge.

b) Sadly, we have not been able to secure any funding to help us progress with our "Think Family" project and are continuing to seek sources of funding. We are also actively seeking partnerships with other providers of children's bereavement support and are developing links with local schools to help improve knowledge of Hospice care.

c) We have worked in partnership with East Anglia's Children's Hospices Charity (EACH) to fund our Young Person's Transitions Coordinator. Unfortunately, the external funding for this role has come to an end so we are closing this project. We have set up a Saturday Social Group in addition to the other engagement activities for young people and their families which has been well received. We continue to reach out to more young people in Peterborough and work with Sue Ryder Thorpe Hall as the Adult Hospice in Peterborough to grow this support.

d) No additional funding identified in the year so carried forward to 2024/25.

e) Our Living Well Team has been working with other system partners to raise the profile of our hospice services so people understand that hospices aren't just places where people go to die, but those with life limiting conditions are supported to live well for as long as possible.

f) We worked in partnership with Sue Ryder Thorpe Hall hospice to implement ReSPECT training project across Cambridgeshire and Peterborough. ReSPECT stands for "Recommended Summary Plan for Emergency Care and Treatment". We have delivered training to 583 GPs and 538 Care Home staff and have trained 1541 attendees in total. The number of ReSPECT forms being used in the locality has increased as a result. We also rolled out our Essence of Palliative and End of Life Care training to 646 nurses and carers from care homes and domiciliary care providers. We were helping them to improve their confidence and competence when caring for people with growing complex needs at the end of their life, and to avoid any unnecessary hospital admissions.

Sustainable

We said that we would:

a) Focus on our income generation strategy increasing financial support from fundraising, retail, hospitality and venue hire.

b) Build corporate partnerships and support and help increase awareness of hospice care within this group.

c) Invite people to consider making gifts such as donations and encourage people to future plan, using our Free Will service by making a small donation to our Charity or including our Charity in their will.

d) Reduce the use of plastics and look at other environmentally friendly solutions for our activities in order to reduce our carbon footprint.

What we did:

a) We have successfully opened an additional retail unit at Pampisford. We have undertaken a refurbishment of our shop in Regent Street and opened a new shop on Broad Street in March. We continue to explore potential new retail units, especially in the North of the county and expect to open another new shop in Ely in October 2024.
b) We have had huge success in our volunteering days, connecting with corporate partners. We have had good feedback and high levels of engagement resulting in donations and permanent volunteers.
c) We have designed a Gifts in Wills booklet and have undertaken some promotional events at the hospice with colleagues to raise the importance of promoting Gifts in Wills.
d) We have been finding more sustainable resources for promotional materials to replace visual items such as banners and balloons. Because of our commitment to the environment, we're moving away from selling single-use items and ordering things from overseas. We will continue to sell items we already had in stock from previous events. In addition, our Bistro Team is using eco-friendly packaging for our salad boxes, sandwich boxes, cake boxes etc. All labels are fully recyclable too!

Accessible

We said that we would:

a) Introduce a non-faith-based summer remembrance event.
b) Achieve our widening access group (WAG) action plan to reach all parts of our community.

What we did:

a) Our Sunflower Memories event in August 2023 was a big success. Guests were invited to purchase a sunflower in memory of their loved one and attend a special remembrance event held at the Hospice on Saturday 19 August. The event raised £2,619 for the Charity.
b) We have developed a cultural and religious events calendar to help raise awareness, along with aligned internal/ external communications and some lovely new food options to try in our bistro! We have also been working with the support of Sue Ryder's Head of Health Inclusion and Equity to review patient and staff data. Our staff data shows an increase in our diversity in line with our priority areas.

Engaging

We said that we would:

a) Work with schools through fundraising, human resources and voluntary services, encouraging opportunities for work experience and volunteering.
b) Offer support to business so that they are equipped to support their employees who may be end of life or have a loved one who is.
c) Increase the use of technology to support patients, such as text messaging, virtual video consultations, automated telephone advice and support and to continue to improve our website.

What we did:

a) Our Reindeer Runs were successful in November, and we engaged with 11 schools across Cambridgeshire. The Cambridge Charity Fundraisers and the Cambridge Independent teamed up for the second year to launch the Inspirational YoungStars Awards and two of our young fundraisers, Jasper Ostler-Gee (aged 14) and Emma Robbins (aged 10), won Inspirational YoungStar awards in the fundraising category. We have provided work experience placements for two 15-year-olds and one has since gone on to become a cake bake volunteer!
b) Carried forward to 2024/25.
c) We are now sending text message reminders for our Lymphoedema service and will aim to roll this out to other services through 2024-2025. We have uploaded some helpful advice and support videos on our Living Well webpages and our Advance Care Planning Video has been very popular. We have not yet been able to devise a video for introducing our services and hope to secure some funding for this in 2024-2025.

People

We said that we would:

a) Provide opportunities for colleagues to develop in their role and explore ways in which we can attract staff and expand our retention strategy.
b) Survey our colleagues and volunteers to help us improve our workplace.
c) Carry through the actions in our 2023/2024 People Plan, aimed at looking after our people, improving belonging, growing for the future and being ready to work in new ways.

What we did:

a) We have worked hard to recruit and retain our colleagues by investing in our induction programmes and support services such as regular manager supervision, access to restorative and resilience-based supervision and revising our annual Performance and Development review processes. All clinical colleagues have been invited to contribute to our training needs analysis so we can ensure our current and future training and development meets their needs. We are supporting colleagues on our IPU to undertake the Nursing Associate training programme.
b) We have surveyed both our colleagues and volunteers and produced measurable action plans by which we can continue to improve. Due to the results from our staff survey we achieved Best Employers Eastern Region Silver rating in 2023 and reached our target completion KPI.
c) We have updated our People Plan. We have also implemented our new pay progression process and are reviewing our employee assistance programme and other benefits.

Partnering

We said that we would:

a) Continue to build partnerships with other organisations across the ICS to ensure that palliative and end of life care is seen as a priority.
b) Continue our links with the East of England Strategic Clinical Network, learning and improving care.

What we did:

a) We are proactive in the PEOLC Programme Board. Our CEO is currently chair of this group and has provided leadership to ensure that the agreed system all age strategy has been translated into an Implementation Plan. The Plan has agreed leads for all activity and is beginning to evidence impact. The Programme Board provides update reports to the ICB Delivery Executive so there is clear oversight of issues. We represent the Voluntary Sector Network on the ICB People Board and its Enabler Groups, actively contributing to the agenda of 'One Workforce'. We are proactively engaged with the Voluntary Sector Network and ICS Professional and Clinical Leadership Assembly.

b) We continue to participate in the Eastern Region Palliative and End of Life Care Strategic Clinical Network, representing Adult Hospices. We have led on the ReSPECT training programme for Cambridgeshire and Peterborough and have successfully trained 1,541 people in total: 583 GPs/ Health Care Practitioners, 538 Care Home staff and 420 others. We created some videos to help promote the work of the ReSPECT project and continue to use these for training purposes.

In 2024- 2025 we want to focus on the following priorities:

Priority 1 – Outstanding

- We will increase our bereavement support services across Cambridgeshire and we will update our online and printed resources and use of other technological applications to support psychological wellbeing.
- We will improve support for unpaid carers across our Hospice services and will support our Local Authority social worker colleagues by upskilling them in having difficult conversations around end of life care and support.
- We will continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist
- We want to secure commissioning for the remaining beds on our IPU at the hospice in Cambridge so we can maximise the care we provide.
- We want to broaden our reach into local communities, building on the work with neurological conditions, single organ failure and dementia care.
- We will continue to develop education links with the social care sector to ensure seamless provision for patients and loved ones and accessible, appropriate support to develop confidence and competence of the social care workforce with PEOLC.
- We will build on the use of the Trajectory Touchpoint Technique and consider other methods for obtaining feedback from patients and their family/friends.
- We will continue to improve on our capacity in Hospice at Home to ensure more rapid response and capacity to care.
- We will build on the number of Independent Prescribers in our specialist palliative care home team and Palliative Hub.
- We will review community specialist nursing and specialist medical cover across Cambridgeshire with our system partners to ensure equality in service provision.

Priority 2 – Sustainable

- We want to secure grant and trust income and long-term funding to support all our services through charitable or contracted means.
- We want to build corporate partnerships and support and help increase awareness of hospice care within this group.
- We want to invite people to consider making gifts such as donations and encourage people to future plan, using our Free Will service by making a small donation to our Charity or including our Charity in their will.
- We will continue to review our use of sustainable materials – seeking a reduction in the use of plastic in all fundraising activities.
- We want to increase the income and return from retail, online activities, venue hire and hospitality and strengthen our brand identity.

Priority 3 – Accessible

- We will develop a plan to broaden access to events by diverse groups.
- We want to continue with our Widening Access Group plan to ensure we are engaging with all parts of the local community.

Priority 4 – Engaging

- We continue to want to work with schools through fundraising, HR and voluntary services, encouraging opportunities for work experience and volunteering.
- We will develop an "introduction to clinical services" video to help promote our services and explain them in order to widen the public's perception of what we do and how we do it.
- We want to continue to develop our text messaging service, virtual consultations and videos online and introduce a telephony information service about self-care.

Priority 5 – People

- We will look after our people by ensuring our staff benefits, career pathways, training and development opportunities and staff wellbeing support is implemented in line with our People Plan.
- We will foster an inclusive and compassionate culture in which we can all achieve our objectives.
- We will try new ways of working and delivering care, such as implementing a new managers' charter.
- We will grow our student and learner engagement and support apprenticeships and other development opportunities.
- We will continue to grow our volunteer services.
- We will design an education plan fit for the future workforce.

Priority 6 – Partnering

- We will continue to work with our system partners across Cambridgeshire & Peterborough ICS building on implementing work from the PEOLC Strategy and Ambitions Framework and other systems work e.g., workforce and leadership.
- We will continue links with our system partners by engaging in communities of practice and the Palliative and End of Life Care Strategic Clinical Network (PEOLCSCN).

Public Benefit

In setting objectives for the year and planning the Charity's activities, the Trustees give due consideration to guidance from the Charity Commission relating to public benefit. Access to services is based solely on need and no charges are made for services provided.

The difference we make through our charitable activities
Our focus, at all times, is ensuring that our patients and their loved ones receive the very best, holistic care that we can provide.

The purpose of the Charity is to relieve sickness and suffering of people with life-limiting conditions and/or chronic health conditions and their families, loved ones and/or carers throughout Cambridgeshire, Peterborough and the surrounding areas and to assist their families, loved ones and/or carers (Beneficiaries) by providing:

- End of life care at Arthur Rank Hospice and elsewhere;
- Services, facilities, equipment or grants for Beneficiaries and
- Any other benefit which provides care and support to Beneficiaries.

Care and services are provided free of charge to patients. The Charity helps them and their loved ones to improve their quality of life and fulfil their choices at the end of their lives – making every moment count.

Our Charitable Activities

During the year we provided care services that enabled us to care for patients at the hospice in Cambridge, the Alan Hudson Day Treatment Centre in Wisbech and in patients' own homes. Our services are provided free of charge to those who need our vital care and support in the local community.

Living Well Service

Our Living Well Service provides specialist advice, palliative care and support for adults who have a life-limiting illness. Living Well programmes typically involve once a week contact for eight weeks and are delivered by our multi-disciplinary team (MDT). Our MDT includes nurses and healthcare assistants, complementary therapists, a life celebration and creative co-ordinator, a music therapist, volunteers, physiotherapists, occupational therapists, chaplain, psychological therapists and the specialist medical team.

Patients engage with the Charity's expert team, who spend time discovering what is important to each person and supporting them to shape and achieve goals that will make a real difference to their everyday lives. Sessions can involve everything from managing breathlessness, anxiety or fatigue to complementary therapy, consideration of advance care planning to seated exercise groups, one-to-one symptom management to spiritual counselling, life celebration and creative activities to psychological support.

Our Life Celebration and Creative Activities Coordinators guide creative therapy sessions allowing patients to discover a new talent or enjoy a long-forgotten hobby. We encourage patients to talk about their lives and explore ways in which they might like to leave something which celebrates life-moments for family and loved ones.

The team can assess carers' needs using the Carer Support Needs Assessment Tool (CSNAT) and, depending on needs and what is requested, can offer help in person or via telephone or video support.

Referrals remain steady but we have noticed that some referrals are coming too late and patients become too unwell to then attend our sessions and therefore do not stay on our caseloads for long. We are looking at promoting early referral to our services and have designed some new posters to go in GP practices and Clinics to help raise awareness.

The Living Well Service is entirely funded by the Charity.

Education

We run courses for health and care professionals to learn and share best practice. We also offer placements so that healthcare professionals and students can gain a more thorough understanding of the work we do.

Our courses and workshops are run by our Education team with sessions provided by our experienced multi-professional hospice clinicians. The teaching team are experienced in hospice, community and acute settings, which ensures that theory is linked to current practice in all settings.

We also design and provide bespoke education sessions that provide a tailored experience for a range of organisations. We have successfully partnered with Anglia Ruskin University for four years to deliver a Masters Module in Palliative and End of Life Care. We were commissioned, in partnership with Sue Ryder Thorpe Hall, by the Integrated Care Board, to deliver training for GP's and residential care home managers on implementing ReSPECT across our system. We have also expanded our team with thanks to funding from the system to test proof of concept of additional support to social care teams.

Hospice at Home

The Hospice at Home service had a 32% drop in referrals compared to 2022-23. There were a higher number of inappropriate referrals in 2022- 2023 and the team together with the ICB complex cases team have improved their processes for managing referrals. Despite receiving fewer referrals and seeing fewer people this year, our Hospice at Home service saw a 10% increase in face-to-face clinical contacts. This is because patients have more complex needs and need closer monitoring and interventions.

We know that many people would prefer to die at home. Our compassionate team of Health Care Assistants and Nurses are experts in the practicalities and complexities of end of-life care and support patients at the end of their lives to die in their own homes if they so wish and it is safe to do so.

With the support of the Cambridgeshire and Peterborough Integrated Care Board (ICB), we provide care throughout the county to support those who are rapidly deteriorating and whose preferred place of death is home.

We know that family carers want to be able to care for the person they love and that, at times, this can be hard. Sometimes they need a break and sometimes they need support with particular care needs. This is what our teams can offer to give carers a chance to rest and carry on caring. Having our Hospice at Home team support with care, skill and knowledge can help keep loved ones at home, avoid unwanted admission to hospital and help patients return home from hospital when admission has been necessary.

Our care is practical and holistic. It might involve keeping patients comfortable, ensuring they have the medication they need, providing a hand massage and words of comfort. Our care is focused on person-centred care for patients and what they need.

Alan Hudson Day Treatment Centre (AHDTC) located at North Cambs Hospital, Wisbech

We work closely with Queen Elizabeth Hospital, Kings Lynn to support their end of life care provision and our Matron attends their MDT meetings.

Our MDT of highly qualified staff and dedicated volunteers provide expert care, which is holistic and tailored to each person's specific needs. Services include Living Well, treatment and clinical days (including blood transfusions, oncology and symptom management), complementary and diversional therapies, and bereavement and support services. Our specialist palliative care nurse is a core member of the team and is working closely with the GP practices in Wisbech. The team also provides clinical advice and support to palliative patients on the adjacent Trafford Ward. Part of our Hospice at Home Team is based at the Centre providing care for people throughout Fenland.

Inpatient Unit (Shelford Bottom, Cambridgeshire)

The hospice Inpatient Unit (IPU) has 12 **Specialist Beds** and seven **Nurse Led Beds** (NLB) with the ability to increase up to nine beds if necessary. Two beds remain available to be commissioned and we continue to explore how best for these to be utilised.

All patients and their loved ones are provided with holistic care from the Multi Disciplinary Teams.

Specialist Beds: Funding and catchment area

The beds for people with specialist and complex needs are funded by a contract with Cambridgeshire and Peterborough ICB and are available for patients whose GP practice falls within Cambridgeshire. Peterborough patients are cared for by Sue Ryder Thorpe Hall.

In exceptional circumstances, patients are admitted from outside the Cambridgeshire area, but funding must have been agreed with the relevant ICB.

The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist MDT, and/or a daily review by a doctor. As we are a short-stay unit we support the discharge of patients whose needs are stable and can return home or can be managed elsewhere in other care settings. Therefore, we are unable to admit people whose main need is long- term care.

All referrals must come via a healthcare professional. Referrals are triaged every weekday and are prioritised based on how urgently the care plan needs to change, and how much added value the MDT can offer.

We are experienced in caring for patients with specialist nutritional needs, non-invasive ventilation and tracheostomies, and are able to give oxygen, intravenous medication and fluids.

As soon as the team feel the care plan can be continued elsewhere, we aim to discharge patients home or to a care home if home is not possible. If extra care, support or equipment is required, we work with other agencies to provide this.

Nurse Led Beds

These beds are funded by Cambridge University Hospital NHS Foundation Trust for patients in Addenbrooke's who would otherwise be dying in hospital, and who require non-complex nursing and medical care. Their daily management is led by experienced nursing staff rather than the full MDT. Patients have access to the ward doctor if required.

We are working closely with the Addenbrooke's team to improve our occupancy. 94% of admissions ended in death, demonstrating that in the vast majority of cases, the correct patients are being identified for this transfer to end of life care.

Lymphoedema

The Lymphoedema Clinic provides a service for those with primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, and other related conditions. The team also assesses and advises Lipoedema patients.

All patients are offered an assessment with a clinical specialist and a treatment programme is agreed with them. Treatment may consist of some or all of the following: skin care, various forms of compression, exercise programmes, simple/manual lymphatic drainage or use of compression pumps, kinesiotape and low-level light therapy. We aspire to support all our patients to self-manage this long-term condition and, to help with this, we offer six sessions a year at our support group to provide further education about managing lymphoedema.

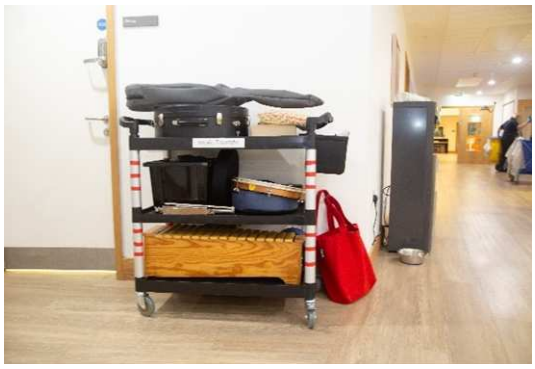
The team continue to work on a variety of Quality Improvement Projects including caseload reviews, for example looking at why some patients remain on the caseload for 2+ years, helping the team stabilise the caseload. Other projects have included auditing limb volume improvements - leading on to a new patient concordance audit. The service has also improved its website page with improved self-help videos to enhance patient care and education.

Patient and Family Support Team

Our psychological support service provides psychological assessment and treatment for adults over the age of 18 who are living with an advanced serious illness or other life-limiting illness and their closest family or friends. We work with those being cared for by our IPU, Community Team and Living Well Service, and their family and loved ones, usually offering sessions once per fortnight for six sessions.

The Hospice's social workers provide social support and practical information to patients and families who are being cared for on our IPU or through our Community Team. This support may include discharge planning, benefits advice, advice on financial and housing support, as well as emotional support at times of stress and change.

Spirituality can be seen to be the heart of who we are. Whilst some people view this through a religious lens for many others it is less defined, although no less important. A team of volunteers are available to all patients, their relatives and loved ones, whether they are of faith or not, to help explore the 'difficult questions'. We listen and help where we can. Inpatients and their visitors can also access our Sanctuary, a peaceful space at the Hospice for those of all different faiths or no faith. We will also facilitate acts of worship or rites as required. If appropriate to patient care and the situation, we encourage people from faith groups to visit, enabling patients still to feel part of their community if this is something that is important to them.



We have also provided music therapy to our patients. Music therapy is a form of emotional and psychological support that combines music making, listening and talking.

The impact of the team has been demonstrated in their use of Clinical Outcomes in Routine Evaluation (CORE) questionnaires. These questionnaires help assess and monitor patient outcomes numerically, focusing on areas of life such as functioning, risk, problems, and well-being. Average scores for both versions of the CORE demonstrate that interventions from the team have resulted in positive outcomes – an improvement for the patient.

This Patient and Family Support Service is funded by both the Charity and by the Cambridgeshire and Peterborough ICB for patients registered with a GP in Cambridge City, South and East Cambridgeshire.

Specialist Palliative Care Team

Our seven days a week service helps those living with an advanced serious illness or other life-limiting condition to get further support and encourages planning for future care with families, carers or loved ones. We liaise regularly with care providers, such as GPs and district nurses, so that care remains as seamless as possible. The team may also be able to highlight other NHS services, charities or organisations that can help support the specific circumstances of a patient. The service is available 9am – 5pm, seven days a week and is able to provide a rapid response to people in crisis. We also have a part time clinical nurse specialist working at our Alan Hudson Day Treatment Centre to support patients registered with one of the four GP practices in Wisbech who have specialist palliative care needs.

Our team of skilled Clinical Nurse Specialists aim to help manage symptoms and any other difficulties patients might be facing. We may help with medicine management and accessing the wider hospice team for psychological and spiritual support or complementary therapy. Psychological support may be provided via video consultation or over the phone to patients and their primary carers, family members and loved ones.

A large part of the team's work is to do with advance care planning. We help patients talk about their wishes and preferences, especially when it comes to end of life care. Wishes are documented in a ReSPECT plan so that other services are aware and the various teams can work together to fulfil them.

Most new referrals triaged by the team are phased as 'deteriorating' (67%). Using the OACC Suite of Outcome Measures, if a patient's Phase of Illness is deteriorating, this means that their care plan is addressing anticipated needs but requires periodic review. This is because their overall functional status is declining and their experiences are gradually worsening and/or they experience a new but anticipated problem and/or the family/carer experience a gradual worsening distress that impacts on the patient's care.

Transitioning Young Adults Project

We have worked with East Anglia's Children's Hospices (EACH) and Sue Ryder Thorpe Hall Hospice and the wider children and young person's palliative care sector to support young people transitioning from children's hospice care or paediatric services to adult hospice care. EACH can refer young people from age 14 as an introduction to our Transition Service. Our Specialist Care Team are supporting young adults and their families from age 18 throughout illness, symptom control, crisis management and end of life care. The service has been funded by The National Lottery Community Fund, but unfortunately ends in August 2024 due to lack of further funding.

Palliative Care Hub

The service is a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with HUC which commenced in April 2021.

We provide advice and support, signpost to appropriate services, transfer patients to another healthcare professional who can better help them or complete necessary referrals to other services.

In 2023-24 this service supported 1,486 patients (a decrease of 12% from 2022-23), took 2,376 calls (a decrease of 13% from 2022-23), and helped to avoid 87 hospital admissions.

This service is for anyone who needs specialist palliative care advice or support. It is available to patients, family/friends, carers, GP's and other healthcare professionals including care and nursing homes and home care when the patient has been identified as having palliative care needs.

Complementary Therapy

Our highly trained therapists tailor programmes to each person's needs. Sessions provide a safe space where patients and their loved ones can take a little time out from their daily challenges. The team see patients face-to-face in the hospice and in their own homes if required, as well as in the hospice for those attending our Living Well Service and on our IPU.

Treatments may help alleviate many common symptoms such as pain, nausea, insomnia, muscular aches and low mood. We aim to offer the maximum benefit whilst disturbing the client as little as possible. Comfort is everything.

Voluntary Services

Volunteers make a huge contribution to the Charity. We have almost 600 volunteers who support us giving up many hours of their valuable time providing a significant benefit to the Charity. Volunteers are crucial to our work as they enable us to achieve so much more within our limited resources. They also add to the friendly ambience of the Hospice. We have volunteers covering 70 different roles. These include gardening, hosting in the In-patient Unit and Living Well, cake baking, counselling, flower arranging, supporting in our charity shops and events fundraising, and many more.

Patients supported

2023-24 has seen a decrease in the total number of referrals received, but an increase in clinical contacts completed. The reduction of referrals is due to greater education surrounding the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. The increase in clinical contacts is mostly within our Hospice at Home service, which had 2,052 more face-to-face contacts than in 2022-23.

Number of Referrals	2023/24	2022/23
In-Patient Unit (specialist beds)	361	327
In-Patient Unit (nurse led beds)	292	291
Living Well Service	362	412
Hospice at Home	950	1,405
Specialist Palliative Care Home Team	1,131	1,119
Lymphoedema	305	221
Patient and Family Support Services	195	256
Pain Management	47	38
Complementary Therapy	323	267
Medical Outpatient and Domiciliary	118	130
Alan Hudson Day Treatment Centre	488	334
Caring Communities	56	60
Transitioning Young Adults	8	3
Total	**4,636**	**4,863**

Number of face-to-face contacts/appointments	2023/24	2022/23
Living Well Service	887	891
Hospice at Home	21,828	19,776
Specialist Palliative Care Home Team	1,642	1,831
Lymphoedema	742	657
Patient and Family Support Services	767	651
Pain Management	40	43
Complementary Therapy	660	620
Medical Outpatient and Domiciliary	341	366
Alan Hudson Day Treatment Centre	3,379	3,095
Transitioning Young Adults	17	4
Total	**30,303**	**27,934**

Number of telephone contacts	2023/24	2022/23
Living Well Service	1,317	1,290
Hospice at Home	4,597	4,908
Specialist Palliative Care Home Team	7,350	7,600
Lymphoedema	1,163	1,279
Patient and Family Support Services	367	307
Pain Management	11	17
Complementary Therapy	1,101	1,037
Medical Outpatient and Domiciliary	718	1,019
Alan Hudson Day Treatment Centre	4,198	4,016
Transitioning Young Adults	26	21
Total	**20,848**	**21,494**

In-Patient Unit (specialist beds)	2023/24	2022/23
Number of beds	12	12
Bed occupancy	91%	89%
Number of patients	213	218
Number of discharges	201	207
Average duration (days)	18.6	18.3
Available bed days	4,392	4,380

Approach to fundraising

Fundraising Approach and Controls

Arthur Rank Hospice Charity proactively engages and collaborates with our community. The Charity enjoys long-standing relationships with supporters and partner organisations and maintains high standards in raising funds through a variety of means.

The Charity operates within the Fundraising Code of Practice and employs a team of paid colleagues to deliver our fundraising and communications strategy. The Charity is voluntarily registered with the Fundraising Regulator and is a member of Hospice UK and the Hospice Income Generation Network (HIGN). Teams regularly attend events and training to increase their own understanding of hospice sector developments as well as changes in the external environment. Where possible representatives also contribute by sharing their own expertise, leading sessions, or speaking at events.
Arthur Rank Hospice Charity has a broad portfolio of open, legal, honest, and respectful activities. These include newsletter mailings and appeals shared by post, email, or social media. We seek the support of corporates, ensuring alignment to our purpose and providing commercial participator agreements when required.

The Charity receives royalties from a weekly lottery (launched in 2011), the management of which is outsourced to Your Hospice Lottery, who are registered with the Gambling Commission. The team adhere to our Ethical Fundraising Promise, fundraising specific policies, and also benefit from other policies which involve safeguarding, lone working, and social media use. With the agreement and prior approval of scripts, telesales campaigns are occasionally conducted by Your Hospice Lottery.

Notification of these activities are shared with the Senior Leadership Team and managers in advance. From time to time the Charity may work with established and reputable service providers, such as mailing houses or event management companies.

We collaborate with two charitable organisations to deliver our fundraising activities. The annual Bridge the Gap walk remains in partnership with Romsey Mill, another Cambridge based charity, and Just Helping administer our Christmas Tree Recycling Scheme. We actively encourage discussions to collaborate with other businesses and people in the community. In both scenarios we are diligent around the relationships we seek or build.

The Income Generation Committee meets quarterly and comprises of trustees, specialist advisors and senior leadership team members. Attendees contribute to strategic discussions for future planning and deep dives into specific existing activities. Fundraising activities are detailed in the quarterly committee papers, with a standing open invite for trustees or senior leadership team not on this committee to attend should they wish.

The Charity is GDPR compliant. The Income Generation and Communications Director attends Information Governance (IG) meetings and the team contributes to the Information Governance (IG) Handbook. Where work is undertaken with external bodies, privacy notices are reviewed, and privacy impact assessments are conducted. This information is then recorded on an information asset register, which is checked annually.

To comply with Fundraising Regulator requirements, the Charity has a dedicated supporter relationship management system and robust systems for data maintenance and record keeping. In the period 1 April 2023 to 31 March 2024, we received one suppression request from the Fundraising Preference Service. This was actioned within two days.

Any complaints that do arise are recorded on Sentinel, our incident reporting system, and dealt in line with our complaints policies. No complaints have been received in respect of Your Hospice Lottery and in the instance where the Charity receives calls relating to the Lottery these are escalated to the Lottery team in line with their policy. Pleasingly, no complaints were recorded for fundraising or communications during this period.

Financial review

These are very difficult financial times for all UK hospices. A recent survey by Hospice UK found that 65% of UK hospices incurred a deficit in 2023-24, resulting in service closures and redundancies at some hospices. There are significant political, economic and system pressures facing hospices currently and in future years. Attempts to raise the gravity of the situation in Parliament have met with little success whilst the NHS is facing severe financial challenges that constrains its ability to support hospices. In addition, there is an ever-increasing demand from an aging population. Our costs are increasing faster than our core income streams which presents us with challenges to ensure our long-term sustainability.

Despite this financial background, we are fortunate to be able to report a surplus of £1,106k (2023: £215k). This was mainly due to a significant increase in one-off donations and legacies which by their nature are difficult to forecast and inconsistent in their timing of receipt. These two income streams brought in an additional £682k compared to the prior year. In addition, we were successful in our application to the Department for Health and Social Care for the cost of the 2022-23 one-off pay award in respect of clinical staff to be refunded to the hospice. This increased our income by a further £253k. Together with income increases from our NHS contracts and much higher investment income due to increased interest rates, our overall income rose by £1,610k (14%).

Expenditure has been managed tightly given the financial environment that the Charity finds itself in. However, the high cost inflation experienced during the year and the need to match NHS pay awards to ensure staff retention did see our expenditure increase by 6%.

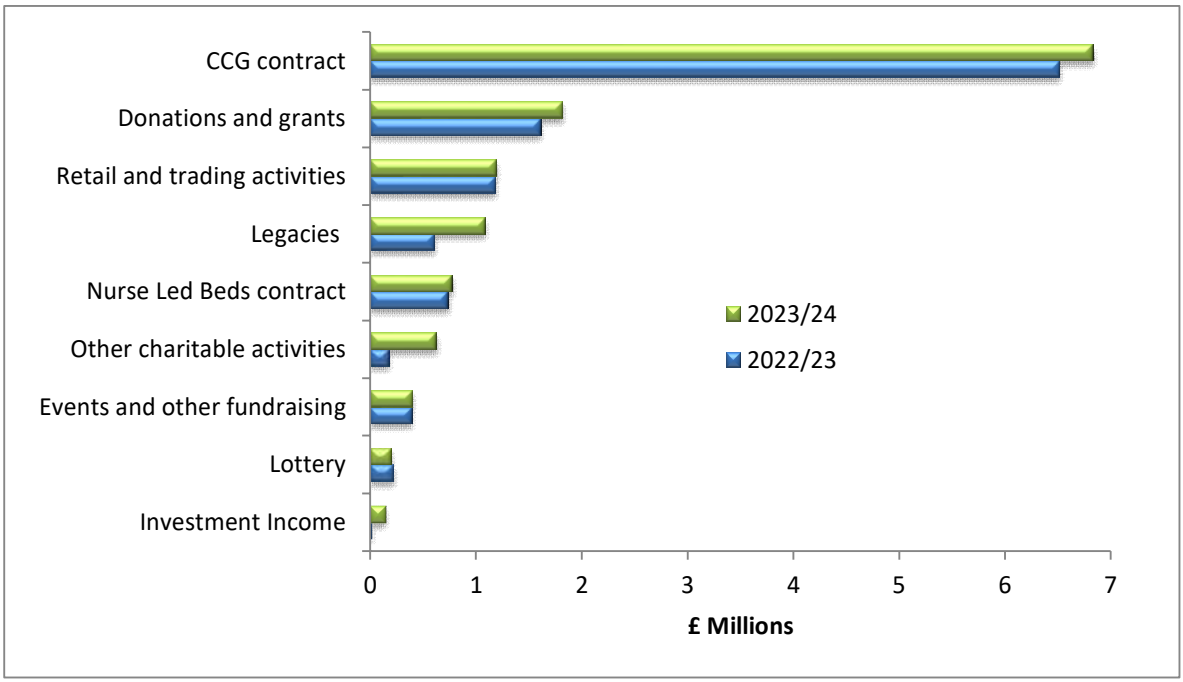
Our surplus has resulted in an increase in reserves to £12.5m (2023: £11.4m), with total free reserves that are available to spend on any of the Charity's purposes increasing to £6.0m as at 31 March 2024 (31 March 2023: £4.6m). This level of reserves strengthens our financial position to continue to provide the existing level of services as well as deal with the upcoming challenges that we know that we will face.

The level of free reserves is in excess of the level set out in the Charity's reserves policy due to the unexpected significant amounts of one-off income received in 2023/24 and we will be reviewing the reserves policy accordingly.

The Charity has retained a strong focus on financial controls, managing costs and a prudent approach to setting budgets. Our income generation activities, including fundraising, have all worked extremely hard to secure the additional funds required. This will continue to be a stretch for our teams as we plan ahead with an increasing focus on our retail operations.

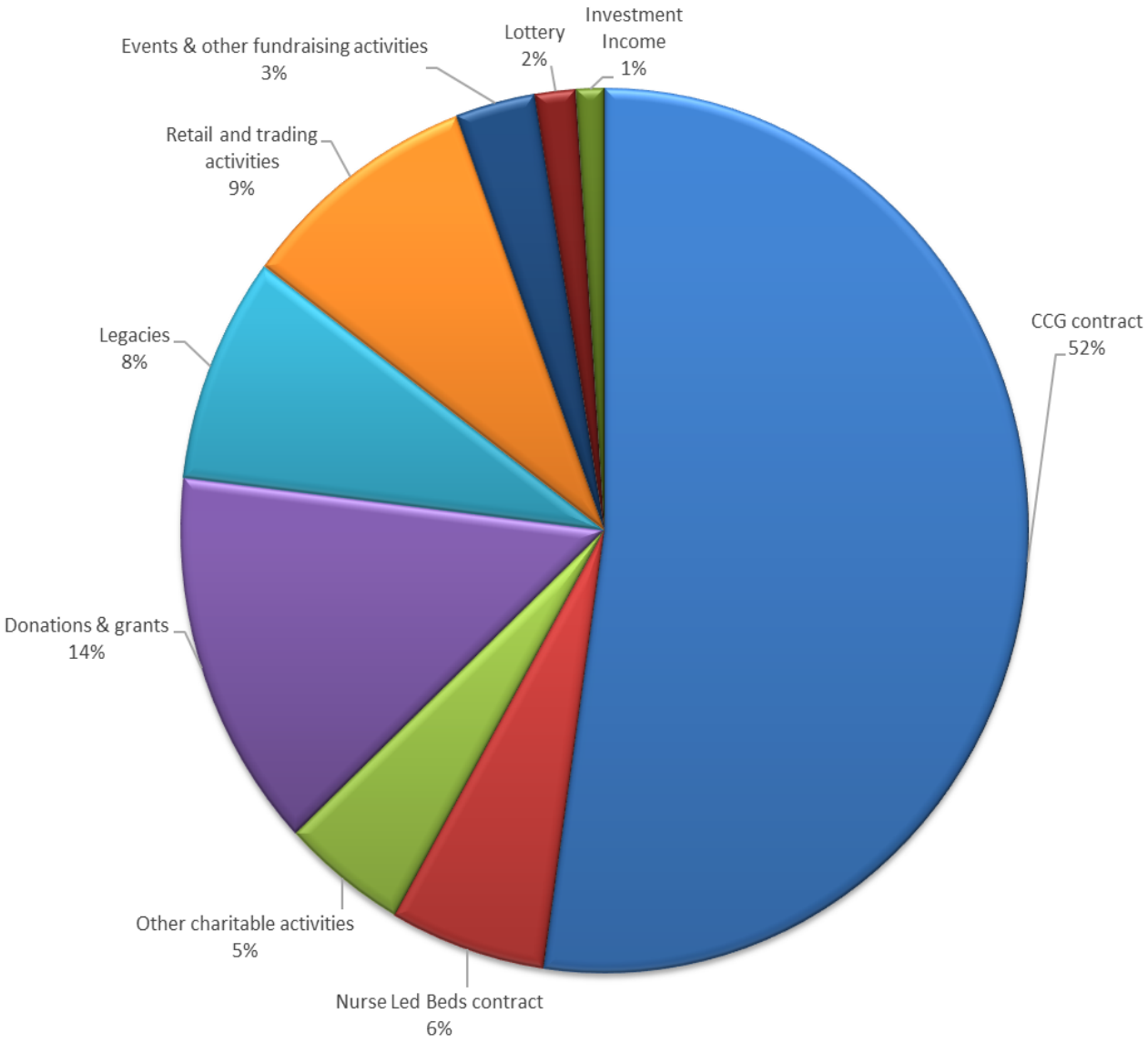
Income

The chart below shows our income compared to the previous year:



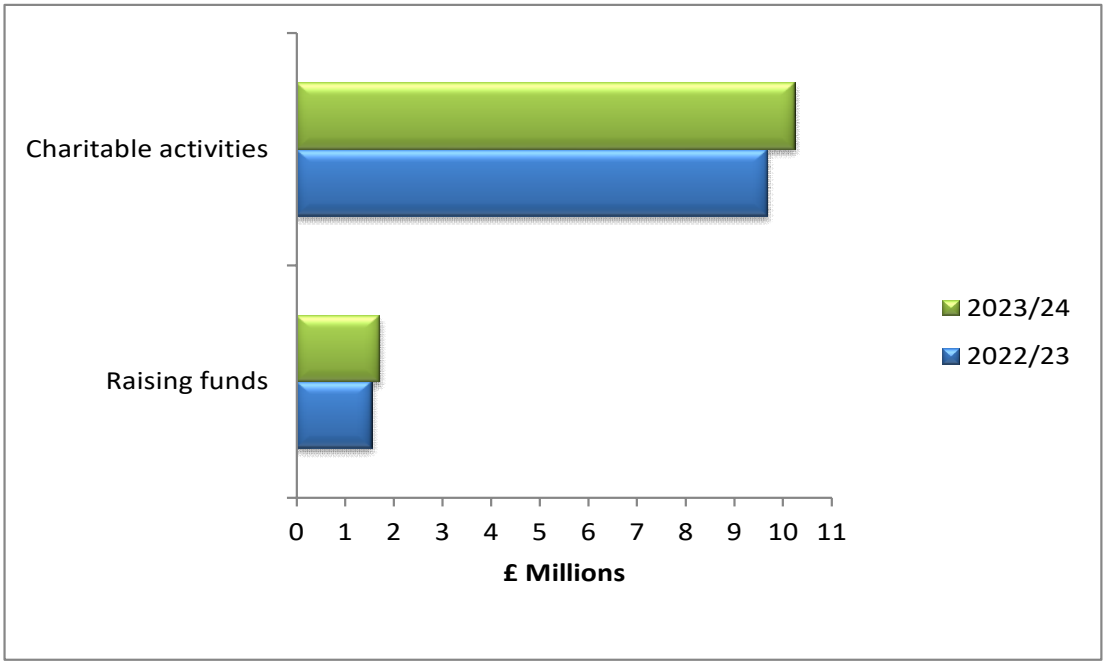
- The Charity's total income was £13.06m (2023: £11.45m), an increase of 14.1%
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations and events was £1.90m (2023: £1.58m)
- The Charity is extremely grateful for all gifts in wills, and income for the year was £1.08m (2023: £0.60m)
- The income from the charity's shops and other retail activities was £1.19m (2023: £1.18m)
- Our NHS income comes principally via the Cambridgeshire & Peterborough ICB and Cambridge University Hospitals Foundation Trust. NHS income for care services increased to £7.68m (2023: £7.26m) in the current year. This represents 59% of our total income.
- The Charity was extremely grateful to receive £0.33m (2023: £0.33m) via a combination of unrestricted and restricted grants and donations from charitable trusts. Donors included Albert Hunt Trust, Albert Van Den Bergh Charitable Trust, Atack Van Someren Charitable Trust, The Blunt Trust, The Britford Bridge Trust, Cambridge Masonic Charitable Trust, The Chamifealion Charitable Trust, D M G Roper Charitable Trust, The Drapers Livery Company, The February Foundation, Girton Town Charity, Grace Trust, Griffsome Trust, The Hospital Saturday Fund, The James Knott Charitable Trust, John & Cecelia Gordon Charitable Trust, The Julia and Hans Rausing Trust, The National Lottery Community Fund, Nicholas Swallow and Other Charities, The Paragon Trust, The Penchant Foundation, The Saddlers' Company, Simon Gibson Charitable Trust, Strangward Charitable Trust, and Thomas Galon Charity of Swavesey.

The chart below shows the proportion of income that we received in the year from different sources.



Expenditure

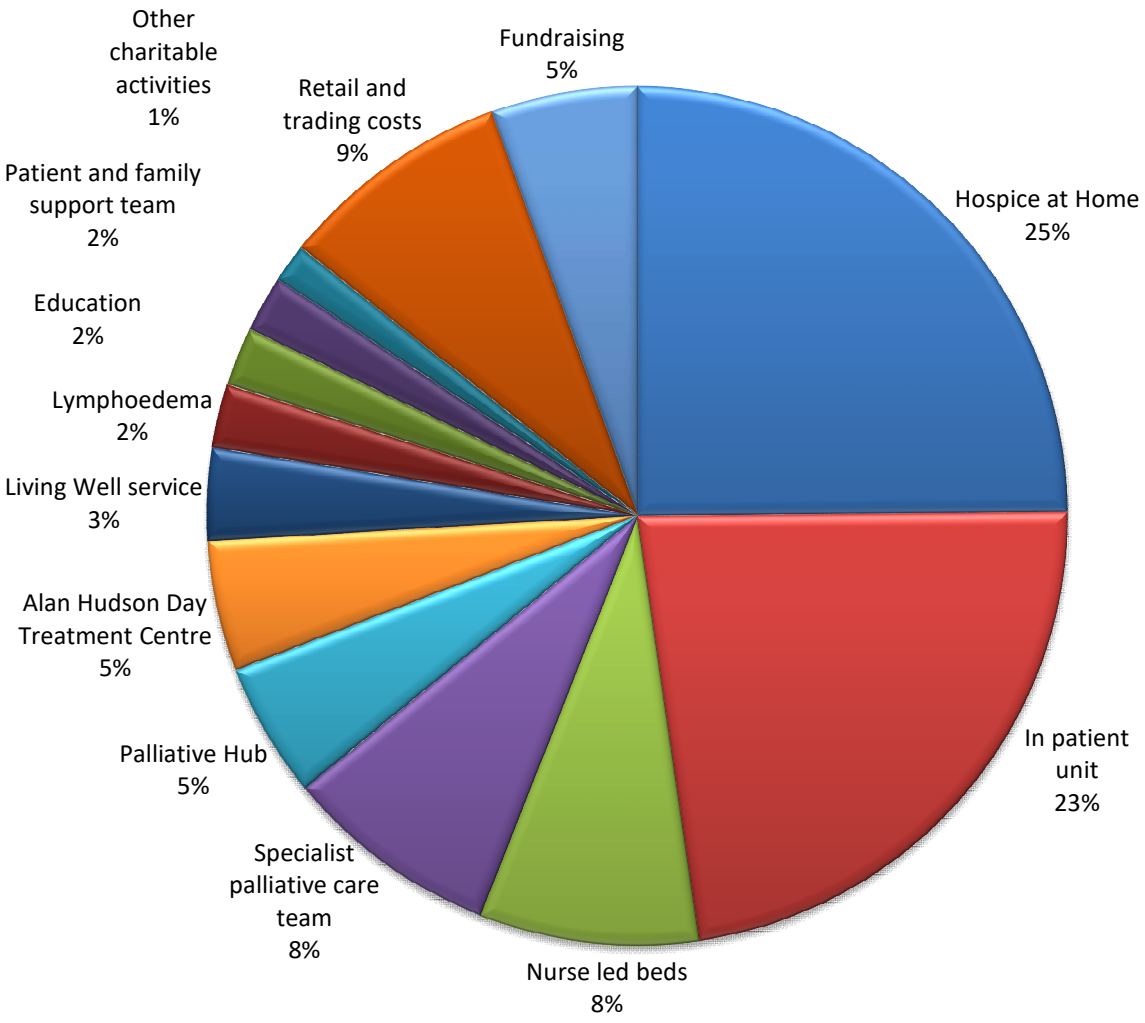
The chart below shows our expenditure compared to the previous year:



Overall expenditure increased this year to £11.96m from £11.24m last year, an increase of 6.4%

- 86% of all the expenditure this year has been spent on charitable activities.
- £8.70m was spent on staff costs (2023: £8.49m) and this represents 73% of the Charity's total expenditure (75% excluding depreciation)
- The expenditure on direct charitable care has increased by 6% to £10.25m (2023: £9.68m). This was in line with NHS pay awards as we match staff pay awards given under the NHS's Agenda For Change pay structure.
- £2.49m (2023: £2.23m) was spent supporting direct delivery of charitable care. This included (but is not restricted to) medical, clinical administrative support, facilities and catering, the management team, HR, communications, Finance and IT.
- £0.67m was spent on fundraising activities (2023: £0.64m). This excludes the fundraising costs of retail activities totalling £1.05m (2023: £0.91m).

The chart below shows the proportion of expenditure within each area (including allocated support costs).



Trading Company – Arthur Rank Hospice Limited

The Charity has a separate subsidiary trading company through which our trading activities are managed which include the sales of new goods, venue hire and sales in our Bistro.

The consolidated accounts include income and expenditure generated by the trading company.

Our Education and Conference Centre provides a convenient meeting and conference venue which is available to hire by businesses, charities, health and social care organisations and community groups.

Our Bistro prides itself on delivering a freshly prepared and home cooked menu and providing a friendly welcome in its bright and airy space, where patients, visitors and colleagues can enjoy meeting friends over lunch, or a coffee and cake.

Gross income from the trading company was £0.3m (2023: £0.3m). Expenditure was £0.2m (2023: £0.2m) and the net amount covenanted to the Charity was £0.1m (2023: £0.1m).

Reserves policy and going concern

As a result of the increased demand for our services, the Trustees are mindful of the Charity Commission publications: "Charity reserves – building resilience" (CC19) and "Managing a charity's finances: planning, managing difficulties and insolvency" (CC12).

The Charity needs a level of free reserves to continue with core services in the event of a reduction in income or loss of funding. Total free reserves of the Charity as at 31 March 2024 were £6.0m (31 March 2023: £4.6m). Free reserves comprise those funds that are freely available to spend on any of the Charity's purposes and exclude restricted funds and tangible fixed assets held for the Charity's use. The 2023/24 surplus has contributed to a significant increase in reserves.

As noted earlier, the current level of free reserves is in excess of the reserves policy which has a target range of £2.5 to £5.0m with a target to be at the higher level over the next five years. However, the current level of free reserves only represents six months' expenditure when the average for adult UK hospices is ten months. Accordingly, we expect to increase our target levels for free reserves when we review the reserves policy.

Included within the reserves policy is a designated Legacy Reserve. Due to the unpredictable and fluctuating nature of legacy income, Trustees have designated a legacy reserve to which legacies received over and above the budget level may be allocated, to be drawn down in future years where legacy income falls below the budgeted level. This will help manage the peaks and troughs of funding received via legacy receipts. Such a reserve can also be assessed and managed at the Trustees' discretion should a service need present itself. As at 31 March 2024 the value of the designated Legacy Reserve was £661k (2023: £211k).

Following the Charity Commission's advice that Charity trustees consider the possibility of an unplanned closure, the Trustees view the possibility of unplanned closure as very unlikely. There is always going to be significant demand for high quality end of life care in Cambridgeshire. In a worst-case situation, the Charity's balance sheet would provide sufficient resources to fund a solvent liquidation.

Management and Trustees have prepared detailed month-by-month budgets for the years ending 31 March 2025 and 31 March 2026. There are less detailed projections for the following years. No material uncertainties related to events or conditions that might cast doubt about the ability of the Charity to continue as a going concern over the next two years have been identified by the Trustees. Accordingly, the Trustees are of the view that the Charity is a going concern.

Investment policy

In accordance with the Charity's constitution, the Trustees have the power to invest in such stocks, shares, investments and property as they see fit. The Trustees are mindful of the recommendation of the Charity Commission with regard to the management of investments. The Charity has a formal investment policy and strategy which has been approved by the Trustees. The investment guidelines relating to cash deposits were revised during the year to increase the returns available during a period of relatively high interest rates.

When we are able to invest funds, no investment will knowingly be made directly in tobacco and related products or in any other products which run counter to the ethical standards of the Charity.

Risk management

A comprehensive risk register is maintained by the Senior Leadership Team and reviewed by the Trustees on a quarterly basis.

During 2021, a significant review of our risk management framework took place further embedding risk management within the strategic planning and management for the organisation and incorporating the guidance within Charities and risk management (CC26).

Following the review, the risks have been split into strategic and operational risks. Strategic risks are allocated to the relevant sub-committees of Finance and General Purposes, Income Generation and Clinical Governance and reported on quarterly at each full Trustee Board meeting.

Operational risks are managed by the Senior Leadership Team and those identified as high risk are reported at each meeting of the full Trustee Board.

For each specific risk, the register describes the risk and assesses the level of risk, the likelihood of it happening and the potential impact. The register also includes proposed mitigation for each risk and Trustee appetite for each risk. The risks are scored both pre and post mitigation on the likelihood and impact of the risk.

Our most significant risks and mitigating actions are set out in the following table:

Principal risks	Management of risk
Income (both NHS and fundraising) does not offer ARHC financial stability	• Budgets linked to planning and objectives • Trustee monitoring of timely financial reporting • Proper costing procedures for service delivery • Diversity of income streams • Regular review of reserves • Income Generation strategy including investment in team • Continued dialogue and negotiation with NHS commissioners • Scenario planning to identify how service costs could be reduced should income be insufficient
Inability to recruit and retain staff with suitable skills, aptitudes and ability to meet the Charity's needs	• Succession planning • Training in place • Agreed notice periods and handovers • Documented procedures • Training needs analysis carried out • Robust Recruitment & Retention monitoring and action plan in place • Working with Local People Board on system approaches to R&R • People Plan • Continual recruitment campaigns optimizing range of audiences • Support to retain volunteers (e.g. socials, surveys)

Digital capability and vulnerability	• Data security and awareness training for all staff • Regular Phishing training • IT outsourced to an ISO 27001 accredited company • Regular reviews of systems and security with and by IT support provider • Services backed up daily • Information asset register maintained • Support package with website provider • Following penetration testing, password security has been improved and MFA is being introduced • BCP identifies actions to be taken in emergencies (eg SystmOne going down) • •BCP table top planning sessions with staff

Beyond the specific mitigation strategies for each risk, the Trustees take the strategic view that the overarching risk mitigation strategy is to ensure that the Charity is well led by its Senior Leadership Team, supervised and supported by the Board of Trustees.

Structure, governance and management

Constitution

The Charity is a charitable company limited by guarantee. The company was originally incorporated under Articles of Association on 25 November 2009. New Articles of Association were adopted on 6 June 2016 and amended on 31 March 2022. The company is a registered charity, number 1133354 The members of the company are the Trustees named below. In the event of the company being wound up, the liability of Trustees and members in respect of the guarantee is limited to £10 each.

The Charity previously operated as an unincorporated charity which was founded in 1981 and established by Trust Deed in 1982. With effect from 1 February 2010, the assets of the unincorporated charity, renamed Arthur Rank House Hospice Charity, registered charity number 1133354-1 (formerly number 283353), were transferred to the charitable company. Under a Uniting Order dated 29 April 2010, Arthur Rank House Hospice Charity is now treated as part of Arthur Rank Hospice Charity.
The Trustees who served during the year are shown on page 33.

Biographical details of all Trustees are included on our website at arhc.org.uk. We extend our gratitude to all of our Trustees.

Appointment of Trustees

The Charity has appropriate policies and procedures in place for the recruitment, appointment and training of new Trustees. In accordance with Charity Commission recommendations, the Charity is aware of the importance of a diverse range of skills, background and experience among Trustees to ensure good governance. The usual approach to recruitment is to advertise but where specific skills or knowledge are required to strengthen the board's expertise, the Charity will seek out people with those skills and ask them to apply. These candidates are then interviewed and considered in the normal way.

Trustees are usually appointed for an initial period of three years which may, subject to satisfactory performance, be renewed for up to two further terms of three years each. A Trustee would not normally serve for more than nine years but can be invited to serve for an additional three-year term at the request of the Trustees.

The induction and training of new Trustees

New Trustees are provided with an induction pack which includes the Charity's constitution, accounts and annual reports together with Charity Commission publications relating to the role of a trustee and material from the Hospice UK induction pack. They are encouraged to attend the Palliative Care Overview course run at Arthur Rank Hospice, which covers:

the background and history of the hospice movement and palliative care;
the working arrangements between the Charity and the NHS;
clinical aspects of the care at the Hospice; and
strategy, expenditure, income generation and other detailed information about the Charity Trustees are also invited to observe service delivery where appropriate and feasible.

Remuneration policy

The key management personnel of the Charity and the group comprise the Trustees and the senior leadership team, being the CEO, Clinical Services Director/Deputy CEO, Finance Director, Medical Director, Communications & Income Generation Director and People & Operations Director.

The Medical Director transferred in from the NHS in August 2015 and continues to be paid in accordance with the NHS salary framework. Her role is assigned to individual NHS salary bands subject to satisfactory performance, The Medical Director receives annual increments on the anniversary of her appointment until she reaches the top of her band. Salaries of other key management personnel are reviewed annually by Trustees, taking into account salaries paid for comparable roles in similar organisations. There are third-party salary surveys of remuneration in the hospice sector and charities more generally which provide helpful input to this process. Where senior employees take on significant new responsibilities during the year, salaries are adjusted accordingly.
Trustees serve pro bono and voluntarily.

A Remuneration and Nomination Committee is in place to provide focus, oversight and expertise on these matters, given the Charity's increased workforce post-independence.

Organisational structure and decision making

The Trustees set the strategic agenda and general policy of the Charity. The day-to-day affairs of the Charity are managed by the CEO who reports to the chair of Trustees. The CEO presents comprehensive reports to the Trustees at Board meetings, which are held at least quarterly. In addition, the CEO provides fortnightly briefing updates to the Trustees.

Within the organisation, there are also a number of sub-committees, which are set up to review each aspect of governance in more detail. Each sub-committee is made up of Trustees and supported by members of the Senior Leadership Team. Each committee reports back to the Board of Trustees.

The structure and membership of these formal committees during the year was detailed below:

Clinical Governance:

Dr Alex Manning (Chair up until 18 May 2023)
Dr Catherine Bennett (Chair after 18 May 2023)
Julia Curtis
Dr Arnold Fertig
Mark Kingstone

Finance and General Purposes Committee:

Neil Tween (Chair)
Mark Kingstone
Sonali Kumarakulasinghe
Nicola Scrivings (from 15th June 2023)
Colin Sherwood

Remuneration and Nominations:

Julia Curtis (Chair)
Antoinette Jackson Sonali
Kumarakulasinghe
Mehrunisha Suleman

Income Generation Committee:

Carolan Davidge (Chair)
Arnold Fertig
Antoinette Jackson
Meghan Mathieson
Peter Northmore (Director of Trading Company)
Colin Sherwood
Mehrunisha Suleman

Trading Company Board:

Carolan Davidge (Chair)
Sharon Allen OBE (CEO)
Antoinette Jackson (Trustee)
Peter Northmore (Director of Trading Company)
John Bishop (Director of Finance)

There is also a formal scheme of delegation in place which sets out roles, responsibilities and decision-making thresholds.

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Trustees' responsibilities statement

The Trustees (who are also directors of Arthur Rank Hospice Charity 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 period. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group 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 judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on a going-concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company and the group's transactions and disclose with reasonable accuracy at any time the financial position of the charitable group 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 the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable group's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Provision of information to auditors

So far as each of the Trustees is aware at the time the report is approved:

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

This report, including the strategic report, was approved by the Trustees on 10th December 2024 and is signed on their behalf by:

Antoinette Jackson

.....

A. Jackson - Chair of Trustees

Reference and Administrative Details of the Charity, its Trustees and Advisers

Trustees

Antoinette Jackson
Dr Catherine Bennett
Julia Curtis
Carolan Davidge
Dr Arnold Fertig
Mark Kingstone
Sonali Kumarakulasinghe
Dr Alex Manning (resigned 31 May 2023)
Meghan Mathieson
Nicola Scrivings (appointed 15 June 2023)
Colin Sherwood
Dr Mehrunisha Suleman (resigned 13th June 2024)
Neil Tween

President

Lady Chadwyck-Healey

Patrons

Baroness Cohen of Pimlico
Sir Derek Jacobi CBE
Lady Marshall
HM Lord-Lieutenant of Cambridgeshire Mrs Julie Spence OBE
QPM Mrs Belinda Sutton DL
Dr Nigel Williams MB. Ch.B., MRCGP., DCH.

Ambassadors

Robert Barnes
Les Bunker
Judith Chisholm
Jenny Cole
Stuart Evans
Rosemary Hall
Stephen Hall
Ian Kydd
Mike McCall
Jennifer Mullucks
Diana Petchell
Sheila Pierre
John Short

Senior Leadership Team
Sharon Allen OBE, Chief Executive Officer
John Bishop, Finance & IT Director
Gemma Manning, People & Operations Director
Dr Lorraine Petersen, Medical Director
Sara Robins, Clinical Services Director/Deputy CEO
Donna Talbot, Communications and Income Generation Director (resigned 1 September 2023)
Jodie Vaughan, Communications and Income Generation Director (appointed 1 September 2023)

Company registered number
07086155

Charity registered number
1133354

Registered office
Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB

Company Secretary
John Bishop

Independent auditors
Peters Elworthy & Moore, Salisbury House, Station Road, Cambridge, CB1 2LA

Website address
arhc.org.uk

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY

OPINION

We have audited the financial statements of Arthur Rank Hospice Charity (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2024 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Charity balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2024 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The other information comprises the information included in the Annual report other than the financial statements and our Auditors' report thereon. The Trustees are responsible for the other information contained within the Annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report including the Strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report and the Strategic report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report including the Strategic report.

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

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company 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.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Trustees' responsibilities statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the charitable company through discussions with trustees and other management, and from our charitable knowledge and experience;
- we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Companies Act 2006, Charities Act 2011, and those with an indirect impact;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence;
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit; and
- we reviewed the minutes of Trustees' meetings to identify any references to non-compliances with laws and regulations.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- we evaluated the assumptions and judgements used by management within significant accounting estimates and assessed whether these indicated evidence of management bias; and
- performed audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of meetings of those charged with governance;
- enquiring of management as to actual and potential litigation and claims; and
- reviewing correspondence with relevant regulators such as the Charity Commission.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditors' report.

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USE OF OUR REPORT

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

Michael Hewett

Michael Hewett (Senior statutory auditor)
for and on behalf of
Peters Elworthy & Moore
Chartered Accountants
Statutory Auditors
Salisbury House
Station Road
Cambridge
CB1 2LA

Date: 10 December 2024

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2024

	Note	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
		£	£	£	£
INCOME FROM:					
Donations and legacies	3	**2,633,289**	**313,665**	**2,946,954**	2,212,324
Charitable activities	4	**8,048,544**	**131,984**	**8,180,528**	7,428,005
Trading activities	5	**1,782,717**	**9,649**	**1,792,366**	1,792,334
Investments	6	**140,903**	**-**	**140,903**	17,846
TOTAL INCOME		**12,605,453**	**455,298**	**13,060,751**	11,450,509
EXPENDITURE ON:					
Raising funds	9	**(1,680,515)**	**(25,030)**	**(1,705,545)**	(1,553,910)
Charitable activities	10	**(9,853,141)**	**(396,447)**	**(10,249,588)**	(9,681,446)
TOTAL EXPENDITURE	7 & 8	**(11,533,656)**	**(421,477)**	**(11,955,133)**	(11,235,356)
NET INCOME		**1,071,797**	**33,821**	**1,105,618**	215,153
Transfer between funds	22	**-**	**-**	**-**	-
NET MOVEMENT IN FUNDS		**1,071,797**	**33,821**	**1,105,618**	215,153
RECONCILIATION OF FUNDS					
Total funds brought forward		**10,662,494**	**758,814**	**11,421,308**	11,206,155
Net movement in funds		**1,071,797**	**33,821**	**1,105,618**	215,153
TOTAL FUNDS CARRIED FORWARD		**11,734,291**	**792,635**	**12,526,926**	11,421,308

The Consolidated statement of financial activities includes all gains and losses recognised in the year.
The notes on pages 47 - 69 form part of these financial statements.

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CONSOLIDATED AND CHARITY BALANCE SHEET AS AT 31 MARCH 2024
COMPANY NUMBER: 07086155

	Note	GROUP 2024	GROUP 2023	CHARITY 2024	CHARITY 2023
		£	£	£	£
FIXED ASSETS					
Tangible assets	15	**8,648,360**	9,204,372	**8,648,360**	9,861,677
Investments	16	**-**	-	**10,000**	10,000
		8,648,360	9,204,372	**8,658,360**	9,871,677
CURRENT ASSETS					
Stocks	17	**17,876**	15,875	**-**	-
Debtors	18	**1,605,526**	1,077,341	**1,634,535**	1,285,488
Investments	19	**705,000**	424,983	**705,000**	424,983
Cash at bank and in hand		**5,325,798**	5,061,989	**5,235,163**	4,793,004
		7,654,200	6,580,188	**7,574,698**	6,503,475
CURRENT LIABILITIES					
Creditors due within one year	20	**(975,634)**	(1,380,335)	**(940,260)**	(1,347,750)
NET CURRENT ASSETS		**6,678,566**	5,199,853	**6,634,438**	5,155,725
TOTAL ASSETS LESS CURRENT LIABILITIES		**15,326,926**	14,404,225	**15,292,798**	15,027,402
Creditors: due after one year	21	**(2,800,000)**	(2,982,917)	**(2,800,000)**	(2,982,917)
TOTAL NET ASSETS		**12,526,926**	11,421,308	**12,492,798**	12,044,485
CHARITY FUNDS					
Restricted funds	22	**792,635**	758,814	**792,635**	758,814
Unrestricted funds	22	**11,734,291**	10,662,494	**11,700,163**	11,285,671
TOTAL FUNDS		**12,526,926**	11,421,308	**12,492,798**	12,044,485

The Charity's net movement in funds for the year was £1,105,618 (2023 - £215,153).

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

Antoinette Jackson

Antoinette Jackson, Chair of Trustees
Date: 10 December 2024

The notes on pages 47 to 68 form part of these financial statement

CONSOLIDATED STATEMENT OF CASHFLOW FOR THE YEAR ENDED 31 MARCH 2024

	Note	2024 £	2023 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	25	**847,345**	2,117,661
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of tangible fixed assets		**(142,374)**	(52,849)
Sale of tangible fixed assets		**300**	-
Movement in short term cash deposits		**(280,017)**	255,642
NET CASH USED IN INVESTING ACTIVITIES		**(422,091)**	202,793
Repayments of borrowings		**(161,445)**	(168,623)
NET CASH USED IN FINANCING ACTIVITIES		**(161,445)**	(168,623)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR		**263,809**	2,151,831
Cash and cash equivalents at the beginning of the year		**5,061,989**	2,910,158
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	26	**5,325,798**	5,061,989

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2024

1. ACCOUNTING POLICIES

1.1 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) (Second Edition October 2019) the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Arthur Rank Hospice Charity 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 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 company 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.

1.2 GOING CONCERN

The trustees have reviewed the financial position of the group and have a reasonable expectation that the group has adequate resources to continue in operational existence for the foreseeable future. Accordingly, the financial statements continue to be prepared on the going concern basis.

1.3 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.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.
Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.
Investment income, gains and losses are allocated to the appropriate fund.

1.4 INCOME

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

For legacies, entitlement is taken as the earlier of the date on which either: the company is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably, and the company has been notified of the executor's intention to make a distribution. Where legacies have been notified to the company, or the company is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated services or facilities are recognised when the company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the

company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of volunteers is not recognised. On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the company which is the amount the company 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.

Donations are recognised as income on receipt unless there is earlier evidence of entitlement, and the amount can be measured reliably. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation. Donated goods for resale are recognised once sold.

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 Bank.

Income from NHS contracts, government and other grants, whether capital grants or revenue grants, are recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

Lottery income is recognised in the period to which it relates, and events income is recognised when the event has occurred. Education income received for bespoke and programmed courses is recognised in the period that the teaching course takes place. Any amounts received at the financial year end for future courses is carried forward as deferred income in these accounts.

Income from retail sales of new goods, venue hire income and catering income for the year, are recognised exclusive of Value Added Tax. Retail sales and catering sales are recognised immediately. Venue hire income is recognised in full when the event is held and any amounts received at the financial year-end for venue hire in the following year is carried forward as deferred income in these accounts.

1.5 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. All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings. Support costs have been allocated between cost of raising funds and expenditure on charitable activities based on direct costs. Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice. Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

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 raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading. 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.

1.6 TAXATION

The company 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 company 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.

1.7 TANGIBLE FIXED ASSETS AND DEPRECIATION

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably. 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 company 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, using the straight-line method.

Depreciation is provided on the following bases:

Freehold property	2 - 20% straight line
Leasehold land	1% straight line
Fixtures, fittings, equipment & artwork	10 - 33% straight line

1.8 INVESTMENTS

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'Gains/(Losses) on investments' in the Consolidated statement of financial activities. Investments in subsidiaries are valued at cost less provision for impairment.

1.9 STOCKS

Stocks comprise retail stock and are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on an average cost basis. At each balance sheet date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

1.10 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.

1.11 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.

1.12 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 moment that the company 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.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Consolidated statement of financial activities as a finance cost.

1.13 FINANCIAL INSTRUMENTS

The group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.14 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.

1.15 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. The charity also contributes to the NHS defined benefit scheme for members of staff who transferred to it with NHS pension scheme membership. It is not possible to identify the charity's share of assets in this scheme and therefore contributions are accounted for as if they were made to a defined contribution scheme.

2. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

Estimates and judgements 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 company 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 discussed below.

Accrued legacy income there is inherent uncertainty in the probate valuation of estates due to the nature of underlying assets and liabilities, the time that may lapse between probate and closure, and other contingencies that attend the estate. Cases are reviewed on a case-by-case basis at least annually, and updated when any new information is received.

Depreciation of hospice the various components of the hospice have been identified from the Component Replacement Report provided by Faithful Gould. This report was produced at the commencement of the project and as such final costs exceed those that the component depreciation was calculated on. The additional costs have been pro-rated across the various depreciation rates in accordance with the percentage values. The trustees have reviewed the depreciation rates and charge in the year and are satisfied on the basis the estimate is calculated.

Critical areas of judgement:

The Trustees do not consider that there are any critical areas of judgement applied in the preparation of these financial statements.

3. INCOME FROM DONATIONS, LEGACIES AND GRANTS

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Donations	**1,414,569**	**117,497**	**1,532,066**	1,282,362
Legacies	**1,083,646**	**-**	**1,083,646**	602,188
Grants	**135,074**	**196,168**	**331,242**	327,774
	2,633,289	**313,665**	**2,946,954**	2,212,324
Total 2023	1,846,447	365,877	2,212,324	

Included in unrestricted donations is £48,480 of gifts in kind (2023: £27,962) and included in restricted Donations is £380 of gifts in kind (2023: £20).

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
ICB Contract	**6,830,170**	**-**	**6,830,170**	6,512,589
Nurse led beds contract	**776,621**	**-**	**776,621**	739,639
Other statutory	**317,712**	**131,284**	**448,996**	109,271
Education	**14,701**	**-**	**14,701**	13,769
Other	**109,340**	**700**	**110,040**	52,737
	8,048,544	**131,984**	**8,180,528**	7,428,005
Total 2023	7,319,638	108,367	7,428,005	

5. INCOME FROM FUNDRAISING AND TRADING ACTIVITIES

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Shop and Trading	**1,193,000**	**-**	**1,193,000**	1,184,633
Events and fundraising	**356,118**	**7,874**	**363,992**	302,615
Lottery income	**200,480**	**1,775**	**202,255**	216,617
Other	**33,119**	**-**	**33,119**	88,469
	1,782,717	**9,649**	**1,792,366**	1,792,334
Total 2023	1,780,890	11,444	1,792,334	

6. INVESTMENT INCOME

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Interest	**140,903**	**-**	**140,903**	17,846
Total 2023	17,846	-	17,846	

7. ANALYSIS OF EXPENDITURE BY ACTIVITY

	Direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	Note 9 & 10	Note 11		
	£	£	£	£
Fundraising, Retail and Trading	**1,398,766**	**306,779**	**1,705,545**	1,553,910
Hospice care services	**8,063,314**	**2,186,274**	**10,249,588**	9,681,446
	9,462,080	**2,493,053**	**11,955,133**	11,235,356
Total 2023	9,004,018	2,231,338	11,235,356	

8. ANALYSIS OF EXPENDITURE BY TYPE

	Charitable direct costs 2024	Fundraising direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	Note 10	Note 9	Note 11		
	£	£	£	£	£
Staff costs	**6,477,840**	**856,730**	**1,366,168**	**8,700,738**	8,486,805
Leases and rent	**56,523**	**133,784**	**-**	**190,307**	175,355
Loan financing costs	**-**	**-**	**101,429**	**101,429**	99,593
Depreciation	**56,406**	**11,600**	**243,380**	**311,386**	461,289
Other	**1,472,545**	**396,652**	**782,076**	**2,651,273**	2,012,314
	8,063,314	**1,398,766**	**2,493,053**	**11,955,133**	11,235,356
Total 2023	7,719,992	1,284,026	2,231,338	11,235,356	

9. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Community fundraising costs	**47,623**	**10,445**	**58,068**	45,427
Events and Challenges	**118,911**	**26,080**	**144,991**	170,059
Fundraising costs	**229,194**	**50,267**	**279,461**	287,105
Corporate	**44,259**	**9,707**	**53,966**	42,510
Legacies	**54,212**	**11,890**	**66,102**	55,523
In Memory	**27,259**	**5,978**	**33,237**	22,659
Trusts	**17,113**	**3,753**	**20,866**	21,651
Retail	**860,195**	**188,659**	**1,048,854**	908,976
	1,398,766	**306,779**	**1,705,545**	1,553,910
Total 2023	1,284,026	269,884	1,553,910	

In the year ended 31 March 2024, £25,030 (2023: £18,990) of expenditure on fundraising, retail and trading was attributable to restricted funds and £1,680,515 (2023: £1,534,920) to unrestricted funds.

10. ANALYSIS of EXPENDITURE ON CHARITABLE ACTIVITES

	Direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Living Well	**326,218**	**88,450**	**414,668**	412,445
Education	**206,111**	**55,885**	**261,996**	226,664
Hospice at home	**2,338,293**	**634,001**	**2,972,294**	2,774,156
Alan Hudson Day Treatment Centre	**464,143**	**125,847**	**589,990**	553,563
In patient unit	**2,147,080**	**582,156**	**2,729,236**	2,581,802
Nurse Led Beds	**777,616**	**210,842**	**988,458**	927,562
Lymphoedema	**226,182**	**61,326**	**287,508**	289,040
Patient and family support team	**201,078**	**54,520**	**255,598**	265,988
Specialist palliative care team	**761,723**	**206,532**	**968,255**	873,614
Palliative Hub	**478,010**	**129,607**	**607,617**	580,627
Transitioning Young Adults project	**60,072**	**16,288**	**76,360**	85,307
Voluntary services	**76,788**	**20,820**	**97,608**	110,678
	8,063,314	**2,186,274**	**10,249,588**	9,681,446
Total 2023	7,719,992	1,961,454	9,681,446	

In the year ended 31 March 2024, £396,447 (2023: £322,030) of expenditure on charitable activities was attributable to restricted funds and £9,853,141 (2023: £9,359,416) to unrestricted funds.

11. SUPPORT COSTS

	Staff costs 2024	Others 2024	Loan financing 2024	Total funds 2024	Total funds 2023
	£	£	£	£	£
Facilities & Catering	**379,763**	**380,451**	**-**	**760,214**	669,373
Central	**522,707**	**16,246**	**101,429**	**640,382**	494,853
Finance	**188,965**	**27,018**	**-**	**215,983**	196,849
Human resources	**91,150**	**65,638**	**-**	**156,788**	264,362
IT	**-**	**308,021**	**-**	**308,021**	251,760
Insurance	**-**	**91,062**	**-**	**91,062**	84,439
Public relations	**96,630**	**98,107**	**-**	**194,737**	160,208
Governance	**86,953**	**38,913**	**-**	**125,866**	109,494
	1,366,168	**1,025,456**	**101,429**	**2,493,053**	2,231,338
Total 2023	1,211,942	919,803	99,593	2,231,338	

12. NET INCOME

This is stated after charging:

	2024	2023
	£	£
Auditors' remuneration - audit	**32,498**	22,437
Auditors' remuneration - other services	**15,274**	12,895
Loss on impairment of Hospice cladding	**386,700**	-
Depreciation of tangible fixed assets: owned by the charitable group	**311,386**	461,289

13. STAFF COSTS

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Wages and salaries	**7,369,117**	7,147,113	**7,339,547**	7,128,881
Social security costs	**672,019**	692,657	**668,998**	692,657
Contribution to pension schemes	**659,602**	647,035	**657,887**	644,069
	8,700,738	8,486,805	**8,666,432**	8,465,607

Included in the group wages and salaries total is a provision of £96,500 for redundancy costs. In the year, the Charity announced that the Hospice at Home night service would cease due to low demand from patients. Funding has been reallocated and night care is available to patients via the Continuing Healthcare Team. Affected staff were offered alternative roles within the organisation. After a trial period four staff were redeployed into the Hospice at Home Day service while remaining staff were made redundant. Redundancy payments were paid in line with contractual terms and conditions. No redundancy payments were made before 31 March 2024. Total actual redundancy payments totalled £87,541 and were paid in the year ended 31 March 2025. No additional funding was received by the ICB to cover redundancy costs.

13. STAFF COSTS (CONTINUED)

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

	Group 2024	Group 2023
	No.	No.
Clinical services	**179**	178
Fundraising and communications	**16**	18
Support and governance	**40**	37
Bank staff	**37**	28
Retail	**17**	15
	289	276

The average headcount expressed as full-time equivalents was:

	Group 2024	Group 2023
	No.	No.
Clinical services	**137**	138
Fundraising and communications	**12**	14
Support and governance	**34**	31
Bank staff	**24**	16
Retail	**14**	13
	221	212

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

	Group and Company 2024	Group and Company 2023
	No.	No.
In the band £60,001-£70,000	**2**	4
In the band £70,001-£80,000	**2**	2
In the band £80,001-£90,000	**2**	1
In the band over £90,000	**1**	0

Costs relating to one (2023: one) employee are recharged to the subsidiary**.**

The key management personnel of the Charity and the group comprise of the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, People & Operations Director and the Communications & Income Generation Director. The total employment costs including salaries, employer pension contributions and employers' national insurance or key management personnel were £522,959 (2023: £476,479).

14. TRUSTEES' REMUNERATION AND EXPENSES

During the year, no Trustees received any remuneration or other benefits (2023 - £NIL).
During the year, no Trustee expenses have been incurred (2023 - £NIL)

15. TANGIBLE FIXED ASSETS

GROUP

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
COST OR VALUATION				
At 1 April 2023	**11,193,156**	**120,000**	**1,078,437**	**12,391,593**
Additions	**-**	**-**	**142,374**	**142,374**
Disposals	**(472,307)**	**-**	**(168,580)**	**(640,887)**
At 31 March 2024	**10,720,849**	**120,000**	**1,052,231**	**11,893,080**

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
DEPRECIATION				
At 1 April 2023	**2,390,107**	**7,700**	**789,414**	**3,187,221**
Charge for the year	**205,125**	**1,200**	**105,061**	**311,386**
On disposals	**(85,606)**	**-**	**(168,281)**	**(253,887)**
At 31 March 2024	**2,509,626**	**8,900**	**726,194**	**3,244,720**
NET BOOK VALUE				
At 31 March 2024	**8,211,223**	**111,100**	**326,037**	**8,648,360**
At 31 March 2023	8,803,049	112,300	289,023	9,204,372

15. TANGIBLE FIXED ASSETS (CONTINUED)

CHARITY

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
COST OR VALUATION				
At 1 April 2023	**11,850,461**	**120,000**	**1,078,437**	**13,048,898**
Additions	**-**	**-**	**142,374**	**142,374**
Disposals	**(472,307)**	**-**	**(168,580)**	**(640,887)**
Impairment	**(657,305)**	**-**	**-**	**(657,305)**
At 31 March 2024	**10,720,849**	**120,000**	**1,052,231**	**11,893,080**

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
DEPRECIATION				
At 1 April 2023	**2,390,107**	**7,700**	**789,414**	**3,187,221**
Charge for the year	**205,125**	**1,200**	**105,061**	**311,386**
On disposals	**(85,606)**	**-**	**(168,281)**	**(253,887)**
At 31 March 2024	**2,509,626**	**8,900**	**726,194**	**3,244,720**
NET BOOK VALUE				
At 31 March 2024	**8,211,223**	**111,100**	**326,037**	**8,648,360**
At 31 March 2023	9,460,354	112,300	289,023	9,861,677

In the year, disposals regarding Freehold Property totalled £1.13 Million. This comprises of £472,307 which relates to the cladding on the hospice building which requires replacement. Also, there was an impairment of £657,305 which relates to the elimination of a markup on the value of the hospice building. In prior years the elimination of the markup was adjusted in the Group accounts. Going forward, this adjustment will not be needed as the value will be the same on the Group and Charity Balance Sheet.

16. FIXED ASSET INVESTMENTS

COMPANY	Investments in subsidiary companies
	£
COST	
At 1 April 2023	**10,000**
At 31 March 2024	**10,000**

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the Company

Name	Company number	Registered office	Principal activity
Arthur Rank Hospice Limited	03059033	Chery Hinton Road, Shelford Bottom,	Operating the fundraising trading arm of Arthur Rank Hospice Charity

Holding	Included in consolidation
100%	Yes

The financial results of the subsidiary for the year were:

Name	Income	Expenditure	Surplus/ (Deficit)	Net assets
	£	£	£	£
Arthur Rank Hospice Limited	**295,505**	**(226,700)**	**68,805**	**44,128**

17. STOCKS

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Retail stock	**17,876**	15,875	**-**	**-**
	17,876	15,875	**-**	**-**

18. DEBTORS

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Trade debtors	**18,804**	208,307	**14,818**	203,890
Amount owed by group undertakings	**-**	-	**34,786**	214,577
Other debtors	**457,662**	204,492	**456,820**	204,096
Prepayments and accrued income	**291,908**	116,125	**290,959**	114,508
Tax recoverable	**20,030**	24,581	**20,030**	24,581
Legacies receivable	**817,122**	523,836	**817,122**	523,836
	1,605,526	1,077,341	**1,634,535**	1,285,488

19. CURRENT ASSET INVESTMENTS

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Investments	**705,000**	424,983	**705,000**	424,983
	705,000	424,983	**705,000**	424,983

20. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Other Loans	**188,902**	190,346	**188,902**	190,346
Trade Creditors	**209,552**	265,756	**207,053**	264,760
Other Taxation and social security	**113,646**	127,185	**103,845**	122,750
Other creditors	**241,527**	676,194	**237,750**	672,329
Accruals and deferred income	**222,007**	120,854	**202,710**	97,565
	975,634	1,380,335	**940,260**	1,347,750

Included within the subsidiary is deferred income relating to event deposits. The amount deferred at the year-end is £12,797 (2023: £17,239).

Amounts included within other loans is a loan with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years until June 2042 with six monthly payments made. Interest is charged at 3.34%.

21. CREDITORS: AMOUNTS FALLING AFTER MORE THAN ONE YEAR

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Other loans	**2,800,000**	2,960,000	**2,800,000**	2,960,000
Other creditors	**-**	22,917	**-**	22,917
	2,800,000	2,982,917	**2,800,000**	2,982,917

Included within the above are amounts falling due as follows:

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
BETWEEN ONE AND TWO YEARS				
Other loans	**160,000**	160,000	**160,000**	160,000
BETWEEN TWO AND FIVE YEARS				
Other loans	**480,000**	480,000	**480,000**	480,000
OVER FIVE YEARS				
Other loans	**2,160,000**	2,320,000	**2,160,000**	2,320,000

The above loan is with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years until June 2042 with six monthly payments made. Interest is charged at 3.34%.

22. STATEMENT OF FUNDS

CURRENT YEAR

	Balance at 1 April 2023	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2024
	£	£	£	£	£
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	5,926,506	-	-	(267,050)	5,659,456
Legacy reserve	211,000	-	-	449,646	660,646
	6,137,506	-	-	182,596	6,320,102
GENERAL FUNDS					
General funds	4,490,860	12,309,948	(11,306,956)	(113,791)	5,380,061
Subsidiary undertakings	34,128	295,505	(226,700)	(68,805)	34,128
	4,524,988	12,605,453	(11,533,656)	(182,596)	5,414,189
TOTAL	10,662,494	12,605,453	(11,533,656)	-	11,734,291
RESTRICTED FUNDS					
Hospice at Home	204,136	33,087	(3,582)	-	233,641
Alan Hudson DTC	228,622	72,989	(105,554)	-	196,057
Equipment	46,490	1,591	(22,539)	-	25,542
New charity shop	59,293	4,612	(4,183)	-	59,722
Other restricted funds	220,273	343,019	(285,619)	-	277,673
	758,814	455,298	(421,477)	-	792,635
TOTAL OF FUNDS	11,421,308	13,060,751	(11,955,133)	-	12,526,926

22. STATEMENT OF FUNDS (CONTINUED)

PRIOR YEAR

	Balance at 1 April 2022	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2023
	£	£	£	£	£
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	6,282,941	-	-	(356,435)	5,926,506
Legacy reserve	211,000	-	-	-	211,000
	6,493,941	-	-	(356,435)	6,137,506
GENERAL FUNDS					
General funds	4,064,429	10,694,057	(10,725,450)	457,824	4,490,860
Subsidiary undertakings	34,128	270,764	(168,886)	(101,878)	34,128
	4,098,557	10,964,821	(10,894,336)	355,946	4,524,988
TOTAL	10,592,498	10,964,821	(10,894,336)	(489)	10,662,494
RESTRICTED FUNDS					
Hospice at Home	153,211	94,836	(43,911)	-	204,136
Alan Hudson DTC	272,122	65,109	(108,609)	-	228,622
Equipment	54,818	7,284	(14,993)	(619)	46,490
New charity shop	-	59,293	-	-	59,293
Other restricted funds	133,506	259,166	(173,507)	1,108	220,273
	613,657	485,688	(341,020)	489	758,814
TOTAL OF FUNDS	11,206,155	11,450,509	(11,235,356)	-	11,421,308

DESIGNATED FUNDS

Hospice fund
A designated Hospice Fund was originally established with the view of securing the long-term provision of hospice services in the region. The trustees were delighted that this became a reality and that the funds here, built up over the course of many years, have now been utilised in bringing about the new hospice at Shelford Bottom. The closing balance represents the value of tangible fixed assets less the loan taken out to complete the build and those assets held within restricted funds.

Legacy reserve
Legacy income received over and above the budgeted level can be added to the legacy reserve. This reserve is available to draw down in future years if legacy income falls below budget and allows the charity to manage peaks and troughs for this unpredictable stream of income.

RESTRICTED FUNDS

Hospice at Home
Donations continue to be received specifically for the Hospice at Home service.

Alan Hudson Day Treatment Centre
These funds compromise of donations made specifically for use at the Alan Hudson Day Treatment Centre which is managed by the charity. Expenditure made from this fund relates to the delivery of care at the Alan Hudson Day Treatment Centre. Funding received in previous years has been used to re develop the centre and garden area to provide an improved space for patients. This has helped to develop our service to meet the needs of patients in the Wisbech area in line with our objectives.

Equipment
Donations have been received and used for the purchase of equipment and furniture for the Hospice.

New Charity shop
These donations were raised from the 2022 Chariots of Fire race, to be used to facilitate the opening of a new charity shop and to support initial running costs. The lease for new shop premises was signed at the end of March 2024. Funds will therefore be spent in the year 2024/25 to fit out and set up the new location.

Other
This represents various smaller funds (including monies donated to a specific service within the charity) and some grant funded projects such as Caring Communities, the Transitions project, ReSPECT and Clinical Nurse Educator project. The Caring Communities project provides companionship for our patients and their carer. The Transitions project supports young people transitioning from children's hospice care to adult hospice care. The ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) project is a national initiative for which the charity has been commissioned to deliver education and support for Primary Care Practice staff and Care Home staff in the local area. The Clinical Nurse Educator project is intended to expand end of life training to practitioners in social care, residential and nursing care homes and domiciliary care situations.

23. STATEMENT OF FUNDS

CHARITY ONLY FUNDS – CURRENT YEAR

	Balance at 1 April 2023	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2024
	£	£	£	£	£
Unrestricted funds	**11,285,671**	**12,430,810**	**(11,359,013)**	**(657,305)**	**11,700,163**
Restricted funds	**758,814**	**455,298**	**(421,477)**	**-**	**792,635**
Total	**12,044,485**	**12,886,108**	**(11,780,490)**	**(657,305)**	**12,492,798**

CHARITY ONLY FUNDS – PRIOR YEAR

	Balance at 1 April 2022	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2023
	£	£	£	£	£
Unrestricted funds	11,215,675	10,834,095	(10,763,610)	(489)	11,285,671
Restricted funds	613,657	485,688	(341,020)	489	758,814
Total	11,829,332	11,319,783	(11,104,630)	-	12,044,485

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (GROUP)

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024
	£	£	£
Tangible fixed assets	**8,566,475**	**81,885**	**8,648,360**
Current assets	**6,943,448**	**710,752**	**7,654,200**
Creditors due within one year	**(975,634)**	**-**	**(975,634)**
Creditors due in more than one year	**(2,800,000)**	**-**	**(2,800,000)**
TOTAL	**11,734,289**	**792,637**	**12,526,926**

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS (CONTINUED)

ANALYSIS OF NET ASSETS BETWEEN FUNDS – PRIOR YEAR (GROUP)

	Unrestricted funds 2023	Restricted funds 2023	Total funds 2023
	£	£	£
Tangible fixed assets	9,076,852	127,520	9,204,372
Current assets	5,948,894	631,294	6,580,188
Creditors due within one year	(1,380,335)	-	(1,380,335)
Creditors due in more than one year	(2,982,917)	-	(2,982,917)
TOTAL	10,662,494	758,814	11,421,308

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (CHARITY ONLY)

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024
	£	**£**	**£**
Tangible fixed assets	**8,566,475**	**81,885**	**8,648,360**
Investments	**10,000**	**-**	**10,000**
Current assets	**6,863,948**	**710,750**	**7,574,698**
Creditors due within one year	**(940,260)**	**-**	**(940,260)**
Creditors due in more than one year	**(2,800,000)**	**-**	**(2,800,000)**
TOTAL	**11,700,163**	**792,635**	**12,492,798**

ANALYSIS OF NET ASSETS BETWEEN FUNDS – PRIOR YEAR (CHARITY ONLY)

	Unrestricted funds 2023	Restricted funds 2023	Total funds 2023
	£	£	£
Tangible fixed assets	9,734,157	127,520	9,861,677
Investments	10,000	-	10,000
Current assets	5,872,181	631,294	6,503,475
Creditors due within one year	(1,347,750)	-	(1,347,750)
Creditors due in more than one year	(2,982,917)	-	(2,982,917)
TOTAL	11,285,671	758,814	12,044,485

25. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASHFLOW FROM OPERATING ACTIVITIES

	Group 2024	Group 2023
	£	£
Net income for the year	**1,105,618**	215,153
ADJUSTMENTS FOR:		
Depreciation charges	**311,386**	461,289
Loss/(profit) on disposal of fixed assets	**386,700**	-
Decrease/(increase) in stocks	**(2,001)**	(1,228)
Decrease/(increase) in debtors	**(528,185)**	1,040,204
(Decrease)/increase in creditors	**(426,173)**	402,243
NET CASH PROVIDED BY OPERATING ACTIVITIES	**847,345**	2,117,661

26. ANALYSIS OF CASH AND CASH EQUIVALENTS

	Group 2024	Group 2023
	£	£
Cash in hand	**5,325,798**	5,061,989
TOTAL CASH AND CASH EQUIVALENTS	**5,325,798**	5,061,989

27. ANALYSIS OF CHANGES IN NET DEBT

	At 1 April 2023	Cash flows	Other non-cash changes	At 31 March 2024
	£	£	£	£
Cash at bank and in hand	**5,061,989**	**263,809**	**-**	**5,325,798**
Debt due within 1 year	**(190,346)**	**1,443**	**-**	**(188,903)**
Debt due after 1 year	**(2,960,000)**	**-**	**160,000**	**(2,800,000)**
Liquid investments	**424,983**	**280,017**	**-**	**705,000**
	2,336,626	**545,269**	**160,000**	**3,041,895**

28. PENSION COMMITMENTS

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2024, 172 (2023: 173) employees were members of this scheme, to which the charity contributed 6% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS Defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2024, 102 (2023: 118) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £659,602 (2023: £647,035). An amount of £85,843 (2023: £87,733) was outstanding at the year end.

29. OPERATING LEASE COMMITMENTS

At 31 March 2024 the Group and the Charity had commitments to make future minimum lease payments under non-cancellable leases as follows:

	Group and Company 2024	Group and Company 2023
	£	£
No later than 1 year	**229,326**	179,040
Later than 1 year and not later than 5 years	**524,498**	459,597
Later than 5 years	**347,678**	234,282
	1,101,502	872,919

30. RELATED PARTY TRANSACTIONS

Arthur Rank Hospice Limited is a wholly owned Subsidiary of Arthur Rank Hospice Charity. During the year ended 31 March 2024, there were management charges of £52,056 (2023: £38,160) to this company. The company has made a gift payment of its taxable profits of £68,805 (2023: £101,878) to the charity. The company also collects sums on behalf of the charity. As at 31 March 2024 the Charity owed the company £34,019 (2023: The company owed charity £214,577).

31. CONTROLLING PARTY

The Charity is under the control of its Trustees who are listed on page 37 of the financial statements

ARTHUR RANK HOSPICE CHARITY

England & Wales - Charity number 1133354

Accounts

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Arthur Rank Hospice Charity

Registered number: 07086155
Charity number: 1133354

Arthur Rank Hospice Charity

(A company limited by guarantee)

Trustees' Report and Financial Statements

For the year ended 31 March 2023

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Trustees' Report
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The Trustees are pleased to present their annual Trustees' Report together with the consolidated financial statements of the charity and its subsidiary for the year ended 31 March 2023. These are also prepared to meet the requirements for a directors' report and accounts for Companies Act 2006 purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Articles of Association, and Accounting and Reporting by Charities: 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) (Second edition October 2019).

Trustees' Report

Our Five Year Strategy, agreed in 2021-22, is ambitious. We recognised that there was more we needed to do to improve the services we deliver and who we reach. This Annual Report outlines the progress we have made against the objectives in that strategy and how we are delivering compassionate and safe care for our service users. The report highlights that we have a charity that is focused on service quality and continuous improvement and that it continues to deliver on both.

We have faced a number of challenges in 2022-23 in delivering on our priorities, particularly recruitment and staff retention and financial pressures.

Our people will always be at the heart of what makes us special and each and every member of Team Arthur plays a vital role in helping us reach the quality of service we strive for. Recruitment and retention is an issue affecting charities and health providers across the country. We undertook a major review of terms and conditions to ensure that we continue to attract and retain the colleagues we need to run our services effectively. We are very blessed to have skilled colleagues and volunteers who are passionate about what they do and that they are ably led by our talented CEO and senior leadership team. We need to ensure that we continue to be an employer of choice.

Financial sustainability remains an ongoing challenge and, in common with most organisations, the cost of living crisis has added to our cost pressures. We rely on fundraising to deliver and enhance services that are not funded by the NHS. Approximately 40% of our costs are met by income from fundraising and the financial climate makes it harder for charities like ourselves to continue to maximize our income. We are very grateful to everyone who supports us, in so many different ways.

Despite the challenges,this report shows that we continue to evolve and innovate and deliver a wide range of services to patients and their loved ones. Not just supporting people at end of life but also when they are dealing with life limiting illnesses, providing care and psychological support.

We are active partners in the Integrated Care System, recognising that a joined-up approach across the system is vital to tackling the health needs of our population and making best use of our collective resources. We are keen to contribute to the wider debate on the role the hospice charity can play in achieving better health outcomes and system efficiency. A key success in that regard has been the Palliative Care Hub which was launched in 2021. The Hub grew significantly during 2022-23 supporting 67% more patients and 27% more calls. This work helped to avoid 176 hospital admissions.

As well as thanking our wonderful colleagues and volunteers, and our community who support in so many ways, I also want to pay tribute to the very able trustees who sit on the Board of the charity. They bring skills and enthusiasm to the charity and ensure we continue to focus on the future and what we need to ensure Arthur Rank Hospice Charity continues to thrive.

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Antoinette Jackson
Chair of Trustees

Our vision

Our vision is 'Making Every Moment Count': supporting people with a life-limiting illness and caring for people and their loved ones at end of life. Underpinning this are our values:

Our values

- Compassionate: we provide compassionate care and support for people and their loved ones and a compassionate workplace through compassionate leadership.
- Caring: we care for everyone who needs our services, everyone who supports us, works for us and volunteers for us.
- Community: we are part of our community, our community is part of us, our community is everyone in Cambridgeshire who needs us and we are proactive in tackling inequality.
- Excellence: we provide specialist care and support through our skilled team drawing on their expertise.

Strategic Report 2022-23

Why we are here?

We have launched our next five-year strategy (2022-2027) which was produced in consultation with our community. A copy of our strategy can be found on our website (arhc.org.uk/app/uploads/2022/03/AR_5yr-Strategy-Report_22-27_web.pdf).

Our new five-year strategy sets out strategic priorities that we have aligned to the Ambitions for Palliative Care and Hospice UK (HUK) Future Vision.

1) **Outstanding** - Service focused (continual improvement of current provision).
2) **Sustainable** - Income generation strategies and successful contract negotiations with statutory funders and developing our environmental responsibilities for a net zero carbon approach.
3) **Accessible** - Increase diversity of those accessing out services.
4) **Engaging** - Greater promotion and awareness, using resources such as digital solutions and effective use of our data.
5) **People** - Investing in our workforce and supporting our volunteers.
6) **Partnering** - Working with our system partners as part of the Integrated Care System, sharing knowledge and expertise.

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In 2022-23 we focused on the following priorities:

Outstanding

We said that we would:

a) Improve bereavement support across Cambridgeshire, with particular focus in Wisbech.
b) Consider other roles to support our services such as the role of Death Doula, expanding our social worker role and supporting families with children, with a focus on psychological support for children.
c) Continue with our Transitioning Young Adults work, ensuring a smooth transition from children's services to adult Hospice services for those with life-limiting illnesses and setting up more social groups.
d) Utilise our additional two beds on the Inpatient unit.
e) Review our Living Well service to meet the needs of those with palliative care needs across Cambridgeshire, helping them to live well with their illness.
f) Improve feedback from our patients and carers and other stakeholders so we learn and improve.

What we did:

a) We were successful in recruiting a Chaplaincy volunteer in Wisbech. We are also looking to include one session per week of Patient Family Support.
b) Following a review, due to capacity constraints we decided to carry looking into the Death Doula role forward to 2024/2025. Unfortunately efforts to secure funding for supporting children and young people have so far been unsuccessful, we will continue to pursue alternative sources. With thanks to Cambridgeshire County Council, we have secured additional social work support which is already having an impact for people we care for.
c) Liaised with the play specialist at EACH and with CUH's Transition lead for palliative and end of life support meetings, to explore opportunities for networking and finding some young people who may want to be "Champions".
d) No additional funding identified in the year so carried forward to 2023/24.
e) Ongoing work on updating the model to include clinic appointments as well as group sessions. The Carer Support Needs Assessment Tool (CSNAT) is being implemented across the Hospice.
f) Our Hospice User Group has provided invaluable feedback leading to changes for example about signage around the building and supporting with PLACE (Patient Lead Assessment of the Care Environment) at both sites. We have continued to obtain feedback using the Trajectory Touchpoint Technique and regularly update our 'You Said, We Did' feedback which is on display in the entrance to the hospice.

Sustainable

We said that we would:

a) Focus on our income generation strategy increasing financial support from fundraising, retail, hospitality and venue hire.
b) Reduce the use of plastics in our fundraising activities.

What we did:

a) Year-on-year growth in like-for-like retail sales and focused on achieving a 25% target for Gift Aid in our shops. We examined opportunities to open new shops further to the North of the county. Good engagement in the Bistro with Awareness Days (e.g. Black History Month, Jewish New Year).

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b) No additional plastic merchandise purchased, ceased the use of balloons and ensured our stock of banners were used up and recycled via environmentally friendly methods. No bottled water provided at Bridge the Gap. Wooden medals now given at Challenge events and using printers which offset or offer tree planting etc.

Accessible

We said that we would:

a) Introduce a non-faith-based summer remembrance event.
b) Achieve our widening access group (WAG) action plan to reach all parts of our community.

What we did:

a) First successful event held in August 2022, attracting 50 attendees and generating income in excess of budget. Second event planned for summer 2023.
b) WAG meetings and agenda have continued with a review scheduled for December 2023. We have worked closely with Safia Akram, Health Inequalities lead at Sue Ryder Thorpe Hall who has supported our work and provided feedback to us on areas for improvement which have formed the basis of our action plan for the following year. We have continued to build engagement with the Gypsy and traveller community and with organisations supporting people who are homeless. We were invited to present to Cambridge Mosque on our work which led to people joining as colleagues and volunteers and engaged with the local Refugee support group promoting opportunities to join. We have celebrated a range of faith and cultural events throughout the year, serving culturally appropriate food in our Bistro together with information displays to raise awareness. We continue to see an improvement in response rates to diversity monitoring information.

Engaging

We said that we would:

a) Work with schools through fundraising and work experience.
b) Offer support to business so that they are equipped to support their employees who may be end of life or have a loved one who is.
c) Increase the use of technology to support patients, such as text messaging, virtual video consultations, automated telephone advice and support and to continue to improve our website.

What we did:

a) A school engagement plan was produced and implemented. Nine schools raised £9k via charity runs.
b) Carried forward to 2023/24.
c) Text messaging introduced for Lymphoedema patients to remind them of appointments and ask for feedback.

People

We said that we would:

a) Introduce a growth structure for each person in the charity and a new appraisal system.
b) Develop new and innovate ways to attract staff and expand retention strategy.

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c) Implement a pay structure review.
d) Ensure that our volunteers feel supported and develop a champion framework and skills audit.
e) Invest in a new HR system.

What we did:

a) New appraisal forms implemented. All forms reviewed by People & Operations Director and Head of Education to inform learning and development programme.
b) We have seen improved staff retention, but this is still difficult given the wider economic environment.
c) Phase 1 of the review has been implemented and phase 2 is scheduled for implementation at the end of the 2023-24 financial year.
d) We are utilising experienced volunteers to train new volunteers. This has been completed for the new IPU Engagement role. We have completed phase 1 of the skills audit.
e) Paused due to lack of capacity and resource.

Partnering

We said that we would:

a) Continue to build partnerships with other organisations across the ICS to ensure that palliative and end of life care is seen as a priority.
b) Continue to share best practice with others in the region and across the hospice sector.

What we did:

a) Our CEO currently chairs the local ICB's Palliative End Of Life Care (PEOLC) Programme Board and the Strategy Implementation Group which is leading on implementing the system wide strategy agreed in 2022. In addition, our Clinical Services Director represents adult hospices for the Eastern region at the PEOLC Strategic Clinical Network. We are active members of the Health Alliance, the voluntary sector alliance of care and health providers responsible for engaging with the Integrated Care System and Partnerships and implementing the Voluntary, Community or Social Enterprise organisation (VCSE) strategy. As part of our commitment to the Health Alliance, our CEO represents the Alliance at the Local People Board and its various sub-groups, supported by our People and Operations Director. Our Medical Director is a sector representative at the Professional and Clinical Leadership Assembly.
b) We have led on the implementation of the ReSPECT* teaching programme which is now entering its second year having received positive feedback from attendees.

* *Recommended Summary Plan for Emergency Care and Treatment*

In 2023- 2024 we want to focus on the following priorities:

Priority 1 – Outstanding

- We will review our Patient and Family Support Team to build on the work in Wisbech, increasing our bereavement support volunteers and equitable access to services.
- We want to continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist.
- We will continue developing links with schools and would like to introduce our "51 questions" to local school children, to help them to have conversations about death and dying and what is important to them and those around them.
- We want to build on our Young Persons Transitions (YPT) work by securing funding for a substantive YPT coordinator. This will enable us to continue the valuable work we have managed to undertake since receiving funding from the National Lottery Community Fund.

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- We want to secure commissioning for the two remaining beds on our IPU at the hospice in Cambridge so we can maximise the care we provide.
- We want to broaden our reach into local communities, building on the work with neurological conditions, single organ failure and dementia care.
- We want to continue to work with GPs and care homes in providing teaching and support in relation to palliative and end of life care, including the ReSPECT implementation.
- We want to review our Specialist Nursing Service in collaboration with other community partners providing specialist community services (such as North West Anglia Foundation Trust) and to build on the number of independent prescribers to provide a more responsive service.

Priority 2 – Sustainable

- We want to secure grant and trust income and long-term funding to support all our services through charitable or contracted means.
- We want to build corporate partnerships and support and help increase awareness of hospice care within this group.
- We want to invite people to consider making gifts such as donations and encourage people to future plan, using our Free Will service by making a small donation to our charity or including our charity in their will.
- We want to reduce the use of plastics and look at other environmentally friendly solutions for our activities in order to reduce our carbon footprint.
- We want to increase the income from retail, online activities, venue hire and hospitality and strengthen our brand identity.

Priority 3 – Accessible

- We want to develop non-faith remembrance events and consider this in decisions made relating to all charity-run activities.
- We want to continue with our Widening Access Group plan to ensure we are engaging with all parts of the local community.

Priority 4 – Engaging

- We want to work with schools through fundraising, HR and voluntary services, encouraging opportunities for work experience and volunteering.
- We want to build on our engagement with corporate enterprises so that they can support their colleagues who may experience loss and bereavement.
- We want to utilise technology to help us be more efficient and effective, such as text messaging services for appointment reminders and obtaining feedback and videos on our website.

Priority 5 – People

- We want to provide opportunities for colleagues to develop in their role and explore ways in which we can attract staff and expand our retention strategy.
- We will survey our colleagues and volunteers to help us improve our workplace.
- We will carry through the actions in our 2023/2024 People Plan, aimed at looking after our people, improving belonging, growing for the future and being ready to work in new ways.

Priority 6 – Partnering

- We will continue to work with our system partners across Cambridgeshire & Peterborough ICS building on implementing work from the PEOLC Strategy and Ambitions Framework and other systems work e.g., workforce and leadership.
- We will continue our links with the East of England Strategic Clinical Network, learning and improving care.

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Public Benefit

In setting objectives for the year and planning the charity's activities, the Trustees give due consideration to guidance from the Charity Commission relating to public benefit. Access to services is based solely on need and no charges are made for services provided.

The difference we make through our charitable activities

Our focus, at all times, is ensuring that our patients and their loved ones receive the very best, holistic care that we can provide.

The purpose of the charity is to relieve sickness and suffering of people with life-limiting conditions and/or chronic health conditions and their families, loved ones and/or carers throughout Cambridgeshire, Peterborough and the surrounding areas and to assist their families, loved ones and/or carers (Beneficiaries) by providing:

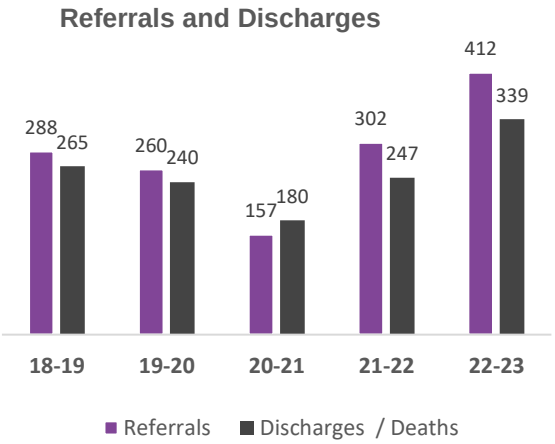
* End of life care at Arthur Rank Hospice and elsewhere;
* Services, facilities, equipment or grants for Beneficiaries and
* Any other benefit which provides care and support to Beneficiaries.

Care and services are provided free of charge to patients. The charity helps them and their loved ones to improve their quality of life and fulfil their choices at the end of their lives – making every moment count.

Our Charitable Activities

During the year we provided care services that enabled us to care for patients at the hospice in Cambridge, the Alan Hudson Day Treatment Centre in Wisbech and in patients' own homes. Our services are provided free of charge to those who need our vital care and support in the local community.

Living Well Service



Our Living Well Service has provided specialist advice, palliative care and support for adults who have a life-limiting illness. Living Well programmes typically involve once a week contact for eight weeks and are delivered by our multi-disciplinary team (MDT). Our MDT includes nurses and healthcare assistants, complementary therapists, a life celebration and creative co-ordinator, a music therapist, volunteers, physiotherapists, occupational therapists, chaplain, psychological therapists and the specialist medical team.

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Patients engage with the charity's expert team, who spend time discovering what is important to each person and supporting them to shape and achieve goals that will make a real difference to their everyday lives. Sessions can involve everything from managing breathlessness, anxiety or fatigue to complementary therapy, consideration of advance care planning to seated exercise groups, one-to-one symptom management to spiritual counselling, life celebration and creative activities to psychological support.

Our Life Celebration and Creative Activities Coordinators guide creative therapy sessions allowing patients to discover a new talent or enjoy a long-forgotten hobby. We encourage patients to talk about their lives and explore ways in which they might like to leave something which celebrates life-moments for family and loved ones.

The team can assess carers' needs using the Carer Support Needs Assessment Tool (CSNAT) and, depending on needs and what is requested, can offer help in person or via telephone or video support.

The team introduced new services in 2022-23, such as outpatient appointments with either a Clinical Nurse Specialist, Registered Nurse, Complementary Therapist, Physiotherapist, or Occupational Therapist, and a Carer Support service, available for carers of patients known to any service.

The Living Well Service is entirely funded by the charity.

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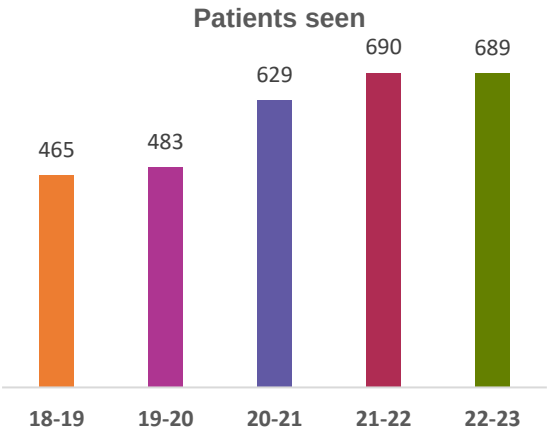
Education

We run courses for health and care professionals to learn and share best practice. We also offer placements so that healthcare professionals and students can gain a more thorough understanding of the work we do.

Our courses and workshops are run by our Education team with sessions provided by our experienced multi-professional hospice clinicians. The teaching team are experienced in hospice, community and acute settings, which ensures that theory is linked to current practice in all settings.

We also design and provide bespoke education sessions that provide a tailored experience for a range of organisations. We have successfully partnered with Anglia Ruskin University for four years to deliver a Masters Module in Palliative and End of Life Care. We have been commissioned, in partnership with Sue Ryder Thorpe Hall, by the Integrated Care Board, to deliver training for GP's and care home managers on implementing ReSPECT across our system. We have also expanded our social care team, with thanks to funding from the system, to test proof of concept in order to improve outcomes for patients and their families.

Hospice at Home



Despite receiving fewer referrals this year and completing fewer clinical contacts, our Hospice at Home service continues to see the same number of people, and these face-to-face contacts are lasting longer (2% longer than in 2021-22) due to increasing complexity.

We know that many people would prefer to die at home. Our compassionate team of Health Care Assistants and Nurses are experts in the practicalities and complexities of end of-life care and support patients at the end of their lives to die in their own homes if they so wish and it is safe to do so.

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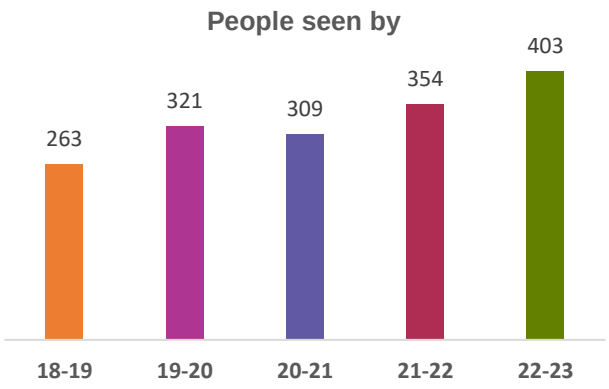
With the support of the Cambridgeshire and Peterborough Integrated Care Board (ICB) – formerly the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), we provide care throughout the county, day and night, to support those who are rapidly deteriorating and whose preferred place of death is home.

We know that family carers want to be able to care for the person they love and that, at times, this can be hard. Sometimes they need a break and sometimes they need support with particular care needs. This is what our teams can offer, whether this is needed during the day or at night, to give carers a chance to rest and carry on caring. Having our Hospice at Home team support with care, skill and knowledge can help keep loved ones at home, avoid unwanted admission to hospital and help patients return home from hospital/hospice when admission has been necessary.

Our care is practical and holistic. It might involve keeping patients comfortable, ensuring they have the medication they need, providing a hand massage and words of comfort. Our care is focused on person-centered care for patients and what they need.

Due to the difficulties referred to with recruitment and retention, during the year, with support from the ICB, we have successfully piloted a partnership arrangement with MCCS, a local care provider.

Alan Hudson Day Treatment Centre (AHDTC) located at North Cambs Hospital, Wisbech



Our MDT of highly qualified staff and dedicated volunteers provide expert care, which is holistic and tailored to each person's specific needs. Services include Living Well, treatment and clinical days (including blood transfusions, oncology and symptom management), complementary and diversional therapies, and bereavement and support services.Our specialist palliative care nurse is a core member of the team and is working closely with the GP practices in Wisbech. The team also provides clinical advice and support to palliative patients on the adjacent Trafford Ward. Part of our Hospice at Home Team is based at the centre providing care for people throughout Fenland.

We work closely with Queen Elizabeth Hospital, Kings Lynn to support their end of life care provision and our Matron attends their MDT meetings.

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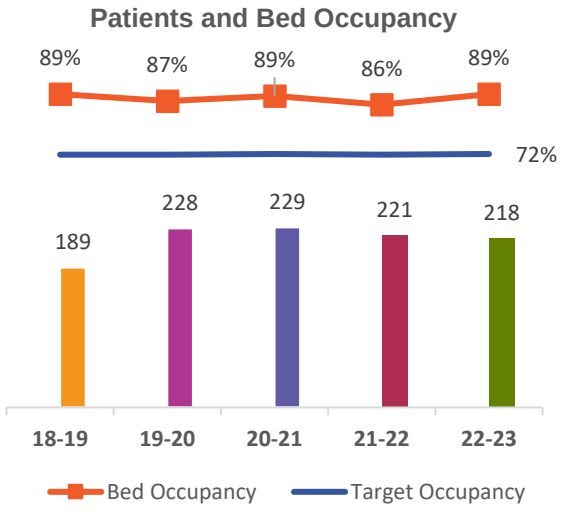
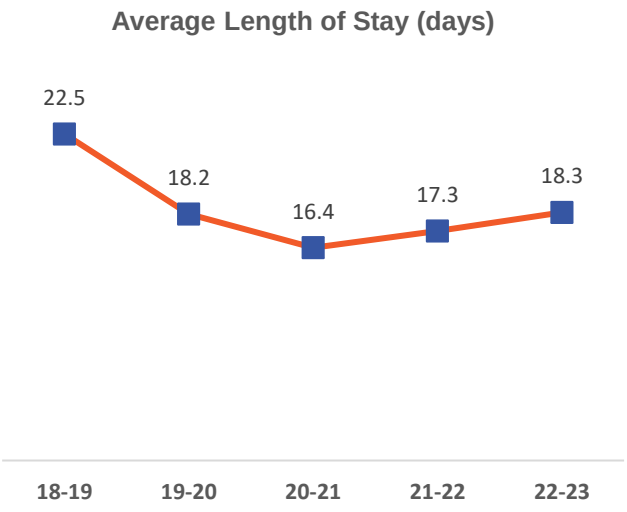
In-patient Unit (Shelford Bottom, Cambridgeshire)

The hospice In-patient Unit (IPU) has 12 specialist beds and seven Nurse led beds (NLB) with the ability to increase up to nine beds if necessary. Two beds remain available to be commissioned and we continue to explore how best for these to be utilized.. All patients and their loved ones are provided with holistic care from the Multi Disciplinary Teams.

Specialist beds: Funding and catchment area

The beds for people with specialist and complex needs are funded by a contract with Cambridgeshire and Peterborough ICB and are available for patients whose GP practice falls within Cambridgeshire. Peterborough patients are care for by Sue Ryder Thorpe Hall. In exceptional circumstances, patients are admitted from outside the Cambridgeshire area, but funding must have been agreed with the relevant ICB.





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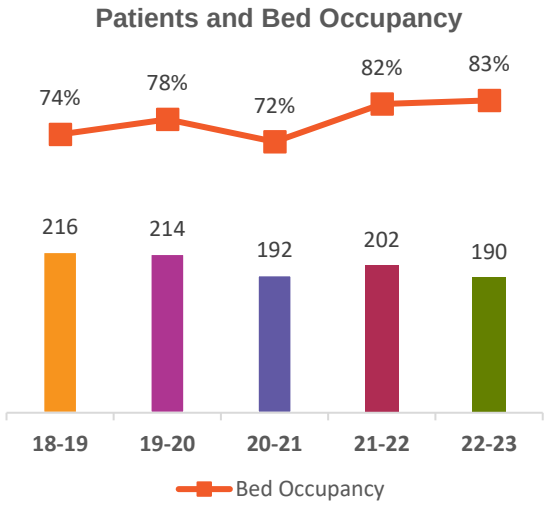
The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist MDT, and/or a daily review by a doctor. As we are a short-stay unit we support the discharge of patients whose needs are stable and can return home or can be managed elsewhere in other care settings. Therefore, we are unable to admit people whose main need is long-term care.

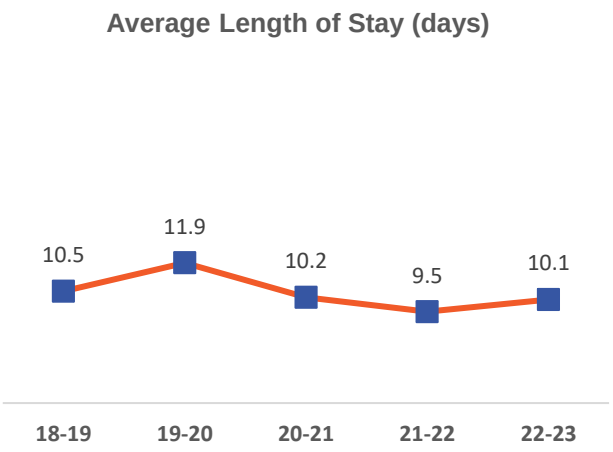
All referrals must come via a healthcare professional. Referrals are triaged every weekday and are prioritised based on how urgently the care plan needs to change, and how much added value the MDT can offer.

We are experienced in caring for patients with specialist nutritional needs, non-invasive ventilation and tracheostomies, and are able to give oxygen, intravenous medication and fluids.

As soon as the team feel the care plan can be continued elsewhere, we aim to discharge patients home or to a care home if home is not possible. If extra care, support or equipment is required, we work with other agencies to provide this.

Nurse Led Beds





These beds are funded by Cambridge University Hospital NHS Foundation Trust for patients in Addenbrooke's who would otherwise be dying in hospital, and who require non-complex nursing and medical care. Their daily management is led by experienced nursing staff rather than the full MDT. Patients have access to the ward doctor if required. We work closely with the Addenbrooke's team to continually monitor and evaluate the project and both organisations are very pleased with the way this service is working. Other hospices around the country have drawn on our model as they are interested to see if it would work for them and their local acute trusts.

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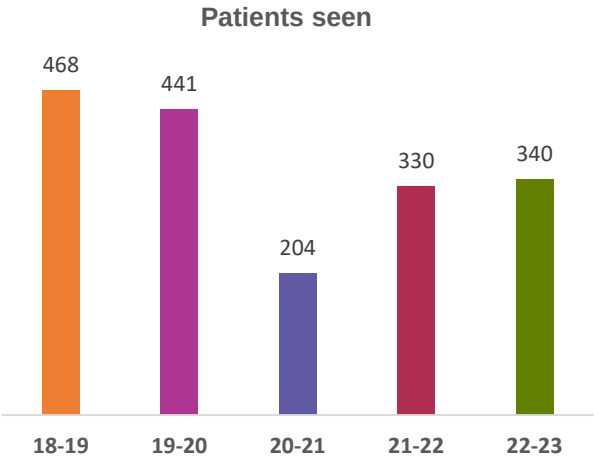
Lymphoedema



The Lymphoedema Clinic provides a service for those with primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, and other related conditions. All patients are offered an assessment with a clinical specialist in lymphoedema and a treatment programme is agreed with them. Treatment may consist of some or all of the following: skin care, various forms of compression, exercise programmes, simple/manual lymphatic drainage or use of compression pumps, kinesiotape and low-level light therapy. We aspire to support all our patients to self-manage this long-term condition and, to help with this, we offer six sessions a year at our support group to provide further education about managing lymphoedema.

We maintain close links with our referral teams at Addenbrooke's Hospital, the Tissue Viability Team and community staff. We provide two full-day education sessions for healthcare professionals each year and are currently working with the Tissue Viability Team to develop joint teaching for community staff on the management of chronic oedema and wet legs.

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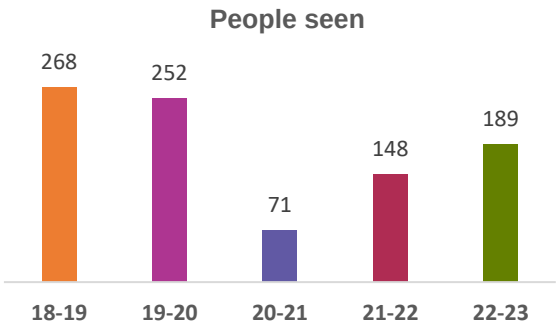
Patient and Family Support Team



Our psychological support service provides psychological assessment and treatment for adults over the age of 18 who are living with an advanced serious illness or other life-limiting illness and their closest family or friends. We work with those being cared for by our IPU, Community Team and Living Well Service, and their family and loved ones, usually offering sessions once per fortnight for six sessions.

The hospice's social workers provide social support and practical information to patients and families who are being cared for on our IPU or through our Community Team. This support may include discharge planning, benefits advice, advice on financial and housing support, as well as emotional support at times of stress and change.

Spirituality can be seen to be the heart of who we are. Whilst some people view this through a religious lens for many others it is less defined, although no less important. Our chaplain and a team of volunteers are available to all patients, their relatives and loved ones, whether they are of faith or not, to help explore the 'difficult questions'. We listen and help where we can. There is a chaplain and other faith leaders on-call 24/7 for inpatients, and they and their visitors can also access our Sanctuary, a peaceful space at the Hospice for those of all different faiths or no faith. We will also facilitate acts of worship or rites as required. If appropriate to patient care and the situation, we encourage people from faith groups to visit, enabling patients still to feel part of their community if this is something that is important to them.

We have also provided music therapy to our patients. Music therapy is a form of emotional and psychological support that combines music making, listening and talking.

Music can say what cannot be expressed verbally; it can be a way for family members to come together and share memories and experiences; it can provide solace and distraction from pain and anxiety.

This Patient and Family Support Service is funded by both the charity and by the Cambridgeshire and Peterborough ICB for patients registered with a GP in Cambridge City, South and East Cambridgeshire.

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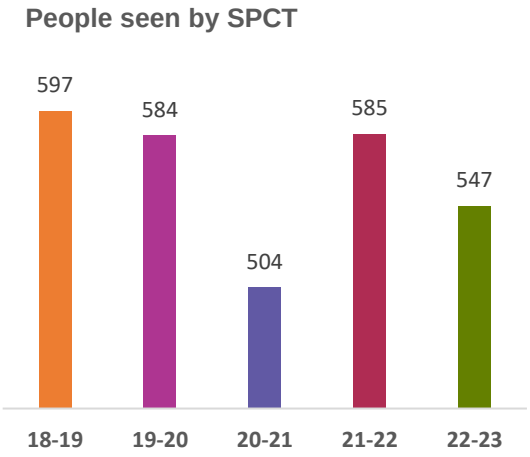
Specialist Palliative Care Team



Our seven day a week service helps those living with an advanced serious illness or other life-limiting condition to get further support and encourages planning for future care with families, carers or loved ones. We liaise regularly with care providers, such as GPs and district nurses, so that care remains as seamless as possible. The team may also be able to highlight other NHS services, charities or organisations that can help support the specific circumstances of a patient. The service is available 9am – 5pm, seven days a week and is able to provide a rapid response to people in crisis. We also have a part time clinical nurse specialist working at our Alan Hudson Day Treatment Centre to support patients registered with one of the four GP practices in Wisbech who have specialist palliative care needs.

Our team of skilled Clinical Nurse Specialists aim to help manage symptoms and any other difficulties patients might be facing. We may help with medicine management and accessing the wider Hospice team for psychological and spiritual support or complementary therapy. Psychological support may be provided via video consultation or over the phone to patients and their primary carers, family members and loved ones.

A large part of the team's work is to do with advance care planning. We help patients talk about their wishes and preferences, especially when it comes to end of life care. Wishes are documented in a ReSPECT plan so that other services are aware and the various teams can work together to fulfil them.

The previous year's 32% growth in referrals has stabilised, as the team continue to triage all referrals received for community support. The reduction in discharges is because we are no longer counting new referrals that are deemed unsuitable or where the patient is not supported as a discharge from the service.

Most new referrals triaged by the team are phased as 'deteriorating' (59%). Using the OACC Suite of Outcome Measures, if a patient's Phase of Illness is deteriorating, this means that their care plan is addressing anticipated needs but requires periodic review. This is because their overall functional status is declining and their experiences are gradually worsening and/or they experience a new but anticipated problem and/or the family/carer experience a gradual worsening distress that impacts on the patient's care.

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Transitioning Young Adults Project

We work with East Anglia's Children's Hospices (EACH) and Sue Ryder Thorpe Hall Hospice and the wider children and young person's palliative care sector to support young people transitioning from children's hospice care or paediatric services to adult hospice care. EACH can refer young people from age 14 as an introduction to our Transition Service. Our Specialist Care Team are supporting young adults and their families from age 18 throughout illness, symptom control, crisis management and end of life care. The service is funded by The National Lottery Community Fund and due to the challenges experienced seeking to engage with young people and their families during lockdowns, the National Lottery Community Fund has generously agreed to extend the period of their funding. This will expire in 2024 and we need to engage with system partners to determine long term sustainability for this important work.

We established a local action group for Transitioning and are linking with other key stakeholders regionally and nationally. We have set up a webpage for Transitioning on the Arthur Rank Hospice Charity Website arhc.org.uk/supporting-you/care-services/young-people/.

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Palliative Care Hub

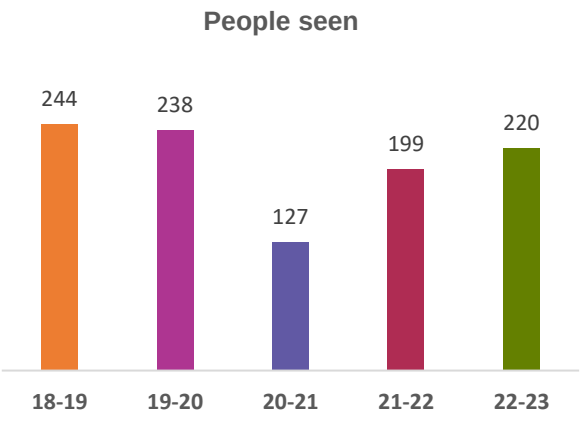
The service is a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with HUC which commenced in April 2021.

This service is for anyone who needs specialist palliative care advice or support. It is available to patients, family/friends, carers, GP's and other healthcare professionals including care and nursing homes and home care when the patient has been identified as needing palliative care.

We provide advice and support, signpost to appropriate services, transfer patients to another healthcare professional who can better help them or complete necessary referrals to other services.

In 2022-23 this service supported 1,690 patients (an increase of 67% from 2021-22), took 2,735 calls (an increase of 27% from 2021-22), and helped to avoid 176 hospital admissions.

Complementary Therapy



Our highly trained therapists tailor programmes to each person's needs. Sessions provide a safe space where patients and their loved ones can take a little time out from their daily challenges. The team see patients face-to-face in the hospice and in their own homes if required, as well as in the hospice for those attending our Living Well Service and on our IPU.

Treatments may help alleviate many common symptoms such as pain, nausea, insomnia, muscular aches and low mood. We aim to offer the maximum benefit whilst disturbing the client as little as possible. Comfort is everything.

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Voluntary Services

Volunteers make a huge contribution to the charity, we have almost 500 volunteers who support us giving up many hours of their valuable time providing a significant benefit to the charity. Volunteers are crucial to our work as they enable us to achieve so much more within our limited resources. They also add to the friendly ambience of the Hospice. We have volunteers covering 70 different roles. These include gardening, hosting in the In-patient Unit and Living Well, cake baking, counselling, flower arranging, supporting in our charity shops, fundraising, supporting our events, and many more.

Patients supported

2022-23 has seen a decrease in the total number of referrals received and clinical contacts completed. The reduction of referrals is due to greater education surrounding the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. This decrease in clinical contacts is mostly within our Hospice at Home service, who had 2,064 fewer face-to-face contacts than in 2021-22. Despite this, 514 more hours of care were delivered in these fewer Hospice at Home contacts, highlighting the increasing complexity of our patients. The number of people we have seen has increased by 3% from 2021-22 (returning to pre-pandemic levels), and on average our face-to-face contacts have lasted 4% longer.

Number of Referrals	**2022/23**	**2021/22**
In-Patient Unit (specialist beds)	327	311
In-Patient Unit (nurse led beds)	291	280
Living Well Service	412	302
Hospice at Home	1,405	1,565
Specialist Palliative Care Home Team	1,119	1,134
Lymphoedema	221	242
Patient and Family Support Services	256	250
Pain Management	38	37
Complementary Therapy	267	265
Medical Outpatient and Domiciliary	130	95
Community Hub	-	65
Alan Hudson Day Treatment Centre	334	365
Caring Communities	60	37
Palliative Care Needs Rounds	14	59
Transitioning Young Adults	3	4
Total	**4,877**	**5,011**

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Number of face-to-face contacts/appointments	**2022/23**	**2021/22**
Living Well Service	891	764
Hospice at Home	19,776	21,840
Specialist Palliative Care Home Team	1,831	1,773
Lymphoedema	657	650
Patient and Family Support Services	651	472
Pain Management	43	47
Complementary Therapy	620	569
Medical Outpatient and Domiciliary	366	256
Community Hub	-	-
Alan Hudson Day Treatment Centre	3,095	2,826
Transitioning Young Adults	4	8
Total	**27,934**	**29,205**

Number of telephone contacts	**2022/23**	**2021/22**
Living Well Service	1,290	1,607
Hospice at Home	4,908	4,107
Specialist Palliative Care Home Team	7,600	9,623
Lymphoedema	1,279	1,551
Patient and Family Support Services	307	507
Pain Management	17	27
Complementary Therapy	1,037	915
Medical Outpatient and Domiciliary	1,019	774
Community Hub	-	144
Alan Hudson Day Treatment Centre	4,016	4,125
Transitioning Young Adults	21	65
Total	**21,494**	**23,445**

In-Patient Unit (specialist beds)	**2022/23**	**2021/22**
Number of beds	12	12
Bed occupancy	89%	86%
Number of patients	218	221
Number of discharges	207	211
Average duration (days)	18.3	17.3
Available bed days	4,380	4,380

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Approach to fundraising

Fundraising Approach and Controls

Arthur Rank Hospice Charity proactively engages and collaborates with its community. The Charity maintains high standards and enjoys healthy and long-standing relationships with supporters and partner organisations.

The Charity is voluntarily registered with the Fundraising Regulator and is a member of Hospice UK (HUK) and the Hospice Income Generation Network (HIGN). The team regularly attend events and training to increase their own understanding of hospice sector developments as well as changes in the external environment. Where possible representatives also contribute by sharing their own expertise, leading sessions or speaking at events.

The Charity operates within the Fundraising Code of Practice and employs a team of paid colleagues to deliver our fundraising and communications strategy: connect, inspire and deepen. Arthur Rank Hospice Charity has a broad portfolio of open, legal, honest and respectful activities. These include newsletter mailings and appeals shared by post, email or social media. We seek the support of corporates, ensuring alignment to our purpose and providing commercial participators agreements when required.

The Charity receives royalties from a lottery (launched in 2011), the management of which is outsourced to Your Hospice Lottery, who are registered with the gambling commission. The team adhere to our Ethical Fundraising Promise, fundraising specific policies and also benefit from other policies which involve safeguarding, lone working and social media use. With the agreement and prior approval of scripts, telesales campaigns are occasionally conducted by Your Hospice Lottery. Notification of these activities are also shared with the Senior Leadership Team and managers in advance.

The Income Generation Committee meets quarterly and comprises of senior leadership team members, specialist advisors and trustees. Attendees contribute to strategic discussions for future planning and deep dives into specific existing activities. Fundraising activities are detailed in the quarterly committee papers, with an standing open invite for trustees or senior leadership team not on this committee, to

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attend should they wish.

From time to time the charity may work with established and reputable service providers, such as mailing houses or event management companies. The Charity is GDPR compliant. The Communications and Income Generation Director attends Information Governance (IG) meetings and the team contributes to the Information Governance (IG) Handbook. Where work is undertaken with external bodies, privacy notices are reviewed, and privacy impact assessments are conducted. This information is then recorded on an information asset register, which is checked annually.

To comply with Fundraising Regulator requirements, the Charity has a dedicated supporter relationship management system and robust systems for data maintenance and record keeping. In the period 1 April 2022 to 31 March 2023, we received four suppression requests (two from one individual) from the Fundraising Preference Service. Three of the four were actioned on the same day with one actioned within two weeks.

We recognise the generosity and dedication of our supporters and we welcome their feedback. We actively invite feedback through surveys and other print and/or digital mechanisms. Information received is reviewed thoroughly and learning applied either in 1:1 meetings or group training sessions, which may take place in the monthly team meeting or the Team Away Day. We also share learning in written team updates and where applicable refresh inductions to include this.

Any complaints that do arise are recorded on Sentinel, our incident reporting system, and dealt in line with our complaints policies. No complaints have been received in respect of Your Hospice Lottery and in the instance where the Charity receives calls relating to the Lottery these are escalated to the Lottery team in line with their policy. Pleasingly, no complaints were recorded for fundraising or communications during this period.

We collaborate with two charitable organisations to deliver our fundraising activities. The annual Bridge the Gap walk remains in partnership with Romsey Mill, another Cambridge based charity and Just Helping administer our Christmas Tree Recycling Scheme. We activity encourage discussions to collaborate with other businesses, (mainly corporates) and people in the community. In both scenarios we are diligent around the relationships we seek or build.

Financial review

These are very difficult financial times for all UK hospices and Arthur Rank Hospice Charity is no exception. A recent survey by Hospice UK found that 96% of UK hospices are budgeting a deficit in 2023-24 and we are one of those. There is significant political, economic and system instability facing hospices in the coming years together with increasing demand from an ever-aging population. Our costs are increasing faster than our income streams which presents us with challenges to ensure our long-term sustainability.

The charity has retained a strong focus on financial controls, managing costs and a prudent approach to setting budgets. Our income generation activities, including fundraising, have all worked extremely hard to secure the additional funds required. This will continue to be a stretch for our teams as we plan ahead.

Our income declined by 1% from the previous year, but this was due to the £841k of one-off funding that we received in 2021-22 from NHS England via Hospice UK. Excluding this, our income rose by 7% as we met the increased demand for our services across the county. Expenditure has been managed tightly and, through prudent management and support with funding, we are pleased to report a net surplus of £215k (2022: £1,287k). This surplus has resulted in an increase in reserves to £11.4m (2022: £11.2m), with total free reserves that are freely available to spend on any of the charity's purposes increasing to £4.5m at 31 March 2023 (31 March 2022: £4.1m). This has enabled the charity to move closer to the reserves policy approved by Trustees. This level of reserves also strengthens our financial position to continue to provide the existing level of services when we are facing costs increasing by more than the funds received from our service commissioners and fundraising teams.

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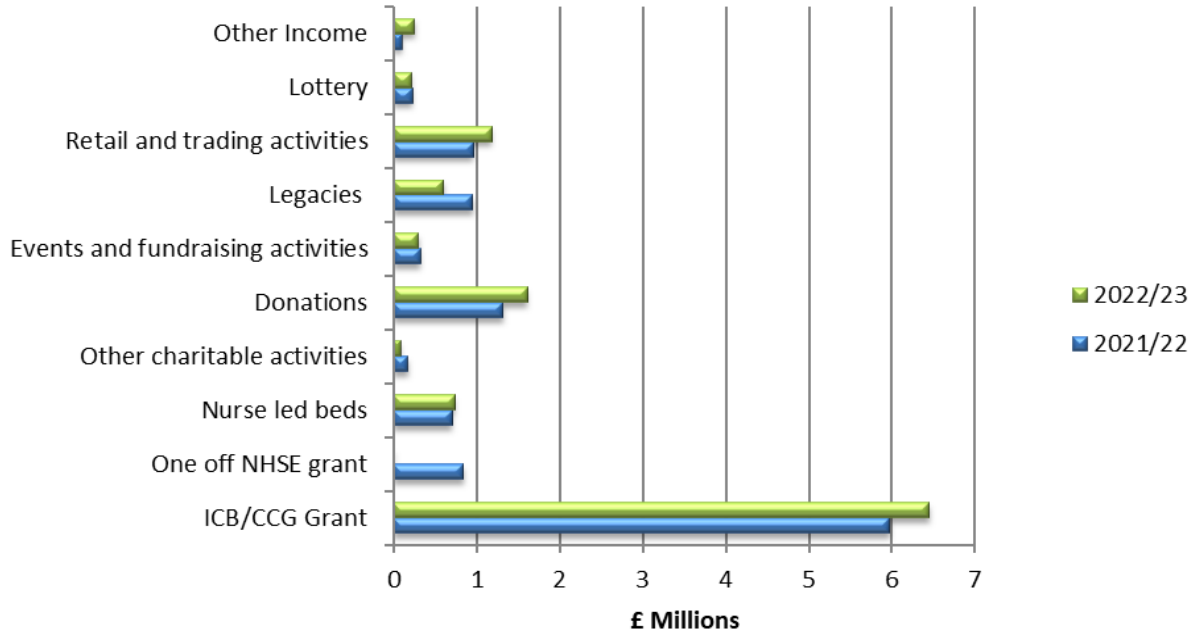
A significant contributor to our ability to report this surplus has been the level of staff vacancies that we faced in both our clinical and support teams. There is a national shortage of clinical staff at all levels and we continue to match NHS pay rates to retain our competitiveness in this labour market. We are also experiencing even higher turnover and vacancy levels in our supportive roles, exacerbated by high competition across Cambridgeshire. From April 2023 we have improved our pay structure for support staff to recognize the cost of living issues faced by staff in a relatively expensive area of the country in which to live.

Income

The chart below shows our income compared to the previous year:



- The charity's total income was £11.45m (2022: £11.58m).
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations, events and other fundraising, was £1.91m (2022:£1.64m).
- The charity is extremely grateful for all gifts in wills and income for the year was £0.60m (2022: £0.95m).
- The income from the charity's shops and other retail activities was £1.19m (2022: £0.96m), a 24% increase with the same retail estate.
- Our NHS income via the Cambridgeshire & Peterborough ICB and Cambridge University Hospitals Foundation Trust increased to £7.19m (2022: £6.68m) in the current year. This represents 63% of our total income.
- The Charity was extremely grateful to receive £0.33m (2022: £0.25m) via a combination of unrestricted and restricted grants and donations from charitable trusts. Donors included Albert Hunt Trust, Albert Van Den Bergh Charitable Trust, Batterson, Chivers Foundation, The Blunt Trust, Cambridgeshire Freemasons, The Chamifealion Charitable Trust, D M G Roper Charitable Trust, The February Foundation, Frank Litchfield Trust, Girton Town Charity, Grace Trust, The James Knott Charitable Trust, Jost Foundation, The National Lottery Community

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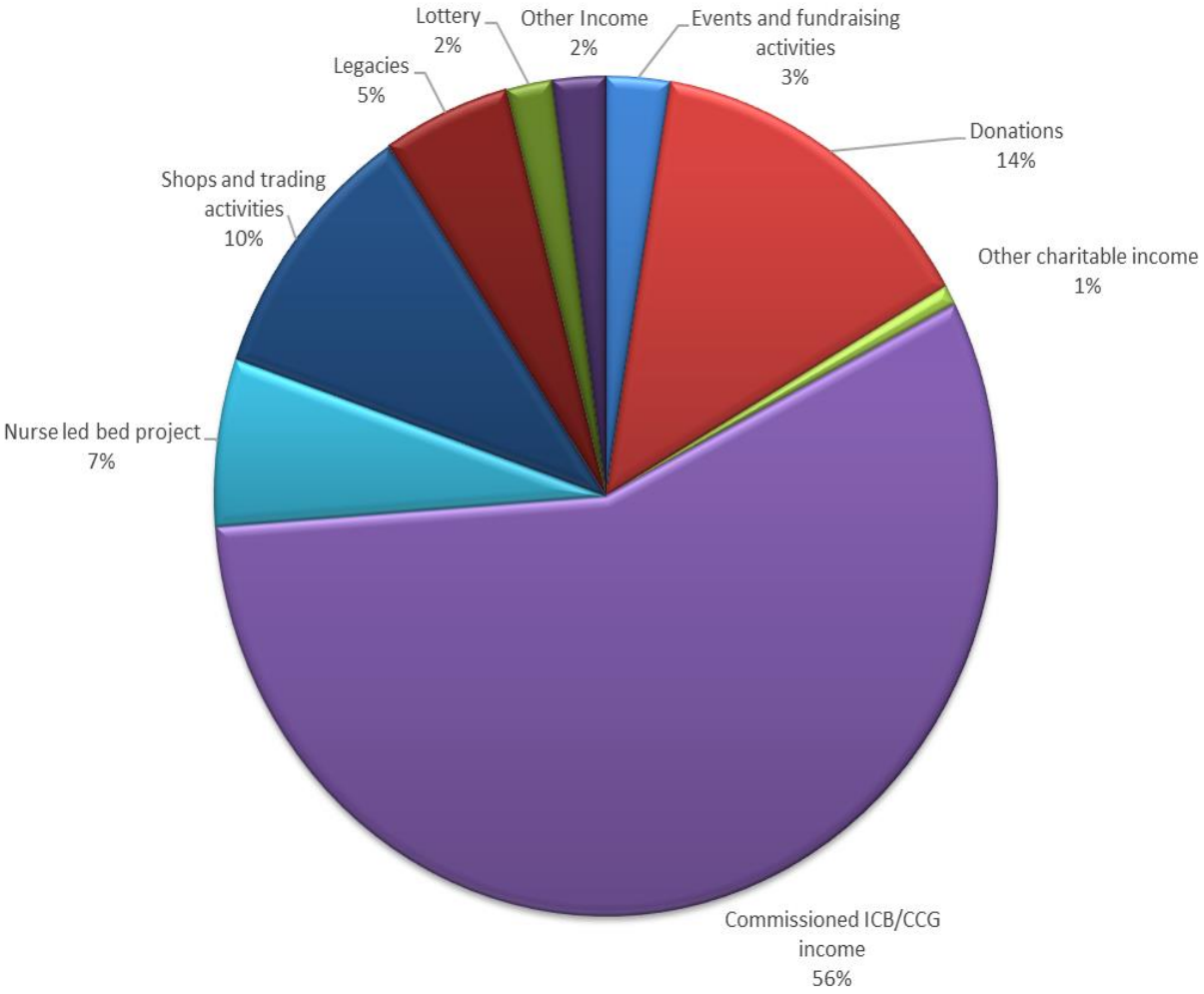
Fund, Masonic Charitable Foundation, Nicholas Swallow and Other Charities, The Penchant Foundation, Philip King Charitable Trust and Thomas Galon Charity of Swavesey.

The chart below shows the proportion of income that we received in the year from different sources.



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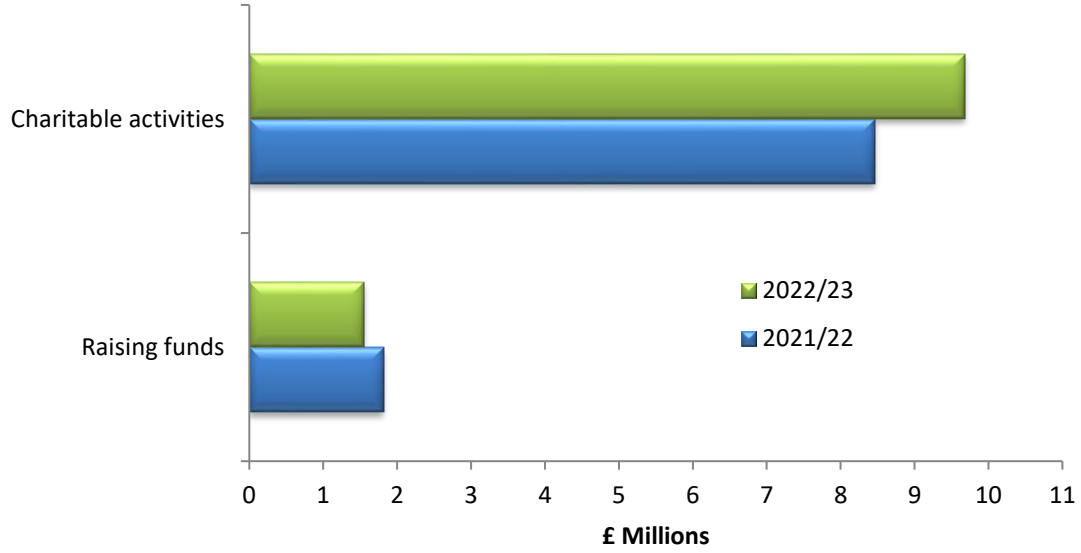
Expenditure

The chart below shows our expenditure compared to the previous year:



Overall expenditure increased this year to £11.24m from £10.29m last year.

- 86% of all the expenditure this year has been spent on charitable activities.
- £8.47m was spent on staff costs (2022: £7.67m) and this represents 75% of the charity's total expenditure (79% excluding depreciation).
- The expenditure on direct charitable care has increased by 11% to £7.72m (2022: £6.96m). This is mostly driven by staff pay awards as we match those given under the NHS's Agenda For Change pay structure.
- £2.23m (2022: £2.22m) was spent supporting direct delivery of charitable care. This included (but is not restricted to) medical, clinical administrative support, facilities and catering, the management team, communications, finance and IT.
- £761k was spent on fundraising activities (2022: £573k). This excludes the fundraising costs of retail activities totalling £1,060k (2022: £788k).

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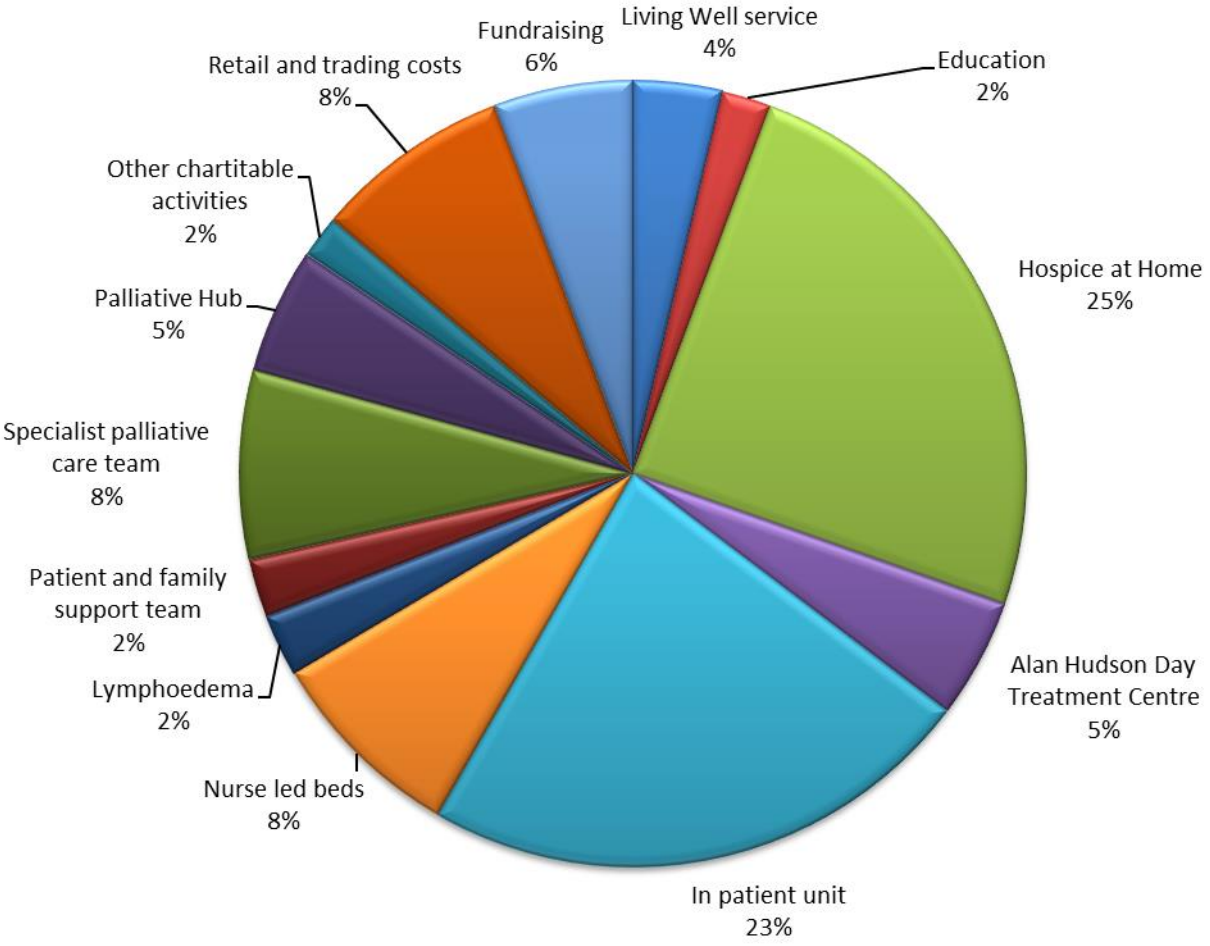
The chart below shows the proportion of expenditure within each area.



Trading Company – Arthur Rank Hospice Limited

The charity has a separate subsidiary trading company through which our trading activities are managed which include the sales of new goods, venue hire and sales in our Bistro.

The consolidated accounts include income and expenditure generated by the trading company.

Our Education and Conference Centre provides a convenient meeting and conference venue which is a vailable to hire by businesses, charities, health and social care organisations and community groups.

Our Bistro prides itself on delivering a freshly prepared and home cooked menu and providing a friendly welcome in its bright and airy space, where patients, visitors and colleagues can enjoy meeting friends over lunch, or a coffee and cake.

Activity in these areas has bounced back following the easing of the restrictions imposed by lockdown during the pandemic.

Gross income from the Trading Company was £271k (2022: £199k). Expenditure was £169k (2022: £143k), which had increased from the previous year as a result of increased activity following the relaxation of restrictions imposed during the height of the pandemic. The net amount covenanted to the charity was £102k (2022: £57k).

The net profit that can be attributed to retail activities is £102k (2021: £56k).

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Reserves policy and going concern

As a result of the increased activity and expenditure with the Transformation Project including expansion of Hospice at Home and our Community Team and the introduction of the new Palliative Care Hub, Trustees have undertaken a review of the reserves policy

The Trustees are also mindful of the Charity Commission publications: Charity reserves – building resilience (CC19), and Managing a charity's finances: planning, managing difficulties and insolvency (CC12).

The Trustees have revised their reserves policy and believe the charity should target liquid free reserve levels set at a range of £2.5m to £5.0m over the next five years and the charity is on target to achieve this. A review of the level of free reserves for each future financial year will be incorporated within the budget setting and Trustee approval process.

Total free reserves of the charity at 31 March 2023 were £4.5m (31 March 2022: £4.1m). Free reserves comprise those funds that are freely available to spend on any of the charity's purposes. These exclude restricted funds and tangible fixed assets held for the charity's use. The surplus has contributed to an increase in reserves.

Included within the reserves policy is a designated Legacy Reserve. Due to the unpredictable and fluctuating nature of legacy income, Trustees have designated a legacy reserve to which legacies received over and above the budget level may be allocated, to be drawn down in future years where legacy income falls below the budgeted level. This will help manage the peaks and troughs of legacy receipts to provide a more sustained level of income to give more reliability for the budget. Such a reserve can also be assessed and managed at the Trustees' discretion should a service need present itself. At the 31 March 2023 the value of the designated Legacy Reserve was £211k.

Following the Charity Commission's advice that charity trustees consider the possibility of an unplanned closure, the Trustees view the possibility of unplanned closure as very unlikely. There is always going to be significant demand for high quality end of life care in Cambridgeshire. Even if the charity was no longer providing end of life care, it is very likely that the NHS staff who transferred to the charity under TUPE (Transfer of Undertakings Protection of Employment regulations) in August 2015 would transfer out under TUPE to a new provider. And, in a worst-case situation, the charity's balance sheet (net of the secured loan to Cambridgeshire County Council) would provide additional resources beyond reserves to fund a solvent liquidation.

Management and Trustees have prepared detailed month-by-month budgets for the year ending 31 March 2024. There are less detailed projections for the following years. No material uncertainties related to events or conditions that might cast doubt about the ability of the charity to continue as a going concern over the next two years have been identified by the Trustees. Accordingly, the Trustees are of the view that the charity is a going concern.

Investment policy

In accordance with the charity's constitution, the Trustees have the power to invest in such stocks, shares, investments and property as they see fit. The Trustees are mindful of the recommendation of the Charity Commission with regard to the management of investments. The charity has a formal investment policy and strategy which has been approved by the Trustees. This was revised during the year and is under constant review given the increase in interest rates and hence returns available to the charity.

When we are able to invest funds, no investment will knowingly be made directly in tobacco and related products or in any other products which run counter to the ethical standards of the charity.

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Risk management

A comprehensive risk register is maintained by the Senior Leadership Team and reviewed by the Trustees on a quarterly basis.

During 2021, a significant review of our risk management framework took place further embedding risk management within the strategic planning and management for the organisation and incorporating the guidance within Charities and risk management (CC26).

Following the review, the risks have been split into strategic and operational risks. Strategic risks are allocated to the relevant sub-committees of Finance and General Purposes, Income Generation and Clinical Governance and reported on quarterly at each full Trustee Board meeting.

At the meetings of Sub-committees, each committee undertakes a deep dive into one risk. The result of each deep dive is reported back at the next meeting of the full Trustee Board.

Operational risks are managed by the Senior Leadership Team and those identified as high risk are reported at each meeting of the full Trustee Board.

For each specific risk, the register describes the risk and assesses the level of risk, the likelihood of it happening and the potential impact. The register also includes proposed mitigation for each risk and Trustee appetite for each risk. The risks are scored both pre and post mitigation on the likelihood and impact of the risk.

Our most significant risks and mitigating actions are set out in the following table:

Principal risks	Management of risk
Financial Stability - Commissioned Income/Clinical Services as well as non-NHS income	• Budgets linked to planning and objectives • Trustee monitoring of timely financial reporting • Proper costing procedures for service delivery • Regular review of reserves • Continued dialogue and negotiation with commissioners • Scenario planning to identify how service costs would be reduced should income be insufficient • Diversity of income streams and Income Generation strategy
Digital capability and vulnerability	• Data security and awareness training for all staff • Regular Phishing training • IT outsourced to an ISO 27001 accredited company • Regular reviews of systems and security with and by IT support provider • Services backed up daily • Information asset register maintained

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	• Support package with website provider • Following Penetration testing, password security has been improved and MFA will be introduced
Inability to recruit and retain staff with suitable skills, aptitudes and ability to meet the Charity's needs	• Succession planning • Training in place • Agreed notice periods and handovers • Documented procedures • Training needs analysis carried out • Robust Recruitment & Retention monitoring and action plan in place • Working with Local People Board on system approaches to R&R • People Plan

Beyond the specific mitigation strategies for each risk, the Trustees take the strategic view that the overarching risk mitigation strategy is to ensure that the charity is well led by its Senior Leadership Team, supervised and supported by the Board of Trustees.

Structure, governance and management

Constitution

The charity is a charitable company limited by guarantee. The company was originally incorporated under Articles of Association on 25 November 2009. New Articles of Association were adopted on 6 June 2016 and amended on 31 March 2022. The company is a registered charity, number 1133354 The members of the company are the Trustees named below. In the event of the company being wound up, the liability of Trustees and members in respect of the guarantee is limited to £10 each.

The charity previously operated as an unincorporated charity which was founded in 1981 and established by Trust Deed in 1982. With effect from 1 February 2010, the assets of the unincorporated charity, renamed Arthur Rank House Hospice Charity, registered charity number 1133354-1 (formerly number 283353), were transferred to the charitable company. Under a Uniting Order dated 29 April 2010, Arthur Rank House Hospice Charity is now treated as part of Arthur Rank Hospice Charity.

The Trustees who served during the year are shown on page 33.

Biographical details of all Trustees are included on our website at arhc.org.uk. We extend our gratitude to all of our trustees.

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Appointment of Trustees

The charity has appropriate policies and procedures in place for the recruitment, appointment and training of new Trustees. In accordance with Charity Commission recommendations, the charity is aware of the importance of a diverse range of skills, background and experience among Trustees to ensure good governance. The usual approach to recruitment is to advertise but where specific skills or knowledge are required to strengthen the board's expertise, the charity will seek out people with those skills and ask them to apply. These candidates are then interviewed and considered in the normal way.

Trustees are usually appointed for an initial period of three years which may, subject to satisfactory performance, be renewed for up to two further terms of three years each. A Trustee would not normally serve for more than nine years but can be invited to serve for an additional three-year term at the request of the Trustees.

The induction and training of new Trustees

New Trustees are provided with an induction pack which includes the charity's constitution, accounts and annual reports together with Charity Commission publications relating to the role of a trustee and material from the Hospice UK induction pack. They are encouraged to attend the Palliative Care Overview course run at Arthur Rank Hospice, which covers:

the background and history of the hospice movement and palliative care;
the working arrangements between the charity and the NHS;
clinical aspects of the care at the Hospice; and
strategy, expenditure, income generation and other detailed information about the charity Trustees are also invited to observe service delivery where appropriate and feasible.

Remuneration policy

The key management personnel of the charity and the group comprise the Trustees and the senior leadership team, being the CEO, Director of Clinical Services, Finance Director, the Medical Director, the Communications & Income Generation Director and the People & Operations Director.

The Medical Director transferred in from the NHS in August 2015 and continues to be paid in accordance with the NHS salary framework. Her role is assigned to individual NHS salary bands subject to satisfactory performance, The Medical Director receives annual increments on the anniversary of her appointment until she reaches the top of her band. Salaries of other key management personnel are reviewed annually by Trustees, taking into account salaries paid for comparable roles in similar organisations. There are third-party salary surveys of remuneration in the hospice sector and charities more generally which provide helpful input to this process. Where senior employees take on significant new responsibilities during the year, salaries are adjusted accordingly.
Trustees serve pro bono and voluntarily.

A Remuneration and Nomination Committee is in place to provide focus, oversight and expertise on these matters, given the charity's increased workforce post-independence.

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Organisational structure and decision making

The Trustees set the strategic agenda and general policy of the charity. The day-to-day affairs of the charity are managed by the CEO who reports to the chair of Trustees. The CEO presents comprehensive reports to the Trustees at board meetings, which are held at least quarterly. In addition, the CEO provides fortnightly briefing updates to the Trustees.

Within the organisation, there are also a number of sub-committees, which are set up to review each aspect of governance in more detail. Each sub-committee is made up of Trustees and supported by members of the Senior Leadership Team. Each committee reports back to the Board of Trustees.

The structure and membership of these formal committees is detailed below:

Clinical Governance:

Dr Alex Manning (Chair up until 18 May 2023)
Dr Catherine Bennett (Chair after 18 May 2023)
Julia Curtis
Dr Arnold Fertig
Mark Kingstone

Finance and General Purposes Committee:

Neil Tween (Chair)
Mark Kingstone
Sonali Kumarakulasinghe
Colin Sherwood

Remuneration and Nominations:

Julia Curtis(Chair)
Antoinette Jackson
Sonali Kumarakulasinghe
Mehrunisha Suleman

Income Generation Committee:

Carolan Davidge (Chair)
Arnold Fertig
Antoinette Jackson
Meghan Mathieson
Peter Northmore (Director of Trading Company)
Colin Sherwood
Mehrunisha Suleman

Trading Company Board:

Carolan Davidge (Chair)
Sharon Allen OBE (CEO)
Antoinette Jackson (Trustee)
Peter Northmore (Director of Trading Company)
John Bishop (Director of Finance) (appointed 3 October 2022)
Jenny Tunbridge (resigned 25 July 2022)

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There is also a formal scheme of delegation in place which sets out roles, responsibilities and decision-making thresholds.

Trustees' responsibilities statement

The Trustees (who are also directors of Arthur Rank Hospice Charity 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 period. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group 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 judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on a going-concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company and the group's transactions and disclose with reasonable accuracy at any time the financial position of the charitable group 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 the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable group's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Provision of information to auditors

So far as each of the Trustees is aware at the time the report is approved:

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

This report, including the strategic report, was approved and authorised for issue by the Trustees and is signed on their behalf by:

Antoinette Jackson

……
A. Jackson - Chair of Trustees

Date: 19 October 2023

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Reference and Administrative Details of the Charity, its Trustees and Advisers

Trustees

Antoinette Jackson
Dr Catherine Bennett
Julia Curtis
Carolan Davidge
Dr Arnold Fertig
Stephen Kay (resigned 15 September 2022)
Kate Kirk (resigned 15 September 2022)
Mark Kingstone
Sonali Kumarakulasinghe
Dr Alex Manning (resigned 31 May 2023)
Meghan Mathieson
Nicola Scrivings (appointed 15 June 2023)
Colin Sherwood
John Short (resigned 8 December 2022)
Rosy Stamp (resigned 15 September 2022)
Dr Mehrunisha Suleman
Mark Turner (resigned 20 January 2023)
Neil Tween

President

Lady Chadwyck-Healey

Patrons

Baroness Cohen of Pimlico
The Rt Revd Stephen Conway, Bishop of Ely
Sir Derek Jacobi CBE
Lady Marshall
HM Lord-Lieutenant of Cambridgeshire Mrs Julie Spence OBE QPM
Mrs Belinda Sutton DL
Dr Nigel Williams MB. Ch.B., MRCGP., DCH.

Ambassadors

Robert Barnes
Les Bunker
Judith Chisholm
Jenny Cole
Stuart Evans
Vince Garner
Susie Gilbert
Rosemary Hall
Stephen Hall
Ian Kydd
Mike McCall
Jen Mullucks
Diana Petchell
Sheila Pierre
John Short

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Senior Leadership Team

Sharon Allen OBE, Chief Executive Officer
Gemma Manning, People & Operations Director
Dr Lorraine Petersen, Medical Director
Sara Robins, Director of Clinical Services
Donna Talbot, Communications and Income Generation Director (resigned 1 September 2023)
Jodie Vaughan, Communications and Income Generation Director (appointed 1 September 2023)
Jennifer Tunbridge, Finance & IT Director (resigned 25 July 2022)
John Bishop, Finance & IT Director (appointed 3 October 2022)

Company registered number

07086155

Charity registered number

1133354

Registered office

Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB

Company Secretary

Jennifer Tunbridge (resigned 25 July 2022)
Hannah Grainger (appointed 25 July 2022 and resigned 8 December 2022)
John Bishop (appointed 8 December 2022)

Independent auditors

Peters Elworthy & Moore, Salisbury House, Station Road, Cambridge, CB1 2LA

Website address

arhc.org.uk

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ARTHUR RANK HOSPICE CHARITY

(A company limited by guarantee)

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY

OPINION

We have audited the financial statements of Arthur Rank Hospice Charity (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Company balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2023 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

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OTHER INFORMATION

The other information comprises the information included in the Annual report other than the financial statements and our Auditors' report thereon. The Trustees are responsible for the other information contained within the Annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report including the Strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report and the Strategic report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report including the Strategic report.

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

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company 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.

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RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Trustees' responsibilities statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the charitable company through discussions with trustees and other management, and from our charitable knowledge and experience;
- we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Companies Act 2006, Charities Act 2011, and those with an indirect impact;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence;
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit; and
- we reviewed the minutes of Trustees' meetings to identify any references to non-compliances with laws and regulations.

We assessed the susceptibility of the charitable company’s financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and

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- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- we evaluated the assumptions and judgements used by management within significant accounting estimates and assessed whether these indicated evidence of management bias; and
- performed audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of meetings of those charged with governance;
- enquiring of management as to actual and potential litigation and claims; and
- reviewing correspondence with relevant regulators such as the Charity Commission.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditors' report.

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INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY (CONTINUED)

USE OF OUR REPORT

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

Michael Hewett

Michael Hewett (Senior statutory auditor)
for and on behalf of
Peters Elworthy & Moore
Chartered Accountants
Statutory Auditors
Salisbury House
Station Road
Cambridge
CB1 2LA

Date: 19 October 2023

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ARTHUR RANK HOSPICE CHARITY

(A company limited by guarantee)

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2023

	Note	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	As restated Total funds 2022 £
INCOME FROM:					
Donations and legacies	3	**1,846,447**	**365,877**	**2,212,324**	2,264,264
Charitable activities	4	**7,319,638**	**108,367**	**7,428,005**	7,714,181
Other trading activities	5	**1,780,890**	**11,444**	**1,792,334**	1,595,027
Investments	6	**17,846**	**-**	**17,846**	3,761
TOTAL INCOME		**10,964,821**	**485,688**	**11,450,509**	11,577,233
EXPENDITURE ON:					
Raising funds	9	**1,534,920**	**18,990**	**1,553,910**	1,361,092
Charitable activities	10	**9,359,416**	**322,030**	**9,681,446**	8,929,301
TOTAL EXPENDITURE		**10,894,336**	**341,020**	**11,235,356**	10,290,393
NET INCOME		**70,485**	**144,668**	**215,153**	1,286,840
Transfers between funds	22	**(489)**	**489**	**-**	-
NET MOVEMENT IN FUNDS		**69,996**	**145,157**	**215,153**	1,286,840
RECONCILIATION OF FUNDS:					
Total funds brought forward		**10,592,498**	**613,657**	**11,206,155**	9,919,315
Net movement in funds		**69,996**	**145,157**	**215,153**	1,286,840
TOTAL FUNDS CARRIED FORWARD		**10,662,494**	**758,814**	**11,421,308**	11,206,155

The Consolidated statement of financial activities includes all gains and losses recognised in the year.

The notes on pages 46 to 74 form part of these financial statements.

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ARTHUR RANK HOSPICE CHARITY

(A company limited by guarantee)
REGISTERED NUMBER: 07086155

CONSOLIDATED BALANCE SHEET
AS AT 31 MARCH 2023

	Note		2023 £		As restated 2022 £
FIXED ASSETS					
Tangible assets	15		**9,204,372**		9,612,812
			9,204,372		9,612,812
CURRENT ASSETS					
Stocks	17	**15,875**		14,647	
Debtors	18	**1,077,341**		2,117,545	
Investments	19	**424,983**		680,625	
Cash at bank and in hand		**5,061,989**		2,910,158	
		6,580,188		5,722,975	
Creditors: amounts falling due within one year	20	**(1,380,335)**		(954,632)	
NET CURRENT ASSETS			**5,199,853**		4,768,343
TOTAL ASSETS LESS CURRENT LIABILITIES			**14,404,225**		14,381,155
Creditors: amounts falling due after more than one year	21		**(2,982,917)**		(3,175,000)
TOTAL NET ASSETS			**11,421,308**		11,206,155
CHARITY FUNDS					
Restricted funds	22		**758,814**		613,657
Unrestricted funds	22		**10,662,494**		10,592,498
TOTAL FUNDS			**11,421,308**		11,206,155

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CONSOLIDATED BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2023

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

Antoinette Jackson

Antoinette Jackson
Chair of Trustees

Date: 19 October 2023

The notes on pages 46 to 74 form part of these financial statements.

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ARTHUR RANK HOSPICE CHARITY

(A company limited by guarantee)
REGISTERED NUMBER: 07086155

COMPANY BALANCE SHEET
AS AT 31 MARCH 2023

	Note		2023 £		As restated 2022 £
FIXED ASSETS					
Tangible assets	15		**9,861,677**		10,270,117
Investments	16		**10,000**		10,000
			9,871,677		10,280,117
CURRENT ASSETS					
Debtors	18	**1,285,488**		2,272,331	
Investments	19	**424,983**		680,625	
Cash at bank and in hand		**4,793,004**		2,808,237	
		6,503,475		5,761,193	
Creditors: amounts falling due within one year	20	**(1,347,750)**		(1,036,978)	
NET CURRENT ASSETS			**5,155,725**		4,724,215
TOTAL ASSETS LESS CURRENT LIABILITIES			**15,027,402**		15,004,332
Creditors: amounts falling due after more than one year	21		**(2,982,917)**		(3,175,000)
TOTAL NET ASSETS			**12,044,485**		11,829,332
CHARITY FUNDS					
Restricted funds	22		**758,814**		613,657
Unrestricted funds	22		**11,285,671**		11,215,675
TOTAL FUNDS			**12,044,485**		11,829,332

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COMPANY BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2023

The Company's net movement in funds for the year was £215,153 (2022 - £1,286,840).

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

Antoinette Jackson

Antoinette Jackson
Chair of Trustees

Date: 19 October 2023

The notes on pages 46 to 74 form part of these financial statements.

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ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2023

	Note	2023 £	2022 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	25	**2,117,661**	943,763
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of tangible fixed assets		**(52,849)**	(25,914)
Movements in short term cash deposits		**255,642**	(680,625)
NET CASH USED IN INVESTING ACTIVITIES		**202,793**	(706,539)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		**(168,623)**	(158,666)
NET CASH USED IN FINANCING ACTIVITIES		**(168,623)**	(158,666)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR		**2,151,831**	78,558
Cash and cash equivalents at the beginning of the year		**2,910,158**	2,831,600
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	26	**5,061,989**	2,910,158

The notes on pages 46 to 74 form part of these financial statements

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1. ACCOUNTING POLICIES

1.1 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) (Second Edition - October 2019) the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Arthur Rank Hospice Charity 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 Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the company and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

The company 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.

1.2 GOING CONCERN

The trustees have reviewed the financial position of the group and have a reasonable expectation that the group has adequate resources to continue in operational existence for the foreseeable future. Accordingly, the financial statements continue to be prepared on the going concern basis.

1.3 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.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

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

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1. ACCOUNTING POLICIES (CONTINUED)

1.4 INCOME

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

For legacies, entitlement is taken as the earlier of the date on which either: the company is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the company has been notified of the executor's intention to make a distribution. Where legacies have been notified to the company, or the company is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated services or facilities are recognised when the company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of volunteers is not recognised. Refer to the Trustees' report for more information about their contribution.

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

Donations are recognised as income on receipt unless there is earlier evidence of entitlement and the amount can be measured reliably.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Donated goods for resale are recognised once sold.

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 Bank.

Income from NHS contracts, government and other grants, whether capital grants or revenue grants, are recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Lottery income is recognised in the period to which it relates and events income is recognised when the event has occurred.

Education income received for bespoke and programmed courses is recognised in the period that the teaching course takes place. Any amounts received at the financial year-end for future courses is carried forward as deferred income in these accounts.

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1. ACCOUNTING POLICIES (CONTINUED)

1.5 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.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings. Support costs have been allocated between cost of raising funds and expenditure on charitable activities based on direct costs.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice.

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

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 raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

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.

1.6 TAXATION

The company 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 company 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.

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1. ACCOUNTING POLICIES (CONTINUED)

1.7 TANGIBLE FIXED ASSETS AND DEPRECIATION

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

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 company 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, using the straight-line method.

Depreciation is provided on the following bases:

Freehold property	- 2-20% straight line
Leasehold land	- 1% straight line
Fixtures, fittings, equipment & artwork	- 10-33% straight line

1.8 INVESTMENTS

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as ‘Gains/(Losses) on investments’ in the Consolidated statement of financial activities.

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

1.9 STOCKS

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow-moving stocks. Cost includes all direct costs and an appropriate proportion of fixed and variable overheads.

1.10 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.

1.11 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.

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1. ACCOUNTING POLICIES (CONTINUED)

1.12 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 company 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.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Consolidated statement of financial activities as a finance cost.

1.13 FINANCIAL INSTRUMENTS

The group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.14 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.

1.15 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.

The charity also contributes to the NHS defined benefit scheme for members of staff who transfered to it with NHS pension scheme membership. It is not possible to identify the charity's share of assets in this scheme and therefore contributions are accounted for as if they were made to a defined contribution scheme.

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2. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

Estimates and judgements 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 company 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 discussed below.

Accrued legacy income - there is inherent uncertainty in the probate valuation of estates due to the nature of underlying assets and liabilities, the time that may lapse between probate and closure, and other contingencies that attend the estate. Cases are reviewed on a case-by-case basis at least annually, and updated when any new information is received.

Depreciation of hospice - the various components of the hospice have been identified from the Component Replacement Report provided by Faithful Gould. This report was produced at the commencement of the project and as such final costs exceed those that the component depreciation was calculated on. The additional costs have been pro-rated across the various depreciation rates in accordance with the percentage values. The trustees have reviewed the depreciation rates and charge in the year and are satisfied on the basis the estimate is calculated.

Critical areas of judgement:

The Trustees do not consider that there are any critical areas of judgement applied in the preparation of these financial statements.

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3. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	Total funds 2022 £
Donations	1,107,398	174,964	**1,282,362**	1,068,115
Legacies	597,188	5,000	**602,188**	949,467
Grants	141,861	185,913	**327,774**	246,682
	1,846,447	365,877	**2,212,324**	2,264,264
TOTAL 2022	2,043,321	220,943	2,264,264	

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	As restated Total funds 2022 £
ICB contract	6,512,589	-	**6,512,589**	5,970,146
Nurse led beds contract	739,639	-	**739,639**	707,610
Other statutory	904	108,367	**109,271**	79,132
Education	13,769	-	**13,769**	18,554
Other	52,737	-	**52,737**	938,739
	7,319,638	108,367	**7,428,005**	7,714,181
TOTAL 2022 AS RESTATED	7,714,181	-	7,714,181	

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5. INCOME FROM OTHER TRADING ACTIVITIES

Income from fundraising events

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	Total funds 2022 £
Shop and trading	1,184,623	10	**1,184,633**	956,984
Events and fundraising	294,223	8,392	**302,615**	326,671
Lottery income	213,575	3,042	**216,617**	228,226
Other	88,469	-	**88,469**	83,146
	1,780,890	11,444	**1,792,334**	1,595,027
TOTAL 2022	1,583,218	11,809	1,595,027	

Included in other unrestricted is £27,982 (2022: £11,270) of gifts in kind.

6. INVESTMENT INCOME

	Unrestricted funds 2023 £	Total funds 2023 £	Total funds 2022 £
Interest	17,846	**17,846**	3,761
TOTAL 2022	3,761	3,761	

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7. ANALYSIS OF EXPENDITURE BY ACTIVITY

	Direct costs (notes 9 & 10) 2023 £	Support costs (note 11) 2023 £	Total funds 2023 £	As restated Total funds 2022 £
Fundraising, Retail and Trading (note 9)	1,284,026	269,884	**1,553,910**	1,361,092
Hospice care services (note 10)	7,719,992	1,961,454	**9,681,446**	8,929,301
	9,004,018	2,231,338	**11,235,356**	10,290,393
TOTAL 2022 AS RESTATED	8,069,756	2,220,637	10,290,393	

8. ANALYSIS OF EXPENDITURE BY TYPE

	Charitable direct costs (note 9) 2023 £	Fundraising direct costs (note 10) 2023 £	Support costs (note 11) 2023 £	Total funds 2023 £	Total funds 2022 £
Staff costs	6,454,134	820,729	1,211,942	**8,486,805**	7,668,551
Leases and rent	56,358	118,997	-	**175,355**	171,288
Loan financing costs	-	-	99,593	**99,593**	114,896
Depreciation	48,537	13,535	399,217	**461,289**	500,556
Other	1,160,963	330,765	520,586	**2,012,314**	1,835,102
	7,719,992	1,284,026	2,231,338	**11,235,356**	10,290,393
TOTAL 2022	6,961,140	1,108,616	2,220,637	10,290,393	

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9. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2023 £	Support costs 2023 £	Total funds 2023 £	As restated Total funds 2022 £
Challenges	14,321	3,010	**17,331**	20,722
Community fundraising costs	37,537	7,890	**45,427**	60,273
Events	126,202	26,526	**152,728**	155,370
Fundraising costs	237,240	49,865	**287,105**	236,902
Corporate	35,127	7,383	**42,510**	23,333
Legacies	45,880	9,643	**55,523**	26,760
In Memory	18,724	3,935	**22,659**	43,285
Trusts	17,891	3,760	**21,651**	6,174
Retail	751,104	157,872	**908,976**	788,273
	1,284,026	269,884	**1,553,910**	1,361,092
TOTAL 2022 AS RESTATED	1,108,616	252,476	1,361,092	

In the year ended 31 March 2022, £17,836 of expenditure on fundraising, retail and trading was attributable to restricted funds, and £1,343,256 to unrestricted funds.

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10. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Direct costs 2023 £	Support costs 2023 £	Total funds 2023 £	As restated Total funds 2022 £
Living Well service	328,884	83,561	**412,445**	412,022
Education	180,742	45,922	**226,664**	137,473
Hospice at home	2,212,554	561,602	**2,774,156**	2,511,436
Alan Hudson Day Treatment Centre	441,412	112,151	**553,563**	545,803
In patient unit	2,058,288	523,514	**2,581,802**	2,399,026
Nurse led beds	739,639	187,923	**927,562**	906,990
Lymphoedema	230,481	58,559	**289,040**	277,271
Patient and family support team	212,099	53,889	**265,988**	275,875
Specialist palliative care team	696,621	176,993	**873,614**	856,203
Palliative Hub	462,993	117,634	**580,627**	442,365
Transitioning Young Adults Project	68,024	17,283	**85,307**	68,945
Voluntary services	88,255	22,423	**110,678**	95,892
	7,719,992	1,961,454	**9,681,446**	8,929,301
TOTAL 2022 AS RESTATED	6,961,140	1,968,161	8,929,301	

In the year ended 31 March 2022, £233,778 of expenditure on charitable activities was attributable to restricted funds, and £8,695,523 to unrestricted funds.

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11. SUPPORT COSTS

	Staff costs 2023 £	Others 2023 £	Loan financing 2023 £	Total funds 2023 £	Total funds 2022 £
Facilities: Estates and catering	319,810	349,563	-	**669,373**	606,837
Central costs	373,965	21,295	99,593	**494,853**	635,896
Finance	170,300	26,549	-	**196,849**	170,118
Human resources	168,769	95,593	-	**264,362**	226,393
IT	-	251,760	-	**251,760**	257,538
Insurance	-	84,439	-	**84,439**	57,602
Public relations	86,708	73,500	-	**160,208**	147,070
Governance	92,390	17,104	-	**109,494**	119,183
	1,211,942	919,803	99,593	**2,231,338**	2,220,637
TOTAL 2022	1,154,810	950,931	114,896	2,220,637	

12. NET INCOME

This is stated after charging:

	2023 £	2022 £
Auditors' remuneration - audit	**22,437**	20,827
Auditors' remuneration - other services	**12,895**	16,272
Depreciation of tangible fixed assets: owned by the charitable group	**461,289**	500,556

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13. STAFF COSTS

	Group 2023 £	Group 2022 £	**Company 2023 £**	Company 2022 £
Wages and salaries	**7,147,113**	6,452,838	**7,128,881**	6,436,776
Social security costs	**692,657**	577,080	**692,657**	577,080
Contribution to defined contribution pension schemes	**647,035**	638,633	**644,069**	636,068
	8,486,805	7,668,551	**8,465,607**	7,649,924

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

	Group and Company 2023 No.	Group and Company 2022 No.
Clinical services	**178**	176
Fundraising and communications	**18**	22
Support and governance	**37**	37
Bank staff	**28**	35
Retail	**15**	14
	276	284

The average headcount expressed as full-time equivalents was:

	Group and Company 2023 No.	Group and Company 2022 No.
Clinical services	**138**	138
Fundraising and communications	**14**	16
Support and governance	**31**	32
Bank staff	**16**	23
Retail	**13**	12
	212	221

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13. STAFF COSTS (CONTINUED)

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

	Group and Company 2023 No.	Group and Company 2022 No.
In the band £60,001 - £70,000	**4**	3
In the band £70,001 - £80,000	**2**	2
In the band £80,001 - £90,000	**1**	1

Costs relating to one (2022: one) employee are recharged to the subsidiary.

The key management personnel of the Charity and the Group comprise the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, People & Operations Director and the Communications & Income Generation Director. The total employment costs including salaries, employer pension contributions and employers national insurance of key management personnel were £476,479 (2022: £490,385).

14. TRUSTEES' REMUNERATION AND EXPENSES

During the year, no Trustees received any remuneration or other benefits (2022 - £NIL).

During the year ended 31 March 2023, no Trustee expenses have been incurred (2022 - £NIL).

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15. TANGIBLE FIXED ASSETS

GROUP

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2022	**11,193,156**	**120,000**	**1,072,442**	**12,385,598**
Additions	**-**	**-**	**52,849**	**52,849**
Disposals	**-**	**-**	**(46,854)**	**(46,854)**
At 31 March 2023	**11,193,156**	**120,000**	**1,078,437**	**12,391,593**

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
DEPRECIATION				
At 1 April 2022	**2,028,429**	**6,500**	**737,857**	**2,772,786**
Charge for the year	**361,678**	**1,200**	**98,411**	**461,289**
On disposals	**-**	**-**	**(46,854)**	**(46,854)**
At 31 March 2023	**2,390,107**	**7,700**	**789,414**	**3,187,221**
NET BOOK VALUE				
At 31 March 2023	**8,803,049**	**112,300**	**289,023**	**9,204,372**
At 31 March 2022	9,164,727	113,500	334,585	9,612,812

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15. TANGIBLE FIXED ASSETS (CONTINUED)

COMPANY

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2022	**11,850,461**	**120,000**	**1,072,442**	**13,042,903**
Additions	**-**	**-**	**52,849**	**52,849**
Disposals	**-**	**-**	**(46,854)**	**(46,854)**
At 31 March 2023	**11,850,461**	**120,000**	**1,078,437**	**13,048,898**
DEPRECIATION				
At 1 April 2022	**2,028,429**	**6,500**	**737,857**	**2,772,786**
Charge for the year	**361,678**	**1,200**	**98,411**	**461,289**
On disposals	**-**	**-**	**(46,854)**	**(46,854)**
At 31 March 2023	**2,390,107**	**7,700**	**789,414**	**3,187,221**
NET BOOK VALUE				
At 31 March 2023	**9,460,354**	**112,300**	**289,023**	**9,861,677**
At 31 March 2022	9,822,032	113,500	334,585	10,270,117

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16. FIXED ASSET INVESTMENTS

COMPANY	Investments in subsidiary companies £
COST	
At 1 April 2022	**10,000**
At 31 March 2023	**10,000**

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the Company:

Name	Company number	Registered office or principal place of business	Principal activity
Arthur Rank Hospice Limited	03059033	Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB	Operating the fundraising trading arm of Arthur Rank Hospice Charity

Holding	Included in consolidation
100%	Yes

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16. FIXED ASSET INVESTMENTS (CONTINUED)

The financial results of the subsidiary for the year were:

Name	Income £	Expenditure £	Profit/(Loss) / Surplus/ (Deficit) for the year £	Net assets £
Arthur Rank Hospice Limited	**270,764**	**(169,436)**	**101,878**	**44,128**

17. STOCKS

	Group 2023 £	Group 2022 £
Retail stock	**15,875**	14,647
	15,875	14,647

18. DEBTORS

	Group 2023 £	Group 2022 £	Company 2023 £	Company 2022 £
Trade debtors	**208,307**	599,592	**203,890**	586,921
Amounts owed by group undertakings	**-**	-	**214,577**	49,318
Other debtors	**204,492**	759,534	**204,096**	878,548
Prepayments and accrued income	**116,125**	96,945	**114,508**	96,070
Tax recoverable	**24,581**	20,638	**24,581**	20,638
Legacies receivable	**523,836**	640,836	**523,836**	640,836
	1,077,341	2,117,545	**1,285,488**	2,272,331

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19. CURRENT ASSET INVESTMENTS

	Group 2023 £	Group 2022 £	**Company 2023 £**	Company 2022 £
Investments	**424,983**	680,625	**424,983**	680,625
	424,983	680,625	**424,983**	680,625

20. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2023 £	Group 2022 £	**Company 2023 £**	Company 2022 £
Other loans	**190,346**	198,969	**190,346**	198,969
Trade creditors	**265,756**	211,054	**264,760**	208,736
Other taxation and social security	**127,185**	195,695	**122,750**	189,955
Other creditors	**676,194**	172,201	**672,329**	298,340
Accruals and deferred income	**120,854**	176,713	**97,565**	140,978
	1,380,335	954,632	**1,347,750**	1,036,978

Included within the subsidiary is deferred income relating to event deposits. The amount deferred at the year end is £17,239 (2022: £24,705). There is no deferred income in the Charity.

Amounts included within other loans is a loan with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years until June 2042 with six monthly payments made. Interest is charged at 3.34%.

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21. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2023 £	Group 2022 £	**Company 2023 £**	Company 2022 £
Other loans	**2,960,000**	3,120,000	**2,960,000**	3,120,000
Other creditors	**22,917**	55,000	**22,917**	55,000
	2,982,917	3,175,000	**2,982,917**	3,175,000

Included within the above are amounts falling due as follows:

	Group 2023 £	Group 2022 £	**Company 2023 £**	Company 2022 £
BETWEEN ONE AND TWO YEARS				
Other loans	**160,000**	160,000	**160,000**	160,000
BETWEEN TWO AND FIVE YEARS				
Other loans	**480,000**	480,000	**480,000**	480,000
OVER FIVE YEARS				
Other loans	**2,320,000**	2,480,000	**2,320,000**	2,480,000

The above loan is with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years until June 2042 with six monthly payments made. Interest is charged at 3.34%.

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22. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

	Balance at 1 April 2022 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2023 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	**6,282,941**	**-**	**-**	**(356,435)**	**5,926,506**
Legacy reserve	**211,000**	**-**	**-**	**-**	**211,000**
	6,493,941	**-**	**-**	**(356,435)**	**6,137,506**
GENERAL FUNDS					
General funds	**4,064,429**	**10,694,057**	**(10,725,450)**	**506,452**	**4,490,860**
Subsidary undertakings	**34,128**	**270,764**	**(168,886)**	**(101,878)**	**34,128**
	4,098,557	**10,964,821**	**(10,894,336)**	**404,574**	**4,524,988**
TOTAL UNRESTRICTED FUNDS	**10,592,498**	**10,964,821**	**(10,894,336)**	**(489)**	**10,662,494**
RESTRICTED FUNDS					
Hospice at home	**153,211**	**94,836**	**(43,911)**	**-**	**204,136**
Alan Hudson Day Treatment Centre	**272,122**	**65,109**	**(108,609)**	**-**	**228,622**
Arthur's shed	**5,060**	**20**	**(388)**	**-**	**4,692**
New Charity shop	**-**	**59,293**	**-**	**-**	**59,293**
Equipment	**54,818**	**7,284**	**(14,993)**	**(619)**	**46,490**
Other restricted funds	**128,446**	**259,146**	**(173,119)**	**1,108**	**215,581**
	613,657	**485,688**	**(341,020)**	**489**	**758,814**
TOTAL OF FUNDS	**11,206,155**	**11,450,509**	**(11,235,356)**	**-**	**11,421,308**

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22. STATEMENT OF FUNDS (CONTINUED)

STATEMENT OF FUNDS - PRIOR YEAR

	Balance at 1 April 2021 £	As restated Income £	As restated Expenditure £	As restated Transfers in/out £	Balance at 31 March 2022 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	6,775,067	-	-	(492,126)	6,282,941
Legacy reserve	211,000	-	-	-	211,000
	6,986,067	-	-	(492,126)	6,493,941
GENERAL FUNDS					
General funds	2,266,597	11,144,781	(9,895,726)	548,777	4,064,429
Subsidary undertakings	34,128	199,698	(143,047)	(56,651)	34,128
	2,300,725	11,344,479	(10,038,773)	492,126	4,098,557
TOTAL UNRESTRICTED FUNDS	9,286,792	11,344,479	(10,038,773)	-	10,592,498
RESTRICTED FUNDS					
Hospice at home	161,088	32,898	(40,775)	-	153,211
Alan Hudson Day Treatment Centre	329,010	70,153	(127,041)	-	272,122
Arthur's shed	5,097	-	(37)	-	5,060
Equipment	57,361	3,500	(6,043)	-	54,818
Other restricted funds	79,963	126,201	(77,718)	-	128,446
	632,519	232,752	(251,614)	-	613,657
TOTAL OF FUNDS	9,919,311	11,577,231	(10,290,387)	-	11,206,155

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DESIGNATED FUNDS

Hospice Fund
A designated Hospice Fund was originally established with the view of securing the long-term provision of hospice services in the region. The trustees are delighted that this has now become a reality and that the funds here, built up over the course of many years, have now been utilised in bringing about the hospice at Shelford Bottom. The closing balance represents the value of the hospice less the loan taken out to complete the build and assets held within restricted funds.

Legacy reserve
The legacy reserve has been created to which legacy income received over and above the budgeted level can be added. This reserve is available to draw down in future years if legacy income falls below budget and allows the charity to manage peaks and troughs for this unpredictable stream of income.

RESTRICTED FUNDS

Hospice at Home
Donations continue to be received specifically for the Hospice at Home service.

Alan Hudson Day Treatment Centre
These funds compromise of donations made specifically for use at the Alan Hudson Day Treatment Centre in Wisbech which is managed by the charity. Expenditure made from this fund all relates to the delivery of care at the Alan Hudson Day Treatment Centre. Funding received in previous years has been used to re develop the centre and garden area in order to provide a larger and improved space for patients. This has helped us develop our service to meet the needs of the patients in the Wisbech area which is in line with our objectives.

Arthur’s shed
These donations have been made to fund the set up and continuation of a volunteer-led activity programme held in Arthur’s Shed in the grounds of the Hospice. It is a space for the wider community and people connected to the Hospice to be able to come together in a safe, warm and friendly venue. The space is used for people to connect with others and join in with various activities. The development of the sessions provided in Arthur's Shed have enabled the charity to achieve our objective of broadening our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services.

New Charity shop
These donations were raised from the 2022 Chariots of Fire race, to be used to facilitate the opening of a new charity shop and to support initial running costs.

Equipment
Donations have been received and used throughout the year for the purchase of equipment and furniture for the Hospice.

Other
This represents various smaller funds (including monies donated to a specific service within the charity) and some Grant funded projects such as the Transitions project, Caring Communities, ReSPECT and Clinical Nurse Educator project. The Transitions project supports young people transitioning from children’s hospice care to adult hospice care. The Caring Communities project provides companionship for our patients and their carer. The ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) project is a national initiative for which the charity has been commissioned to deliver education and support for Primary Care Practice staff and Care Home staff in the local area. The Clinical Nurse Educator project is intended to expand end of life training to practitioners in social care, residential and nursing care homes and domiciliary care situations.

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23. STATEMENT OF FUNDS - CHARITY ONLY

CHARITY ONLY FUNDS - CURRENT YEAR

	Balance at 1 April 2022 As restated £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2023 £
Unrestricted funds	**11,215,675**	**10,834,095**	**(10,763,610)**	**(489)**	**11,285,671**
Restricted funds	**613,657**	**485,688**	**(341,020)**	**489**	**758,814**
Total	**11,829,332**	**11,319,783**	**(11,104,630)**	**-**	**12,044,485**

CHARITY ONLY FUNDS - PRIOR YEAR (As restated)

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2022 £
Unrestricted funds	9,909,973	11,144,883	(9,839,181)	-	11,215,675
Restricted funds	632,519	232,752	(251,614)	-	613,657
Total	10,542,492	11,377,535	(10,090,795)	-	11,829,332

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24. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (GROUP)

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
Tangible fixed assets	9,076,852	127,520	**9,204,372**
Current assets	5,948,894	631,294	**6,580,188**
Creditors due within one year	(1,380,335)	-	**(1,380,335)**
Creditors due in more than one year	(2,982,917)	-	**(2,982,917)**
TOTAL	10,662,494	758,814	**11,421,308**

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR (GROUP)

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	9,436,663	176,149	9,612,812
Current assets	5,285,467	437,508	5,722,975
Creditors due within one year	(954,632)	-	(954,632)
Creditors due in more than one year	(3,175,000)	-	(3,175,000)
TOTAL	10,592,498	613,657	11,206,155

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ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (CHARITY ONLY)

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
Tangible fixed assets	9,734,157	127,520	**9,861,677**
Investments	10,000	-	**10,000**
Current assets	5,872,181	631,294	**6,503,475**
Creditors due within one year	(1,347,750)	-	**(1,347,750)**
Creditors due in more than one year	(2,982,917)	-	**(2,982,917)**
	11,285,671	758,814	**12,044,485**

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR (CHARITY ONLY)

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	10,093,968	176,149	10,270,117
Investments	10,000	-	10,000
Current assets	5,323,685	437,508	5,761,193
Creditors due within one year	(1,036,978)	-	(1,036,978)
Creditors due in more than one year	(3,175,000)	-	(3,175,000)
	11,215,675	613,657	11,829,332

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25. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	Group 2023 £	Group 2022 £
Net income for the year (as per Statement of Financial Activities)	**215,153**	1,286,840
ADJUSTMENTS FOR:		
Depreciation charges	**461,289**	500,556
Decrease/(increase) in stocks	**(1,228)**	737
Decrease/(increase) in debtors	**1,040,204**	(1,037,747)
Increase in creditors	**402,243**	193,377
NET CASH PROVIDED BY OPERATING ACTIVITIES	**2,117,661**	943,763

26. ANALYSIS OF CASH AND CASH EQUIVALENTS

	Group 2023 £	Group 2022 £
Cash in hand	**5,061,989**	2,910,158
TOTAL CASH AND CASH EQUIVALENTS	**5,061,989**	2,910,158

27. ANALYSIS OF CHANGES IN NET DEBT

	At 1 April 2022 £	Cash flows £	Other non-cash changes £	At 31 March 2023 £
Cash at bank and in hand	**2,910,158**	**2,151,831**	**-**	**5,061,989**
Debt due within 1 year	**(198,969)**	**8,623**	**-**	**(190,346)**
Debt due after 1 year	**(3,120,000)**	**-**	**160,000**	**(2,960,000)**
Liquid investments	**680,625**	**(255,642)**	**-**	**424,983**
	271,814	**1,904,812**	**160,000**	**2,336,626**

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28. PENSION COMMITMENTS

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2023 173 (2022: 159) employees were members of this scheme, to which the charity contributed 6% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS Defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2023, 118 (2022: 133) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £647,035 (2022: £638,633). An amount of £85,045 (2022: £87,733) was outstanding at the year end.

29. OPERATING LEASE COMMITMENTS

At 31 March 2023 the Group and the Company had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	Group and Company	Group and Company
	2023	2022 Restated
	£	£
Not later than 1 year	**179,040**	174,287
Later than 1 year and not later than 5 years	**459,597**	546,710
Later than 5 years	**234,282**	298,230
	872,919	1,019,227

30. RELATED PARTY TRANSACTIONS

Arthur Rank Hospice Limited is a wholly owned subsidiary of Arthur Rank Hospice Charity. During they ear ended 31 March 2023, the charity charged £38,160 (2022: £36,336) to this company. The company has made a gift aid payment of its taxable profits of £101,878 (2022: £56,651) to the charity. The company also collects sums on behalf of the charity. As at 31 March 2023 the company owed the charity £214,577 (2022: £49,318).

31. CONTROLLING PARTY

The Charity is under the control of its Trustees who are listed on page 33 of the financial statements.

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32. PRIOR YEAR ADJUSTMENTS

RESTATEMENT OF SUPPORT COSTS

During the year we have revisited the allocation of support costs to fundraising and direct costs in the expenditure notes to the accounts. To ensure they are comparable and relevant to users of the financial statements the prior year has been restated. There is no change to total support costs, or total expenditure.

CLASSIFICATION OF CONTRACT INCOME

During the year we have revisited the classification of certain contracts and these have now been accounted for as unrestricted. Previously they were classified as restricted and to ensure they are comparable and relevant to users of the financial statements the prior year has been restated. This includes adjustments at 1 April 2021. There is no change to total funds, total income, or total expenditure.

OPERATING LEASES

The operating lease note has been restated to include leases renewed in the prior year previously omitted.

ARTHUR RANK HOSPICE CHARITY

England & Wales - Charity number 1133354

Accounts

Arthur Rank Hospice Charity

Registered number: 07086155
Charity number: 1133354

Arthur Rank Hospice Charity

(A company limited by guarantee)

Trustees' Report and Financial Statements

For the year ended 31 March 2022

Trustees' Report
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The Trustees are pleased to present their annual Trustees' Report together with the consolidated financial statements of the charity and its subsidiaries for the year ended 31 March 2022. These are also prepared to meet the requirements for a directors' report and accounts for Companies Act 2006 purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Articles of Association, and Accounting and Reporting by Charities: 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) (Second edition October 2019).

Trustees' Report

2021-22 remained a year of significant challenge as the continuing impact of the Covid-19 pandemic was felt throughout the organisation. The entire Arthur Rank Hospice Charity (AHRC) team has shown resilience and flexibility in navigating those challenges, keeping a clear focus on making every moment count for our service users.

We all hope that, when the time comes, we will be able to access the end of life care we need. During the year we provided care services at the hospice in Cambridge, at the Alan Hudson Day Treatment Centre in Wisbech and in patients' own homes.

A major service enhancement this year was the launch of the Palliative Care Hub in April 2021. The hub provides a 24/7 telephone advice and support service across Cambridgeshire and Peterborough This service is available to patients, family/friends, carers, GP's and other healthcare professionals who may need specialist palliative care advice or support. As well as providing advice and support the Hub signposts people to appropriate services, transfers patients to another healthcare professional who can better help them and makes referrals to other appropriate services. We were delighted and proud to see the service win 'Primary Care Innovation of the Year' at the annual Health Service Journal Awards.

Having made good progress against our Strategy for 2017-22, we agreed the priorities for our new five-year strategy following consultation with our local community. We have been ambitious in setting our priorities for 2022-27, striving to improve what we do and extending our reach. In aiming to provide outstanding, engaging and accessible services we recognise that ensuring the charity's financial stability, being a good partner and investing in our people are also equally important priorities for us.

Maintaining financial sustainability remains an ongoing challenge for the charity. The expansion of our Hospice at Home service and the introduction of the Palliative Care Hub have ensured that we are meeting the needs of more people across Cambridgeshire. But we also know there is still unmet need, and we rely on fundraising to deliver and enhance services that are not funded by the NHS.

We recognise that a joined-up approach across the health system is vital to tackling the health needs of our population and making best use of our collective resources. We have played an active role in supporting the emerging Integrated Care System and the charity is an active participant in the Palliative and End of Life Care Programme Board and other partnership bodies.

We have an able talented CEO and senior leadership team leading the organisation. We also have a committed staff team and dedicated band of volunteers involved in the charity, not just fundraising for us but also delivering core services. Our people will always be at the heart of what makes us special. Each member of Team Arthur plays a vital role in helping us reach the quality of service we strive for. As Chair of Trustees I speak for all the Board when I say we are extremely proud of all that they achieve.

Antoinette Jackson
Chair of Trustees

Our vision

Our vision is 'Making Every Moment Count': supporting people with a life-limiting illness and caring for people and their loved ones at end of life. Underpinning this are our values:

Our values

- Compassionate: we provide compassionate care and support for people and their loved ones and a compassionate workplace through compassionate leadership.
- Caring: we care for everyone who needs our services, everyone who supports us, works for us and volunteers for us.
- Community: we are part of our community, our community is part of us, our community is everyone in Cambridgeshire who needs us and we are proactive in tackling inequality.
- Excellence: we provide specialist care and support through our skilled team drawing on their expertise.

Strategic Report 2021-22

Why we are here

Our five-year strategy implemented in 2017-2022 set out the following pillars to help reinforce our objectives and priorities:

- Develop our services to meet the changing needs of our population.
- Broaden our reach to ensure we are meeting the needs of all who would want to benefit from our care.
- Evaluate and continually improve our governance structure.
- Develop our education and research capacity.
- Develop the financial and operational resilience of the charity.
- Support and develop our staff and volunteers.

Public Benefit

In setting objectives for the year and planning the charity's activities, the Trustees give due consideration to guidance from the Charity Commission relating to public benefit. Access to services is based solely on need and no charges are made for services provided.

The difference we make through our charitable activities

Our focus, at all times, is ensuring that our patients and their loved ones receive the very best, holistic care that we can provide.

The purpose of the charity is to relieve sickness and suffering of people with life-limiting conditions and/or chronic health conditions and their families, loved ones and/or carers throughout Cambridgeshire, Peterborough and the surrounding areas and to assist their families, loved ones and/or carers (Beneficiaries) by providing:

- End of life care at Arthur Rank Hospice and elsewhere;
- Services, facilities, equipment or grants for beneficiaries and
- Any other benefit which provides care and support to beneficiaries.

Care and services are provided free of charge to patients. The charity helps them and their loved ones to improve their quality of life and fulfil their choices at the end of their lives – making every moment count.

Our Charitable Activities

During the year we provided care services that enabled us to care for patients at the hospice in Cambridge, the Alan Hudson Day Treatment Centre in Wisbech and in patients' own homes. Our services are provided free of charge to those who need our vital care and support in the local community.

Living Well Service

Our Living Well Service has provided specialist advice, palliative care and support for adults who have a life-limiting illness. Living Well programmes typically involve once a week contact for eight weeks and are delivered by our multi-disciplinary team (MDT). Our MDT includes nurses and healthcare assistants, complementary therapists, a life celebration and creative co-ordinator, a music therapist, volunteers, physiotherapists, occupational therapists, chaplain, psychological therapists and the specialist medical team.

Patients engage with the charity's expert team, who spend time discovering what is important to each person and supporting them to shape and achieve goals that will make a real difference to their everyday lives. Sessions can involve everything from managing breathlessness, anxiety or fatigue to complementary therapy, consideration of advance care planning to seated exercise groups, one-to-one

symptom management to spiritual counselling, life celebration and creative activities to psychological support.

Our Life Celebration and Creative Activities Coordinators guide creative therapy sessions allowing patients to discover a new talent or enjoy a long-forgotten hobby. We encourage patients to talk about their lives and explore ways in which they might like to leave something which celebrates life-moments for family and loved ones.

The team can assess carers' needs using the carer support needs assessment tool (CSNAT) and, depending on needs and what is requested, can offer help in person or via telephone or video
support. The Living Well Service is entirely funded by the charity.

Education

We run courses for health and care professionals to learn and share best practice. We also offer placements so that healthcare professionals and students can gain a more thorough understanding of the work we do.

Our courses and workshops are run by our Education team with sessions provided by our experienced multi-professional hospice clinicians. The teaching team are experienced in hospice, community and acute settings, which ensures that theory is linked to current practice in all settings.

We also design and provide bespoke education sessions that provide a tailored experience for a range of organisations. During the pandemic we have provided specific support to residential care providers who were particularly impacted by a significantly higher than usual numbers of deaths.

Hospice at Home

We know that many people would prefer to die at home. Our compassionate team of Health Care Assistants and Nurses are experts in the practicalities and complexities of end of-life care and support patients at the end of their lives to die in their own homes if they so wish and it is safe to do so.

With the support of the Cambridgeshire and Peterborough Integrated Care Board (ICB) – formerly the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), we provide care throughout the county, day and night, to support those who are rapidly deteriorating and whose preferred place of death is home.

We know that family carers want to be able to care for the person they love and that, at times, this can be hard. Sometimes they need a break and sometimes they need support with particular care needs. This is what our teams can offer, whether this is needed during the day or at night, to give carers a chance to rest and carry on caring. Having our Hospice at Home team support with care, skill and knowledge can help keep loved ones at home, avoid unwanted admission to hospital and help patients return home from hospital when admission has been necessary.

Our care is practical and holistic. It might involve keeping patients comfortable, ensuring they have the medication they need, providing a hand massage and words of comfort. Our care is focused on person-centred care for patients and what they need.

Alan Hudson Day Treatment Centre (AHDTC) located at North Cambs Hospital, Wisbech

Our MDT of highly qualified staff and dedicated volunteers provide expert care, which is holistic and tailored to each person's specific needs. Services include Living Well, treatment and clinical days (including blood transfusions, oncology and symptom management), complementary and diversional therapies, and bereavement and support services.

The Centre additionally supports patients and their families in their own homes through a Hospice at Home service and a community specialist palliative care nurse which ensures integrated care. Our specialist palliative care nurse is a core member of the team and is working closely with the Primary Care Networks. The team also provides clinical advice and support to palliative patients on the adjacent Trafford Ward.

We work closely with Queen Elizabeth Hospital, Kings Lynn to support their end of life care provision and our Matron attends their MDT meetings.

During the year, with thanks to support from local volunteers and specialists, the garden was beautifully landscaped and a new sensory garden is now in place to improve the experience of our patients visiting the Centre.

In-patient Unit (Shelford Bottom, Cambridgeshire)

The hospice In-patient Unit (IPU) has 12 specialist beds and seven Nurse led beds (NLB) with the ability to increase up to nine beds if necessary. Two beds remain available to be commissioned. All patients and their loved ones are provided with holistic care from the MDT.

We continue to explore how we can make best use of our remaining two un-commissioned beds as part of our future plans. We have a number of ideas that can be implemented if we can secure the necessary funding. For example, they could be used to provide short breaks for younger adults or to be used as reablement beds. These are ideas that link to our Strategy for 2022-27.

Specialist beds: Funding and catchment area

The beds for people with specialist and complex needs are funded by a contract with Cambridgeshire and Peterborough ICB and are available for patients whose GP practice falls within Cambridgeshire. Peterborough patients are cared for by Sue Ryder Thorpe Hall. In exceptional circumstances, patients are admitted from outside the Cambridgeshire area, but funding must have been agreed with the relevant ICB.

The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist MDT, and/or a daily review by a doctor. As we are a short-stay unit we support the discharge of patients whose needs are stable and can return home or can be managed elsewhere in other care settings. Therefore, we are unable to admit people whose main need is long-term care.

All referrals must come via a healthcare professional. Referrals are triaged every weekday and are prioritised based on how urgently the care plan needs to change, and how much added value the MDT can offer.

During the year we cared for 221 patients in our specialist beds with the average length of stay at 17.3 days .

We are experienced in caring for patients with specialist nutritional needs, non-invasive ventilation and tracheostomies, and are able to give oxygen, intravenous medication and fluids.

As soon as the team feel the care plan can be continued elsewhere, we aim to discharge patients home or to a care home if home is not possible. If extra care, support or equipment is required, we work with other agencies to provide this.

Nurse led beds

These beds are funded by Cambridge University Hospital NHS Trust for patients in Addenbrooke's who would otherwise be dying in hospital, and who require non-complex nursing and medical care. Their daily management is led by experienced nursing staff rather than the full MDT. Patients have access to the ward doctor if required. We work closely with the Addenbrooke's team to continually monitor and evaluate the project and both organisations are very pleased with the way this service is working. Other hospices around the country are also keen to learn more about the service as they are interested to see if it would work for them and their local acute trusts.

Feedback from families whose loved ones transfer to our care remains positive and the fact we continued to offer this service during the pandemic has been helpful, especially as we had fewer restrictions on visiting than the hospitals.

During the year we cared for 202 patients in our Nurse led beds .

Lymphoedema

The Lymphoedema Clinic provides a service for those with primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, and other related conditions. All patients are offered an assessment with a clinical specialist in lymphoedema and a treatment programme is agreed with them. Treatment may consist of some or all of the following: skin care, various forms of compression, exercise programmes, simple/manual lymphatic drainage or use of compression pumps, kinesiotape and low-level light therapy. We aspire to support all our patients to self-manage this long-term condition and, to help with this, we offer six sessions a year at our support group to provide further education about managing lymphoedema.

We maintain close links with our referral teams at Addenbrooke's Hospital, the Tissue Viability Team and community staff. We provide two full-day education sessions for healthcare professionals each

year and are currently working with the Tissue Viability Team to develop joint teaching for community staff on the management of chronic oedema and wet legs.

Patient and Family Support Team

Our psychological support service provides psychological assessment and treatment for adults over the age of 18 who are living with an advanced serious illness or other life-limiting illness and their closest family or friends. We work with those being cared for by our IPU, Community Team and Living Well Service, and their family and loved ones, usually offering sessions once per fortnight for six sessions.

The hospice's social worker provides social support and practical information to patients and families who are being cared for on our IPU or through our Community Team. This support may include discharge planning, benefits advice, advice on financial and housing support, as well as emotional support at times of stress and change.

Spirituality can be seen to be the heart of who we are. Whilst some people view this through a religious lens for many others it is less defined, although no less important. Our chaplain and a team of volunteers are available to all patients, their relatives and loved ones, whether they are of faith or not, to help explore the 'difficult questions'. We listen and help where we can. There is a chaplain and other faith leaders on-call 24/7 for inpatients, and they and their visitors can also access our Sanctuary, a peaceful space at the Hospice for those of all different faiths or no faith. We will also facilitate acts of worship or rites as required. If appropriate to patient care and the situation, we encourage people from faith groups to visit, enabling patients still to feel part of their community if this is something that is important to them.

Although the team has been based primarily at the Hospice, we have visited Hospice patients in the community, including during lockdown if required when protocols allowed.

We have also provided music therapy to our patients. Music therapy is a form of emotional and psychological support that combines music making, listening and talking.

Music can say what cannot be expressed verbally; it can be a way for family members to come together and share memories and experiences; it can provide solace and distraction from pain and anxiety.

This Patient and Family Support Service is 50% funded by the charity and 50% by the Cambridgeshire and Peterborough ICB for patients registered with a GP in Cambridge City, South and East.

Specialist Palliative Care Team

Our seven day a week service helps those living with an advanced serious illness or other life-limiting condition to get further support and encourages planning for future care with families, carers or loved ones. We liaise regularly with care providers, such as GPs and district nurses, so that care remains as seamless as possible. The team may also be able to highlight other NHS services, charities or organisations that can help support the specific circumstances of a patient. The service is available 8am – 6pm, seven days a week and is able to provide a rapid response to people in crisis. We also have a part time clinical nurse specialist working at our Alan Hudson Day Treatment Centre to support patients registered with one of the four GP practices in Wisbech who have specialist palliative care needs.

Our team of skilled Clinical Nurse Specialists aim to help manage symptoms and any other difficulties patients might be facing. We may help with medicine management and accessing the wider Hospice team for psychological and spiritual support or complementary therapy. Psychological support may be provided viaa video consultation or over the phone to patients and their primary carers, family members and loved ones.

A large part of the team's work is to do with advance care planning. We help patients talk about their wishes and preferences, especially when it comes to end of life care. Wishes are documented in a ReSPECT[1] plan so that other services are aware and the various teams can work together to fulfil them.

[1] Recommended Summary Plan for Emergency Care and Treatment

Transitioning Young Adults Project

We work with East Anglia's Children's Hospices (EACH) and Sue Ryder Thorpe Hall Hospice and the wider children and young person's palliative care sector to support young people transitioning from children's hospice care or paediatric services to adult hospice care. EACH can refer young people from age 14 as an introduction to our Transition Service. Our Specialist Care Team are supporting young adults and their families from age 18 throughout illness, symptom control, crisis management and end of life care. The service is funded by The National Lottery Community Fund for an initial three years from 2020 and consideration needs to be given to the longer-term sustainability of this important service.

We established a local action group for Transitioning and are linking with other key stakeholders regionally and nationally. We have set up a webpage for Transitioning on the Arthur Rank Hospice Charity Website arhc.org.uk/supporting-you/care-services/young-people/.

Palliative Care Hub

The service is a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with Herts Urgent Care which commenced in April 2021.

This service is for anyone who needs specialist palliative care advice or support. It is available to patients, family/friends, carers, GP's and other healthcare professionals including care and nursing homes and home care when the patient has been identified as having palliative care needs.

We provide advice and support, signpost to appropriate services, transfer patients to another healthcare professional who can better help them or complete necessary referrals to other services.

In November 2021 the service won 'Primary Care Innovation of the Year' at the annual Health Service Journal (HSJ) Awards. The prestigious awards which have been running for 40 years, draw attention to the "high-flyers" of healthcare excellence, celebrating the very best of the NHS and its partners.

Complementary Therapy

Our highly trained therapists tailor programmes to each person's needs. Sessions provide a safe space where patients and their loved ones can take a little time out from their daily challenges.

Treatments may help alleviate many common symptoms such as pain, nausea, insomnia, muscular aches and low mood. We aim to offer the maximum benefit whilst disturbing the client as little as possible. Comfort is everything.

Voluntary Services

Volunteers make a huge contribution to the charity, we have over 550 volunteers who support us giving up many hours of their valuable time providing a significant benefit to the charity. Volunteers are crucial to our work as they enable us to achieve so much more within our limited resources. They also add to the friendly ambience of the Hospice. We have volunteers covering 45 different roles. These include gardening, hosting in the In-patient Unit and Living Well, cake baking, counselling, flower arranging, supporting in our charity shops, fundraising, supporting our events, and many more.

Achievements in 2021/22 against our five-year strategy

We launched our five-year strategy in 2017 and have made good progress:

Objective 1. Develop our services to meet the changing needs of our population

What we wanted to achieve

- To develop a hospice Dementia Strategy with local partners.
- To improve and expand the facilities at our Alan Hudson Day Treatment Centre.
- To work with East Anglia's Children's Hospice to develop a strong offer for young people transitioning from the care of children's hospices.
- To explore new ways of working to increase the care we provide and accessibility of care by securing funding for two remaining uncommissioned beds on our IPU.

What we achieved

- Due to colleagues being redeployed during the pandemic, we have not been able to progress with our dementia work with Cambridge and Peterborough NHS Foundation Trust (CPFT). We continue to liaise and collaborate with CPFT and have carried this objective forward into our new five-year strategy.
- We introduced a bereavement support volunteer to the Alan Hudson Day Treatment Centre and continue to explore other opportunities for further supportive volunteers. We continue to work with the Queen Elizabeth Hospital in King's Lynn to ensure patients with palliative and end of life care needs in Wisbech and the surrounding area are appropriately supported.
- Our Young Persons Transitions coordinator has been working with the transitioning lead at Sue Ryder Thorpe Hall Hospice in Peterborough to help promote the services that adult hospices can offer young people. Although, due to the pandemic, it has been difficult for families with very vulnerable young people to feel safe to venture out of the comfort of their homes, we have still provided transition services. We have helped to set up events at EACH and held an event in August 2021 at ARHC.
- We have not yet been able to secure funding for our two remaining IPU beds but continue to work with our system partners to explore how these beds could be best utilised. Some ideas include using them to train and support families in caring for patients so they can return home feeling confident, or utilising them as respite beds for young people transitioning from children's services to adult services.

Objective 2. Broaden our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services

What we wanted to achieve

- To build on the Hospice at Home service to create more support in the community creating greater equity of service.
- To align our services with the Primary Care Networks (PCNs) as we evolve towards an Integrated Care System (ICS) and focus on communities that are harder to engage with.
- To explore how our Living Well Services (LWS) can provide rehabilitative palliative care to patients across Cambridgeshire.
- To connect with schools and colleges to raise awareness and engage with students within communities that might be seen as "hard to reach".
- To explore how Arthur's Shed could be utilised to engage with community groups when lockdown restrictions eased.
- To facilitate educational events with key speakers.

What we achieved

- We have recruited over 60 additional colleagues to support our Hospice at Home expansion and continue to employ more. We support patients across Cambridgeshire, including rural areas, so that patients who wish to die at home, when this is clinically appropriate and safe to do so, can and their loved ones are supported during this time.
- We have linked with the Primary Care Networks (PCNs) across Cambridgeshire to support with their Gold Standards Framework multidisciplinary team meetings and continue to network and form supportive links. We have colleagues identified to work more closely with communities such as the gypsy and traveller community, people who are homeless and people from minority ethnic communities.
- Due to the pandemic, we have not been able to progress with student placements, work experience and providing education sessions to schools and colleges as we planned. This work will be revisited in our new strategy, for 2022-2023.
- Our Widening Access Group meets every two months to focus on actions for improving connections and information to those communities who may know little about the charity and what services we can offer.
- Sadly, mainly due to social distancing restrictions, we have been unable to resume activities in the Shed to pre-pandemic levels. We have plans to improve WiFi connectivity in the Shed and are looking now at how we can offer the space to community groups to increase usage now that restrictions have been removed.
- Despite the pandemic and restrictions on face-to face events, we have utilised our AV technology to host virtual events. For example, Dr Kathryn Mannix, Author, presented 'A Journey into Companionship at the End of Life' in October 2021. This welcomed 500 virtual attendees and saw the charity reach a worldwide audience.

Objective 3. Evaluate and continually improve our governance structure

What we wanted to achieve

- To develop our Data Dashboard to evidence the quality and responsiveness of our services.
- To ensure our clinical policies are reviewed in a timely manner and kept up to date.
- To roll out SystmOne electronic patient record keeping on our IPU to reduce the need for paper records whilst also improving accessibility and record keeping standards.
- To appoint a new Chair of Trustees and to continue our efforts to recruit new Trustees to our Board.

What we achieved

- Our Dashboard has evolved with clinical teams working on quality improvement projects. Our colleagues have gained a better understanding of how to monitor patient outcomes including the use of the OACC (Outcome Assessment and Complexity Collaborative) suite of measures. They have benchmarked and monitored improvements as well as identified areas to focus on, such as the use of IPOS (integrated palliative care outcome scale) and obtaining direct feedback to improve services.
- We now have a robust system for monitoring and updating our policies to ensure they are reviewed and updated in a timely manner.
- We introduced workstations on wheels and trained staff to log onto SystmOne and record contemporaneous accounts of the care that patients are receiving. We continue to develop care plans and other documentation to minimise paper usage, which can easily become damaged or misplaced.
- We welcomed four new Trustees during 2021-22 following a rigorous recruitment process. Antoinette Jackson was appointed Chair in May 2022, just following this reporting period as our previous Chair Kate Kirk, reached the end of her final term. We are excited to welcome Antoinette to lead our Trustee board and extend our gratitude to Kate for her achievements during her tenure.

Objective 4. Develop our education and research capacity

What we wanted to achieve

- To continue to deliver our Palliative and End of Life Care Module with Anglia Ruskin University (ARU) and deliver a wide programme of education both in house and online. To work closely with care homes to ensure they feel supported to develop their staff in providing excellent palliative and end of life care services.
- To look at developing our research active hospice status and explore research opportunities. To continue to take lead roles in national forums.
- To recruit Nursing Associate training roles and develop our apprenticeship schemes and training and development pathways for colleagues.

What we achieved

- We continue to provide a successful BSc/Masters Module on Palliative and End of Life Care in collaboration with ARU.
- We continue to provide face to face and online teaching for care homes and domiciliary providers on palliative and end of life care across Cambridgeshire.
- Our research group has been actively involved in research studies such as Hospice at Home and Needs Rounds in Care Homes. Sara Robins, Director of Clinical Services, represents Adult Hospices for the East of England at the Palliative and End of Life Care Strategic Clinical Network as well as chairing the local executive clinical leads in hospice and palliative care (ECLiHP) forum.
- We have successfully recruited two existing colleagues to our Nursing Associate Trainee roles and are supporting them through their training programme. We continue to explore opportunities for apprenticeship roles throughout the Charity, maximising our apprenticeship levy.

Objective 5. Develop the financial and operational resilience of the charity

What we wanted to achieve

- To meet our Key Performance Indicators (KPIs) for fundraising and income generation and continue to review all the platforms used across these areas.
- To explore more funding opportunities to develop our services, such as support for children and dementia care.
- To be proactive in engaging with the newly formed Integrated Care System (ICS) to provide innovative commissioned services.
- To develop new retail outlets in Wisbech and Huntingdonshire.
- To ensure that we have robust plans for building and equipment maintenance and capital investment.

What we achieved

- Due to the pandemic, many traditional forms of fundraising and income generation have been curtailed, paused or reshaped. This uncertainty has made it difficult to form year-on-year comparisons through Key Performance Indicators (KPI's). However, the charity has continued to respond to these challenging times and ended the year in a strong financial position. Attention is now being placed on the recovery in 2022-23 and close monitoring across all income streams using return on investment (ROI) calculations and benchmarking where available.
- We have launched our new website and have since initiated an audit to access its effectiveness, accessibility and useability.
- We have submitted bids to enable expansion of our pre and post bereavement support, including psychological support, for children and families. We have been successful in the first round and await the final decision in July 2022. We are developing constructive links with

Ormiston Families who have merged with Stars charity and will investigate opportunities for joint working and collaborative funding bids.

- We further expanded our Hospice at Home service and developed our palliative care advice line. As highlighted above, this became 24/7 just following this reporting period in April 2022. We are actively involved in the Cambridgeshire and Peterborough Integrated Care Board Palliative and End of Life Care Board as well as the Local People Board and the Professional and Clinical Leadership Assembly.
- Due to the pandemic, our expansion plans have been delayed but we have developed our Retail Hub and online sales. We are actively exploring opportunities for retail space in the north of the county looking at the Wisbech and Huntingdonshire areas.
- We have included some predicted costs in our budget for 2022-23 and are reviewing our five/ten-year plan to cover future planned maintenance work and some contingencies.
- We have reviewed our energy contracts and fixed at a lower rate until 2024, providing much needed savings for the Charity.

Objective 6. Support and develop our staff and volunteers

What we wanted to achieve

- To receive feedback from our paid colleagues and volunteers about their experience of working and volunteering for the Charity, including asking their views about our response to the pandemic.
- To complete our staff survey and maintain Gold Accreditation for being a "Best Employer".
- To develop our workforce plan in line with our new strategy.
- To review our study leave policy and align training and development with service training needs analysis, looking at strengthening link roles in clinical teams.

What we achieved

- We carried out a volunteer survey and received 198 responses which was a good number considering the number of roles temporarily 'stood down' at the time.
- We completed our staff survey and maintained Gold Accreditation for being a "Best Employer".
- Following feedback from volunteers we held three information sessions for volunteers.
- We held four successful "thank you" events for our volunteers.
- We have developed training sessions for volunteers and have made our "End of life across faiths" training session available to volunteers.
- We have designed and introduced a new annual appraisal cycle to be aligned with our strategic aims and objectives.
- Our new People Plan has been completed and the direction for developing our colleagues is set out in our 2022-27 strategy.
- Two cohorts of managers successfully graduated from the new, internally run, ARHC Management Development Programme.

Patients supported

The Hospice has supported significantly increased numbers of patients during the year. This has been combined with an increase in complexity of care required for the patients referred to us, resulting in a significant increase in contact.

Following the easing of the restrictions in place during the height of the pandemic the number of face-to-face contacts and appointments has increased significantly from 18,561 in 2020/21 to 29,205 in 2021/22. The number of telephone contacts has reduced from 28,622 in 2020/21 to 23,445 in 2021/22.

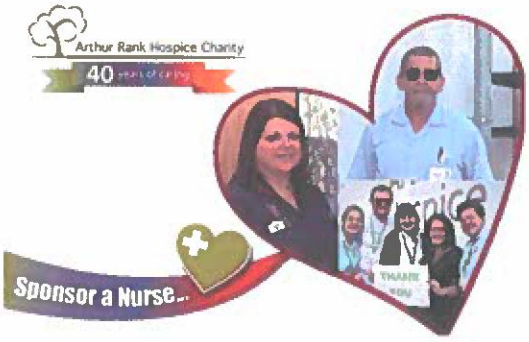
Number of referrals	Year ended March 31 2021/2022	Year ended March 31 202020/21
In-patient Unit (specialist beds)	311	305
In-patient Unit (nurse led beds)	280	271
Living Well Service	302	157

Hospice at Home	1,565	1,223
Specialist Palliative Care Home Team	1,134	861
Lymphoedema	242	166
Patient and Family Support Services	250	223
Pain Management	37	29
Complementary Therapy	265	175
Medical Outpatient and Domiciliary	95	84
Community HUB	65	246
Alan Hudson Day Treatment Centre	365	320
Caring Communities	37	57
Palliative Care Needs Rounds	59	0
Transitioning Young Adults	4	2
Total	**5,011**	**4,119**
Number of face-to-face contacts/appointments	**21/22**	**20/21**
Living Well Service	764	215
Hospice at Home	21,840	13,907
Specialist Palliative Care Home Team	1,773	1,173
Lymphoedema	650	342
Patient and Family Support Services	472	181
Pain Management	47	18
Complementary Therapy	569	280
Medical Outpatients and Domiciliary	256	153
Community HUB	0	0
Alan Hudson Day Treatment Centre	2,826	2,292
Transitioning Young Adults	8	0
Total	**29,205**	**18,561**
Number of telephone contacts	**21/22**	**20/21**
Living Well Service	1,607	2,536
Hospice at Home	4,107	5,594
Specialist Palliative Care Home Team	9,623	9,689
Lymphoedema	1,551	1,843
Patient and Family Support Services	507	918
Pain Management	27	43
Complementary Therapy	915	469
Medical Outpatients and Domiciliary	774	743
Community HUB	144	1,922
Alan Hudson Day Treatment Centre	4,125	4,846
Transitioning Young Adults	65	19
Total	**23,445**	**28,622**
In-patient Unit (specialist beds)	**21/22**	**20/21**
Number of beds	12	12
Bed occupancy	86%	89%
Number of patients	221	229
Number of discharges	211	218
Average duration (days)	17.3	16.4
Available bed days	4,380	4,470

In-patient Unit (nurse led beds)	**21/22**	**20/21**
Number of beds	7	9
Bed occupancy	82%	72%
Number of patients	202	192
Number of discharges	198	187
Average duration (days)	9.5	10.2

Available bed days	2,555	2,715
Alan Hudson Day Treatment Centre – Wisbech	**21/22**	**20/21**
Day Care Sessions Attended	230	45
Treatments Provided	2,006	1,760
Inpatients on Trafford Ward Supported	40	31

Approach to fundraising



Fundraising Approach and Controls

As Arthur Rank Hospice Charity reaches its 40th anniversary, the Charity continues to maintain high standards to engage our community and maintain good relationships withsupporters and partner organisations.

The charity is voluntarily registered with the Fundraising Regulator and is a member of Hospice UK (HUK) and the Hospice Income Generation Network (HIGN).

The Charity works within the Fundraising Code of Practice and employs a team of paid colleagues to deliver our fundraising and communications strategy: connect, inspire and deepen. The Charity continues to outsource the management of our lottery offering to Your Hospice Lottery (introduced in 2011), who are registered with the gambling commission. The Charity is committed to our Ethical Fundraising Promise and committed to our fundraising policies, all activities support an open, legal and honest culture.

The charity has a broad portfolio of activities which includes events, newsletter mailings and appeals, and working with corporates. Telesales campaigns are occasionally conducted by Your Hospice Lottery, and the charity is involved in discussions and contributes to the scripts and information that may be shared as part of the planning process before these go live. Dates of these campaigns are also shared with the fundraising team, the Senior Leadership Team and the reception team to provide reassurance to any callers, who may contact the charity to check the legitimacy of the call. The income generation committee receives an overview of activity and meets quarterly to take a deep dive in to specific areas of opportunity or to review success of previous decisions made. The Board receives a quarterly update on fundraising activities.

From time to time the charity may work with established and reputable service providers, such as mailing houses or event management companies and where this work is undertaken, privacy notices are reviewed and privacy impact assessments are conducted if information may be used differently

The Charity is GDPR compliant, the Director of Fundraising and Communications attends Information Governance (IG) meetings and the team contributes to the IG Handbook. Additionally, as part of the Fundraising Regulator requirements, the Charity has dedicated and robust systems for data

maintenance and record keeping and no complaints were raised through the Fundraising Preference Service in this financial year.

Stewardship of our donors is paramount and any feedback received is reviewed thoroughly and learning applied either in 1:1 situations or during induction or in group training sessions, which may take place in the monthly team meeting, the Team Away Day or in written team updates. It is pleasing to report that no complaints were received in 21/22 regarding our activities. Were any to arise these would be recorded on Sentinel and dealt with as required by the charity policy. The charity was not informed of any complaints from Your Hospice Lottery and where the charity received calls relating to the Lottery there is a clear process to escalate these to the Lottery team in line with their policy.

Our communications team logged three incidents during the year within Sentinel. These involved the generation of spam emails with the website which were received in large volumes by Arthur Rank Hospice Charity colleagues. This was reviewed and controls on the website were enhanced. An incorrect press circulation list was used for one of our events, this featured business contacts and was recalled and training revisited. The final incident related to a supporter receiving a letter which did not relate to them. It was discovered that the reporting function on a digital platform has changed causing the inaccuracy, as this report had not been corrected. The supporter was satisfied with our response and the outcome to the situation.

The charity remains in a partnership with Romsey Mill to deliver Bridge the Gap, an annual charity walk and Just Helping to deliver its Christmas Tree Recycling Scheme. We also welcome discussions to collaborate with other businesses, mainly corporates and people in the community, as opportunities arise. We always ensure that due diligence processes are considered as part of these developments.

Financial review

As the narrative in this report evidences, the charity has continued to develop service provision and, despite the pandemic, has established new services as well as continuing to develop others. Whilst this is positive as it enables our charity to meet the needs of more people, it also means that we have taken on additional costs. Whilst much of this has been met through new contracts with the ICS, the charity has to continue to support all service areas and consider long-term sustainability of service costs. Without the additional support from NHS England (NHSE) (see below) it would not have been possible for the charity to undertake these important developments and we are grateful for this support. However, it is important to note that these funds are non-recurrent whilst the costs of course are recurrent and will increase each year as they are primarily costs of employing additional colleagues.

The charity has retained a strong focus on financial controls, managing costs and a prudent approach to setting budgets and our income generation activities, including fundraising, have all worked extremely hard to secure the additional funds required. This will continue to be a stretch for our teams as we plan ahead.

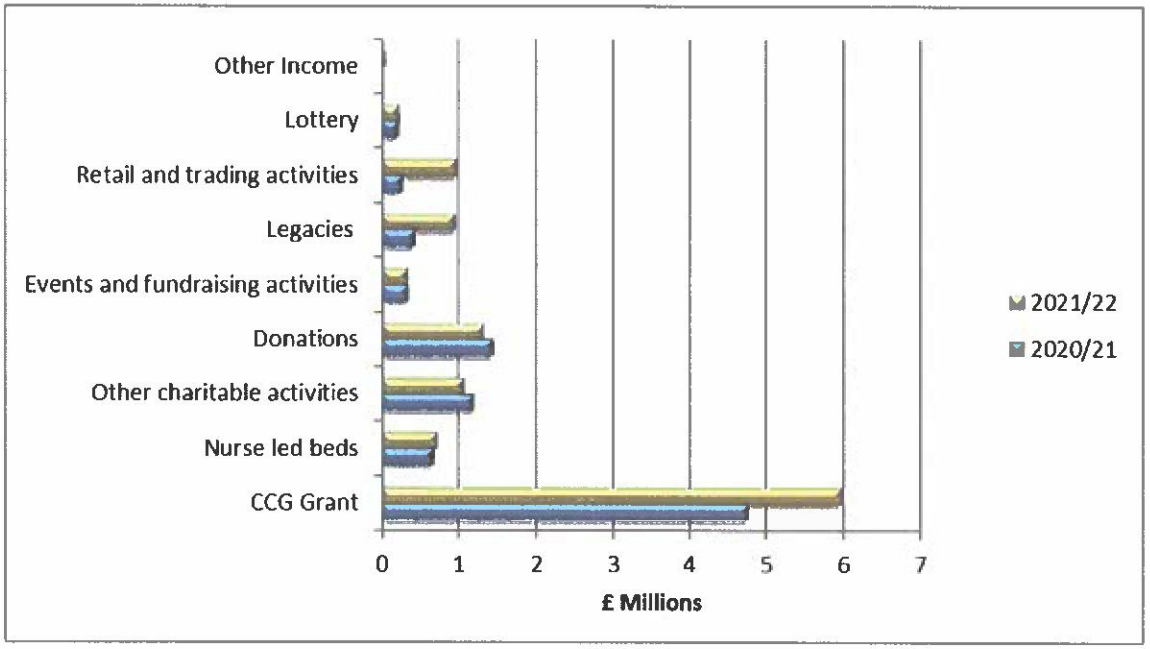
We are pleased to be in a position to report an increase in income on the previous year, largely as outlined above due to service developments commissioned by the ICS. Expenditure has been managed tightly and, through prudent management and support with funding, we are pleased to report a net surplus of £1,287k (2021: £319k). This surplus has resulted in an increase in reserves to £11.2m (2021: £9.9m), with total free reserves that are freely available to spend on any of the charity's purposes increasing to £3.79m at 31 March 2022 (31 March 2021: £2.21m). This has enabled the charity to move closer to the reserves policy approved by Trustees.

A significant contributor to our ability to report this surplus has been the funding received via Hospice UK from NHS England (NHSE). Without this funding we would have been reporting a considerably more worrying outcome for the year. The NHSE awarded this funding to allow hospices to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

We are predicting difficult times over the next few years as we move to recover our generated income streams whilst managing the increased costs in all budget areas. This modest increase in our reserves will go some way towards strengthening our financial position to support the charity's services during this recovery phase.

Income

The chart below shows our income compared to the previous year:



- The charity's total income was £11.57m (2021: £9.30m).
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations, events and other fundraising, was £1.64m (2021: £1.75m).
- The funding received via Hospice UK from NHSE has been recognised as restricted income which totalled £841k in the financial year.
- The charity is extremely grateful for all gifts in wills and income for the year was £949k (2021: £423k).
- The income from the charity's shops and other retail activities was £956k (2021: £261k) which, was a significant increase in the income from the previous year.
- Our NHS income, including the NLB project increased to £6.68m (2021: £5.43m) in the current year; which, combined with the ICB commissioned income, comprises 58% of our total income. The increase in the income was as a direct result of the expansion of our clinical services.
- The Charity was extremely grateful to received £247k (2021: £293k) via a combination of unrestricted and restricted grants and donations from charitable trusts. Donors included: Girton Town Charity, Cambridgeshire Community Foundation, Albert Hunt Trust, Sir Jules Thorn Charitable Trust, City and University of Cambridge Masonic Charitable Trust, Greenhall Foundation, Masonic Charitable Foundation, The National Lottery Community Fund, James Knott Charitable Trust, Albert Van Den Bergh Charitable Trust, Philip King Trust, Cambridgeshire Freemasons, the Polonsky Foundation and the February Foundation
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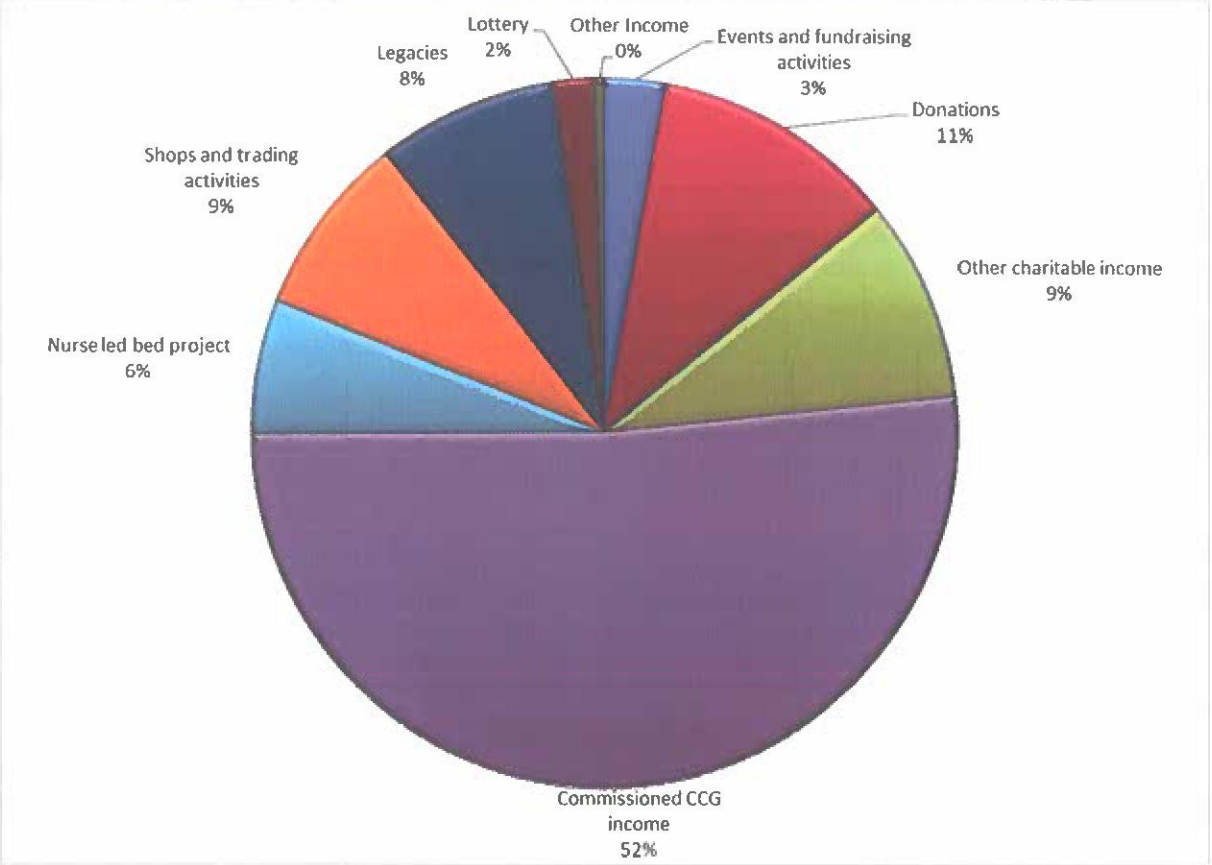
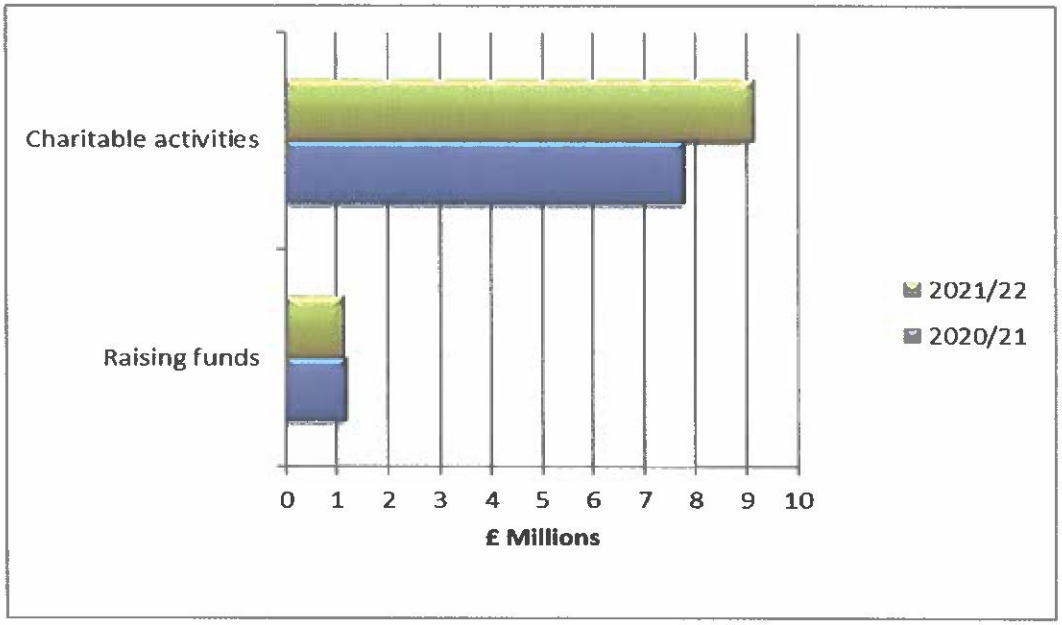
The chart below shows the proportion of income that we received in the year from different sources.



Expenditure

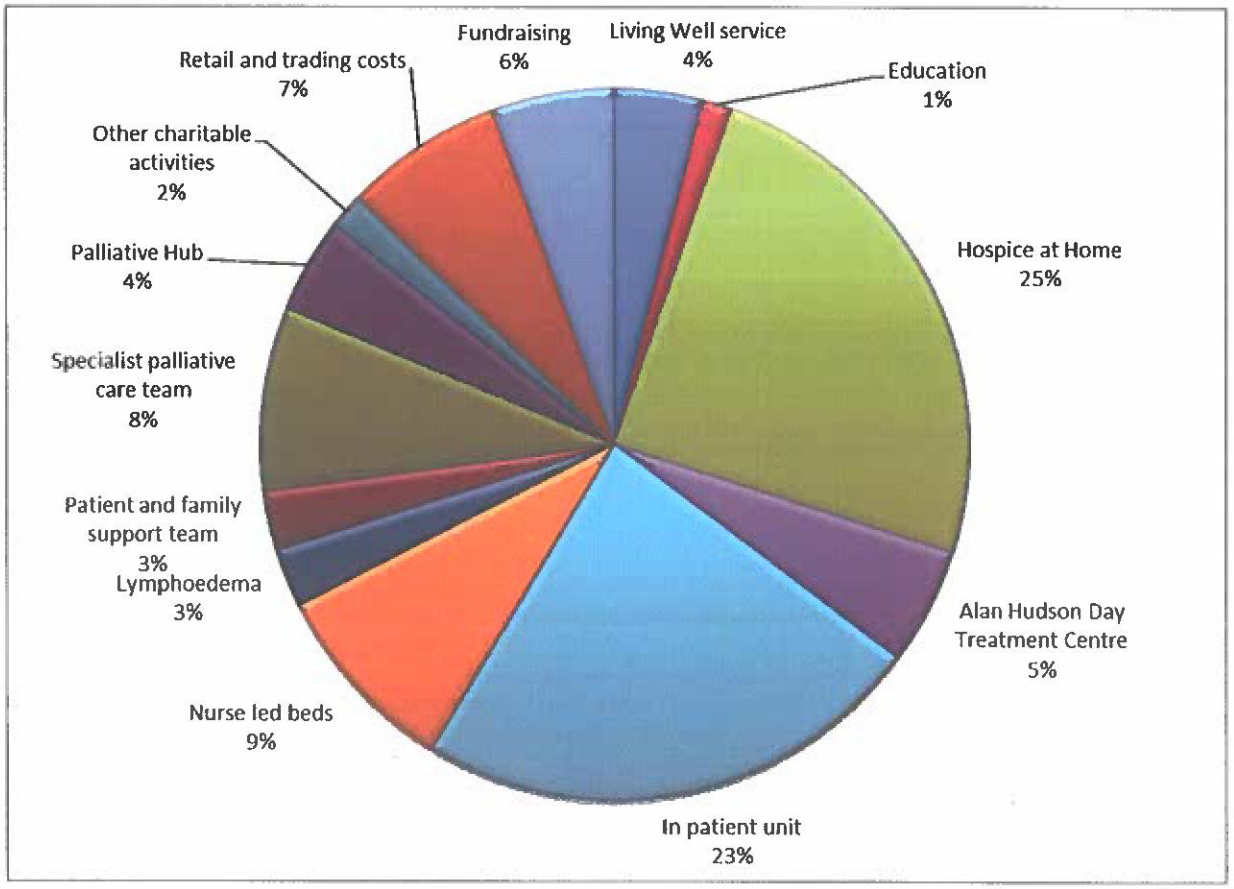
The chart below shows our expenditure compared to the previous year:



Overall expenditure increased this year to £10.29m from £8.98m last year.

- 89% of all the expenditure this year has been spent on charitable activities.
- The expenditure on direct charitable care has increased by £1.04m to £6.96m (2021: £5.92m) as an increased number of patients have been supported.
- £2.22m (2021: £2.10m) was spent supporting direct delivery of charitable care. This included (but is not restricted to) medical, clinical administrative support, facilities and catering, the management team, communications, finance and IT.
- £761k was spent on fundraising activities (2021: £664k). This excludes the fundraising costs of retail activities totalling £1,060k (2021: £538k). Excluding legacy and lottery income this expenditure has generated a return of investment ratio of 1.4. Included in the retail activity expenditure is £36k which was incurred in the charity's trading company, highlighted below.

The chart below shows the proportion of expenditure within each area.



Trading Company - Arthur Rank Hospice Limited

The charity has a separate subsidiary trading company through which our trading activities are managed which include the sales of new goods, venue hire and sales in our Bistro.

The consolidated accounts include income and expenditure generated by the trading company.

Our Education and Conference Centre provides a convenient meeting and conference venue which is available to hire by businesses, charities, health and social care organisations and community groups.

Our Bistro prides itself on delivering a freshly prepared and home cooked menu and providing a friendly

welcome in its bright and airy space, where patients, visitors and colleagues can enjoy meeting friends over lunch, or a coffee and cake.

Activity in these areas has bounced back following the easing of the restrictions imposed by lockdown during the pandemic.

Gross income from the Trading Company was £199K (2021: £107k). Expenditure was £143k (2021: £93k), which had increased from the previous year as a result of increased activity following the relaxation of restrictions imposed curing the height of the pandemic. The net amount covenanted to the charity was £57k (2021: £14k).

The net profit that can be attributed to retail activities is £56k (2021: £14k).

Reserves policy and going concern

As a result of the increased activity and expenditure with the Transformation Project including expansion of Hospice at Home and our Community Team and the introduction of the new Palliative Care Hub, Trustees have undertaken a review of the reserves policy

The Trustees are also mindful of the Charity Commission publications: *Charity reserves – building resilience* (CC19), and *Managing a charity's finances: planning, managing difficulties and insolvency* (CC12).

Using the definition of reserves proposed by the Charity Commission, the Trustees believe the charity should target liquid free reserve levels set at a range of £2.3m to £3.8m over the next ten years and this has now been achieved. The updated policy has been set in terms of protecting the continuity of the Charity's core work and providing cover for risks. A review of the level of free reserves for each future financial year will be incorporated within the budget setting and Trustee approval process.

Total free reserves of the charity at 31 March 2022 were £3.79m (31 March 2021: £2.21m). Free reserves comprise those funds that are freely available to spend on any of the charity's purposes. These exclude restricted funds and tangible fixed assets held for the charity's use. The 2021/22 surplus has contributed to an increase in reserves which has now reached the targeted band.

Included within the reserves policy is a designated Legacy Reserve. Due to the unpredictable and fluctuating nature of legacy income, Trustees have designated a legacy reserve to which legacies received over and above the budget level may be allocated, to be drawn down in future years where legacy income falls below the budgeted level. This will help manage the peaks and troughs of legacy receipts to provide a more sustained level of income to give more reliability for the budget. Such a reserve can also be assessed and managed at the Trustees' discretion should a service need present itself. At the 31 March 2022 the value of the designated Legacy Reserve was £211k.

Following the Charity Commission's advice that charity trustees consider the possibility of an unplanned closure, the Trustees view the possibility of unplanned closure as very unlikely. There is always going to be significant demand for high quality end of life care in Cambridgeshire. Even if the charity was no longer providing end of life care, it is very likely that the NHS staff who transferred to the charity under TUPE (Transfer of Undertakings Protection of Employment regulations) in August 2015 would transfer out under TUPE to a new provider. And, in a worst-case situation, the charity's balance sheet (net of the secured loan to Cambridgeshire County Council) would provide additional resources beyond reserves to fund a solvent liquidation.

Management and Trustees have prepared detailed month-by-month budgets for the year ending 31 March 2023 and a forecast for the following twelve months. There are less detailed projections for the following years. No material uncertainties related to events or conditions that might cast doubt about the ability of the charity to continue as a going concern over the next two years have been identified by the Trustees. Accordingly, the Trustees are of the view that the charity is a going concern.

Investment policy

In accordance with the charity's constitution, the Trustees have the power to invest in such stocks, shares, investments and property as they see fit. The Trustees are mindful of the recommendation of the Charity Commission with regard to the management of investments and have a sub-group of the Finance and General Purposes Committee to focus on investment. The charity has a formal investment

policy and strategy which has been approved by the Trustees. However, due to the current economic situation and investments made by the charity, the investment sub-group is dormant until such times as we are in a position to invest.

When we are able to invest funds, no investment will knowingly be made directly in tobacco and related products or in any other products which run counter to the ethical standards of the charity.

Risk management

A comprehensive risk register is maintained by the Senior Leadership Team and reviewed by the Trustees on a quarterly basis.

During 2021, a significant review of our risk management framework took place further embedding risk management within the strategic planning and management for the organisation and incorporating the Charity Commission guidance on risk management contained within CC26.

Following the review, the risks have been split into strategic and operational risks. Strategic risks are allocated to the relevant sub-committees of Finance and General Purposes, Income Generation and Clinical Governance and reported on quarterly at each full Trustee Board meeting.

At the meetings of Sub-committees, each committee undertakes a deep dive into one risk. The result of each deep dive is reported back at the next meeting of the full Trustee Board.

Operational risks are managed by the Senior Leadership Team and those identified as high risk are reported at each meeting of the full Trustee Board.

For each specific risk, the register describes the risk and assesses the level of risk, the likelihood of it happening and the potential impact. The register also includes proposed mitigation for each risk and Trustee appetite for each risk. The risks are scored both pre and post mitigation on the likelihood and impact of the risk.

Our most significant risks and mitigating actions are set out in the following table:

Principal risks	Management of risk
Risk that if there is a prolonged period with reduction in income from the various income streams, there could be impact on the financial stability of the organisation resulting in a detrimental impact on the organisation's ability to deliver services and the strategic objectives	• Monthly expenditure is closely monitored from timely financial reporting • The Finance and General Purposes Committee regularly consider the implications of this and regularly reviews the level of reserves • Trustees are kept fully informed via Trustee meetings • Regular contract reviews take place with service commissioners. • There is a diversity of income streams in place
Reliance on IT systems to deliver services	• IT support is outsourced to an ISO 27001 accredited company • Regular reviews of systems and security take place with the IT support provider • Systems are regularly backed up

Vulnerability to cyber crime	• Data security awareness training is in place for all staff • Anti-virus protection is in place • Systems and data are regularly backed up and services monitored

Beyond the specific mitigation strategies for each risk, the Trustees take the strategic view that the overarching risk mitigation strategy is to ensure that the charity is well led by its Senior Leadership Team, supervised and supported by the Board of Trustees.

Objectives for the next 12 months

We have now launched our next five-year strategy (2022-2027) which was produced in consultation with our community. A copy of our strategy can be found on our website (arhc.org.uk/app/uploads/2022/03/AR_5yr-Strategy-Report_22-27_web.pdf).

Our new five-year strategy sets out strategic priorities that we have aligned to the Ambitions for Palliative Care and Hospice UK (HUK) Future Vision (footnote these).

1. **Outstanding** - Service focused (continual improvement of current provision).
2. **Sustainable** - Income generation strategies and successful contract negotiations with statutory funders and developing our environmental responsibilities for a net zero carbon approach.
3. **Accessible** - Increase diversity of those accessing out services.
4. **Engaging** - Greater promotion and awareness, using resources such as digital solutions and effective use of our data.
5. **People** - Investing in our workforce and supporting our volunteers.
6. **Partnering** - Working with our system partners as part of the Integrated Care System, sharing knowledge and expertise

In 2022-23 we wish to focus on the following priorities:

Priority 1 - Outstanding

- Improve bereavement support across Cambridgeshire, with particular focus in Wisbech.
- Consider other roles to support our services such as the role of Death Doula, expanding our social worker role and supporting families with children, with a focus on psychological support for children.
- Continue with our Transitioning Young Adults work, ensuring a smooth transition from children's services to adult Hospice services for those with life-limiting illnesses and setting up more social groups.
- Utilise our additional two beds on the Inpatient unit.
- Review our Living Well service to meet the needs of those with palliative care needs across Cambridgeshire, helping them to live well with their illness.
- Improve feedback from our patients and carers and other stakeholders so we learn and improve.
- Working towards becoming a "greener" hospice.

Priority 2 - Sustainable

- To focus on our income generation strategy increasing financial support from fundraising and trading.
- To reduce the use of plastics in our fundraising activities.

Priority 3 - Accessible

- To introduce a non-faith-based summer remembrance event.
- To achieve our widening access group (WAG) action plan to reach all parts of our community.

Priority 4 - Engaging

- To work with schools in relation to fundraising and work experience.

- To offer support to business so that they are equipped to support their employees who may be end of life or have a loved one who is.
- To increase the use of technology to support patients, such as text messaging, virtual video consultations, automated telephone advice and support and to continue to improve our website.

Priority 5 - People

- To ensure our staff are supported, trained and developed to be the best they can be, attracting future colleagues to want to come to work for us and improving staff retention.
- To ensure our volunteers feel supported and develop champion roles.
- To explore new ways to connect with people and use digital systems to enhance efficiency.

Priority 6 - Partnering

- To continue to build partnerships with other organisations across the ICS to ensure palliative and end of life care is seen as a priority.
- To continue to share best practice with others in our region and wider across the Hospice sector.

COVID-19

The Charity coped with the extraordinary upheavals and demands of the COVID-19 pandemic and continued to deliver its strategy and greatly increased services in 2021-2022.

We have been fortunate to have the support of wonderful volunteers, including our wise and knowledgeable Trustees. We ensured all our staff knew the guidance as it changed and held regular update meetings. Our volunteers have continued to support patients in their own homes through our Caring Communities service which moved from face-to-face to phone support.

Over the next year we will continue to monitor the effect of COVID-19 on our service provision and financial position.

Structure, governance and management

Constitution

The charity is a charitable company limited by guarantee. The company was originally incorporated under Articles of Association on 25 November 2009. New Articles of Association were adopted on 6 June 2016 and amended on 31 March 2022. The company is a registered charity, number 1133354 The members of the company are the Trustees named below. In the event of the company being wound up, the liability of Trustees and members in respect of the guarantee is limited to £10 each.

The charity previously operated as an unincorporated charity which was founded in 1981 and established by Trust Deed in 1982. With effect from 1 February 2010, the assets of the unincorporated charity, renamed Arthur Rank House Hospice Charity, registered charity number 1133354-1 (formerly number 283353), were transferred to the charitable company. Under a Uniting Order dated 29 April 2010, Arthur Rank House Hospice Charity is now treated as part of Arthur Rank Hospice Charity.

The Trustees who served during the year and at the date of signing were:

Antoinette Jackson (appointed Chair of Trustees 16 May 2022)
Dr Catherine Bennett (appointed 3 March 2022)
Julia Curtis
Carolan Davidge
Dr Arnold Fertig
Stephen Kay
Kate Kirk
Mark Kingstone
Sonali Kumarakulasinghe (appointed 3 March 2022)
Dr Alex Manning
Meghan Mathieson
Lee Maughan (resigned 3 March 2022)

Colin Sherwood
John Short
Rosy Stamp
Dr Mehrunisha Suleman
Mark Turner (appointed 3 March 2022)
Neil Tween (appointed 3 March 2022)

Biographical details of all Trustees are included on our website at arhc.org.uk. Succession planning has led to the current size of the trustee board which will reduce in 2022 with four long-serving members standing down as they have completed their terms of office. We extend our gratitude to these trustees.

Appointment of Trustees

The charity has appropriate policies and procedures in place for the recruitment, appointment and training of new Trustees. In accordance with Charity Commission recommendations, the charity is aware of the importance of a diverse range of skills, background and experience among Trustees to ensure good governance. The usual approach to recruitment is to advertise but where specific skills or knowledge are required to strengthen the board's expertise, the charity will seek out people with those skills and ask them to apply. These candidates are then interviewed and considered in the normal way.

Trustees are usually appointed for an initial period of three years which may, subject to satisfactory performance, be renewed for up to two further terms of three years each. A Trustee would not normally serve for more than nine years but can be invited to serve for an additional three-year term at the request of the Trustees.

The induction and training of new Trustees

New Trustees are provided with an induction pack which includes the charity's constitution, accounts and annual reports together with Charity Commission publications relating to the role of a trustee and material from the Hospice UK induction pack. They are encouraged to attend the Palliative Care Overview course run at Arthur Rank Hospice, which covers:

- the background and history of the hospice movement and palliative care;
- the working arrangements between the charity and the NHS;
- clinical aspects of the care at the Hospice; and
- strategy, expenditure, income generation and other detailed information about the charity

Trustees are also invited to observe service delivery where appropriate and feasible.

Remuneration policy

The key management personnel of the charity and the group comprise the Trustees and the senior leadership team, being the CEO, Director of Clinical Services, Finance Director, the Medical Director, the Director of Fundraising and Communications and the HR Director.

The Medical Director transferred in from the NHS in August 2015 and continues to be paid in accordance with the NHS salary framework. Her role is assigned to individual NHS salary bands subject to satisfactory performance, The Medical Director receives annual increments on the anniversary of her appointment until she reaches the top of her band. Salaries of other key management personnel are reviewed annually by Trustees, taking into account salaries paid for comparable roles in similar organisations. There are third-party salary surveys of remuneration in the hospice sector and charities more generally which provide helpful input to this process. Where senior employees take on significant new responsibilities during the year, salaries are adjusted accordingly.
Trustees serve *pro bono* and voluntarily.

A Remuneration and Nomination Committee is in place to provide focus, oversight and expertise on these matters, given the charity's increased workforce post-independence.

Organisational structure and decision making

The Trustees set the strategic agenda and general policy of the charity. The day-to-day affairs of the charity are managed by the CEO who reports to the chair of Trustees. The CEO presents comprehensive reports to the Trustees at board meetings, which are held at least quarterly. In addition,

the CEO provides fortnightly briefing updates to the Trustees.

Within the organisation, there are also a number of sub-committees, which are set up to review each aspect of governance in more detail. Each sub-committee is made up of Trustees and supported by members of the Senior Leadership Team. Each committee reports back to the Board of Trustees.

The structure and membership of these formal committees is detailed below:

Clinical Governance:
Dr Alex Manning (Chair)
Dr Catherine Bennett
Julia Curtis
Dr Arnold Fertig
Mark Kingstone
John Short
Rosy Stamp

Finance and General Purposes Committee:
Stephen Kay (Chair)
Mark Kingstone
Sonali Kumarakulasinghe
Colin Sherwood
Mark Turner
Neil Tween

Remuneration and Nominations:
Rosy Stamp (Chair)
Julia Curtis
Antoinette Jackson
Stephen Kay
Kate Kirk
Mehrunisha Suleman

Trading Company Board:
Carolan Davidge (Chair) (appointed 28 January 2022)
Sharon Allen OBE (CEO)
Antoinette Jackson (Trustee)
Peter Northmore (Director of Trading Company)
Jennifer Tunbridge (Director of Finance) (resigned 25 July 2022)

Income Generation Committee:
Carolan Davidge (Chair)
Antoinette Jackson
Diana Jakubowska (Co-opted member)
Kate Kirk
Meghan Mathieson (Trustee)
Peter Northmore (Director of Trading Company)
Colin Sherwood
Mehrunisha Suleman

There is also a formal scheme of delegation in place which sets out roles, responsibilities and decision-making thresholds.

Trustees' responsibilities statement

The Trustees (who are also directors of Arthur Rank Hospice Charity 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 period. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they

give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group 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 judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on a going-concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company and the group's transactions and disclose with reasonable accuracy at any time the financial position of the charitable group 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 the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable group's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Provision of information to auditors

So far as each of the Trustees is aware at the time the report is approved:

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

This report, including the strategic report, was approved by the Trustees on 15/9/2022 and signed on their behalf by:

A Jackson

A. Jackson - Chair of Trustees

2/12/22

Company Details

Trustees

Antoinette Jackson (appointed Chair of Trustees 16 May 2022)
Dr Catherine Bennett
Julia Curtis
Carolan Davidge
Dr Arnold Fertig
Stephen Kay
Kate Kirk, (retired as Chair of Trustees 16 May 2022)
Mark Kingstone
Sonali Kumarakulasinghe
Dr Alex Manning
Meghan Mathieson
Colin Sherwood
John Short
Rosy Stamp
Dr Mehrunisha Suleman
Mark Turner
Neil Tween

President

Lady Chadwyck-Healey

Patrons

Baroness Cohen of Pimlico
The Rt Revd Stephen Conway, Bishop of Ely
Sir Derek Jacobi CBE
Lady Marshall
HM Lord-Lieutenant of Cambridgeshire Mrs Julie Spence OBE QPM
Mrs Belinda Sutton DL
Dr Nigel Williams MB. Ch.B., MRCGP., DCH.

Ambassadors

Robert Barnes
Sheila Pierre
Judith Chisolm*
Jake Crane*
Stuart Evans*
Rosemary Hall*
Stephen Hall*
Jennifer Mullucks*
*Due to pandemic, attendance not called upon in this financial year

Senior Leadership Team

Sharon Allen OBE Chief Executive Officer
Gemma Manning Director of HR
Dr Lorraine Petersen Medical Director
Sara Robins Director of Clinical Services
Donna Talbot Director of Fundraising and Communications
Jennifer Tunbridge Finance Director (resigned 25 July 2022)

Company registered number

07086155

Charity registered number

1133354

Registered office
Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB

Company Secretary
Jennifer Tunbridge (resigned 25 July 2022)
Hannah Grainger (appointed 25 July 2022)

Independent auditors
Peters Elworthy & Moore, Salisbury House, Station Road, Cambridge, CB1 2LA

Website address
arhc.org.uk

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY

OPINION

We have audited the financial statements of Arthur Rank Hospice Charity (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2022 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Company balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2022 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY (CONTINUED)

OTHER INFORMATION

The other information comprises the information included in the Annual report other than the financial statements and our Auditors' report thereon. The Trustees are responsible for the other information contained within the Annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report including the Strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report and the Strategic report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report including the Strategic report.

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

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company 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.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY (CONTINUED)

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Trustees' responsibilities statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the charitable company through discussions with trustees and other management, and from our charitable knowledge and experience;
- we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Companies Act 2006, Charities Act 2011, taxation legislation and data protection, anti-bribery and employment legislation;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence;
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit; and
- we reviewed the minutes of Trustees' meetings to identify any references to non-compliances with laws and regulations.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and

- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- we evaluated the assumptions and judgements used by management within significant accounting estimates and assessed whether these indicated evidence of management bias; and
- performed audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of meetings of those charged with governance;
- enquiring of management as to actual and potential litigation and claims; and
- reviewing correspondence with relevant regulators such as the Charity Commission.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditors' report.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY (CONTINUED)

USE OF OUR REPORT

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

Jayne Rowe

Jayne Rowe (Senior statutory auditor)
for and on behalf of
Peters Elworthy & Moore
Chartered Accountants
Statutory Auditors
Salisbury House
Station Road
Cambridge
CB1 2LA

Date: 13. December 2022

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2022

	Note	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
INCOME FROM:					
Donations and legacies	3	**2,043,321**	**220,943**	**2,264,264**	1,864,629
Charitable activities	4	**1,689,035**	**6,025,146**	**7,714,181**	6,628,525
Other trading activities	5	**1,583,218**	**11,809**	**1,595,027**	807,056
Investments	6	**3,761**	**-**	**3,761**	2,191
TOTAL INCOME		**5,319,335**	**6,257,898**	**11,577,233**	9,302,401
EXPENDITURE ON:					
Raising funds	8	**1,801,172**	**20,002**	**1,821,174**	1,201,597
Charitable activities	9	**2,064,819**	**6,404,400**	**8,469,219**	7,781,957
TOTAL EXPENDITURE		**3,865,991**	**6,424,402**	**10,290,393**	8,983,554
NET INCOME/(EXPENDITURE)		**1,453,344**	**(166,504)**	**1,286,840**	318,847
Transfers between funds	22	**(202,642)**	**202,642**	**-**	-
NET MOVEMENT IN FUNDS		**1,250,702**	**36,138**	**1,286,840**	318,847
RECONCILIATION OF FUNDS:					
Total funds brought forward		**9,231,792**	**687,523**	**9,919,315**	9,600,468
Net movement in funds		**1,250,702**	**36,138**	**1,286,840**	318,847
TOTAL FUNDS CARRIED FORWARD		**10,482,494**	**723,661**	**11,206,155**	9,919,315

The Consolidated statement of financial activities includes all gains and losses recognised in the year.

The notes on pages 15 to 41 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)
REGISTERED NUMBER: 07086155

CONSOLIDATED BALANCE SHEET
AS AT 31 MARCH 2022

	Note		2022 £		2021 £
FIXED ASSETS					
Tangible assets	15		**9,612,812**		10,087,452
			9,612,812		10,087,452
CURRENT ASSETS					
Stocks	17	**14,647**		15,384	
Debtors	18	**2,117,545**		1,079,798	
Investments	19	**680,625**		-	
Cash at bank and in hand		**2,910,158**		2,831,600	
		5,722,975		3,926,782	
Creditors: amounts falling due within one year	20	**(954,632)**		(814,919)	
NET CURRENT ASSETS			**4,768,343**		3,111,863
TOTAL ASSETS LESS CURRENT LIABILITIES			**14,381,155**		13,199,315
Creditors: amounts falling due after more than one year	21		**(3,175,000)**		(3,280,000)
TOTAL NET ASSETS			**11,206,155**		9,919,315
CHARITY FUNDS					
Restricted funds	22		**723,661**		687,523
Unrestricted funds	22		**10,482,494**		9,231,792
TOTAL FUNDS			**11,206,155**		9,919,315

CONSOLIDATED BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2022

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

Antoinette Jackson
Chair of Trustees

Date: 2.12.22

The notes on pages 15 to 41 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)
REGISTERED NUMBER: 07086155

COMPANY BALANCE SHEET
AS AT 31 MARCH 2022

	Note		2022 £		2021 £
FIXED ASSETS					
Tangible assets	15		**10,270,117**		10,744,757
Investments	16		**10,000**		10,000
			10,280,117		10,754,757
CURRENT ASSETS					
Stocks	17	-		724	
Debtors	18	**2,272,331**		1,144,184	
Investments	19	**680,625**		-	
Cash at bank and in hand		**2,808,237**		2,716,803	
		5,761,193		3,861,711	
Creditors: amounts falling due within one year	20	**(1,036,978)**		(793,976)	
NET CURRENT ASSETS			**4,724,215**		3,067,735
TOTAL ASSETS LESS CURRENT LIABILITIES			**15,004,332**		13,822,492
Creditors: amounts falling due after more than one year	21		**(3,175,000)**		(3,280,000)
TOTAL NET ASSETS			**11,829,332**		10,542,492
CHARITY FUNDS					
Restricted funds	22		**723,661**		687,523
Unrestricted funds	22		**11,105,671**		9,854,969
TOTAL FUNDS			**11,829,332**		10,542,492

COMPANY BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2022

The Company's net movement in funds for the year was £1,286,840 (2021 - £318,847).

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

Antoinette Jackson
Chair of Trustees

Date: 2.12.22

The notes on pages 15 to 41 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2022

	Note	2022 £	2021 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	25	**943,763**	1,120,308
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of tangible fixed assets		**(25,914)**	(35,577)
Movements in short term cash deposits		**(680,625)**	-
NET CASH USED IN INVESTING ACTIVITIES		**(706,539)**	**(35,577)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		**(158,666)**	(158,424)
NET CASH USED IN FINANCING ACTIVITIES		**(158,666)**	**(158,424)**
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR		**78,558**	**926,307**
Cash and cash equivalents at the beginning of the year		**2,831,600**	1,905,293
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	26	**2,910,158**	2,831,600

The notes on pages 15 to 41 form part of these financial statements

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

1. ACCOUNTING POLICIES

1.1 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) (Second Edition - October 2019) the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Arthur Rank Hospice Charity 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 Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the company and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

The company 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.

1.2 GOING CONCERN

The trustees have reviewed the financial position of the group and have a reasonable expectation that the group has adequate resources to continue in operational existence for the foreseeable future. Accordingly, the financial statements continue to be prepared on the going concern basis.

1.3 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.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

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

1. ACCOUNTING POLICIES (CONTINUED)

1.4 INCOME

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

For legacies, entitlement is taken as the earlier of the date on which either: the company is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the company has been notified of the executor's intention to make a distribution. Where legacies have been notified to the company, or the company is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated services or facilities are recognised when the company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of volunteers is not recognised. Refer to the Trustees' report for more information about their contribution.

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

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Donated goods for resale are recognised once sold.

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 Bank.

Income from NHS contracts, government and other grants, whether capital grants or revenue grants, are recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Lottery income is recognised in the period to which it relates and events income is recognised when the event has occurred.

Income from the Government's Coronavirus Job Retention Scheme, and other Government COVID-19 related grants, is recognised when the charity has made a valid claim for the income, the amount can be measured and when it is entitled to receive the income.

1. ACCOUNTING POLICIES (CONTINUED)

1.5 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.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings. Support costs have been allocated between cost of raising funds and expenditure on charitable activities based on direct costs.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice.

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

All expenditure is inclusive of irrecoverable VAT.

1.6 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.

1.7 TAXATION

The company 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 company 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.

1.8 TANGIBLE FIXED ASSETS AND DEPRECIATION

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

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 company 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.

1. ACCOUNTING POLICIES (CONTINUED)

1.8 TANGIBLE FIXED ASSETS AND DEPRECIATION (CONTINUED)

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

Freehold property	- 2-20% straight line
Leasehold land	- 1% straight line
Fixtures, fittings, equipment & artwork	- 10-33% straight line

1.9 INVESTMENTS

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'Gains/(Losses) on investments' in the Consolidated statement of financial activities.

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

1.10 STOCKS

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow-moving stocks. Cost includes all direct costs and an appropriate proportion of fixed and variable overheads.

1.11 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.

1.12 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.

1. ACCOUNTING POLICIES (CONTINUED)

1.13 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 company 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.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Consolidated statement of financial activities as a finance cost.

1.14 FINANCIAL INSTRUMENTS

The group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.15 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.

1.16 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.

The charity also contributes to the NHS defined benefit scheme for members of staff who transfered to it with NHS pension scheme membership. It is not possible to identify the charity's share of assets in this scheme and therefore contributions are accounted for as if they were made to a defined contribution scheme.

2. 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 company 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 discussed below.

Critical areas of judgment:

Depreciation of hospice - the various components of the hospice have been identified from the Component Replacement Report provided by Faithful Gould. This report was produced at the commencement of the project and as such final costs exceed those that the component depreciation was calculated on. The additional costs have been pro-rated across the various depreciation rates in accordance with the percentage values. The trustees have reviewed the depreciation rates and charge in the year and are satisfied on the basis the estimate is calculated.

3. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Donations	969,195	98,920	**1,068,115**	1,148,419
Legacies	946,967	2,500	**949,467**	423,366
Grants	127,159	119,523	**246,682**	292,844
	2,043,321	220,943	**2,264,264**	1,864,629
TOTAL 2021	1,649,481	215,148	1,864,629	

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Grant from CCG to deliver end-of-life care	-	5,970,146	**5,970,146**	4,760,425
Education	18,554	-	**18,554**	4,959
Other statutory income	483,596	55,000	**538,596**	1,094,041
Other	479,275	-	**479,275**	97,949
Contract Income from Nurse led beds	707,610	-	**707,610**	671,151
	1,689,035	6,025,146	**7,714,181**	6,628,525
TOTAL 2021	952,967	5,675,558	6,628,525	

5. INCOME FROM OTHER TRADING ACTIVITIES

Income from fundraising events

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Events and fundraising	320,540	6,131	**326,671**	313,420
Other	80,510	2,636	**83,146**	19,140
Shop and trading	956,984	-	**956,984**	261,301
Lottery income	225,184	3,042	**228,226**	213,195
	1,583,218	11,809	**1,595,027**	807,056
TOTAL 2021	800,778	6,278	807,056	

Included in other unrestricted is £11,270 (2021: £15,395) of gifts in kind.

6. INVESTMENT INCOME

	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Interest	3,761	**3,761**	2,191
TOTAL 2021	2,191	2,191	

7. ANALYSIS OF CHARITABLE EXPENDITURE BY ACTIVITY

	Direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Fundraising, Retail and Trading	1,108,616	712,558	**1,821,174**	1,201,597
Hospice care services	6,961,140	1,508,079	**8,469,219**	7,781,957
	8,069,756	2,220,637	**10,290,393**	8,983,554
TOTAL 2021	6,887,974	2,095,580	8,983,554	

8. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Challenges	16,877	10,983	**27,860**	25,170
Collections	-	-	**-**	243
Community fundraising costs	49,093	31,954	**81,047**	99,018
Events	126,550	82,419	**208,969**	112,898
Fundraising costs	192,958	116,278	**309,236**	292,834
Corporate	19,005	12,378	**31,383**	33,521
Legacies	21,796	14,195	**35,991**	26,914
In Memory	35,256	22,921	**58,177**	-
Trusts	5,029	3,275	**8,304**	17,117
Engagement	-	-	**-**	56,117
Retail	642,052	418,155	**1,060,207**	537,765
	1,108,616	712,558	**1,821,174**	1,201,597
TOTAL 2021	965,248	236,349	1,201,597	

Restricted funds totalling £17,836 were expended in the year ended 31 March 2022 to support fundraising costs. All expenditure in 2021 was unrestricted.

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

9. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Living Well service	321,206	205,636	**526,842**	398,893
Education	107,172	18,044	**125,216**	200,335
Hospice at home	1,957,875	238,806	**2,196,681**	1,955,813
Alan Hudson Day Treatment Centre	425,499	51,713	**477,212**	518,646
In patient unit	1,870,242	275,119	**2,145,361**	2,404,224
Nurse led beds	707,075	460,502	**1,167,577**	864,792
Lymphoedema	216,156	26,573	**242,729**	262,598
Patient and family support team	215,068	60,040	**275,108**	260,804
Specialist palliative care team	667,482	82,463	**749,945**	730,245
Palliative Hub	344,861	41,891	**386,752**	55,096
Transitioning Young Adults Project	53,748	6,529	**60,277**	31,087
Complementary therapy	-	-	-	12,019
Voluntary services	74,756	40,763	**115,519**	87,405
	6,961,140	1,508,079	**8,469,219**	7,781,957
TOTAL 2021	5,922,726	1,859,231	7,781,957	

In the year ended 31 March 2021, £6,242,297 was attributable to restricted funds, and £1,539,660 was attributable to unrestricted funds.

10. SUPPORT AND GOVERNANCE COSTS

	Staff costs 2022 £	Others 2022 £	Loan financing 2022 £	Total funds 2022 £	Total funds 2021 £
Facilities: Estates and catering	281,488	325,349	-	**606,837**	545,411
Central costs	398,129	122,871	114,896	**635,896**	675,941
Finance	148,868	21,250	-	**170,118**	170,888
Human resources	161,666	64,727	-	**226,393**	200,038
IT	-	257,538	-	**257,538**	269,403
Insurance	-	57,602	-	**57,602**	53,721
Public relations	85,928	61,142	-	**147,070**	114,116
Governance	78,731	40,452	-	**119,183**	66,062
	1,154,810	950,931	114,896	**2,220,637**	2,095,580
TOTAL 2021	1,027,085	948,015	120,480	2,095,580	

11. EXPENDITURE BY TYPE

	Charitable direct costs 2022 £	Fundraising direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Staff costs	5,778,225	718,459	1,154,810	**7,651,494**	6,557,720
Leases and rent	52,191	119,097	-	**171,288**	138,058
Loan financing costs	-	-	114,896	**114,896**	120,480
Other	1,083,018	254,822	514,319	**1,852,159**	1,642,105
Depreciation	47,706	16,238	436,612	**500,556**	525,191
	6,961,140	1,108,616	2,220,637	**10,290,393**	8,983,554
TOTAL 2021	5,922,726	965,248	2,095,580	8,983,554	

12. NET INCOME

This is stated after charging:

	2022 £	2021 £
Auditors' remuneration - audit	**20,827**	18,861
Auditors' remuneration - other services	**16,272**	15,535
Depreciation of tangible fixed assets: owned by the charitable group	**500,556**	525,191

13. STAFF COSTS

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Wages and salaries	**6,452,838**	5,526,095	**6,436,776**	5,526,095
Social security costs	**577,080**	487,613	**577,080**	487,613
Contribution to defined contribution pension schemes	**638,633**	556,317	**636,068**	556,317
	7,668,551	6,570,025	**7,649,924**	6,570,025

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

	Group 2022 No.	Group 2021 No.
Clinical services	**176**	147
Fundraising and communications	**22**	23
Support and governance	**37**	34
Bank staff	**35**	12
Retail	**14**	12
	284	228

13. STAFF COSTS (CONTINUED)

The average headcount expressed as full-time equivalents was:

	Group 2022 No.	Group 2021 No.
Clinical services	**138**	114
Fundraising and communications	**16**	18
Support and governance	**32**	29
Bank staff	**23**	8
Retail	**12**	10
	221	179

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

	Group 2022 No.	Group 2021 No.
In the band £60,001 - £70,000	**2**	2
In the band £70,001 - £80,000	**1**	1
In the band £80,001 - £90,000	**1**	1
In the band £90,001 - £100,000	**-**	1

The key management personnel of the Charity and the Group comprise the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, HR Director and the Director of Fundraising and Communications. The total employment costs including salaries, employer pension contributions and employers national insurance of key management personnel were £490,385 (2021: £500,560).

14. TRUSTEES' REMUNERATION AND EXPENSES

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

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

15. TANGIBLE FIXED ASSETS

GROUP

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2021	**11,193,156**	**120,000**	**1,046,526**	**12,359,682**
Additions	**-**	**-**	**25,916**	**25,916**
At 31 March 2022	**11,193,156**	**120,000**	**1,072,442**	**12,385,598**
DEPRECIATION				
At 1 April 2021	**1,658,538**	**5,300**	**608,392**	**2,272,230**
Charge for the year	**369,891**	**1,200**	**129,465**	**500,556**
At 31 March 2022	**2,028,429**	**6,500**	**737,857**	**2,772,786**
NET BOOK VALUE				
At 31 March 2022	**9,164,727**	**113,500**	**334,585**	**9,612,812**
At 31 March 2021	9,534,618	114,700	438,134	10,087,452

15. TANGIBLE FIXED ASSETS (CONTINUED)

COMPANY

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2021	**11,850,461**	**120,000**	**1,046,526**	**13,016,987**
Additions	**-**	**-**	**25,916**	**25,916**
At 31 March 2022	**11,850,461**	**120,000**	**1,072,442**	**13,042,903**
DEPRECIATION				
At 1 April 2021	**1,658,538**	**5,300**	**608,392**	**2,272,230**
Charge for the year	**369,891**	**1,200**	**129,465**	**500,556**
At 31 March 2022	**2,028,429**	**6,500**	**737,857**	**2,772,786**
NET BOOK VALUE				
At 31 March 2022	**9,822,032**	**113,500**	**334,585**	**10,270,117**
At 31 March 2021	10,191,923	114,700	438,134	10,744,757

16. FIXED ASSET INVESTMENTS

COMPANY	Investments in subsidiary companies £
COST OR VALUATION	
At 1 April 2021	**10,000**
AT 31 MARCH 2022	**10,000**
NET BOOK VALUE	
AT 31 MARCH 2022	**10,000**
AT 31 MARCH 2021	10,000

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the Company:

Name	Company number	Registered office or principal place of business	Principal activity
Arthur Rank Hospice Limited	03059033	Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB	Operating the fundraising trading arm of Arthur Rank Hospice Charity

Holding	Included in consolidation
100%	Yes

16. FIXED ASSET INVESTMENTS (CONTINUED)

The financial results of the subsidiary for the year were:

Name	Income £	Expenditure £	Profit/(Loss) / Surplus/ (Deficit) for the year £
Arthur Rank Hospice Limited	**199,698**	**(143,047)**	**56,651**

17. STOCKS

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Finished goods and goods for resale	**14,647**	15,384	**-**	724
	14,647	15,384	**-**	724

18. DEBTORS

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
DUE WITHIN ONE YEAR				
Trade debtors	**599,592**	359,084	**586,921**	358,975
Amounts owed by group undertakings	**-**	-	**49,318**	65,989
Other debtors	**759,534**	106,640	**878,548**	105,743
Prepayments and accrued income	**96,945**	89,871	**96,070**	89,274
Tax recoverable	**20,638**	12,577	**20,638**	12,577
Grants receivable	**640,836**	511,626	**640,836**	511,626
	2,117,545	1,079,798	**2,272,331**	1,144,184

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

19. CURRENT ASSET INVESTMENTS

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Listed investments	**680,625**	-	**680,625**	-
	680,625	-	**680,625**	-

20. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Other loans	**198,969**	197,633	**198,969**	197,633
Trade creditors	**211,054**	182,371	**208,736**	180,351
Other taxation and social security	**195,695**	160,137	**189,955**	160,137
Other creditors	**172,201**	163,823	**298,340**	161,736
Accruals and deferred income	**176,713**	110,955	**140,978**	94,119
	954,632	814,919	**1,036,978**	793,976

21. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Other loans	**3,120,000**	3,280,000	**3,120,000**	3,280,000
Other creditors	**55,000**	-	**55,000**	-
	3,175,000	3,280,000	**3,175,000**	3,280,000

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

Included within the above are amounts falling due as follows:

	Group 2022 £	Group 2021 £	**Company 2022 £**	Company 2021 £
BETWEEN ONE AND TWO YEARS				
Other loans	**160,000**	160,000	**160,000**	160,000
BETWEEN TWO AND FIVE YEARS				
Other loans	**480,000**	480,000	**480,000**	480,000
OVER FIVE YEARS				
Other loans	**2,480,000**	2,640,000	**2,480,000**	2,640,000

The aggregate amount of liabilities payable or repayable wholly or in part more than five years after the reporting date is:

	Group 2022 £	Group 2021 £	**Company 2022 £**	Company 2021 £
Payable or repayable by instalments	**2,480,000**	2,640,000	**2,480,000**	2,640,000
	2,480,000	2,640,000	**2,480,000**	2,640,000

The above loan is with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years with interest being charged at 3.34%.

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

22. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2022 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	6,775,067	-	-	(315,977)	6,459,090
Legacy reserve	211,000	-	-	-	211,000
	6,986,067	-	-	(315,977)	6,670,090
GENERAL FUNDS					
General funds	2,211,597	5,119,637	(3,722,944)	169,986	3,778,276
Subsidary undertakings	34,128	199,698	(143,047)	(56,651)	34,128
	2,245,725	5,319,335	(3,865,991)	113,335	3,812,404
TOTAL UNRESTRICTED FUNDS	9,231,792	5,319,335	(3,865,991)	(202,642)	10,482,494
RESTRICTED FUNDS					
Grant to deliver end of life care	-	5,970,146	(6,172,788)	202,642	-
Hospice at home	161,088	32,898	(40,775)	-	153,211
Alan Hudson Day Treatment Centre	384,014	125,153	(127,041)	-	382,126
Arthur's shed	5,097	-	(37)	-	5,060
Equipment	57,361	3,500	(6,043)	-	54,818
Other restricted funds	79,963	126,201	(77,718)	-	128,446
	687,523	6,257,898	(6,424,402)	202,642	723,661
TOTAL OF FUNDS	9,919,315	11,577,233	(10,290,393)	-	11,206,155

22. STATEMENT OF FUNDS (CONTINUED)

STATEMENT OF FUNDS - PRIOR YEAR

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2021 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	7,092,656	-	-	(317,589)	6,775,067
Legacy reserve	-	-	-	211,000	211,000
	7,092,656	-	-	(106,589)	6,986,067
GENERAL FUNDS					
General funds	1,851,565	3,298,686	(2,613,792)	(324,862)	2,211,597
Subsidary undertakings	34,128	106,731	(106,731)	-	34,128
	1,885,693	3,405,417	(2,720,523)	(324,862)	2,245,725
TOTAL UNRESTRICTED FUNDS	8,978,349	3,405,417	(2,720,523)	(431,451)	9,231,792
RESTRICTED FUNDS					
Grant to deliver end of life care	28,270	4,760,425	(5,220,146)	431,451	-
Hospice at home	123,999	43,651	(6,562)	-	161,088
Alan Hudson Day Treatment Centre	387,195	103,518	(106,699)	-	384,014
Arthur's shed	5,097	-	-	-	5,097
Education	2,690	4,398	(7,088)	-	-
Equipment	60,544	1,249	(4,432)	-	57,361
NHSE	-	860,133	(860,133)	-	-
Other	14,324	123,610	(57,971)	-	79,963
	622,119	5,896,984	(6,263,031)	431,451	687,523
TOTAL OF FUNDS	9,600,468	9,302,401	(8,983,554)	-	9,919,315

Designated Hospice Fund
A designated Hospice Fund was originally established with the view of securing the long-term provision of hospice services in the region. The trustees are delighted that this has now become a reality and that the funds here, built up over the course of many years, have now been utilised in bringing about the new hospice at Shelford Bottom. The closing balance represents the value of the hospice less the loan taken out to complete the build.

Grant to deliver end of life care
These funds are those received from the NHS to deliver end of life care and fund the services as agreed in the grant agreement. The transfer represents expenditure in excess of the grant received borne from unrestricted funds.

Hospice at Home
Donations continue to be received specifically for the Hospice at Home service.

Arthur's Shed
These donations have been made to fund the set up and continuation of a volunteer-led activity programme held in Arthur's Shed in the grounds of the Hospice. It is a space for the wider community and people connected to the Hospice to be able to come together in a safe, warm and friendly venue. The space is used for people to connect with others and join in with various activities. The development of the sessions provided in Arthur's Shed have enabled the charity to achieve our objective of broadening our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services.

Alan Hudson Day Treatment Centre
These funds compromise of donations made specifically for use at the Alan Hudson Day Treatment Centre in Wisbech which is managed by the charity. Expenditure made from this fund all relates to the delivery of care at the Alan Hudson Day Treatment Centre. Funding received in previous years has been used to re develop the centre and garden area in order to provide a larger and improved space for patients. This has helped us develop our service to meet the needs of the patients in the Wisbech area which is in line with our objectives.

Equipment
Donations have been received and used throughout the year for the purchase of equipment and furniture for the Hospice.

Other
This represents various smaller funds and some Grant funded projects such as the Transitions project and Caring Communities project. The Transitions project supports young people transitioning from children's hospice care to adult hospice care and the Caring Communities project provides companionship for our patients and their carer.

23. STATEMENT OF FUNDS - CHARITY ONLY

CHARITY ONLY FUNDS - CURRENT YEAR

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2022 £
Unrestricted funds	9,854,969	5,119,637	(3,666,393)	(202,642)	11,105,571
Restricted funds	687,523	6,257,898	(6,424,402)	202,642	723,661
Total	10,542,492	11,377,535	(10,090,795)	-	11,829,332

CHARITY ONLY FUNDS - PRIOR YEAR

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2021 £
Unrestricted funds	9,601,526	3,298,686	(2,613,792)	(431,451)	9,854,969
Restricted funds	622,119	5,896,984	(6,263,031)	431,451	687,523
Total	10,223,645	9,195,670	(8,876,823)	-	10,542,492

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (GROUP)

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	9,612,812	-	**9,612,812**
Current assets	4,999,314	723,661	**5,722,975**
Creditors due within one year	(954,632)	-	**(954,632)**
Creditors due in more than one year	(3,175,000)	-	**(3,175,000)**
TOTAL	10,482,494	723,661	**11,206,155**

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS (CONTINUED)

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR (GROUP)

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	10,087,452	-	10,087,452
Current assets	3,239,259	687,523	3,926,782
Creditors due within one year	(814,919)	-	(814,919)
Creditors due in more than one year	(3,280,000)	-	(3,280,000)
TOTAL	9,231,792	687,523	9,919,315

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (CHARITY ONLY)

	Unrestricted funds 2022 £	**Restricted funds 2022 £**	**Total funds 2022 £**
Tangible fixed assets	10,270,116	-	**10,270,116**
Investments	10,000	-	**10,000**
Current assets	5,037,532	723,661	**5,761,193**
Creditors due within one year	(1,036,978)	-	**(1,036,978)**
Creditors due in more than one year	(3,175,000)	-	**(3,175,000)**
	11,105,670	723,661	**11,829,331**

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR (CHARITY ONLY)

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	10,744,757	-	**10,744,757**
Investments	10,000	-	**10,000**
Current assets	3,174,188	687,523	**3,861,711**
Creditors due within one year	(793,976)	-	**(793,976)**
Creditors due in more than one year	(3,280,000)	-	**(3,280,000)**
	9,854,969	687,523	**10,542,492**

25. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	Group 2022 £	Group 2021 £
Net income for the year (as per Statement of Financial Activities)	**1,286,840**	318,847
ADJUSTMENTS FOR:		
Depreciation charges	**500,556**	525,191
Decrease/(increase) in stocks	**737**	(2,228)
Decrease/(increase) in debtors	**(1,037,747)**	140,428
Increase in creditors	**193,377**	138,070
NET CASH PROVIDED BY OPERATING ACTIVITIES	**943,763**	1,120,308

26. ANALYSIS OF CASH AND CASH EQUIVALENTS

	Group 2022 £	Group 2021 £
Cash in hand	**2,910,158**	2,831,600
TOTAL CASH AND CASH EQUIVALENTS	**2,910,158**	2,831,600

27. ANALYSIS OF CHANGES IN NET DEBT

	At 1 April 2021 £	Cash flows £	At 31 March 2022 £
Cash at bank and in hand	**2,831,600**	**78,558**	**2,910,158**
Debt due within 1 year	**(197,633)**	**(1,336)**	**(198,969)**
Debt due after 1 year	**(3,280,000)**	**160,000**	**(3,120,000)**
Liquid investments	**-**	**680,625**	**680,625**
	(646,033)	**917,847**	**271,814**

28. PENSION COMMITMENTS

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2022 159 (2021: 111) employees were members of this scheme, to which the charity contributed 6% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS Defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2022, 133 (2021: 115) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £637,773 (2021: £562,185). An amount of £87,733 (2021: £79,955) was outstanding at the year end.

29. OPERATING LEASE COMMITMENTS

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

	Group 2022 £	Group 2021 £
Not later than 1 year	**144,704**	153,441
Later than 1 year and not later than 5 years	**422,764**	481,853
Later than 5 years	**235,793**	294,053
	803,261	929,347

30. RELATED PARTY TRANSACTIONS

Arthur Rank Hospice Limited is a wholly owned subsidiary of Arthur Rank Hospice Charity. During the year ended 31 March 2022, the charity charged £36,336 (2021: £36,338) to this company. The company has made a gift aid payment of its taxable profits of £56,651 (2021: £13,689) to the charity. The company also collects sums on behalf of the charity. As at 31 March 2022, the company owed the charity £49,318 (2021: £65,989) to the charity.

31. CONTROLLING PARTY

The Charity is under the control of its Trustees who are listed on page 1 of the financial statements.

ARTHUR RANK HOSPICE CHARITY

England & Wales - Charity number 1133354

Accounts

Arthur Rank Hospice Charity

Registered number: 07086155
Charity number: 1133354

Arthur Rank Hospice Charity

(A company limited by guarantee)

Trustees' Report and Financial Statements

For the year ended 31 March 2021

Trustees' Report
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The Trustees are pleased to present their annual Trustees' Report together with the consolidated financial statements of the charity and its subsidiaries for the year ended 31 March 2021. These are also prepared to meet the requirements for a directors' report and accounts for Companies Act 2006 purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Articles of Association, and Accounting and Reporting by Charities: 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) (Second edition October 2019).

Trustees' Report

Nobody needs reminding that we have gone through an unprecedented year, and it is a testament to the dedication of everyone involved in the Arthur Rank Hospice Charity, from consultants to volunteers and from fundraisers to bistro staff, that we have been able to increase our services and care for more patients and their families than ever before in the period covered by this report.

'Palliative care is a truly brilliant thing', says Anna Lyons in the book she wrote with Louise Winter, *We all know how this ends*. An end of life doula, Lyons recognises the benefits of palliative care, and the power it truly has to make every moment count. One of the ways we have sought to reflect this is in the creation of our Living Well Service, which was previously known as Day Therapy. Living Well encapsulates what we are trying to do for everyone who needs any of our services – and our multi-disciplinary teams help to ensure that all needs are covered.

In response to the pandemic and to a request from our Clinical Commissioning Group (CCG), we partnered with Sue Ryder Thorpe Hall Hospice to dramatically increase the provision of Hospice at Home services across the county. This meant that many more patients and their families could be supported without having to go into hospital, and helped us to remind our community that 'hospice' is not just a place, it is a mode of holistic care that can be delivered almost anywhere.

Much of the year referred to in this report has been about partnership – not just with Sue Ryder Thorpe Hall Hospice, but also with fellow local charity Romsey Mill, the CCG's End of Life Transformation Board, Addenbrooke's Hospital for our Nurse led beds (NLBs), other hospices who have come to learn about our NLB model and how they might apply it in their areas, Just Helping for the Christmas tree recycling campaign, grant funders who have supported critical developments like the upgraded audio-visual equipment in our Education Suite, Hospice UK and its drive to support hospices around the country through collaboration and sharing information, and more. The pandemic has demonstrated how important such partnerships are, and how well they can work if everyone involved is driven by the same goals.

As Chair of Trustees, I continue to be awed by the dedication and professionalism of all our colleagues and volunteers in the face of rapid change and uncertainty, and I am delighted to be able to present this report. While the 2020-2021 financial year has been challenging and our charitable income is down, this report demonstrates an underlying resilience that will serve as a strong foundation as we start to develop a new strategy for the years ahead.

Kate Kirk
Chair of Trustees

Our vision

Our vision is to provide patients and their families with the highest quality end of life care by achieving excellence in everything we do and making every moment count.

Our mission and purpose

We will achieve this through the delivery of excellent, innovative and compassionate specialist and community-based palliative care. We will support patients with a life-limiting diagnosis to improve their quality of life and fulfil their choices at the end of their lives.

Our values

- Flexible, individual and responsive specialist palliative care
- Integrity, compassion and professionalism
- Valuing and investing in our workforce
- Equality of service
- Prudence in the management of our resources

Strategic Report 2020-21

Why we are here

Our five year strategy implemented in 2017 states our strategic aims:

- Develop our services to meet the changing needs of our population
- Broaden our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services
- Evaluate and continually improve our governance structure
- Develop our education and research capacity
- Develop the financial and operational resilience of the charity
- Support and develop our staff and volunteers

Public Benefit

In setting objectives for the year and planning the charity's activities, the Trustees give due consideration to guidance from the Charity Commission relating to public benefit. Access to services is based solely on need and no charges are made for services provided.

The difference we make through our charitable activities

Our focus, at all times, is ensuring that our patients and their families receive the very best, holistic care that we can provide.

The purpose of the charity is to relieve sickness and suffering of people with life-limiting conditions in Cambridgeshire and the surrounding areas and to assist their families and carers. These people, their families and carers are the beneficiaries of the charity. The charity supports them by providing:

- End of life care at Arthur Rank Hospice and elsewhere;
- Services, facilities, equipment or grants for beneficiaries; and

- Any other benefit which relieves the sickness or suffering of beneficiaries.

Care and services are provided free of charge to patients. The charity helps them and their loved ones to improve their quality of life and fulfil their choices at the end of their lives – making every moment count.

The vision that shapes the charity's annual activities is to provide patients and their families with the highest quality end of life care by achieving excellence in everything we do and making every moment count. The team strives to achieve this through the provision of innovative and compassionate specialist palliative care and support at the Hospice, the Alan Hudson Day Treatment Centre in Wisbech and in the community.

Our Charitable Activities

During the year we provided care services that enabled us to care for patients at the hospice in Cambridge, the Alan Hudson Day Treatment Centre in Wisbech and in patients' own homes. Our services are provided free of charge to those who need our vital care and support in the local community.

Living Well Service

During the year, following consultation with patients, relatives, healthcare colleagues and volunteers, our Day Therapy service was renamed as our Living Well Service to better reflect the range of services offered.

Our Living Well Service has provided specialist advice and support (palliative care) for adults who have a life-limiting illness. Living Well programmes typically involve once a week contact for eight weeks and are delivered by our multi-disciplinary team (MDT). Our MDT includes nurses and healthcare assistants, complementary therapists, a life celebration and creative co-ordinator, a music therapist, volunteers, physiotherapists, occupational therapists, chaplain, psychological therapists and the specialist medical team.

Therapy sessions were held on Zoom throughout the year which provided an excellent way of continuing to deliver successful and varied programmes to our patients during the pandemic when face to face contact was not possible. The learning from providing services in this way will be carried forward as we are moving back to face to face sessions. Digital provision will continue to be part of our offer, enabling our service to engage with more people.

Patients engage with the charity's expert team, who spend time discovering what is important to each person, supporting them to shape and achieve goals that will make a real difference to their everyday lives. Sessions can involve everything from managing breathlessness, anxiety or fatigue to complementary therapy, consideration of advance care planning to seated exercise groups, one-to-one symptom management to spiritual counselling, life celebration and creative activities to psychological support.

The Living Well Service is entirely funded by the charity.

Education

We run courses for health and care professionals to learn and share best practice. We also offer placements so that healthcare professionals and students can gain a more thorough understanding of the work we do.

Our courses and workshops are run by our education team with sessions provided by our experienced multi-professional hospice clinicians. The teaching team are experienced in hospice, community and acute settings which ensures that theory is linked to current practice in all settings.

We also design and provide bespoke education sessions that provide a tailored experience for a range of organisations. During the pandemic we have provided specific support to residential care providers who were particularly impacted by a significantly higher than usual numbers of deaths.

We have been fortunate to secure grant funding and have upgraded our audio-visual equipment in our Education Suite. The upgrade will allow us to meet future demand for digital and hybrid events, to diversify our conference usage, to broaden our reach and also to facilitate different ways of MDT working.

Hospice at Home

We know that many people would prefer to die at home. Our compassionate team of Health Care Assistants and Nurses are experts in the practicalities and complexities of end of-life care and are able to support patients at the end of their lives to die in their own homes if they so wish and it is safe to do so.

With the support of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) we have significantly expanded our service to provide care throughout the county, day and night, to support those who are rapidly deteriorating and whose preferred place of death is home.

We know that family carers want to be able to care for the person they love and that this can be hard. Sometimes they need a break and sometimes they need support with particular care needs. This is what our teams can offer, whether this is needed during the day or at night, to give carers a chance to rest and carry on caring. Having our Hospice at Home team support with care, skill and knowledge can help keep loved ones at home, avoid unwanted admission to hospital and help patients return home from hospital when admission has been necessary.

Our care is practical and holistic. It might involve keeping patients comfortable, ensuring they have the medication they need, providing a hand massage and words of comfort. Our care is focused on patients and what they need.

Alan Hudson Day Treatment Centre (AHDTC) located at North Cambs Hospital, Wisbech

Our MDT of highly qualified staff and dedicated volunteers provide expert care, which is holistic and tailored to each person's specific needs. Services include Living Well, treatment and clinical days (including blood transfusions, oncology and symptom management), complementary and diversional therapies, and bereavement and support services.

The Centre additionally supports patients and their families in their own homes through a Hospice at Home service and a community specialist palliative care nurse which ensures integrated care. Our specialist palliative care nurse is a core member of the team and is working closely with the Primary Care Networks. The team also provides clinical advice and support to palliative patients on the adjacent Trafford Ward.

We also work closely with Queen Elizabeth Hospital, Kings Lynn to support their End of Life Care provision and our Matron attends their MDT meetings.

In-patient Unit

The Hospice In-patient Unit (IPU) has 12 specialist beds and seven Nurse led beds (NLB) with the ability to increase up to nine beds if necessary. Two beds remain available to be commissioned. All patients and their loved ones are provided with holistic care from the MDT (see below for details).

In January 2021, when winter pressures increased for acute hospitals, our CCG commissioned the use of our two remaining beds and we were able to support the system by admitting additional patients from the community to avoid patients having to go into hospital. In February 2021, the need for these beds decreased and they were closed.

We continue to explore how we can make best use of our remaining two un-commissioned beds as part of our future plans. We have a number of ideas that we intend to include in our next long-term strategy and look to secure the resources required to enable these ideas to be implemented.

Specialist beds: Funding and catchment area

The beds are funded by a contract with Cambridgeshire and Peterborough CCG and are available for patients whose GP practice falls within Cambridgeshire. In exceptional circumstances, patients are admitted from outside the Cambridgeshire area, but funding must have been agreed with the relevant CCG.

The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist MDT, and/or a daily review by a doctor. As we are a short-stay unit we aim to discharge patients whose needs are stable and could be managed elsewhere in other care settings or at home. Therefore we are unable to admit people whose main need is long-term care.

All referrals must come via a healthcare professional. Referrals are triaged every weekday and are prioritised based on how urgently the care plan needs to change, and how much added value the MDT can offer.

During the year we cared for 229 patients (2020: 228) in our specialist beds with the average length of stay at 16.4 days (2020:18.2 days)

We are experienced in caring for patients with specialist nutritional needs, non-invasive ventilation and tracheostomies, and are able to give oxygen, intravenous medication and fluids.

As soon as the team feel the care plan can be continued elsewhere, we aim to discharge patients home or to a care home if home is not possible. If extra care, support or equipment is required, we work with other agencies to provide this.

Nurse led beds

These beds are funded by Cambridge University Hospital (CUH) NHS Trust for patients in Addenbrooke's who would otherwise be dying in hospital, and who require non-complex nursing care. Their daily management is led by experienced nursing staff rather than the full MDT. Patients have access to the ward doctor if required. We work closely with the Addenbrooke's team to continually monitor and evaluate the project and both organisations are very pleased with the way this service is working. Other hospices around the country are also keen to learn more about the service as they are interested to see if it would work for them and their local acute trusts.

Feedback from families whose loved ones transfer to our care remains positive and the fact we continued to offer this service during the pandemic has been helpful, especially as we had fewer restrictions on visiting than the hospitals.

During the year we cared for 192 patients in our Nurse led beds (2020: 214).

Lymphoedema

The Lymphoedema Clinic provides a service for those with primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, and other related conditions. All patients are offered an assessment with a clinical specialist in lymphoedema and a treatment programme is agreed with them. Treatment may consist of some or all of the following: skin care, compression (this could be compression garments, wraps or bandaging), exercise programmes, simple/manual lymphatic drainage or use of compression pumps, kinesiotape and low-level light therapy. We aspire to support all our patients to self-manage this long-term condition and, to help with this, we offer six sessions a year at our support group to offer further education about managing lymphoedema.

We maintain close links with our referral teams at Addenbrooke's Hospital, the Tissue Viability Team and community staff. We provide two full-day education sessions for healthcare professionals each year and are currently working with the Tissue Viability Team to develop joint teaching for community staff on the management of chronic oedema and wet legs.

Patient and Family Support Team

Our psychological support service provides psychological assessment and treatment for adults over the age of 18 who are living with an advanced serious illness or other life-limiting illness and their closest family or friends. We work with those being cared for by our IPU, Community Team and Living Well Service, and their family and loved ones, usually offering sessions once per fortnight for six sessions.

The Hospice's social worker provides social support and practical information to patients and families who are being cared for on our IPU or through our Community Team. This support may include discharge planning, benefits advice, advice on financial and housing support, as well as emotional support at times of stress and change.'

Spirituality can be seen to be the heart of who we are. Whilst some people put this into a religious framework, for many others it is less defined, although no less important. Our chaplain and a team of volunteers are available to all patients, their relatives and loved ones, whether they are of faith or not, to help explore the 'difficult questions'- we listen and help where we can. There is a chaplain on-call 24/7 for inpatients, and they and their visitors can also access our Sanctuary, a peaceful space at the Hospice for those of all different faiths or no faith. We will also facilitate acts of worship or rites as required. If appropriate to patient care and the situation, we encourage people from faith groups to visit, enabling patients still to feel part of their community if this is something that is important to them.

Although the team has been based primarily at the Hospice, we have visited Hospice patients in the community; including during lockdown if required when protocols allowed.

We employ a social worker to work across the Patient and Family Support Team and IPU to increase support to our patients. Our social worker has also been able to provide helpful advice sessions online to the Living Well Services Carers' group during the pandemic via our online Zoom sessions. We have also continued to support patients online with bereavement support groups and have been able to provide virtual music therapy as well as supporting students studying music therapy at Anglia Ruskin University (ARU).

This service is 50% funded by the charity and 50% by the Cambridge and Peterborough CCG.

Specialist Palliative Care Team

Our seven day a week service helps those living with an advanced serious illness or other life-limiting condition to get further support and encourages planning for future care with families, carers or loved ones. We liaise regularly with care providers, such as GPs and district nurses, so that care remains as seamless as possible. The team may also be able to highlight other NHS services, charities or organisations that can help support the specific circumstances of a patient. Working with the Cambridgeshire and Peterborough Clinical Commissioning Group, we are pleased to have been able to expand our Community Team to ensure that the service is available 8am – 6pm, seven days a week and is able to provide a rapid response to people in crisis. We also have a part time clinical nurse specialist working at our Alan Hudson Day Treatment Centre to support patients registered with one of the four GP practices in Wisbech who have specialist palliative care needs.

As the pandemic gathered momentum, patients were reluctant to seek help and an increasing number expressed preferences to remain at home or felt uncomfortable visiting clinical environments. The onset of the COVID-19 pandemic meant our Specialist Palliative Care Home Team had to adapt to working very differently, as many other clinical environments had to close or repurpose to support management of the pandemic. The team has experienced a significant increase in referrals. Nurses from our IPU and Living Well Service joined the team to support us as well as the existing community team of physiotherapists, occupational therapists and doctors.

Assessments are provided (video consultation, over the phone, or, in some circumstances, in homes) enabling us to understand the current situation and ensure that available support, can be accessed. We also liaise with wider healthcare providers, aiming for an integrated approach tailored to individual needs.

Our team of skilled Clinical Nurse Specialists aim to help manage symptoms and any other difficulties patients might be facing. We may help with medicine management and accessing the wider Hospice team for psychological and spiritual support or complementary therapy. Psychological support may be provided as a video consultation or over the phone to patients and their primary carers or family members.

A large part of the team's work is to do with Future Care planning. We help patients talk about their wishes and preferences, especially when it comes to end of life care. Wishes are documented in a ReSPECT[1] plan so that other services are aware and the various teams can work together to fulfil them.

[1] Recommended Summary Plan for Emergency Care and Treatment.

Transitioning Young Adults Project

We work jointly with East Anglia's Children's Hospices (EACH) and Sue Ryder Thorpe Hall Hospice in supporting young people transitioning from children's hospice care to adult hospice care. EACH can refer young people from age 16 as an introduction to our Transition Service. Our specialist Care Team are supporting young adults and their families from age 18 throughout illness, symptom control, crisis management and end of life care.

We established a local action group for Transitioning and are linking with other key stakeholders regionally and nationally. We have set up a webpage for Transitioning on the Arthur Rank Hospice Charity Website https://www.arhc.org.uk/supporting-you/care-services/young-people/.

Unfortunately, due to the pandemic we have not been able to hold face-to-face open days as we did in 2019. However, in March 2021 we held a virtual open event which was well received and enabled us to collate valuable feedback which we will use to help design our adult services to support the needs of young people and their families in future.

Palliative Care Hub

As part of our work with the CCG End of Life Transformation Board, work has been progressing to design a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with Herts Urgent Care which commenced in April 2021. This will initially be an out of hours service until the staff team is fully recruited, at which point, the service will be 24/7. We hope that this will be around October 2021.

This service is for anyone who needs specialist palliative care advice or support. It is available to patients, family/friends, carers, GP's and other healthcare professionals (including care and nursing

homes when the patient has been identified as palliative).

We will be able to give advice and support where able, signpost to appropriate services, transfer patients to another healthcare professional who can better help them or complete necessary referrals to other services.

Complementary Therapy

Our highly trained therapists tailor programmes to each person's needs. Sessions provide a safe space where patients and their carers can take out a little time from of their daily challenges.

Treatments may help alleviate many common symptoms such as pain, nausea, insomnia, muscular aches and low mood. We aim to offer the maximum benefit whilst disturbing the client as little as possible: comfort is everything.

Voluntary Services

Volunteers make a huge contribution to the charity, we have over 650 volunteers who support us giving up many hours of their valuable time providing a significant benefit to the hospice. Volunteers are crucial to our work as they enable us to achieve so much more within our limited resources. They also add to the friendly ambience of the Hospice. We have volunteers covering 45 different roles. These include gardening, hosting in the In-patient Unit and Living Well, cake baking, counselling, flower arranging, staffing our charity shops, fundraising, supporting our events, and many more.

Achievements in 2020/21 against our five-year strategy

We launched our five-year strategy in 2017 and are making good progress:

Objective 1. Develop our services to meet the changing needs of our population

What we wanted to achieve

- We will develop a hospice Dementia Strategy with local partners.
- We will secure funding from the CCG to develop and expand our Hospice at Home daytime and night time provision.
- We will secure funding from the CCG and work in partnership with Herts Urgent Care (HUC) to develop a Palliative Hub for Cambridgeshire & Peterborough.
- We will recruit a Co-ordinator for the Transitioning Young Adults project working in partnership with EACH and Sue Ryder Thorpe Hall and develop a programme of work and a set of Key Performance Indicators to monitor the project

What we achieved

- Unfortunately, due to the pandemic, we have not been able to progress with our dementia work with Cambridge and Peterborough NHS Foundation Trust (CPFT). However, we were able to hold a Dementia Study Day in September 2020 in partnership with CPFT. Our objectives will be carried over into our new strategy.
- Due to the pandemic, our commissioners, Cambridge and Peterborough CCG, asked us, in partnership with Sue Ryder Thorpe Hall Hospice, to expand our Hospice at Home Service and support those who were rapidly deteriorating and reaching the terminal phase of their illness and whose preferred place of death was home. In April 2020 we began our recruitment campaign to employ the colleagues we needed to support the expanded service, with our initial focus on having a team set up to cover Fenland and East Cambridgeshire by the end of July 2020. Our recruitment was successful and by July 2020 we were able to start accepting Fast Track Continuing Health Care referrals to provide care during the day for those who wished to die at home.
- As part of our work with the CCG End of Life Transformation Board, work progressed to design a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with HUC.
- We were successful in our bid to secure funding from the National Lottery Community Fund and in October 2020 we employed our Young Persons Transitions coordinator who has been working closely with EACH and the adult hospices to lead on this work. We have now established a local action group for Transitioning and are linking with other key stakeholders regionally and nationally.

Objective 2. Broaden our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services

What we wanted to achieve

- We will develop and expand the areas covered by our Hospice at Home daytime and night time provision.
- Our Caring Communities project will support patients who have completed their eight week Living Well programme and where they or their carer are at risk of isolation in the community.
- Our internal Widening Access Group will take their action plan forward to ensure our services are accessible to all and that our organisation (colleagues, patients, Trustees and volunteers) is more representative of our local community.

What we achieved

- In addition to the success of our "Help Us Be There" appeal of 2019, we have expanded our daytime Hospice at Home service following investment from the CCG in response to the pandemic. We began with Fenland and East Cambridge in July 2020 and now have recruited

sufficiently to enable us to cover fast track Hospice at Home provision to the whole of Cambridgeshire. The service provides up to three hour long visits a day to provide quality care and support to patients and their loved ones in their own homes. We are also able to provide overnight care where this is required.

- As a result of the restrictions imposed by the lockdowns we moved this service to virtual support. We use the Carer Support Needs Assessment Tool to help us assess and tailor our support for carers depending on their needs. In response to the COVID-19 pandemic, we set up a six-week programme for carers called "Caring Together" as part of our Living Well Services.
- Arthur Rank Hospice Charity was the first hospice to adopt the 'Help at Hand Community Info' app, which functions like a digital directory. It can be accessed via mobile phone, device or computer and provides a safe, quick and efficient way to signpost patients, family and friends to the community organisations and groups they need most.
- Our internal Widening Access Group is working with local groups to ensure our services are accessible to all.

Objective 3. Evaluate and continually improve our governance structure

What we wanted to achieve

- We will undertake an external governance review.
- We will continue to focus on quality improvement with each team identifying areas where quality can be further enriched.
- We will agree and implement a succession plan for Trustees.

What we achieved

- In October 2020 Trustees held their annual strategy session online, together with the Senior Leadership Team. The session focussed on a review of our Governance, our purpose, our culture, opportunities to develop our leadership and how we effectively manage risks.
- Our Quality Development Group - which brings managers from across the organisation together on a regular basis focusses on quality and improvement. Each team has a number of quality improvement projects which are reported on throughout the year.
- We successfully recruited new Trustees in December 2020 and provided an induction plan including our comprehensive handbook. We have further succession planning in place as a number of longer-serving Trustees will be stepping down in 2022.

Objective 4. Develop our education and research capacity

What we wanted to achieve

- We will continue to work with Local Authority colleagues to support local care providers.
- We will continue to work with ARU and explore opportunities to develop collaborative working with other education providers locally.
- We will continue to link with the Collaboration for Leadership in Applied Heath Research to undertake and participate in research relating to palliative and end of life care.
- We will agree a programme of work for our re-instated Research Group

What we achieved

- We have supported a number of care and nursing homes through the pandemic to increase skills and confidence in end of life care. Our CEO is a Patron of Cambridgeshire Care Provider Alliance.
- We are continuing to deliver a Masters module with ARU. The cohort included a group of charity colleagues. Due to its success, ARU has commissioned the module for the following year.
- We have set up a working group to consider all research projects and explore new opportunities. This is led by one of our consultants who is experienced in research. We are participating in a number of studies and it is still our ambition to lead in further research relating to palliative and end of life care. We are currently participating in a national study in relation to "needs rounds" working with care homes to explore how an Australian model could be adopted in the UK. The study is due to commence in July 2021.

Objective 5. Develop the financial and operational resilience of the charity

What we wanted to achieve

- We will continue to explore innovative ways to increase our income and manage resources effectively.
- We will review our business continuity plans in relation to COVID-19 and Brexit to mitigate risks to our service delivery and align these with our emergency preparedness and resilience response policy. We will test our business continuity plans to ensure they are robust and we will refine as necessary.
- We will launch our new website to meet the changing needs of the charity.
- We will launch an SOS campaign with the ambition of raising funds to support our services in response to the impact on our income generation as a result of COVID-19.
- We will review our fundraising events as a result of the COVID-19 lockdown to come up with innovative ways of maintaining these over the next twelve months.
- We will open a new retail hub unit to add diversification to our high street shops and grow our online sales revenue.

What we achieved

- We carried out an upgrade on our supporter database system. We installed a new finance system in September 2020 which has enabled us to improve the usage and reporting available to support budget holders. The system has the functionality to allow us to generate more tailored reporting, giving budget holders the ability to track income and expenditure robustly.
- We developed a COVID-19 outbreak plan in addition to our usual business continuity plans.
- The charity also launched an SOS appeal inviting the community to donate in support of our services as a result of the restrictions placed on our ability to fundraise in the traditional ways. The appeal raised more than £89,000.
- The pandemic significantly impacted planned fundraising activities. Our fundraising team and volunteers have been creative and adaptive, repurposing planned activity to be virtual events such as our Bridge the Gap and Festive 5k fun run - creating new activities such as our Step a Million challenge as well as our popular raffles and superdraws, all to raise vital funds for our work. Our sign ups with Your Hospice Lottery have remained consistent and we continue to work hard to retain and increase player numbers.
- In July 2020, our new website went live. Teams continue to review and develop the content on our webpages to ensure they meet the needs of our patients and community. During the pandemic our new website enabled us to ensure information was readily accessible and available to those who needed it. This included information videos and leaflets and signposting to external information. It also proved to be an important tool for engagement and offering financial support.
- Despite the challenges of several lockdowns and restrictions put in place to manage the global pandemic, we were delighted to open our new Retail Hub in Sawston in October 2020. This has enabled us to sell much larger items such as furniture and expand our online sales using eBay and Amazon.

Objective 6. Support and develop our staff and volunteers

What we wanted to achieve

- We will continue our work with the Education team to review our education plans and upskill our colleagues.
- We will improve the recruitment pages on our website to promote the benefits of working at the Hospice and position the charity as an employer of choice.
- We will review the appraisal process for colleagues and align this to our operational plans.
- We will continue with our Wellbeing Strategy.
- We will continue with our regular volunteer forums to engage with our volunteers.

What we achieved

- We have offered additional training to volunteers including Dementia Friends and communication. We have commenced a review of our study leave policy and have undertaken a survey of staff and developed an action plan. Teams have undertaken a review of their training needs for the year and training budgets have been applied to support these developments. We have set up restorative resilience supervision training and colleagues are being encouraged to book on sessions to enable us to increase support and wellbeing engagement.
- We have set up our own internal management development programme to support colleagues with line management responsibilities. Due to the pandemic, we have had to pause this work until face-to-face sessions can be resumed. We are considering the most effective ways to recognise contributions and achievements and will develop this further in our next strategy.
- We have set up a lot of support for our colleagues, especially in response to the pandemic. Arthur's Shed, situated in the hospice garden, was transformed into a quiet space to which colleagues could go, away from the Hospice building, in order to provide a safe space for reflection, meditation or just having a coffee and enjoying the peace and quiet. We also set up a Wellbeing online notice board which contains lots of useful information for colleagues to access. Some of our therapy colleagues also set up meditation sessions and we implemented "20 Minute Care Space" sessions online.
- We held volunteer forums virtually which were well attended. We also held regular smaller team meetings. Unfortunately, we had to cancel both our volunteer party and long service awards in 2020, but we continue to recognise and celebrate long service through our bulletins. We continue to explore ways to engage with new volunteers online.

Patients supported

The Hospice has supported increased numbers of patients during the year, although overall the number of referrals was lower than in previous years. The increase in complexity of care the patients referred to us have received resulted in a significant increase in contact.

As a result of the expansion of the Hospice at Home service the number of face-to-face contacts and appointments has increased significantly from 3,238 in 2019/20 to 13,907 in 2020/21.

Number of referrals	20/21	19/20
In-patient Unit (specialist beds)	305	311
In-patient Unit (nurse led beds)	271	468
Day Therapy	214	274
Hospice at Home	1,223	851
Specialist Palliative Care Home Team	861	837
Lymphoedema	166	197
Patient and Family Support Services	223	254
Pain Management	29	33
Complementary Therapy	175	227
Medical Outpatient and Domiciliary	84	181
Community HUB	246	259
Alan Hudson Day Treatment Centre	320	366
Transitioning Young Adults	2	1
Total	**4,119**	**4,259**
Number of face-to-face contacts/appointments	**20/21**	**19/20**
Day Therapy	215	2,196
Hospice at Home	13,907	3,238
Specialist Palliative Care Home Team	1,173	1,921
Lymphoedema	342	990
Patient and Family Support Services	181	959
Pain Management	18	41
Complementary Therapy	280	642
Medical Outpatients and Domiciliary	153	251

Community HUB	0	7
Alan Hudson Day Treatment Centre	2,292	3,358
Transitioning Young Adults	0	5
Total	**18,561**	**13,608**
Number of telephone contacts	**20/21**	**19/20**
Day Therapy	2,536	1,346
Hospice at Home	5,594	5,260
Specialist Palliative Care Home Team	9,689	7,034
Lymphoedema	1,843	1,109
Patient and Family Support Services	918	621
Pain Management	43	36
Complementary Therapy	469	361
Medical Outpatients and Domiciliary	743	533
Community HUB	1,922	1,993
Alan Hudson Day Treatment Centre	4,846	3,334
Transitioning Young Adults	19	6
Total	**28,622**	**21,633**
In-patient Unit (specialist beds)	**20/21**	**19/20**
Number of beds	12	12
Bed occupancy	89%	87%
Number of patients	229	228
Number of discharges	218	218
Average duration (days)	16.4	18.2
Available bed days	4,470	4,392
In-patient Unit (nurse led beds)	**20/21**	**19/20**
Number of beds	9	9
Bed occupancy	72%	78%
Number of patients	192	214
Number of discharges	187	209
Average duration (days)	10.2	11.9
Available bed days	2,715	3,294
Alan Hudson Day Treatment Centre – Wisbech	**20/21**	**19/20**
Day Care Sessions Attended	45	460
Treatments Provided	1,760	2,349
Inpatients on Trafford Ward Supported	31	47

Approach to fundraising

Our people

The work of our charity impacts people throughout our community. Our supporters and donors often

have a personal connection to our cause and the sensitive nature of our services is a healthy reminder of the care which must be taken when fundraising. We are voluntarily registered with the Fundraising Regulator - we are a member of both Hospice UK and the Hospice Income Generation Network and we are committed to our Ethical Fundraising Promise.

Our fundraising and communications strategy to connect, inspire and deepen relationships with our supporters is undertaken by professional paid fundraisers, communication experts and a methodical and efficient fundraising support team. 2020/21 proved to be a challenging year for fundraising and, in order to respond to the changing landscape of fundraising, we completed a restructure within the fundraising team in the last quarter of the financial year. The focus of the restructure was to build on supporter retention levels, increase regular giving and develop new supporters. Our work to nurture legacy income continued as we explored an online free will facility. This initiative was agreed in 2020/21 and launched in the new financial year 2021/22.

Sadly many of our volunteers were unable to support in their usual capacity, such as helping at our flagship events or community talks in this financial year due to the pandemic. However, their support continues and we look forward to welcoming them back to their previous roles or inviting them to join us in new areas when easing of restrictions allows.

Working with third party fundraisers

The charity benefits from lottery income via its contract with Your Hospice Lottery. The partnership, which commenced in 2011, has provided significant and consistent levels of income to help fund care. When restrictions allowed during 2020/21 the fundraisers carried out door to door fundraising and engaged supporters via social media platforms. During a brief period, a telephone campaign was also trialled.

Collaborating with other organisations

The charity is pleased to work in partnership with Romsey Mill, another local Cambridge charity, to deliver Bridge the Gap (an annual charity walk), and Just Helping to deliver its annual Christmas Tree recycling scheme. There are a number of other events or informal occasions where we are chosen as a beneficiary in partnership with other charities, typically through our corporate or community fundraising.

Our data

The charity stores patient and supporter data separately to ensure patient confidentiality is protected at all times. Colleagues are aware that the respect and future sustainability of the charity is dependent on its ability to fund service delivery, partially if not fully. All data is stored in accordance with General Data Protection Regulations (GDPR 2015) and the Data Protection Act 1998. If a new fundraising activity or initiative is proposed we adopt a 'legitimate interests' approach to the way in which we communicate with our supporters and privacy impact assessments are carried out. Digital ways of giving increased during this financial year aided by the new platforms introduced during the website relaunch which took place in July 2020. Our privacy policy was refreshed during 2020/21 and released to coincide with the new financial year 2021/22. We apply the legitimate interest test where opt in has not been received for our quarterly newsletter which is sent by post. Our monthly e-newsletter, Arthur's Update, is also circulated to those who have authorised email communications. Our approaches invite support through registrations for events and activities as well as donations.

Complaints and opt-outs received from supporters

During the year one opt-out was received (two in 2019/20) via the Fundraising Regulator relating to our fundraising. The website details a variety of ways for supporters to provide feedback and participants who take part in fundraising events are invited to submit feedback after the event. We view complaints and supporter feedback as important information about the impact of our fundraising on our supporters and an opportunity to learn about and improve our practice.

Financial review

Although this has been a financially challenging year for the charity, we are pleased to be in a position to report an increase in income on the previous year. Expenditure has been managed tightly and through prudent management and support with funding we are pleased to report a net surplus of £319k (2020: £592k). This surplus has resulted in an increase in reserves to £9.9m (2020: £9.6m), with total free reserves that are freely available to spend on any of the charity's purposes increasing to £2.21m

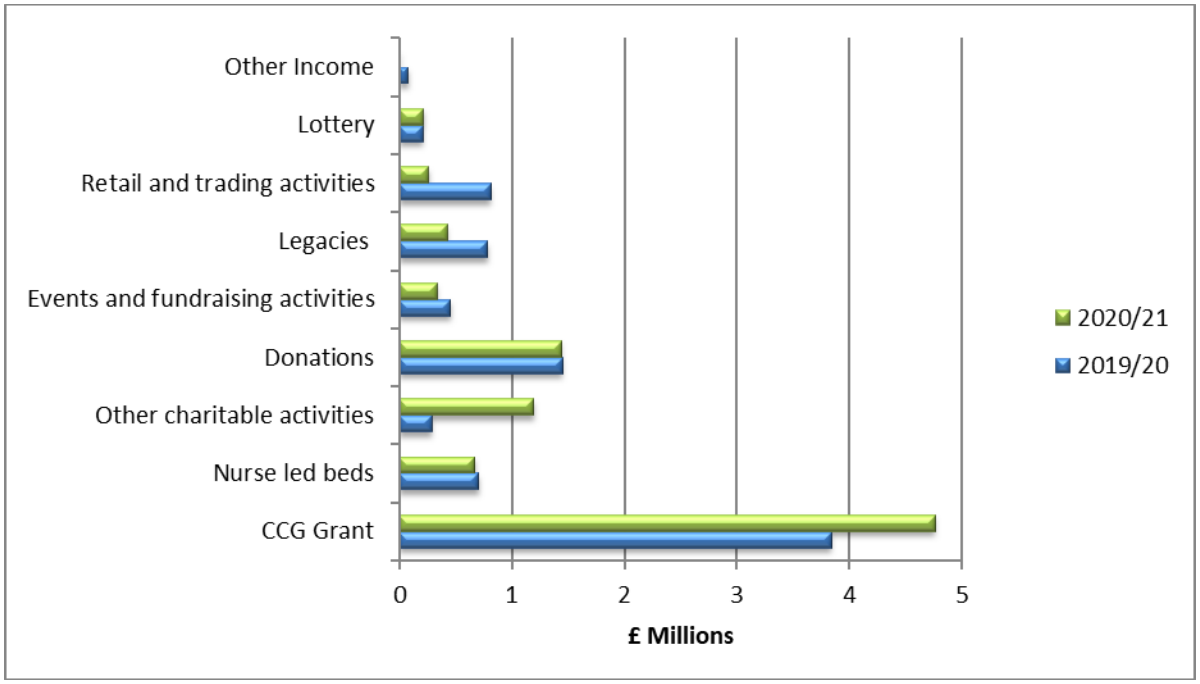
at 31 March 2021 (31 March 2020: £1.73m).

A significant contributor to our ability to report this surplus has been the funding received via Hospice UK from NHS England (NHSE). Without this funding we would have been reporting a considerably more pessimistic outcome for the year. The NHSE awarded this funding to allow the Hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

We are predicting difficult times over the next few years as we move to recover our generated income streams and this modest increase in our reserves will go some way towards strengthening our financial position to support the charity's services during this recovery phase.

Income

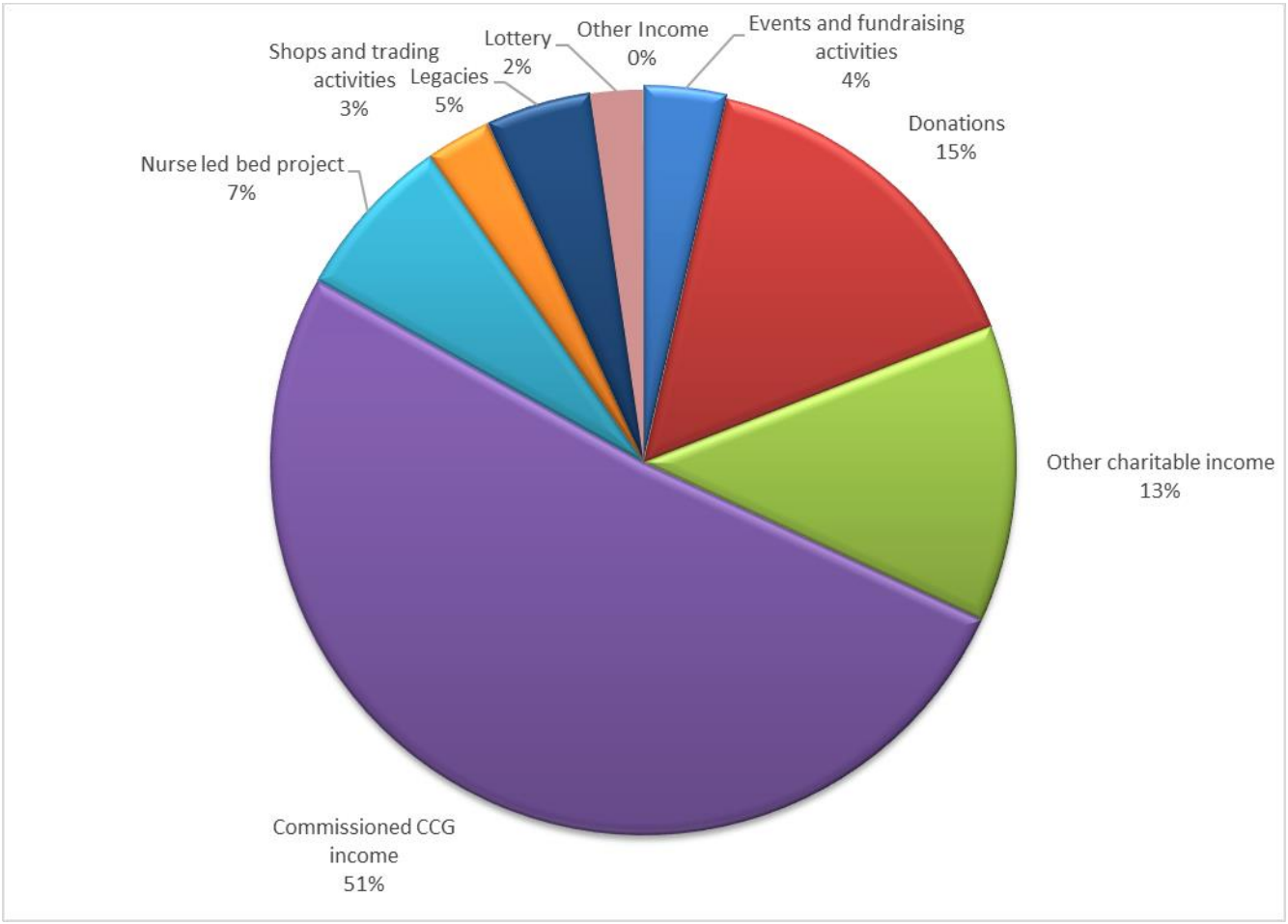
The chart below shows our income compared to the previous year:



- The charity's total income was £9.30m (2020: £8.63m).
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations, events and other fundraising, was £1.7m (2020: £1.90m).
- The funding received via Hospice UK from NHSE has been recognised as restricted income which totalled £860k in the financial year.
- The charity is extremely grateful for all gifts in wills and income for the year was £423k (2020: £787k).
- The income from the charity's shops and other retail activities was £261k (2020: £814k) which, as a result of the lockdowns, was a significant decrease in the income from the previous year. The income includes COVID-19 Business Support Grants totalling £71k.
- Our NHS income, including the NLB project increased to £5.43m (2020: £4.53m) in the current year; which, combined with the CCG commissioned income, comprises 58% of our total income. The increase in the income was as a direct result of the expansion of our clinical services.

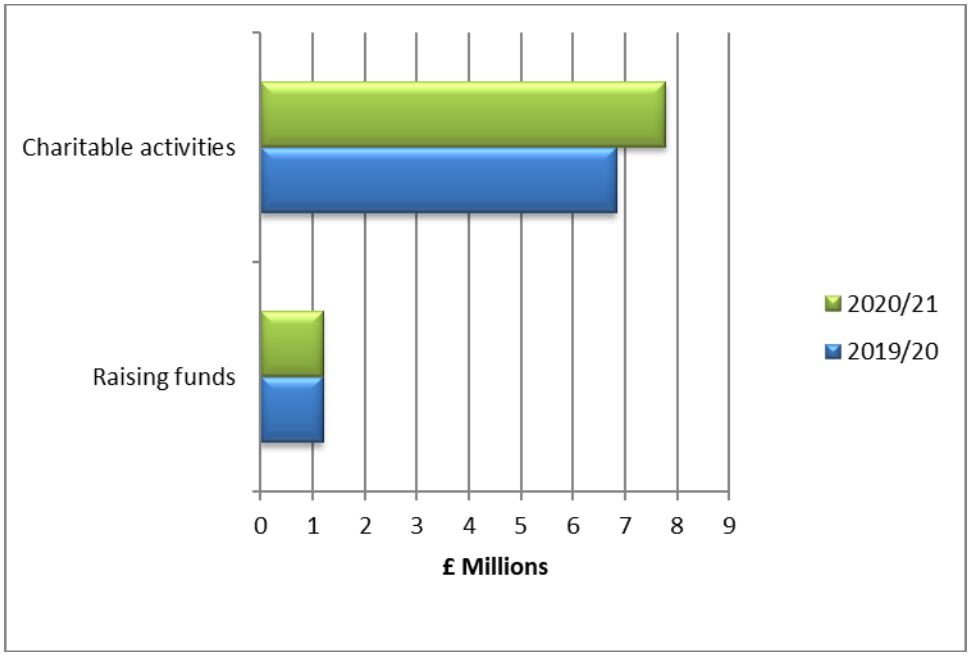
- The charity was extremely grateful to receive £293k (2020: £366k) in both unrestricted and restricted grants and donations from charitable trusts. Trust donors included: The Hudson Foundation, Garfield Weston Foundation, Girton Town Charity, Wolfson Foundation, Friends of Wisbech Hospitals, Cambridgeshire Community Foundation, Albert Hunt Trust, Sir Jules Thorn Charitable Trust, City and University of Cambridge Masonic Charitable Trust, the Tregoning Trust, Atkin Foundation, Greenhall Foundation, Masonic Charitable Foundation, Betty Lawes Foundation, National Lottery Community Fund, James Knott Charitable Trust, Albert Van Den Bergh Charitable Trust, South Cambridgeshire District Council, Philip King Trust, Cambridgeshire Freemasons.

The chart below shows the proportion of income that we received in the year from difference sources.



Expenditure

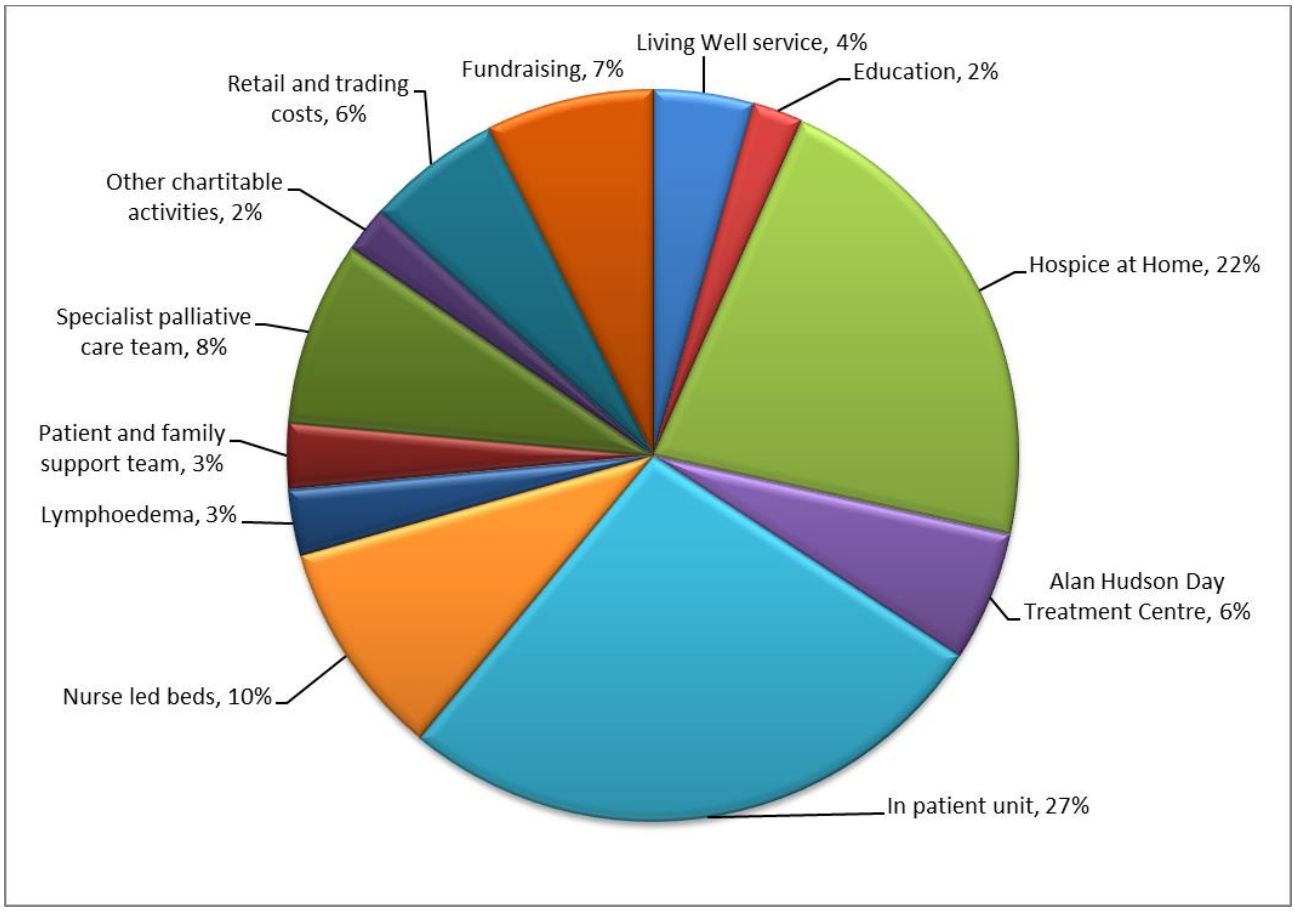
The chart below shows our expenditure compared to the previous year:



Overall expenditure increased this year to £8.98m from £8.04m last year.

- 89% of all the expenditure this year has been spent on charitable activities.
- The expenditure on direct charitable care has increased by £850k to £5.92m (2020: £5.07m) as an increased number of patients have been supported.
- £1.86m (2020: £1.94m) was spent supporting direct delivery of charitable care. This included (but is not restricted to) medical, clinical administrative support, facilities and catering, the management team, communications, finance and IT.
- £664k was spent on fundraising activities (2020: £666k). This excludes the fundraising costs of retail activities totalling £538k (2020: £536k). Excluding legacy and lottery income this expenditure has generated a return of investment ratio of 1.82. Included in the retail activity expenditure is £21k which was incurred in the charity's trading company, highlighted below.

The chart below shows the proportion of expenditure within each area.



Trading Company - Arthur Rank Hospice Limited

The charity has a separate subsidiary trading company through which our trading activities are managed which include the sales of new goods, venue hire and sales in our Bistro.

The consolidated accounts include income and expenditure generated by the trading company.

Our Education and Conference Centre provides a convenient meeting and conference venue which is available to hire by businesses, charities, health and social care organisations and community groups.

Our Bistro prides itself on delivering a freshly prepared and home cooked menu and providing a friendly welcome in its bright and airy space, where patients, visitors and colleagues can enjoy meeting friends over lunch, or a coffee and cake.

Activity in these areas has been significantly adversely affected by the restrictions imposed by lockdown during the pandemic. Our Education and Conference Centre was closed for most of the financial year and restrictions resulted in our Bistro not being open to the public during lockdown.

Gross income from retail activities was £107k (2020: £305k). Expenditure was £93k (2020: £165k), which had reduced from the previous year as a result of the internal management charge being reduced to reflect the lower amount of trading activity undertaken by staff within the charity during the pandemic. The net amount covenanted to the charity was £14k (2020: £140k).

The net profit that can be attributed to retail activities is £14k (2020: £140k).

Reserves policy and going concern

As a result of the increased activity and expenditure with the Transformation Project including expansion of Hospice at Home and our Community Team and the introduction of the new Palliative Care Hub, Trustees have undertaken a review of the reserves policy

The Trustees are also mindful of the Charity Commission publications: *Charity reserves – building resilience* (CC19), and *Managing a charity's finances: planning, managing difficulties and insolvency* (CC12).

Using the definition of reserves proposed by the Charity Commission, the Trustees believe the charity should target liquid free reserve levels set at a range of £2.3m to £3.8m over the next ten years. The lower range is targeted over the next five years. The updated policy has been set in terms of protecting the continuity of the Charity's core work and providing cover for risks. A review of the level of free reserves for each future financial year will be incorporated within the budget setting and Trustee approval process.

Total free reserves of the charity at 31 March 2021 were £2.21m (31 March 2020: £1.73m). Free reserves comprise those funds that are freely available to spend on any of the charity's purposes. These exclude restricted funds and tangible fixed assets held for the charity's use. The 2020/21 surplus has contributed to an increase in reserves. However, the level is still currently below our lower target level. The Trustees closely monitor income and expenditure against budget. We continually review revenue with an aim to rebuild reserves to the target level as soon as it is prudent.

Included within the updated reserves policy is a designated Legacy Reserve. Due to the unpredictable and fluctuating nature of legacy income, Trustees have designated a legacy reserve of legacies received over and above the budget level, to be drawn down in future years where legacy income falls below the budgeted level. This will help manage the peaks and troughs of legacy receipts to provide a more sustained level of income to give more reliability for the budget. Such a reserve can also be assessed and managed at the Trustees' discretion should a service need present itself. At the 31 March 2021 the value of the designated Legacy Reserve was £211k.

Following the Charity Commission's advice that charity trustees consider the possibility of an unplanned closure, the Trustees view the possibility of unplanned closure as very unlikely. There is always going to be significant demand for high quality end of life care in Cambridgeshire. Even if the charity was no longer providing end of life care, it is very likely that the NHS staff who transferred to the charity under TUPE (Transfer of Undertakings Protection of Employment regulations) in August 2015 would transfer out under TUPE to a new provider. And, in a worst-case situation, the charity's balance sheet (net of the secured loan to Cambridgeshire County Council) would provide additional resources beyond reserves to fund a solvent liquidation.

Management and Trustees have prepared detailed month-by-month budgets for the year ending 31 March 2022 and a forecast for the next twelve months taking into account the impact of COVID-19 on our fundraising, retail and trading income. There are less detailed projections for the following years. No material uncertainties related to events or conditions that might cast doubt about the ability of the charity to continue as a going concern over the next two years have been identified by the Trustees. Accordingly, the Trustees are of the view that the charity is a going concern.

Investment policy

In accordance with the charity's constitution, the Trustees have the power to invest in such stocks, shares, investments and property as they see fit. The Trustees are mindful of the recommendation of the Charity Commission with regard to the management of investments and have a sub-group of the Finance and General Purposes Committee to focus on investment. The charity has a formal investment policy and strategy which has been approved by the Trustees. However, due to the current financial situation of the charity, the investment sub-group is dormant until such times as we are in a position to invest.

When we are able to invest funds, no investment will knowingly be made directly in tobacco and related products or in any other products which run counter to the ethical standards of the charity.

Risk management

A comprehensive risk register is maintained by the Senior Leadership Team and reviewed by the Trustees at least twice a year and more frequently if necessary.

For each specific risk, the register describes the risk and assesses the level of risk, the likelihood of it happening and the potential impact. The register also includes proposed mitigation for each risk.

Our most significant risks and mitigating actions are set out in the following table:

Principal risks	Management of risk
Risk that if there is a prolonged period with reduction in income from the various income streams, there could be impact on the organisation's ability to deliver services and the strategic objectives	• Monthly expenditure is closely monitored • The Finance and General Purposes Committee regularly consider the implications of this • Trustees are kept fully informed via Trustee Meetings • The impact on income as a result of COVID-19 is closely monitored by the Trustees and senior leadership team • Regular forecasts of income and expenditure taking account of the impact of COVID-19 are prepared and reviewed.
Risk of a significant drop in legacy income and therefore a lower than expected revenue income	• Monthly spend is closely managed • The Finance and General Purposes Committee regularly considers the implications of this

Beyond the specific mitigation strategies for each risk, the Trustees take the strategic view that the overarching risk mitigation strategy is to ensure that the charity is well led by its Senior Leadership Team, supervised and supported by the Board of Trustees.

In April 2021 the Trustees are planning a significant review of the risk management framework which will embed this within the strategic planning for the organisation incorporating the Charity Commission guidance on risk management contained within CC26.

Objectives for the next 12 months

We begin our efforts now to develop our new strategy and have begun an engagement campaign to enable us to capture as much information, feedback and suggestions as we can from our community and stakeholders. There is still uncertainty regarding how the COVID-19 pandemic will affect patients and their carers in this new year. We are already seeing an increase in complexity of patients due to some having delays in treatment and in identification of disease progression, which has had a knock-on effect in how we prioritise our resources and reach those most in need. We have learnt how we can adapt our services to meet the needs of those who may not be able physically to travel to the Hospice. New technologies that have kept us connected during lockdowns will also continue to be valuable.
Our year 5 objectives build upon what we have learnt over the past year and focus on our recovery and support for those who would benefit from our services.

Objective 1. Develop our services to meet the changing needs of our population

- We intend to develop a Dementia Strategy in partnership with CPFT.
- We plan to expand our volunteering roles at the AHDTC.
- We have ambition to expand our AHDTC MDT to provide wider access to palliative care services in Wisbech and surrounding areas.
- We aim to strengthen our work with EACH and Sue Ryder Thorpe Hall for supporting young people transitioning into adult hospice services and will hold virtual and face to-face events for young people and their families.
- We will progress our work with the Hospice User Group and develop the Trajectory Touchpoint Technique in collecting feedback to help us improve.

- We will undertake an options appraisal into how we might utilise all beds on the IPU and seek funding to support this utilisation.

Objective 2. Broaden our reach to ensure we are meeting the needs of all who would benefit from our care and create greater equity of service

- We want to develop new volunteering roles to support our growing services.
- We will align our services with Primary care networks as we evolve towards an Integrated Care System (ICS) and continue our partnerships with other providers, focussing on those communities with which we need to work harder to engage.
- We will explore how we can develop our Living Well Service to provide rehabilitative palliative care, especially for those in deprived areas with limited access to technology and transport.
- We want to look at how we can connect with schools and colleges to raise awareness and engage with students.
- We wish to explore how Arthur's Shed could be utilised to engage with community groups when lockdown restrictions ease.
- We will look to facilitate educational events with key speakers.

Objective 3. Evaluate and continuously improve our governance structure

- We will continue to develop our dashboard to evidence the quality and responsiveness of our services.
- We will continue to embed the use of Outcome Assessment and Complexity Collaborative (OACC) in clinical services so that outcomes are evaluated and data is used to improve service delivery.
- A new Chair of Trustees will be appointed and we will continue our effective succession planning to secure new Trustees to our Board at the appropriate time.

Objective 4. Develop our education and research capacity

- We will continue to deliver our Palliative and End of Life Care module with ARU and deliver a wide programme of education both in house and virtually.
- We will work closely with care homes to ensure they are supported to develop their care staff in providing excellent palliative and end of life care and will deliver further virtual teaching sessions throughout the year.
- Our research group will look at developing our research active hospice status and explore research opportunities. We will continue to take lead roles in national forums.
- We will recruit into Nursing Associate training roles and develop our apprenticeship schemes and training and development pathways for staff.

Objective 5. Develop the financial and operational resilience of the charity

- We will meet our Key Performance Indicators for fundraising and income generation and continue to review all the platforms used in these areas.
- We will continue to explore more funding opportunities to develop our services, such as support for children and dementia care.
- We will be proactive in engaging with the new ICS to provide new commissioned services.
- We will develop new retail outlets in Wisbech and Huntingdonshire.
- We will ensure we have robust plans for building and equipment maintenance and capital investment.
- We will develop fundraising opportunities to support the new strategy and significant milestones such as our 40th anniversary.

Objective 6. Support and develop our colleagues and volunteers

- We will survey our volunteers and staff to ensure robust induction and education for all staff and volunteers.
- We will develop our workforce plan in line with our new strategy.
- We will review our study leave policy and align training and development with service training needs analysis and look at strengthening link roles within the teams.

- We will continue with our Well-being Strategy.

COVID-19

The past year has undoubtedly been the most challenging that the Charity has ever had to face due to the global COVID-19 pandemic. The Charity coped with the extraordinary upheavals and demands of the COVID-19 pandemic and continued to deliver its strategy and greatly increased services in 2020-2021.

We have been fortunate to have the support of wonderful volunteers and our community who helped ensure we had adequate supplies of personal protective equipment (PPE) when the pandemic first hit and throughout the past year. We ensured all our staff knew the guidance as it changed and held weekly update meetings in person and via video links to answer any queries and address any concerns. We ensured all our colleagues had COVID-19 risk assessments completed and that all patients on our IPU were screened and had COVID-19 swabs taken as appropriate. Our community teams screened all patients prior to visiting them in their own homes.

During the first lockdown, we moved some of our face-to-face services to online, such as the Living Well Service and Bereavement Support and Lymphoedema Clinic. Our Alan Hudson Day Treatment Centre was closed to the Living Well Service and Complementary Therapy, but remained open for face-to-face treatments where appropriate. Colleagues also made special efforts to treat patients in their own home whenever possible and when appropriate.

Colleagues were redeployed to the community and our In-patient unit in order to maximise support for patients and their loved ones. We sadly had to cease our patient facing voluntary service roles and were thankful that our volunteers came together in December 2020 to support us in implementing lateral flow device testing for visitors. Our volunteers have continued to support patients in their own homes through our Caring Communities service which moved from face-to-face to phone support.

We increased our support for care homes during the pandemic. We worked closely with four homes in Cambridgeshire in particular, with advice and education on how to support their residents who were ill and some sadly dying from COVID-19.

Over the next year we will continue to monitor the effect of COVID-19 on our service provision and financial position.

Structure, governance and management

Constitution

The charity is a charitable company limited by guarantee. The company was incorporated under Articles of Association on 25 November 2009 and is a registered charity, number 1133354. It received charitable status on 21 December 2009. The members of the company are the Trustees named below. In the event of the company being wound up, the liability of Trustees and members in respect of the guarantee is limited to £10 each.

The charity previously operated as an unincorporated charity which was founded in 1981 and established by Trust Deed in 1982. With effect from 1 February 2010, the assets of the unincorporated charity, renamed Arthur Rank House Hospice Charity, registered charity number 1133354-1 (formerly number 283353), were transferred to the charitable company. Under a Uniting Order dated 29 April 2010, Arthur Rank House Hospice Charity is now treated as part of Arthur Rank Hospice Charity.

The Trustees who served during the year were:

Kate Kirk (Chair of Trustees)
Natalie Acton (resigned 26 October 2020)
Julia Curtis (appointed 4 March 2021)
Carolan Davidge (appointed 4 March 2021)
Michael Fell (resigned 8 September 2020)
Dr Arnold Fertig
Antoinette Jackson (appointed 4 March 2021)
Stephen Kay
Mark Kingstone
Dr Alex Manning
Meghan Mathieson
Lee Maughan
Colin Sherwood (appointed 4 March 2021)
John Short
Rosy Stamp
Dr Mehrunisha Suleman (appointed 11 June 2020)

Biographical details of all Trustees are included on our website at www.arhc.org.uk

Appointment of Trustees

The charity has appropriate policies and procedures in place for the recruitment, appointment and training of new Trustees. In accordance with Charity Commission recommendations, the charity is aware of the importance of a diverse range of skills, background and experience among Trustees to ensure good governance. The usual approach to recruitment is to advertise but where specific skills or knowledge are required to strengthen the board's expertise, the charity will seek out people with those skills and ask them to apply. These candidates are then interviewed and considered in the normal way.

Trustees are usually appointed for an initial period of three years which may, subject to satisfactory performance, be renewed for up to two further terms of three years each. A Trustee would not normally serve for more than nine years but can be invited to serve for an additional three year term at the request of the Trustees.

The induction and training of new Trustees

New Trustees are provided with an induction pack which includes the charity's constitution, accounts and annual reports together with Charity Commission publications relating to the role of a trustee and material from the Hospice UK induction pack. They are encouraged to attend the Palliative Care Overview course run at Arthur Rank Hospice, which covers:

- the background and history of the hospice movement and palliative care;
- the working arrangements between the charity and the NHS;
- clinical aspects of the care at the Hospice; and
- strategy, expenditure, income generation and other detailed information about the charity

Trustees are also invited to observe service delivery where appropriate and feasible.

Remuneration policy

The key management personnel of the charity and the group comprise the Trustees and the senior leadership team, being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, the Director of Fundraising and Communications and the Director of HR.

The Medical Director transferred in from the NHS in August 2015 and continues to be paid in accordance with the NHS salary framework. Her role is assigned to individual NHS salary bands subject to satisfactory performance, The Medical Director receives annual increments on the anniversary of her appointment until she reaches the top of her band. Salaries of other key management personnel are reviewed annually by Trustees, taking into account salaries paid for comparable roles in similar organisations. There are third-party salary surveys of remuneration in the hospice sector and charities more generally which provide helpful input to this process. Where senior employees take on significant new responsibilities during the year, salaries are adjusted accordingly.

Trustees serve *pro bono* and voluntarily.

A Remuneration and Nomination Committee is in place to provide focus, oversight and expertise on these matters, given the charity's increased workforce post-independence.

Organisational structure and decision making

The Trustees set the strategic agenda and general policy of the charity. The day-to-day affairs of the charity are managed by the CEO who reports to the chair of Trustees. The CEO presents comprehensive reports to the Trustees at board meetings, which are held at least quarterly in additional to regular fortnightly updates to the Trustees.

Within the organisation, there are also a number of sub-committees, which are set up to review each aspect of governance in more detail. Each sub-committee is made up of Trustees and supported by members of the Senior Leadership Team. Each committee reports back to the Board of Trustees.

The structure and membership of these formal committees is detailed below:

Clinical Governance:
Dr Alex Manning (Chair)
Julia Curtis
Dr Arnold Fertig
Kate Kirk
Rosy Stamp
John Short

Finance and General Purposes Committee:
Lee Maughan (Chair)
Michael Fell (resigned 8 September 2020)
Dr Arnold Fertig
Mark Kingstone
Colin Sherwood

Remuneration and Nominations:
Rosy Stamp (Chair)
Stephen Kay
Kate Kirk
Jim Potter (Co-opted member retired 11 February 2021)

Trading Company Board:
Lee Maughan (Chair)
Sharon Allen OBE (CEO)
Kate Kirk (Trustee)
Peter Northmore (Director of Trading Company)
Jennifer Tunbridge (Director of Finance)

Income Generation Committee:
Carolan Davidge (Chair appointed 20 August 2021)
Antoinette Jackson
Diana Jakubowska (Co-opted member)
Kate Kirk (retired as Committee Chair 20 August 2021)
Lee Maughan (Trustee)
Peter Northmore (Director of Trading Company)
Jim Potter (Co-opted member retired 11 February 2021)
Mehrunisha Suleman (appointed 19 August 2021)

There is also a formal scheme of delegation in place which sets out roles, responsibilities and decision-making thresholds.

Trustees' responsibilities statement

The Trustees (who are also directors of Arthur Rank Hospice Charity 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 period. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group 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 judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on a going-concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company and the group's transactions and disclose with reasonable accuracy at any time the financial position of the charitable group 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 the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable group's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Provision of information to auditors

So far as each of the Trustees is aware at the time the report is approved:

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

This report, including the strategic report, was approved by the Trustees on 14 November 2021 and signed on their behalf by:

.....
K. Kirk - Chair of Trustees

Company Details

Trustees

Kate Kirk, Chair of Trustees
Natalie Acton (resigned 26 October 2020)
Julia Curtis (appointed 4 March 2021)
Carolan Davidge (appointed 4 March 2021)
Michael Fell (resigned 8 September 2020)
Dr Arnold Fertig
Antoinette Jackson (appointed 4 March 2021)
Stephen Kay
Mark Kingstone
Dr Alex Manning
Meghan Mathieson
Lee Maughan
Colin Sherwood (appointed 4 March 2021)
John Short
Rosy Stamp
Dr Mehrunisha Suleman (appointed 11 June 2020)

President

Lady Chadwyck-Healey

Patrons

Baroness Cohen of Pimlico
The Rt Revd Stephen Conway, Bishop of Ely
Sir Derek Jacobi CBE
Lady Marshall
HM Lord-Lieutenant of Cambridgeshire Mrs Julie Spence OBE QPM
Mrs Belinda Sutton DL
Dr Nigel Williams MB. Ch.B., MRCGP., DCH.

Ambassadors

Robert Barnes
Judith Chisolm
Jake Crane
Stuart Evans
Rosemary Hall
Stephen Hall
Jennifer Mullucks
Maryan Pye

Senior Leadership Team

Sharon Allen OBE Chief Executive Officer
Gemma Manning HR Director
Dr Lorraine Petersen Medical Director
Sara Robins Director of Clinical Services
Donna Talbot Director of Fundraising and Communications
Jennifer Tunbridge Finance Director

Company registered number

07086155

Charity registered number

1133354

Registered office

Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB

Company Secretary
Jennifer Tunbridge

Independent auditors
Peters Elworthy & Moore, Salisbury House, Station Road, Cambridge, CB1 2LA

Website address
www.arhc.org.uk

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY

OPINION

We have audited the financial statements of Arthur Rank Hospice Charity (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Company balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2021 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY (CONTINUED)

OTHER INFORMATION

The Trustees are responsible for the other information. The other information comprises the information included in the Annual report, other than the financial statements and our Auditors' report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report.

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

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company 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.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY (CONTINUED)

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the Trustees' responsibilities statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the charitable company through discussions with trustees and other management, and from our charitable knowledge and experience;
- we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Companies Act 2006, Charities Act 2011, taxation legislation and data protection, anti-bribery and employment legislation;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence;
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit; and
- we reviewed the minutes of Trustees' meetings to identify and references to non-compliances with laws and regulations.

We assessed the susceptibility of the charitable company’s financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- we evaluated the assumptions and judgements used by management within significant accounting estimates and assessed whether these indicated evidence of management bias; and
- performed audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and revieing accounting estimates for bias.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of meetings of those charged with governance;
- enquiring of management as to actual and potential litigation and claims; and
- reviewing correspondence with relevant regulators such as the Charity Commission.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditors' report.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY (CONTINUED)

USE OF OUR REPORT

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

Jayne Rowe (Senior statutory auditor)
for and on behalf of
Peters Elworthy & Moore
Chartered Accountants
Statutory Auditors
Salisbury House

Station Road
Cambridge
CB1 2LA

25 November 2021

ARTHUR RANK HOSPICE CHARITY

(A company limited by guarantee)

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

	Note	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
INCOME FROM:					
Donations and legacies	3	**1,649,481**	**215,148**	**1,864,629**	2,238,758
Charitable activities	4	**952,967**	**5,675,558**	**6,628,525**	4,826,878
Other trading activities	5	**800,778**	**6,278**	**807,056**	1,557,389
Investments	6	**2,191**	**-**	**2,191**	5,231
TOTAL INCOME		**3,405,417**	**5,896,984**	**9,302,401**	8,628,256
EXPENDITURE ON:					
Raising funds		**1,180,678**	**20,919**	**1,201,597**	1,201,333
Charitable activities		**1,539,660**	**6,242,297**	**7,781,957**	6,834,548
TOTAL EXPENDITURE		**2,720,338**	**6,263,216**	**8,983,554**	8,035,881
NET INCOME/(EXPENDITURE)		**685,079**	**(366,232)**	**318,847**	592,375
Transfers between funds	21	**(431,451)**	**431,451**	**-**	-
NET MOVEMENT IN FUNDS		**253,628**	**65,219**	**318,847**	592,375
RECONCILIATION OF FUNDS:					
Total funds brought forward		**8,978,349**	**622,119**	**9,600,468**	9,008,093
Net movement in funds		**253,628**	**65,219**	**318,847**	592,375
TOTAL FUNDS CARRIED FORWARD		**9,231,977**	**687,338**	**9,919,315**	9,600,468

The Consolidated statement of financial activities includes all gains and losses recognised in the year.

The notes on pages 41 to 66 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY

(A company limited by guarantee)
REGISTERED NUMBER: 07086155

CONSOLIDATED BALANCE SHEET
AS AT 31 MARCH 2021

	Note		2021 £		2020 £
FIXED ASSETS					
Tangible assets	15		**10,087,452**		10,577,066
			10,087,452		10,577,066
CURRENT ASSETS					
Stocks	17	**15,384**		13,156	
Debtors	18	**1,079,798**		1,220,226	
Cash at bank and in hand		**2,831,600**		1,905,293	
		3,926,782		3,138,675	
Creditors: amounts falling due within one year	19	**(814,919)**		(675,273)	
NET CURRENT ASSETS			**3,111,863**		2,463,402
TOTAL ASSETS LESS CURRENT LIABILITIES			**13,199,315**		13,040,468
Creditors: amounts falling due after more than one year	20		**(3,280,000)**		(3,440,000)
TOTAL NET ASSETS			**9,919,315**		9,600,468
CHARITY FUNDS					
Restricted funds	21		**687,338**		622,119
Unrestricted funds	21		**9,231,977**		8,978,349
TOTAL FUNDS			**9,919,315**		9,600,468

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

Kate Kirk
Chair
Date: 14 November 2021

Lee Maughan
Trustee

The notes on pages 41 to 66 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY

(A company limited by guarantee)
REGISTERED NUMBER: 07086155

COMPANY BALANCE SHEET
AS AT 31 MARCH 2021

	Note		2021 £		2020 £
FIXED ASSETS					
Tangible assets	15		**10,744,757**		11,234,371
Investments	16		**10,000**		10,000
			10,754,757		11,244,371
CURRENT ASSETS					
Stocks	17	**724**		724	
Debtors	18	**1,144,184**		1,236,308	
Cash at bank and in hand		**2,716,803**		1,830,670	
		3,861,711		3,067,702	
Creditors: amounts falling due within one year	19	**(793,976)**		(648,428)	
NET CURRENT ASSETS			**3,067,735**		2,419,274
TOTAL ASSETS LESS CURRENT LIABILITIES			**13,822,492**		13,663,645
Creditors: amounts falling due after more than one year	20		**(3,280,000)**		(3,440,000)
TOTAL NET ASSETS			**10,542,492**		10,223,645
CHARITY FUNDS					
Restricted funds	21		**687,523**		622,119
Unrestricted funds	21		**9,854,969**		9,601,526
TOTAL FUNDS			**10,542,492**		10,223,645

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

Kate Kirk
Chair
Date: 14 November 2021

Lee Maughan
Trustee

The notes on pages 41 to 66 form part of these financial statements.

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

	Note	2021 £	2020 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	24	**1,120,308**	540,076
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of tangible fixed assets		**(35,577)**	(125,822)
NET CASH USED IN INVESTING ACTIVITIES		**(35,577)**	**(125,822)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		**(158,424)**	(79,587)
NET CASH USED IN FINANCING ACTIVITIES		**(158,424)**	**(79,587)**
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR		**926,307**	**334,667**
Cash and cash equivalents at the beginning of the year		**1,905,293**	1,570,626
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	25	**2,831,600**	1,905,293

The notes on pages 41 to 66 form part of these financial statements

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

1. ACCOUNTING POLICIES

1.1 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) (second edition - October 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Arthur Rank Hospice Charity 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 Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the Group and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

The Group 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.

1.2 GOING CONCERN

The trustees have reviewed the financial position of the group and have a reasonable expectation that the group has adequate resources to continue in operational existence for the foreseeable future. Accordingly, the financial statements continue to be prepared on the going concern basis.

1.3 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.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

1. ACCOUNTING POLICIES (CONTINUED)

1.4 INCOME

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

For legacies, entitlement is taken as the earlier of the date on which either: the company is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the company has been notified of the executor's intention to make a distribution. Where legacies have been notified to the company, or the company is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated services or facilities are recognised when the company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of volunteers is not recognised and refer to the Trustees' report for more information about their contribution.

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

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Donated goods for resale are recognised once sold.

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 Bank.

Income from NHS contracts, government and other grants, whether capital grants or revenue grants, are recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Lottery income is recognised in the period to which it relates and events income is recognised when the event has occurred.

Income from the Government's Coronavirus Job Retention Scheme, and other Government COVID-19 related grants, is recognised when the charity has made a valid claim for the income, the amount can be measured and when it is entitled to receive the income.

1. ACCOUNTING POLICIES (CONTINUED)

1.5 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.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings. Support costs have been allocated between cost of raising funds and expenditure on charitable activities based on direct costs.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice.

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

All expenditure is inclusive of irrecoverable VAT.

1.6 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.

1.7 TAXATION

The company 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 company 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.

1.8 TANGIBLE FIXED ASSETS AND DEPRECIATION

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the Consolidated statement of financial activities.

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.

1. ACCOUNTING POLICIES (CONTINUED)

1.8 TANGIBLE FIXED ASSETS AND DEPRECIATION (CONTINUED)

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

Freehold property	- 2-20% straight line
Leasehold land	- 1% straight line
Fixtures, fittings, equipment & artwork	- 10-33% straight line

1.9 INVESTMENTS

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'Gains/(Losses) on investments' in the Consolidated statement of financial activities.

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

1.10 STOCKS

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow-moving stocks. Cost includes all direct costs and an appropriate proportion of fixed and variable overheads.

1.11 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.

1.12 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.

1. ACCOUNTING POLICIES (CONTINUED)

1.13 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 company 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.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Consolidated statement of financial activities as a finance cost.

1.14 FINANCIAL INSTRUMENTS

The Group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.15 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.

1.16 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.

The Charity also contributes to the NHS defined benefit scheme for members of staff who transfered to it with NHS pension scheme membership. It is not possible to identify the Charity's share of assets in this scheme and therefore contributions are accounted for as if they were made to a defined contribution scheme.

2. 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 company 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 discussed below.

Critical areas of judgment:

Depreciation of hospice - the various components of the hospice have been identified from the Component Replacement Report provided by Faithful Gould. This report was produced at the commencement of the project and as such final costs exceed those that the component depreciation was calculated on. The additional costs have been pro-rated across the various depreciation rates in accordance with the percentage values. The trustees have reviewed the depreciation rates and charge in the year and are satisfied on the basis the estimate is calculated.

3. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted funds 2021 £	Restricted funds 2021 £	**Total funds 2021 £**	Total funds 2020 £
Donations	1,063,271	85,148	**1,148,419**	1,086,486
Legacies	422,366	1,000	**423,366**	786,640
Grants	163,844	129,000	**292,844**	365,632
	1,649,481	215,148	**1,864,629**	2,238,758
TOTAL 2020	1,786,164	452,594	2,238,758	

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2021 £	Restricted funds 2021 £	**Total funds 2021 £**	Total funds 2020 £
Grant from CCG to deliver end-of-life care	-	4,760,425	**4,760,425**	3,840,400
Education	4,959	-	**4,959**	6,007
Other statutory income	178,908	915,133	**1,094,041**	166,784
Other	97,949	-	**97,949**	110,839
Contract Income for Nurse led beds	671,151	-	**671,151**	702,848
	952,967	5,675,558	**6,628,525**	4,826,878
TOTAL 2020	821,439	4,005,439	4,826,878	

5. INCOME FROM OTHER TRADING ACTIVITIES

Income from fundraising events

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
Events and fundraising	312,082	1,338	**313,420**	421,017
Other	17,242	1,898	**19,140**	110,808
Shop and trading income	261,301	-	**261,301**	813,587
Lottery income	210,153	3,042	**213,195**	211,977
	800,778	6,278	**807,056**	1,557,389
TOTAL 2020	1,549,057	8,332	1,557,389	

Included in other unrestricted is £15,395 (2020: £20,935) of gifts in kind.

6. INVESTMENT INCOME

	Unrestricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
Interest	2,191	**2,191**	5,231
TOTAL 2020	5,231	5,231	

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

7. ANALYSIS OF CHARITABLE EXPENDITURE BY ACTIVITY

	Direct costs 2021 £	Support costs 2021 £	Total funds 2021 £	Total funds 2020 £
Fundraising, Retail and Trading	965,248	236,349	**1,201,597**	1,201,333
Hospice care services	5,922,726	1,859,231	**7,781,957**	6,834,548
	6,887,974	2,095,580	**8,983,554**	8,035,881
TOTAL 2020	6,024,297	2,011,584	8,035,881	

8. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2021 £	Support costs 2021 £	Total funds 2021 £	Total funds 2020 £
Challenges	20,107	5,063	**25,170**	47,171
Collections	194	49	**243**	10,434
Community fundraising costs	79,102	19,916	**99,018**	95,801
Events	90,190	22,708	**112,898**	132,977
Fundraising costs	233,935	58,899	**292,834**	225,451
Corporate	26,779	6,742	**33,521**	33,259
Legacies	21,501	5,413	**26,914**	36,983
Trusts	13,674	3,443	**17,117**	17,607
Engagement	44,830	11,287	**56,117**	66,145
Retail	434,936	102,829	**537,765**	535,505
	965,248	236,349	**1,201,597**	1,201,333
TOTAL 2020	954,919	246,414	1,201,333	

All expenditure in 2020 was unrestricted.

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

9. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Direct costs 2021 £	Support costs 2021 £	Total funds 2021 £	Total funds 2020 £
Living Well service	303,589	95,304	**398,893**	418,664
Education	152,471	47,864	**200,335**	225,850
Hospice at home	1,488,479	467,334	**1,955,813**	1,136,584
Alan Hudson Day Treatment Centre	394,730	123,916	**518,646**	523,920
In patient unit	1,829,852	574,372	**2,404,224**	2,379,587
Nurse led beds	658,175	206,617	**864,792**	802,354
Lymphoedema	199,858	62,740	**262,598**	309,310
Patient and family support team	198,492	62,312	**260,804**	256,756
Specialist palliative care team	555,774	174,471	**730,245**	650,450
Palliative Hub	41,932	13,164	**55,096**	-
Transitioning Young Adults Project	23,660	7,427	**31,087**	404
Complementary therapy	9,147	2,872	**12,019**	10,791
Voluntary services	66,567	20,838	**87,405**	87,922
Dementia project admiral nurse	-	-	**-**	31,956
	5,922,726	1,859,231	**7,781,957**	6,834,548
TOTAL 2020	5,069,378	1,765,170	6,834,548	

In the year ended 31 March 2020, £4,141,705 was attributable to restricted funds, and £2,692,843 was attributable to unrestricted funds.

10. SUPPORT AND GOVERNANCE COSTS

	Staff costs 2021 £	Other 2021 £	Loan financing 2021 £	Total funds 2021 £	Total funds 2020 £
Facilities: Estates and catering	260,444	284,967	-	**545,411**	540,055
Central costs	374,060	181,401	120,480	**675,941**	685,782
Finance	152,613	18,275	-	**170,888**	182,101
Human resources	140,953	59,085	-	**200,038**	153,165
IT	-	269,403	-	**269,403**	220,105
Insurance	-	53,721	-	**53,721**	52,678
Public relations	61,565	52,551	-	**114,116**	106,488
Governance	37,450	28,612	-	**66,062**	71,210
	1,027,085	948,015	120,480	**2,095,580**	2,011,584
TOTAL 2020	996,574	891,687	123,323	2,011,584	

11. EXPENDITURE BY TYPE

	Charitable direct costs 2021 £	Fundraising direct costs 2021 £	Support costs 2021 £	Total funds 2021 £	Total funds 2020 £
Staff costs	4,846,424	684,211	1,027,085	**6,557,720**	5,659,633
Leases and rent	51,358	86,700	-	**138,058**	142,165
Loan financing costs	-	-	120,480	**120,480**	123,323
Other	977,263	177,942	486,900	**1,642,105**	1,586,845
Depreciation	47,682	16,394	461,115	**525,191**	523,915
	5,922,727	965,247	2,095,580	**8,983,554**	8,035,881
TOTAL 2020	5,069,378	954,919	2,011,584	8,035,881	

12. NET INCOME

This is stated after charging:

	2021	2020
	£	£
Auditors' remuneration - audit	**18,861**	16,762
Auditors' remuneration - other services	**15,535**	13,169
Depreciation of tangible fixed assets: owned by the charitable group	**525,191**	523,915

13. STAFF COSTS

	Group 2021	Group 2020	**Company 2021**	Company 2020
	£	£	**£**	£
Wages and salaries	**5,526,095**	4,755,101	**5,526,095**	4,755,101
Social security costs	**487,613**	410,457	**487,613**	410,457
Contribution to defined contribution pension schemes	**556,317**	502,729	**556,317**	502,729
	6,570,025	5,668,287	**6,570,025**	5,668,287

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

	Group 2021	Group 2020
	No.	No.
Clinical services	**147**	134
Fundraising and communications	**23**	21
Support and governance	**34**	35
Bank staff	**12**	17
Retail	**12**	11
	228	218

13. STAFF COSTS (CONTINUED)

The average headcount expressed as full-time equivalents was:

	Group 2021 No.	Group 2020 No.
Clinical services	**114**	105
Fundraising and communications	**18**	16
Support and governance	**29**	30
Bank staff	**8**	14
Retail	**10**	10
	179	175

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

	Group 2021 No.	Group 2020 No.
In the band £60,001 - £70,000	**2**	2
In the band £70,001 - £80,000	**1**	-
In the band £80,001 - £90,000	**1**	1
In the band £90,001 - £100,000	**1**	2
	-	-

The key management personnel of the Charity and the Group comprise the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, HR Director and the Director of Fundraising and Communications. The total employment costs including salaries, employer pension contributions and employers national insurance of key management personnel were £500,560 (2020: £504,070).

14. TRUSTEES' REMUNERATION AND EXPENSES

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

During the year ended 31 March 2021, no Trustee expenses have been incurred (2020 - £NIL).

15. TANGIBLE FIXED ASSETS

GROUP

	Freehold property £	Long-term leasehold property £	Fixtures, fittings, equipment and artwork £	Total £
COST OR VALUATION				
At 1 April 2020	**11,193,156**	**120,000**	**1,010,949**	**12,324,105**
Additions	**-**	**-**	**35,577**	**35,577**
At 31 March 2021	**11,193,156**	**120,000**	**1,046,526**	**12,359,682**
DEPRECIATION				
At 1 April 2020	**1,282,780**	**4,100**	**460,159**	**1,747,039**
Charge for the year	**375,758**	**1,200**	**148,233**	**525,191**
At 31 March 2021	**1,658,538**	**5,300**	**608,392**	**2,272,230**
NET BOOK VALUE				
At 31 March 2021	**9,534,618**	**114,700**	**438,134**	**10,087,452**
At 31 March 2020	9,910,376	115,900	550,790	10,577,066

15. TANGIBLE FIXED ASSETS (CONTINUED)

GROUP (CONTINUED)

COMPANY

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2020	**11,850,461**	**120,000**	**1,010,949**	**12,981,410**
Additions	**-**	**-**	**35,577**	**35,577**
At 31 March 2021	**11,850,461**	**120,000**	**1,046,526**	**13,016,987**
DEPRECIATION				
At 1 April 2020	**1,282,780**	**4,100**	**460,159**	**1,747,039**
Charge for the year	**375,758**	**1,200**	**148,233**	**525,191**
At 31 March 2021	**1,658,538**	**5,300**	**608,392**	**2,272,230**
NET BOOK VALUE				
At 31 March 2021	**10,191,923**	**114,700**	**438,134**	**10,744,757**
At 31 March 2020	10,567,681	115,900	550,790	11,234,371

16. FIXED ASSET INVESTMENTS

company	Investments in subsidiary companies £
COST OR VALUATION	
At 1 April 2020	**10,000**
AT 31 MARCH 2021	**10,000**
NET BOOK VALUE	
AT 31 MARCH 2021	**10,000**
AT 31 MARCH 2020	10,000

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the company:

Name	Company number	Registered office or principal place of business	Principal activity
Arthur Rank Hospice Limited	03059033	Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB	Operating the fundraising trading arm of Arthur Rank Hospice Charity

Holding	Included in consolidation
100%	Yes

The financial results of the subsidiary for the year were:

Name	Income £	Expenditure £	Net assets £
Arthur Rank Hospice Limited	**106,731**	**(106,731)**	**44,128**

17. STOCKS

	Group 2021 £	Group 2020 £	Company 2021 £	Company 2020 £
Finished goods and goods for resale	**15,384**	13,156	**724**	724

18. DEBTORS

	Group 2021 £	Group 2020 £	Company 2021 £	Company 2020 £
DUE WITHIN ONE YEAR				
Trade debtors	**359,084**	184,071	**358,975**	170,341
Amounts owed by group undertakings	**-**	-	**65,989**	33,535
Other debtors	**106,640**	292,063	**105,743**	288,469
Prepayments and accrued income	**89,871**	117,342	**89,274**	117,213
Tax recoverable	**12,577**	15,121	**12,577**	15,121
Legacies receivable	**511,626**	611,629	**511,626**	611,629
	1,079,798	1,220,226	**1,144,184**	1,236,308

19. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2021 £	Group 2020 £	Company 2021 £	Company 2020 £
Other loans	**197,633**	196,057	**197,633**	196,057
Trade creditors	**182,371**	150,929	**180,351**	149,429
Other taxation and social security	**160,137**	102,602	**160,137**	100,036
Other creditors	**163,823**	121,085	**161,736**	121,085
Accruals and deferred income	**110,955**	104,600	**94,119**	81,821
	814,919	675,273	**793,976**	648,428

20. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2021 £	Group 2020 £	**Company 2021 £**	Company 2020 £
Other loans	**3,280,000**	3,440,000	**3,280,000**	3,440,000

Included within the above are amounts falling due as follows:

	Group 2021 £	Group 2020 £	**Company 2021 £**	Company 2020 £
BETWEEN ONE AND TWO YEARS				
Other loans	**160,000**	160,000	**160,000**	160,000
BETWEEN TWO AND FIVE YEARS				
Other loans	**480,000**	480,000	**480,000**	480,000
OVER FIVE YEARS				
Other loans	**2,640,000**	2,800,000	**2,640,000**	2,800,000

The aggregate amount of liabilities payable or repayable wholly or in part more than five years after the reporting date is:

	Group 2021 £	Group 2020 £	**Company 2021 £**	Company 2020 £
Payable or repayable by instalments	**2,640,000**	2,800,000	**2,640,000**	2,800,000
	2,640,000	2,800,000	**2,640,000**	2,800,000

The above loan is with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years with interest being charged at 3.34%.

21. STATEMENT OF FUNDS

Designated Hospice Fund
A designated Hospice Fund was originally established with the view of securing the long-term provision of hospice services in the region. The trustees are delighted that this has now become a reality and that the funds here, built up over the course of many years, have now been utilised in bringing about the new hospice at Shelford Bottom, as reference in the trustees' report. The closing balance represents the value of the hospice less the loan taken out to complete the build.

Grant to deliver end of life care
These funds are those received from the NHS to deliver end of life care and fund the services as agreed in the grant agreement. The transfer represents expenditure in excess of the grant received borne from unrestricted funds.

Hospice at Home
Donations continue to be received specifically for the Hospice at Home service. A pilot project to expand the services in the Fenland area has continued this year. Additional grant funding has also been received to expand the daytime service in the Cambridge area too.

Arthur's Shed
These donations have been made to fund the set up and continuation of a volunteer-led activity programme held in Arthur's shed in the grounds of the Hospice. It is a space for the wider community and people connected to the Hospice to be able to come together in a safe, warm and friendly venue. The space is used for people to connect with others and join in with various activities. The development of the sessions provided in Arthur's Shed have enabled the Charity to achieve our objective of broadening our reach to ensure we are meeting the need of all who would want to benefit from our care and create greater equity of services.

Education
Donations have been received and used throughout the year to fund staff training and education.

Alan Hudson Day Treatment Centre
These funds comprise of donations made specifically for use at the Alan Hudson Centre in Wisbech which is managed by the charity. Expenditure made from this fund all relates to the delivery of care at the Alan Hudson Day Treatment Centre. Funding received in previous years has been used to redevelop the centre in order to provide a larger and improved space for patients. This has helped us develop our service to meet the needs of the patients in the Wisbech area which is in line with our objectives.

Equipment
Donations have been received and used throughout the year for the purchase of equipment and furniture for the Hospice.

NHSE
The NHSE awarded funding to allow the hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

Other
This represents various funds with a balance of below £2,000 which have been received and used for specific projects.

21. STATEMENT OF FUNDS (CONTINUED)

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2021 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	**7,092,656**	**-**	**-**	**(317,589)**	**6,775,067**
Legacy reserve	**-**	**-**	**-**	**211,000**	**211,000**
	7,092,656	**-**	**-**	**(106,589)**	**6,986,067**
GENERAL FUNDS					
General funds	**1,851,565**	**3,298,686**	**(2,613,607)**	**(324,862)**	**2,211,782**
Subsidiary undertakings	**34,128**	**106,731**	**(106,731)**	**-**	**34,128**
	1,885,693	**3,405,417**	**(2,720,338)**	**(324,862)**	**2,245,910**
TOTAL UNRESTRICTED FUNDS	**8,978,349**	**3,405,417**	**(2,720,338)**	**(431,451)**	**9,231,977**
RESTRICTED FUNDS					
Grant to deliver end of life care	**28,270**	**4,760,425**	**(5,220,146)**	**431,451**	**-**
Hospice at home	**123,999**	**43,651**	**(6,562)**	**-**	**161,088**
Alan Hudson Day Treatment Centre	**387,195**	**103,518**	**(106,699)**	**-**	**384,014**
Arthur's shed	**5,097**	**-**	**-**	**-**	**5,097**
Education	**2,690**	**4,398**	**(7,088)**	**-**	**-**
Equipment	**60,544**	**1,249**	**(4,432)**	**-**	**57,361**
NHSE	**-**	**860,133**	**(860,133)**	**-**	**-**
Other restricted funds	**14,324**	**123,610**	**(58,156)**	**-**	**79,778**
	622,119	**5,896,984**	**(6,263,216)**	**431,451**	**687,338**
TOTAL OF FUNDS	**9,600,468**	**9,302,401**	**(8,983,554)**	**-**	**9,919,315**

21. STATEMENT OF FUNDS (CONTINUED)

STATEMENT OF FUNDS - PRIOR YEAR

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2020 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	7,259,513	-	-	(166,857)	7,092,656
GENERAL FUNDS					
General funds	1,417,810	3,856,683	(3,588,968)	166,040	1,851,565
Subsidiary undertakings	34,128	305,208	(305,208)	-	34,128
	1,451,938	4,161,891	(3,894,176)	166,040	1,885,693
TOTAL UNRESTRICTED FUNDS	8,711,451	4,161,891	(3,894,176)	(817)	8,978,349
RESTRICTED FUNDS					
Grant to deliver end of life care	-	3,840,400	(3,812,947)	817	28,270
Hospice at home	4,089	281,265	(161,355)	-	123,999
Alan Hudson Day Treatment Centre	247,182	249,718	(109,705)	-	387,195
Arthur's shed	10,472	-	(5,375)	-	5,097
Education	10,884	-	(8,194)	-	2,690
Equipment	19,812	45,325	(4,593)	-	60,544
Other	4,203	49,657	(39,536)	-	14,324
	296,642	4,466,365	(4,141,705)	817	622,119
TOTAL OF FUNDS	9,008,093	8,628,256	(8,035,881)	-	9,600,468

22. STATEMENT OF FUNDS - CHARITY ONLY

CHARITY ONLY FUNDS - CURRENT YEAR

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2021 £
Unrestricted funds	9,601,526	3,267,411	(2,582,517)	(431,451)	9,854,969
Restricted funds	622,119	5,298,259	(6,294,306)	431,451	687,523
Total	10,223,645	9,195,670	(7,931,969)	-	10,542,492

CHARITY ONLY FUNDS - PRIOR YEAR

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2020 £
Unrestricted funds	9,334,634	4,057,973	(3,790,264)	(817)	9,601,526
Restricted funds	296,642	4,466,365	(4,141,705)	817	622,119
Total	9,631,276	8,524,338	(7,931,969)	-	10,223,645

23. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (GROUP)

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	10,087,452	-	**10,087,452**
Current assets	3,239,444	687,338	**3,926,782**
Creditors due within one year	(814,919)	-	**(814,919)**
Creditors due in more than one year	(3,280,000)	-	**(3,280,000)**
TOTAL	9,231,977	687,338	**9,919,315**

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR (GROUP)

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Tangible fixed assets	10,577,066	-	10,577,066
Current assets	2,516,556	622,119	3,138,675
Creditors due within one year	(675,273)	-	(675,273)
Creditors due in more than one year	(3,440,000)	-	(3,440,000)
TOTAL	8,978,349	622,119	9,600,468

23. ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR (CHARITY ONLY)

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	10,744,757	-	10,744,757
Investments	10,000	-	10,000
Current assets	3,174,188	687,523	3,861,711
Creditors due within one year	(793,976)	-	(793,976)
Creditors due in more than one year	(3,280,000)	-	(3,280,000)
Total	9,854,969	687,523	10,542,492

. ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR (CHARITY ONLY)

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Tangible fixed assets	11,234,371	-	11,234,371
Investments	10,000	-	10,000
Current assets	2,445,583	622,119	3,067,702
Creditors due within one year	(648,428)	-	(648,428)
Creditors due in more than one year	(3,440,000)	-	(3,440,000)
Total	9,601,526	622,119	10,223,645

24. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	Group 2021 £	Group 2020 £
Net income for the year (as per Statement of Financial Activities)	**318,847**	592,375
ADJUSTMENTS FOR:		
Depreciation charges	**525,191**	523,916
Increase in stocks	**(2,228)**	(3,491)
Decrease/(increase) in debtors	**140,428**	(371,408)
(Decrease)/increase in creditors	**138,070**	(201,316)
NET CASH PROVIDED BY OPERATING ACTIVITIES	**1,120,308**	540,076

25. ANALYSIS OF CASH AND CASH EQUIVALENTS

	Group 2021 £	Group 2020 £
Cash in hand	**2,831,600**	1,905,293
TOTAL CASH AND CASH EQUIVALENTS	**2,831,600**	1,905,293

26. ANALYSIS OF CHANGES IN NET DEBT

	At 1 April 2020 £	Cash flows £	At 31 March 2021 £
Cash at bank and in hand	**1,905,293**	**926,307**	**2,831,600**
Debt due within 1 year	**(196,057)**	**(1,576)**	**(197,633)**
Debt due after 1 year	**(3,440,000)**	**160,000**	**(3,280,000)**
	(1,730,764)	**1,084,731**	**(646,033)**

27. PENSION COMMITMENTS

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2021 111 (2020: 110) employees were members of this scheme, to which the charity contributed 6% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS Defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2021, 115 (2020: 123) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £562,185 (2020: £502,729). An amount of £79,955 (2020: £53,766) was outstanding at the year end.

28. OPERATING LEASE COMMITMENTS

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

	Group 2021 £	Group 2020 £
Not later than 1 year	**124,012**	90,922
Later than 1 year and not later than 5 years	**327,779**	245,256
Later than 5 years	**312,340**	64,000
	764,131	400,178

29. RELATED PARTY TRANSACTIONS

Arthur Rank Hospice Limited is a wholly owned subsidiary of Arthur Rank Hospice Charity. During the year ended 31 March 2021, the Charity charged £36,338 (2020: £61,182) to this Company. The Company has made a gift aid payment of its taxable profits of £13,689 (2020: £140,108) to the Charity. The Company also collects sums on behalf of the Charity. As at 31 March 2021, the Company owed the Charity £65,989 (2020: £35,535) to the Charity.

30. CONTROLLING PARTY

The Charity is under the control of its Trustees who are listed on page 1 of the financial statements.