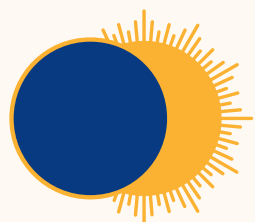


ANNUAL REPORT AND ACCOUNTS

2020/21

Financial year ended
30 September 2021



Royal Hospital for
Neuro-disability

Our patron

Her Majesty Queen Elizabeth II

President

Leonora, Countess of Lichfield

Vice Presidents

Peter Malpas (deceased 29/06/21)

Ruth Maxwell

Shirley Palmer

Alan Sanders

The Mayor of Wandsworth (ex Officio)

Administrative details

Royal Hospital for Neuro-disability

Registered charity number – 205907

Royal Hospital for Neuro-disability (Services) Limited

Company registration number – 04570542 (Non Trading)

Principal address and registered office

Royal Hospital for Neuro-disability

West Hill

Putney

London SW15 3SW

Our Trustees and Executives

Board of Trustees

Des Benjamin – Chairman

Previously Group Chief Executive at SimplyHealth for 13 years; and President of the Institute of Customer Service.

Les Broude

Worked at Mars Snackfoods Europe, Barclays Bank and Premier Foods PLC, then became a Non-Executive Director and Audit Committee Chair at Buckinghamshire Healthcare NHS Trust. He is an honorary independent member of the Trust's Charitable Funds Committee. In addition, he is a Non-Executive Director of South Central Ambulance Service NHS Foundation Trust.

Mark Cooke

Currently leading a Financial Services Risk Utility start up, in conjunction with the ORX Association. Formerly, Group General Manager and Group Head of Operational Risk at HSBC and non-executive Chairman of ORX Association until 2020.

Dominic Fairclough

A partner in the personal injury and clinical negligence team at Russell-Cooke solicitors, whose expertise includes advocacy in Coroners Courts advising on clinical negligence and personal injury claims.

Christopher Foster (from 29 July 2021)

Retired as Bishop of Portsmouth in 2021 after over seven years as a member of the House of Lords. He has a lifelong concern for the wellbeing, support and care of the most vulnerable people in our communities, and for those closest to them.

Lynda Hamlyn CBE (from 29 January 2020 – until 26 April 2021)

Worked in and possesses extensive NHS and local government experience; she has been the Chief Executive of NHS Blood and Transplant until 2014 and before that, the Chief Executive at a number of NHS organisations.

Julie Harding – Vice Chairman

An HR professional working locally and internationally with HSBC before specialising in culture and change management at the Co-operative Bank and more recently, the House of Commons.

The Right Reverend Dr Christopher Herbert (until 29 July 2021)

Retired as Bishop of St Albans in 2009; now a respected lecturer in the ethics of end-of-life care, he was a member of the House of Lords Select Committee on Assisted Dying for the Terminally Ill. He is Visiting Professor of Christian Ethics at the University of Surrey.

Deborah Hill (from 22 April 2021)

Works as a Finance Director at Unilever PLC with international finance and risk management expertise

Anna Marks

A senior partner at Deloitte working with publicly listed corporates, and a member of the Deloitte Board and the Board of the CBI.

Dr David Mitchell – Vice Chairman

Medical Director and the Responsible Officer for the Hospital of St John and St Elizabeth, David was previously Medical Director at Imperial College Healthcare NHS Trust and Consultant in General and Chest Medicine at St Mary's Hospital London.

Hugh Rees (Treasurer)

Previously a non-executive director at Enigma Healthcare based in Singapore and formerly the Chairman and CEO of Wilkinson Healthcare.

Deborah Sanders

Chief Executive at Barnet Hospital, an executive director of the Royal Free London, and a registered nurse.

Shoaib Ali Shah (from 22 April 2021)

Extensive knowledge in Racial Equality, Equal Opportunity and Diversity. A champion with 25 years of work experience both at local and national level.

Dr Yen Fong Tai

A consultant neurologist and honorary Clinical Senior Lecturer with a clinical and research interest in the treatment of movement disorders and neurodegenerative diseases.

Executive Directors

Paul Allen – Chief Executive

Ashraff Ali – Interim Medical Director (From 1 August 2021 to 2 November 2021)

Jane Beaven – Director of Fundraising and Communications

Frances Low – Director of Governance

Steven Luttrell – Medical Director (From 2 November 2021)

Michael Marrinan – Medical Director (until 31 July 2021)

Lesley Mill – Director of Service Delivery

Nanda Ratnavel – Director of Finance

Della Warren – Director of Nursing

Our Board committees

Audit and Risk Committee

Les Broude – Chairman
Mark Cooke
Julie Harding

Board Medical Committee

Dominic Fairclough
Dr Yen Fong Tai
Dr David Mitchell – Chair
Deborah Sanders

The Executive and senior clinical staff are also members

Chairman's Committee

Des Benjamin – Chairman
Julie Harding
David Mitchell – Deputy Chairman
Hugh Rees – Treasurer

Ethics Committee

Paul Allen – Chief Executive
Des Benjamin
Geoff Coyne – Hospital Chaplain
Dominic Fairclough
Christopher Foster (Chairman from July 2021)
Dr Andrew Hanrahan – RHN consultant nominated by the Chief Executive
Christopher Herbert – Chairman (until April 2021)
Michael Marrinan – Medical Director
Laurence Oates
Ali Shah
Della Warren – Director of Nursing

Finance Committee

Stephen Ford
Debbie Hill
Anna Marks
Hugh Rees – Chairman

Nominations and Remuneration Committee

Des Benjamin – Chairman
Julie Harding – Deputy Chairman
David Mitchell – Deputy Chairman
Hugh Rees

Patient Safety and Quality Committee

Yen Fong Tai
Julie Harding
Trudi Kemp
David Mitchell – Chairman
Deborah Sanders
Ali Shah

Research Advisory Committee

Professor Christine Collin (Chair) (Co-optee)
Mark Edwards (Co-optee)
Peter Garrard (Co-optee)
Jolanta Opacka-Juffr (Co-optee)
Mike Smith (Co-optee)

Our advisors

Auditors

BDO LLP
55 Baker Street London
W1U 7EU

Bankers

National Westminster Bank plc 153 Putney High Street Putney
London SW15 1RX

Insurance Brokers

Marsh Ltd,
Merlin House,
Brunel Road,
Theale,
RG7 4BY

Investment Custodians

Schroder & Co Bank AG Central 2
8021 Zurich Switzerland

Investment Manager

Cazenove Capital Management 1 London Wall Place
London EC2Y 5AU

Solicitors

Capsticks
1 St George's Road London SW19 4DR

Fieldfisher

Riverbank House 2 Swan Lane London EC4R 3TT

Stephensons

Wigan Investment Centre
Waterside Drive
Wigan
WN3 5BA

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Chairman's welcome

I had expected last year to be an extraordinary 'one off' year. I thought that we would see our way of life return to normal quickly during 2021. Well, that didn't happen. The global events that had disrupted most of the world's normal functioning continued for the whole of this financial year and are set to last well into 2022.



The COVID-19 pandemic has taken its toll on people across the globe. Nearly five million people have lost their lives and many times that number having suffered from longer term health issues that have persisted well after the virus has wrought its damage.

Countries have taken differing defensive strategies depending on where they are in the infection cycle and the consequent disruption to travel, trade and just about every other aspect of our lives has been unending.

As an example of how this impacts staff at a personal level, many come to us from all over the world and there has been no opportunity to travel to see family in their country of origin. It has been very hard on them, especially when relatives overseas have had health issues and travel has been prohibited.

However, at the RHN we are better off than last year in many ways. We have had a constant supply of all medical and protective equipment, indeed very few shortages of supply thanks to the efforts of our own teams and the heroic efforts of many of our suppliers, we thank them.

Also, we have had a better understanding of the transmission characteristics and sicknesses caused by the Covid-19 virus. We have therefore been more effective with our infection control measures: we had only one patient test positive for the virus between February and December 2021, although we are now dealing with infections arising from the Omicron variant. That is a remarkable achievement by our infection control team and all of our staff for the diligence with which they went about their duties.

We were particularly privileged to be able to access the new vaccines for our patients and staff in December last year. This has been an enormous help in resisting infection in the hospital and continues to be so to this day. All of our patients have been able to access booster shots to support their ongoing immunity.

In battling the pandemic this year we have therefore had a thoroughly successful year for our patients and residents, a true testament to the dedication of some fantastic RHN staff and volunteers.

Despite all the pressures of the COVID-19 situation we have also been able to make good progress elsewhere. I mentioned last year how disappointed we were to have our overall CQC rating reduced from 'Good' to 'Requires Improvement' but that we had resolved to earn back our 'Good' rating again by examining all our processes to see how we could make improvements across the board, especially in those areas that were considered sub par.

Well I am delighted to say that after our most recent inspection we have successfully achieved our 'Good' rating across all five areas that the CQC measures. It is in fact the best CQC inspection result we have achieved with the CQC since we were first inspected in 2014.

The Executive team, management and staff should be proud of their achievements, especially in the areas of Safeguarding and Leadership and particularly as they were achieved during the height of this pandemic with a myriad of other challenges facing them.

We are all keen to maintain this high standard of care and make further improvements that benefit our patients, residents and their families.

Financially, the pressures have continued during 2020 - 21. Achieving the bed occupancy we hoped for has been difficult and we have had to close bays in one ward to keep our costs down as income is bed occupancy dependent.

With extra costs for nursing and other support services as Covid sickness and isolation continued to be a feature of our staffing challenges this year, the ability to make a positive financial return at the 'hospital operating level' has eluded us this year.

Our fundraising team are also operating in a tough environment but they have still managed to raise close to £2 million despite having to suspend or cancel so many of our normal annual fundraising events. They pursue their challenge with great heart and resilience.

It is a testament to the finance team and their stewardship of our reserves that at no time have we had to make short term decisions that would prejudice our longer term prospects.

We expect these same challenges to persist next year but we are robust enough to meet them. Next year we also anticipate an inflation of wages and cost of supplies as is the case in all the world's markets. It helps that we are not financially leveraged, that our pension financing pressures are under control and that we have built solid reserves over the past five years.

Thankfully, because of our financial stability and the continuing support of our donors, we have been able to continue to invest in the provision of services to our patients and residents.

Our estate has benefited again this year from the completion of some of capital investment projects. Leonora ward has had eight bedrooms converted to being suitable for ventilated patients and combining it with the same management team that oversees Jack Emerson ward, we have created one of London's

Chairman's welcome (continued)

biggest units for patients who require a ventilator. We are really keen to continue to build this expertise in the years ahead.

Our continuous programme of improvements to our mechanical and electrical infrastructure has been maintained and we have continued to make improvements to our computer technologies such as the asset tracking database, our water systems, building roofs, car parks and many other important parts of our estates. When coupled with our ward development programme, it means we are keeping pace with our goal of having first class infrastructure to support our first class services for patients.

It has been a difficult year in which to govern the RHN through our committee and management structures.

For most of the year we have had to blend the use of face to face meetings with video conferencing in order to facilitate the ongoing management of the Hospital. Thankfully in October 2021 the Board of Trustees were able to meet in person for the first time since March 2020. While video conferencing has been a great enabler that has allowed things to keep progressing during the pandemic, the ability for us to meet each other in person has been extraordinarily refreshing.

That has been a very similar experience for many of the executive and management team meetings but we have learned to accommodate the short comings of video and operate the best we can in the circumstances.

One consequence of this is that we have differed progressing our strategic discussions during the last 18 months as it is difficult to progress meaningful discussions without being together in a single room. Thankfully, these discussions have now recommenced and we are actively engaged in setting the new framework for the next five years.

Pleasingly, we have lost little momentum during the Covid period as so much work was already underway but we will need to pick up the pace now on the important work of the strategy that has not had the dedicated attention it needs.

Let me turn now to a more fulsome vote of thanks to our staff, our volunteers, our suppliers and everyone else who has assisted the Hospital this year to achieve so much for our patients, residents and their families.

As they did last year, staff have stepped up to the mark this year right across the board. Our community of patients and residents have had the most fantastic year of care and support. With our fully established complement of specialist nurses covering areas like continence, end of life care, enteral feeding, tracheostomies and other disciplines; and therapists covering splint management, we are ever improving our skills in each of these important patient services.

They have complemented and supported our extensive range of rehabilitation therapies such as music therapy, art therapy, physiotherapy, speech and language therapy, occupational therapy, augmented assistive therapy, our dietetics, dental services, hair and podiatry services and of course our wheelchair and computer/technology services all of which do so much to enhance the lives of our patients and all of which have been so fundamental to keeping us going during the pandemic period.

Our research and training teams have delivered some outstanding courses and lectures this year, most of them on line. Our specialist conferences have been better attended than any we have had when attending in person was the only way people could take advantage of them. Some of our collaboration work has been delayed as face to face meetings

have not been possible but they will come back on track as society begins to open up.

We have continued to graduate more Putney Nurses and Healthcare Assistants through their specialist rehabilitation qualifications and we have a clearly defined pathway of progression for those Healthcare Assistants wishing to take their full nursing qualification.

So, in the round we have had a successful 2020 - 21 with regard to our patients, residents and families. We have continued pressures around our finances, bed occupancy and charity fundraising. We will push forward again with our strategy for the next five years and we will continue to work with the NHS, our regulators and local safeguarding teams to further improve our skills and standing within the healthcare system.

Next year it would be a bonus if we are able to get back to some of our 'normals'. For example we have missed out on our yearly RHN events and celebrations like Founders day and the Summer Festival, gatherings where we enjoy being able to congregate as a Hospital community. These events have been sorely missed as they are a part of the fabric that helps define our community.

I have already mentioned that restricted travel opportunities have kept staff from seeing their distant families but it has also prevented many people from having a well earned holiday and a lifting of travel restrictions would help lift spirits I am sure.

It is our goal to steer the RHN back to operating profitability even with the pressures I referred to earlier.

I also believe it will enhance everything that we do when we can reopen the Hospital to more frequent visiting for our very patient and tolerant families and it will be good to press forward with our strategy for the next five years.

We entered this pandemic ahead of others as we perceived the threat to our patients was extremely serious. Breaking out of our defensive systems and controls that have kept people safe is not as easy as it first appears and we will do it with due caution. Protecting our patients will continue to be our number one priority.

I am confident we have an incredibly capable and competent executive and management team in the RHN who will navigate the issues that arise with skill and dexterity, so that we can begin again to enjoy so much of what makes the RHN such a special place.

As always, everyone who has made a contribution to our difficult but undoubtedly successful year, has my profound thanks.

Take care,



Des Benjamin
Chairman

8 February 2022

Chief Executive's introduction

At the start of the financial year in October 2020, the RHN was going through a difficult period with its regulator, the CQC, having had its overall rating downgraded to "requires improvement"; and having come through the first phase of the COVID-19 pandemic, was stable but in a position of uncertainty as to what the impact of a second wave of COVID-19 would be.



With another year having gone by, the RHN is in a very strong place and we can look back with great pride with what has been achieved in respect of each of the above areas over the last twelve months.

As far as the CQC is concerned, we have put much effort into addressing the issues raised in their report arising from the February 2020 comprehensive inspection, in particular in the area of safeguarding, where we appointed a new safeguarding lead and implemented a new safeguarding policy.

In September 2021 the CQC returned to the RHN, unannounced, to reinspect the two domains that had been rated as "requires improvement" – Safe and Well led. I am delighted that in the recently published inspection report, these two domains have now been rated as "good", meaning that all five domains now have a "good" rating, giving us an overall rating of "good". I think this result is well deserved and is a testament to the hard work and effort put in by all our staff.

As far as the 2nd wave of Covid was concerned, the RHN did suffer some infections, and sadly deaths, although the mortality rate was lower than in the first wave and our infection control measures prevented a hospital wide outbreak. When the first vaccine arrived in December 2020 we were early adopters both for patients and staff, and

I am pleased to be able to report that we only had one patient infection between February 2021 and December 2021, which in my opinion illustrates the benefit of the widespread vaccination of both patients and staff. At the time of writing, 94% of staff have had at least one dose of a vaccine. In December 2021 we were then affected by the new COVID variant, Omicron, which has resulted in over 30 patient infections and 120 staff infections. However, the clinical impact has been far less than in the previous waves of infection, with many positive cases being asymptomatic, and no serious illnesses or deaths. COVID-19 has of course had a massive impact on the extent to which relatives have been able to visit their loved ones: our patients and residents. I am pleased to report that during the year, we have been able to progress from a position of no visiting (other than exceptions) to visits being possible three times per week. This limitation remains whilst COVID-19 continues to circulate in the community.

The COVID-19 pandemic has had an inevitable negative effect on RHN finances, although prudent management of our finances has resulted in a slightly positive figure for earnings before interest, tax, depreciation and amortisation at the year end when depreciation is excluded from the net loss before gains and losses. Under the circumstances, this is an extraordinary result. One significant reason for the negative impact



Chief Executive's introduction (continued)

is the reduction in patient volume, for various reasons. In the short term this led to the partial closure of two wards and recent focus has been on filling spare capacity, with some gradual success.

The impact of COVID has meant a slowdown but not a halt, to our programme of investing in our infrastructure. Six, soon to become eight beds on our Andrew Reed ward have been converted to beds for patients requiring ventilation. Adding this to the capacity in the Jack Emerson Centre means that we now have twenty - four ventilated beds in a service in which we have great expertise and for which there is growing demand.

One project which has been on hold for more than a year now is the refurbishment of Wellesley ward, which is due to be the next major project in our ward refurbishment programme. This work is now anticipated to start in the spring of 2022.

There has only been one change to the executive management team during the year 2020/21, with the retirement of medical director Dr Michael Marrian at the end of July 2021. Dr Ashraff Ali took the post on an interim basis until 1 November 2021, when the new permanent medical director Dr Steven Luttrell took up his post.

I am delighted that within the new matron structure of five matrons, four have been promoted from within, internal promotions are always a sign of the organisation's people development programme being in good health.

Twenty - five senior managers (largely directors and their direct reports) took part in a one week leadership development course run by the University of East London. This important personal development initiative with focus on strategy creation has been particularly timely because the board, executive team, senior managers and others have commenced the creation of a revised strategy for the RHN which should be published in the first half of 2022.

of the regulator, to get the RHN into a strong position. I believe that morale is generally good and has been undoubtedly buoyed by the CQC inspection result.

The RHN is now in a place where it can look forward to an exciting future. This is a perfect time to be refreshing our strategy which I think will be a 'resetting of the sails', rather than a change in direction as we take account of everything we have experienced and learned over the last two years.

I would like to thank all our staff for their hard work and commitment in the last year. Similarly, our many volunteers should be thanked. Many thanks to our Board of Trustees, who have been extremely supportive of the executive team and myself during this period. And special thanks to my excellent team of executive directors, who have led the RHN into the position it is now in.



Paul Allen
Chief Executive

8 February 2022



I believe the RHN is coming out of an extremely challenging twelve months, part of a very difficult two years starting with regulatory action and the COVID-19 pandemic, in very good shape. For many members of staff, working through the pandemic has presented unprecedented challenges but all our staff have risen both to this and the requirements

Report of the trustees

for the year ending 30 September 2021

The Trustees are pleased to present their annual report, together with the financial statements of the charity for the year ended 30 September 2021.

The financial statements comply with the Charities Act 2011 and the 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) (effective 1 January 2019).

Our purpose

The charity's object is to give permanent relief to such persons as are hopelessly disqualified for the duties of life by disease, accident or deformity. The charity aims to enable people with profound or complex disabilities, resulting from damage to the brain or other areas of the nervous system, to enjoy an optimal quality of life through enhanced independence.

Public benefit

The Royal Hospital for Neuro-disability's trustees have considered the Charity Commission's published guidance on public benefits requirements under the Charities Act 2011.

The Charity carries out its objects and activities through:

- contracts with NHS England to provide rehabilitation to adults following catastrophic brain injuries;
- contracts with Clinical Commissioning Groups and others to provide care to adults who, following brain injury, require continuing specialist and complex care; and
- fundraising in order to enhance the care and wellbeing of patients and residents, by improving facilities available to them, developing and providing therapies such as occupational art and music therapies, offering recreational and social events, and providing pastoral care to all – whatever their faith or background.

Our charity

Founded by Andrew Reed in 1854, the Royal Hospital for Neuro-disability (RHN) is one of the oldest independent hospitals and charities in the UK; today we are a charity hospital and research centre.

Our charitable status enables us to raise funds for a variety of specialist services that complement the NHS funded care package received by our patients and residents. These services broadly cover our Brain Injury Service and Continuing Care Service, both aimed at improving the quality of life for our patients and residents living with severe neurological disabilities.

As a medical charity with a holistic approach to treatment, we take great pride in delivering excellent work in the areas of assessment, rehabilitation and specialist care to some of the most disabled adults in the UK, as well as support to their families.

Fundraising

As a charity we receive donations from a range of supporters including individuals, trusts and foundations and companies as well as those who choose to leave a gift in their will.

Voluntary donations play a vital role in enabling us to provide additional therapy and recreational services that boost quality of life for patients and residents at the hospital, as well as providing support for families. Some of these additional services include:



**assistive technology
service**



**music
therapy**



**occupational
art therapy**



**leisure and family
services**



**specially-adapted
wheelchairs and mobility
equipment**



chaplaincy service

Voluntary income raised also goes towards training our invaluable volunteers, funding research and specific refurbishment works. 2020/21 was a challenging period for fundraising, as the ongoing impact of the COVID-19 pandemic meant some of our income streams continued to be hit hard, resulting in a reduction in income.

However, grant giving has seen some recovery, with income through this stream up by 48% on the previous year and individual support through our direct mail programme saw an 18% increase on the previous year's achievement. Correlating to the increased support in individual giving we saw growth in income related to gift aid, online initiatives and Christmas card sales. We are hugely grateful to the donors who have responded to our calls for support through this challenging time.

We would like to give a special mention to The National Lottery Community Fund which awarded a £206,222 Reaching Communities grant to CoDa Dance Company in partnership with the RHN, to expand the provision of neurology dance sessions for patients and residents across the hospital over the next three years. We also acknowledge the support of funding from the National Lottery Heritage Fund.

We continue to be committed in delivering best practice in our Fundraising and as such are registered with the Fundraising Regulator (FR) and continue to adhere to its code of practice for charitable fundraising in the UK. Furthermore, with our compliance to the GDPR guidelines and our online privacy notice (www.rhn.org.uk/help/privacy), we are able to give much more information about the gathering, handling and use of personal data by the RHN; all aimed at assuring the public, our supporters and those in our care of our respectful, accountable, open and transparent approach to fundraising. With continuing awareness of the importance of supporter engagement and the processing of personal data, we are pleased to report that there has been no complaints made in this period, with reference to our work.

Activity at the RHN in 2020/21

Statistics	2021	2020
Admission to the hospital	203	198
Bed Capacity		
Brain Injury Service (exc. DToC)	42	42
Delayed Transfer of care (DToC)	6	6
Continuing Care	187	188
Aggregate bed capacity	235	236
Annual Bed Occupancies		
Brain Injury Service (exc. DTOC)	40	39
Delayed Transfer of Care	1	3
Continuing Care	164	168
Aggregate bed occupancy	205	210
Patients treated within the BIS	143	123
Percentage occupancy rate BIS inc. DTOC	85%	88%
Percentage occupancy rate BIS excl. DTOC	95%	93%
Percentage occupancy rate CC	88%	89%

The RHN had 203 admissions in 2021 (2020: 198). The hospital splits its services into two main categories; The Brain Injury Service and Continuing Care.

The aggregate bed capacity for the RHN in 2021 was 235 (2020: 236) of which Brain Injury Service was 48 (2020: 48) and Continuing Care 187 (2020: 188). The decrease in Continuing Care bed occupancy is due to the impact of COVID-19 on admission and discharge flow. The aggregated bed occupancy for RHN was 205 (2020: 210).

The Brain injury unit has 6 beds available for use outside of the NHSE contract. They can accommodate any delayed transfers of care and spot purchase rehabilitation packages for both the NHS and private patients with rehabilitation requirements.

Excluding Delayed Transfers of Care, the average length of stay in the Brain Injury Service was 17.2 weeks (2020: 17.9 weeks) and percentage occupancy was 95%. (2020: 93%).

The last reconciled annual outcome data for the Brain Injury Service is for the period April 2020 to March 2021.

In terms of responsiveness we continue to aim to process referrals within the 14 day target. Infection control procedures in place for COVID-19, along with an increase in demand for beds particularly in the London area resulted in a slightly longer assessment to admission timescale.

The complexity of our patients is recorded on admission and our scores show we continue to take severely impaired patients when compared with many other units.

Continuing Care Indicators

There were 23 discharges from Continuing Care (2020: 25). The data for discharges only includes home discharges and excludes respite discharges, deaths, discharges to acute hospitals and discharges to other services.

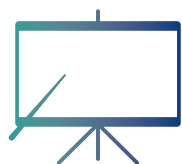
There were 77 unplanned temporary admissions made to acute service (2020: 163) and Continuing Care had a percentage occupancy rate of 88% (2020: 89%).

Research and innovation

The research and education work at the RHN, continues to be impacted by the COVID-19 pandemic. However, we have successfully migrated our events, training and lectures online. Online events enable us to reach a wider audience.

The open lectures are recorded and made available on the RHN YouTube channel thus available to a broad range of people. Our recorded webinars have been viewed by around 2,000 people. Due to these successes, we are planning to continue to run most of our events online in the next year.

During this year, we hosted:



eleven
open lectures



ten training
courses



over 1,900 delegates
on courses

This year we also successfully ran our first SMART online course. The Sensory Modality Assessment and Rehabilitation Technique (SMART) is an award winning standardised, clinical investigative tool, pioneered at the RHN.

The SMART has been clinically designed and developed for the assessment and rehabilitation of people with prolonged disorders of consciousness following severe brain injury. It provides a detailed assessment and investigation of behavioural responses to a range of stimuli that enables the development of a measurable intervention and/or management strategy. Its precision has made it one of the assessment tools of choice as recommended in the Royal College of Physicians (RCP) national clinical guidelines (2020).

The RHN took part in the Association of Medical Research Charities' (AMRC) 5 year peer review audit. As a condition of membership, all members are expected to have high quality funding mechanisms. This is done by adhering to the principles of peer review. External organisations look to AMRC membership as a hallmark of quality in research funding.

The outcome was delivered in May 2021 and the RHN successfully passed the audit showing that we adhere to best practice in medical and health research peer review.

Research

Dr Elena Olgiati, one of our Clinical Psychologists, has been successfully accepted onto a London wide postdoctoral research scheme at London South Bank University. The aim is to help Dr Olgiati prepare a competitive research application to submit to the National Institute for Health Research so that she can develop a career that combines clinical practice with academic work. Dr Olgiati is hoping to develop a project that will benefit patients in disorders of consciousness and their families.

Papers published during the year:

Wilford S, Howard A (2020:) How do we build a picture of a patient in prolonged disorder of consciousness? *Neuropsychol Rehabil.* Dec;30(10):2067-2077.

Pundole A, Varley R, Beeke S. (2021) Assessing emergence from a prolonged disorder of consciousness: Current opinion and practice in the UK. *Neuropsychol Rehabil.* Aug;31(7):1003-1027.

Leisure and Families Service (LaFS)

Due to the COVID-19 pandemic, LaFS has been unable to continue many of the larger group activities it used to run such as aquability, the gardening group and moving to music.

Since March 2020, members of the LaFS team were instead, usefully redeployed as urgent 'RED Runners' within the RHN receiving, moving and delivering essential supplies and equipment during a very busy period with a number of other staff either isolating or working from home.

We have begun a process of reimagining LaFS as a Therapeutic Leisure Service with a focus on offering ward based activity groups based on the interests of residents. Currently, the groups and one to one sessions are based within the Specialist Nursing Home wards and led by the LaFS coordinators. As greater numbers of volunteers are brought into the building the plan is to roll the new service out across the hospital.

With help from the fundraising department we have managed to secure ongoing funding for the CoDa dance group and they are currently able to offer weekly groups on five wards across the RHN and have recently secured funding for a trial at Haberdashers House our young persons' centre.

Church services had to adapt and change the way they were delivered across the hospital over the year. During the 2020 lockdown, services were run using teleconferencing technology however since March 2021 the Chaplain and his team of volunteers have run a Thursday church service on Chatsworth ward and delivered separate ward based church services to eight wards on Sundays. The Chaplain has also recently restarted a Friday service for a small group of residents.

Saturday concerts resumed in August 2021 but at a reduced capacity to maintain social distancing, these are run on a three weekly rolling rota for different wards to attend and are held from 2 to 3 pm in the Assembly Room.

Massage therapy services started again in June 2021 and are continuing to accept new referrals.

The hairdresser has reopened services two days per week.

During the recent refurbishment of the Assembly Room the audio/visual equipment was removed but not reinstalled, therefore it currently cannot be used for film screenings. Quotes have been obtained for new equipment and the Fundraising team currently is running an appeal to help raise funds for this purchase and installation. Curtains or alternative light and sound filters for the glass within the doors to the Assembly Room are also being considered.

At the time of writing, we are still planning to resume some outings when it is safe to do so as these were very popular.

The pool remains closed and although we would like to reopen it, there is no clear timeline for when this will happen.

Volunteers

The number of active volunteers as of 1st October 2020 was 14.

The total number of volunteers in the year to 30 September 2021 was 51 (2020: 133), including 21 new recruits.

The current number of active volunteers as of 30 September 2021 was 39 (2020: 49).

Donated services received from volunteers are not included in our Statement of Financial Activities as the charity does not pay to obtain these services in the course of carrying out core activities. There is no economic benefit that requires the value of this gift to be recognised.



Managing our risks

In order to minimise or eliminate risks to the charity during the 2020/21 financial year, potential risks are and continue to be identified and regularly reviewed by both the Executive team and Trustees.

The RHN identifies its principal risks as: patient safety and wellbeing, COVID-19, and financial risks. The principle safeguarding risk is now well controlled. The RHN's response to the COVID-19 pandemic has demonstrated the robustness of its infection control measures, but vigilance continues to be crucial. The RHN's finances have been impacted by events in particular the challenges of the pandemic, but have proved resilient, and robust plans are in place to ensure continued stability and growth. Board committees keep these risks under review, and the Audit and Risk Committee reviews all significant risks quarterly before consideration by the Board.

The Coronavirus and COVID-19

The hospital is managing the effects of the coronavirus, thanks to the imposition of strict rules for staff and visitors. Building on its experience of the first wave of the pandemic in early 2020, the RHN continues with robust infection control measures in order to keep patients and residents safe while at the same time ensuring that they can enjoy visits from their families and access to recreational activities.

The majority of RHN staff are fully vaccinated against COVID but a small minority are not. The RHN will continue to provide the highest level of encouragement and support to staff to accept the vaccine. The RHN will be required to comply with regulatory requirements as they are brought in. Risk assessments have been done, and unvaccinated staff will only be allowed to work where additional safeguards, such as daily lateral flow tests, have been put in place which protect patients and other staff members.

We identified staff wellbeing as a particular risk and this continues to be addressed through a staff wellbeing and support programme.

The pandemic led to a reduction in occupancy levels but these are recovering steadily. The impact on fundraising in the year, was severe but since the year end this has also begun to improve.

While our ability to respond to the challenges of the pandemic so far leads us to be optimistic that we will be able to react positively to any further developments, given the uncertainties of the situation we continued to rate this as one of our top risks throughout the year. We are keeping the situation under constant review.

Quality of care

The RHN has numerous controls to ensure that it implements appropriate standards of safety and care. These include:

- policies and guidance which are regularly reviewed and updated;
- processes for disseminating national alerts and guidance;
- weekly ward quality audits;
- clinical audits which are reviewed by the Clinical Audit Committee;
- reporting of incidents on the Datix recording system;
- reviews of trends by the Clinical Risk and Incident Committee;
- reviews of all patient deaths by the Mortality Review Committee;
- appropriate mandatory learning for all levels of staff (including agency staff); and
- external assurance through processes involving the Wandsworth Adult Safeguarding, NHS England, and the commissioners of the RHN's services.

The RHN encourages feedback from patients, residents and visitors, and conducts and learns from the annual Patient and Relative survey.

The RHN as a regulated healthcare provider is required to be subject to periodic inspections by the Care Quality Commission (CQC). A comprehensive inspection conducted in February 2020 resulted in the RHN being awarded a rating of 'Requires Improvement' but with no "must do" actions. An action plan was swiftly implemented and a further CQC inspection in September 2021 has resulted in the two "requires improvement" domains being rated "good" and the overall reinstatement of the RHN's "Good" rating.

Risk registers (clinical and medicines) are updated monthly and incorporated in the corporate risk register which is reviewed monthly by the Executive Management team. The RHN has introduced a further level of scrutiny with a six monthly presentation to a wider management team on specific areas of risk. The RHN's Board Committee with oversight of safety and quality of care and the review of the clinical risk register is the Patient Safety and Quality Committee. The Patient Representative Committee (chaired by a trustee and including representatives from patients and families of all wards) raises concerns which are then acted upon and reported back to the committee.

Managing our risks – continued

Recruitment and retention of staff

During this financial year, we are still seeing the benefits of the overseas nurse recruitment campaigns from 2019. However, with the COVID-19 pandemic, recruitment from overseas slowed considerably with only 14 nurses coming on board in the year. We have also lost 5 and further 7 are due to leave to work for other hospitals. Out of a sum total of 55 nurses brought in from abroad, our overall total will drop to 43.

In addition to registered nurse recruitment, health care assistant (HCA) recruitment continued throughout 2020/21 with the addition of a fast track process to onboard HCAs quickly to keep agency costs down. 36 HCAs have been recruited in 2020/21. The RHN is now far less dependent on agency nurses and HCAs than previously.

It is anticipated that more overseas nurses will be recruited from within the existing pipeline from the Philippines campaign; other areas including India, are being considered.

As well as overseas campaigns we have a pipeline for newly qualified nurses, which is constantly under review.

Staff Support

During 2020/2021 the RHN has continued to place great importance on engagement amongst its workforce. Various initiatives have now been launched and proving successful in supporting and engaging our workforce. An example is Pride@RHN (The LGBTQI+ staff network) which is working on various campaigns to support staff.

The RHN has introduced a mediation service for staff who can now request direct access for mediation. Cases that were mediated have ended with positive outcomes.

Work is ongoing with introducing a series of bespoke training videos addressing specific issues that have arisen from the last two years' staff surveys. These will be rolled out to the organisation in the first quarter of 2022.

The RHN launched a wellbeing hub 'Here for you and your wellbeing' on the intranet in the first quarter of 2021 where staff are able to access various support made available from both internally and externally to the RHN.

Planning is underway for a staff engagement roadshow to take place in January 2022, which aims to increase employee understanding of the various ways the RHN seeks to engage and support its employees. Stalls will include the following:

- Mental health first aiders
- Wellbeing – 'Here for you' (signposting from our intranet)
- CIC – EAP service
- Pride@RHN (The LGBTQI+ staff network)
- BAME staff network
- Chaplaincy (pastoral care)
- Speak up
- Staff mediation service





The Putney Nurse and Healthcare Assistant programmes continue to thrive. This year the programme had a short break due to the pandemic but the time was used to refresh the programme, taking a blended approach. The programme relaunched in the new format in May 2021 for registered nurses and July 2021 for healthcare assistants with resounding success and the feedback has been both complimentary and informative with regard to future improvements.

Preference has now been expressed for the programmes to be conducted in person rather than a blended approach and this will be discussed and explored further during the first quarter of 2022. An important consideration is that the blended approach not only ensures sustainability of information but is also a response to the changing nature of organisational learning.

The Learning Management System celebrated its first birthday in October 2021 and continues to push the opportunities available to all staff. This year has seen the introduction of clinical skills – IV Therapy and Safe Medicines Management. All training is now housed on the LMS, meaning that there are over 50 live modules, with many more being developed in the coming year. The second phase of the project will see the introduction of non - mandatory training focussing on staff wellbeing, leadership and management and the development of Microsoft office skills, as well as access to the RHN Blinklist library.

Speak Up Guardian

The annual staff survey shows that awareness of how to raise concerns is high. To facilitate the opportunities further for staff to raise issues, we have identified a confidential phone line service, and Protect has been appointed to provide safe and confidential advice to staff in raising concerns. Training will take place throughout 2021/22 for the Speak Up Guardian and for Managers.

Financial sustainability

In order to improve and provide the highest quality of care to patients and residents, the RHN recognises the need to maintain financial stability and to continue to attract donations, legacies and other fundraised income in order to invest in its facilities and equipment.

The RHN recorded net losses before gains and losses for the financial year ending 30 September 2021 but year end reserves continued at satisfactory levels. Our budget for the financial year ending 30 September 2022 again anticipates the residual impact of COVID-19 with a deficit between income and expenditure anticipated but continued satisfactory reserve levels. Further to the budget for the forthcoming financial year, the five year financial plan to the year ending 30 September 2025 approved by trustees sees improving surpluses and cash balances while the RHN continues to invest in its infrastructure in order to improve services to patients and residents.

The RHN's primary sources of funding are NHS England, NHS Clinical Commissioning Groups and Local Authorities. Though NHS bodies receive annual increases with which to pay the RHN for its services, these are not sufficient to meet all the RHN's cost pressures. In order to mitigate such funding shortfalls, the RHN continues to work in partnership with commissioners to negotiate adequate contractual agreements over time spans of greater than a year that help provide financial stability whilst the RHN reduces or defers costs and increases efficiency. A remaining uncertainty is that the block contract for rehabilitation services with NHS England is likely to be broken up with effect from April 2022 with responsibility passed to proposed Integrated Care Systems. The RHN aims to fully engage in negotiation with these new commissioners.

The drive to maintain financial sustainability includes investment in technology, equipment and the estate, with which to provide the highest standards of care and generate income. During 2020/21, the RHN brought into use the expanded ventilated and medical gas capacity on Leonora ward, completed important roofing and drainage repairs, started comprehensive asset tagging across the organisation; and has commenced feasibility studies to improve water infrastructure, lifts and staff accommodation.

The RHN has sufficient reserves for the foreseeable future, and has a five year financial plan as part of its corporate strategy. Further disclosures are available within the financial review and note 1.2 of our accounting policies.

The RHN's Committee with oversight of finances is the Finance Committee.

Financial review

The RHN reported an overall net surplus in funds for the year of £0.96 million (2020: £1.28 million net deficit) comprising the following

	2021 £m	2020 £m
Hospital		
Patient Income	41.00	40.63
Patient Expenditure	(42.85)	(42.08)
Deficit from Hospital Activities	(1.85)	(1.45)
Voluntary and Other Activities		
Income		
Donations and Other Fundraising	1.88	1.96
Other Income	0.29	0.40
Income from Voluntary and Other Activities	2.17	2.36
Expenditure		
Fundraising Expenditure	(0.78)	(0.96)
Voluntary and Other Expenditure	(1.06)	(1.13)
Expenditure of Voluntary and Other Activities	(1.84)	(2.09)
Surplus from Voluntary and Other Activities	0.33	0.27
Hospital and Charitable activities	(1.52)	(1.18)
Net Income on Pension Scheme	-	-
Net Gains / (Losses) on Investments and Fixed Assets	2.48	(0.10)
Net Surplus / (Deficit)	0.96	(1.28)

The RHN receives the majority of its income for patient care from NHS England (for Brain Injury Services) and from Clinical Commissioning Groups and some Local Authorities (for Continuing Care). COVID-19 has compromised occupancy levels and adversely affected income for patient care. The charity has also seen a decrease in donations and legacies of 1%.

Income from donations, legacies and fundraising events is £1.9 million (2020: £2.0 million) analysed as follows.

Donations, legacies and fundraising received for charitable expenditure during the year ended 30 September 2021

	30 September 2021		30 September 2020	
	£'000	£'000	£'000	£'000
Unrestricted		1261		1,251
Restricted				
(1) Additional therapies and services	167		260	
(2) Purchase of specialist equipment	132		32	
(3) Research and education	67		105	
(4) Specific redevelopment and refurbishment of hospital buildings	221		149	
(5) Covid crisis response	33		161	
		620		707
		1,881		1,958

The RHN's fundraising activities are overseen by the Fundraising Regulator (FR) whose responsibilities include ensuring the charity records all complaints, completes an Annual Complaints Returns Report and displays the FR logo. These convey our commitment to complying with legislation as well as building trust with supporters of the charity.

Expenditure on charitable activities

The RHN was very successful in recruiting nurses from overseas during 2018/19 and these staff commenced their employment with the hospital during 2019/20. Furthermore, some more overseas nurses were recruited in 2019/20 who commenced their employment during 2020/21. Together, this has meant a significant reduction on reliance on agency staff and associated commission premiums notwithstanding the continued challenges posed by COVID-19.

The RHN continues to demonstrate its commitment to its staff through paying competitively, ensuring nobody is paid below the London Living Wage; and by providing staff development opportunities.

Investments

	30 September 2021 £ million	30 September 2020 £ million
Net gains/(losses) during the year	2.48	(0.10)

The RHN invests funds surplus to working capital requirements in a portfolio managed by Cazenove Capital Management, Schroder & Co Ltd.'s charity division. They place investments based on asset allocation ranges previously agreed by the RHN's Finance Committee, who review the Charity's investments during the course of the financial year. Investment income during the year was £0.29 million (2020: £0.40 million). The overall performance reflects the general economic climate and remains largely outside the day to day control of the RHN.

Staff pension scheme

	30 September 2021 £ million	30 September 2020 £ million
Net actuarial gains on the defined benefit scheme	0.00	0.00

The results above pertain to the RHN's defined benefit pension scheme which was closed to new members in 2001 and existing members in 2006.

As at 30 September 2021, the defined benefit pension scheme was in surplus but as it is not recoverable, was restricted to zero in the disclosures (30 September 2020: zero). The surplus of £8.7 million (2020: £4.9m surplus) in the scheme is not available as a refund to the RHN and is therefore deemed to be irrecoverable under FRS102.

The RHN continues to run a defined contribution scheme for its employees which was transferred to an Aviva Master Trust in October 2019.

Reserves

Reserves are held to help the charity operate effectively in accordance with the Charity Commission's guidance. The Board has carried out a detailed review of the charity's activities, identified the major risks the RHN is exposed to and produced a financial risk assessment.

Free reserves are intended to cover the following:

- Adverse movements in cash flow.
- A shortfall in income net of fees payable.
- A shortfall in voluntary income.
- Falls in the realisable value of investments.
- A contingency against business interruption.

After carrying out a review of the risk areas stated above, the RHN Board of Trustees has determined a range of £11 million to £13 million (2020: range of £11 million to £12 million) of free reserves as being as a minimum operating level for three months.

At 30 September 2021, the reserves were as follows:

- Free reserves of £14.6 million (2020: £12.6 million) after accounting for the defined benefit pension scheme as per FRS102 are greater than the minimum operating level required for three months.
- Designated funds of £28.0 million (2020: £29.4 million) representing the net book value of the RHN's fixed assets of £19.7 million (2020: £20.4 million) together with £2.0 million (2020: £2.8 million) for planned maintenance and £6.3 million (2020: £6.2 million) for future capital expenditure on the hospital buildings and equipment.
- Combined restricted reserves of £1.78 million (2020: £1.59 million) include £1.07 million (2020: £0.98 million) in cash required to fund specific projects.
- Endowment funds of £0.86 million (2020: £0.75 million).

The sum of the above gave total reserves of £45.3 million (2020: £44.3 million).

Further details of these reserves are disclosed within the statement of financial activities and balance sheet on pages 28 and 29; and in note 17.

Going concern

The RHN is a public benefit entity, and its Board has set out a review of financial performance and the charity's reserves position. At the 30 September 2021, the RHN reported free reserves of £14.6 million (2020: £12.6 million), net current assets of £6.0 million (2020: £6.6 million), and a net cash outflow of £1.3 million (2020: £3.1 million inflow) for the year. The change in cash flow between the two years was largely because of the closure of the deposit account at the investment bank and the transfer of funds to the hospital's current account in 2019/20. Further to this, the hospital has reported an operating deficit before interest and investment gains in 2020/21.

As at 30 September 2021, the defined benefit pension scheme was in surplus but as it is not recoverable, was restricted to zero in the disclosures (30 September 2020: zero). The surplus in the scheme is not available as a refund to RHN and is therefore deemed to be irrecoverable under FRS102. The RHN's strategy of funding any residual obligation in order to eliminate any future deficit remains.

The ongoing effect of COVID-19 has also been assessed by the trustees prior to January 2022, reviewing the organisation's ongoing forecasts and projections to ensure that the organisation remains financially viable. This assessment is described more fully below.

With regard to the year ending 30 September 2022, the most significant areas that are likely to affect the charity's net assets are levels of income, expenditure on services and capital investment.

Occupancy levels that saw falls during the height of the pandemic and some recovery during 2020/21 are expected to return to normal but only during the latter part of 2021/22. Lower than full occupancy will adversely affect patient related income though it will be partly offset by reduced patient related expenditure. Further ventilated beds are being added to Leonora ward which provide even more opportunity to accept patients with complex respiratory needs that will bring additional income.

Fundraised income continued to be adversely affected in 2020/21 because of the pandemic. It is likely that there will be some recovery during 2021/22 but not to pre pandemic levels.

In setting the budget for 2021/22, the trustees have again made some difficult decisions to defer costs. As a key service, we will ensure that the Brain Injury and Continuing Care services will operate as normal. In the event of another wave of COVID-19, continued and further social distancing measures and rigorous hygiene procedures will be followed.

The RHN's budget for 2021/22 and financial plan for 2022/23 were incorporated in its five year financial plan 2021/26 approved by the Board in July 2021. The assumption relating to patient income and related costs in the first two years of the plan was that having seen an adverse impact on occupancy in 2020/21 due to COVID-19, it would take all of 2021/22 before occupancy returned to normal levels. Patient income and related costs were modelled accordingly. In addition, the success of a cost deferral programme was assumed as was achieving a more modest level of fundraised income.

In order to explore the sustainability of the RHN, a financial stress test exercise was conducted with the above assumptions altered to model more adverse conditions in 2021/22 and 2022/23. With these changed assumptions, a consequent impact was seen on income and expenditure, cash balances and reserves in 2021/22 and 2022/23.

In terms of cash, in order that the RHN retained desired cash balances at the end of the two financial years in question, without curtailing spend, it would be necessary to transfer from investments to the current bank account. It is anticipated that investments would be fully replenished towards the end of the five year financial plan.

With the above measures, the RHN continues to be on a sustainable footing in 2021/22 and 2022/23. The adverse scenario painted above is unlikely to happen and the RHN at the start of 2021/22 is already seeing occupancy levels recovering from 2020/21. The organisation's well-rehearsed plans to combat further waves of COVID-19 puts it in a good position to compete with other providers less well placed to satisfy demand.

On its operational activities, the trustees believe that the current strategy for growth and the associated rolling five year financial plan including obtaining higher funding for the provision of services, controlled spending and cost deferral has reasonably secured the future of the RHN to sufficiently meet the requirements of a going concern.

The hospital holds investments valued at £19.6 million (2020: £17.3 million) inclusive of cash available of £0.8 million (2020: 0.1 million). Performance was positive during 2020/21. Judicious management of funds ensures they are subject to minimal market fluctuations.

The trustees will continue to monitor plans with the RHN executive team to ensure that the RHN retains sufficient reserves to continue operating. The charity has a strong balance sheet, with unrestricted liquid reserves of around £23 million and so the trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due. As such, they remain satisfied that the RHN can continue operating for the foreseeable future and accounts have been prepared on the basis that the RHN is a going concern.

The hospital has a significant number of staff originating from EU nations, the biggest volumes being in domestic services and in bank nurses and healthcare assistants. With the UK's departure from the EU and the consequent impact on the employment status of some EU nationals, the RHN continues to monitor developments and to advise staff appropriately. With additional challenges in delivery chains, the hospital continues to review its supply chains and external contracts in order that clinical supplies, pharmaceuticals, enteral feeds and essential buildings and maintenance supplies continue to be available.

Neither the Trustees, nor any key persons within the charity, were aware of any further specific, nor general events which would change the charity's status as a going concern.



The local community supported the RHN's fundraising events as soon as national COVID-19 restrictions eased

Structure, governance and management

The RHN's governing constitution is a Royal Charter and byelaws.

Members of the Board of Management (the Board) act as trustees of the charity. They are elected by the Governors at their Annual General Meeting (AGM) to act on behalf of the charity in the management of its business, property and affairs. The Board is a non-executive body that has four meetings each year and sets the strategic direction of the RHN.

The Board aims to follow the Governance Code for Larger Charities recommended by the Charity Commission. It carries out an annual review of its governance processes. Board members and senior executives are required to complete a declaration of interests and review this at least twice a year, and to declare any gifts and hospitality received. All staff, volunteers and Board members are required to have regular DBS checks every three years. Board members, the Chief Executive and the Director of Finance sign annual declarations of fitness to hold office.

The Board of Trustees

The Board must be made up of a minimum of twelve members, who hold office for four years. They may not hold office for longer than two consecutive terms of four years unless the Board decides there are exceptional circumstances. Members of the Board are appointed and retire by rotation, usually at the Annual General Meeting. The Nominations and Remuneration Committee regularly reviews the skills requirements of the Board. A formal recruitment process has been adopted where particular skills are being sought, which includes open advertisement and interview to ensure the appropriate skills and experience are identified and to extend the Board's ability to recruit a diverse Board. An induction programme and continuing trustee training is also in place.

Responsibilities of the Executive and Committees

The RHN board delegates certain functions to the Executive and Committees. The day-to-day running of the RHN is the responsibility of the Chief Executive. The Chief Executive carries out operations according to the strategy and the budget set by the Board and is assisted by the executive team which meets every week.

Remuneration

Trustees are not remunerated but may claim reasonable expenses.

The charity operates the 'Putney Scale', a harmonised pay method which helps the RHN remain competitive within the healthcare industry. This is available to all nursing and therapy staff and is in line with the NHS Agenda for Change classifications and is periodically reviewed. The components parts of, basic pay and a market supplement reflecting the higher cost of inner London living.

The Board's Nominations and Remuneration Committee (comprising Board Members) is responsible for deciding the remuneration of the key management personnel constituting the executive directors. Chaired by the Chairman of the Board, the committee considers directors' salaries and benefits. The Chief Executive's pay is determined by the committee and the Chief Executive provides advice to the Committee on the other directors' remuneration. The remuneration of the Executive team is disclosed in full in notes to the accounts.

Looking forward

In 2021/22, the RHN looks forward to the bringing into use of the expanded Leonora ward, buildings and information technology investment, continued fire prevention and maintenance work around the estate; and the next ward refurbishment.

2021/22 will see new integrated self-service human resource and payroll systems with added resources to aid recruitment and applicant tracking.

In terms of staff accommodation on site, whilst the RHN is considering upgrade options for its low rise flats, this project is likely to be part of a longer term estate strategy. Of more immediate impact could be modifications to its high rise accommodation to create self-contained flats that will result in an increase in occupancy.

The COVID-19 pandemic continued to have an impact on the hospital during 2020/21 but less so than in 2019/20 with eight deaths amongst patients and residents compared to eighteen reported last year. No deaths occurred after January 2021.

Though visitors are now allowed on site, the hospital continues to enforce essential hygiene measures. Working from home for non-patient facing staff has been replaced by flexible working and zoning across the hospital has ceased. The double vaccination of staff, patients and residents was a great success.


The hospital has incurred additional pandemic related costs but not on the scale experienced in 2019/20. There was no access to reimbursement from the NHS this year.

Unlike 2019/20, markets were more stable in the year and investments and pension fund assets saw gains in line with the recovery in market values. The hospital will continue to monitor these and take necessary actions as and when required.

The RHN's patients have unique needs that cannot be satisfied in less high dependency units and therefore has confidence that it will continue to retain its patients and see continued demand for its services. Our intention is to look at our services and reprioritise them to better match patterns of demand and adapt our facilities in such a way as to satisfy commissioners with a high quality service.



Occupational art therapy in action



The RHN welcomed new cat Simba to the hospital, after sadly losing Sox earlier in the year. Simba is another rescue from Battersea.

Trustees' Responsibilities

The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity; and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustees are required to:

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

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the Royal Charter.

They are also responsible for safeguarding the assets of the charity 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 charity; and financial information included on the charity's website.



Des Benjamin

Chairman

Royal Hospital for Neuro-disability

8 February 2022

Independent Auditor's Report

to the trustees of the Royal Hospital for Neuro-disability

Opinion on the financial statements

In our opinion, the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 30 September 2021 and of its incoming resources and application of resources 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 Charities Act 2011.

We have audited the financial statements of Royal Hospital for Neuro-Disability ("the Charity") for the year ended 30 September 2021 which comprise the Statement of Financial Activities, the balance sheet, the cash flow statement and notes to the financial statements, 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).

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 Auditor's responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remain independent of the charity in accordance with the ethical requirements relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions related 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 charity'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 Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The other information comprises: The Chairman's Welcome, The Chief Executive's Introduction and the Trustees' 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- the information contained in the financial statements is inconsistent in any material respect with the Trustees' Annual Report; or
- adequate accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; 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 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 determines 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 Charity'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 Charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 auditor's 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.

Extent to which the audit was capable of detecting irregularities, including fraud

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:

Based on our understanding of the group and charity and the sector in which it operates, we identified that the principal laws and regulations that directly affect the financial statements to be relevant Charities Acts in the UK and Northern Ireland. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

In addition, the charity is subject to many other laws and regulations such as the Care Quality Commission regulations, Health and Safety regulations, and NHS Counter Fraud Authority regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. The operations of the Charity can also be affected where there are any significant breaches. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence if any.

Audit procedures performed by the engagement team included the following:

- We agreed the financial statement disclosures to applicable legislation.
- We determined that the most significant laws and regulations which are directly relevant to specific assertions in the financial statements are those related to the financial reporting framework including but not limited to United Kingdom Generally Accepted Accounting Practice and the Charities Act 2011, and Statement of Recommended Practice for Accounting Reporting by Charities (SORP FRS 102).
- We reviewed Serious Incident Reports submitted to the Charity Commission.
- We understood how the charity is complying with those legal and regulatory frameworks that are significant to their activities by making enquiries of management and those responsible for legal and compliance procedures. We corroborated our enquiries through our review of minutes

and correspondence with relevant bodies such as the Care Quality Commission.

- We reviewed the Local Counter Fraud Specialist (LCFS) report.
- We obtained and reviewed reported health and safety incidents.
- We challenged assumptions made by management in their significant accounting estimates in particular in relation to pension liability valuations and cash flow forecasts used in going concern assessments.
- In addressing the risk of fraud through management override of controls; testing the appropriateness of journal entries and other adjustments; testing the application of cut-off and revenue recognition, particularly around patient services income, donations and legacies, and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.
- Performed audit procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at (this description forms part of our auditor's report):

<https://www.frc.org.uk/auditorsresponsibilities>

Use of our report

This report is made solely to the Charity's trustees, as a body, in accordance with the Charities Act 2011. Our audit work has been undertaken so that we might state to the Charity's trustees 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 Charity and the Charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Heather Wheelhouse (Senior Statutory Auditor)

BDO LLP, statutory auditor
55 Baker Street
London W1U 7EU

14 February 2022

BDO LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

Statement of financial activities (SOFA) including income and expenditure account

for the year ended 30 September 2021

	Notes	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	Total 2021 £'000	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	Total 2020 £'000
Income and endowments from:									
Donations and legacies	2.1	1,181	613	-	1,794	1,146	665	-	1,811
Other trading activities									
- Fundraising events		80	7	-	87	105	42	-	147
Investments									
- Dividends and Interest	2.2	280	9	-	289	392	12	-	404
		1,541	629	-	2,170	1,643	719	-	2,362
Charitable activities	3	40,986	13	-	40,999	40,624	-	-	40,624
Total Income and endowments		42,527	642	-	43,169	42,267	719	-	42,986
Expenditure on:									
Raising funds	4.1	1,010	-	4	1,014	994	-	-	994
Charitable activities	4.2	43,162	519	-	43,681	42,539	629	-	43,168
Total expenditure		44,172	519	4	44,695	43,533	629	-	44,162
Net (losses) before gains and losses		(1,645)	123	(4)	(1,526)	(1,266)	90	-	(1,176)
Net gains / (losses) on Investments		2,279	92	112	2,483	(89)	(6)	(7)	(102)
Net income / (losses)		634	215	108	957	(1,355)	84	(7)	(1,278)
Transfers between funds	17	33	(33)	-	-	949	(949)	-	-
		667	182	108	957	(406)	(865)	(7)	(1,278)
Other recognised gains									
Net actuarial gains on defined benefit pension scheme	6.5	-	-	-	-	-	-	-	-
Net movement in funds for the year		667	182	108	957	(406)	(865)	(7)	(1,278)
Reconciliation of funds									
Funds at 1 October		41,980	1,594	752	44,326	42,386	2,459	759	45,604
Total funds at 30 September		42,647	1,776	860	45,283	41,980	1,594	752	44,326

The RHN made no other unrealised gains or losses which do not appear on the SOFA. All the above are derived from continuing activities.

The notes on pages 32 to 49 form part of these accounts.

Balance sheet

as at 30 September 2021

	Notes	Total 2021 £'000	Total 2020 £'000
Fixed assets			
Tangible assets	8	19,684	20,427
Investments	9	19,644	17,254
		39,328	37,681
Current assets			
Stocks	10	215	118
Debtors	11	5,512	5,426
Cash at bank and In hand		4,793	6,106
		10,520	11,650
Creditors - Amounts falling due within one year	12	(4,565)	(5,005)
Net Current assets		5,955	6,645
Net assets - Excluding pension		45,283	44,326
Defined benefit pension scheme asset	6.5	-	-
Total Net assets	17	45,283	44,326
The funds of the charity			
Capital funds			
Endowment funds	17 & 18	860	752
Restricted funds			
Income funds	17	1,070	984
Other Restricted funds	17	706	610
Total Restricted funds		1,776	1,594
Unrestricted funds			
Designated funds			
Fixed assets	18	19,684	20,427
Planned capital expenditure	17	6,305	6,185
Anticipated maintenance	17	2,050	2,781
Total Designated funds		28,039	29,393
Free reserves			
General funds		14,608	12,587
Total Unrestricted funds		42,647	41,980
Total charity funds		45,283	44,326

Approved by the Board of Management on 8 February 2022 and signed on its behalf by:



Des Benjamin
Chairman



Hugh Rees
Treasurer

Cash flow statement

for the year ended 30 September 2021

	Total 2021	Total 2020
Cash flows from Operating activities	£'000	£'000
Net movement in (deficit)/fund	(626)	248
Cash flows from Investing activities		
Dividends, interest and rents from investments	289	404
Purchase of property, plant and equipment	(1,069)	(4,980)
Proceeds from sale of investments	4,550	3,693
(Purchase of investments) / Drawdown on Investments	(4,457)	3,752
Net Cash (used in) / provided by investing activities	(687)	2,869
Change in cash and cash equivalents in the reporting period	(1,313)	3,117
Cash and cash equivalents at the beginning of the reporting period	6,106	2,989
Cash and cash equivalents at the end of the reporting period	4,793	6,106
Reconciliation of cash flows from operating activities	2021	2020
	£'000	£'000
Net income / (expenditure) for the reporting period	957	(1,278)
(as per the statement of financial activities)		
Adjustments for:		
Depreciation charges	1,812	1,644
Pension fund contributions and finance costs	-	-
(Gains) / losses on investments	(2,483)	102
Dividends, interest and rents from Investments	(289)	(404)
(Increase) in stocks	(97)	(31)
(Increase) in debtors	(86)	(72)
(Decrease) / Increase in creditors	(440)	287
Net cash (used in) / provided by operating activities	(626)	248
Analysis of cash and cash equivalents	2021	2020
	£'000	£'000
Cash in hand	4,793	6,106
Total cash and cash equivalents	4,793	6,106

	As of 1 Oct 2020	Cash flows	Acquisition/ disposal of subsidiaries	New finance leases	Other non cash changes	As of 30 Sep 2021
	£'000	£'000	£'000	£'000	£'000	£'000
Cash	6,106	(1,313)	-	-	-	4,793
Cash equivalents	-	-	-	-	-	-
Overdraft facility repayable on demand	-	-	-	-	-	-
	6,106	(1,313)	-	-	-	4,793
Loans falling due within one year	-	-	-	-	-	-
Loans falling due after more than one year	-	-	-	-	-	-
Finance lease obligations	-	-	-	-	-	-
Total	6,106	(1,313)	-	-	-	4,793



The RHN worked with Google to beta test a new feature on the Android Accessibility Suite and residents even featured in the promotional campaign

Notes to the accounts

for the year ended 30 September 2021

Royal Hospital for Neuro-disability (Charity No. 205907)

1 Accounting Policies

- 1.1 The Royal Hospital for Neuro-disability is an unincorporated charity registered in England & Wales with the Charity Commission. The address of the registered office is shown on page 2 and the nature of its operations is set out in the report of the Trustees.

The principal accounting policies which have been adopted in the preparation of the financial statements are set out below and have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) effective 1 January 2019, and the Charities Act 2011.

The financial statements have been prepared to give a “true and fair view” and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a “true and fair view”. This departure has involved following the 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 (FRS102) issued on 1 January 2019 rather than the Statement of Recommended Practice: Accounting and Reporting by Charities which was effective from 1 April 2005 but which has since been withdrawn.”

- 1.2 The RHN is a public benefit entity, and its Board has set out a review of financial performance and the charity’s reserves position. At the 30 September 2021, the RHN reported free reserves of £14.6 million (2020: £12.6 million), net current assets of £6.0 million (2020: £6.6 million), and a net cash outflow of £1.3 million (2020: net cash inflow of £3.1 million) for the year.

Neither the Trustees, nor any key persons within the charity, were aware of any further specific, nor general events which would change the charity’s status as a going concern.

- 1.3 The Statement of Financial Activities (SOFA) and Balance Sheet are the financial statements of the RHN. The subsidiary has been dormant in the financial year 2020 - 21.

- 1.4 Income and expenditure are accounted for on an accruals basis and expenditure includes Value Added Tax where this is not recoverable.

- 1.5 Grants Receivable are included in the SOFA in accordance with the terms of the grant agreement and the SORP criteria of entitlement, probability of receipt and reliability of measurement.

- 1.6 Donations of equipment and supplies are included within the appropriate expenditure at cost or estimated value to the donor and within gifts and donations.

- 1.7 Legacy income is recognised at the earlier of the charity being notified of an impending distribution or the legacy being received. Where legacies have been notified to the charity, or the charity 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.

- 1.8 Patient services comprise the costs of nursing, treatment, therapy, domestic and catering services and the costs of maintenance of buildings and equipment, heating, depreciation and other support services attributable to Patient care.

- 1.9 Research expenditure comprises staff costs and direct costs of medical research projects instigated by the RHN and their associated support costs.

- 1.10 Grants are charged to the SOFA in the period in which beneficiaries are notified and so a constructive obligation is entered into by the RHN.

- 1.11 Support costs, comprising facility charges, governance, management and administrative costs, are allocated to activities based on employee headcount.

Accounting Policies (continued)

- 1.12 The RHN operates a pension scheme which includes a defined benefit section and a defined contribution section. The assets of the scheme are held by the scheme trustees separately from the assets of the RHN. Further information on the pension scheme can be found in notes 6.4 and 6.5.
- 1.13 Rentals payable under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.
- 1.14 Depreciation is charged on all fixed assets except freehold land, on a straight line basis, at rates calculated to write off the assets over their estimated useful lives as follows:

Buildings	2% - 20%
Plant and Machinery	7% - 25%
Furniture and Equipment	7% - 50%

The depreciation charge begins from the first day of the month following either; the date of asset acquisition or the date that the asset comes into use.

Tangible fixed assets costing more than £2,500 are capitalised at cost and depreciated at the rates shown.

Impairment losses are included in the Statement of Financial Activities.

Fixed Asset Investments are included in the Balance Sheet at market value. Realised and unrealised gains and losses incurred during the year are included in the Statement of Financial Activities.

Assets in the course of construction, reflect fixed asset projects undertaken by the RHN which have not been completed as at the reporting date. Such assets when completed are transferred to the appropriate asset class and depreciated according to existing accounting policy. Any assets under construction which during review are considered to have declined in value are written off; to any extent identified to the Statement of Financial Activities.

- 1.15 Stocks are valued at the lower of cost and net realisable value.
- 1.16 Fees receivable and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due.
- 1.17 Creditors and provisions are recognised where the RHN has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. The RHN recognises Creditors and provisions at their settlement amount after allowing for any trade discounts due.
- 1.18 "Unrestricted funds are funds which are available for use at the discretion of the Board in furtherance of the general objectives of the RHN and which have not been designated for any other purpose. Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in note 17 to the accounts.
- Endowment funds comprise monies that must be held indefinitely as capital. Related income is credited to general funds and applied for general purposes unless under the terms of the endowment such income must be used for specific purposes in which case it is credited to restricted funds.
- Designated funds comprise unrestricted funds that have been set aside by the Board for particular purposes. The use of the designated funds is set out in note 17.
- 1.19 Taxation - The Charity is exempt from taxation in respect of income or capital gains received within categories covered by part 11, chapter 3 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.

Accounting Policies (continued)

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

With regard to FRS102 Section 28 (Retirement benefits) and the RHN's defined benefit pension scheme, the best estimates used are chosen from a range of possible actuarial assumptions. Further disclosures of the estimates governing these retirement benefits can be found within note 6.5 of this annual report.

- 1.21 "The charity has financial assets and financial liabilities that qualify as basic financial instruments. These are recognised at transaction value and subsequently measured at either their settlement value or market value. The charity has taken reduced disclosure exemptions for sections 11 and 12 of FRS 102.

At the balance sheet date the charity held financial assets at amortised cost. Financial assets held at amortised cost comprise cash at bank, trade debtors and other debtors totalling £9.7 million (2020: £11.1 million). Financial liabilities held at amortised cost comprise trade creditors and other creditors totalling £3.3 million (2020: £4.0 million). Investments at £19.6 million (2020: £17.2 million) held as part of an investment portfolio, are held at fair value with gains and losses being recognised within income and expenditure.



2 Donations, Legacies and Investment Income

	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000	Total 2020 £'000
2.1 Donations and Legacies				
Gifts & donations	657	599	1,256	1,079
Legacies	524	14	538	732
	1,181	613	1,794	1,811
At 30 September 2021, the RHN has no bequeathed legacies in the financial statements (2020: £0).				
2.2 Investment Income				
Listed investments	137	5	142	105
Interest on deposits	143	4	147	299
	280	9	289	404

3 Income from Charitable Activities

	Note	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000	Total 2020 £'000
Patient services	3.1	40,150	-	40,150	39,365
Staff accommodation		360	-	360	442
Wheelchair & technology services		118	-	118	136
Other income from charitable activities		358	-	358	681
Grants receivable	3.2	-	13	13	-
		40,986	13	40,999	40,624
3.1 Patient Services					
National Health Service		37,701	-	37,701	36,995
Local Authority		867	-	867	922
Prescription reimbursement		-	-	-	3
Non-NHS patients		161	-	161	290
One to One Nursing		1,418	-	1,418	1,151
Other sources		3	-	3	4
		40,150	-	40,150	39,365
3.2 Grants Receivable					
Funding research projects		-	13	13	-
		-	13	13	-

4 Total Expenditure

	Direct costs £'000	Support costs £'000	Total 2021 £'000	Total 2020 £'000
4.1 Expenditure on raising funds				
Voluntary expenditure (fundraising staff and administration)	829	75	904	892
Fundraising events	17	2	19	23
Investment management	91	-	91	79
	937	77	1,014	994
4.2 Expenditure on charitable activities				
Patient Services	36,031	6,420	42,451	41,843
Staff accommodation	48	9	57	54
Wheelchair & technology services	386	69	455	423
Other charitable activities	505	90	595	704
Research	104	19	123	144
Other Finance Costs (see note 6.5)	-	-	-	-
	37,074	6,607	43,681	43,168
Total expenditure	38,011	6,684	44,695	44,162

Expenditure on raising funds comprises staff and running costs of the fundraising department together with any other costs directly associated with raising funds for the group, including related publicity costs. This expenditure heading also includes other costs associated with generating funds such as investment management fees and expenditure directly related to trading income.

Patient services comprise the costs of nursing, treatment, therapy, domestic and catering services and the costs of buildings and equipment maintenance, heating, depreciation and other support services attributable to patient care.

5 Support costs

	Expenditure on raising funds £'000	Expenditure on charitable activities £'000	Total 2021 £'000	Total 2020 £'000
Administration and management	26	2,241	2,267	2,571
Building expenses	24	2,094	2,118	2,162
Finance	6	498	504	502
Human resources	7	624	631	672
Information technology	11	993	1,004	941
Governance	1	47	48	112
Statutory audit	1	43	44	49
Internal Audit, Counter Fraud and Pension Audit	1	67	68	43
	77	6,607	6,684	7,052

Total expenditure includes the allocation of support costs to the various expenditure categories set out in the SOFA. These support costs relate to information technology, property and facilities management, human resources and finance, in addition to the support costs incurred by communications and other centralised departments that are not otherwise allocated directly. Support costs have been allocated to activities consistently based on employee headcount.

6 Employee Information

6.1 Staff costs during the year were as follows:

	Total 2021 £'000	Total 2020 £'000
Salaries and wages	29,728	29,202
Social security costs	2,434	2,282
Other pension costs and life assurance premiums	1,721	1,625
	33,883	33,109

Included within the wages and salaries figure above is the cost of employing agency staff £4,827,712 (2020: £5,089,153).

During the year, a total of £0 (2020: £0) has been recognised for termination payments, of which £0 remained payable at the year end (2020: £0).

6.2 Employees whose emoluments not including employers NI and pension costs exceeded £60,000 were as follows:

	Total 2021	Total 2020
£60,000 to £69,999	11	10
£70,000 to £79,999	11	3
£80,000 to £89,999	1	-
£90,000 to £99,999	-	3
£100,000 to £109,999	3	-
£110,000 to £119,999	-	2
£120,000 to £129,999	2	1
£130,000 to £139,999	3	2
£140,000 to £149,999	2	2
£150,000 to £159,999	-	-
£160,000 to £169,999	-	1
£200,000 to £209,999	1	1
	34	25

The increase in numbers by 9 is due to the inclusion of members of staff who had increases in pay related to bank work to cover Covid related absences (4) and reorganisation resulting in existing staff promoted to new senior management posts such as for improved patient care and safeguarding (5).

31 employees (2020: 22) earning more than £60,000 were members of the defined contribution section of the scheme. Employers' contributions payable during the year in respect of these employees amounted to £166,641 (2020: £141,053).

Remuneration of Key Management Personnel including employers NI and pensions payable during the year amounted to £1,140,016 for 6.5 FTE staff (2020: £1,252,108 for 7.4 FTE staff). This group comprises the Executive team.

6.3 The average number of staff employed (excluding agency staff) was as follows:

	Total 2021	Total 2020
Patient services	682	679
Research	5	5
Other charitable activities	38	35
Generating funds	8	8
Governance	2	2
	735	729

6.4 The charity operates a pension scheme for those members of staff who are eligible.

The scheme has two sections:

- A defined contribution section which, since 1 October 2006, includes all active members of the scheme. An eligible jobholder will be automatically enrolled as a member of the scheme on his automatic enrolment date. The contribution by the employer depends on whether a member is in the first or second tier. If a member has been automatically enrolled or has opted to join the scheme on the first tier contribution basis, the percentage required will be the minimum required under section 20(1)(b) (taking into account the transitional periods under section 29) of the Pension Act 2008. If a member is already in a scheme prior to 1 January 2014 or if the member has opted to be a member on the second tier contribution basis, the percentage will be determined by the member's age as per the table below. A member can elect to move from the first tier to the second tier contribution basis on becoming a member or on providing one month's written notice, with the exception of a member who does not work under a contract of employment.

- A defined benefit section, which was closed to new members on 1 November 2001 and closed to future accrual on 30 September 2006, when members were invited to join the defined contribution section.

The assets of the scheme are held by the scheme trustees separately from the assets of the charity.

The rates of contribution to the defined contribution scheme on the second tier basis are:

	Defined Contribution 2021	Defined Contribution 2020
Employer contributions:		
age 18 to 35	4.0%	4.0%
age 36 to 50	7.0%	7.0%
age 51 to 65	10.0%	10.0%
Employee contributions	4.0%	4.0%

In addition the charity pays death in service insurance premiums in respect of members of the scheme in the second tier. Employers pension contributions payable to the defined contribution section of the scheme were as follows:

	Total 2021 £'000	Total 2020 £'000
Defined Contribution	1,400	1,349

Pension contributions outstanding at the end of the year under the defined contribution scheme are as follows:

	Total 2021 £'000	Total 2020 £'000
Pension contributions outstanding at year end	194	194

A stakeholder scheme is also available to employees of the charity, but no employer contributions are made to this scheme.

6.5 Staff Pension and Life Assurance Scheme

The assumptions used in calculating the liabilities were as follows:

	Total 2021	Total 2020	Total 2019
Inflation	3.8%	3.1%	3.4%
Salary escalation	n/a	n/a	n/a
Pension increases, subject to LPI	3.5%	3.0%	3.3%
Statutory revaluation in deferment	2.9%	2.4%	2.4%
Discount rate (pre and post retirement)	1.9%	1.5%	1.8%
Life expectancy for 65 year old male	87	87	87
Life expectancy for 65 year old female	90	90	89

The assumptions used by the actuary are the best estimate chosen from a range of possible actuarial assumptions which, due to the long time period covered, may not necessarily be borne out in practice. The fair value of the assets for each category of asset are as follows:

	Total 2021 £'000	Total 2020 £'000	Total 2019 £'000
Equities	12,401	13,489	15,083
Corporate bonds	11,172	11,293	6,161
Liability matching credit	38,946	22,481	23,050
Diversified growth fund	8,609	9,202	9,453
Equity linked bond fund	-	-	-
Alternatives	6,457	7,319	13,808
Liability driven investment, Government Bonds and Cash	24,291	40,153	38,133
Insured annuities	615	627	531
Total fair value of assets	102,491	104,564	106,219
Present value of scheme liabilities	93,769	99,674	96,462
	8,722	4,890	9,757
Restriction to the amount that can be recognised	(8,722)	(4,890)	(9,757)
Net pension asset	-	-	-

The actual return on Assets is 1.9% per annum which is set to equal the discount rate (2020: - 1.5%).

Assets in the scheme as a percentage of total scheme assets

	Total 2021	Total 2020
Equities	12.1%	12.9%
Corporate bonds	10.9%	10.8%
Liability matching credit	38.0%	21.5%
Diversified growth fund	8.4%	8.8%
Alternatives	6.3%	7.0%
Liability driven investment, Government Bonds and Cash	23.7%	38.4%
Insured annuities	0.6%	0.6%

Amounts included in the statement of financial activities:

	Total 2021 £'000	Total 2020 £'000
Interest income (excluding interest income on assets that are not recoverable)	1,472	1,706
Interest cost	(1,472)	(1,706)
Interest on the net defined benefit liability	-	-

6.5 Staff Pension and Life Assurance Scheme (continued)

Assets	Total 2021 £'000	Total 2020 £'000
Assets in scheme at beginning of year	104,564	106,219
Movement in year:		
Interest income	1,472	1,706
Employer contributions	-	-
Benefits paid	(3,047)	(3,339)
Actuarial (losses) on assets	(498)	(22)
Assets in scheme at end of year	102,491	104,564

Liabilities	Total 2021 £'000	Total 2020 £'000
Liabilities in scheme at beginning of year	99,674	96,462
Movement in year:		
Interest cost	1,472	1,706
Benefits paid	(3,047)	(3,339)
Past service costs including curtailments	-	-
Actuarial (gains) / losses on liabilities	(4,330)	4,845
Liabilities in scheme at end of year	93,769	99,674

History of experience gains and losses	Total 2021 £'000	Total 2020 £'000	Total 2019 £'000	Total 2018 £'000	Total 2017 £'000
Defined benefit obligation	(93,769)	(99,674)	(96,462)	(85,535)	(89,343)
Scheme assets	102,491	104,564	106,219	92,558	89,019
Surplus / (Deficits)	8,722	4,890	9,757	7,023	(324)

The movement during the year is as follows (unless otherwise specified, the figures calculated are based on the assumptions as at the beginning of the year):

	Total 2021 £'000	Total 2020 £'000
Deficit in the scheme at beginning of year	-	-
Movement in year:		
Contributions	-	-
Net return on pension scheme	-	-
Actuarial gains/(losses)	-	-
Deficit in the scheme at end of year	-	-

7 Related Party Transactions

7.1 Trustees Remuneration and Expenses

Members of the Board of management are not entitled to and did not receive any remuneration during the year. Additionally, members of the Board of management received £0 (2020: - £0) for reimbursement of expenses. These expenses related to travel and accommodation costs for attending Board Meetings. Trustees' Indemnity Insurance of £5,042 was paid for the year 2021 (2020: - £4,872).

7.2 Other Related Party Transactions

Other than the expenses listed, there have been no other related party transactions (2020: - £0).

8 Tangible Fixed Assets

	Assets in the course of construction £'000	Land and Buildings £'000	Plant and Machinery £'000	Furniture and Equipment £'000	Total 2021 £'000
Cost					
Opening balance	565	31,440	1,730	5,798	39,533
Additions	45	361	205	458	1,069
Transfers	(534)	491	2	41	-
Disposals	-	(8)	(141)	(183)	(332)
	76	32,284	1,796	6,114	40,270
Depreciation					
Opening balance	-	14,439	783	3,884	19,106
Disposals	-	(8)	(141)	(183)	(332)
Charge for the year	-	1,169	127	516	1,812
Impairment	-	-	-	-	-
	-	15,600	769	4,217	20,586
Net book value 2021	76	16,684	1,027	1,897	19,684
Net book value 2020	565	17,001	947	1,914	20,427

All fixed assets are held for charitable use.

	Assets in the course of construction £'000	Land and Buildings £'000	Plant and Machinery £'000	Furniture and Equipment £'000	Total 2020 £'000
Cost					
Opening balance	1,993	26,248	1,386	5,284	34,911
Additions	552	3,497	272	659	4,980
Transfers	(1,980)	1,903	72	5	-
Disposals	-	(208)	-	(150)	(358)
	565	31,440	1,730	5,798	39,533
Depreciation					
Opening balance	-	13,620	691	3,509	17,820
Transfers	-	8	(5)	(3)	-
Disposals	-	(182)	-	(150)	(332)
Charge for the year	-	993	97	528	1,618
Impairment	-	-	-	-	-
	-	14,439	783	3,884	19,106
Net book value 2020	565	17,001	947	1,914	20,427
Net book value 2019	1,993	12,628	695	1,775	17,091

9 Investments

	Total 2021 £'000	Total 2020 £'000
Market value at beginning of year	17,254	24,801
Purchases at cost	3,760	3,651
Proceeds from disposals	(4,550)	(3,693)
Net gains / (losses) on investments	2,482	(101)
Increase / (Decrease) in short term deposits	698	(7,404)
Market value at end of year	19,644	17,254
Historical cost at end of year	14,506	13,573

Analysed by type

	Total 2021 £'000	Total 2020 £'000
Investments		
- Listed direct	14,897	12,690
- Unlisted direct	95	95
- Listed unit trusts	3,812	4,328
Term Deposits	840	141
	19,644	17,254

Geographical analysis

	Total 2021 £'000	Total 2020 £'000
United Kingdom Investments	7,961	8,011
Overseas Investments	11,683	9,243
	19,644	17,254

Individual investments which have a market value of 5% or greater of the overall portfolio are:

Polar UK Value Opportunities Fund
iShares PLC - S&P 500 Index

Short term deposits under the management of the charity's professional investment managers are included in fixed asset Investments as they form part of the overall investment portfolio. The investment management fee for the year was £90,975 (2020: £78,762).

10 Stocks

	Total 2021 £'000	Total 2020 £'000
Dispensing stocks	215	116
Other consumables	-	2
	215	118

11 Debtors

	Total 2021 £'000	Total 2020 £'000
Fees receivable	4,391	4,539
Other debtors	91	57
Prepayments	462	453
Accrued income	568	377
	5,512	5,426

12 Creditors - Amounts falling due within one year

	Total 2021 £'000	Total 2020 £'000
Trade creditors	430	716
Other creditors	365	392
Taxation and social security	650	624
Accruals	1,874	2,219
Deferred income (note 12.1)	897	1,054
Provisions and contingencies (note 12.2)	349	-
	4,565	5,005

12.1 Analysis of deferred income

	Total 2021 £'000	Total 2020 £'000
Opening balance	1,054	914
Changes during the year:		
Amounts released to the statement of financial activities	(1,054)	(914)
New income deferrals	897	1,054
Closing balance as at 30 September	897	1,054

Deferred income largely relates to the provision of patients' services which will be recognised in the forthcoming year.

12.2 Analysis of provisions

	Legal Settlement provision £'000	Total 2021 £'000
Opening balance	-	-
Changes during the year:		
Additions	349	349
Charges against the provision	-	-
Unused amounts reversed	-	-
Closing balance as at 30 September	349	349

It is expected that the charity will be liable to pay the legal costs (£103k) and settlement (£246k) relating to an existing court case within the next 12 months, for which a provision has been made.

13 Funds held as agent

The charity holds funds as an agent on behalf of its patients and residents. During the year £50,093 (2020: £86,964) was received and £38,322 (2020: £187,512) was paid out of this account. At the year end the balance held in this account was £180,463 (2020: £168,692).

The charity holds funds as an agent on behalf of beneficiaries of deceased employees entitled to death in service lump sum payments, payable under the Life Assurance Scheme. During the year £374,834 (2020: £342,351) was received and £326,375 (2020: £0) was paid out of this account. At the year end the balance held in this account was £390,810 (2020: £342,351).

14 Operating Leases

	Total 2021 £'000	Total 2020 £'000
Rentals charged in the year:		
Land and Buildings	6	6
Plant and Machinery	32	26
Equipment	151	146
	189	178

	Total 2021 £'000	Total 2021 £'000	Total 2021 £'000	Total 2020 £'000	Total 2020 £'000	Total 2020 £'000
	Land and Buildings	Plant and Machinery	Furniture and Equipment	Land and Buildings	Plant and Machinery	Furniture and Equipment
Payments due on operating lease obligations						
Within one year	6	32	146	6	26	142
Within two and five years	-	113	74	-	85	162
Over five years	-	13	-	-	10	-
	6	158	220	6	121	304

15 Capital Commitments

	Total 2021 £'000	Total 2020 £'000
Contracted for but not provided	108	99



Trees planted in memory of the staff, patients and residents who died during the pandemic

16 Subsidiary and Connected Entities

The RHN owns the whole of the issued share capital of Royal Hospital for Neuro-disability Services Limited, a company registered in England with a paid up share capital of £1. The subsidiary has been dormant in the trading year to 30 September 2021 (Year end 2020 balance owed to parent £0).

17 Statement of funds

As at 30 September 2021	Fund balance brought forward £'000	Incoming resources £'000	Resources expended £'000	Investment gains £'000	Pension scheme actuarial gains £'000	Transfers between funds £'000	Fund balance carried forward £'000
Unrestricted funds							
General funds	12,587	42,527	(44,172)	2,279	-	1,387	14,608
Pension reserve	-	-	-	-	-	-	-
Designated funds	29,393	-	-	-	-	(1,354)	28,039
Total unrestricted funds	41,980	42,527	(44,172)	2,279	-	33	42,647
Restricted funds							
John Howard Convalescent Home	610	4	-	92	-	-	706
Research Department	184	24	(104)	-	-	-	104
Assembly Room Windows	42	2	-	-	-	-	44
Music Therapy Omega	188	-	-	-	-	-	188
Circadian Rhythm	54	-	(29)	-	-	-	25
Patient Beds	9	-	(3)	-	-	-	6
IT Suite	10	15	(24)	-	-	-	1
Pergola Garden Project	19	-	-	-	-	-	19
Training - HEE Mouthcare	23	-	(9)	-	-	-	14
Escorts	70	1	(10)	-	-	-	61
Patients Amenities/Patients without Relatives	27	-	(9)	-	-	-	18
Wheelchair Loan Store	39	29	(13)	-	-	-	55
Dental Equipment	29	-	-	-	-	-	29
Treatment of Mood & Wellbeing	30	-	-	-	-	-	30
Wellesley Ward Refurbishment	-	92	-	-	-	-	92
Habs House Equipment	35	-	-	-	-	-	35
DoC Emergence	20	31	(17)	-	-	-	34
Sensory Equip & Ward Activity	2	76	(11)	-	-	-	67
Other	203	368	(290)	-	-	(33)	248
Total restricted funds	1,594	642	(519)	92	-	(33)	1,776
Endowment funds							
Lopes Chaplains Stipend fund	8	-	-	-	-	-	8
Other endowments	744	-	(4)	112	-	-	852
Total endowment funds	752	-	(4)	112	-	-	860
Totals	44,326	43,169	(44,695)	2,483	-	-	45,283

Statement of funds (continued)

As at 30 September 2020	Fund balance brought forward £'000	Incoming resources £'000	Resources expended £'000	Investment losses £'000	Pension scheme actuarial gains £'000	Transfers between funds £'000	Fund balance carried forward £'000
Unrestricted funds							
General funds	12,747	42,267	(43,533)	(89)	-	1,195	12,587
Pension reserve	-	-	-	-	-	-	-
Designated funds	29,639	-	-	-	-	(246)	29,393
Total unrestricted funds	42,386	42,267	(43,533)	(89)	-	949	41,980
Restricted funds							
John Howard Convalescent Home	607	9	-	(6)	-	-	610
Cathcart and Evitt Refurbishment	533	15	-	-	-	(548)	-
Research Department	236	70	(122)	-	-	-	184
Assembly Room Windows	192	53	(1)	-	-	(202)	42
Music Therapy Omega	188	-	-	-	-	-	188
Circadian Rhythm	84	-	(30)	-	-	-	54
Patient Beds	78	-	(9)	-	-	(60)	9
IT Suite	67	19	(76)	-	-	-	10
Drapers Refurbishment	56	-	-	-	-	(56)	-
Pergola Garden Project	54	-	-	-	-	(35)	19
Training - HEE Mouthcare	45	-	(22)	-	-	-	23
Escorts	5	77	(12)	-	-	-	70
Patients Amenities/Patients without Relatives	13	22	(8)	-	-	-	27
Wheelchair Loan Store	30	14	(5)	-	-	-	39
Dental Equipment	29	-	-	-	-	-	29
Treatment of Mood & Wellbeing	-	30	-	-	-	-	30
Other	242	410	(344)	-	-	(48)	260
Total restricted funds	2,459	719	(629)	(6)	-	(949)	1,594
Endowment funds							
Lopes Chaplains Stipend fund	8	-	-	-	-	-	8
Other endowments	751	-	-	(7)	-	-	744
Total endowment funds	759	-	-	(7)	-	-	752
Totals	45,604	42,986	(44,162)	(102)	-	-	44,326

Statement of funds (continued)

A summary of definition and descriptions

Name of fund	Description, nature and purpose of the fund.
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General	These are the 'available' funds of the charity, after transfers to or from any other/designated funds and contributions to the pension reserve.
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Designated	Reviewed on a rolling year basis, these are amounts appropriated within the unrestricted category for the continued development and maintenance of the charity's assets for:
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Fixed assets funds represent the net book value invested in fixed assets. During the year the RHN transferred £707,000 to its general fund from these designated funds (2020: £3,336,000 from its general fund to these designated funds).

Identified planned capital expenditure is for works to be utilised within the next five years, During the year the RHN transferred £120,000 from its general fund to these designated funds (2020: £2,379,000 to general fund from these designated funds).

During the year the RHN transferred £731,000 back to its general fund from designated funds (2020: £1,203,000 to its general fund from these designated funds) in anticipation of maintenance expenditure in the coming year.

Restricted	These are funds available only for the purpose under which they were received, unless permitted by the donor. Further described below:
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Restricted Fund Description

Purpose of the fund

John Howard Convalescent Home	To provide support for necessitous members of the middle class and persons generally who are only able to make a small payment in return for convalescence and care
BIS Refurbishment	Refurbishment of Brain Injury Service
Cathcart and Evitt Refurbishment	Refurbishment of Evitt and Cathcart wards
Research Department	Running costs of Research department
Assembly Room Windows	Replacement of the Assembly room windows
Music Therapy Omega	Funding of Music Therapy research project
Circadian Rhythm	Funding of research into prolonged disorder of consciousness
Patient Beds	Replacement of hospital beds and parts
IT Suite	Running costs of Compass department
Drapers Refurbishment	Refurbishment of Drapers ward
Pergola Garden Project	Funding for grounds renovation projects
Training - HEE Mouthcare	Training in Dentistry provided by Mouthcare
Escorts	Funding for nurse escorts for leisure
Patients Amenities/Patients without Relatives	Funding for personal expenses of patients
Wheelchair Loan Store	Wheelchairs for Bio-Medical department
Dental Equipment	Funding for dental equipment
Treatment of Mood & Wellbeing	Funding for Research PHD
Wellesley Ward Refurbishment	Refurbishment of Wellesley ward
Habs House Equipment	Funding for Haberdashers House equipment
DoC Emergence	Funding for Research projects
Sensory Equip & Ward Activity	Funding for sensory equipment and ward activities

Other restricted funds is made up of 41 funds (2020: 41 funds) none of whose balances are over £26,000 (2020: £27,000) and they are for a variety of specific purposes.

Summary of descriptions (continued)

Restricted funds for the John Howard Convalescent Home relate to the proceeds received on the agreed sale of a convalescent home in prior years. The asset was originally provided to the charity as a restricted fund.

Endowment The income generated from these funds are used specifically to contribute towards the cost of chaplaincy services available at the Royal Hospital for Neuro-disability; and bequests which are required to be held as permanent endowments of the charity. Income generated on the latter is available for the general purposes of the charity.

Included under endowment funds are the following:

	Total 2021 £'000	Total 2020 £'000
Permanent endowment:		
Lopes Chaplains Stipend fund	8	8
Other Endowment funds	852	744
	860	752

Lopes Chaplains Stipend fund

This is a trust fund set up by the Rt. Hon. Sir Massey Lopes Bt to generate income to contribute towards the cost of chaplaincy services available at the Royal Hospital for Neuro-disability.

Other endowment funds

Other endowment funds represent several bequests which are required to be held as permanent endowments of the charity. The income generated by these funds is available for the general purposes of the charity.

*Transfers are explained above with the exception of those in unrestricted fund which reflect the appropriation of pension reserves within unrestricted funds.

18 Analysis of fund balances	Unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Endowment funds £'000	Total 2021 £'000
Tangible fixed assets	-	19,684	-	-	19,684
Fixed asset investments	9,723	8,355	706	860	19,644
Net current assets	4,885	-	1,070	-	5,955
Total funds at 30 September 2021	14,608	28,039	1,776	860	45,283

	Unrestricted funds £'000	Designated funds £'000	Restricted funds £'000	Endowment funds £'000	Total 2020 £'000
Tangible fixed assets	-	20,427	-	-	20,427
Fixed asset investments	6,926	8,966	610	752	17,254
Net current assets	5,661	-	984	-	6,645
Total funds at 30 September 2020	12,587	29,393	1,594	752	44,326





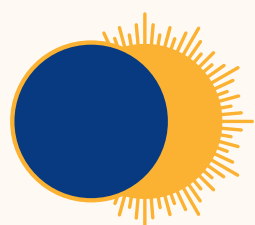
Registration

Under the registration system of the Care Quality Commission and the regulations laid down by the Health and Social Care Act 2008, the Royal Hospital for Neuro-disability achieved its registration in 2010 and is therefore licensed to provide services under the regulations.

The Royal Hospital for Neuro-disability West Hill, Putney, London, SW15 3SW

telephone	020 8780 4500
email	info@rhn.org.uk
website	www.rhn.org.uk

Registered charity number 205907



**Royal Hospital for
Neuro-disability**