



Arthur Rank Hospice Charity

Registered number: 07086155
Charity number: 1133354

Arthur Rank Hospice Charity

(A company limited by guarantee)

Trustees' Report and Financial Statements

For the year ended 31 March 2023



Trustees' Report
For the year ended 31 March 2023

Trustees' Report
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Trustees' Report
For the year ended 31 March 2023

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

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (Second edition October 2019).

Trustees' Report

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

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

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

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

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

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

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

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Antoinette Jackson
Chair of Trustees

Our vision

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

Our values

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

Strategic Report 2022-23

Why we are here?

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

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

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

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In **2022-23** we focused on the following priorities:

Outstanding

We said that we would:

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

What we did:

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

Sustainable

We said that we would:

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

What we did:

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

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

Accessible

We said that we would:

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

What we did:

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

Engaging

We said that we would:

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

What we did:

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

People

We said that we would:

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

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

What we did:

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

Partnering

We said that we would:

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

What we did:

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

* *Recommended Summary Plan for Emergency Care and Treatment*

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

Priority 1 – Outstanding

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

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

Priority 2 – Sustainable

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

Priority 3 – Accessible

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

Priority 4 – Engaging

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

Priority 5 – People

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

Priority 6 – Partnering

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

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Public Benefit

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

The difference we make through our charitable activities

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

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

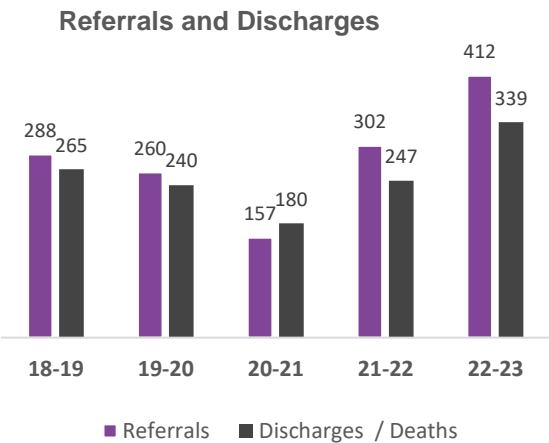
- * End of life care at Arthur Rank Hospice and elsewhere;
- * Services, facilities, equipment or grants for Beneficiaries and
- * Any other benefit which provides care and support to Beneficiaries.

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

Our Charitable Activities

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

Living Well Service



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

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

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

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



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

The Living Well Service is entirely funded by the charity.

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Education

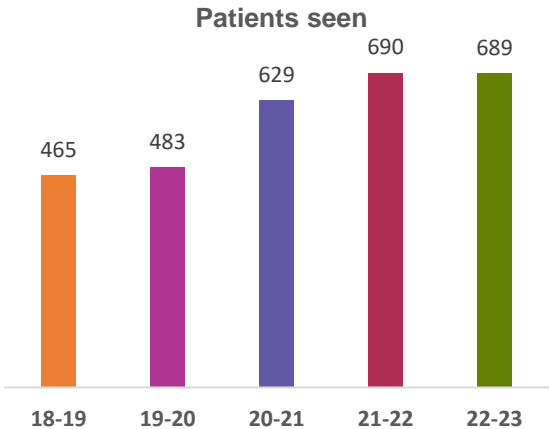


We run courses for health and care professionals to learn and share best practice. We also offer placements so that healthcare professionals and students can gain a more thorough understanding of the work we do.

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

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

Hospice at Home



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

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

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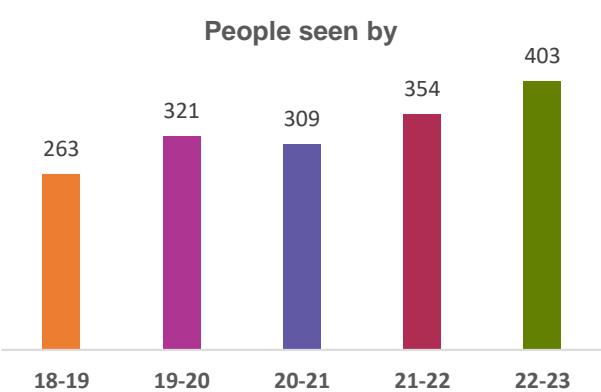
With the support of the Cambridgeshire and Peterborough Integrated Care Board (ICB) – formerly the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), we provide care throughout the county, day and night, to support those who are rapidly deteriorating and whose preferred place of death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

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

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

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

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



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



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

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In-patient Unit (Shelford Bottom, Cambridgeshire)

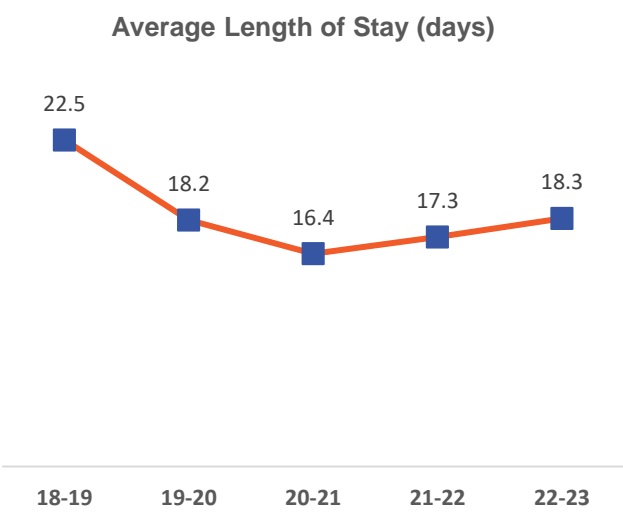
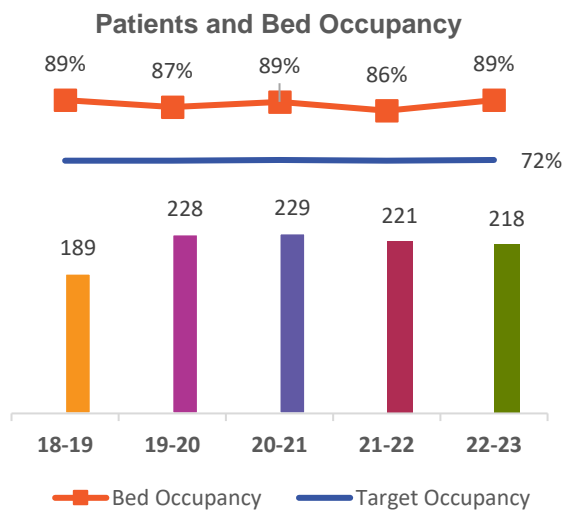


The hospice In-patient Unit (IPU) has 12 specialist beds and seven Nurse led beds (NLB) with the ability to increase up to nine beds if necessary. Two beds remain available to be commissioned and we continue to explore how best for these to be utilized.. All patients and their loved ones are provided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

Specialist beds: Funding and catchment area



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



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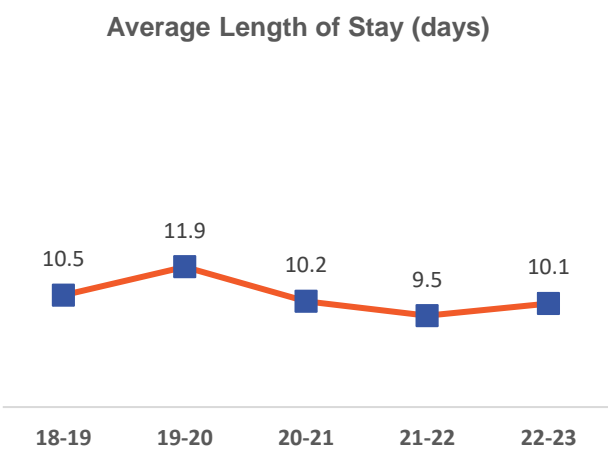
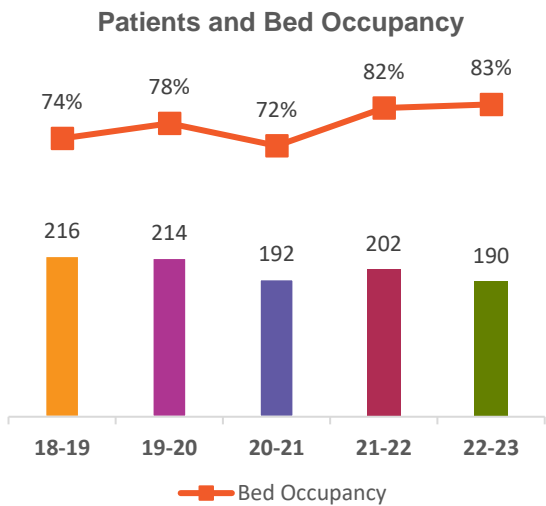
The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist MDT, and/or a daily review by a doctor. As we are a short-stay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

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

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

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

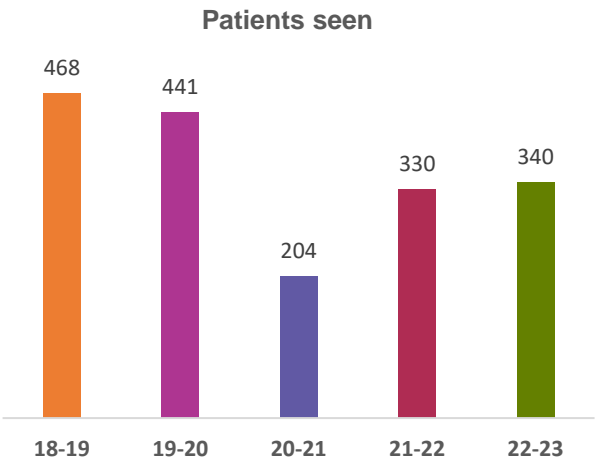
Nurse Led Beds



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

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Lymphoedema

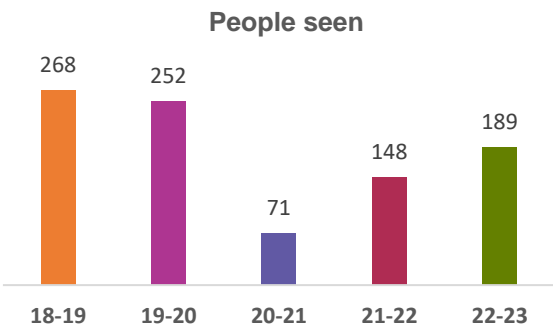


The Lymphoedema Clinic provides a service for those with primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, and other related conditions. All patients are offered an assessment with a clinical specialist in lymphoedema and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

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

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Patient and Family Support Team



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

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

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



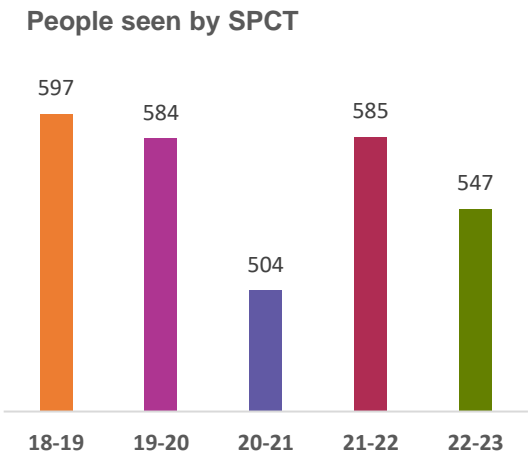
We have also provided music therapy to our patients. Music therapy is a form of emotional and psychological support that combines music making, listening and talking.

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

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

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Specialist Palliative Care Team



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

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

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

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

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

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Transitioning Young Adults Project



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

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

Trustees' Report
For the year ended 31 March 2023

Palliative Care Hub



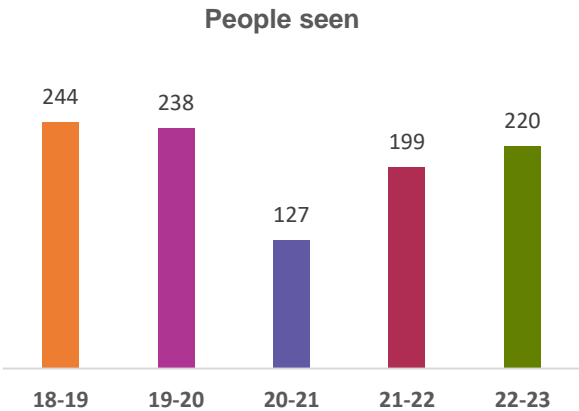
The service is a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with HUC which commenced in April 2021.

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

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

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

Complementary Therapy



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

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

Trustees' Report
For the year ended 31 March 2023

Voluntary Services



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

Patients supported

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

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

Trustees' Report
For the year ended 31 March 2023

Number of face-to-face contacts/appointments	2022/23	2021/22
Living Well Service	891	764
Hospice at Home	19,776	21,840
Specialist Palliative Care Home Team	1,831	1,773
Lymphoedema	657	650
Patient and Family Support Services	651	472
Pain Management	43	47
Complementary Therapy	620	569
Medical Outpatient and Domiciliary	366	256
Community Hub	-	-
Alan Hudson Day Treatment Centre	3,095	2,826
Transitioning Young Adults	4	8
Total	27,934	29,205
Number of telephone contacts	2022/23	2021/22
Living Well Service	1,290	1,607
Hospice at Home	4,908	4,107
Specialist Palliative Care Home Team	7,600	9,623
Lymphoedema	1,279	1,551
Patient and Family Support Services	307	507
Pain Management	17	27
Complementary Therapy	1,037	915
Medical Outpatient and Domiciliary	1,019	774
Community Hub	-	144
Alan Hudson Day Treatment Centre	4,016	4,125
Transitioning Young Adults	21	65
Total	21,494	23,445
In-Patient Unit (specialist beds)	2022/23	2021/22
Number of beds	12	12
Bed occupancy	89%	86%
Number of patients	218	221
Number of discharges	207	211
Average duration (days)	18.3	17.3
Available bed days	4,380	4,380

Trustees' Report For the year ended 31 March 2023

Approach to fundraising



Fundraising Approach and Controls

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

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

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

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

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

Trustees' Report

For the year ended 31 March 2023

attend should they wish.

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

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

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

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

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

Financial review

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

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

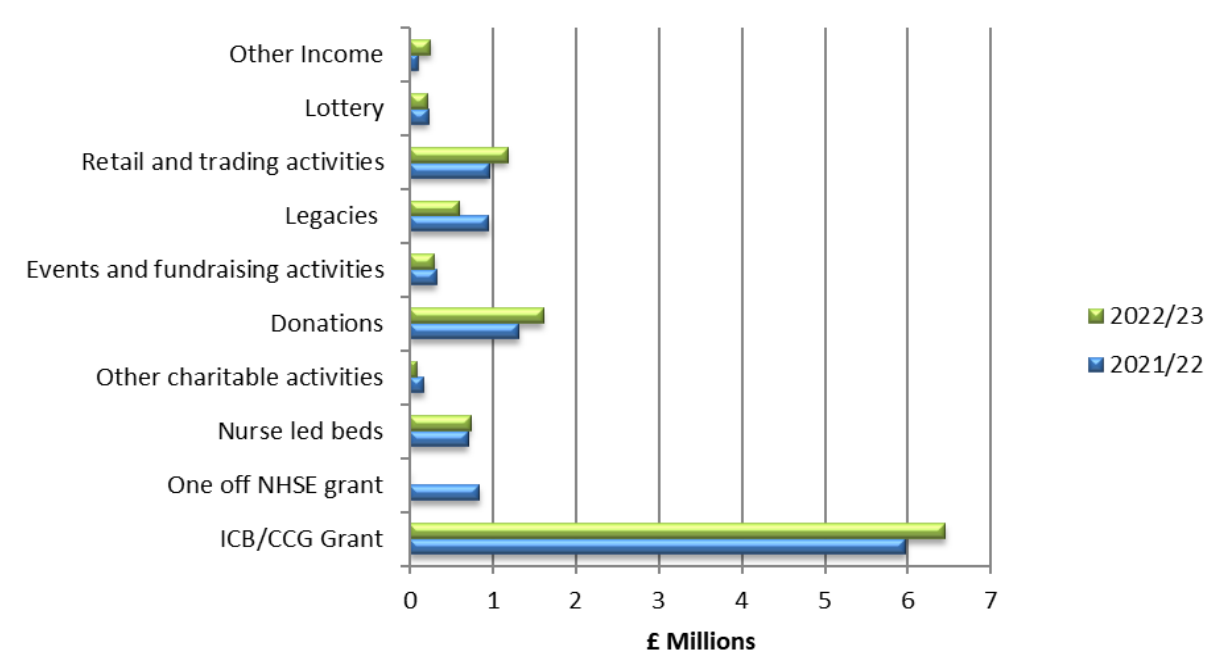
Our income declined by 1% from the previous year, but this was due to the £841k of one-off funding that we received in 2021-22 from NHS England via Hospice UK. Excluding this, our income rose by 7% as we met the increased demand for our services across the county. Expenditure has been managed tightly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

Trustees' Report
For the year ended 31 March 2023

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

Income

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

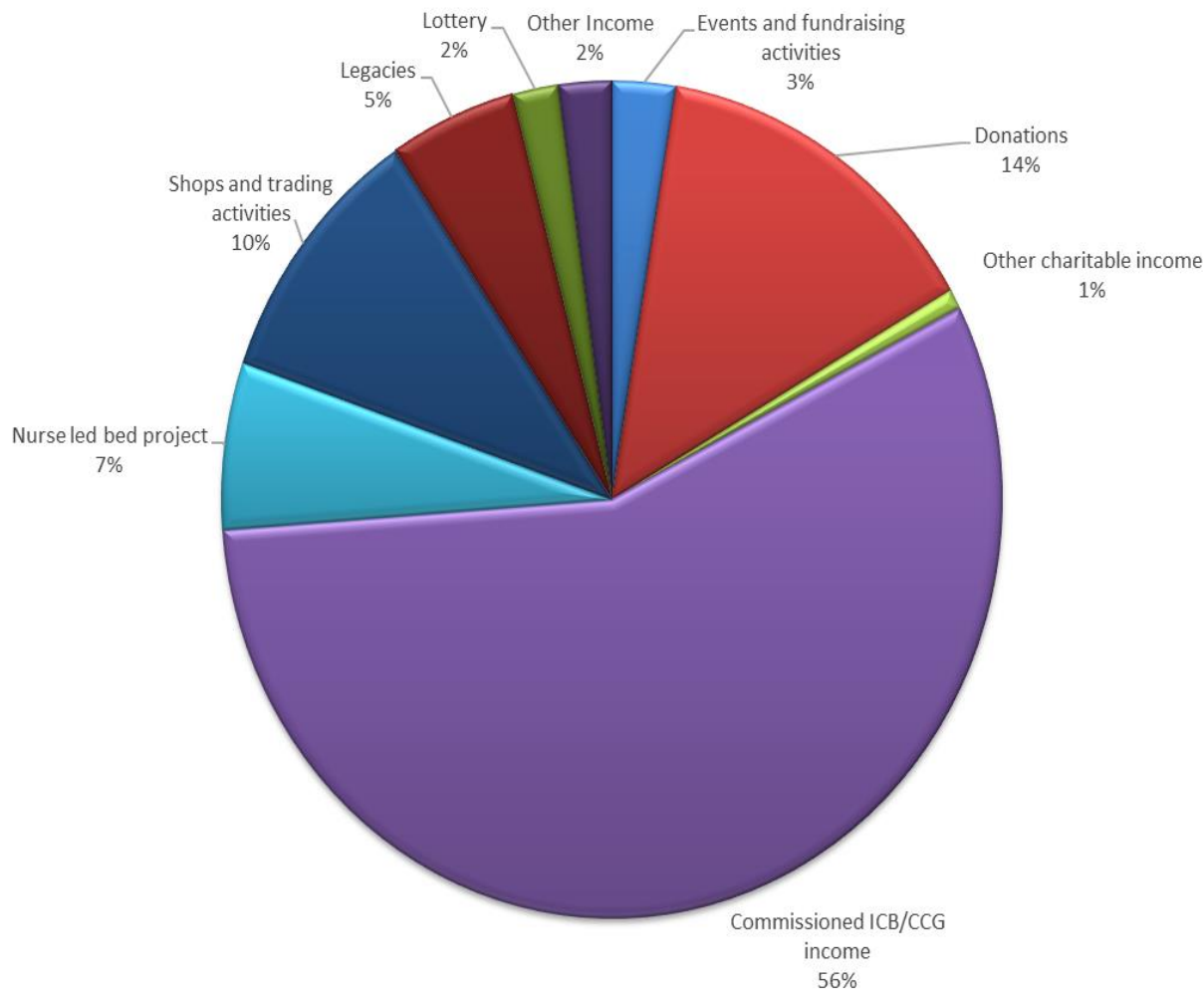


- The charity's total income was £11.45m (2022: £11.58m).
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations, events and other fundraising, was £1.91m (2022:£1.64m).
- The charity is extremely grateful for all gifts in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

Trustees' Report
For the year ended 31 March 2023

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

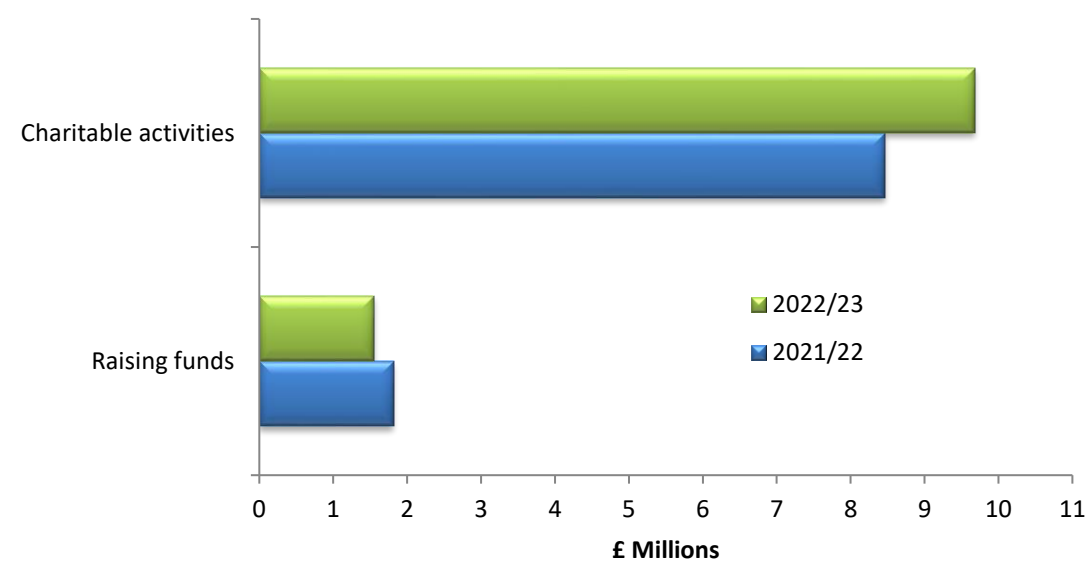
The chart below shows the proportion of income that we received in the year from different sources.



Trustees' Report
For the year ended 31 March 2023

Expenditure

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

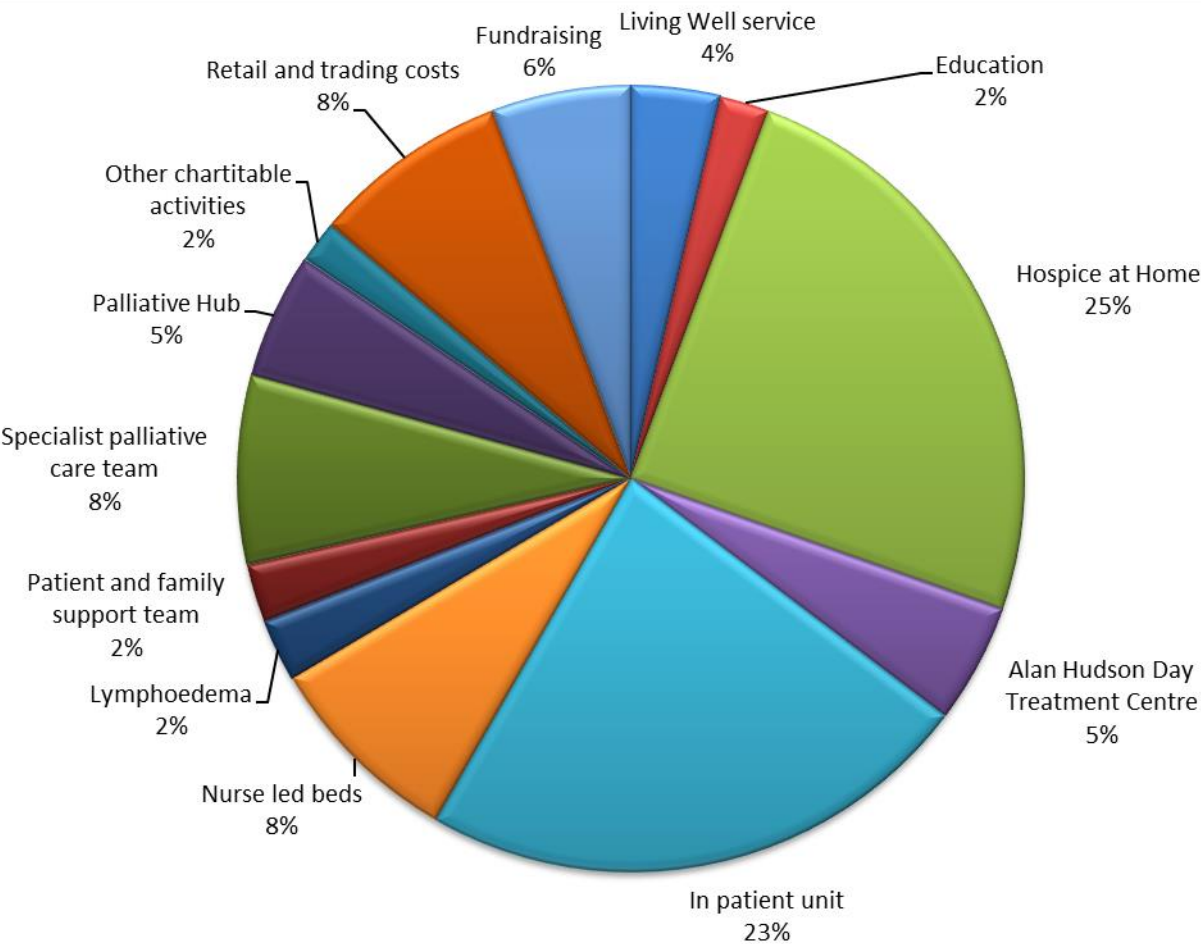


Overall expenditure increased this year to £11.24m from £10.29m last year.

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

Trustees' Report
For the year ended 31 March 2023

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



Trading Company – Arthur Rank Hospice Limited

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

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

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

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

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

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

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

Trustees' Report For the year ended 31 March 2023

Reserves policy and going concern

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

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

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

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

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

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

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

Investment policy

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

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

Trustees' Report
For the year ended 31 March 2023

Risk management

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

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

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

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

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

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

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

Principal risks	Management of risk
Financial Stability - Commissioned Income/Clinical Services as well as non-NHS income	<ul style="list-style-type: none"> • Budgets linked to planning and objectives • Trustee monitoring of timely financial reporting • Proper costing procedures for service delivery • Regular review of reserves • Continued dialogue and negotiation with commissioners • Scenario planning to identify how service costs would be reduced should income be insufficient • Diversity of income streams and Income Generation strategy
Digital capability and vulnerability	<ul style="list-style-type: none"> • Data security and awareness training for all staff • Regular Phishing training • IT outsourced to an ISO 27001 accredited company • Regular reviews of systems and security with and by IT support provider • Services backed up daily • Information asset register maintained

Trustees' Report
For the year ended 31 March 2023

	<ul style="list-style-type: none"> • Support package with website provider • Following Penetration testing, password security has been improved and MFA will be introduced
Inability to recruit and retain staff with suitable skills, aptitudes and ability to meet the Charity's needs	<ul style="list-style-type: none"> • Succession planning • Training in place • Agreed notice periods and handovers • Documented procedures • Training needs analysis carried out • Robust Recruitment & Retention monitoring and action plan in place • Working with Local People Board on system approaches to R&R • People Plan

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

Structure, governance and management

Constitution

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

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

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

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

Trustees' Report For the year ended 31 March 2023

Appointment of Trustees

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

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

The induction and training of new Trustees

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

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

Remuneration policy

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

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

Trustees serve pro bono and voluntarily.

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

Trustees' Report For the year ended 31 March 2023

Organisational structure and decision making

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

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

The structure and membership of these formal committees is detailed below:

Clinical Governance:

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

Finance and General Purposes Committee:

Neil Tween (Chair)
Mark Kingstone
Sonali Kumarakulasinghe
Colin Sherwood

Remuneration and Nominations:

Julia Curtis (Chair)
Antoinette Jackson
Sonali Kumarakulasinghe
Mehrunisha Suleman

Income Generation Committee:

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

Trading Company Board:

Carolan Davidge (Chair)
Sharon Allen OBE (CEO)
Antoinette Jackson (Trustee)
Peter Northmore (Director of Trading Company)
John Bishop (Director of Finance) (appointed 3 October 2022)
Jenny Tunbridge (resigned 25 July 2022)

Trustees' Report For the year ended 31 March 2023

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

Trustees' responsibilities statement

The Trustees (who are also directors of Arthur Rank Hospice Charity for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial period. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on a going-concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

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

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

Provision of information to auditors

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

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

This report, including the strategic report, was approved and authorised for issue by the Trustees and is signed on their behalf by:

Antoinette Jackson

.....
A. Jackson - Chair of Trustees

Date: 19 October 2023

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

Trustees

Antoinette Jackson
Dr Catherine Bennett
Julia Curtis
Carolan Davidge
Dr Arnold Fertig
Stephen Kay (resigned 15 September 2022)
Kate Kirk (resigned 15 September 2022)
Mark Kingstone
Sonali Kumarakulasinghe
Dr Alex Manning (resigned 31 May 2023)
Meghan Mathieson
Nicola Scrivings (appointed 15 June 2023)
Colin Sherwood
John Short (resigned 8 December 2022)
Rosy Stamp (resigned 15 September 2022)
Dr Mehrunisha Suleman
Mark Turner (resigned 20 January 2023)
Neil Tween

President

Lady Chadwyck-Healey

Patrons

Baroness Cohen of Pimlico
The Rt Revd Stephen Conway, Bishop of Ely
Sir Derek Jacobi CBE
Lady Marshall
HM Lord-Lieutenant of Cambridgeshire Mrs Julie Spence OBE QPM
Mrs Belinda Sutton DL
Dr Nigel Williams MB. Ch.B., MRCPG., DCH.

Ambassadors

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

Senior Leadership Team

Sharon Allen OBE, Chief Executive Officer

Gemma Manning, People & Operations Director

Dr Lorraine Petersen, Medical Director

Sara Robins, Director of Clinical Services

Donna Talbot, Communications and Income Generation Director (resigned 1 September 2023)

Jodie Vaughan, Communications and Income Generation Director (appointed 1 September 2023)

Jennifer Tunbridge, Finance & IT Director (resigned 25 July 2022)

John Bishop, Finance & IT Director (appointed 3 October 2022)

Company registered number

07086155

Charity registered number

1133354

Registered office

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

Company Secretary

Jennifer Tunbridge (resigned 25 July 2022)

Hannah Grainger (appointed 25 July 2022 and resigned 8 December 2022)

John Bishop (appointed 8 December 2022)

Independent auditors

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

Website address

arhc.org.uk

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

OPINION

We have audited the financial statements of Arthur Rank Hospice Charity (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Company balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2023 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

OTHER INFORMATION

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

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

RESPONSIBILITIES OF TRUSTEES

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

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

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

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

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

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

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

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

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

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

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

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

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

USE OF OUR REPORT

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

Michael Hewett

Michael Hewett (Senior statutory auditor)

for and on behalf of

Peters Elworthy & Moore

Chartered Accountants

Statutory Auditors

Salisbury House

Station Road

Cambridge

CB1 2LA

Date: 19 October 2023

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND
EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2023**

		Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	As restated Total funds 2022 £
	Note				
INCOME FROM:					
Donations and legacies	3	1,846,447	365,877	2,212,324	2,264,264
Charitable activities	4	7,319,638	108,367	7,428,005	7,714,181
Other trading activities	5	1,780,890	11,444	1,792,334	1,595,027
Investments	6	17,846	-	17,846	3,761
TOTAL INCOME		10,964,821	485,688	11,450,509	11,577,233
EXPENDITURE ON:					
Raising funds	9	1,534,920	18,990	1,553,910	1,361,092
Charitable activities	10	9,359,416	322,030	9,681,446	8,929,301
TOTAL EXPENDITURE		10,894,336	341,020	11,235,356	10,290,393
NET INCOME		70,485	144,668	215,153	1,286,840
Transfers between funds	22	(489)	489	-	-
NET MOVEMENT IN FUNDS		69,996	145,157	215,153	1,286,840
RECONCILIATION OF FUNDS:					
Total funds brought forward		10,592,498	613,657	11,206,155	9,919,315
Net movement in funds		69,996	145,157	215,153	1,286,840
TOTAL FUNDS CARRIED FORWARD		10,662,494	758,814	11,421,308	11,206,155

The Consolidated statement of financial activities includes all gains and losses recognised in the year.

The notes on pages 46 to 74 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)
REGISTERED NUMBER: 07086155

CONSOLIDATED BALANCE SHEET
AS AT 31 MARCH 2023

		2023 £	As restated 2022 £
FIXED ASSETS	Note		
Tangible assets	15	9,204,372	9,612,812
		9,204,372	9,612,812
CURRENT ASSETS			
Stocks	17	15,875	14,647
Debtors	18	1,077,341	2,117,545
Investments	19	424,983	680,625
Cash at bank and in hand		5,061,989	2,910,158
		6,580,188	5,722,975
Creditors: amounts falling due within one year	20	(1,380,335)	(954,632)
NET CURRENT ASSETS		5,199,853	4,768,343
TOTAL ASSETS LESS CURRENT LIABILITIES		14,404,225	14,381,155
Creditors: amounts falling due after more than one year	21	(2,982,917)	(3,175,000)
TOTAL NET ASSETS		11,421,308	11,206,155
CHARITY FUNDS			
Restricted funds	22	758,814	613,657
Unrestricted funds	22	10,662,494	10,592,498
TOTAL FUNDS		11,421,308	11,206,155

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)
REGISTERED NUMBER: 07086155

CONSOLIDATED BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2023

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

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

Antoinette Jackson

Antoinette Jackson
Chair of Trustees

Date: 19 October 2023

The notes on pages 46 to 74 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)
REGISTERED NUMBER: 07086155

COMPANY BALANCE SHEET
AS AT 31 MARCH 2023

		2023 £	As restated 2022 £
FIXED ASSETS	Note		
Tangible assets	15	9,861,677	10,270,117
Investments	16	10,000	10,000
		<u>9,871,677</u>	<u>10,280,117</u>
CURRENT ASSETS			
Debtors	18	1,285,488	2,272,331
Investments	19	424,983	680,625
Cash at bank and in hand		4,793,004	2,808,237
		<u>6,503,475</u>	<u>5,761,193</u>
Creditors: amounts falling due within one year	20	(1,347,750)	(1,036,978)
NET CURRENT ASSETS		<u>5,155,725</u>	<u>4,724,215</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>15,027,402</u>	<u>15,004,332</u>
Creditors: amounts falling due after more than one year	21	(2,982,917)	(3,175,000)
TOTAL NET ASSETS		<u><u>12,044,485</u></u>	<u><u>11,829,332</u></u>
CHARITY FUNDS			
Restricted funds	22	758,814	613,657
Unrestricted funds	22	11,285,671	11,215,675
TOTAL FUNDS		<u><u>12,044,485</u></u>	<u><u>11,829,332</u></u>

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)
REGISTERED NUMBER: 07086155

COMPANY BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2023

The Company's net movement in funds for the year was £215,153 (2022 - £1,286,840).

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

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

Antoinette Jackson

Antoinette Jackson
Chair of Trustees

Date: 19 October 2023

The notes on pages 46 to 74 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2023

	Note	2023 £	2022 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	25	2,117,661	943,763
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of tangible fixed assets		(52,849)	(25,914)
Movements in short term cash deposits		255,642	(680,625)
NET CASH USED IN INVESTING ACTIVITIES		202,793	(706,539)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		(168,623)	(158,666)
NET CASH USED IN FINANCING ACTIVITIES		(168,623)	(158,666)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR		2,151,831	78,558
Cash and cash equivalents at the beginning of the year		2,910,158	2,831,600
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	26	5,061,989	2,910,158

The notes on pages 46 to 74 form part of these financial statements

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

1. ACCOUNTING POLICIES

1.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition - October 2019) the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

The Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the company and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

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

1.2 GOING CONCERN

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

1.3 FUND ACCOUNTING

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

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

1. ACCOUNTING POLICIES (CONTINUED)

1.4 INCOME

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

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

Donated services or facilities are recognised when the company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of volunteers is not recognised. Refer to the Trustees' report for more information about their contribution.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the company which is the amount the company would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Donations are recognised as income on receipt unless there is earlier evidence of entitlement and the amount can be measured reliably.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Donated goods for resale are recognised once sold.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the group; this is normally upon notification of the interest paid or payable by the Bank.

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

Lottery income is recognised in the period to which it relates and events income is recognised when the event has occurred.

Education income received for bespoke and programmed courses is recognised in the period that the teaching course takes place. Any amounts received at the financial year-end for future courses is carried forward as deferred income in these accounts.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

1. ACCOUNTING POLICIES (CONTINUED)

1.5 EXPENDITURE

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings. Support costs have been allocated between cost of raising funds and expenditure on charitable activities based on direct costs.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice.

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

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

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

All expenditure is inclusive of irrecoverable VAT.

1.6 TAXATION

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

1. ACCOUNTING POLICIES (CONTINUED)

1.7 TANGIBLE FIXED ASSETS AND DEPRECIATION

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

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

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

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

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

1.8 INVESTMENTS

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

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

1.9 STOCKS

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow-moving stocks. Cost includes all direct costs and an appropriate proportion of fixed and variable overheads.

1.10 DEBTORS

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

1.11 CASH AT BANK AND IN HAND

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

1. ACCOUNTING POLICIES (CONTINUED)

1.12 LIABILITIES AND PROVISIONS

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

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

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

1.13 FINANCIAL INSTRUMENTS

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

1.14 OPERATING LEASES

Rentals paid under operating leases are charged to the Consolidated statement of financial activities on a straight-line basis over the lease term.

1.15 PENSIONS

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

The charity also contributes to the NHS defined benefit scheme for members of staff who 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.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

2. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

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

Critical accounting estimates and assumptions:

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

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

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

Critical areas of judgement:

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023**

3. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	Total funds 2022 £
Donations	1,107,398	174,964	1,282,362	1,068,115
Legacies	597,188	5,000	602,188	949,467
Grants	141,861	185,913	327,774	246,682
	<u>1,846,447</u>	<u>365,877</u>	<u>2,212,324</u>	<u>2,264,264</u>
TOTAL 2022	<u><u>2,043,321</u></u>	<u><u>220,943</u></u>	<u><u>2,264,264</u></u>	

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	As restated Total funds 2022 £
ICB contract	6,512,589	-	6,512,589	5,970,146
Nurse led beds contract	739,639	-	739,639	707,610
Other statutory	904	108,367	109,271	79,132
Education	13,769	-	13,769	18,554
Other	52,737	-	52,737	938,739
	<u>7,319,638</u>	<u>108,367</u>	<u>7,428,005</u>	<u>7,714,181</u>
TOTAL 2022 AS RESTATED	<u><u>7,714,181</u></u>	<u><u>-</u></u>	<u><u>7,714,181</u></u>	

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FOR THE YEAR ENDED 31 MARCH 2023**

5. INCOME FROM OTHER TRADING ACTIVITIES

Income from fundraising events

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	Total funds 2022 £
Shop and trading	1,184,623	10	1,184,633	956,984
Events and fundraising	294,223	8,392	302,615	326,671
Lottery income	213,575	3,042	216,617	228,226
Other	88,469	-	88,469	83,146
	<u>1,780,890</u>	<u>11,444</u>	<u>1,792,334</u>	<u>1,595,027</u>
TOTAL 2022	<u>1,583,218</u>	<u>11,809</u>	<u>1,595,027</u>	

Included in other unrestricted is £27,982 (2022: £11,270) of gifts in kind.

6. INVESTMENT INCOME

	Unrestricted funds 2023 £	Total funds 2023 £	Total funds 2022 £
Interest	17,846	17,846	3,761
TOTAL 2022	<u>3,761</u>	<u>3,761</u>	

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7. ANALYSIS OF EXPENDITURE BY ACTIVITY

	Direct costs (notes 9 & 10) 2023 £	Support costs (note 11) 2023 £	Total funds 2023 £	As restated Total funds 2022 £
Fundraising, Retail and Trading (note 9)	1,284,026	269,884	1,553,910	1,361,092
Hospice care services (note 10)	7,719,992	1,961,454	9,681,446	8,929,301
	<u>9,004,018</u>	<u>2,231,338</u>	<u>11,235,356</u>	<u>10,290,393</u>
TOTAL 2022 AS RESTATED	<u><u>8,069,756</u></u>	<u><u>2,220,637</u></u>	<u><u>10,290,393</u></u>	

8. ANALYSIS OF EXPENDITURE BY TYPE

	Charitable direct costs (note 9) 2023 £	Fundraising direct costs (note 10) 2023 £	Support costs (note 11) 2023 £	Total funds 2023 £	Total funds 2022 £
Staff costs	6,454,134	820,729	1,211,942	8,486,805	7,668,551
Leases and rent	56,358	118,997	-	175,355	171,288
Loan financing costs	-	-	99,593	99,593	114,896
Depreciation	48,537	13,535	399,217	461,289	500,556
Other	1,160,963	330,765	520,586	2,012,314	1,835,102
	<u>7,719,992</u>	<u>1,284,026</u>	<u>2,231,338</u>	<u>11,235,356</u>	<u>10,290,393</u>
TOTAL 2022	<u><u>6,961,140</u></u>	<u><u>1,108,616</u></u>	<u><u>2,220,637</u></u>	<u><u>10,290,393</u></u>	

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FOR THE YEAR ENDED 31 MARCH 2023**

9. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2023 £	Support costs 2023 £	Total funds 2023 £	As restated Total funds 2022 £
Challenges	14,321	3,010	17,331	20,722
Community fundraising costs	37,537	7,890	45,427	60,273
Events	126,202	26,526	152,728	155,370
Fundraising costs	237,240	49,865	287,105	236,902
Corporate	35,127	7,383	42,510	23,333
Legacies	45,880	9,643	55,523	26,760
In Memory	18,724	3,935	22,659	43,285
Trusts	17,891	3,760	21,651	6,174
Retail	751,104	157,872	908,976	788,273
	<u>1,284,026</u>	<u>269,884</u>	<u>1,553,910</u>	<u>1,361,092</u>
TOTAL 2022 AS RESTATED	<u>1,108,616</u>	<u>252,476</u>	<u>1,361,092</u>	

In the year ended 31 March 2022, £17,836 of expenditure on fundraising, retail and trading was attributable to restricted funds, and £1,343,256 to unrestricted funds.

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10. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Direct costs 2023 £	Support costs 2023 £	Total funds 2023 £	As restated Total funds 2022 £
Living Well service	328,884	83,561	412,445	412,022
Education	180,742	45,922	226,664	137,473
Hospice at home	2,212,554	561,602	2,774,156	2,511,436
Alan Hudson Day Treatment Centre	441,412	112,151	553,563	545,803
In patient unit	2,058,288	523,514	2,581,802	2,399,026
Nurse led beds	739,639	187,923	927,562	906,990
Lymphoedema	230,481	58,559	289,040	277,271
Patient and family support team	212,099	53,889	265,988	275,875
Specialist palliative care team	696,621	176,993	873,614	856,203
Palliative Hub	462,993	117,634	580,627	442,365
Transitioning Young Adults Project	68,024	17,283	85,307	68,945
Voluntary services	88,255	22,423	110,678	95,892
	<u>7,719,992</u>	<u>1,961,454</u>	<u>9,681,446</u>	<u>8,929,301</u>
TOTAL 2022 AS RESTATED	<u>6,961,140</u>	<u>1,968,161</u>	<u>8,929,301</u>	

In the year ended 31 March 2022, £233,778 of expenditure on charitable activities was attributable to restricted funds, and £8,695,523 to unrestricted funds.

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**NOTES TO THE FINANCIAL STATEMENTS
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11. SUPPORT COSTS

	Staff costs 2023 £	Others 2023 £	Loan financing 2023 £	Total funds 2023 £	Total funds 2022 £
Facilities: Estates and catering	319,810	349,563	-	669,373	606,837
Central costs	373,965	21,295	99,593	494,853	635,896
Finance	170,300	26,549	-	196,849	170,118
Human resources	168,769	95,593	-	264,362	226,393
IT	-	251,760	-	251,760	257,538
Insurance	-	84,439	-	84,439	57,602
Public relations	86,708	73,500	-	160,208	147,070
Governance	92,390	17,104	-	109,494	119,183
	<u>1,211,942</u>	<u>919,803</u>	<u>99,593</u>	<u>2,231,338</u>	<u>2,220,637</u>
TOTAL 2022	<u>1,154,810</u>	<u>950,931</u>	<u>114,896</u>	<u>2,220,637</u>	

12. NET INCOME

This is stated after charging:

	2023 £	2022 £
Auditors' remuneration - audit	22,437	20,827
Auditors' remuneration - other services	12,895	16,272
Depreciation of tangible fixed assets: owned by the charitable group	<u>461,289</u>	<u>500,556</u>

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023**

13. STAFF COSTS

	Group 2023 £	Group 2022 £	Company 2023 £	Company 2022 £
Wages and salaries	7,147,113	6,452,838	7,128,881	6,436,776
Social security costs	692,657	577,080	692,657	577,080
Contribution to defined contribution pension schemes	647,035	638,633	644,069	636,068
	<u>8,486,805</u>	<u>7,668,551</u>	<u>8,465,607</u>	<u>7,649,924</u>

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

	Group and Company 2023 No.	Group and Company 2022 No.
Clinical services	178	176
Fundraising and communications	18	22
Support and governance	37	37
Bank staff	28	35
Retail	15	14
	<u>276</u>	<u>284</u>

The average headcount expressed as full-time equivalents was:

	Group and Company 2023 No.	Group and Company 2022 No.
Clinical services	138	138
Fundraising and communications	14	16
Support and governance	31	32
Bank staff	16	23
Retail	13	12
	<u>212</u>	<u>221</u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

13. STAFF COSTS (CONTINUED)

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

	Group and Company 2023 No.	Group and Company 2022 No.
In the band £60,001 - £70,000	4	3
In the band £70,001 - £80,000	2	2
In the band £80,001 - £90,000	1	1

Costs relating to one (2022: one) employee are recharged to the subsidiary.

The key management personnel of the Charity and the Group comprise the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, People & Operations Director and the Communications & Income Generation Director. The total employment costs including salaries, employer pension contributions and employers national insurance of key management personnel were £476,479 (2022: £490,385).

14. TRUSTEES' REMUNERATION AND EXPENSES

During the year, no Trustees received any remuneration or other benefits (2022 - £NIL).

During the year ended 31 March 2023, no Trustee expenses have been incurred (2022 - £NIL).

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**NOTES TO THE FINANCIAL STATEMENTS
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15. TANGIBLE FIXED ASSETS

GROUP

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2022	11,193,156	120,000	1,072,442	12,385,598
Additions	-	-	52,849	52,849
Disposals	-	-	(46,854)	(46,854)
At 31 March 2023	11,193,156	120,000	1,078,437	12,391,593
	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
DEPRECIATION				
At 1 April 2022	2,028,429	6,500	737,857	2,772,786
Charge for the year	361,678	1,200	98,411	461,289
On disposals	-	-	(46,854)	(46,854)
At 31 March 2023	2,390,107	7,700	789,414	3,187,221
NET BOOK VALUE				
At 31 March 2023	8,803,049	112,300	289,023	9,204,372
At 31 March 2022	9,164,727	113,500	334,585	9,612,812

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**NOTES TO THE FINANCIAL STATEMENTS
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15. TANGIBLE FIXED ASSETS (CONTINUED)

COMPANY

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2022	11,850,461	120,000	1,072,442	13,042,903
Additions	-	-	52,849	52,849
Disposals	-	-	(46,854)	(46,854)
At 31 March 2023	11,850,461	120,000	1,078,437	13,048,898
DEPRECIATION				
At 1 April 2022	2,028,429	6,500	737,857	2,772,786
Charge for the year	361,678	1,200	98,411	461,289
On disposals	-	-	(46,854)	(46,854)
At 31 March 2023	2,390,107	7,700	789,414	3,187,221
NET BOOK VALUE				
At 31 March 2023	9,460,354	112,300	289,023	9,861,677
At 31 March 2022	9,822,032	113,500	334,585	10,270,117

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NOTES TO THE FINANCIAL STATEMENTS
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16. FIXED ASSET INVESTMENTS

COMPANY	Investments in subsidiary companies £
COST	
At 1 April 2022	10,000
At 31 March 2023	10,000

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the Company:

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

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16. FIXED ASSET INVESTMENTS (CONTINUED)

The financial results of the subsidiary for the year were:

Name	Income £	Expenditure £	Profit/(Loss) / Surplus/ (Deficit) for the year £	Net assets £
Arthur Rank Hospice Limited	270,764	(169,436)	101,878	44,128

17. STOCKS

	Group 2023 £	Group 2022 £
Retail stock	15,875	14,647
	15,875	14,647

18. DEBTORS

	Group 2023 £	Group 2022 £	Company 2023 £	Company 2022 £
Trade debtors	208,307	599,592	203,890	586,921
Amounts owed by group undertakings	-	-	214,577	49,318
Other debtors	204,492	759,534	204,096	878,548
Prepayments and accrued income	116,125	96,945	114,508	96,070
Tax recoverable	24,581	20,638	24,581	20,638
Legacies receivable	523,836	640,836	523,836	640,836
	1,077,341	2,117,545	1,285,488	2,272,331

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**NOTES TO THE FINANCIAL STATEMENTS
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19. CURRENT ASSET INVESTMENTS

	Group 2023 £	Group 2022 £	Company 2023 £	Company 2022 £
Investments	424,983	680,625	424,983	680,625
	424,983	680,625	424,983	680,625

20. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2023 £	Group 2022 £	Company 2023 £	Company 2022 £
Other loans	190,346	198,969	190,346	198,969
Trade creditors	265,756	211,054	264,760	208,736
Other taxation and social security	127,185	195,695	122,750	189,955
Other creditors	676,194	172,201	672,329	298,340
Accruals and deferred income	120,854	176,713	97,565	140,978
	1,380,335	954,632	1,347,750	1,036,978

Included within the subsidiary is deferred income relating to event deposits. The amount deferred at the year end is £17,239 (2022: £24,705). There is no deferred income in the Charity.

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

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**NOTES TO THE FINANCIAL STATEMENTS
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21. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2023 £	Group 2022 £	Company 2023 £	Company 2022 £
Other loans	2,960,000	3,120,000	2,960,000	3,120,000
Other creditors	22,917	55,000	22,917	55,000
	<u>2,982,917</u>	<u>3,175,000</u>	<u>2,982,917</u>	<u>3,175,000</u>

Included within the above are amounts falling due as follows:

	Group 2023 £	Group 2022 £	Company 2023 £	Company 2022 £
BETWEEN ONE AND TWO YEARS				
Other loans	160,000	160,000	160,000	160,000
	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>
BETWEEN TWO AND FIVE YEARS				
Other loans	480,000	480,000	480,000	480,000
	<u>480,000</u>	<u>480,000</u>	<u>480,000</u>	<u>480,000</u>
OVER FIVE YEARS				
Other loans	2,320,000	2,480,000	2,320,000	2,480,000
	<u>2,320,000</u>	<u>2,480,000</u>	<u>2,320,000</u>	<u>2,480,000</u>

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

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023**

22. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

	Balance at 1 April 2022 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2023 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	6,282,941	-	-	(356,435)	5,926,506
Legacy reserve	211,000	-	-	-	211,000
	<u>6,493,941</u>	<u>-</u>	<u>-</u>	<u>(356,435)</u>	<u>6,137,506</u>
GENERAL FUNDS					
General funds	4,064,429	10,694,057	(10,725,450)	506,452	4,490,860
Subsidiary undertakings	34,128	270,764	(168,886)	(101,878)	34,128
	<u>4,098,557</u>	<u>10,964,821</u>	<u>(10,894,336)</u>	<u>404,574</u>	<u>4,524,988</u>
TOTAL UNRESTRICTED FUNDS	<u>10,592,498</u>	<u>10,964,821</u>	<u>(10,894,336)</u>	<u>(489)</u>	<u>10,662,494</u>
RESTRICTED FUNDS					
Hospice at home	153,211	94,836	(43,911)	-	204,136
Alan Hudson Day Treatment Centre	272,122	65,109	(108,609)	-	228,622
Arthur's shed	5,060	20	(388)	-	4,692
New Charity shop	-	59,293	-	-	59,293
Equipment	54,818	7,284	(14,993)	(619)	46,490
Other restricted funds	128,446	259,146	(173,119)	1,108	215,581
	<u>613,657</u>	<u>485,688</u>	<u>(341,020)</u>	<u>489</u>	<u>758,814</u>
TOTAL OF FUNDS	<u>11,206,155</u>	<u>11,450,509</u>	<u>(11,235,356)</u>	<u>-</u>	<u>11,421,308</u>

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22. STATEMENT OF FUNDS (CONTINUED)

STATEMENT OF FUNDS - PRIOR YEAR

	Balance at 1 April 2021 £	As restated Income £	As restated Expenditure £	As restated Transfers in/out £	Balance at 31 March 2022 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	6,775,067	-	-	(492,126)	6,282,941
Legacy reserve	211,000	-	-	-	211,000
	<u>6,986,067</u>	<u>-</u>	<u>-</u>	<u>(492,126)</u>	<u>6,493,941</u>
GENERAL FUNDS					
General funds	2,266,597	11,144,781	(9,895,726)	548,777	4,064,429
Subsidiary undertakings	34,128	199,698	(143,047)	(56,651)	34,128
	<u>2,300,725</u>	<u>11,344,479</u>	<u>(10,038,773)</u>	<u>492,126</u>	<u>4,098,557</u>
TOTAL UNRESTRICTED FUNDS	<u>9,286,792</u>	<u>11,344,479</u>	<u>(10,038,773)</u>	<u>-</u>	<u>10,592,498</u>
RESTRICTED FUNDS					
Hospice at home	161,088	32,898	(40,775)	-	153,211
Alan Hudson Day Treatment Centre	329,010	70,153	(127,041)	-	272,122
Arthur's shed	5,097	-	(37)	-	5,060
Equipment	57,361	3,500	(6,043)	-	54,818
Other restricted funds	79,963	126,201	(77,718)	-	128,446
	<u>632,519</u>	<u>232,752</u>	<u>(251,614)</u>	<u>-</u>	<u>613,657</u>
TOTAL OF FUNDS	<u>9,919,311</u>	<u>11,577,231</u>	<u>(10,290,387)</u>	<u>-</u>	<u>11,206,155</u>

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DESIGNATED FUNDS

Hospice Fund

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

Legacy reserve

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

RESTRICTED FUNDS

Hospice at Home

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

Alan Hudson Day Treatment Centre

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

Arthur's shed

These donations have been made to fund the set up and continuation of a volunteer-led activity programme held in Arthur's Shed in the grounds of the Hospice. It is a space for the wider community and people connected to the Hospice to be able to come together in a safe, warm and friendly venue. The space is used for people to connect with others and join in with various activities. The development of the sessions provided in Arthur's Shed have enabled the charity to achieve our objective of broadening our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services.

New Charity shop

These donations were raised from the 2022 Chariots of Fire race, to be used to facilitate the opening of a new charity shop and to support initial running costs.

Equipment

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

Other

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

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23. STATEMENT OF FUNDS - CHARITY ONLY

CHARITY ONLY FUNDS - CURRENT YEAR

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

CHARITY ONLY FUNDS - PRIOR YEAR (As restated)

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2022 £
Unrestricted funds	9,909,973	11,144,883	(9,839,181)	-	11,215,675
Restricted funds	632,519	232,752	(251,614)	-	613,657
Total	10,542,492	11,377,535	(10,090,795)	-	11,829,332

ARTHUR RANK HOSPICE CHARITY
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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023**

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

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

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

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	9,436,663	176,149	9,612,812
Current assets	5,285,467	437,508	5,722,975
Creditors due within one year	(954,632)	-	(954,632)
Creditors due in more than one year	(3,175,000)	-	(3,175,000)
TOTAL	10,592,498	613,657	11,206,155

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023**

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

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

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

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	10,093,968	176,149	10,270,117
Investments	10,000	-	10,000
Current assets	5,323,685	437,508	5,761,193
Creditors due within one year	(1,036,978)	-	(1,036,978)
Creditors due in more than one year	(3,175,000)	-	(3,175,000)
	<u>11,215,675</u>	<u>613,657</u>	<u>11,829,332</u>

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023**

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

	Group 2023 £	Group 2022 £
Net income for the year (as per Statement of Financial Activities)	215,153	1,286,840
ADJUSTMENTS FOR:		
Depreciation charges	461,289	500,556
Decrease/(increase) in stocks	(1,228)	737
Decrease/(increase) in debtors	1,040,204	(1,037,747)
Increase in creditors	402,243	193,377
NET CASH PROVIDED BY OPERATING ACTIVITIES	2,117,661	943,763

26. ANALYSIS OF CASH AND CASH EQUIVALENTS

	Group 2023 £	Group 2022 £
Cash in hand	5,061,989	2,910,158
TOTAL CASH AND CASH EQUIVALENTS	5,061,989	2,910,158

27. ANALYSIS OF CHANGES IN NET DEBT

	At 1 April 2022 £	Cash flows £	Other non- cash changes £	At 31 March 2023 £
Cash at bank and in hand	2,910,158	2,151,831	-	5,061,989
Debt due within 1 year	(198,969)	8,623	-	(190,346)
Debt due after 1 year	(3,120,000)	-	160,000	(2,960,000)
Liquid investments	680,625	(255,642)	-	424,983
	271,814	1,904,812	160,000	2,336,626

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023**

28. PENSION COMMITMENTS

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2023 173 (2022: 159) employees were members of this scheme, to which the charity contributed 6% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS Defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2023, 118 (2022: 133) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £647,035 (2022: £638,633). An amount of £85,045 (2022: £87,733) was outstanding at the year end.

29. OPERATING LEASE COMMITMENTS

At 31 March 2023 the Group and the Company had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	Group and Company	Group and Company
	2023	2022
	£	Restated £
Not later than 1 year	179,040	174,287
Later than 1 year and not later than 5 years	459,597	546,710
Later than 5 years	234,282	298,230
	872,919	1,019,227

30. RELATED PARTY TRANSACTIONS

Arthur Rank Hospice Limited is a wholly owned subsidiary of Arthur Rank Hospice Charity. During the year ended 31 March 2023, the charity charged £38,160 (2022: £36,336) to this company. The company has made a gift aid payment of its taxable profits of £101,878 (2022: £56,651) to the charity. The company also collects sums on behalf of the charity. As at 31 March 2023 the company owed the charity £214,577 (2022: £49,318).

31. CONTROLLING PARTY

The Charity is under the control of its Trustees who are listed on page 33 of the financial statements.

ARTHUR RANK HOSPICE CHARITY
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

32. PRIOR YEAR ADJUSTMENTS

RESTATEMENT OF SUPPORT COSTS

During the year we have revisited the allocation of support costs to fundraising and direct costs in the expenditure notes to the accounts. To ensure they are comparable and relevant to users of the financial statements the prior year has been restated. There is no change to total support costs, or total expenditure.

CLASSIFICATION OF CONTRACT INCOME

During the year we have revisited the classification of certain contracts and these have now been accounted for as unrestricted. Previously they were classified as restricted and to ensure they are comparable and relevant to users of the financial statements the prior year has been restated. This includes adjustments at 1 April 2021. There is no change to total funds, total income, or total expenditure.

OPERATING LEASES

The operating lease note has been restated to include leases renewed in the prior year previously omitted.