



Arthur Rank Hospice Charity

Registered number: 07086155  
Charity number: 1133354

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**Arthur Rank Hospice Charity**

**(A company limited by guarantee)**

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**Trustees' Report and Financial Statements**

**For the year ended 31 March 2021**



**Trustees' Report**  
**For the year ended 31 March 2021**

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**Trustees' Report**  
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## Trustees' Report For the year ended 31 March 2021

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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

## Trustees' Report For the year ended 31 March 2021

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- 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.



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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**



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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.

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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<sup>1</sup> plan so that other services are aware and the various teams can work together to fulfil them.

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<sup>1</sup> 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 Health 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.

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**For the year ended 31 March 2021**

### 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.

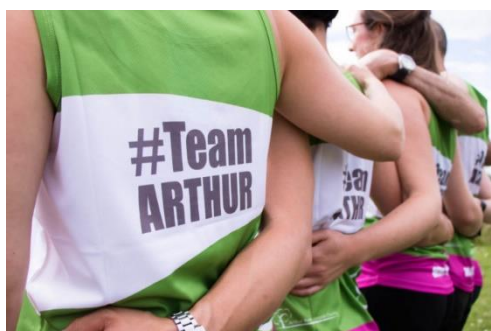
As a result of the expansion of the Hospice at Home service the number of face-to-face contacts and appointments has increased significantly from 3,238 in 2019/20 to 13,907 in 2020/21.

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
<b>Total</b>	<b>4,119</b>	<b>4,259</b>
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

**Trustees' Report**  
**For the year ended 31 March 2021**

Community HUB	0	7
Alan Hudson Day Treatment Centre	2,292	3,358
Transitioning Young Adults	0	5
<b>Total</b>	<b>18,561</b>	<b>13,608</b>
<b>Number of telephone contacts</b>	<b>20/21</b>	<b>19/20</b>
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
<b>Total</b>	<b>28,622</b>	<b>21,633</b>
<b>In-patient Unit (specialist beds)</b>	<b>20/21</b>	<b>19/20</b>
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
<b>In-patient Unit (nurse led beds)</b>	<b>20/21</b>	<b>19/20</b>
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
<b>Alan Hudson Day Treatment Centre – Wisbech</b>	<b>20/21</b>	<b>19/20</b>
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



## **Trustees' Report**

### **For the year ended 31 March 2021**

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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

**Trustees' Report**  
**For the year ended 31 March 2021**

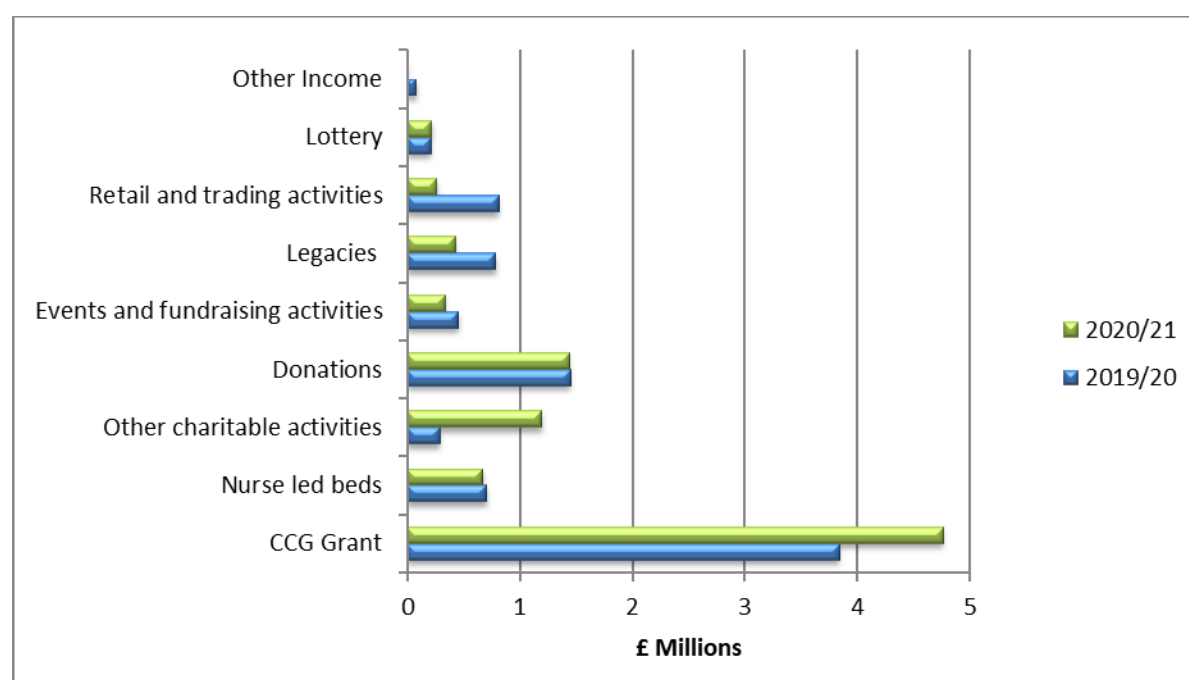
at 31 March 2021 (31 March 2020: £1.73m).

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:

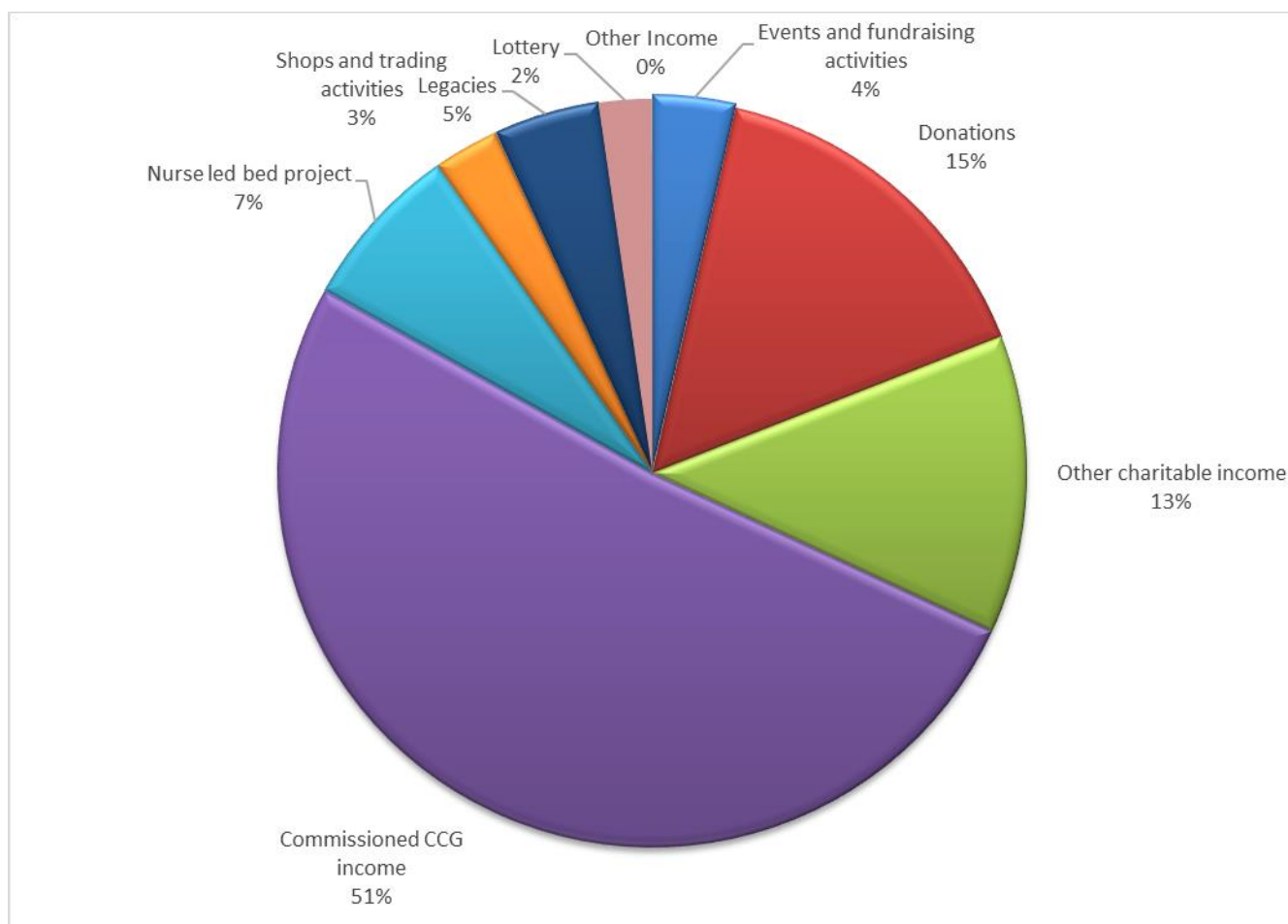


- The charity's total income was £9.30m (2020: £8.63m).
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations, events and other fundraising, was £1.7m (2020: £1.90m).
- The funding received via Hospice UK from NHSE has been 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.

**Trustees' Report**  
**For the year ended 31 March 2021**

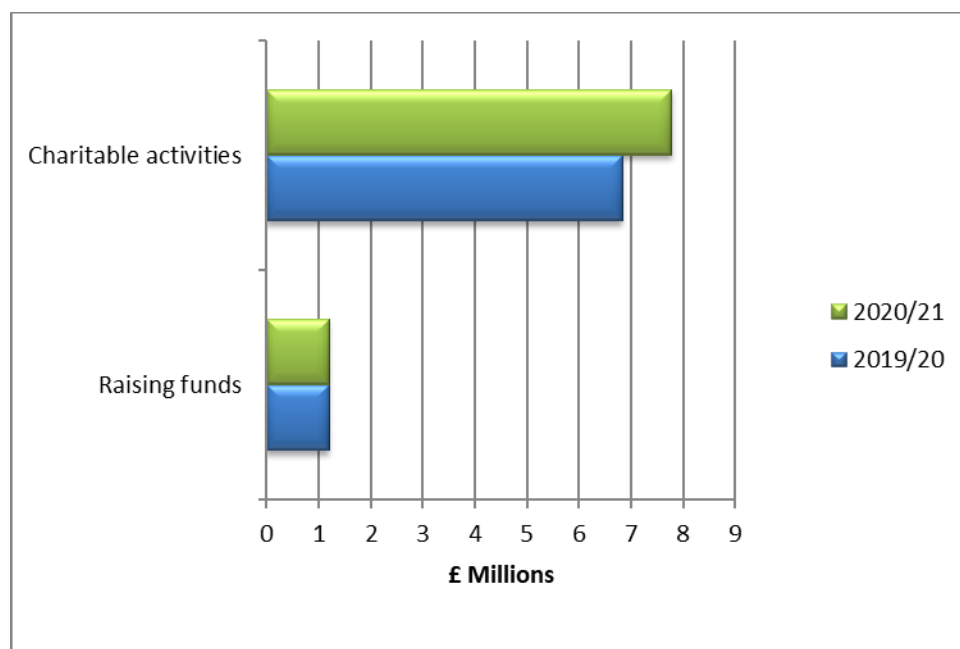
- The charity was extremely grateful to receive £293k (2020: £366k) in both unrestricted and restricted grants and donations from charitable trusts. Trust donors included: The Hudson Foundation, Garfield Weston Foundation, Girton Town Charity, Wolfson Foundation, Friends of Wisbech Hospitals, Cambridgeshire 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 different sources.



## Expenditure

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

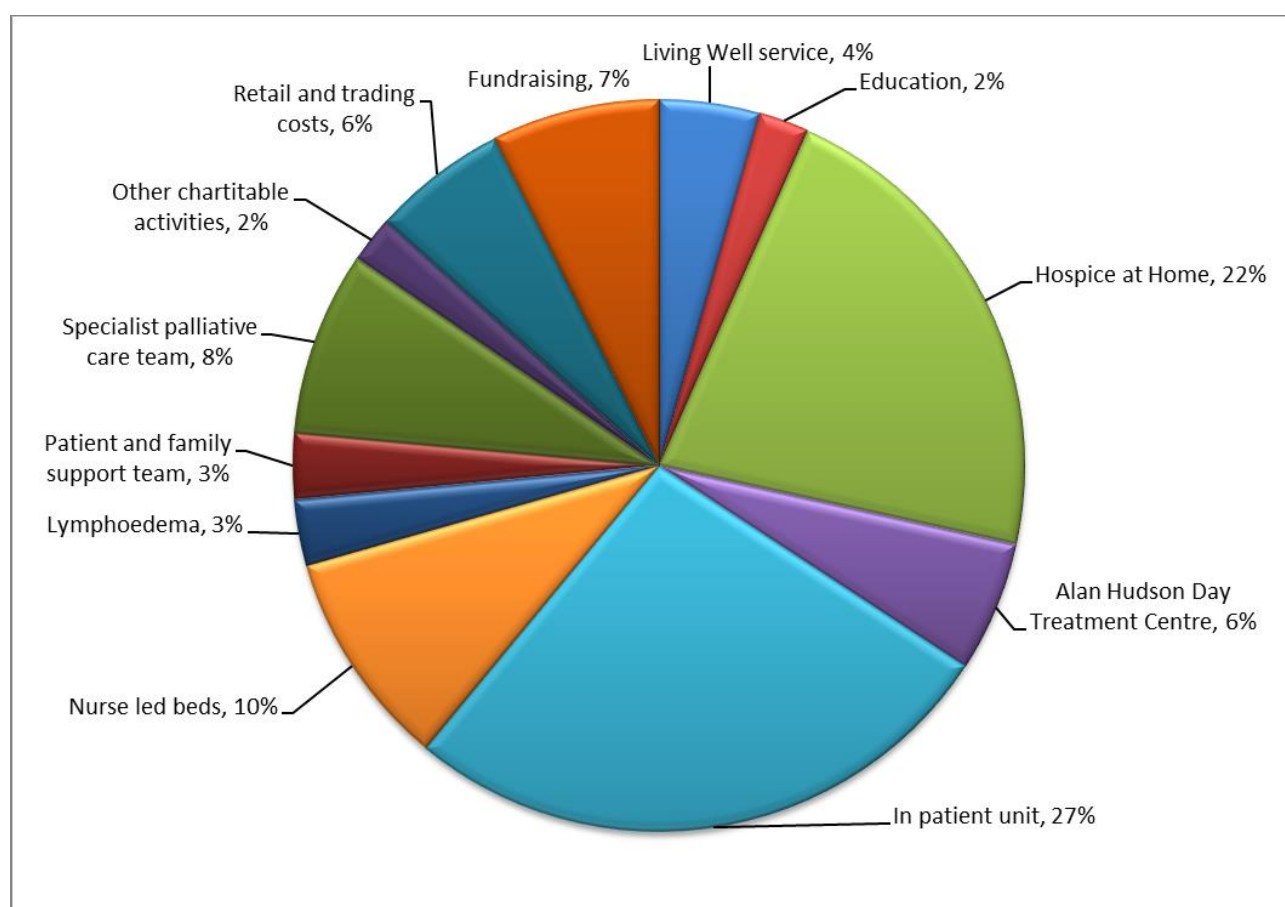


Overall expenditure increased this year to £8.98m from £8.04m last year.

- 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.

**Trustees' Report  
For the year ended 31 March 2021**

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



## Trustees' Report For the year ended 31 March 2021

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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.

**Trustees' Report**  
**For the year ended 31 March 2021**

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	<ul style="list-style-type: none"> <li>• Monthly expenditure is closely monitored</li> <li>• The Finance and General Purposes Committee regularly consider the implications of this</li> <li>• Trustees are kept fully informed via Trustee Meetings</li> <li>• The impact on income as a result of COVID-19 is closely monitored by the Trustees and senior leadership team</li> <li>• Regular forecasts of income and expenditure taking account of the impact of COVID-19 are prepared and reviewed.</li> </ul>
Risk of a significant drop in legacy income and therefore a lower than expected revenue income	<ul style="list-style-type: none"> <li>• Monthly spend is closely managed</li> <li>• The Finance and General Purposes Committee regularly considers the implications of this</li> </ul>

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.

## Trustees' Report For the year ended 31 March 2021

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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](http://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 addition 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:**

Carolyn 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' Report**  
**For the year ended 31 March 2021**

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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 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)  
Carolyn 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., MRCPGP., 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

**Trustees' Report**  
**For the year ended 31 March 2021**

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**Company Secretary**

Jennifer Tunbridge

**Independent auditors**

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

**Website address**

[www.arhc.org.uk](http://www.arhc.org.uk)

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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

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**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.

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY**  
**(CONTINUED)**

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**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.



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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY**  
**(CONTINUED)**

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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, 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.

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY**  
**(CONTINUED)**

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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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditors' report.

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ARTHUR RANK HOSPICE CHARITY**  
**(CONTINUED)**

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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.

**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 £
<b>INCOME FROM:</b>					
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
<b>TOTAL INCOME</b>		<b>3,405,417</b>	<b>5,896,984</b>	<b>9,302,401</b>	<b>8,628,256</b>
<b>EXPENDITURE ON:</b>					
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
<b>TOTAL EXPENDITURE</b>		<b>2,720,338</b>	<b>6,263,216</b>	<b>8,983,554</b>	<b>8,035,881</b>
<b>NET INCOME/(EXPENDITURE)</b>		<b>685,079</b>	<b>(366,232)</b>	<b>318,847</b>	<b>592,375</b>
Transfers between funds	21	(431,451)	431,451	-	-
<b>NET MOVEMENT IN FUNDS</b>		<b>253,628</b>	<b>65,219</b>	<b>318,847</b>	<b>592,375</b>
<b>RECONCILIATION OF FUNDS:</b>					
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
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>9,231,977</b>	<b>687,338</b>	<b>9,919,315</b>	<b>9,600,468</b>

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 £
<b>FIXED ASSETS</b>			
Tangible assets	15	<b>10,087,452</b>	10,577,066
		<b>10,087,452</b>	10,577,066
<b>CURRENT ASSETS</b>			
Stocks	17	<b>15,384</b>	13,156
Debtors	18	<b>1,079,798</b>	1,220,226
Cash at bank and in hand		<b>2,831,600</b>	1,905,293
		<b>3,926,782</b>	3,138,675
Creditors: amounts falling due within one year	19	<b>(814,919)</b>	(675,273)
<b>NET CURRENT ASSETS</b>		<b>3,111,863</b>	2,463,402
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>13,199,315</b>	13,040,468
Creditors: amounts falling due after more than one year	20	<b>(3,280,000)</b>	(3,440,000)
<b>TOTAL NET ASSETS</b>		<b>9,919,315</b>	9,600,468
<b>CHARITY FUNDS</b>			
Restricted funds	21	<b>687,338</b>	622,119
Unrestricted funds	21	<b>9,231,977</b>	8,978,349
<b>TOTAL FUNDS</b>		<b>9,919,315</b>	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 £
<b>FIXED ASSETS</b>			
Tangible assets	15	10,744,757	11,234,371
Investments	16	10,000	10,000
		<u>10,754,757</u>	<u>11,244,371</u>
<b>CURRENT ASSETS</b>			
Stocks	17	724	724
Debtors	18	1,144,184	1,236,308
Cash at bank and in hand		2,716,803	1,830,670
		<u>3,861,711</u>	<u>3,067,702</u>
Creditors: amounts falling due within one year	19	(793,976)	(648,428)
		<u>3,067,735</u>	<u>2,419,274</u>
<b>NET CURRENT ASSETS</b>			
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>13,822,492</u>	<u>13,663,645</u>
Creditors: amounts falling due after more than one year	20	(3,280,000)	(3,440,000)
<b>TOTAL NET ASSETS</b>		<u><u>10,542,492</u></u>	<u><u>10,223,645</u></u>
<b>CHARITY FUNDS</b>			
Restricted funds	21	687,523	622,119
Unrestricted funds	21	9,854,969	9,601,526
<b>TOTAL FUNDS</b>		<u><u>10,542,492</u></u>	<u><u>10,223,645</u></u>

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)

**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

	Note	2021 £	2020 £
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Net cash used in operating activities	24	1,120,308	540,076
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of tangible fixed assets		(35,577)	(125,822)
<b>NET CASH USED IN INVESTING ACTIVITIES</b>		(35,577)	(125,822)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayments of borrowing		(158,424)	(79,587)
<b>NET CASH USED IN FINANCING ACTIVITIES</b>		(158,424)	(79,587)
<b>CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR</b>		926,307	334,667
Cash and cash equivalents at the beginning of the year		1,905,293	1,570,626
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	25	2,831,600	1,905,293

The notes on pages 41 to 66 form part of these financial statements

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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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 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.

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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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 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.

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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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.

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.

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**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**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.

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**ARTHUR RANK HOSPICE CHARITY**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**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 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.



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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**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.

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**NOTES TO THE FINANCIAL STATEMENTS  
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**3. INCOME FROM DONATIONS AND LEGACIES**

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
Donations	1,063,271	85,148	<b>1,148,419</b>	1,086,486
Legacies	422,366	1,000	<b>423,366</b>	786,640
Grants	163,844	129,000	<b>292,844</b>	365,632
	<u>1,649,481</u>	<u>215,148</u>	<u><b>1,864,629</b></u>	<u>2,238,758</u>
TOTAL 2020	<u><u>1,786,164</u></u>	<u><u>452,594</u></u>	<u><u><b>2,238,758</b></u></u>	

**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	<b>4,760,425</b>	3,840,400
Education	4,959	-	<b>4,959</b>	6,007
Other statutory income	178,908	915,133	<b>1,094,041</b>	166,784
Other	97,949	-	<b>97,949</b>	110,839
Contract Income for Nurse led beds	671,151	-	<b>671,151</b>	702,848
	<u>952,967</u>	<u>5,675,558</u>	<u><b>6,628,525</b></u>	<u>4,826,878</u>
TOTAL 2020	<u><u>821,439</u></u>	<u><u>4,005,439</u></u>	<u><u><b>4,826,878</b></u></u>	

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**NOTES TO THE FINANCIAL STATEMENTS  
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**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	<b>313,420</b>	421,017
Other	17,242	1,898	<b>19,140</b>	110,808
Shop and trading income	261,301	-	<b>261,301</b>	813,587
Lottery income	210,153	3,042	<b>213,195</b>	211,977
	<u>800,778</u>	<u>6,278</u>	<u><b>807,056</b></u>	<u>1,557,389</u>
 TOTAL 2020	 <u>1,549,057</u>	 <u>8,332</u>	 <u>1,557,389</u>	

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	<b>2,191</b>	5,231
	<u>2,191</u>	<u><b>2,191</b></u>	<u>5,231</u>
 TOTAL 2020	 <u>5,231</u>	 <u><b>5,231</b></u>	

**ARTHUR RANK HOSPICE CHARITY**  
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**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	<b>1,201,597</b>	1,201,333
Hospice care services	5,922,726	1,859,231	<b>7,781,957</b>	6,834,548
	<u>6,887,974</u>	<u>2,095,580</u>	<u><b>8,983,554</b></u>	<u>8,035,881</u>
TOTAL 2020	<u>6,024,297</u>	<u>2,011,584</u>	<u>8,035,881</u>	

**8. FUNDRAISING, RETAIL AND TRADING COSTS**

	Direct costs 2021 £	Support costs 2021 £	Total funds 2021 £	Total funds 2020 £
Challenges	20,107	5,063	<b>25,170</b>	47,171
Collections	194	49	<b>243</b>	10,434
Community fundraising costs	79,102	19,916	<b>99,018</b>	95,801
Events	90,190	22,708	<b>112,898</b>	132,977
Fundraising costs	233,935	58,899	<b>292,834</b>	225,451
Corporate	26,779	6,742	<b>33,521</b>	33,259
Legacies	21,501	5,413	<b>26,914</b>	36,983
Trusts	13,674	3,443	<b>17,117</b>	17,607
Engagement	44,830	11,287	<b>56,117</b>	66,145
Retail	434,936	102,829	<b>537,765</b>	535,505
	<u>965,248</u>	<u>236,349</u>	<u><b>1,201,597</b></u>	<u>1,201,333</u>
TOTAL 2020	<u>954,919</u>	<u>246,414</u>	<u>1,201,333</u>	

All expenditure in 2020 was unrestricted.

**ARTHUR RANK HOSPICE CHARITY**  
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**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	<b>398,893</b>	418,664
Education	152,471	47,864	<b>200,335</b>	225,850
Hospice at home	1,488,479	467,334	<b>1,955,813</b>	1,136,584
Alan Hudson Day Treatment Centre	394,730	123,916	<b>518,646</b>	523,920
In patient unit	1,829,852	574,372	<b>2,404,224</b>	2,379,587
Nurse led beds	658,175	206,617	<b>864,792</b>	802,354
Lymphoedema	199,858	62,740	<b>262,598</b>	309,310
Patient and family support team	198,492	62,312	<b>260,804</b>	256,756
Specialist palliative care team	555,774	174,471	<b>730,245</b>	650,450
Palliative Hub	41,932	13,164	<b>55,096</b>	-
Transitioning Young Adults Project	23,660	7,427	<b>31,087</b>	404
Complementary therapy	9,147	2,872	<b>12,019</b>	10,791
Voluntary services	66,567	20,838	<b>87,405</b>	87,922
Dementia project admiral nurse	-	-	-	31,956
	<u>5,922,726</u>	<u>1,859,231</u>	<u><b>7,781,957</b></u>	<u>6,834,548</u>
TOTAL 2020	<u>5,069,378</u>	<u>1,765,170</u>	<u>6,834,548</u>	

In the year ended 31 March 2020, £4,141,705 was attributable to restricted funds, and £2,692,843 was attributable to unrestricted funds.

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**NOTES TO THE FINANCIAL STATEMENTS  
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**10. SUPPORT AND GOVERNANCE COSTS**

	<b>Staff costs 2021 £</b>	<b>Other 2021 £</b>	<b>Loan financing 2021 £</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Facilities: Estates and catering	260,444	284,967	-	<b>545,411</b>	540,055
Central costs	374,060	181,401	120,480	<b>675,941</b>	685,782
Finance	152,613	18,275	-	<b>170,888</b>	182,101
Human resources	140,953	59,085	-	<b>200,038</b>	153,165
IT	-	269,403	-	<b>269,403</b>	220,105
Insurance	-	53,721	-	<b>53,721</b>	52,678
Public relations	61,565	52,551	-	<b>114,116</b>	106,488
Governance	37,450	28,612	-	<b>66,062</b>	71,210
	<u>1,027,085</u>	<u>948,015</u>	<u>120,480</u>	<u><b>2,095,580</b></u>	<u>2,011,584</u>
<b>TOTAL 2020</b>	<u>996,574</u>	<u>891,687</u>	<u>123,323</u>	<u>2,011,584</u>	

**11. EXPENDITURE BY TYPE**

	<b>Charitable direct costs 2021 £</b>	<b>Fundraising direct costs 2021 £</b>	<b>Support costs 2021 £</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Staff costs	4,846,424	684,211	1,027,085	<b>6,557,720</b>	5,659,633
Leases and rent	51,358	86,700	-	<b>138,058</b>	142,165
Loan financing costs	-	-	120,480	<b>120,480</b>	123,323
Other	977,263	177,942	486,900	<b>1,642,105</b>	1,586,845
Depreciation	47,682	16,394	461,115	<b>525,191</b>	523,915
	<u>5,922,727</u>	<u>965,247</u>	<u>2,095,580</u>	<u><b>8,983,554</b></u>	<u>8,035,881</u>
<b>TOTAL 2020</b>	<u>5,069,378</u>	<u>954,919</u>	<u>2,011,584</u>	<u>8,035,881</u>	



**ARTHUR RANK HOSPICE CHARITY**  
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**NOTES TO THE FINANCIAL STATEMENTS  
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**12. NET INCOME**

This is stated after charging:

	<b>2021</b> £	2020 £
Auditors' remuneration - audit	<b>18,861</b>	16,762
Auditors' remuneration - other services	<b>15,535</b>	13,169
Depreciation of tangible fixed assets: owned by the charitable group	<b>525,191</b>	523,915
	<u><u>          </u></u>	<u><u>          </u></u>

**13. STAFF COSTS**

	<b>Group</b> <b>2021</b> £	Group 2020 £	<b>Company</b> <b>2021</b> £	Company 2020 £
Wages and salaries	<b>5,526,095</b>	4,755,101	<b>5,526,095</b>	4,755,101
Social security costs	<b>487,613</b>	410,457	<b>487,613</b>	410,457
Contribution to defined contribution pension schemes	<b>556,317</b>	502,729	<b>556,317</b>	502,729
	<u><u><b>6,570,025</b></u></u>	<u><u>5,668,287</u></u>	<u><u><b>6,570,025</b></u></u>	<u><u>5,668,287</u></u>

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

	<b>Group</b> <b>2021</b> No.	Group 2020 No.
Clinical services	<b>147</b>	134
Fundraising and communications	<b>23</b>	21
Support and governance	<b>34</b>	35
Bank staff	<b>12</b>	17
Retail	<b>12</b>	11
	<u><u><b>228</b></u></u>	<u><u>218</u></u>

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**13. STAFF COSTS (CONTINUED)**

The average headcount expressed as full-time equivalents was:

	<b>Group 2021 No.</b>	Group 2020 No.
Clinical services	<b>114</b>	105
Fundraising and communications	<b>18</b>	16
Support and governance	<b>29</b>	30
Bank staff	<b>8</b>	14
Retail	<b>10</b>	10
	<hr/> <b>179</b> <hr/>	<hr/> 175 <hr/>

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

	<b>Group 2021 No.</b>	Group 2020 No.
In the band £60,001 - £70,000	<b>2</b>	2
In the band £70,001 - £80,000	<b>1</b>	-
In the band £80,001 - £90,000	<b>1</b>	1
In the band £90,001 - £100,000	<b>1</b>	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).

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**15. TANGIBLE FIXED ASSETS**

**GROUP**

	Freehold property £	Long-term leasehold property £	Fixtures, fittings, equipment and artwork £	Total £
<b>COST OR VALUATION</b>				
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
<b>DEPRECIATION</b>				
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
<b>NET BOOK VALUE</b>				
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

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**15. TANGIBLE FIXED ASSETS (CONTINUED)**

**GROUP (CONTINUED)**

**COMPANY**

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
<b>COST OR VALUATION</b>				
At 1 April 2020	11,850,461	120,000	1,010,949	12,981,410
Additions	-	-	35,577	35,577
At 31 March 2021	<u>11,850,461</u>	<u>120,000</u>	<u>1,046,526</u>	<u>13,016,987</u>
<b>DEPRECIATION</b>				
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	<u>1,658,538</u>	<u>5,300</u>	<u>608,392</u>	<u>2,272,230</u>
<b>NET BOOK VALUE</b>				
At 31 March 2021	<u><u>10,191,923</u></u>	<u><u>114,700</u></u>	<u><u>438,134</u></u>	<u><u>10,744,757</u></u>
At 31 March 2020	<u><u>10,567,681</u></u>	<u><u>115,900</u></u>	<u><u>550,790</u></u>	<u><u>11,234,371</u></u>

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**NOTES TO THE FINANCIAL STATEMENTS  
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**16. FIXED ASSET INVESTMENTS**

	Investments in subsidiary companies £
<b>company</b>	
<b>COST OR VALUATION</b>	
At 1 April 2020	10,000
<b>AT 31 MARCH 2021</b>	<b>10,000</b>
<b>NET BOOK VALUE</b>	
<b>AT 31 MARCH 2021</b>	<b>10,000</b>
AT 31 MARCH 2020	10,000

**PRINCIPAL SUBSIDIARIES**

The following was a subsidiary undertaking of the company:

<b>Name</b>	<b>Company number</b>	<b>Registered office or principal place of business</b>	<b>Principal activity</b>
Arthur Rank Hospice Limited	03059033	Cherry Hinton Road, Shelford Bottom, Cambridge, CB22 3FB	Operating the fundraising trading arm of Arthur Rank Hospice Charity
<b>Holding</b>	<b>Included in consolidation</b>		
100%	Yes		

The financial results of the subsidiary for the year were:

<b>Name</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Net assets £</b>
Arthur Rank Hospice Limited	106,731	(106,731)	44,128

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**17. STOCKS**

	<b>Group 2021 £</b>	Group 2020 £	<b>Company 2021 £</b>	Company 2020 £
Finished goods and goods for resale	<b>15,384</b>	13,156	<b>724</b>	724

**18. DEBTORS**

	<b>Group 2021 £</b>	Group 2020 £	<b>Company 2021 £</b>	Company 2020 £
<b>DUE WITHIN ONE YEAR</b>				
Trade debtors	<b>359,084</b>	184,071	<b>358,975</b>	170,341
Amounts owed by group undertakings	-	-	<b>65,989</b>	33,535
Other debtors	<b>106,640</b>	292,063	<b>105,743</b>	288,469
Prepayments and accrued income	<b>89,871</b>	117,342	<b>89,274</b>	117,213
Tax recoverable	<b>12,577</b>	15,121	<b>12,577</b>	15,121
Legacies receivable	<b>511,626</b>	611,629	<b>511,626</b>	611,629
	<b>1,079,798</b>	1,220,226	<b>1,144,184</b>	1,236,308

**19. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	<b>Group 2021 £</b>	Group 2020 £	<b>Company 2021 £</b>	Company 2020 £
Other loans	<b>197,633</b>	196,057	<b>197,633</b>	196,057
Trade creditors	<b>182,371</b>	150,929	<b>180,351</b>	149,429
Other taxation and social security	<b>160,137</b>	102,602	<b>160,137</b>	100,036
Other creditors	<b>163,823</b>	121,085	<b>161,736</b>	121,085
Accruals and deferred income	<b>110,955</b>	104,600	<b>94,119</b>	81,821
	<b>814,919</b>	675,273	<b>793,976</b>	648,428

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**20. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR**

	<b>Group 2021 £</b>	Group 2020 £	<b>Company 2021 £</b>	Company 2020 £
Other loans	<b>3,280,000</b>	3,440,000	<b>3,280,000</b>	3,440,000

Included within the above are amounts falling due as follows:

	<b>Group 2021 £</b>	Group 2020 £	<b>Company 2021 £</b>	Company 2020 £
<b>BETWEEN ONE AND TWO YEARS</b>				
Other loans	<b>160,000</b>	160,000	<b>160,000</b>	160,000
<b>BETWEEN TWO AND FIVE YEARS</b>				
Other loans	<b>480,000</b>	480,000	<b>480,000</b>	480,000
<b>OVER FIVE YEARS</b>				
Other loans	<b>2,640,000</b>	2,800,000	<b>2,640,000</b>	2,800,000

The aggregate amount of liabilities payable or repayable wholly or in part more than five years after the reporting date is:

	<b>Group 2021 £</b>	Group 2020 £	<b>Company 2021 £</b>	Company 2020 £
Payable or repayable by instalments	<b>2,640,000</b>	2,800,000	<b>2,640,000</b>	2,800,000
	<b>2,640,000</b>	2,800,000	<b>2,640,000</b>	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%.

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**NOTES TO THE FINANCIAL STATEMENTS**  
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**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.



**ARTHUR RANK HOSPICE CHARITY**  
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**NOTES TO THE FINANCIAL STATEMENTS  
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**21. STATEMENT OF FUNDS (CONTINUED)**

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2021 £
<b>UNRESTRICTED FUNDS</b>					
<b>DESIGNATED FUNDS</b>					
Hospice fund	7,092,656	-	-	(317,589)	6,775,067
Legacy reserve	-	-	-	211,000	211,000
	<u>7,092,656</u>	<u>-</u>	<u>-</u>	<u>(106,589)</u>	<u>6,986,067</u>
<b>GENERAL FUNDS</b>					
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
	<u>1,885,693</u>	<u>3,405,417</u>	<u>(2,720,338)</u>	<u>(324,862)</u>	<u>2,245,910</u>
<b>TOTAL UNRESTRICTED FUNDS</b>	<u>8,978,349</u>	<u>3,405,417</u>	<u>(2,720,338)</u>	<u>(431,451)</u>	<u>9,231,977</u>
<b>RESTRICTED FUNDS</b>					
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
	<u>622,119</u>	<u>5,896,984</u>	<u>(6,263,216)</u>	<u>431,451</u>	<u>687,338</u>
<b>TOTAL OF FUNDS</b>	<u>9,600,468</u>	<u>9,302,401</u>	<u>(8,983,554)</u>	<u>-</u>	<u>9,919,315</u>

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**NOTES TO THE FINANCIAL STATEMENTS  
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**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 £
<b>UNRESTRICTED FUNDS</b>					
<b>DESIGNATED FUNDS</b>					
Hospice fund	7,259,513	-	-	(166,857)	7,092,656
<b>GENERAL FUNDS</b>					
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
	<u>1,451,938</u>	<u>4,161,891</u>	<u>(3,894,176)</u>	<u>166,040</u>	<u>1,885,693</u>
<b>TOTAL UNRESTRICTED FUNDS</b>	<u>8,711,451</u>	<u>4,161,891</u>	<u>(3,894,176)</u>	<u>(817)</u>	<u>8,978,349</u>
<b>RESTRICTED FUNDS</b>					
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
	<u>296,642</u>	<u>4,466,365</u>	<u>(4,141,705)</u>	<u>817</u>	<u>622,119</u>
<b>TOTAL OF FUNDS</b>	<u><u>9,008,093</u></u>	<u><u>8,628,256</u></u>	<u><u>(8,035,881)</u></u>	<u><u>-</u></u>	<u><u>9,600,468</u></u>

**ARTHUR RANK HOSPICE CHARITY**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**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

**ARTHUR RANK HOSPICE CHARITY**  
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**NOTES TO THE FINANCIAL STATEMENTS  
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**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	-	<b>10,087,452</b>
Current assets	3,239,444	687,338	<b>3,926,782</b>
Creditors due within one year	(814,919)	-	<b>(814,919)</b>
Creditors due in more than one year	(3,280,000)	-	<b>(3,280,000)</b>
<b>TOTAL</b>	<b>9,231,977</b>	<b>687,338</b>	<b>9,919,315</b>

**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)
<b>TOTAL</b>	<b>8,978,349</b>	<b>622,119</b>	<b>9,600,468</b>

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**NOTES TO THE FINANCIAL STATEMENTS  
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**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	<u>9,854,969</u>	<u>687,523</u>	<u>10,542,492</u>

**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	<u>9,601,526</u>	<u>622,119</u>	<u>10,223,645</u>

**ARTHUR RANK HOSPICE CHARITY**  
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**NOTES TO THE FINANCIAL STATEMENTS  
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**24. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES**

	<b>Group 2021 £</b>	<b>Group 2020 £</b>
Net income for the year (as per Statement of Financial Activities)	<b>318,847</b>	592,375
<b>ADJUSTMENTS FOR:</b>		
Depreciation charges	<b>525,191</b>	523,916
Increase in stocks	<b>(2,228)</b>	(3,491)
Decrease/(increase) in debtors	<b>140,428</b>	(371,408)
(Decrease)/increase in creditors	<b>138,070</b>	(201,316)
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>1,120,308</b>	540,076

**25. ANALYSIS OF CASH AND CASH EQUIVALENTS**

	<b>Group 2021 £</b>	<b>Group 2020 £</b>
Cash in hand	<b>2,831,600</b>	1,905,293
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<b>2,831,600</b>	1,905,293

**26. ANALYSIS OF CHANGES IN NET DEBT**

	<b>At 1 April 2020 £</b>	<b>Cash flows £</b>	<b>At 31 March 2021 £</b>
Cash at bank and in hand	<b>1,905,293</b>	<b>926,307</b>	<b>2,831,600</b>
Debt due within 1 year	<b>(196,057)</b>	<b>(1,576)</b>	<b>(197,633)</b>
Debt due after 1 year	<b>(3,440,000)</b>	<b>160,000</b>	<b>(3,280,000)</b>
	<b>(1,730,764)</b>	<b>1,084,731</b>	<b>(646,033)</b>

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**ARTHUR RANK HOSPICE CHARITY**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**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:

	<b>Group 2021 £</b>	Group 2020 £
Not later than 1 year	<b>124,012</b>	90,922
Later than 1 year and not later than 5 years	<b>327,779</b>	245,256
Later than 5 years	<b>312,340</b>	64,000
	<b><u>764,131</u></b>	<u>400,178</u>

**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.

