



Arthur Rank Hospice Charity

Trustees Report and Financial Statements

For the year ended 31 March 2025

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



making every moment count

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

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

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

Trustees' Report

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

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

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

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

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

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

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

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

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



Antoinette Jackson Chair of Trustees

Our vision

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

Our values

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

and volunteers for us.

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

Strategic Report 2024-25

Why we are here?

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

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

- 1) **Outstanding** - Service focused (continual improvement of current provision).
- 2) **Sustainable** - Income generation strategies and successful contract negotiations with statutory funders and developing our environmental responsibilities for a net zero carbon approach.
- 3) **Accessible** - Increase diversity of those accessing 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.

In 2024-25 we focused on the following priorities:

Outstanding

We said that we would:

- a) Increase our bereavement support services across Cambridgeshire and we will update our online and printed resources and use of other technological applications to support psychological wellbeing
- b) Continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist.
- c) Continue to build on the Transitioning programme for young people, involving them in decision making and service improvements.
- d) Want to secure commissioning for the two remaining beds on our IPU at the hospice in Cambridge so we can maximise the care we provide.
- e) Continue to develop education links with the social care sector to ensure seamless provision for patients and loved ones and accessible, appropriate support to develop confidence and competence of the social care workforce within PEOLC.
- f) Continue to improve on our capacity in Hospice at Home to ensure more rapid response and

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

What we did:

- a) We have updated our online resources and bereavement support leaflet. We have appointed a Bereavement Lead who has worked hard in setting up new services such as Understanding Grief monthly sessions and Grief Kind Space on Fridays in our Bistro, in partnership with Sue Ryder. We are also working with Sue Ryder to see if we can provide a similar service from our Alan Hudson Centre in Wisbech. We have provided placements for counselling students, which has enabled us to offer more 1:1 psychological support to carers and those bereaved. We have revised our group provision for carers, and are now delivering Carers Space, a fortnightly peer support group, facilitated by two skilled and experienced volunteers from the bereavement support team. Due to demand we are in the process of establishing a second Carers Space. Positive feedback received from Carers has demonstrated a preference for the revised model
- b) Unfortunately, we were unsuccessful in our funding bids and continue to seek appropriate funding. However, we have been fortunate to employ colleagues with experience in supporting the psychological needs of young people going through pre and post bereavement and have set up a pilot project working with our Music Therapist, to provide group sessions for young people. This has been positively evaluated and the group of young people wrote a song to reflect on their experiences. Although this was very private to them and not for sharing, we know that the impact has been positive and are looking into how we can set up more of these sessions. We have submitted a funding application to support delivery of the 'Sharing what it's like' workshops on a quarterly basis and hope to have the outcome in August 2025.
- c) Unfortunately, we were unable to secure funding to continue to provide a Transitions Coordinator to support young people transitioning from Children's Hospice services to our Hospice. Nevertheless, we continue to work with EACH Children's Hospice in Milton and will support with offering annual review meetings for teenagers and young adults aged 16 - 25 years as needed.
- d) We have not been able to secure additional funding to resource these two beds and are continuing to consider all options for funding these beds on our IPU.
- e) Our Head of Education and Practice Development continues to engage with care homes and domiciliary care providers and deliver training on palliative and end of life care. We have now appointed a Practice Education Facilitator to support further training and practice development and support for student placements at the Hospice (due to start June 2025). Our education programme can be found on our website.
- f) Following a review of unmet need with Cambridgeshire and Peterborough ICB, we have remodelled our service in partnership with ICB commissioners. We found that the need to support patients at night reduced significantly since our day service has expanded and therefore we have moved all our resources into providing support from 07.00 to 22.00 daily. Those patients who are eligible for Continuing Healthcare (CHC) at night will receive this from other service providers. This has allowed us to provide up to 120 hours of care a day across Cambridgeshire, reaching more patients who wish to die in their own homes and have a primary health need which requires additional care and support.
- g) Due to the increasing number of referrals received by our Community Team (SPCHT), we have reviewed the way our team responds to patients in Cambridge City, South Cambridgeshire and East Cambridgeshire (the area we are commissioned to provide this service in). We have

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

Sustainable

We said that we would:

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

What we did:

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

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

- d) We continue to receive many generous donations and legacies that are so vital in allowing us to provide the level of care that is so valued throughout our community.
- e) Our events team work hard to ensure we are as sustainable as possible. For example, we now ask people to bring refillable water bottles and have refilling stations at all our events, rather than providing plastic water bottles. Our star shine night walk medals are made from wood not plastic. We no longer hire vans to undertake our Christmas Tree Recycling scheme. We have recycling stations at our Hospice and encourage visitors to recycle their waste when visiting the Hospice.

Accessible

We said that we would:

- a) Develop a plan to broaden access to events to diverse groups.
- b) Achieve our widening access group action plan and complete community engagement sessions across Cambridgeshire.

What we did:

- a) We partnered with the Judge Business School who undertook a project with their students to explore how we can best understand the community we serve. Their presentation explored how we can build stronger links, raising the profile of what we deliver and understanding the barriers to connecting with diverse communities. They presented their findings to us in December 2024 which our Widening Access Group (WAG) committee are taking forward in their action plan.
- b) We discussed our priorities with our Trustees in October 2024 during an away day and these have been taken on by our WAG committee. We have had several engagements with the Khidmat Sisters and Chinese Community Centre and continue engaging with the Cambridge Mosque. We also attended Mid-Summer Fair, June 2024, in partnership with Cambridgeshire County Council and the Showman's Guild, which helped to increase awareness of our Hospice services with travelling communities. We have also participated in a community engagement event for Bangladeshi Women at the Arbury Community Centre on 12th September 2024 as part of the UPTURN Study with Cambridgeshire University Hospitals NHS Foundation Trust, who are leading the research study. We have also started working in partnership with the Ganga Prem Hospice in India, inviting their colleagues to attend our Quality Development Group meetings so we can share learning and ideas. They have also benefitted from some compression hosiery we donated to their Hospice for their cancer patients.

Engaging

We said that we would:

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

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

What we did:

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

People**We said that we would:**

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

What we did:

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

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

- c) We have increased the number of Caring Communities and Touchpoint Trajectory Technique volunteers. We have reviewed, amended and implemented a new Information Governance (IG) matrix to ensure that all volunteers have the appropriate level of IG training. We have expanded the use of Arthurs Shed and increased attendance numbers. We have completed the 2024 Volunteer Survey, achieving a 10% increased response rate. The action plan has been finalised and shared.
- d) We undertook a training needs analysis for clinical services to identify areas to focus on. Areas such as improving IT literacy and skills and applying research were key themes that we wish to focus on in 2025-2026.

Partnering

We said that we would:

- a) Ensure representation at the Palliative and End of Life Care Programme Boards and other relevant forums including the Integrated Care Partnership (ICP)
- b) Continue links with our system partners by engaging in communities of practice and the Palliative and End of Life Care Strategic Clinical Network (PEOLCSN).

What we did:

- a) We continue to attend the systemwide palliative and End of Life Care Board with other system partners, focused on delivering the Cambridgeshire and Peterborough ICS' Palliative and End of Life Care Strategy 2022-2026
- b) We continue to engage with other Hospices across the East of England and share learning through our Clinical Leaders Network and East of England Hospice CEO network.

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

Priority 1 – Outstanding

We will

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

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

Priority 2 – Sustainable

We will

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

Priority 3 – Accessible

We will

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

Priority 4 – Engaging

We will

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

Priority 5 – People

We will

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

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

Priority 6 – Partnering

We will

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

Public Benefit

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

The difference we make through our charitable activities

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

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

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

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

Our Charitable Activities

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

Living Well Service and Life Celebration



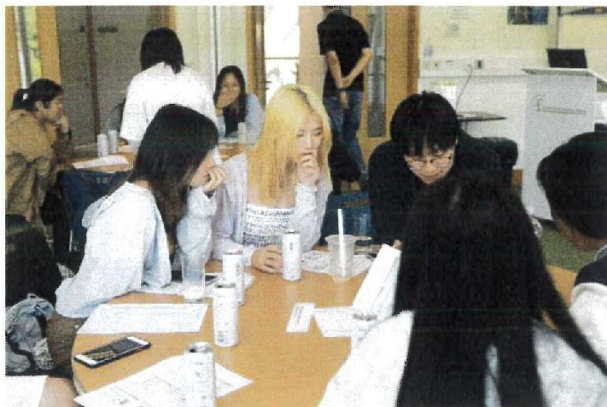
Our Living Well Service provides specialist advice, palliative care and support for adults who have a life-limiting illness. Living Well programmes typically involve once a week contact for eight weeks and are delivered by our multi-disciplinary team (MDT). Our MDT includes nurses and healthcare assistants,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

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

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

The Living Well Service is entirely funded by the Charity.

Education



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

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

Hospice at Home



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

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

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

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

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

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



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

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

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

Inpatient Unit (Shelford Bottom, Cambridgeshire)



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

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

Specialist Beds: Funding and catchment area



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

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

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

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

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

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

Nurse Led Beds



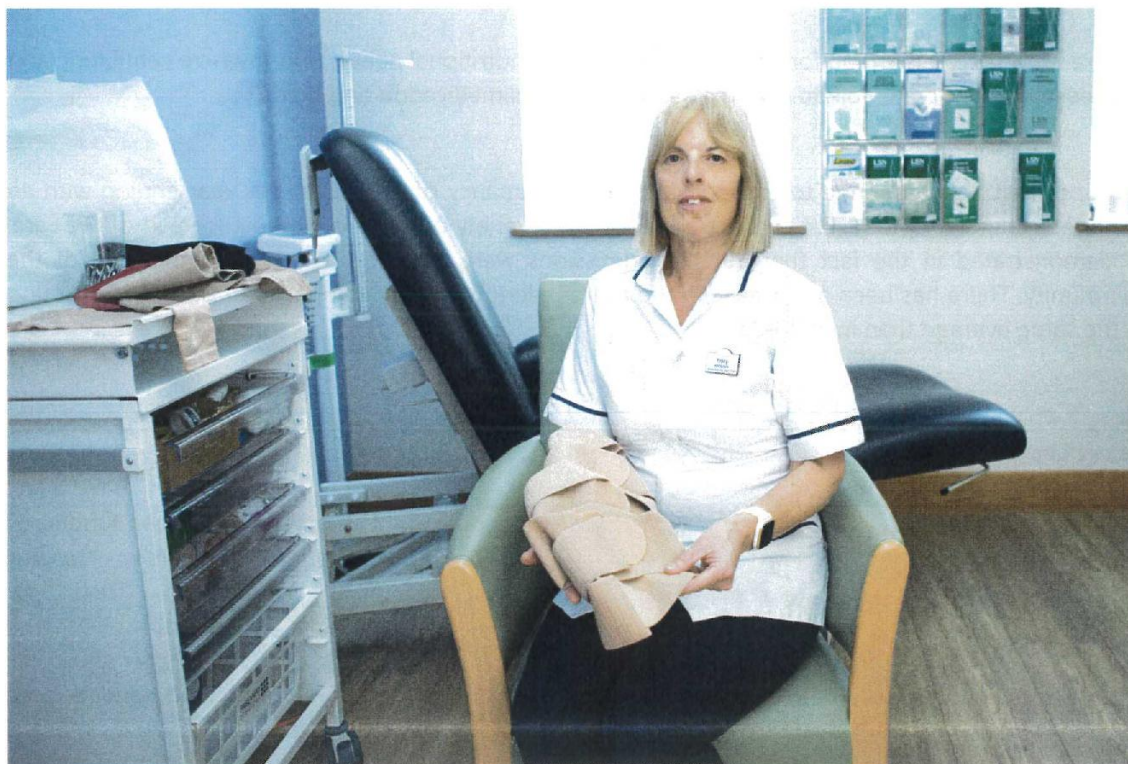
These beds have been funded by Cambridge University Hospital NHS Foundation Trust for patients in Addenbrooke's who would otherwise be dying in hospital, and who require non-complex nursing and medical care. Their daily management is led by experienced nursing staff rather than the full MDT. Patients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

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

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

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

Lymphoedema



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

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

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

Patient and Family Support Team



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

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

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



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

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

Specialist Palliative Care Team



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

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

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

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

Transitioning Young Adults Project



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

Palliative Care Hub



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

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

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

Complementary Therapy



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

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

Voluntary Services (inc Arthur's Shed)

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

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

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

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

Patients supported

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

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

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

Approach to fundraising



Fundraising Approach and Controls

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

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

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

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

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

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

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

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

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

Financial review

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

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

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

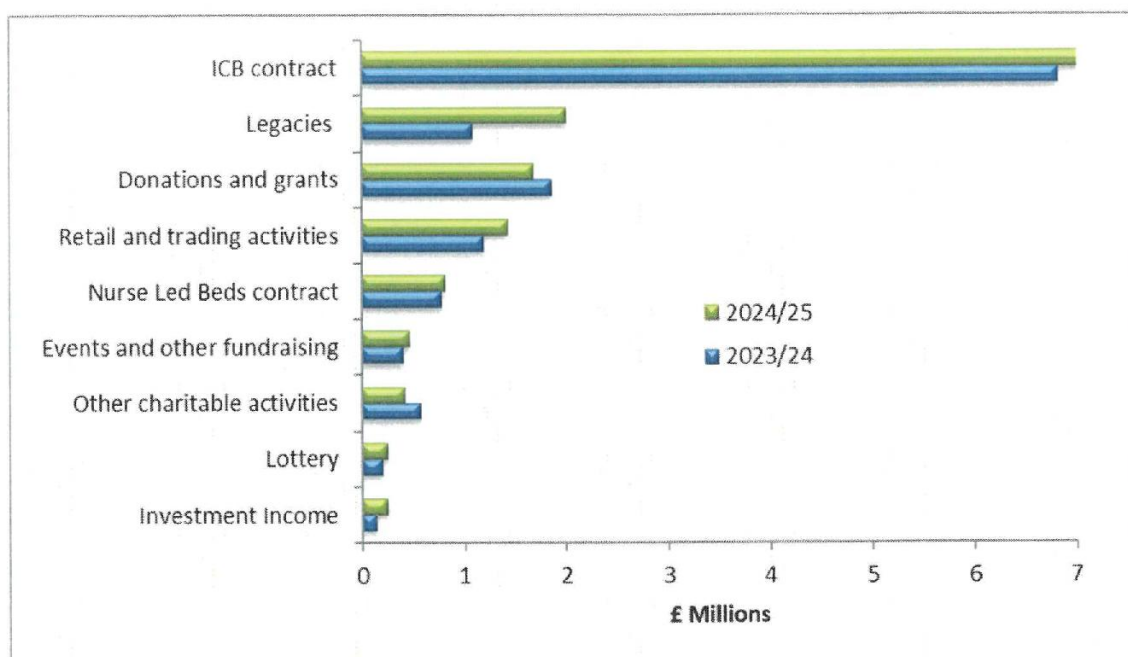
Our surplus has resulted in an increase in reserves to £14.1m (2024: £12.5m), with total free reserves that are available to spend on any of the Charity's purposes increasing to £7.6m as at 31 March 2025 (31 March 2024: £6.0m). This increase in the level of reserves strengthens our financial position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

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

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

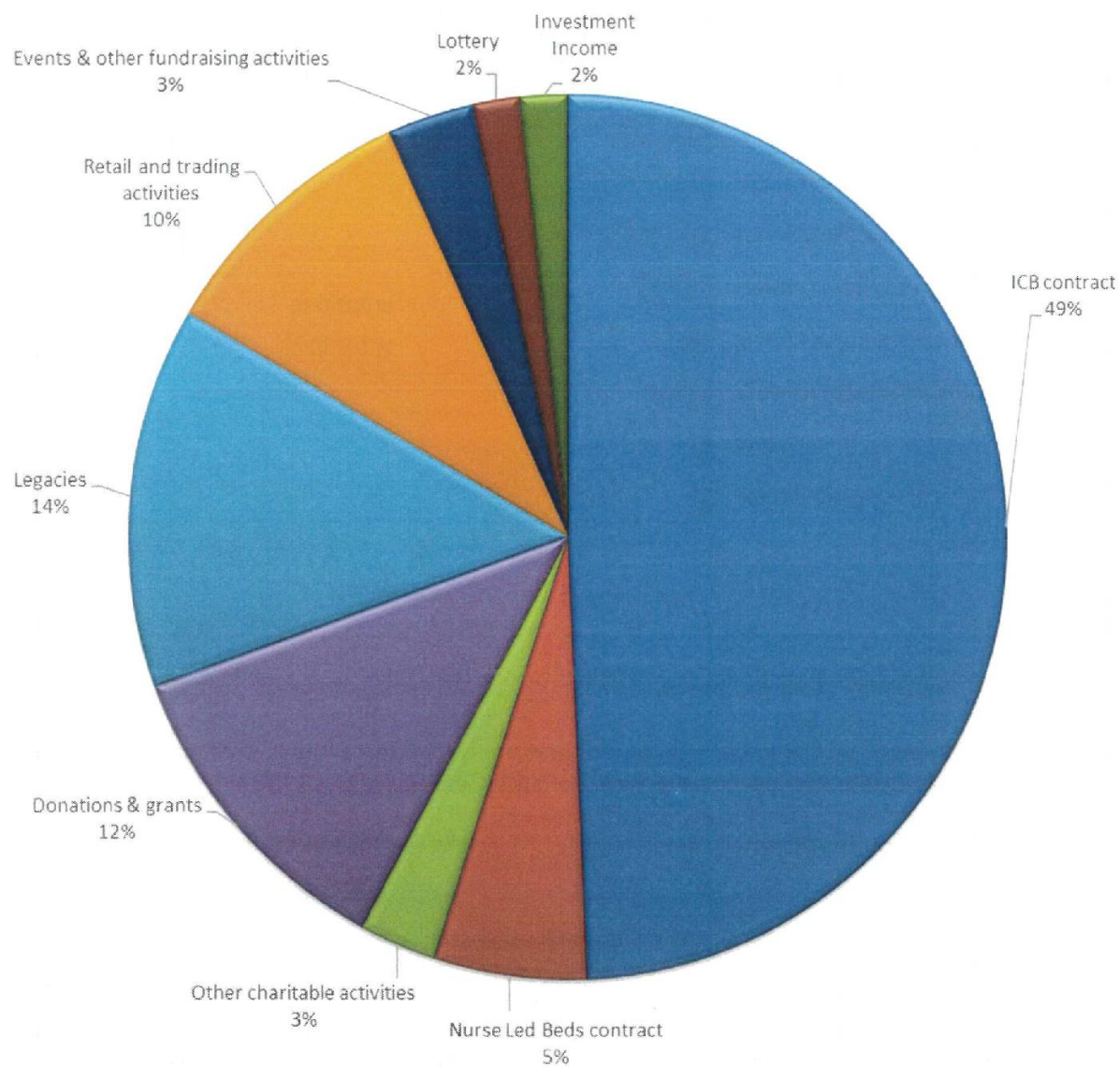
Income

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



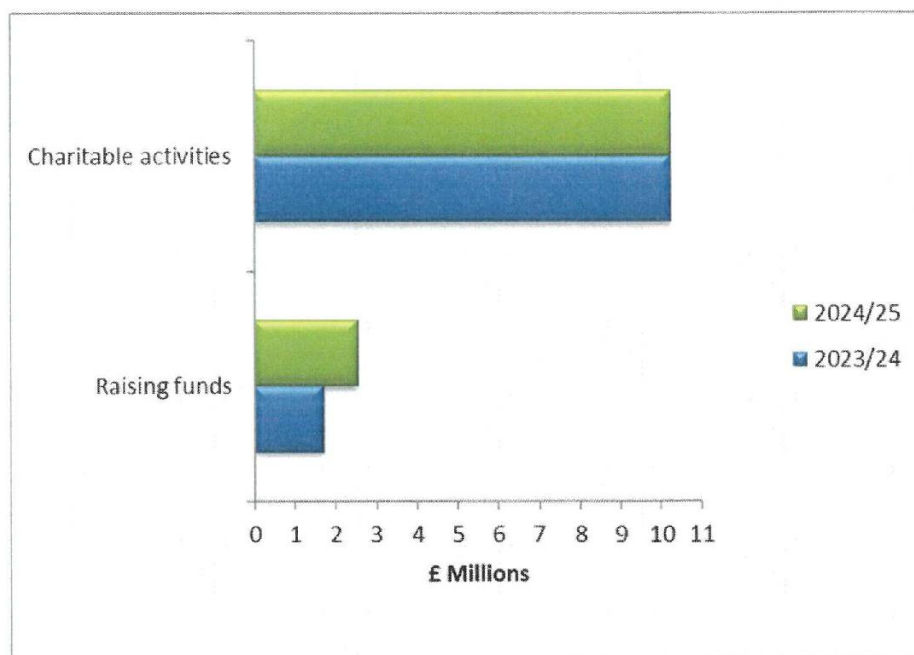
- The Charity's total income was £14.39m (2024: £13.06m), an increase of 10.2%
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations and events was £1.75m (2024: £1.90m)
- The Charity is extremely grateful for all gifts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

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



Expenditure

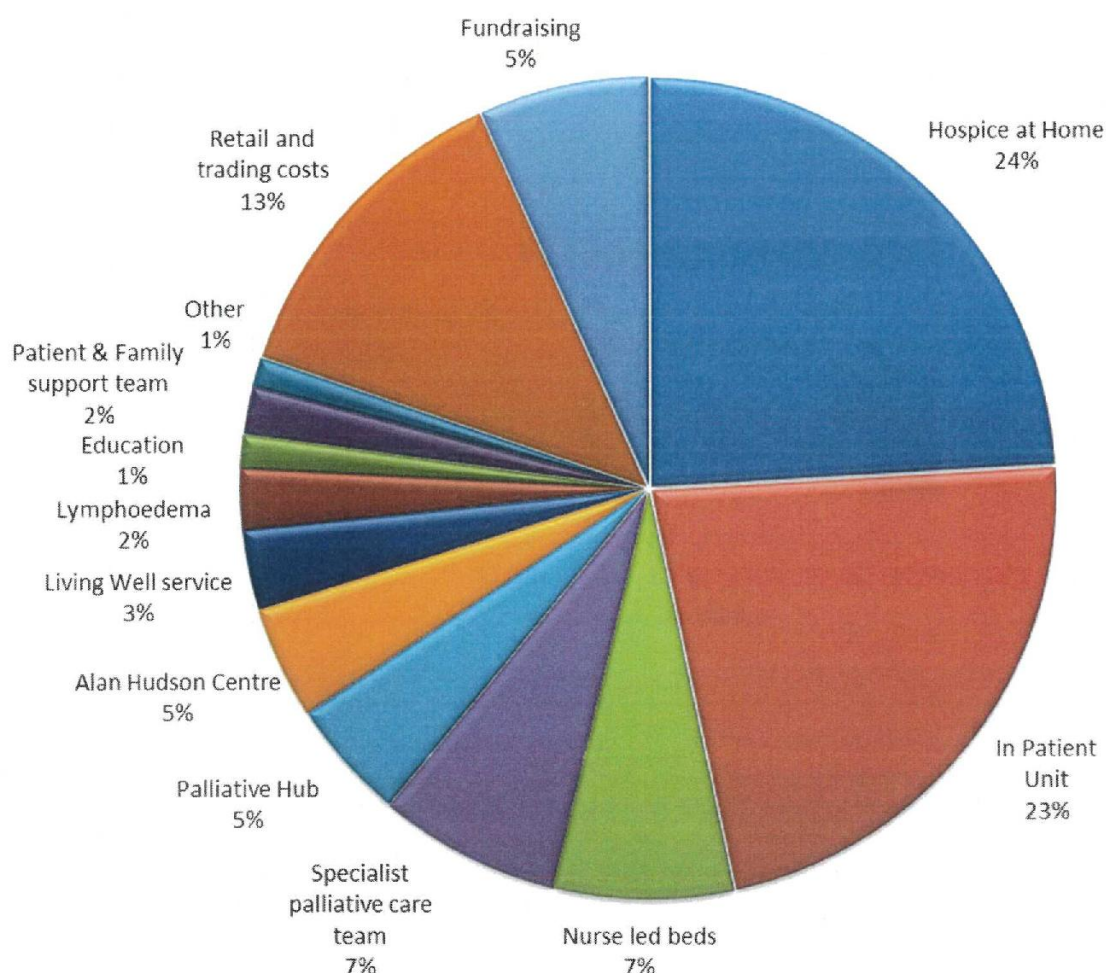
The chart below shows our expenditure compared to the previous year:



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

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

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



Trading Company – Arthur Rank Hospice Limited

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

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

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

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

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

Reserves policy and going concern

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

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

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

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

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

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

Investment policy

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

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

Risk management

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

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

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

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

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

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

Principal risks	Management of risk
Income (both NHS and fundraising) does not offer ARHC financial stability	<ul style="list-style-type: none"> • Budgets linked to planning and objectives • Trustee monitoring of timely financial reporting • Proper costing procedures for service delivery • Diversity of income streams • Regular review of reserves • Income Generation strategy including investment in team • Appropriate authorisation processes in place for new investments and initiatives • Continued dialogue and negotiation with NHS commissioners • Scenario planning to identify how service costs could be reduced should income be insufficient
The charity is not able to meet the changing needs of patients and their families	<ul style="list-style-type: none"> • Highly qualified and skilled workforce • Highly skilled and experienced Trustee Board and SLT • Proactive engagement in relevant system decision making bodies • Seek feedback from system partners on effectiveness of our contribution • Ongoing dialogue with commissioners to ensure timely escalation as required • Good engagement with Hospice UK and NHS England so aware of national directives and trends • ARHC Open Days and active social media presence • Listening to patients & loved ones, engaging at strategic level ie through PEOLC Programme Board and with eg HUK • Escalation to ICB • Implementation of RUN-PC tool

<p>The charity is a victim of a cyber attack</p>	<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• Support package with website provider• Following penetration testing, password security has been improved and MFA has been introduced• BCP identifies actions to be taken in emergencies (eg SystemOne going down)• BCP table top planning sessions with staff
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Beyond the specific mitigation strategies for each risk, the Trustees take the strategic view that the overarching risk mitigation strategy is to ensure that the Charity is well led by its Senior Leadership Team, supervised and supported by the Board of Trustees.

Structure, governance and management

Constitution

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

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

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

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

Appointment of Trustees

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

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

The induction and training of new Trustees

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

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

Remuneration policy

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

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

Trustees serve pro bono and voluntarily.

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

Organisational structure and decision making

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

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

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

Clinical Governance:

Dr Catherine Bennett
Julia Curtis
Dr Arnold Fertig
Mark Kingstone

Finance and General Purposes Committee:

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

Remuneration and Nominations:

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

Income Generation Committee:

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

Trading Company Board:

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

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

Trustees' responsibilities statement

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

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

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

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

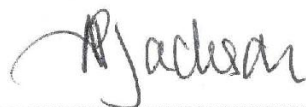
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable group's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Provision of information to auditors

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

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

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



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

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

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

President

Lady Chadwyck-Healey

Patrons

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

Ambassadors

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

Senior Leadership Team

Sharon Allen OBE, Chief Executive Officer

John Bishop, Finance & IT Director

Gemma Manning, People & Operations Director

Dr Lorraine Petersen, Medical Director

Sara Robins, Clinical Services Director/Deputy CEO

Jodie Vaughan, Communications and Income Generation Director

Company registered number

07086155

Charity registered number

1133354

Registered office

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

Company Secretary

John Bishop

Independent auditors

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

Website address

arhc.org.uk

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

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

In our opinion the financial statements:

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

BASIS FOR OPINION

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

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

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

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

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

RESPONSIBILITIES OF TRUSTEES

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

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

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

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

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

- We reviewed systems and procedures to identify potential areas of management override risk. In particular, we agreed the financial statements to underlying records and we carried out testing of journal entries and other adjustments for appropriateness.
- We reviewed accounting policies for evidence of management bias and ensured that the accounting policies were correctly applied to the financial statements.
- We reviewed minutes of Trustee Board meetings and agreed the financial statement disclosures to underlying supporting documentation.

- We have made enquiries of management and officers of the parent charitable company regarding laws and regulations applicable to the organisation.
- We have reviewed any correspondence with the Charity Commission and reviewed the procedures in place for the reporting of incidents to the Trustee Board including serious incident reporting of any such matters if necessary.

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

A further description of our responsibilities is available on the FRC's website at <https://www.frc.org.uk/about-us/assurance/auditors-responsibilities-for-the-audit-of-the-finance-statements-issued-to-SSEPS/2009/99-responsibilities-for>. This description forms part of our auditor's report.

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

USE OF THIS REPORT

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



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

Price Bailey LLP
Chartered Accountants Statutory Auditors

Tenison House
Cambridge Business Park
Cambridge
CB4 3XZ

Date: 11 December 2025

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

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

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

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

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

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

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements. The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Antoinette Jackson, Chair of Trustees

Date: 04 December 2025

**CONSOLIDATED STATEMENT OF CASHFLOW
FOR THE YEAR ENDED 31 MARCH 2025**

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025**1. ACCOUNTING POLICIES****1.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS**

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

Arthur Rank Hospice Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy. The Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the Charity and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis. The company has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of financial activities in these financial statements.

1.2 GOING CONCERN

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

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

1.3 FUND ACCOUNTING

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

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

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

1.4 INCOME

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

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

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

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

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

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

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

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

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

1.5 EXPENDITURE

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings. Support costs have been allocated between cost of raising funds and expenditure on charitable activities based on direct costs. Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice. Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one

activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use. Expenditure on raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading. Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs. All expenditure is inclusive of irrecoverable VAT.

1.6 TAXATION

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

1.7 TANGIBLE FIXED ASSETS AND DEPRECIATION

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably. Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

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

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

Depreciation is provided on the following bases:

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

1.8 INVESTMENTS

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

1.9 STOCKS

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

1.10 DEBTORS

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

1.11 CASH AT BANK AND IN HAND

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

1.12 LIABILITIES AND PROVISIONS

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the moment that the company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

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

1.13 FINANCIAL INSTRUMENTS

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

1.14 OPERATING LEASES

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

1.15 PENSIONS

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

2. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

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

Critical accounting estimates and assumptions:

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

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

Depreciation of hospice; the various components of the hospice have been identified from the Component Replacement Report provided by Faithful Gould. This report was produced at 5th

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

Critical areas of judgement:

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

3. INCOME FROM DONATIONS, LEGACIES AND GRANTS

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

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

4. INCOME FROM CHARITABLE ACTIVITIES

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

5. INCOME FROM FUNDRAISING AND TRADING ACTIVITIES

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

6. INVESTMENT INCOME

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

7. ANALYSIS OF EXPENDITURE BY ACTIVITY

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

8. ANALYSIS OF EXPENDITURE BY TYPE

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

9. FUNDRAISING, RETAIL AND TRADING COSTS

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

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

10. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

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

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

11. SUPPORT COSTS

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

12. NET INCOME

This is stated after charging:

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

13. STAFF COSTS

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

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

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

The average headcount expressed as full-time equivalents was:

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

13. STAFF COSTS (CONTINUED)

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

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

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

14. TRUSTEES' REMUNERATION AND EXPENSES

During the year, no Trustees received any remuneration or other benefits (2024 - £NIL).

During the year, no Trustee expenses have been incurred (2024 - £NIL)

15. TANGIBLE FIXED ASSETS**GROUP**

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
COST OR VALUATION				
At 1 April 2024	10,720,849	120,000	1,052,231	11,893,080
Additions	-	-	321,346	321,346
Disposals	-	-	(37,563)	(37,563)
At 31 March 2025	<u>10,720,849</u>	<u>120,000</u>	<u>1,336,014</u>	<u>12,176,863</u>
	£	£	£	£
DEPRECIATION				
At 1 April 2024	2,509,626	8,900	726,194	3,244,720
Charge for the year	330,457	1,200	133,086	464,743
On disposals	-	-	(37,562)	(37,562)
At 31 March 2025	<u>2,840,083</u>	<u>10,100</u>	<u>821,718</u>	<u>3,671,901</u>
NET BOOK VALUE				
At 31 March 2025	<u>7,880,766</u>	<u>109,900</u>	<u>514,296</u>	<u>8,504,962</u>
At 31 March 2024	<u>8,211,223</u>	<u>111,100</u>	<u>326,037</u>	<u>8,648,360</u>

15. TANGIBLE FIXED ASSETS (CONTINUED)

CHARITY

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
COST OR VALUATION				
At 1 April 2024	10,720,849	120,000	1,052,230	11,893,079
Additions	-	-	321,346	321,346
Disposals	-	-	(37,562)	(37,562)
At 31 March 2025	<u>10,720,849</u>	<u>120,000</u>	<u>1,336,014</u>	<u>12,176,863</u>
	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
DEPRECIATION				
At 1 April 2024	2,509,626	8,900	726,193	3,244,719
Charge for the year	330,457	1,200	133,087	464,744
On disposals	-	-	(37,562)	(37,562)
At 31 March 2025	<u>2,840,083</u>	<u>10,100</u>	<u>821,718</u>	<u>3,671,901</u>
NET BOOK VALUE				
At 31 March 2025	<u>7,880,766</u>	<u>109,900</u>	<u>514,296</u>	<u>8,504,962</u>
At 31 March 2024	<u>8,211,223</u>	<u>111,100</u>	<u>326,037</u>	<u>8,648,360</u>

16. FIXED ASSET INVESTMENTS

COMPANY	Investments in subsidiary companies
	£
COST	
At 1 April 2024	10,000
At 31 March 2025	<u>10,000</u>

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the Company

Name	Company number	Registered office	Principal activity
Arthur Bark Hospice Limited	03050032	Cherryinton Road, Sheldon, Bolton	Operating the fundraising trading arm of Arthur Bark Hospice Charity
Holding	Included in consolidation		
100%	Yes		

The financial results of the subsidiary for the year were:

Name	Income	Expenditure	Surplus / (Deficit)	Net assets
	£	£	£	£
Arthur Bark Hospice Limited	325,605	(331,520)	(5,915)	28,413

17. STOCKS

	Group 2025	Group 2024	Charity 2025	Charity 2024
	£	£	£	£
Raw materials	20,321	17,875	-	-
	<u>20,321</u>	<u>17,875</u>	<u>-</u>	<u>-</u>

18. DEBTORS

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

19. CURRENT ASSET INVESTMENTS

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

20. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

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

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

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

21. CREDITORS: AMOUNTS FALLING AFTER MORE THAN ONE YEAR

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
Other loans	2,640,000	2,800,000	2,640,000	2,800,000
	<u>2,640,000</u>	<u>2,800,000</u>	<u>2,640,000</u>	<u>2,800,000</u>

Included within the above are amounts falling due as follows:

	Group 2025	Group 2024	Company 2025	Company 2024
	£	£	£	£
BETWEEN ONE AND TWO YEARS				
Other loans	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>
BETWEEN TWO AND FIVE YEARS				
Other loans	<u>480,000</u>	<u>480,000</u>	<u>480,000</u>	<u>480,000</u>
OVER FIVE YEARS				
Other loans	<u>2,000,000</u>	<u>2,160,000</u>	<u>2,000,000</u>	<u>2,160,000</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%.

22. STATEMENT OF FUNDS

CURRENT YEAR

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

22. STATEMENT OF FUNDS (CONTINUED)

PRIOR YEAR

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

DESIGNATED FUNDS**Hospice fund**

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

Legacy reserve

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

RESTRICTED FUNDS**Hospice at Home**

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

Alan Hudson Day Treatment Centre

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

Equipment

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

New Charity shop

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

Capital Grant

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

Other

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

23. STATEMENT OF FUNDS**CHARITY ONLY FUNDS – CURRENT YEAR**

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

CHARITY ONLY FUNDS – PRIOR YEAR

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

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

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

24. ANALYSIS OF NET ASSETS BETWEEN FUNDS (CONTINUED)

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

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

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

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

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

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

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

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

26. ANALYSIS OF CASH AND CASH EQUIVALENTS

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

27. ANALYSIS OF CHANGES IN NET DEBT

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

28. PENSION COMMITMENTS

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

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

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

29. OPERATING LEASE COMMITMENTS

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

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

30. RELATED PARTY TRANSACTIONS

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

31. CONTROLLING PARTY

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

32. POST BALANCE SHEET EVENTS

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

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

