

PHYLLIS TUCKWELL MEMORIAL HOSPICE LTD

England & Wales · Charity number 264501

Details

Other names PHYLLIS TUCKWELL HOSPICE

Status Registered

Legal form Charitable company

Company number [01063033](#)

Registered 1972-09-08

Register [View on the Charity Commission register](#)

Contact

Address Phyllis Tuckwell Memorial Hospice
Waverley Lane
Farnham
GU9 8BL

Phone 01252729402

Email mail@pth.org.uk

Website www.pth.org.uk

Activities

Objects: TO PROMOTE THE RELIEF OF ILLNESS AND SUFFERING IN SUCH WAYS AS THE HOSPICE SHALL FROM TIME TO TIME THINK FIT.

Activities: Phyllis Tuckwell Hospice Care (Phyllis Tuckwell Memorial Hospice Ltd) provides specialist supportive and end of life care to adult patients, their carers and families, living with an advanced or terminal illness, including cancer, neurological conditions, heart and lung disease, etc

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, Elderly/old People

Geography

- Hampshire
- Surrey

Finances

| Period end | Income | Expenditure | Assets | Employees |
|------------|-------------|-------------|-------------|-----------|
| 2025-03-31 | £19,181,855 | £15,150,826 | £27,928,233 | 339 |
| 2024-03-31 | £16,668,765 | £16,491,108 | £23,861,062 | 336 |
| 2023-03-31 | £13,183,063 | £14,256,820 | £23,467,671 | 333 |
| 2022-03-31 | £12,827,780 | £12,346,284 | £26,333,894 | 328 |
| 2021-03-31 | £13,081,855 | £11,843,713 | £25,436,362 | 323 |

Trustees

| Name | Role | Appointed |
|----------------------------|-------|------------|
| Alison Jane HUGGETT | Chair | 2019-05-23 |
| Anne Whelan | | 2017-11-02 |
| Dr Andrew Brooks | | 2022-09-29 |
| Dr Robert LAING | | 2020-11-30 |
| Elizabeth Jane Wells | | 2020-11-30 |
| Emma McLachlan | | 2022-09-29 |
| Kenneth Ratcliff | | 2017-03-02 |
| Kirsten Stancombe | | 2024-12-12 |
| Lilian Nsomi-Campbell | | 2022-09-29 |
| Matthew Toffrey | | 2024-12-12 |
| Richard Hunt CBE | | 2019-05-23 |

PHYLLIS TUCKWELL MEMORIAL HOSPICE LTD

England & Wales - Charity number 264501

Accounts

Phyllis Tuckwell Memorial Hospice

Report and Financial

Statements

For the year ended 31 March 2025



Phyllis[®]
Tuckwell
Hospice Care
...because every
day is precious

Company number 1063033 - Charity number 264501





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Reference and Administrative Details

| | |
|---|---|
| Company number | 1063033 |
| Charity number | 264501 |
| Country of registration | England & Wales |
| Country of incorporation | United Kingdom |
| Registered office and operational address | Waverley Lane, Farnham, Surrey GU9 8BL |
| Status | The organisation is a charitable company limited by guarantee, incorporated on 27 July 1972 and registered as a charity on 8 September 1972. The organisation operates under the name Phyllis Tuckwell. |
| Trustees | Trustees, who are also directors under company law, who served during the year and up to the date of the signing of this report, were as follows: Alison Huggett Chair Richard Hunt Vice Chair Dr Andrew Brooks Dr Robert Laing Emma McLachlan Lillian Nsomi-Campbell Ken Ratcliff Kirsty Stancombe (from 12 December 2024) <i>Andrew Stent</i> (<i>until 9 September 2024</i>) Matthew Toffrey (from 12 December 2024) <i>David Tomlinson</i> (<i>until 14 June 2024</i>) Elizabeth Wells Anne Whelan |
| President | Chris Tuckwell |
| Company Secretary | Mark Beale |
| Key management personnel | Sarah Church Chief Executive Dr Cate Seton-Jones Medical Director Catherine van't Riet Director of Patient Services Mark Beale Director of Finance & Business Development <i>Peter Foxtan</i> <i>Director of Income Generation (until 18 July 2024)</i> Jenny Peat Director of Income Generation (from 12 August 2024) Jaci Curtis-Donnelly Director of People Tony Carpenter Director of Marketing & Communications Graham Mayers Director of IT, Digital Transformation & Facilities (from 6 January 2025) |
| Bankers | Lloyds Bank plc 147, High Street, GUILDFORD, Surrey GU1 3AG |
| Investment Managers | Rathbones Group PLC 30 Gresham Street, LONDON, EC2V 7QN |
| Auditor | Sayer Vincent LLP Chartered Accountants and Statutory Auditor 110 Golden Lane, LONDON, EC1Y 0TG |
| Solicitor | Stevens & Bolton LLP Solicitors Wey House, Farnham Rd, GUILDFORD GU1 4YD |

Introduction from the Chair

I have felt so proud this year to work with such a dedicated, caring and creative group of people. It is humbling look back at how much has been achieved over the last twelve months, and to see our vision for the future becoming a reality.

Over the last year, we have continued to operate from temporary accommodation, whilst we build your new Hospice. I am proud to say that we have delivered our full range of services to a very high standard, and that the build is progressing well.

- We put a strong focus on referrals this year, following a slight dip after moving off the Hospice site in 2023. I am very pleased to report that the situation has improved and **the number of people we cared for has increased over the last year**, which is a great achievement from our talented, hard-working teams. Alongside this, we put great emphasis on providing seamless care, to ensure that our patients, families and carers all received the same high quality care as usual, even though we are operating from different locations.
- **We have re-organised the way our services operate for people who are living at home.** All of these services now come under the Hospice at Home umbrella, including our new community and virtual wards, for our most unwell patients. We hope this will make it easier for us to provide a joined-up, multi-disciplinary approach to the way we are organised, and offer a better experience for our patients and their loved ones.
- Over the last year, we have seen our Hospice site go from bare earth to the shape of a building that will serve our needs and the needs of our community for decades to come. It is so exciting to see all the hard work and thought that went into the planning stage, come to life. I would like to say a huge thank you to all those involved in the project, including the huge number of people in our local community who have been involved in raising money to help us reach our £6m Capital Appeal target. We are also grateful to the Government for our share of the £100m Capital Funding that was announced at the end of 2024, which came at a very good time to support our build. We will use the new Hospice as a springboard to expand and adapt our care over the coming years.
- **Our Income Generation team have achieved excellent results this year**, keeping operational revenue funding streams flowing whilst simultaneously running





a Capital Appeal. We exceeded our deficit budget by over £1m, achieving a surplus of £383k for our normal operation and have now raised c.£6m towards our new build. Our thanks go to our amazing and generous community.

Our latest five-year strategy document, which sets out our ambitions and how we will achieve them, takes us from 2024 to 2029. We are so proud of what has been achieved over recent years and are committed to continue providing high quality services in a way that responds to the needs of an ageing population and our diverse communities. The coming year will see us start to deliver these plans, finish building and move into your new Hospice, and continue providing high quality care to support as many people as we can. This is also a time of considerable change for the NHS partner organisations that we work alongside and the uncertainty of future legislation around assisted dying. We are mindful of the challenges that this may bring. More information about the main themes and goals of our five-year strategy, and specifically our plans for this coming year, is detailed in the following chapters.

As always, our patients, and their families and carers, remain at the heart of everything we do. I am so proud to lead an organisation which provides such exceptionally high quality care, which is so gratefully appreciated by so many people. Our staff and volunteers continue to amaze me with their commitment and dedication, and I thank every one of them.

I would also like to thank my talented fellow trustees, who give so much of their time to the charity and whose expertise we rely on so much. I am grateful, as ever, to our strong executive senior team, and would like to welcome the new members of the team: Jenny Peat, director of income generation, and Graham Mayers, director of IT, transformation & estates. It is wonderful to see the strong leadership which the senior team provides for the organisation, and how this passion and dedication to our cause is truly reflected in every one of our departments and teams.



Alison Huggett
Chair of Phyllis Tuckwell

Objectives and Activities

Vision, Mission and Strategy

Vision

We want everyone to have the best possible experience at the end of life.

Mission

We will care compassionately for adults approaching the end of life, and their families and carers, and we will empower our local community, building skills in caring for people at the end of their lives. **Because every day is precious.**

Strategy

Our new five-year strategy runs from 2024-2029, and was approved by the Board in July 2024. It sets out our ambitions to complete the building of your new Hospice and provide the great care that people in our communities need. Building on our existing strengths, we will expand and adapt our services to meet the needs of a diverse, ageing population.

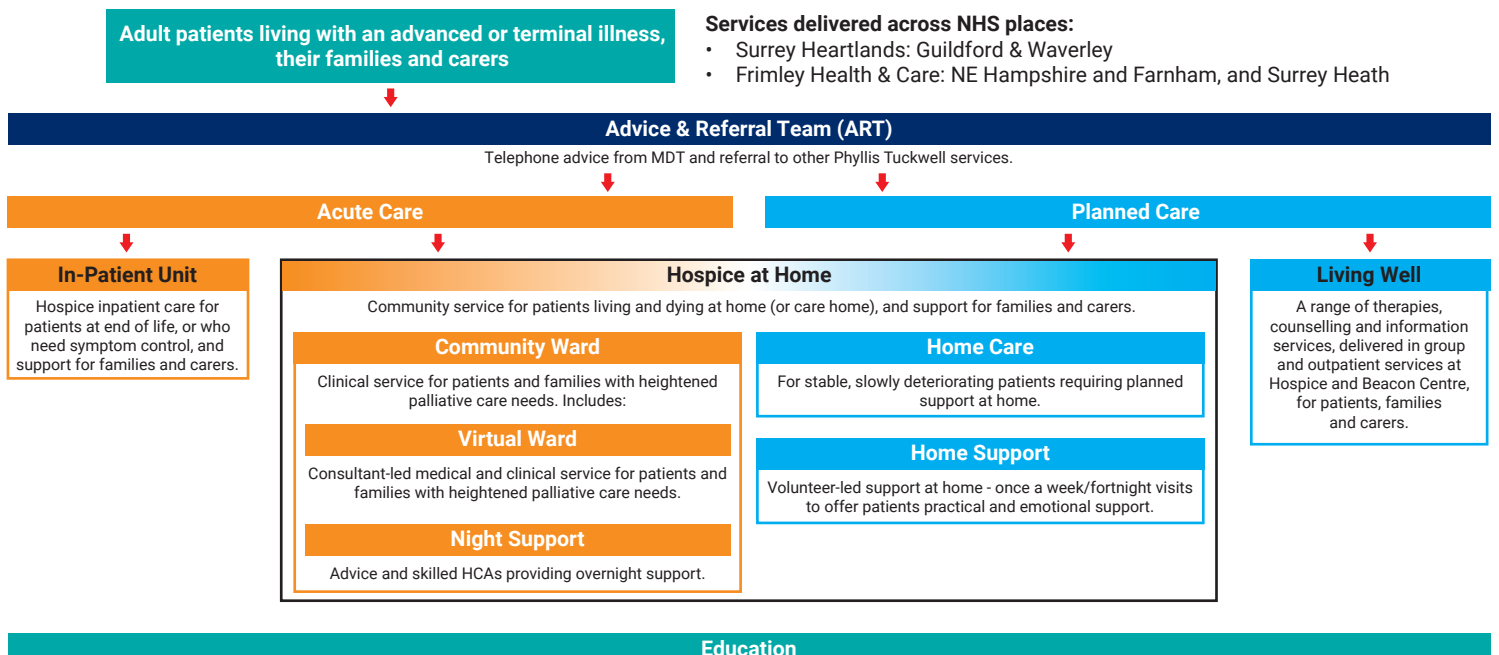
Our strategic goals are:

- We will deliver high quality, compassionate palliative and end of life care to the people who need us. We will grow and adapt our services to meet the changing needs of our population.
- We will be a great organisation to work for, attracting and retaining wonderful people (staff and volunteers) who are passionate about our mission, so that we thrive and deliver excellent care.
- We will be financially sustainable, with a diverse portfolio of income streams. We will continue to spend money wisely.
- We will be well run, with strong governance, a modern estate and continued investment in both digital technology and project management.

Our charitable purpose is to provide direct specialist palliative care, as well as education, training and advice to support delivery of palliative care by others. All our services are delivered free of charge to patients and their carers and families. Patients are referred by GPs, community nurses, hospital teams or other health and social care professionals, and are considered based on clinical need alone.

The trustees confirm that they have referred to the Charity Commission’s general guidance on public benefit when reviewing the charity’s aims and objectives and business planning, and are satisfied that public benefit is at the heart of everything we do.

Phyllis Tuckwell Service Structure



All services underpinned by education - to improve our own skills and knowledge, and to enable other professionals across our community to deliver improved palliative and end of life care.

Strategic Report

How we Delivered in 2024/25

Our five-year strategy has four key objectives, with a delivery plan setting out how we will achieve them. The Board discuss the detailed plan at regular meetings throughout the year to ensure we remain on track.

Objective 1 - Compassionate Care

We will deliver high quality, compassionate palliative and end of life care to the people who need us. We will grow and adapt our services to meet the changing needs of our population.

- **We cared for 2,091 patients and a further 1,036 carers** (usually family members), ahead of our objective to care for 60 more patients each year across all our services.
- We are maintaining our services during the build period, with a reduced number of inpatient beds (10 beds down from 14). **Our 10 beds had a 98% occupancy rate**, demonstrating our commitment for as many people to benefit from our care as possible, exceeding our success measure of 85%+.
- **We continue to receive very positive feedback** about the quality and compassion of the care we provide.

In addition to direct care, we helped as many people as possible through education and training, as well as giving advice to other health professionals. The training offered in 2024/25 was provided free of charge to those working in our local catchment area.

- **Total attendances at our education sessions in 2024/25 were 3,655.**
- **Internal attendances have grown to 1,777.**
- **Care homes education was also better attended than ever with 981 people joining our sessions.**

Objective 2 - Great Place

We will be a great organisation to work for, attracting and retaining wonderful people (staff and volunteers) who are passionate about our mission, so that we thrive and deliver excellent care.

Our staff and volunteers are at the heart of everything we do and are our greatest asset.

- Over the past year **we have recruited 59 new members of staff and 115 volunteers** into a diverse range of roles across the organisation. Our total staff turnover rate is 11.7%, this is for all leavers, including retirements.
- The health, wellbeing and morale of our people is extremely important to us. **Between 1st April 2024 and 31st March 2025 our Health and Wellbeing Champions received training and provided a number of supportive initiatives**, including healthy eating, exercise, mental health awareness and support, along with specific information for women's and men's health.

Objective 3 - Financially Sustainable

We will be financially sustainable, with a diverse portfolio of income streams. We will continue to spend money wisely.

We generated sufficient funds to enable us to deliver our clinical services and demonstrated we are making good use of the money donated to us.

- We had a very strong performance financially in 2024/25. Our planned operational deficit was £1m, but stronger than expected investment income and NHS contributions meant that **we ended the year with a net operational surplus of c £383k for our usual activities.**
- **Our shops and retail operations had a very strong year, bringing in more than £3m** - an amazing result and an ROI of 23% before allocation of central support costs. For every pound we spend, 70p goes towards patient and family care.

Objective 4 - Well Run

We will be well run, with strong governance, a modern estate and continued investment in both digital technology and project management.

We demonstrated organisational efficiency and effectiveness in the way we delivered our care.

- **We have continued to roll out digital solutions/ infrastructure so that our staff can work from anywhere, anytime**, and have started to update our software applications so we can be more efficient and have better data about our activities. To this end, upgraded, secure, internet-enabled tablets were deployed in December 2024 to community-based staff. These devices enable real-time access to digital patient records from the field, improving responsiveness and data accuracy in care delivery.
- **Our Board has continued to provide oversight, support and challenge** through digital channels, as well as face-to-face meetings.

Trustees reviewed our performance against our new five-year strategy (2024-2029) and were satisfied that good progress has been made in the first year of delivery.

Our Performance

Objective 1 - Compassionate Care

We will deliver high quality, compassionate palliative and end of life care to the people who need us. We will grow and adapt our services to meet the changing needs of our population.

Referrals and Patients Supported

For much of the year most of our services have been operating from temporary locations, whilst we build a new Hospice in Farnham.

During this time, we continue to provide palliative and end of life care for adult patients and families living with an advanced or terminal illness, across West Surrey and North-East Hampshire. Below is a summary of the referrals and support we offered in 2024/25.

| Phyllis Tuckwell | 2023/24 | 2024/25 |
|--|---------|---------|
| Patient supported - all services | 1,977 | 2,091 |
| Carers supported | 858 | 1,036 |
| Referrals to Phyllis Tuckwell | 1,608 | 1,783 |
| Percentage of patients who were referred without a primary diagnosis of cancer | 44.5% | 43% |

Our largest service, Hospice at Home, cares for patients, their families and carers, in their homes and care homes. Our Living Well service is run from the Beacon Centre offering outpatient appointments across the multi-disciplinary team and group work to ambulant patients. Our In-Patient Unit continues to operate at 10 beds from a Camberley care home.





Hospice at Home

Most of our care takes place in patients' own homes. 2,020 patients were supported at home last year. This is a 6% increase on the number of patients supported, when compared to 2023/24. Within this cohort of patients, our home nursing team received 443 referrals for end of life care, to allow them to stay at home and die where they wanted to be.

We work alongside patients' families, carers and our local community care partners, such as General Practitioners (GPs) and NHS community nurses, to provide compassionate and timely support to patients and families at the end of life. This joined-up care includes skilled communication, assessment, symptom control, nursing interventions, tailored personal care, providing information about the dying process, and dignified care before and after death. The multi-disciplinary team works around patient and family needs, providing them with holistic practical, emotional, spiritual, financial and bereavement support.

Being able to die in their own homes is hugely important to many of our patients, and we are proud of the care which we provide to support them to do this. **Overall, in 2024/25, 906 of our patients died at home who might otherwise have died in hospital.** In supporting a person to die at home, we are supporting their choices and reducing pressure on the NHS.

We continued to provide face-to-face specialist palliative care support to patients living in care homes in 2024/25. **This year, the team supported patients in care homes providing over 900 face-to-face visits and over 5,000 contacts, giving specialist advice and support.**

For the second year running, there has been an increase in the number of family members supported and in the number of face-to-face contacts with carers. In 2024/25 the number of carers supported was 19% higher than the previous year.

The Community Ward

Within our Hospice at Home service, we have reconfigured our staff to create our community ward. This is a multi-disciplinary service delivered off-site i.e. in homes/care homes, to patients with heightened needs requiring prompt (same day or next day) responsive attention. The ward is dynamic i.e. patients will move in and out of the ward as their needs change.

It helps patients who wish to stay at home avoid hospital attendances and/or admission. It incorporates our consultant-led virtual ward and our registered nurses and health care assistants who provide care, including night sitting in patients' homes and responsive visits.

In-Patient Unit

Our In-Patient Unit (IPU) is where we care for people with complex needs, who require daily medical attention and round-the-clock nursing care.

Some patients are admitted as they have requested to spend their last days with us rather than dying at home. **There were 240 admissions over the last twelve months which equated to 3,563 occupied bed days.** Since moving out of our old building into our temporary accommodation, we have had to reduce from 14 to 10 beds. We are endeavouring to use this to serve as many patients as possible, which is reflected in the high ward occupancy (98%). We care for patients as they approach the very end of life and, in 2024/25, 232 people died on our IPU (212 in 2023/24).

| In-Patient Unit | 2023/24 | 2024/25 |
|-----------------------|---------|---------|
| Total admissions | 253 | 240 |
| % patients going home | 17% | 15% |
| % bed occupancy | 94% | 98% |



Living Well groups

Our Living Well groups have all been located at the Beacon Centre in Guildford since August 2023.

Prior to the move, the Beacon Centre had extensive renovations, designed to enhance our outpatient and group spaces and to provide a significantly improved environment for patients and our community services. Improvements included making two large rooms available so that groups can be run concurrently.

The Living Well service enables patients and families to, as far as possible, manage their symptoms and emotional needs, remain active and engaged in the activities which they would usually take part in, and do so for as long as possible.

We offer Living Well groups, where patients and carers can share their experiences associated with living with an advanced or terminal illness with each other, as well as with our multi-disciplinary team of nurses, occupational therapists, physiotherapists, complementary therapists, and our Pastoral Care team, all of whom offer support, advice and share their skills and knowledge. The service covers all aspects of palliative care – physical, practical, emotional, social and spiritual. Groups are popular with patients, families, carers, staff and volunteers and, through regular formal and informal feedback, we have received overwhelmingly positive and constructive comments about them.

During this year, we have expanded our outpatient services, with the addition of a weekly Clinical Nurse Specialist Clinic and are offering many opportunities for patients to complete their advance care plans and ReSPECT forms. When the new Hospice is completed, we will develop more Living Well services there, in addition to continuing to offer this service from the Beacon Centre.

Another development this year has been social outings in the evenings, and visits from, for example, a petting farm. We have added a Social and Therapeutic Horticulture group and continue a partnership with a local school, with children visiting.



| Living Well (LW) groups | 2023/24 | 2024/25 |
|---------------------------------|---------|---------|
| Referrals | 238 | 254 |
| Patients supported in LW groups | 494 | 526 |
| Carers supported in groups | 171 | 223 |
| Face-to-face contacts in LW | 3,229 | 3,503 |
| Non-face-to-face contacts in LW | 2,926 | 3,038 |



We are offering other opportunities for carers to attend with patients, for education and peer support. **We also offer bereavement support with a drop-in session, the Listening Lounge, which carers can access as soon as they choose to.** This session is also open to those whose loved one was not cared for by Phyllis Tuckwell, but died from an advanced or terminal illness. This offering has meant we have been able to support 30% more carers this year.

Looking to the future we are working out ways of making our groups more inclusive and appealing for men. We are also developing services with partner organisations and are hosting a carers group, led by Guildford and Waverley Admiral Nurses.

| Carers & Bereavement | 2023/24 | 2024/25 |
|--------------------------------------|---------|---------|
| Total number of carers supported | 858 | 1,036 |
| Face-to-face contacts in bereavement | 1,383 | 1,208 |
| Bereavement group attendances | 229 | 210 |

Education

This is the second year being away from our Waverley Lane location and we continue to run a wide and varied suite of training.

Our Education and Training team is dedicated to improving end of life care in our community, and we are proud of our many highly trained and specialised staff. Training sessions for both our own staff and other local health and social care providers, to equip them with a strong knowledge base and skills, and enable them to provide palliative and end of life care to those they are caring for, has increased by over 30% this year. Our external education programme offers both online and face-to-face training sessions, which we provide free of charge to those in our local catchment area.

For our staff, we support them to develop their careers. This ensures that our workforce is ready for future demand by enabling our colleagues to access higher education, such as opportunities for staff to obtain post-graduate qualifications.

Our training calendar outlines our annual training and development sessions to internal and external candidates. New courses this year include 'Supporting People with Psychological Distress' and 'What's Best for Lily'. This excellent course looks at end of life in patients with dementia and how palliative care needs to be adapted for this group of people. 'Supporting Students to Manage Grief, Bereavement and Loss' provides education to school staff, enabling them to support bereaved children, normalising grief in the school environment via peer support and gives teachers the skills and confidence to support bereaved pupils.

We also facilitated 108 healthcare students and visitor placements this year, a jump from 53 last year, and have received some praiseworthy reviews.

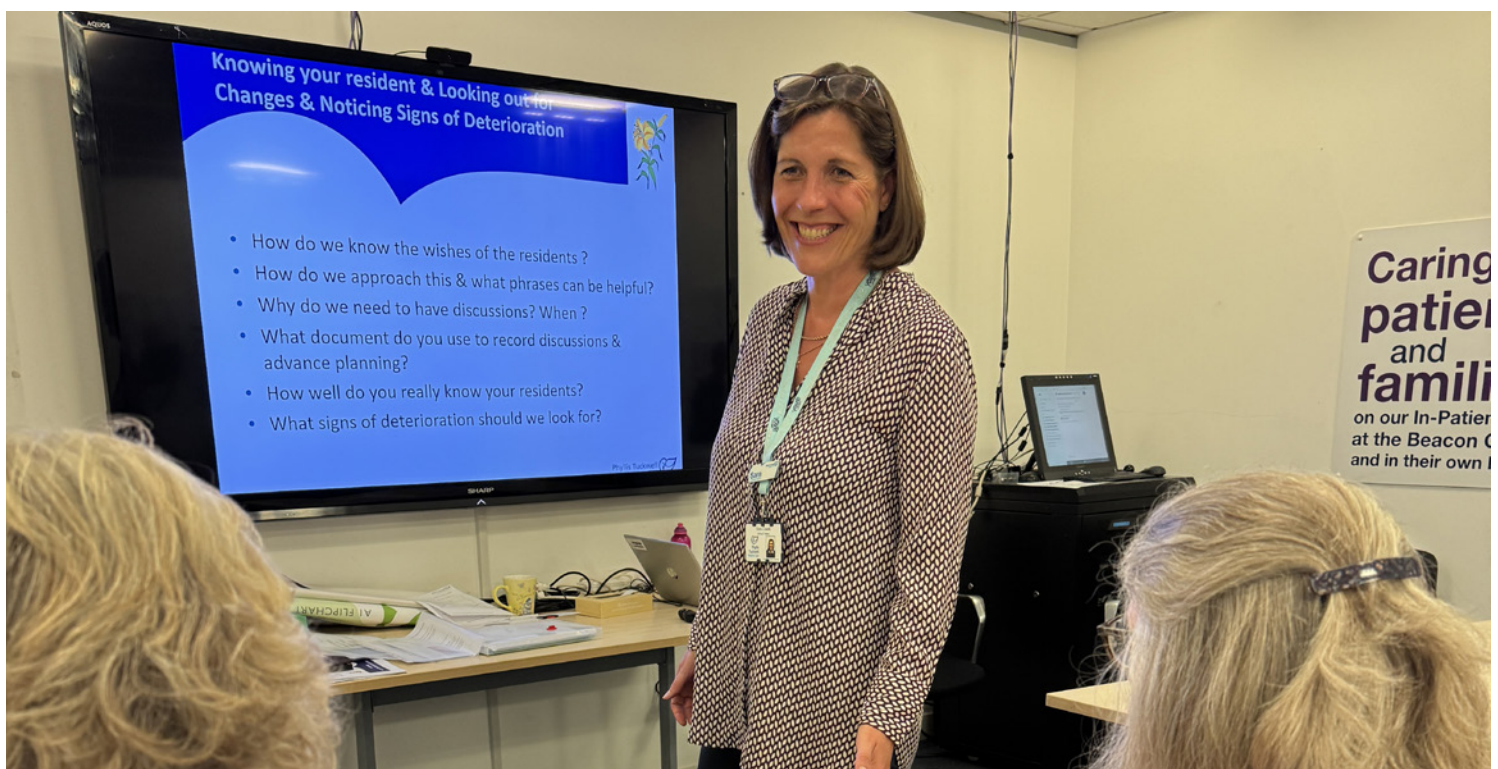
| Education | 2023/24 | 2024/25 |
|---------------------|---------|---------|
| Total attendees | 2,791 | 3,655 |
| Internal attendees | 1,279 | 1,777 |
| Care home attendees | 734 | 981 |

Feedback from students:

"As a student I was looked after very well and given many opportunities to learn and develop new skills.

I was inspired by so many nurses that I met, by the way they communicated with patients and their families and how they handled challenging situations."

"Was good to have the opportunity to practice drawing up medications, breaking ampules and learning about syringe drivers."





Registration & Safeguarding

Phyllis Tuckwell is registered with the Care Quality Commission (CQC), the independent regulator of all health and social care providers in England, which ensures that we meet our legal obligations in all aspects of the care which we provide.

There have been no conditions attached to registration, or any special reviews or investigations that have impacted on our registration status during 2024/25.

There were 131 documented safeguarding interventions this year and 12 of these were reported to the multi-agency safeguarding hubs for Surrey and Hampshire. As the team

are caring for some of the most vulnerable people, there is a focus on prevention and early intervention, involving all relevant members of the multi-disciplinary team. We also ensure that carer strain (cited as the most common cause for safeguarding concerns within community healthcare) is managed, which demonstrates our pro-active approach.

Compliments

"A huge thank you to everyone for caring for our brother. We were privileged to have him as a brother – he had a good heart and was definitely one of a kind.

Your compassion and sensitive care gave him and us extra time to make precious memories we'll always carry.

We're heartbroken he's gone but so grateful we were with him at the end. You are all angels walking on this earth."

"Thank you all so much for your caring and kind treatment of XX and all our family.

We know she was with you for a short time but we are very grateful she was able to spend her last moments with such kind and caring people and surroundings."

"I am writing to express my deepest gratitude for the exceptional care and compassion you both provided to XX on 13 February.

Your dedication for ensuring XX was comfortable and at peace, along with the kindness and empathy you showed, was truly remarkable and brought comfort to me and my daughter during a very difficult time.

The work you do is invaluable."



Feedback about our Services

We pro-actively seek feedback from patients, families and carers about their experience of our services, to inform our development, by sending or distributing various surveys.

In 2024/25 we received 102 responses. The results were very impressive with high percentages in their 80's and 90's being achieved in many domains.

The table below gives a summary of the patient experience activity April 2024 - March 2025.

| | Yes | No | N/A | Not sure |
|--|-----|-----|-----|----------|
| Did staff introduce themselves? | 95% | 5% | 0% | 0% |
| Did you feel you were given sufficient information? | 88% | 2% | 0% | 0% |
| Do you have confidence in the staff providing your care? | 92% | 0% | 0% | 0% |
| Have you received a patient information pack/brochure? | 80% | 10% | 3% | 1% |
| Were we responsive to your needs at the time? | 89% | 1% | 1% | 0% |
| Were you treated with dignity and respect? | 94% | 0% | 0% | 0% |

(NB: not all participants answered all the questions, leading to some percentages not adding up to 100%).





Objective 2 - Great Place

We will be a great organisation to work for, attracting and retaining wonderful people (staff and volunteers) who are passionate about our mission, so that we thrive and deliver excellent care.

Phyllis Tuckwell has a fabulous workforce of committed individuals, both staff and volunteers, who provide an exceptional service to patients, carers and their families. Our highest priority is ensuring we support our people as best we can so that they can continue to provide this care. Over the past year all those who wished to be involved, have helped develop our new values - Compassionate, Inclusive, Dynamic and Accountable. These support our ways of working, how we interact and support each other, our service users and other stakeholders.

Staff regularly complete our Pulse survey which enables us to understand how people feel, their morale and any additional support we may be able to provide. Despite the changes whilst we are off-site, morale remains stable.

Our social committee, introduced last year, has been creative and provided several events, including an activities day for staff, family and friends. These events are well received and provide an opportunity for our people to come together from across Phyllis Tuckwell and spend time with colleagues in a social setting. This is particularly important whilst we are off-site.

We were pleased to be able to give a 4% pay award across Phyllis Tuckwell in 2024/25.

Diversity and Inclusion

Phyllis Tuckwell aims to be a diverse and inclusive organisation, one that reflects the population in our catchment area.

We continue to work with Access to Work to support our disabled colleagues, so that they may have the correct equipment and transport as required, to flourish in their roles.

Our Diversity and Inclusion focus group continue to meet to update, consider and propose ways of working or initiatives which support our desire to become a more diverse and inclusive organisation.

Our aim is to have a workforce and provide care for everyone in our community. We are committed to eliminating discrimination on any basis. We believe in fairness and equality, and value diversity in all our dealings, both as a provider of end of life care and also as an employer. We recognise, value and respect everyone as individuals with diverse opinions, cultures, lifestyles and circumstances, understanding that each of us is unique, and recognising and appreciating our differences and commonalities.

Employee/Volunteer Information

The Senior Leadership Team (SLT) meet monthly with Hospice Managers to discuss the business and performance of the organisation, changes to ways of working and to gather feedback and updates from each area. The meeting also provides the SLT and managers with the opportunity to update each other about what is happening in their area of the organisation. Information is cascaded to the rest of the workforce via team meetings, one-to-ones and on the organisation's intranet. Everyone is encouraged to ask questions and provide feedback or suggestions to their managers, senior managers, or directly to the chief executive.

Every six months the chief executive provides an update on the organisation's progress against the strategy, priorities for the next six months, and an opportunity for the SLT to raise issues.

Phyllis Tuckwell is supported by a wonderful team of 659 volunteers. Volunteers provide support across the organisation. Roles vary from driving patients, to helping in our Living Well service, on our In-Patient Unit and in various patient facing and therapeutic roles. In addition to regular contact with their line manager, we send out a monthly newsletter to all our volunteers, updating them on Phyllis Tuckwell news and looking for their feedback and suggestions.



Communication and Engagement with Staff and the Board

We continue to make good use of the company intranet, posting regular updates, including the monthly Team Brief. This ensures that views are heard, that people are able to influence decisions, and everyone is kept up-to-date with matters affecting the organisation, their teams and themselves.

Staff are kept up-to-date with our financial position via briefings from the director of finance & business development. They are encouraged to ask questions or seek further clarification if needed. The aim is to provide a forum for discussion of the organisation's finances and to reassure staff that our financial position is robust and well-managed.

We continued with both online and face-to-face meetings, including a series of 18 face-to-face meetings with staff and volunteers, as part of our work on the new five-year strategy. Whilst nothing replaces face-to-face discussions, online meetings continue to be widely used and give a great deal of flexibility. Information from all meetings and events is cascaded to the Hospice Managers and then to the rest of the organisation.



Objective 3 - Financially Sustainable

*We will be financially sustainable, with a diverse portfolio of income streams.
We will continue to spend money wisely.*

Fundraising, legacies and retail operations had a very strong year with retail doing exceptionally well, generating more than £3m for the second consecutive year with a net surplus of £742k before allocation of central costs.

We continued to build back our community and events programme following the pandemic and successfully launched several new campaigns, including an expanded Open Gardens programme and a Motor Show, both of which were well received. **We also had our most successful ever Reindeer Run campaign with over 13,000 children taking part across 60 schools, raising over £90k.**

We took part in the first national Hospice UK Legacy campaign, aiming to raise awareness of the importance of Gifts in Wills to Phyllis Tuckwell. As well as the national TV and social media coverage, we took this opportunity to refresh our Legacy materials under the proposition 'Your Phyllis Tuckwell. Your Legacy.' **This was hugely successful with 33 new pledgers and 15 enquirers getting in touch.**

Work continued on the Capital Appeal for the new Hospice with several large pledges received from philanthropic individuals and grant giving Trusts. We launched a public campaign, entitled the 'Your New Hospice Appeal', in spring 2024.

How we raise Money

From our annual expenditure, we have to raise around 71% ourselves. Around 29% comes from NHS funding. **In 2024/25 we benefitted from agreement from colleagues in Frimley and Surrey Heartlands ICS to a multi-annual funding arrangement for 3 years.** We are extremely grateful for this much-needed funding, however we still had to raise around £9m ourselves, alongside trying to raise an additional £6m for the Capital Appeal for the new Hospice. We are constantly amazed and inspired by how much support we receive from supporters and donors. We believe this is, in part, because of the effort we put into securing and maintaining the trust of our supporters, through word-of-mouth compliments from recipients of our care, and by keeping our community engaged through regular social media activity and other communications.

Our fundraising involves encouraging donations and gifts in wills, running events, engaging our local community to fundraise on our behalf, running a chain of charity shops, working with local companies and applying for grants from Trusts. In 2024/25, we also launched the public phase of our capital appeal to raise £6 million of funding needed for our new Hospice. This included a matched giving Charity Extra campaign, cold mailing activity to engage new supporters and outreach to lapsed supporters and organisations. **At the end of the financial year, we had raised £5.3m towards this target.**

We voluntarily subscribe to the Fundraising Regulator and respond quickly to any complaints. In 2024/25, from tens of thousands of transactions, we received just four complaints, all of which were dealt with satisfactorily, and none was referred to the Fundraising Regulator.

We also adhere to the Code of Fundraising Practice which ensures we work appropriately with those who are vulnerable or who need additional support.



Objective 4 - Well Run

We will be well run, with strong governance, a modern estate and continued investment in both digital technology and project management.

How Trustees Support the Work of Phyllis Tuckwell

As a charity, our trustees need to make sure that all our work is focused on achieving our charitable goals.

Our trustees take this responsibility very seriously, and work to ensure that decisions take the long-term consequences into account, along with the interests of our staff and patients alike. They also ensure we are professional in the way we work with suppliers and that our relationship with the NHS is well organised.

Maintaining the support of our wider community, protecting our environment and maintaining our reputation for high standards in the way we work, are also issues the Board considers on a regular basis.



Alison Huggett
Chair



Richard Hunt
Vice Chair /
Chair: Resources
Sub-Committee



Anne Whelan
Chair: Clinical Strategy
Sub-Committee



Ken Ratcliff
Chair: Finance, Audit
& Investment
Sub-Committee



Dr Andrew Brooks
Chair: People &
Wellbeing
Sub-Committee



Dr Robert Laing
Chair: Clinical
Governance
Sub-Committee



David Tomlison



Andrew Stent



Lillian Nsomi-Campbell



Emma McLachlan



Kirsty Stancombe



Matt Toffrey

Sustainability: Streamlined energy & carbon reporting

Phyllis Tuckwell uses energy in the form of gas, electricity and fuel for vehicles, operating solely within the UK.

Transport data is captured from two datasets; fuel cards which detail the quantity of fuel purchased in litres, and mileage claims in respect of employees using personal vehicles for business purposes.

2024/25 is the sixth year that we have collected this data. The table below provides a comparison to the 2023/24 data. This comparison shows an 11% decrease in energy usage for 2024/25.

Our main Hospice building was demolished during 2023/24 and a new modern energy efficient Hospice is being built in its place.

The organisation achieved Phase Two ESOS compliance in May 2022 and has taken some steps towards reducing energy use, considering the rebuild.

Additional measures are planned where efficient, including improved insulation, further training for staff and ensuring energy efficiency is considered when procuring new devices.



Our energy usage in 2024/25 and comparison to 2023/24

| Measure | 2023/24 | | 2024/25 | | % change |
|---|----------------------|-------------------|----------------------|-------------------|-------------------|
| | kWh/miles/ litres | tonnes of CO2e | kWh/miles/ litres | tonnes of CO2e | tonnes of CO2e |
| Gas consumption (kWh) | 400,868 | 73.8 | 258,797 | 47.6 | -35% |
| Electricity consumption (kWh) | 558,805 | 130.2 | 571,460 | 133.2 | 2% |
| Kerosene (DC) (litres) | 4,000 | 10.0 | 3,664 | 9.2 | -8% |
| Travel (miles) | 316,607 | 80.4 | 344,933 | 87.6 | 9% |
| TOTAL | 1,280,281 | 294 | 1,178,854 | 278 | -6% |
| Intensity metric - kg of CO2e per patient supported | | 148.9kg | - | 132.7kg | -11% |

Notes on Preparation

Greenhouse gas (GHG) emissions have been calculated using the UK DEFRA condensed carbon conversion factors dataset and emissions are presented in CO2e (Carbon Dioxide Equivalent). We have identified a metric of emissions per patient supported and we are pleased to see a reduction of 11% per patient supported this year, as shown above.

The above reported figures do not include usage for premises where the organisation has service agreements

and/or is not charged for energy usage as a tenant due to a lack of access to this data.

We do not keep records regarding the size or type of fuel used in employees' personal vehicles. CO2e has therefore been calculated for claimed mileage based on the UK DEFRA condensed carbon conversion factors dataset, using the "average" personal vehicle and "unknown" fuel types.

Greener Palliative Care Pilot Participation

In December 2024, we became aware of a national pilot initiative focused on promoting environmental sustainability within palliative care services. We submitted an application to be considered as one of the pilot sites, and in January 2025, Phyllis Tuckwell was successfully selected - one of only ten organisations across the UK to be included in this inaugural programme.

Throughout 2025, we will be working towards achieving bronze, silver, or gold accreditation under this framework, with progress assessed against defined environmental sustainability standards.

Development of the New Hospice Facility

During the 2024/25 financial year, construction progressed on our new Hospice facility. Sustainability has been a key consideration throughout the design and build phases, with the project aiming to exceed current regulatory requirements.

Under the 2021 Building Regulations, new developments are required to meet a specified Target Emissions Rate (TER) for carbon emissions. For our Hospice, the TER was set at 7.35 kgCO₂/m²/year. The building has been designed to achieve a projected rate of 6.95 kgCO₂/m²/year - representing a 23% improvement over the compliance baseline.

This significant reduction has been made possible through a combination of enhanced building insulation, the use of high-efficiency construction methods, and the integration of renewable energy technologies, including air-source heating, solar power generation, and on-site water storage.

Importantly, the use of natural gas has been eliminated entirely from the site. The new Hospice will be powered exclusively by electricity sourced from certified renewable providers, ensuring a fully sustainable energy model for future operations.



Connecting with Others: relationships with wider interests and related parties

We work closely with our neighbouring hospices, local care homes and NHS organisations. The value of close integration with other health and social care providers has never been clearer than over the last few years. We have worked as a team to manage the impact of the pandemic and subsequent cost of living crisis together.

The NHS landscape is complex and actively changing. We work across part of the Frimley Healthcare ICS and Surrey Heartlands ICS areas, two acute hospitals (Frimley Health and Royal Surrey County Hospital), Guildford & Waverley Alliance Partnership (ICP) and Frimley CCG (bringing together North-East Hampshire & Farnham, Surrey Heath and East Berkshire Clinical Commissioning Groups).

We have strong operational relationships with our local Commissioning partners and have kept them informed about our performance over the last year on a regular basis. We look forward to working together, recognising the likely changes to the NHS's delivery landscape over the next few years.

We have had meetings with the Care Quality Commission (CQC) to provide assurance about our plans to offer our services from temporary locations. We also ensure that the CQC are kept up-to-date with any serious incidents or significant events.

Phyllis Tuckwell also owns 50% of the Tuckwell Chase Lottery Limited (TCL), from which we receive funds. The other 50% is owned by Shooting Star Children's Hospices.

The Lottery Company pays half its profits to each owner.

During 2024/25, Phyllis Tuckwell received £561k (net) from TCL (2023/24: £591k). TCL take their responsibilities for fundraising very seriously and are committed to best practice standards. They are a member of the Lotteries Council and The Hospice Lotteries Association and are regulated by the Gambling Commission under the 2005 Gambling Act.

Phyllis Tuckwell owns the whole of the issued ordinary share capital of PTH Trading Limited. (Company number 06906850). The subsidiary is used for non-primary purpose trading activities. Available profits are Gift Aided to the charity.

Modern Infrastructure and Managing Change

The IT & Digital Transformation team has delivered significant advancements in 2024/25, supporting operational efficiency, security, and flexible working across the organisation.

Cloud-Based File Storage

We completed the migration from on-premise servers to a cloud-based storage and collaboration platform, enhancing data accessibility, resilience, and teamwork.

Modern Devices and Infrastructure Monitoring

A device refresh ensured staff were equipped with secure and up-to-date technology. New pro-active monitoring systems were also implemented, enabling the IT team to anticipate and address infrastructure issues efficiently.

Finance System Upgrade

The Finance team adopted a cloud-based enterprise platform, improving integration, reporting, and overall data consistency across services.

Security Enhancements

Following internal and external penetration testing in 2024, we strengthened password policies and introduced a centralised monitoring system for real-time detection of security threats. A new endpoint protection platform was

deployed to enhance device-level threat detection and vulnerability management.

Improved Access and Authentication

Single sign-on was rolled out to simplify staff access to internal systems while improving security and reducing support overhead.

Mobile Working for Community Services

New internet-enabled tablets were deployed to community-based staff, enabling secure real-time access to patient records. Legacy devices were redeployed to other departments, extending their value.

Cloud-First and Secure Network Approach

Our secure cloud-managed network underpins all digital services, supporting remote access, integrated communications, and threat prevention. This approach reduces reliance on physical infrastructure while enabling seamless, real-time data access and improved system integration across departments.

Financial Review

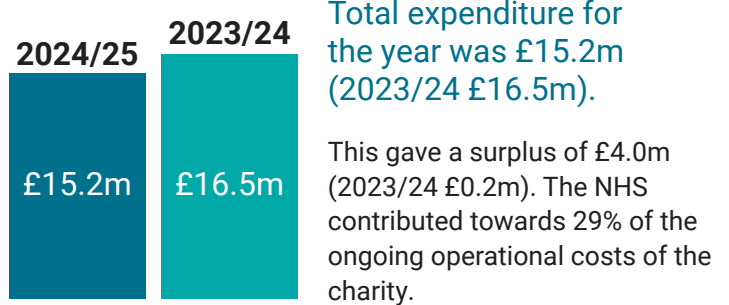
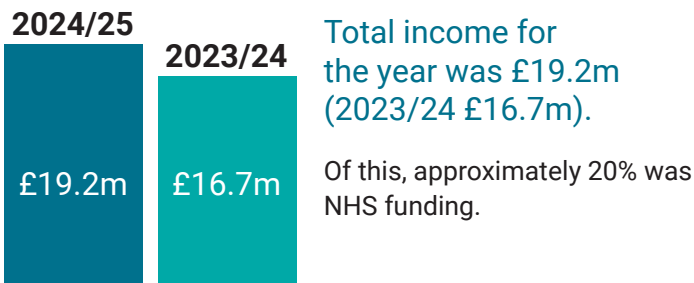
The total result for the financial year 2024/25 was a surplus of £4.07m.

This was made up of a £4.23m surplus of restricted funds and a deficit of £0.16m of unrestricted funds, reflecting the emphasis on funding the new Hospice capital-build during this financial year.

Operationally this was helped by strong retail, investment and NHS income.

The Capital Appeal continued exceptionally well, bringing in a further £4.14m voluntary income during the financial year.

Key Financial Facts



After a gain on investments of £36k the result for the year and net movement in funds was a surplus on restricted funds of £4.23m, and a small deficit on unrestricted funds of £0.16m.

The total reserves of the charity therefore increased by £4.07m to £27.9m.

The balance on the General Reserve at the year-end was £6.6m.

Investments

At the start of the financial year the charity held £7.0m in non-cash investments.

At 31 March 2025 the charity held £7.0m in non-cash investments. These generated £225k of interest and dividends during the year and an unrealised gain of £36k.

The investment portfolio is managed on a discretionary basis by professional investment managers Rathbones. The only ethical restriction imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies and any amount within a tracker or unit trust

fund must be insignificant. The Finance Sub-Committee is comfortable with the policies that Rathbones use to satisfy themselves that proper environmental, social and governance principles are integrated into the operations of companies they invest in.

A bespoke benchmark is set for the funds with pre-set amounts of different classes of asset. The actual results are then compared to the benchmarks.

Reserves Policy

There is a trustee-approved reserves policy in place.

The General Reserve is to enable Phyllis Tuckwell to continue to deliver a full range of services should there be an unexpected fall in income. If income cannot be restored to previous levels, then services may have to be curtailed, but changes can be implemented in a planned way.

The policy is reviewed each year and a target level for the General Reserve is calculated at the end of each financial year, based on the approved budget for the next year, the general economic climate and recent trends in charity giving.

The target for 2025/26 is £4.5m to £6.8m, which equates to six to eight months of budgeted charitable expenditure. At 31 March 2025 the balance on the General Reserve was £6.6m.

Endowment Fund – The Jenabai Ebrahim fund, with income generated each year used to fund one of the inpatient rooms.

Restricted Funds - £5.8m held for specific purposes as determined by the donor. 100% of these relate to building projects (see Note 21a to the accounts).

The charity has three designated funds:

i. Property Fund

This fund represents the net value of tangible fixed assets that were purchased with unrestricted funds.

ii. Building Development Fund

This fund was established to accrue funds to assist with the costs of any new premises or major refurbishments.

The balance on this fund was £4.4m at the end of the

year which will fund the remainder of the new hospice build project together with the funds from the Capital Appeal.

iii. Services Development Fund

This fund is to support additional services within the Strategic Plan. The Trustees need to know that these can be funded for at least three years, whilst allowing time for Income Generation to cover these additional costs. This fund provides this financial backing, thereby speeding up the development of services

iv. Operational Plan Fund

This fund is to cover the investments in our general operating plan over the next four to five years. It is to fund our planned deficit budgets, ensuring the strategic operational plan is adequately funded through a period of economic uncertainty.

Managing Risk

The Board holds pro-active, regular discussion of the things that could jeopardise delivery of our strategy, including an annual review of the top strategic risks facing the organisation, and Phyllis Tuckwell's organisational risk appetite. Our risk appetite statement was reviewed by the Board in March 2025 and is as follows:

At Phyllis Tuckwell our primary driver in decision making is caring for patients and their families at the end of life.

- We have a very low risk appetite on regulated activity, including patient safety and clinical standards because providing high quality care is central to our charitable purpose.
 - We have a low risk appetite for financial management because we rely very heavily on our local community and our reputation means we must be professional and trustworthy. Our risk appetite for financial investment has reduced slightly as we focus on delivering the new Hospice Project and building back our reserves.
 - We have a low-risk appetite for anything that impacts on the morale and wellbeing of our staff and volunteers in a sustained way. They are the backbone of our organisation.
 - We are prepared to take moderate risks where it will help us stay fresh, curious and ambitious to improve.
 - We have moderate risk appetite for exploring new ways of delivering clinical services, new ways of raising money, using digital technology and engaging with our staff and volunteers to support recruitment & retention.
 - We remain open to the possibility of taking higher risks for innovation in digital/technology and projects.
 - The Board has a session on risk at each of its quarterly Board meetings, taking one of the areas of the 5-year Strategy and looking at the range of risks that could jeopardise successful delivery. The next level of risks is kept under regular review by the relevant Sub-Committee with an expectation that any emerging issues can be escalated to the Board.
- The key risks in 2024/25 were around falling patient numbers (linked to a drop in referrals), staff morale and wellbeing as we operated across multiple sites, the broader economic climate and uncertainty relating to the new government's legislative and financial programme and how it might impact on hospices.
 - We have also been concerned about the rising number of incidents of aggressive behaviour towards our Retail and Clinical teams. This is unacceptable (albeit understandable when family members are very upset) and we are taking action to make it clear what behaviour we expect, and what action staff should take if they find themselves in a challenging situation.
 - We carried out deep dives into our governance, health and safety compliance, and clinical referrals risks in 2024/25.
 - We take business continuity seriously and regularly review and update our plans. We carried out a 'whole organisation' test in the first half of 2024 to ensure we can communicate quickly and efficiently with everyone, and a desktop exercise at the start of 2025 to explore how we would handle a scenario where our staff were at risk of physical injury from a patient/carer or member of the public. We have also invested considerably in our cyber security and resilience in 2025 and will continue to focus on the robustness of our digital environment to make sure that, should something happen to one of our physical sites, staff can continue working.

Plans for the Future

Our top priority is to provide people with high quality, compassionate end of life care. The best way of doing this is to build and support our great team of motivated, skilled staff and volunteers.

We will focus on delivering the ambitions set out in our strategy, which is broken down into more detailed tasks in our delivery plan. This is reported on quarterly to the Board of Trustees, along with a highlight report that identifies things that are going particularly well, or where delivery is more challenging.

We will aim to complete the build of your new Hospice towards the end of the financial year, commissioning the building as early in 2026 as we can and moving patients and staff as smoothly and safely as possible.

We will increase our focus on equality, diversity and inclusion for the people we care for, our staff and volunteers, recruiting a new Equality, Diversity and Inclusion

role to take a systematic look at the way we operate and what more we could do to ensure we meet the needs of everybody in our community.

We will make progress in our corporate social responsibility work, particularly through increasing our efforts around environmental sustainability. One key ambition is to achieve a 'greener palliative care' accreditation.

We will establish a digital and transformation strategy for Phyllis Tuckwell, identifying how we can use technology to support better patient experience and care, and embedding change capability across the organisation.



Trustees & the Board

Trustees are appointed at the Annual General Meeting.

They are selected through a process of open competition based on their skills and experience. New trustees attend an induction day, meet with each of the senior team and undertake an online training programme as part of their induction. We are always seeking to increase the diversity of age, ethnicity and perspective when vacancies arise. Page 3 lists the current make-up of the Trustee Board.

The management of Phyllis Tuckwell is the responsibility of the trustees, who are directors for the purposes of company law and trustees for the purpose of charity law. The day-to-day running of Phyllis Tuckwell is devolved to the chief executive and Senior Leadership team.

The Chair reviews the structure, composition and terms of reference of the Sub-Committees and carries out a Board review annually to assess where things are going well, and where there is scope for improvement. From 2025 onwards, the Chair will be supported on matters related to recruitment and succession by advice from a new Nominations Committee. We have refined the 'Board Wheel' to put a regular programme of Board activities into an annual calendar. We make sure we have a 'patient story' at the start of each Board meeting and review participants' experience at the end of each Sub-Committee and Board meeting, to ensure we are as inclusive as possible and that we stay focused on the needs of our patients and staff. The Board constantly

promotes the success of the charity to achieve its charitable purpose.

The full list of Sub-Committees and their main responsibilities is below:

- **Finance** - financial health and sustainability of the organisation, as well as ensuring that internal controls are effective.
- **Clinical Strategy** – overall clinical direction and priorities.
- **Clinical Governance** – clinical performance and safe/best practice.
- **People** – workforce strategy for staff and volunteers, as well as remuneration (working closely with the Finance Sub-Committee).
- **Income Generation** – priorities and plans for income generation activities.
- **Operations** – estates, fleet, sustainability and corporate social responsibility.
- **New Hospice Steering Group** – oversight of the project to build the new Hospice.
- **Remuneration & Nominations** – trustee and senior team recruitment, succession.



Remuneration Policy

Phyllis Tuckwell is committed to ensuring that we pay our staff fairly and in a way which ensures we attract and retain the right skills to have the greatest impact in delivering our charitable objectives.

In deciding senior pay awards, we consider the national recommendations for Charity Senior Executive Pay and follow these where appropriate. We have a People Board Sub-Committee, which looks at all matters relating to staff and volunteers. The Chair of this Board Sub-Committee, along with the Chair of the Board and the Chair of the Finance Board Sub-Committee, form a Remuneration Sub-Group of the Board. The main responsibilities of this group are to determine the remuneration package for the CEO and significant changes to the Senior Management team. All other remuneration discussions outside of the CEO's level of

authority, take place at the People Board Sub-Committee. All other remuneration discussions outside of the CEO's level of authority, take place at the People Board Sub-Committee. In determining Phyllis Tuckwell's remuneration policy, the People Board Sub-Committee takes into account all factors such as external and internal benchmarking, including comparators of both charity and public sector pay awards, as and when necessary. Recommendations are submitted to the Board of trustees for ratification. The Remuneration Sub-Group met once during the financial year 2024/25.

Relationships with Stakeholders

We invest heavily in strong relationships with our key stakeholders.

There are quarterly discussions with NHS commissioners, and frequent discussions with local service providers (including Frimley Health NHS Foundation Trust and Royal Surrey NHS Foundation Trust as well as GP providers) to ensure our relationships are working well, and we are meeting the needs of system partners. We also stay in contact with our regulator The Care Quality Commission.

We participate in discussions with other non-government bodies across West Surrey and North-East Hampshire to try and provide seamless care to patients and their families.

PT also ensures relationships with our main suppliers are strong and is delighted that is recognised by again receiving the Good Business Pays Fast Payer Award. *"Your company is a rare example of a serial fast payer and role model to others of good business partnering. We truly hope and trust that you and your suppliers have seen the full benefit of a fair partnership. This year, fewer than 5% of the 6,000 or so companies that report qualify for this award so it's a credit to your team that make this happen."*



Trustee Statement

Statement of Responsibilities of the Trustees

The trustees (who are also directors of Phyllis Tuckwell Memorial Hospice Ltd for the purpose of company law) 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).

Company law 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 charitable company and group, and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and statements of recommended practice 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 operation.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all steps that they should have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2025 was 56 (2024 – 56). The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report, including the strategic report, was approved by the trustees on 31st July 2025 and signed on their behalf by

Alison Huggett

Chair

Independent Auditor's Report

To the members of Phyllis Tuckwell Memorial Hospice Limited

Opinion

We have audited the financial statements of Phyllis Tuckwell Memorial Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2025 and of the group's resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are 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. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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 group financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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.

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, are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's/group's policies and procedures relating to:
 - Identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;





- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity/ group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity/group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in

the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Joanna Pittman (Senior statutory auditor)

4 August 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Consolidated Statement of Financial Activities

incorporating an Income and Expenditure account

For the year ended 31 March 2025

| | Note | 2025 | | | 2024 | | |
|--|------|-------------------|--------------------------|-------------------|-------------------|--------------------------|-------------------|
| | | Unrestricted | Restricted/ Endowment | Total | Unrestricted | Restricted/ Endowment | Total |
| | | £ | £ | £ | £ | £ | £ |
| Incoming resources: | | | | | | | |
| Voluntary income | 2 | 4,435,680 | 4,137,705 | 8,573,385 | 5,186,154 | 1,348,176 | 6,534,330 |
| Activities for generating funds: | | | | | | | |
| Fundraising | | 1,173,380 | 16,246 | 1,189,626 | 1,543,812 | 108,413 | 1,652,225 |
| Retail | | 3,194,741 | - | 3,194,741 | 3,102,157 | - | 3,102,157 |
| Lottery | | 1,229,820 | - | 1,229,820 | 1,291,779 | - | 1,291,779 |
| Charitable activities | 3 | 3,808,744 | 435,749 | 4,244,493 | 2,458,102 | 917,751 | 3,375,853 |
| Investments | 4 | 747,438 | 2,352 | 749,790 | 707,993 | 4,428 | 712,421 |
| Total income | | 14,589,803 | 4,592,052 | 19,181,855 | 14,289,997 | 2,378,768 | 16,668,765 |
| Resources expended: | | | | | | | |
| Raising funds: | | | | | | | |
| Voluntary income generation costs | 5 | 231,307 | - | 231,307 | 166,118 | - | 166,118 |
| Fundraising costs | | 964,869 | - | 964,869 | 1,039,736 | - | 1,039,736 |
| Retail costs | | 2,703,917 | - | 2,703,917 | 2,344,404 | - | 2,344,404 |
| Lottery costs | | 668,530 | - | 668,530 | 699,860 | - | 699,860 |
| Investment management costs | | 29,300 | - | 29,300 | 28,287 | - | 28,287 |
| Sub-total for raising funds | | 4,597,923 | - | 4,597,923 | 4,278,405 | - | 4,278,405 |
| Charitable activities: | | | | | | | |
| In-Patient | 5 | 4,219,451 | 156,472 | 4,375,923 | 4,728,418 | 1,191,956 | 5,920,374 |
| Living Well (outpatients) | | 724,741 | 24,538 | 749,279 | 1,166,774 | 18,575 | 1,185,349 |
| Community Care | | 5,246,239 | 181,461 | 5,427,701 | 4,548,320 | 558,660 | 5,106,980 |
| Sub-total for charitable activities | | 10,190,431 | 362,472 | 10,552,903 | 10,443,512 | 1,769,191 | 12,212,703 |
| Total expenditure | | 14,788,354 | 362,472 | 15,150,826 | 14,721,917 | 1,769,191 | 16,491,108 |
| Net (expenditure)/income before net (losses)/gains on investments | | (198,551) | 4,229,580 | 4,031,029 | (431,920) | 609,577 | 177,657 |
| Net gains/(losses) on investments | 13 | 36,142 | - | 36,142 | 215,734 | - | 215,734 |
| Net movement in funds | | (162,409) | 4,229,580 | 4,067,171 | (216,186) | 609,577 | 393,391 |
| Reconciliation of funds: | | | | | | | |
| Total funds brought forward | | 22,215,152 | 1,645,909 | 23,861,062 | 22,431,338 | 1,036,332 | 23,467,671 |
| Total funds carried forward | | 22,052,743 | 5,875,489 | 27,928,233 | 22,215,152 | 1,645,909 | 23,861,062 |

Balance Sheets

As at 31 March 2025

| | Note | The group | | The charity | |
|--|------|-------------------|-------------------|-------------------|-------------------|
| | | 2025 | 2024 | 2025 | 2024 |
| | | £ | £ | £ | £ |
| Fixed assets: | | | | | |
| Tangible assets | 11 | 6,587,046 | 2,066,300 | 6,587,046 | 2,066,300 |
| Investment properties | 12 | 100,000 | 100,000 | 100,000 | 100,000 |
| Investments | 13 | 6,990,088 | 6,988,238 | 6,990,089 | 6,988,239 |
| Total fixed assets | | 13,677,134 | 9,154,538 | 13,677,135 | 9,154,539 |
| Current assets: | | | | | |
| Stocks | 15 | 6,061 | 910 | - | - |
| Debtors | 16 | 1,493,722 | 2,429,038 | 1,500,682 | 2,431,794 |
| Short term deposits | | 500,000 | 10,021,250 | 500,000 | 10,021,250 |
| Cash and cash equivalents | | 13,651,025 | 3,050,475 | 13,644,387 | 3,041,674 |
| Total current assets | | 15,650,808 | 15,501,673 | 15,645,069 | 15,494,718 |
| Liabilities: | | | | | |
| Creditors: amounts falling due within one year | 17 | (1,399,709) | (795,150) | (1,393,971) | (788,194) |
| Net current assets | | 14,251,099 | 14,706,524 | 14,251,098 | 14,706,524 |
| Total assets less current liabilities | 20 | 27,928,233 | 23,861,062 | 27,928,233 | 23,861,063 |
| Total net assets | | 27,928,233 | 23,861,062 | 27,928,233 | 23,861,063 |
| Funds: | 21 | | | | |
| Restricted income funds: | | | | | |
| Endowment fund | | 69,182 | 69,182 | 69,182 | 69,182 |
| Restricted funds | | 5,806,308 | 1,576,727 | 5,806,308 | 1,576,727 |
| Total restricted funds | | 5,875,490 | 1,645,909 | 5,875,490 | 1,645,909 |
| Unrestricted income funds: | | | | | |
| Designated funds | | 15,435,704 | 16,281,474 | 15,435,704 | 16,281,474 |
| General funds | | 6,617,039 | 5,933,679 | 6,617,040 | 5,933,680 |
| Total unrestricted funds | | 22,052,743 | 22,215,153 | 22,052,744 | 22,215,154 |
| Total funds | | 27,928,233 | 23,861,062 | 27,928,234 | 23,861,063 |

Approved by the trustees on 31 July 2025 and signed on their behalf by

Alison Huggett (Chair)

Ken Ratcliff (Trustee)

Consolidated Statement of Cash Flows

For the year ended 31 March 2025

| | Note | 2025 | | 2024 | |
|---|------|------------------|-------------------|---------------|-------------------------|
| | | £ | £ | £ | £ |
| Cash flows from operating activities | | | | | |
| Net income for the reporting period | | 4,067,171 | | 393,391 | |
| Depreciation charges | | 163,603 | | 218,623 | |
| (Gains) on investments | | (36,142) | | (215,734) | |
| Loss on disposal of fixed assets | | 2,668 | | 1,818,214 | |
| Dividends, interest and rent from investments | | (749,790) | | (712,421) | |
| (Increase)/Decrease in stocks | | (5,150) | | 2,531 | |
| Decrease/(Increase) in debtors | | 935,316 | | (1,414,039) | |
| Increase/(Decrease) in creditors | | 604,559 | | (593,900) | |
| Net cash provided by operating activities | | | 4,982,236 | | (503,335) |
| Cash flows from investing activities: | | | | | |
| Dividends and interest from investments | | 749,790 | | 712,421 | |
| Purchase of fixed assets | | (4,687,017) | | (1,060,038) | |
| Proceeds from sale of investments | | 1,033,560 | | 2,419,969 | |
| Purchase of investments | | (925,024) | | (2,438,087) | |
| Decrease/(Increase) in term deposits | | 9,521,250 | | (21,250) | |
| (Increase)/Decrease in cash funds held by investment managers | | (74,244) | | 44,432 | |
| Net cash provided by investing activities | | | 5,618,315 | | (342,554) |
| Change in cash and cash equivalents in the year | | | 10,600,550 | | (845,889) |
| Cash and cash equivalents at the beginning of the year | | | 3,050,475 | | 3,896,364 |
| Cash and cash equivalents at the end of the year | | | 13,651,025 | | 3,050,475 |
| Analysis of cash and cash equivalents | | | | | |
| | | At 1 April 2024 | Cash flows | Other changes | At 31 March 2025 |
| | | £ | £ | £ | £ |
| Cash at bank and in hand | | 2,550,475 | 10,600,550 | (7,500,000) | 5,651,025 |
| Term deposits (less than 3 months) | | 500,000 | - | 7,500,000 | 8,000,000 |
| Closing balance at bank | | 3,050,475 | 10,600,550 | - | 13,651,025 |

Notes on the Financial Statements

For the year ended 31 March 2024

1 Accounting policies

a) Statutory information

Phyllis Tuckwell Memorial Hospice Limited is a charitable company limited by guarantee and is incorporated in the United Kingdom.

The registered office address of the charity and its subsidiary, PTH Trading Limited is Waverley Lane, Farnham, Surrey, GU9 8BL.

b) Basis of preparation

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

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary PTH Trading Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees do not consider that there are any sources of estimation or uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the

charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

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

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

g) Investment income and dividends

Investment income including dividends is included when receivable.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Notes on the Financial Statements (continued)

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Endowment funds are restricted funds whereby the capital sum is invested but the income is used for objects of the charity.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services and educational activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against general overheads and allocated according to Note 5.

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which is an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the following basis:

| | |
|---------------------------------|-----|
| In-Patient Unit | 30% |
| Living Well (outpatients) | 10% |
| Community Care | 30% |
| Activities for generating funds | 30% |

Support and governance costs are re-allocated to each of the activities on the following basis:

The cost of overall direction and administration of each activity, comprising the salary and overhead cost of the central function is apportioned on the number of staff attributable to each activity:

| | |
|------------------------------|-------|
| Activities to generate funds | 27.5% |
| In-Patient Unit | 32.7% |
| Living Well (outpatients) | 7.6% |
| Community Care | 32.2% |

Premises costs are allocated on the basis of square footage attributable to each activity. For the period of the hospice rebuild these remain as in previous years:

| | |
|------------------------------|-------|
| Activities to generate funds | 6.8% |
| In-Patient Unit | 69.9% |
| Living Well (outpatients) | 8.5% |
| Community Care | 14.8% |

IT costs are allocated based on the number of computers attributable to each activity:

| | |
|------------------------------|-------|
| Activities to generate funds | 13.2% |
| In-Patient Unit | 36.5% |
| Living Well (outpatients) | 3.8% |
| Community Care | 46.5% |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

k) Allocation of redevelopment costs

Costs associated with the rebuild of the hospice are allocated on the basis of square footage attributable to each activity:

| | |
|------------------------------|-------|
| Activities to generate funds | 6.8% |
| In-Patient Unit | 69.9% |
| Living Well (outpatients) | 8.5% |
| Community Care | 14.8% |

Notes on the Financial Statements (continued)

l) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

m) Pensions

The charitable company contributes to two pension schemes on behalf of employees. The charitable company operates a defined contribution pension scheme. The charitable company has no liability under the scheme other than for the payment of those contributions. It also contributes to a defined benefit superannuation scheme. The assets of both these schemes are held separately from the charitable company. The pension cost charge represents contributions payable under the schemes by the charitable company. Further information on the schemes is included in Note 19.

n) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The useful lives are as follows:

| | |
|---|----------|
| Freehold property | 50 years |
| Freehold property improvements | 10 years |
| Leasehold property | 3 years |
| Furniture, equipment, fixtures and fittings | 5 years |
| IT equipment | 3 years |
| Vehicles | 5 years |
| Software | 5 years |

Land valued at £31,250 within Freehold property is not depreciated.

o) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

p) Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in fair value is recognised in the statement of financial activities. The valuation method used to determine fair value will be stated in the notes to the accounts.

q) Investments in subsidiaries

Investments in subsidiaries are at cost.

r) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charity of these goods is recognised as income when sold.

s) Debtors

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

t) Cash at bank and in hand

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

u) Short term deposits

Short term deposits represent amounts held on deposit with a maturity of between 3 months and one year.

v) Creditors and provisions

Creditors and provisions are recognised where the charity 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. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

w) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

Notes on the Financial Statements (continued)

2 Voluntary income

| | 2025 | | | 2024 | | |
|---------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | £ | £ | £ | £ | £ | £ |
| Donations | 1,561,762 | 4,137,705 | 5,699,467 | 1,218,221 | 1,270,808 | 2,489,029 |
| Legacies | 2,873,918 | - | 2,873,918 | 3,967,933 | 77,368 | 4,045,301 |
| Total income | 4,435,680 | 4,137,705 | 8,573,385 | 5,186,154 | 1,348,176 | 6,534,330 |

At the year end the charity had been notified of two material legacies that it was unable to measure reliably at that time. We have now been informed that these two legacies have a combined value of c £4.5m. Since the year end the charity has received £327k as an interim payment from one of these two estates.

3 Income from charitable activities

| | 2025 | | | 2024 | | |
|--|------------------|----------------|------------------|------------------|----------------|------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | £ | £ | £ | £ | £ | £ |
| Grants: | | | | | | |
| NHS Surrey Heartlands & Frimley ICBs | 3,772,553 | - | 3,772,553 | 2,457,970 | - | 2,457,970 |
| Hospice UK/HMG Grant | - | 296,546 | 296,546 | - | - | - |
| Surrey Heath CCG Home Support | - | - | - | - | 11,063 | 11,063 |
| Other CCG support | - | 44,675 | 44,675 | - | 781,800 | 781,800 |
| Continuing Health | - | 94,528 | 94,528 | - | 124,888 | 124,888 |
| Total grant income | 3,772,553 | 435,749 | 4,208,302 | 2,457,970 | 917,751 | 3,375,721 |
| Other income | 36,191 | - | 36,191 | 132 | - | 132 |
| Total income from charitable activities | 3,808,744 | 435,749 | 4,244,493 | 2,458,102 | 917,751 | 3,375,853 |

4 Income from investments

| | 2025 | | | 2024 | | |
|-------------------------------------|----------------|--------------|----------------|----------------|--------------|----------------|
| | Unrestricted | Endowment | Total | Unrestricted | Endowment | Total |
| | £ | £ | £ | £ | £ | £ |
| Investments (interests & dividends) | 222,239 | 2,352 | 224,591 | 199,271 | 4,428 | 203,699 |
| Investment property income | 8,000 | - | 8,000 | 8,220 | - | 8,220 |
| Term deposit interest | 376,635 | - | 376,635 | 90,330 | - | 90,330 |
| Bank interest | 140,564 | - | 140,564 | 410,172 | - | 410,172 |
| Total income | 747,438 | 2,352 | 749,790 | 707,993 | 4,428 | 712,421 |

Notes on the Financial Statements (continued)

For the year ended 31 March 2025

5a Analysis of expenditure (current year)

| | Charitable activities | | | | | | | 2025 Total | 2024 Total |
|---------------------------------------|-----------------------------|------------------|------------------------------|-------------------|---------------------|------------------|--------------------------|-------------------|-------------------|
| | Cost of raising funds | In- Patient | Living Well (outpatients) | Community Care | Governance costs | Support costs | Redevelop- ment costs | | |
| | £ | £ | £ | £ | £ | £ | £ | | |
| Staff costs (Note 7) | 2,013,882 | 2,848,145 | 434,266 | 4,334,429 | 18,376 | 1,517,797 | 88,931 | 11,255,827 | 10,748,992 |
| Fundraising/ Retail costs | 377,878 | - | - | - | - | - | 67,336 | 445,214 | 415,431 |
| Marketing & Communications | 39,959 | 23,924 | 9,570 | 23,924 | - | - | - | 97,376 | 95,207 |
| Lottery costs | 668,530 | - | - | - | - | - | - | 668,530 | 699,860 |
| Catering | - | 14,397 | 3,058 | 327 | - | 7,268 | - | 25,050 | 175,873 |
| Premises | 774,678 | - | 52,265 | 52,265 | - | 62,280 | 609,075 | 1,550,564 | 1,399,923 |
| Travel | 35,166 | - | 4,978 | 86,860 | - | 8,422 | 19,098 | 154,524 | 134,400 |
| Consumables | - | 70,458 | 9,795 | 35,302 | - | 1,768 | - | 117,323 | 126,414 |
| Depreciation & loss on disposal | 40,557 | 17,444 | 12,740 | 14,656 | - | 65,876 | 15,000 | 166,272 | 2,036,837 |
| Maintenance & repairs | - | 48,153 | 742 | 9,343 | - | 23,279 | - | 81,516 | 92,665 |
| Subscriptions & publications | - | 1,991 | 244 | 3,069 | - | 10,888 | - | 16,191 | 14,320 |
| IT | 25,105 | 18,037 | 2,207 | 27,811 | - | 320,780 | 1,648 | 395,588 | 394,727 |
| Insurance | 32,251 | - | 333 | 3,000 | 1,500 | 22,593 | - | 59,678 | 70,223 |
| Audit & accountancy fees | 4,970 | - | - | - | 19,650 | - | - | 24,620 | 21,388 |
| Legal & professional fees | - | 1,426 | 175 | 2,199 | 6,350 | 8,960 | - | 19,110 | (898) |
| Office costs | - | 1,367 | 167 | 17,585 | - | 25,024 | - | 44,144 | 37,459 |
| Investment management costs | 29,300 | - | - | - | - | - | - | 29,300 | 28,287 |
| Total resources expended | 4,042,277 | 3,045,342 | 530,539 | 4,610,770 | 45,876 | 2,074,934 | 801,088 | 15,150,827 | 16,491,108 |
| Governance costs | 12,617 | 15,002 | 3,503 | 14,754 | (45,876) | - | - | - | - |
| Support costs | 488,720 | 755,428 | 147,491 | 683,295 | - | (2,074,934) | - | - | - |
| Redevelopment costs | 54,311 | 560,150 | 67,746 | 118,882 | - | - | (801,088) | - | - |
| Total expenditure 2025 | 4,597,923 | 4,375,923 | 749,280 | 5,427,701 | - | - | - | 15,150,827 | - |
| Total expenditure 2024 | 4,278,405 | 5,920,374 | 1,185,349 | 5,106,980 | - | - | - | - | 16,491,108 |

Notes on the Financial Statements (continued)

5b Analysis of expenditure (prior year)

| | Charitable activities | | | | | | | 2024 Total |
|---------------------------------------|-----------------------|------------------|---------------------------|------------------|------------------|------------------|---------------------|-------------------|
| | Cost of raising funds | In-Patient | Living Well (outpatients) | Community Care | Governance costs | Support costs | Redevelopment costs | |
| | £ | £ | £ | £ | £ | £ | £ | |
| Staff costs (Note 7) | 1,786,426 | 2,874,503 | 727,870 | 3,821,448 | 48,881 | 1,348,198 | 141,666 | 10,748,992 |
| Fundraising/ Retail costs | 322,310 | - | - | - | - | - | 93,121 | 415,431 |
| Marketing & Communications | 39,450 | 23,232 | 9,293 | 23,232 | - | - | - | 95,207 |
| Lottery costs | 699,860 | - | - | - | - | - | - | 699,860 |
| Catering | - | 134,642 | 4,250 | - | - | 7,111 | 29,870 | 175,873 |
| Premises | 695,376 | - | 42,439 | 42,439 | - | 81,132 | 538,537 | 1,399,923 |
| Travel | 29,648 | - | 4,677 | 79,495 | - | 6,396 | 14,184 | 134,400 |
| Consumables | - | 76,670 | 13,810 | 34,386 | - | 1,548 | - | 126,414 |
| Depreciation & loss on disposal | 34,279 | 32,744 | 9,307 | 11,906 | - | 115,387 | 1,833,214 | 2,036,837 |
| Maintenance & repairs | - | 40,711 | 775 | 3,487 | - | 47,692 | - | 92,665 |
| Subscriptions & publications | - | 2,457 | 546 | 2,457 | - | 8,860 | - | 14,320 |
| IT | 24,572 | 25,354 | 5,634 | 25,354 | - | 285,568 | 28,245 | 394,727 |
| Insurance | 30,717 | - | 150 | 1,350 | 1,500 | 36,506 | - | 70,223 |
| Audit & accountancy fees | 4,613 | - | - | - | 16,775 | - | - | 21,388 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 140 | (6,698) | - | (898) |
| Office costs | - | 2,004 | 445 | 13,715 | - | 21,295 | - | 37,459 |
| Investment management costs | 28,287 | - | - | - | - | - | - | 28,287 |
| Total resources expended | 3,695,538 | 3,214,864 | 819,762 | 4,061,816 | 67,296 | 1,952,995 | 2,678,837 | 16,491,108 |
| Governance costs | 18,507 | 22,007 | 5,139 | 21,643 | (67,296) | - | - | - |
| Support costs | 382,747 | 810,362 | 133,905 | 625,981 | - | (1,952,995) | - | - |
| Redevelopment costs | 181,613 | 1,873,141 | 226,543 | 397,540 | - | - | (2,678,837) | - |
| Total expenditure 2024 | 4,278,405 | 5,920,374 | 1,185,349 | 5,106,980 | - | - | - | 16,491,108 |

Notes on the Financial Statements (continued)

For the year ended 31 March 2024

6 Net income / (expenditure) for the year

This is stated after charging:

| | 2025 | 2024 |
|--|------------------|-----------|
| | £ | £ |
| Depreciation | 163,603 | 218,623 |
| Loss on disposal of fixed assets | 2,668 | - |
| Write down on demolition of freehold property | - | 1,818,214 |
| Operating lease rentals: | | |
| Property | 1,021,718 | 814,547 |
| Other | 7,412 | 7,412 |
| Auditor's remuneration (excluding VAT): | | |
| Audit - Charity | 17,800 | 15,400 |
| Audit - Trading Company | 3,880 | 3,600 |
| Other Services | 2,940 | 2,388 |

7 Analysis of staff costs, the cost of key management personnel and trustees' remuneration and expenses

a) Staff costs were as follows:

| | 2025 | 2024 |
|--|-------------------|-------------------|
| | £ | £ |
| Salaries and wages | 9,179,265 | 8,711,481 |
| Termination costs | 8,509 | - |
| Social security costs | 905,118 | 836,807 |
| Employer's contribution to pension schemes | 738,729 | 722,879 |
| Self-employed / contractors costs | 295,514 | 371,433 |
| Other forms of employee benefits | 128,693 | 106,390 |
| Total | 11,255,827 | 10,748,990 |

b) The following number of employees received employee benefits (excluding employer pension costs and employer national insurance contributions) during the year between:

| | 2025 | 2024 |
|---------------------|------|------|
| | No. | No. |
| £60,000 - £69,999 | 2 | 2 |
| £70,000 - £79,999 | 2 | 5 |
| £80,000 - £89,999 | 3 | - |
| £90,000 - £99,999 | 1 | 1 |
| £100,000 - £109,999 | 1 | - |
| £110,000 - £119,999 | 1 | 1 |
| £150,000 - £159,999 | - | - |
| £170,000 - £179,999 | 1 | 1 |

The employees above include eight medical/clinical staff, the CEO and two other members of the SMT, with the highest paid employee being from the medical team (2024: six medical/clinical staff, the CEO and three other members of the SMT, with the highest paid employee being from the medical team).

The total employee benefits, including pension contributions and employer national insurance, of the nine (2024: seven) key management personnel listed on page 3 were £802,186 (2024: £742,807).

c) The charity trustees were not paid nor received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil).

Travel expenses of £38 were incurred by one trustee (2024: £63).

Notes on the Financial Statements (continued)

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

| | 2025 | 2024 |
|----------------------------|------------|------------|
| | No. | No. |
| Nursing staff | 105 | 112 |
| Medical staff | 9 | 10 |
| Clinical support staff | 23 | 24 |
| Patient and Family Support | 15 | 15 |
| Therapists | 18 | 18 |
| Fundraising and publicity | 22 | 21 |
| Retail staff | 78 | 73 |
| Administration | 29 | 26 |
| Support staff | 32 | 32 |
| Education staff | 8 | 6 |
| Total | 339 | 336 |

The average number of full time equivalent employees was as follows:

| | 2025 | 2024 |
|----------------------------|--------------|--------------|
| | No. | No. |
| Nursing staff | 78.5 | 81.1 |
| Medical staff | 6.8 | 6.5 |
| Clinical support staff | 15.1 | 16.8 |
| Patient and Family Support | 9.8 | 10.3 |
| Therapists | 13.3 | 12.8 |
| Fundraising and publicity | 17.4 | 16.8 |
| Retail staff | 44.6 | 42.4 |
| Administration | 22.0 | 21.1 |
| Support staff | 16.7 | 16.5 |
| Education staff | 4.7 | 4.3 |
| Total | 229.0 | 228.7 |

9 Related party transactions

The Phyllis Tuckwell Memorial Hospice Limited owns 50% of Tuckwell Chase Lottery Limited. The Hospice received £561,920 (net) during the year from the Lottery company (2024: £591,926). The remaining 50% is owned by Shooting Star Children's Hospices.

Phyllis Tuckwell Memorial Hospice Limited recognises 50% of the total income and expenditure from the Tuckwell Chase Lottery Limited in the Statement of Financial Activities. In substance, the Tuckwell Chase Lottery pays over 50% of its generated surplus throughout the year. Any difference between the amounts paid over during the year and the surplus for Tuckwell Chase Lottery Limited at the end of the year is recognised as a debtor or creditor by the Phyllis Tuckwell Memorial Hospice Limited at the end of the year.

There are no donations from related parties which are outside the normal course of fundraising activities and no restricted donations from related parties.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary PTH Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £nil (2024: £nil).

Notes on the Financial Statements (continued)

For the year ended 31 March 2025

11 Tangible fixed assets

For the group and the charity

| | Freehold property | Clinical Equipment | Equipment & Other Assets | Assets under construction | Total |
|-------------------------------|-------------------|--------------------|--------------------------|---------------------------|------------------|
| | £ | £ | £ | £ | £ |
| Cost | | | | | |
| At the start of the year | 997,036 | 143,700 | 1,426,081 | 706,286 | 3,273,103 |
| Additions in year | - | 6,758 | 91,414 | 4,588,845 | 4,687,017 |
| Disposals in year | - | - | (17,000) | - | (17,000) |
| At the end of the year | 997,036 | 150,458 | 1,500,495 | 5,295,131 | 7,943,120 |
| Depreciation | | | | | |
| At the start of the year | 243,209 | 94,690 | 868,904 | - | 1,206,803 |
| Charge for the year | 13,068 | 17,443 | 133,092 | - | 163,603 |
| Eliminated on disposal | - | - | (14,332) | - | (14,332) |
| At the end of the year | 256,277 | 112,133 | 987,663 | - | 1,356,074 |
| Net book value | | | | | |
| At the end of the year | 740,759 | 38,325 | 512,832 | 5,295,131 | 6,587,046 |
| At the start of the year | 753,827 | 49,010 | 557,177 | 706,286 | 2,066,300 |

Assets under construction relate to construction costs of the new hospice and fees incurred (e.g. architect and engineering fees). In accordance with our accounting policy, they have not been depreciated.

Within these assets under construction are items of value £296,546 funded by HMG via Hospice UK.

12 Investment properties

| | The group | | The charity | |
|-----------------------------------|----------------|---------|----------------|---------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| Fair value at start of year | 100,000 | 100,000 | 100,000 | 100,000 |
| Fair value at the end of the year | 100,000 | 100,000 | 100,000 | 100,000 |

The charity received the freehold interest in a property as the result of a legacy. The charity has reviewed a valuation undertaken by a recognised professional independent valuer at 31 March 2025 and considered this and current market conditions when determining the value at 31 March 2025.

Notes on the Financial Statements (continued)

13 Investments

Investments comprise:

| | The group | | The charity | |
|-----------------------------------|------------------|------------------|------------------|------------------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| UK fixed interest corporate bonds | 2,432,988 | 2,459,235 | 2,432,988 | 2,459,235 |
| UK listed equities | 310,054 | 330,541 | 310,054 | 330,541 |
| UK listed overseas equities | 2,615,178 | 2,654,964 | 2,615,178 | 2,654,964 |
| Investment Property funds | 222,069 | 309,006 | 222,069 | 309,006 |
| Other listed investments | 1,301,154 | 1,200,091 | 1,301,154 | 1,200,091 |
| Term cash investments | - | - | - | - |
| Investment portfolio cash | 108,645 | 34,401 | 108,645 | 34,401 |
| Investment portfolio value | 6,990,088 | 6,988,238 | 6,990,088 | 6,988,238 |
| Investment in subsidiary | - | - | 1 | 1 |
| Total value of investments | 6,990,088 | 6,988,238 | 6,990,089 | 6,988,239 |

Movement in the investment portfolio fair value:

| | The group | | The charity | |
|--|------------------|------------------|------------------|------------------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| Fair value at the start of the year excluding cash | 6,953,837 | 6,719,985 | 6,953,838 | 6,719,986 |
| Additions at cost | 925,024 | 2,438,087 | 925,024 | 2,438,087 |
| Disposal proceeds | (1,033,560) | (2,419,969) | (1,033,560) | (2,419,969) |
| Net gain in fair value | 36,142 | 215,734 | 36,142 | 215,734 |
| Sub-total | 6,881,443 | 6,953,837 | 6,881,444 | 6,953,838 |
| Cash held by investment manager pending reinvestment | 108,645 | 34,401 | 108,645 | 34,401 |
| Fair value at the end of the year | 6,990,088 | 6,988,238 | 6,990,089 | 6,988,239 |
| Historic cost at the end of the year | 6,567,943 | 6,628,031 | 6,567,944 | 6,628,032 |

Notes on the Financial Statements (continued)

14 Subsidiary undertaking and parent charity results

The charitable company owns the whole of the issued ordinary share capital of PTH Trading Limited, a company registered in England. The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the Statement of Financial Activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiary is shown below:

| | 2025 | 2024 |
|---|----------|----------|
| | £ | £ |
| Turnover | 102,190 | 106,084 |
| Cost of sales | (20,196) | (17,595) |
| Gross profit | 81,994 | 88,489 |
| Administrative expenses | (4,947) | (4,613) |
| Management charge payable to parent charity | (6,000) | (6,000) |
| Profit on ordinary activities | 71,047 | 77,876 |
| Taxation | - | - |
| Profit for the financial year | 71,047 | 77,876 |

Retained earnings

| | 2025 | 2024 |
|--|----------|----------|
| | £ | £ |
| Total retained earnings brought forward | - | - |
| Profit for the financial year | 71,047 | 77,876 |
| Distribution paid in the year under Gift Aid to parent charity | (71,047) | (77,876) |
| Total retained earnings carried forward | - | - |

The aggregate of the assets, liabilities and reserves was:

| | 2025 | 2024 |
|-------------|----------|---------|
| | £ | £ |
| Assets | 12,699 | 9,717 |
| Liabilities | (12,698) | (9,716) |
| Reserves | 1 | 1 |

Amounts owed to the parent undertaking are shown in Note 16.

The parent charity's gross income and the results for the year are disclosed as follows:

| | 2025 | 2024 |
|---------------------|------------|------------|
| | £ | £ |
| Gross income | 19,156,712 | 16,646,557 |
| Result for the year | 4,067,171 | 393,391 |

Notes on the Financial Statements (continued)

15 Stocks

| | The group | | The charity | |
|----------------|--------------|------------|-------------|----------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| Finished goods | 6,061 | 910 | - | - |
| Total | 6,061 | 910 | - | - |

16 Debtors

| | The group | | The charity | |
|----------------------------|------------------|------------------|------------------|------------------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| Tax and social security | 414,346 | 149,252 | 414,346 | 149,252 |
| Trade debtors | 108,167 | 182,543 | 108,167 | 182,543 |
| Other debtors | 639,656 | 1,829,255 | 639,656 | 1,829,250 |
| Prepayments | 331,553 | 267,988 | 331,553 | 267,988 |
| Amount due from subsidiary | - | - | 6,960 | 2,761 |
| Total | 1,493,722 | 2,429,038 | 1,500,682 | 2,431,794 |

17 Creditors: amounts falling due within one year

| | The group | | The charity | |
|------------------------------|------------------|----------------|------------------|----------------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| Taxation and social security | 199,679 | 189,682 | 198,854 | 187,340 |
| Trade creditors | 708,699 | 182,849 | 708,699 | 182,849 |
| Other creditors | - | 642 | - | 642 |
| Accruals | 267,883 | 188,609 | 262,970 | 183,995 |
| Pension accruals | 107,021 | 104,424 | 107,021 | 104,424 |
| Deferred income | 116,427 | 128,944 | 116,427 | 128,944 |
| Total | 1,399,709 | 795,150 | 1,393,971 | 788,194 |

Note: Increase in Trade Creditors due to newbuild construction costs for Q4 payable after the year end.

Notes on the Financial Statements (continued)

18 Deferred income

Deferred income comprises various amounts relating to fundraising events being held in 2025/26.

| | The group | | The charity | |
|---------------------------------------|----------------|----------------|----------------|----------------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| Balance at the beginning of the year | 128,944 | 539,883 | 128,944 | 539,883 |
| Amount released to income in the year | (128,944) | (539,883) | (128,944) | (539,883) |
| Amount deferred in the year | 116,427 | 128,944 | 116,427 | 128,944 |
| Balance at the end of the year | 116,427 | 128,944 | 116,427 | 128,944 |

19 Pension schemes

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on

valuation data as 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend contribution rates payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Notes on the Financial Statements (continued)

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Phyllis Tuckwell operates a Group Personal Pension Plan. This plan is administered and invested with Aviva, with advice and support provided by Chase de Vere Independent Financial Advisers Ltd. It is a money purchase plan and all eligible employees are automatically enrolled after three months'

service, unless they ask to join earlier. Contributions are on a matched basis of between 4% and 7.5%. Employees may contribute more to the plan. Membership of the plan entitles the employee to Life Assurance cover of 2.5 x annual earnings.

20a Analysis of group net assets between funds (current year)

| | General unrestricted funds | Designated funds | Restricted funds | Endowment funds | Total funds |
|--|----------------------------|-------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 6,035,707 | 254,793 | - | 6,290,500 |
| Tangible fixed asset - Hospice UK funded | - | - | 296,546 | - | 296,546 |
| Investment properties | 100,000 | - | - | - | 100,000 |
| Investments | - | 6,920,906 | - | 69,182 | 6,990,088 |
| Net current assets | 6,517,038 | 2,479,092 | 5,254,092 | - | 14,251,099 |
| Net assets as at 31 March 2025 | 6,617,038 | 15,435,705 | 5,806,308 | 69,182 | 27,928,233 |

20b Analysis of group net assets between funds (prior year)

| | General unrestricted funds | Designated funds | Restricted funds | Endowment funds | Total funds |
|---------------------------------------|----------------------------|-------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 1,781,474 | 284,826 | - | 2,066,300 |
| Investment properties | 100,000 | - | - | - | 100,000 |
| Investments | - | 6,919,056 | - | 69,182 | 6,988,238 |
| Net current assets | 5,833,678 | 7,580,944 | 1,291,902 | - | 14,706,524 |
| Net assets as at 31 March 2024 | 5,933,678 | 16,281,474 | 1,576,728 | 69,182 | 23,861,062 |

Notes on the Financial Statements (continued)

21a Movements in funds (current year)

| | At 1 April 2024 | Income & gains | Expenditure & losses | Transfers | At 31 March 2025 |
|---------------------------------|-------------------|-------------------|----------------------|------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 2,352 | (2,352) | - | 69,182 |
| Total endowment funds | 69,182 | 2,352 | (2,352) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 216,712 | - | (3,000) | - | 213,712 |
| Hospice UK fund | - | 296,546 | - | - | 296,546 |
| Other capital items | 68,114 | - | (21,231) | (5,802) | 41,081 |
| Donations/Grants expended: | | | | | |
| Capital Appeal | 1,240,103 | 4,027,175 | (24,288) | - | 5,242,990 |
| NHS Home Support | - | - | - | - | - |
| IPU & other | 51,548 | 217,493 | (259,777) | - | 9,264 |
| Therapists | 250 | - | (250) | - | - |
| Community Care | - | 48,486 | (51,573) | 5,802 | 2,715 |
| Total restricted funds | 1,576,727 | 4,589,700 | (360,119) | - | 5,806,308 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 1,781,474 | - | - | 4,254,231 | 6,035,705 |
| Buildings development fund | 11,500,000 | - | - | (7,100,000) | 4,400,000 |
| Services development fund | - | - | - | 3,000,000 | 3,000,000 |
| Operational plan fund | 3,000,000 | - | - | (1,000,000) | 2,000,000 |
| Total designated funds | 16,281,474 | - | - | (845,769) | 15,435,705 |
| General funds | 5,933,680 | 14,625,944 | (14,788,354) | 845,769 | 6,617,039 |
| Total unrestricted funds | 22,215,154 | 14,625,944 | (14,788,354) | - | 22,052,744 |
| Total funds | 23,861,062 | 19,217,997 | (15,150,826) | - | 27,928,233 |

Transfer within restricted funds to reallocate historic funds to the current project.

Notes on the Financial Statements (continued)

21b Movements in funds (prior year)

| | At 1 April 2023 | Income and gains | Expenditure and losses | Transfers | At 31 March 2024 |
|---------------------------------|-------------------|-------------------|------------------------|--------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 4,428 | (4,428) | - | 69,182 |
| Total endowment funds | 69,182 | 4,428 | (4,428) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 779,075 | - | (665,510) | 103,147 | 216,712 |
| Other capital items | 173,650 | 7,032 | (9,421) | (103,147) | 68,114 |
| Donations/Grants expended: | | | | | |
| Capital Appeal | 400 | 1,258,277 | (18,575) | - | 1,240,103 |
| NHS Home Support | - | 11,063 | (11,063) | - | - |
| IPU & other | 13,775 | 1,062,968 | (1,025,194) | - | 51,548 |
| Therapists | 250 | - | - | - | 250 |
| Community Care | - | 35,000 | (35,000) | - | - |
| Total restricted funds | 967,150 | 2,374,340 | (1,764,763) | - | 1,576,727 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,090,374 | - | - | (308,900) | 1,781,474 |
| Buildings development fund | 10,000,000 | - | - | 1,500,000 | 11,500,000 |
| Services development fund | 500,000 | - | - | (500,000) | - |
| Operational plan fund | 5,500,000 | - | - | (2,500,000) | 3,000,000 |
| Total designated funds | 18,090,374 | - | - | (1,808,900) | 16,281,474 |
| General funds | 4,340,964 | 13,805,878 | (14,022,062) | 1,808,900 | 5,933,680 |
| Total unrestricted funds | 22,431,338 | 13,805,878 | (14,022,062) | - | 22,215,154 |
| Total funds | 23,467,670 | 16,184,646 | (15,791,253) | - | 23,861,062 |

Notes on the Financial Statements (continued)

Purposes of endowment funds

Jenabai Ebrahim Endowment Fund

The Jenabai Ebrahim Endowment Fund was donated by Professor Zef Ebrahim in memory of his mother. The income from this fund is used to support one of our In-Patient Unit rooms.

Purposes of restricted funds

Building projects completed

These are donations which have been specifically made to a number of building projects for the modernisation and expansion of the Hospice. All donations have been used as part of expenditure on the modernisation of the Hospice and are included in fixed assets. These appeals are now closed and the outgoings relate to depreciation.

Other capital items

These are donations made for specific items of equipment (fixed assets), which have been purchased in the year or are to be purchased in the coming year.

Donations/grants expended

Hospice UK fund - The purpose of this Hospice Capital Grant, which is being administered by, and disseminated to hospices via Hospice UK, is to support charitable hospices to improve or maintain their physical estate through the following capital investment schemes:

Renovation, refurbishment and potentially replacement of buildings, equipment, and accommodation to ensure that patients continue to receive the best care possible, e.g. refurbishing bedrooms and bathrooms for patients and providing comfortable overnight facilities for families.

Capital schemes that generate a revenue benefit such as insulation, heating and lighting upgrades and energy efficiency.

Improving garden and outdoor spaces so patients and their families can spend time outdoors in greener and cleaner spaces.

This grant has been used to fund part of the construction of our new hospice (note 11).

IPU - donations made to support the work carried out on our In-Patient Unit.

Therapists - donations made to support the provision of therapists.

Community Care - various donations received which are specifically restricted for care at home/community care.

Living Well - donations made to support the provision of the Living Well services. Living Well services comprise our traditional day services as well as groups and outpatients and care in the community.

Purposes of designated funds

Property fund

The property fund represents the net book value of tangible fixed assets that were purchased with unrestricted funds.

Buildings Development fund

This fund was established to accrue funds to assist with the costs of any new premises that may be required in the future. This project is now underway.

Service Development fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the trustees need to know that it can be funded for at least three years. This fund provides this financial backing, thereby speeding up the development of services.

Operational Plan fund

This fund is to cover the investments in our general operating plan over the next four to five years. It will ensure the plan is adequately funded through a period of economic uncertainty. We have a risk based attitude to assessing our funding requirements.

Notes on the Financial Statements (continued)

22 Operating lease commitments

For the group and charity

The total future minimum lease payments under non-cancellable operating leases is as follows for each of the respective periods:

| | Property | | Equipment | |
|--------------------|------------------|------------------|--------------|--------------|
| | 2025 | 2024 | 2025 | 2024 |
| | £ | £ | £ | £ |
| Less than one year | 584,824 | 803,407 | 2,796 | 4,652 |
| One to five years | 637,639 | 795,587 | 699 | 3,495 |
| Over five years | - | - | - | - |
| Total | 1,222,463 | 1,598,994 | 3,495 | 8,147 |

23 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member, in the event of winding up, is limited to £1.

24 Capital commitments

At the balance sheet date, the charity had committed to £7.3m (2024: £11.8m) in respect of a new hospice building. This is adequately covered by the designated Building Development fund within our reserves and income from the Capital Appeal.



Sarah Church, Chief Executive

PHYLLIS TUCKWELL MEMORIAL HOSPICE LTD

England & Wales - Charity number 264501

Accounts

Phyllis Tuckwell Memorial Hospice Limited

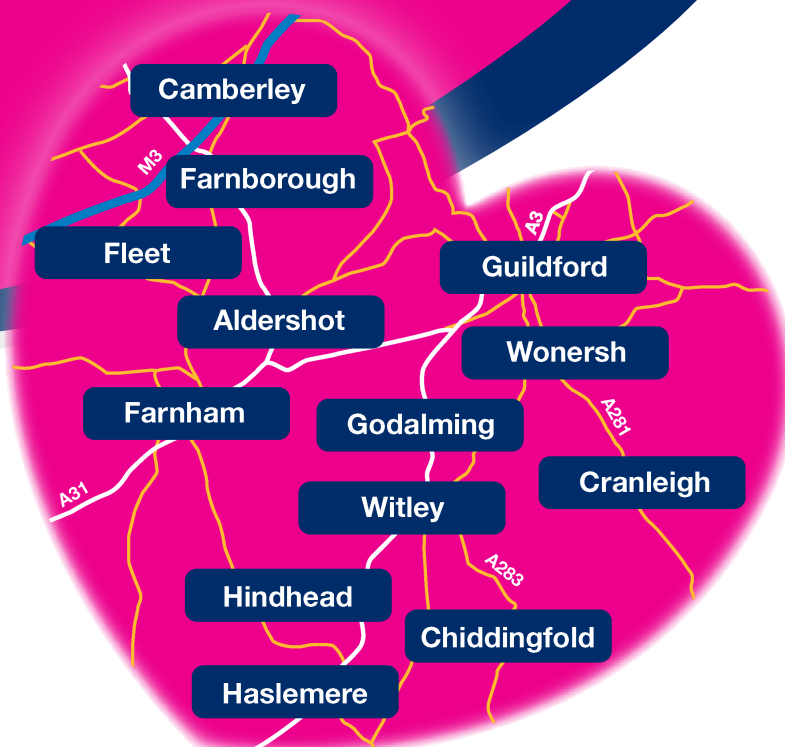


Phyllis[®]
Tuckwell
Hospice Care
...because every
day is precious

Report and Financial Statements For the year ended 31 March 2024



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Reference and Administrative Details

| | |
|--|--|
| Company number | 1063033 |
| Charity number | 264501 |
| Country of registration | England & Wales |
| Country of incorporation | United Kingdom |
| Registered office and operational address | Waverley Lane, FARNHAM, Surrey GU9 8BL |
| Status | The organisation is a charitable company limited by guarantee, incorporated on 27 July 1972 and registered as a charity on 8 September 1972. The organisation operates under the name Phyllis Tuckwell. |
| Trustees | Trustees, who are also directors under company law, who served during the year and up to the date of the signing of this report, were as follows: Alison Huggett Chair Richard Hunt Vice Chair Dr Robert Laing Ken Ratcliff David Tomlinson (until 14 June 2024) Elizabeth Wells Anne Whelan Emma McLachlan Dr Andrew Brooks Lillian Nsomi-Campbell Andrew Stent |
| President | Chris Tuckwell |
| Company Secretary | Mark Beale |
| Key management personnel | Sarah Church Chief Executive Dr Cate Seton-Jones Medical Director Catherine van't Riet Director of Patient Services Mark Beale Director of Finance & Business Development Peter Foxtan Director of Income Generation (until 18 July 2024) Jaci Curtis-Donnelly Director of People Tony Carpenter Director of Marketing & Communications |
| Bankers | Lloyds Bank plc 147, High Street, GUILDFORD, Surrey GU1 3AG |
| Investment Managers | Rathbones Group PLC 30 Gresham Street, LONDON, EC2V 7QN |
| Auditor | Sayer Vincent LLP Chartered Accountants and Statutory Auditor 110 Golden Lane, LONDON, EC1Y 0TG |
| Solicitor | Stevens & Bolton LLP Solicitors Wey House, Farnham Rd, GUILDFORD GU1 4YD |

Section 1 Introduction from the Chair

It has been a pleasure to lead this amazing charity this past year through, probably, the largest upheaval in our history.

The real highlight of the year was the successful logistical challenge of moving our patients and staff from our hospice home of over 45 years, to temporary locations throughout our catchment area, in preparation for the build of our new Hospice. It was a bittersweet moment as, tinged with sadness, we said goodbye to a building that has served us so well, we look forward to the excitement of building a new, larger, state-of-the-art Hospice.

In the last year (2023/24):

- Our clear ambition was to maintain our complete service offering to care for as many people as we could, yet mindful that our move would impact on numbers slightly. We knew that inpatient numbers would reduce, as we moved to a temporary location with fewer beds. Our community referrals also reduced slightly as some referrers thought we were closed, despite clear communication that we would continue our care throughout this period.
- The investment in IT over recent years really helped the move go smoothly and has given us resilience, now that all our support staff can work from anywhere, and community-based clinicians can access systems remotely.
- We made good progress in starting to build "Your new Hospice". Having moved off-site in summer 2023, demolition and site clearance took place through the autumn, in readiness to appoint a separate building contractor. We are delighted to have appointed EW Beard, who started on-site in April 2024, and it is great to see the work progressing, to enable us to return early in 2026.



- We commenced the important task to raise the £6m we need to finish the project, through trusts and philanthropic bodies, and planned for the final £3m public phase of the Capital Appeal.
- We made progress in strengthening our relationships with local delivery partners and the NHS. We would like to pass on our thanks to colleagues in the NHS for their help during this transitional period.

Looking ahead, building on the achievements of the last five years, we will launch our next five-year strategy in 2024. This will build on our expertise to provide high quality, holistic, supportive end of life care. We will: ensure that we support as many people as possible, through direct care and education and training for colleagues in the wider healthcare community; adapt our services to the changing needs of an ageing population; continue to operate as a high performing, financially secure, well-led charity; plan and implement the return to our Hospice site and working from the new Hospice.



As ever, it's not really about buildings, it's all about people. The care we provide to local people – individuals and their families - continues to be of exceptionally high quality and is gratefully appreciated by so many people. Our staff and volunteers have been incredibly loyal and supportive through all the disruption – and I want to say thank you to each one of them. We could not do it without you.

Our Income Generation team performed exceptionally well in an uncertain economy, with retail raising more than £3m for the first time ever, and our best-ever result for legacies, at over £4m. We remain humbled and so grateful to our generous community for their support, which is at the heart of everything we do, and which enables us to continue providing our vital care for the local community.

I would particularly like to thank my talented fellow trustees who give so much of their time and whose expertise we rely on so much. I would also like to thank Peter Foxton for everything he delivered through his highly successful period as director of income generation. We will miss him, but wish him well in his exciting new CEO role at another healthcare charity. I am grateful, as ever, to our strong executive senior team, who continue to provide such excellent leadership for the organisation and care so passionately about the people we serve.

Our greatest thanks go to the wonderful people who work and volunteer for Phyllis Tuckwell (PT) for their continued support and amazing efforts – all of which, no matter what their role, enables us to provide outstanding care for those in our local community living with an advanced or terminal illness, and make the Phyllis Tuckwell team so warm, welcoming and wonderful.



Alison Huggett
Chairman



Objectives and Activities

Mission, Vision and 5-Year Strategy

Mission:

To care compassionately for adults living with an advanced or terminal illness, and those closest to them, so that they have the best possible quality of life and the patients' final days are peaceful...because every day is precious.

Vision:

Easy access to compassionate supportive and end of life care for patients and families in a place of their choice.

Strategy:

Our five-year strategy ran from 2019–2024, and was reviewed by the Board at its annual strategy away-day. We explored our performance against the ambitions we had: to increase the number of people we cared for and expand the range of our services. We also discussed the challenges of caring for an aging population and the way the experience of terminal illness and end of life is changing.

Our strategic goals were:

- We will provide - and be able to demonstrate - high quality palliative and End of Life (EoL) care services to patients, and their families and carers.
- We will empower others to provide high quality palliative and EoL care through partnership working and education and training, and be recognised as experts in care provision and an authoritative voice at the decision-making table.
- We will generate sufficient funds to enable us to deliver our clinical services and demonstrate that we are good stewards of the money donated to us.
- We will remain an independent organisation and demonstrate organisational efficiency and effectiveness.

Our core VALUES



Our new strategy (to be published in the second half of 2024) sets out our ambitions for the next five years and will be centred on **delivering high quality, compassionate end of life care; attracting and retaining great people (staff and volunteers); and being financially sustainable and well run.**

- Phyllis Tuckwell exists to provide direct specialist palliative care, as well as education, training and advice to support delivery of palliative care by others. All our services are delivered free of charge to patients and their families. Patients are referred by GPs, community nurses, hospital teams or other health and social care professionals, and are considered based on clinical need alone.
- The trustees confirm that they have referred to the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and business planning, and are satisfied that public benefit is at the heart of everything we do.

How we delivered in 2023/24.

We provided high quality palliative and end of life care services to patients, and their families and carers.

- We cared for 1,977 patients and a further 858 carers (usually family members).
- We are maintaining our services during the build period, with a reduced number of inpatient beds (10 beds down from 14).
- We continue to receive very positive feedback about the quality and compassion of the care we provide.

We helped as many people as possible through education and training, as well as giving advice to other health professionals.

The training offered in 2023/24 was provided free of charge to those working in our local catchment area.

- Total attendances at our education sessions in 2023/24 were 2,791.
- Internal attendances have remained high at 1,348.
- Care homes education was also well attended with 734 people joining our sessions.

We generated sufficient funds to enable us to deliver our clinical services and demonstrated we are making good use of the money donated to us.

- We had a very strong performance financially in 2023/24. Our planned deficit was £1.5m but stronger than expected legacy and NHS contributions meant that we ended the year with a net surplus in total funds. This was made up of a surplus on restricted funds due to fundraising for the Capital Appeal, and a deficit on unrestricted funds.
- Our shops and retail operations had the best year ever, bringing in more than £3m – an amazing result and an ROI of 31%
- For every pound we spend, 74p goes towards patient and family care.

We demonstrated organisational efficiency and effectiveness in the way we delivered our care.

- We focused on our staff and volunteers and their wellbeing as we moved many of our operations to temporary locations. Their resilience has been wonderful and we are so grateful to everyone involved for their humour and 'can do' approach to the move.
- We invested in staff education, so staff feel confident and able to put their skills to good use helping our patients and their families. We have expanded our portfolio of education to include training on dementia.
- We have continued to roll out digital solutions/ infrastructure so that our staff can work from anywhere, anytime, and have started to update our software applications so we can be more efficient and have better data about our activities.
- Our Board has continued to provide oversight, support and challenge through digital channels, as well as face-to-face meetings.

Trustees reviewed our performance against our five-year strategy (2019-2024) and satisfied themselves that we had achieved the objectives we set ourselves.

We increased the number of people we care for (supporting 10,300 patients over 5 years), extended our range of services to develop and expand our 'Living Well' offer and expanded the care we offer people in their own homes. We have significantly increased our education and training provision. Alongside this, we weathered the pandemic with both our staff and finances coming through in a strong position, with the confidence we could proceed with the new Hospice project. Overall, we are in good health as we move into the next five-year strategy period.

Section 4 Our Performance

For much of the year most of our services have been operating from temporary locations, whilst we build a new Hospice in Farnham.

During this time, we continue to provide supportive and end of life care for adult patients and families living with an

advanced or terminal illness, across the whole of West Surrey and part of North-East Hampshire.

Referrals and patients supported

Below is a summary of the referrals and support we offered in 2023/24.

| Phyllis Tuckwell | 2022/23 | 2023/24 |
|--|---------|---------|
| Patient supported - all services | 2,150 | 1,977 |
| Carers supported | 811 | 858 |
| Referrals to PT | 1,795 | 1,608 |
| Percentage of patients who were referred without a primary diagnosis of cancer | 41.6% | 44.5% |

Phyllis Tuckwell underwent significant changes during 2023/24, with the relocation of our site-based services over the period July to September, and a reduction of our inpatient bed numbers from 14 to 10 beds. Consequently, we experienced a reduction in referrals of 10%. Despite this change we have supported 1,977 patients (8% fewer than in 2022/23) and 858 carers (5.5% more than in 2022/23).

As well as for patients referred to us for direct care, we offered telephone support and advice to numerous patients and their healthcare professionals via our advice and support line and education services.

Most people we supported were cared for in their own homes. We helped them to control their symptoms, manage the impact of their illness, maintain their quality of life, and remain as independent as possible.

Our responsive service and our virtual ward continue to help to relieve pressure on the NHS and to provide patients and families with a good quality service when they need it most, offering specialist palliative care for those people with the most complex palliative care needs.

In-Patient Unit

Our In-Patient Unit (IPU) is where we care for people with complex needs, who require daily medical attention and round-the-clock nursing care.

Some patients are admitted as they have requested to spend their last days with us rather than dying at home. There were 253 admissions over the last twelve months which equated to 3,900 occupied bed days. Since moving out of our old building into our temporary accommodation, we have had to reduce from 14 to 10 beds. We are endeavouring to use this to serve as many patients as possible, which is reflected in the high ward occupancy (94%). We care for patients as they approach the very end of life and, in 2023/24, 212 people died on our IPU (250 in 2022/23).

| In-Patient Unit | 2022/23 | 2023/24 |
|-----------------------|---------|---------|
| Total admissions | 303 | 253 |
| % patients going home | 18% | 17% |
| % bed occupancy | 92% | 94% |



Living Well (LW) groups

Our Living Well groups have all been located at the Beacon Centre in Guildford since August 2023.

| Living Well groups | 2022/23 | 2023/24 |
|--|---------|---------|
| Referrals | 293 | 238 |
| Patients supported in Living Well groups | 551 | 494 |
| Carers supported in groups | 155 | 171 |
| Face-to-face contacts in Living Well | 4,148 | 3,612 |
| Non-face-to-face contacts in Living Well | 3,182 | 3,158 |

Prior to the move, the Beacon Centre had extensive renovations, designed to enhance our outpatient and group spaces and to provide a significantly improved environment for patients and our community services. Improvements included making two large rooms available so that groups can be run concurrently.

The Living Well service enables patients and families to, as far as possible, manage their symptoms and emotional needs, remain active and engaged in the activities which they would usually take part in, and do so for as long as possible.

We offer Living Well groups, where patients and carers can share their experiences associated with living with an advanced or terminal illness with each other, as well as with our multi-professional team of nurses, occupational therapists, physiotherapists, complementary therapists, and our Pastoral Care team, all of whom offer support, advice and share their skills and knowledge. The service covers all aspects of palliative care – physical, practical, emotional, social and spiritual. Groups are popular with patients, families, carers, staff and volunteers, and through regular formal and informal feedback we have received overwhelmingly positive and constructive comments about them.





We have enhanced our support for families and carers during 2023/24, with an online carers group, established during the pandemic, which has developed and evolved. Carers consistently feedback that sessions are informative, useful and relevant to their role. The carer support group includes, 'The Story of Me', 'Carer resources and forward planning', 'Managing relationships when they change', 'What to expect when someone is dying' and 'Coping strategies'. It also includes 'Caring, a carer's perspective', which is facilitated by a carer who shares their own personal experience.

We have also introduced weekly Carer Support drop-in sessions which are run by a Phyllis Tuckwell patient and family advisor. Carers can drop in without an appointment to find out information on things such as welfare benefits, getting a Blue Badge, packages of care, and referrals to Adult Social Care. Information is also available on Wills, Power of Attorney, funerals, meal preparation options, housing issues, pendant alarms and key safes. Virtual appointments can be arranged for any carers unable to attend in person.

Phyllis Tuckwell Memorial Hospice Ltd **Annual Report and Financial Statements 2024**

We personalise our care according to the preferences of the patients who are attending the groups. An example of this was when a patient told us that she would love to attend a George Michael tribute act at a local theatre. She requested a Living Well 'outing' for patients to go together. We were keen to make this happen, and it was easy to find a few other patients who also wanted to attend. Each patient and staff member paid for their own ticket, and the evening was such a great success that we are hoping to facilitate more offsite experiences for our patients in the future.

Advance care planning is an integral part of the Living Well provision. During 2023/24, registered nurses were trained to have Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) conversations with patients, and to complete the documentation which enables patients to have a conversation about this with someone they know and trust.

Hospice Care at Home

Most of our care takes place in patients' own homes. 1,913 patients were supported at home and, within that, our Hospice Care at Home nursing team received 444 referrals for patients needing end of life care, to allow them to stay at home.

We work alongside patients' families, carers and our local community care partners, such as General Practitioners (GPs) and NHS community nurses, to provide compassionate and timely support to patients and families at the end of life. This joined-up care includes skilled communication, assessment, symptom control, nursing interventions, tailored personal care, providing information about the dying process, and dignified care before and after death. The multi-disciplinary team works around patient and family needs, providing them with holistic practical, emotional, spiritual, financial and bereavement support.

Being able to die in their own homes is hugely important to many of our patients, and we are proud of the care which we provide to support them to do this. Overall, in 2023/24, 887 of our patients died at home who might otherwise have died in hospital. In supporting a person to die at home, we are supporting their choices and reducing pressure on the NHS.

We continued to provide face-to-face specialist palliative care support to patients living in care homes in 2023/24. This year, the whole Community team supported over 600 patients in their care homes with 4,750 contacts, giving specialist advice.

There has been an increase in growth in the number of family members supported and in the number of face-to-face contacts with carers in 2023/24. This is despite the reduction in patients supported and suggests that we are proactively assessing and supporting carers' needs in line with our approach, which focusses on the whole family. In 2022/23 the number of carers supported was 37% of the number of patients supported, whereas in 2023/24 this increased to 43%.



| Carers and bereavement | 2022/23 | 2023/24 |
|--------------------------------------|---------|---------|
| Total number of carers supported | 811 | 858 |
| Face-to-face contacts in bereavement | 1,422 | 1,383 |
| Bereavement group attendances | 229 | 229 |

“Extending our Reach” to help everyone we can

We moved to new premises in August 2023 to allow for the new Hospice build, and continue to run a wide and varied suite of training.

We are proud of our excellent knowledge and skills in palliative and end of life care, and of our many highly trained and specialised staff. Our Education and Training team are dedicated to improving the overall standard of end of life care in our community. They provide training sessions not only for our own staff, but also for other local health and social care providers, so that those needing palliative and end of life care can receive it from healthcare professionals with a strong knowledge base and skills. Our external education programme offers both online and face-to-face training sessions. The training offered in 2023/24 was provided free of charge to those working in our local catchment area.

We maintain a training calendar, outlining our training and development offering to internal and external candidates. New courses 2024/25 include: Foundation Communication Skills; Intermediate Communication Skills; Understanding and Managing Grief; and Bereavement and Loss. A Palliative and End of Life Care (PEoLC) update is fully embedded. Our clinical skills sessions in Verification of Expected Death, Syringe Pump Training and Subcutaneous Fluid Hydration remain in demand.

| Education | 2022/23 | 2023/24 |
|---------------------|---------|---------|
| Total attendees | 2,824 | 2,791 |
| Internal attendees | 1,608 | 1,279 |
| Care home attendees | 918 | 734 |



Registration & Safeguarding

PT is registered with the Care Quality Commission (CQC), the independent regulator of all health and social care providers in England, which ensures that we meet our legal obligations in all aspects of the care which we provide.

There have been no conditions attached to registration, or any special reviews or investigations that have impacted on our registration status during 2023/24.

An audit of our Safeguarding Template was undertaken against standards related to leadership and oversight, including ensuring that policies, procedures, governance, recruitment, induction, training and procedures are in place.

We appointed a new safeguarding lead in November 2023. There were 106 documented discussions with the Phyllis Tuckwell safeguarding lead this year and 22 referrals to MASH. As the team are caring for some of the most vulnerable people, there is a focus on prevention and early intervention, involving all relevant members of the multi-professional team. We also ensure that carer strain (cited as the most common cause for safeguarding concerns within community healthcare) is managed, which demonstrates our proactive approach.

Compliments

"I can't even begin to express my gratitude to all the staff at Phyllis Tuckwell for their exemplary care and kindness they showed to me and my children for the two days my husband was in your care. He died peacefully with dignity in a beautiful quiet room... with me and my children beside him. The great kindness and understanding the staff gave us was wonderful and so very comforting at this terribly sad time... Thank you: you are the most amazing people."

"To everyone who has treated me with such kindness and respect. I am now in a nursing home. I can only say how grateful I am for everything you did, have done and for the assistance with the funding for the home."

You are just incredible, an incredible organisation, an incredible set of people. My family, friends and I are extremely grateful for all you have done. Thank you PT, thank all of you, you will be remembered when I am gone."

"I wanted to say a huge thank you for all you did for us as a family when our dear Mum was being cared for at home. Having the right equipment in place at the right time was a challenge, but totally pivotal to us being able to keep Mum at home where she wanted to be. You were so kind and gentle and patient with us, and your input in those weeks was hugely appreciated. Although those weeks were painful in the extreme, knowing we had professionals on hand to advise... and teach us made such a difference. It became a comfort to see familiar faces come through the door. We are aware that much must have gone on behind the scenes too, to secure certain bits of equipment...which meant we didn't have to use our energies doing so."



Feedback about our Services



We proactively seek feedback from patients, families and carers about their experience of our services, to inform our development, by sending or distributing a survey.

In 2023/24 we received 101 responses. The results were very impressive with 100% being achieved in many domains.

The table below gives a summary of the patient experience activity April 2023 - March 2024.

| | Yes | No | N/A | Not sure |
|---|------|-----|-----|----------|
| Did staff introduce themselves? | 100% | 0% | 0% | 0% |
| Did you feel you were given sufficient information? | 98% | 0% | 2% | 0% |
| Do you have confidence in the staff providing your care? | 100% | 0% | 0% | 0% |
| Have you received a patient information pack/brochure? | 86% | 10% | 3% | 1% |
| Were we responsive to your needs at the time? | 98% | 1% | 1% | 0% |
| Were you treated with dignity and respect? | 100% | 0% | 0% | 0% |

Our Wonderful Team - staff and volunteers

PT is so fortunate to have such an amazing group of people working and volunteering for us.

They have demonstrated enormous flexibility and compassion through the disruption of moving offsite to temporary locations – determined to make sure that the people we care for don't experience disruption and that care is seamless throughout. **The wellbeing of our staff is of paramount importance and this year has been no exception.** Alongside our Employee Assistance Program and internal support such as Clinical Supervision, we have put in place a pulse survey which regularly captures how staff are feeling. The feedback enables us to direct support, establish what works well and see where further improvements can be made.

Staff and volunteers also completed the Hospice UK survey, in conjunction with Birdsong Charity Consulting. This survey enables PT to compare our performance with other hospices who took part. Our results were impressive; the only area which PT could do better, in comparison to other hospices, was with our sustainability, where staff felt there was more that PT could be doing. On the back of this, **our Eco group has been re-established.**

We held social events such as BBQs on both the Beacon Centre and Farnham Hospice site, including a splendid event to say farewell to the old Hospice shortly before we moved offsite. These events created a positive buzz around the organisation and were very well received. We have also introduced a social committee which organises ad hoc events for staff. This enables teams to come together and get to know people from other teams whom they might not ordinarily meet.

People have really appreciated the chance to get involved and work with others whom they may not usually interact with. Despite the changes in our working locations, this brought people together and was received positively.

In 2022/23 we were pleased to be able to give a 3% pay award, and this year for 2023/24 were able to give 4%. This is to say thank you to our teams and is also in recognition that external pressures, such as cost of living increases and the disruption of operating from temporary sites, have a real impact.

Income Generation

Fundraising, legacies and retail operations had a very strong year with retail doing exceptionally well, generating more than £3m for the first time ever, with a surplus of £960k.

We continued to build back our community and events programme following the pandemic and successfully launched several new campaigns including an expanded Open Gardens programme and a Motor Show, both of which were well received.

Work continued on the Capital Appeal for the new Hospice with several large pledges received from philanthropic individuals and grant giving Trusts. We launched a public campaign, entitled the 'Your New Hospice Appeal', in spring 2024.



How Trustees support the work of Phyllis Tuckwell

As a charity, our trustees need to make sure that all our work is focused on achieving our charitable goals.

Our trustees take this responsibility very seriously, and work to ensure that decisions take the long-term consequences into account, along with the interests of our staff and patients alike. They also ensure we are professional in the way we work with suppliers and that our relationship with the NHS is well organised.

Maintaining the support of our wider community, protecting our environment and maintaining our reputation for high standards in the way we work, are also issues the Board considers on a regular basis.



Alison Huggett
Chair



Richard Hunt
Vice Chair /
Chair: Resources
Sub-Committee



David Tomlinson
Chair: Income
Generation
Sub-Committee



Ken Ratcliff
Chair: Finance, Audit
& Investment
Sub-Committee



Dr Andrew Brooks
Chair: People &
Wellbeing
Sub-Committee



Dr Robert Laing
Chair: Clinical
Governance
Sub-Committee



Anne Whelan
Chair: Clinical Strategy
Sub-Committee



Andrew Stent



Lillian Nsomi-Campbell



Emma McLachlan



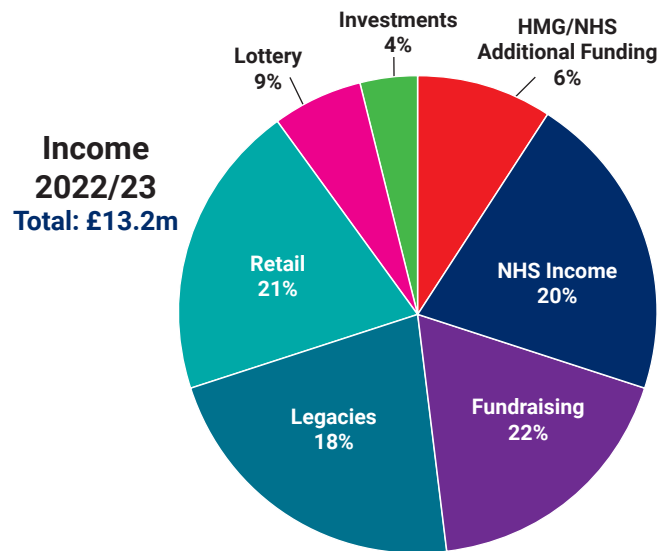
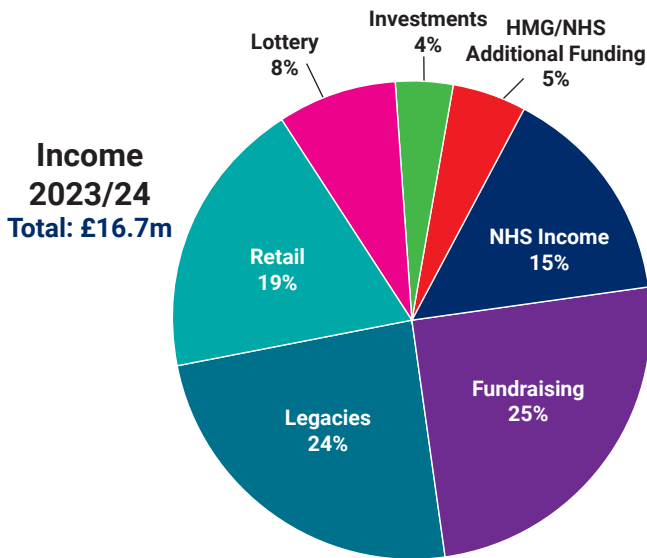
Lizzie Wells

Financial Review

The total operational result for the financial year 2023/24 was a surplus, despite a budgeted operational loss. This was due to exceptional legacy income, and additional NHS income for some additional work.

Retail performed especially well bringing in revenue of more than £3.1m and a profit of £960k.

The Capital Appeal launched well bringing £1.3m within voluntary income during the financial year.



Key Financial Facts

2023/24

£16.7m

2022/23

£13.2m

Total income for the year was £16.7m (2022/23 £13.2m).

2023/24

£16.5m

2022/23

£14.3m

Total expenditure for the year was £16.5m (2022/23 £14.3m).

This gave us a totally operating surplus of £178k (2023/24 £1.1m deficit). The NHS contributed towards 24% of the ongoing operational costs of the charity.

After a gain on investments of £216k the result for the year was a surplus on restricted funds of £609k, but a deficit on unrestricted funds of £216k.

The total reserves of the charity therefore increased by £393k to £23.9m. The balance on the General Reserve was £5.9m.

The turnover of PTH Trading Ltd for the financial year 2023/24 was £106,084 (2022/23 £92,064). The profit for the year was £77,876 (2022/23 £60,476) which was gift aided to the charity.



Investments

At the start of the financial year the charity held £11.8m of investments. £6.8m of these were non-cash investments within our portfolio.

At 31 March 2024 the charity held £7.0m in non-cash investments. These generated £203k of interest and dividends during the year and an unrealised gain of £216k.

The investment portfolio is managed on a discretionary basis by professional investment managers Rathbones (following a merger with Investec Wealth and Investment). The only ethical restriction imposed by the Board is that there must

be no direct investment in any securities issued by tobacco companies and any amount within a tracker or unit trust fund must be insignificant. The Finance Sub-Committee is comfortable with the policies that Rathbones use to satisfy themselves that proper environmental, social and governance principles are integrated into the operations of companies they invest in.

A bespoke benchmark is set for the funds with pre-set amounts of different classes of asset. The actual results are then compared to the benchmarks.

There is a trustee-approved reserves policy in place.

The General Reserve is to enable Phyllis Tuckwell to continue to deliver a full range of services should there be an unexpected fall in income. If income cannot be restored to previous levels, then services may have to be curtailed, but changes can be implemented in a planned way.

The policy is reviewed each year and a target level for the General Reserve is calculated at the end of each financial year, based on the approved budget for the next year, the general economic climate and recent trends in charity giving. The target for 2024/25 is £4.2m to £5.6m, which equates to around six months of budgeted charitable expenditure. At 31 March 2024 the balance on the General Reserve was £5.9m.

Endowment Fund – The Jenabai Ebrahim fund, with income generated each year used to fund one of the inpatient rooms.

Restricted Funds - £1.6m held for specific purposes as determined by the donor. 97% of these relate to building projects.

The charity has four designated funds:

i. Property Fund

This fund represents the net value of Tangible Fixed Assets that were purchased with unrestricted funds.

ii. Building Development Fund

This fund was established to accrue funds to assist with the costs of any new premises or major refurbishments that may be required in the future. This has been increased to £11.5m to reflect the anticipated funding for the new build hospice from reserves.

iii. Operational Plan Fund

This fund is to cover the investments in our general operating plan over the next four to five years. It is to fund our planned deficit budgets, ensuring the plan is adequately funded through a period of economic uncertainty.



Sustainability: Streamlined energy & carbon reporting

Phyllis Tuckwell uses energy in the form of gas, electricity and fuel for vehicles, operating solely within the UK.

Transport data is captured from two datasets; fuel cards which detail the quantity of fuel purchased in litres, and mileage claims in respect of employees using personal vehicles for business purposes.

2023/24 is the fifth year that we have collected this data. The table below provides a comparison to the 2022/23 data. This comparison shows a 5% decrease in energy usage for 2023/24.

While some opportunities do exist to reduce energy use and drive energy efficiency, these are limited. Specifically, the sites which would benefit most from investment in energy are sites where such investment is not commercially viable, including shops which we occupy on short-term leases and

where we are not responsible for the fabric of the building. Our main Hospice building was demolished during the year and a new modern energy efficient Hospice is being built in its place.

The organisation achieved Phase Two ESOS compliance in May 2022 and has taken some steps towards reducing energy use, considering the rebuild.

Additional measures are planned where efficient, including improved insulation, further training for staff and ensuring energy efficiency is a considered when procuring new devices.

Our energy usage in 2023-24 and comparison to 2022-23

| Measure | 2022/23 | | 2023/24 | | % Change |
|--|----------------------|-------------------|----------------------|-------------------|-------------------|
| | kWh/miles/ litres | tonnes of CO2e | kWh/miles/ litres | tonnes of CO2e | tonnes of CO2e |
| Gas consumption (kWh) | 686,482 | 126.3 | 400,868 | 73.8 | -42% |
| Electricity consumption (kWh) | 517,345 | 120.5 | 558,805 | 130.2 | 8% |
| Kerosene (DC) (litres) | - | - | 4,000 | 10.0 | - |
| Travel (miles) | 242,177 | 61.5 | 316,607 | 80.4 | 31% |
| TOTAL | 1,446,004 | 308 | 1,280,281 | 294 | -5% |
| Intensity metric - kg of CO2e per patient supported | | 143.4kg | - | 148.9kg | 4% |

Notes on Preparation

Greenhouse gas (GHG) emissions have been calculated using the UK DEFRA condensed carbon conversion factors dataset and emissions are presented in CO2e (Carbon Dioxide Equivalent). We have identified a metric of emissions per patient supported and these are shown above. However, as mentioned elsewhere in this report, as fewer patients were cared for during the year (due to the move) the emission per patient metric has increased despite the overall reduction in energy usage.

The above reported figures do not include usage for premises where the organisation has service agreements and/or is not charged for energy usage as a tenant due to a lack of access to this data.

We do not keep records regarding the size or type of fuel used in employees' personal vehicles. CO2e has therefore been calculated for claimed mileage based on the UK DEFRA condensed carbon conversion factors dataset, using the "average" personal vehicle and "unknown" fuel types.

Plans for the Future

Our top priority is to provide people with high quality, compassionate end of life care.

The best way of doing this is to grow and support our great team of motivated, skilled staff and volunteers. We have found that the move into open plan offices as part of our temporary accommodation has helped to build camaraderie and develop even better working relationships between teams.

We will focus on making progress in building 'Your New Hospice' through 2024/25 with the aim of commissioning the building early in 2026.

We will start work delivering the priorities within our new five-year strategy, building on our current strengths and services, and adapting to the challenges of an aging population.

We will continue to support all our people, giving them the chance to develop their skills and experience, recruiting new members of the team, and making sure we look after them and their wellbeing. We recognise the challenge and disruption that moving into temporary accommodation has had and are so proud of the way our teams have settled into new spaces whilst we carry out the new Hospice build.

We will focus on equality, diversity and inclusion for the people we care for, our staff and volunteers.

We will take action to make sure that we are accessible, flexible and that our face-to-face services meet the needs of everybody in our community. We have noticed that more and more people are looking for flexibility in their private and working lives and are adapting our services and team structures to accommodate this.

We will also increase the efforts we put into supporting people through others – through training care homes' staff and others on latest thinking and practice in end of life care, or by providing advice to community nurses, GPs and others.



We will maintain our charitable income generation activity, ensuring we have enough income to keep our operations going whilst we complete the task of raising capital for the new Hospice build on our existing site in Farnham.

We are really pleased to have secured new arrangements with our NHS partners which put the resources associated with running a virtual ward and a responsive service into our baseline funding. We continue to work with Frimley ICS to agree a pathway to an enduring funding model with parity between the hospices operating in the area.

We will continue to make it easy for patients, families and supporters to engage with us digitally if they want to.

Our data analysis and suite of KPIs will help us analyse what we have achieved and track progress against the ambitions of our next five-year strategy.

We aim to work ever more closely with other hospices and colleagues working locally across the health and adult social care field - collaborating to support delivery of the Surrey Heartlands End of Life Care Strategy and the Frimley Integrated Care System's (ICS's) palliative and end of life care priorities.

Facilities for the Future



2024 sees us right in the middle of an ambitious project to build a new Hospice on our Farnham site.

It has been estimated that by 2040 the number of people dying in our area will increase by 25%.

There are already more people who need us than we currently have the capacity to support, with people dying whilst on our waiting lists, before they receive the specialist care they deserve. Our previous building had served us well but was not suitable for the increased demands we face.

With an ageing population, people are living longer and developing multiple complex medical conditions, so that in the coming years the need for the type of specialist palliative care that we provide will increase further.

Also, by 2040 70% of people will die at home, so we need to be increasingly flexible and reflect the preferences of the community we serve.

Therefore, in order to increase our capacity and help reduce NHS pressure and hospital admissions, we are building a new modern Hospice, fit for the 21st century, with facilities that will enable us to care for thousands more people in a variety of ways: increasing numbers on our IPU, offering more outpatient services, and providing improved community services for those at home or in care homes.

It will be funded with the support of our local communities, and care for the people of our local communities. It is not 'our' Hospice, it is 'Your' Hospice.

It will be sustainable, with renewable energy sources, maximum insulation, reduced water consumption, and will protect local wildlife. We will reuse and recycle materials wherever possible.

The main area of the new Hospice will be a larger 18-bed In-Patient Unit, increasing from our previous 14 beds, which will provide exceptional care to patients with high dependency medical and nursing needs.

The 18 spacious, en-suite IPU rooms will enable us to care for 25% more people than we could previously accommodate. Equipped with state-of-the-art technology and designed to be dementia friendly, it will offer patients greater levels of comfort, privacy and infection control. Every patient room will have patio doors, providing lots of natural light, as well as direct access to private patios and beautiful, secure gardens.

The new Hospice will also be a hub for our expanded Community and Hospice Care at Home teams and provide improved outpatient facilities with consulting and treatment rooms, a multi-functional Wellbeing & Living Well Suite, and a new exercise suite to help patients build muscle strength, improve coordination and help with their ability to cope with symptoms such as breathlessness.

Our Education team will use the new meetings rooms to train and educate colleagues in the NHS and social care, as well as our own staff, and modern workspaces will help us attract and retain our valued workforce and enable the new Hospice to be a Centre of Excellence in palliative care.

As a result, thousands of clinicians will deliver higher quality care, benefiting tens of thousands of patients from both within our catchment area and further afield.

We have the full support from our local community. Demolition started in summer 2023, building the new Hospice commenced in April 2024 and we plan to open the new Hospice early in 2026.

Whilst we are offsite, we continue to offer patients and families the same high-quality services, but from temporary locations: the IPU is located in a dedicated wing of a local care home in Camberley; we are using our Beacon Centre site in Guildford to house more of our Community and Living Well services, and our Community and Hospice Care at Home services are also being coordinated from the Beacon Centre; we have new retail headquarters in Farnborough; and most of our support staff are based in an office building in Farnham town centre.

Now the build is underway, we know that the full costs of the project are likely to be £17.5m. This is a significant investment by the charity, towards improving the provision of healthcare services in our community.

We have £11.5m in designated reserves, and have launched a £6m Capital Appeal, seeking major gifts from trusts, corporates, foundations, statutory sources and individuals. At the end of 2023/24 we had secured pledges of well over £3m.

We are extremely confident it delivers value for money and, as a direct result of building our new Hospice, within just ten years we estimate that we will be helping 40% more people than we are able to today.



Section 7 Leadership & How we Work

Trustees & the Board

Trustees are appointed at the Annual General Meeting. They are selected through a process of open competition based on their skills and experience. New trustees attend an induction day. They also meet with each of the senior team as part of their induction. We are always seeking to increase the diversity of age, ethnicity and perspective when vacancies arise. Page 3 lists the current make-up of the Trustee Board.

The management of Phyllis Tuckwell is the responsibility of the trustees, who are directors for the purposes of company law and trustees for the purpose of charity law. The day-to-day running of Phyllis Tuckwell is devolved to the chief executive and Senior Management team.

The Chair reviews the structure, composition and terms of reference of the sub-committees and carries out a Board review annually to assess where things are going well, and where there is scope for improvement. We have refined the 'Board Wheel' to put a regular programme of Board activities into an annual calendar. We make sure we have a 'patient story' at the start of each Board meeting and review participants' experience at the end of each sub-committee and Board meeting, to ensure we are as inclusive as possible and that we stay focused on the needs of our patients and staff.

The full list of sub-committees and their main responsibilities is below:

- **Finance** - financial health and sustainability of the organisation, as well as ensuring that internal controls are effective.
- **Clinical Strategy** – overall clinical direction and priorities.
- **Clinical Governance** – clinical performance and safe/best practice.
- **People** – workforce strategy for staff and volunteers, as well as remuneration (working closely with the Finance sub-committee).
- **Income Generation** – priorities and plans for income generation activities.
- **Operations** – estates, fleet, sustainability and corporate social responsibility.
- **New Hospice Steering Group** – oversight of the project to build the new Hospice.



Communication & Engagement with Staff and the Board

Weekly Senior Management meetings with monthly Middle Managers meeting were held to ensure that all our people were kept fully informed about what is happening in the organisation and more widely. This has been invaluable during the process of moving teams from one site to another, as well as thinking about priorities for our five-year strategy. In addition, they provide an opportunity for all to feedback via managers any concerns or suggestions for improvement.

We continued to make good use of the company intranet, posting regular updates, including the monthly Team Brief. This ensured that views were heard, that people were able to influence decisions, and that everyone continued to be kept up-to-date with matters affecting the organisation, their teams and themselves.

Staff were informed of our financial position via briefings from the director of finance & business development. They were encouraged to ask questions or seek further clarification if needed. The aim was to provide a forum for discussion of the organisation's finances and to reassure staff that our financial position was robust and well-managed.

We continued with both online meetings and face-to-face meetings, including a series of 18 face-to-face meetings with staff and volunteers, as part of our work on the new five-year strategy. Whilst nothing replaces face-to-face discussions, online meetings continue to be widely used and give a great deal of flexibility. Information from all meetings and events was cascaded to the Hospice Managers and then to the rest of the organisation.





Phyllis Tuckwell aims to be a diverse and inclusive organisation, one that reflects the population in our catchment area.

We have worked with Access to Work to support our disabled people, ensuring that they have the necessary equipment and are able to obtain transport where required, so that they may continue in their roles.

The Diversity and Inclusion focus group, made up of interested staff across the organisation, meet to consider all aspects of diversity and inclusion for our patients and workforce.

Our aim is to operate as a single, empowered team, coming together to agree our approach to issues that need everyone to work together, and

underpinned by clear roles and accountabilities. The organisation is committed to eliminating discrimination on any basis. We believe in fairness and equality, and value diversity in all our dealings, both as a provider of end of life care and also as an employer. We recognise, value and respect everyone as individuals with diverse opinions, cultures, lifestyles and circumstances, understanding that each of us is unique, and recognising and appreciating our differences and commonalities.

Employee/Volunteer Information

The Senior Management team (SMT) meet monthly with Hospice Managers to discuss the business and performance of the organisation, changes to ways of working and to gather feedback and updates from each area.

The meeting also provides the SMT and managers with time to inform each other as to what is happening across the organisation.

This information is cascaded to the rest of the workforce via team meetings, one-to-ones and on the organisation's intranet. Feedback is sought from everyone.

Anyone can raise questions, queries or make suggestions to their managers, senior managers, or directly to the chief executive.

Every six months the chief executive provides an update on the organisation's progress against the strategy, priorities for the next six months and an opportunity for the SMT to raise issues and explore how things are for each of them. This has happened a bit more frequently during the process of moving to temporary locations, and developing the new strategy.

We run regular pulse surveys to understand how people are feeling about the support and communication they receive, and what the SMT may do differently to improve this. Feedback is given anonymously and is cascaded via our employee intranet and discussed at the Senior Management Meeting.

PT is fortunate to be supported by a fantastic team of 694 volunteers. Our volunteers support all areas of the organisation, including retail, fundraising, administration and clinical roles across our estate. Roles vary from driving patients, to helping in our Living Well service, on our In-Patient Unit and in various patient facing and therapeutic roles. Volunteers receive a monthly newsletter keeping them up-to-date with PT news, and have regular ongoing contact with their line managers and the Voluntary Services team. This enables volunteers to feedback queries and offer suggestions.



Remuneration Policy

Phyllis Tuckwell is committed to ensuring that we pay our staff fairly and in a way which ensures we attract and retain the right skills to have the greatest impact in delivering our charitable objectives.

In deciding senior pay awards, we consider the national recommendations for Charity Senior Executive Pay and follow these where appropriate. We have a People Board Sub-Committee, which looks at all matters relating to staff and volunteers. The Chair of this Board Sub-Committee, along with the Chair of the Board and the Chair of the Finance Board Sub-Committee, form a Remuneration Sub-Group of the Board. The main responsibilities of this group are to determine the remuneration package for the CEO and

significant changes to the Senior Management team. All other remuneration discussions outside of the CEO's level of authority, take place at the People Board Sub-Committee. In determining Phyllis Tuckwell's remuneration policy, the People Board Sub-Committee takes into account all factors such as external and internal benchmarking, including comparators of both charity and public sector pay awards, as and when necessary. Recommendations are submitted to the Board of trustees for ratification.

How We Raise Money

We have to raise 75% of our total income ourselves.

Roughly a quarter comes from NHS funding. In 2023/24 we benefitted from one-off funding from the NHS in recognition of the role we have played in providing a rapid responsive service and virtual ward. We are extremely grateful for much-needed funding, however we still had to raise around £9m ourselves, (alongside trying to raise an additional £6m for the Capital Appeal for the new Hospice). We are constantly amazed and inspired by how much support we receive from supporters and donors. We believe this is, in part, because of the effort we put into securing and maintaining the trust of our supporters and by keeping our community engaged through regular social media activity.

Our fundraising involves encouraging donations and gifts in wills, running events, engaging our local community to fundraise on our behalf, running a chain of charity shops, working with local companies and applying for grants from Trusts. In 2023/24 we also launched a Capital Appeal to raise £6 million of funding needed for our new Hospice. At the end of the financial year we had secured pledges for over £3m.

We voluntarily subscribe to the Fundraising Regulator and respond quickly to any complaints. In 2023/24, from tens of thousands of transactions, we received just five complaints, all of which were dealt with satisfactorily, and none was referred to the Fundraising Regulator.

We also adhere to the Code of Fundraising Practice which ensures we work appropriately with those who are vulnerable or who need additional support.



Connecting with Others

Relationships with wider interests and related parties.

We work closely with six neighbouring hospices, local care homes and NHS organisations.

The value of close integration with other health and social care providers has never been clearer than over the last few years. We have worked as a team to manage the impact of the pandemic and subsequent cost of living crisis together.

The NHS landscape is complex and active.

We work across part of the Frimley Healthcare ICS and Surrey Heartlands ICS areas, two acute hospitals (Frimley Health and Royal Surrey County Hospital), Guildford & Waverley Alliance Partnership (ICP) and Frimley CCG (bringing together North East Hampshire & Farnham, Surrey Heath and East Berkshire Clinical Commissioning Groups).

We have strong operational relationships with our local Commissioning partners, and have kept them informed about our performance over the last year on a regular basis. We look forward to working together over the next year.

We have had meetings with the Care Quality Commission (CQC) to provide assurance about our plans to offer our services from temporary locations. We also

ensure that the CQC are kept up-to-date with any serious incidents or significant events.

Phyllis Tuckwell also owns 50% of the Tuckwell Chase Lottery Limited (TCL), from which we receive funds. The other 50% is owned by Shooting Star Children's Hospice. The Lottery Company pays half its profits to each owner. During 2023/24 Phyllis Tuckwell received £592k (net) from TCL (2022/23: £504k). TCL take their responsibilities for fundraising very seriously and are committed to best practice standards. They are a member of the Lotteries Council and The Hospice Lotteries Association and are regulated by the Gambling Commission under the 2005 Gambling Act.

Phyllis Tuckwell owns the whole of the issued ordinary share capital of PTH Trading Limited. (Company number 06906850). The subsidiary is used for non-primary purpose trading activities. Available profits are gift aided to the charity.

Managing Risk

The Board holds proactive, regular discussion of the things that could jeopardise delivery of our strategy.

The Board has identified ten strategic risks that are monitored at quarterly Board meetings, with a 'deep dive' into one of the main areas of risk twice a year. The next level of risks is kept under regular review by the relevant sub-committee with an expectation that any emerging issues can be escalated to the Board.

The key risks in 2023/24 were around staff morale, as we moved people into temporary accommodation, the risk that patient care might be impacted by the move, in particular the reduction down to 10 IPU beds, and that the broader economic challenges might impact on our ability to generate income.

We carried out deep dives into staff morale as well as our financial sustainability (focusing on the pressure building a new hospice would put on our cashflow, reserves and long-term ability to generate income).

We take business continuity seriously, and regularly review and update our plans. We carried out a 'whole organisation' test in the first half of 2024 to ensure we can communicate quickly and efficiently with everyone. We have also invested considerably in our digital security and the robustness of our digital environment to make sure that, should something happen to one of our physical sites, staff can continue working.

Trustee Statement

Statement of Responsibilities of the Trustees

The trustees (who are also directors of Phyllis Tuckwell Memorial Hospice Ltd for the purpose of company law) 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).

Company law 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 charitable company and group, and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and statements of recommended practice 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 operation.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all steps that they should have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2024 was 45 (2023 – 56). The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report, including the strategic report, was approved by the trustees on 25th July 2024 and signed on their behalf by

Alison Huggett

Chair

Independent Auditor's Report

To the members of Phyllis Tuckwell Memorial Hospice Limited

Opinion

We have audited the financial statements of Phyllis Tuckwell Memorial Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2024 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2024 and of the group's resources and application of resources, including its income and expenditure, for the year then ended.
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are 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. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions

that, individually or collectively, may cast significant doubt on Phyllis Tuckwell Memorial Hospice Limited's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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 group financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's/group's policies and procedures relating to:
 - Identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

Independent Auditor's Report (continued)

- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity/group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity/group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Joanna Pittman (Senior statutory auditor)

15 August 2024

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Consolidated Statement of Financial Activities

incorporating an Income and Expenditure account

For the year ended 31 March 2024

| | Note | 2024 | | | 2023 | | |
|--|------|-------------------|--------------------------|-------------------|--------------------|--------------------------|--------------------|
| | | Unrestricted | Restricted/ Endowment | Total | Unrestricted | Restricted/ Endowment | Total |
| | | £ | £ | £ | £ | £ | £ |
| Incoming resources: | | | | | | | |
| Voluntary income | 2 | 5,186,154 | 1,348,176 | 6,534,330 | 3,631,930 | 10,500 | 3,642,430 |
| Activities for generating funds: | | | | | | | |
| Fundraising | | 1,543,812 | 108,413 | 1,652,225 | 1,448,655 | 202,581 | 1,651,236 |
| Retail | | 3,102,157 | - | 3,102,157 | 2,760,690 | - | 2,760,690 |
| Lottery | | 1,291,779 | - | 1,291,779 | 1,224,559 | - | 1,224,559 |
| Charitable activities | 3 | 2,458,102 | 917,751 | 3,375,853 | 2,365,464 | 1,049,660 | 3,415,124 |
| Investments | 4 | 707,993 | 4,428 | 712,421 | 489,024 | - | 489,024 |
| Total income | | 14,289,997 | 2,378,768 | 16,668,765 | 11,920,322 | 1,262,741 | 13,183,063 |
| Resources expended: | | | | | | | |
| Raising funds: | | | | | | | |
| Voluntary income generation costs | 5 | 166,118 | - | 166,118 | 151,827 | - | 151,827 |
| Fundraising costs | | 1,039,736 | - | 1,039,736 | 834,279 | - | 834,279 |
| Retail costs | | 2,344,404 | - | 2,344,404 | 2,070,353 | - | 2,070,353 |
| Lottery costs | | 699,860 | - | 699,860 | 720,248 | - | 720,248 |
| Investment management costs | | 28,287 | - | 28,287 | 35,603 | - | 35,603 |
| Sub-total for raising funds | | 4,278,405 | - | 4,278,405 | 3,812,310 | - | 3,812,310 |
| Charitable activities: | | | | | | | |
| In-Patient | 5 | 4,728,418 | 1,191,956 | 5,920,374 | 4,245,728 | 419,095 | 4,664,823 |
| Living Well (outpatients) | | 1,166,774 | 18,575 | 1,185,349 | 975,000 | 20 | 975,020 |
| Community Care | | 4,548,320 | 558,660 | 5,106,980 | 3,875,817 | 928,850 | 4,804,667 |
| Sub-total for charitable activities | | 10,443,512 | 1,769,191 | 12,212,703 | 9,096,545 | 1,347,965 | 10,444,510 |
| Total expenditure | | 14,721,917 | 1,769,191 | 16,491,108 | 12,908,855 | 1,347,965 | 14,256,820 |
| Net (expenditure)/income before net (losses)/gains on investments | | (431,920) | 609,577 | 177,657 | (988,533) | (85,224) | (1,073,757) |
| Net gains/(losses) on investments | 13 | 215,734 | - | 215,734 | (1,792,466) | - | (1,792,466) |
| Net movement in funds | | (216,186) | 609,577 | 393,391 | (2,780,999) | (85,224) | (2,866,223) |
| Reconciliation of funds: | | | | | | | |
| Total funds brought forward | | 22,431,338 | 1,036,332 | 23,467,671 | 25,212,338 | 1,121,555 | 26,333,893 |
| Total funds carried forward | | 22,215,152 | 1,645,909 | 23,861,062 | 22,431,339 | 1,036,332 | 23,467,671 |

Balance Sheets

As at 31 March 2024

| | Note | The group | | The charity | |
|--|------|-------------------|-------------------|-------------------|-------------------|
| | | 2024 | 2023 | 2024 | 2023 |
| | | £ | £ | £ | £ |
| Fixed assets: | | | | | |
| Tangible assets | 11 | 2,066,300 | 3,043,099 | 2,066,300 | 3,043,099 |
| Investment properties | 12 | 100,000 | 115,000 | 100,000 | 115,000 |
| Investments | 13 | 6,988,238 | 11,798,817 | 6,988,239 | 11,798,818 |
| Total fixed assets | | 9,154,538 | 14,941,916 | 9,154,539 | 14,941,917 |
| Current assets: | | | | | |
| Stocks | 15 | 910 | 3,441 | - | - |
| Debtors | 16 | 2,429,038 | 1,014,999 | 2,431,794 | 1,027,555 |
| Short term deposits | | 10,021,250 | 5,000,000 | 10,021,250 | 5,000,000 |
| Cash and cash equivalents | | 3,050,475 | 3,896,364 | 3,041,674 | 3,881,739 |
| Total current assets | | 15,501,674 | 9,914,804 | 15,494,718 | 9,909,294 |
| Liabilities: | | | | | |
| Creditors: amounts falling due within one year | 17 | (795,150) | (1,389,050) | (788,194) | (1,383,540) |
| Net current assets | | 14,706,524 | 8,525,754 | 14,706,524 | 8,525,754 |
| Total assets less current liabilities | 20 | 23,861,062 | 23,467,670 | 23,861,063 | 23,467,671 |
| Creditors: amounts falling due after one year | 17 | - | - | - | - |
| Total net assets | | 23,861,062 | 23,467,670 | 23,861,063 | 23,467,671 |
| Funds: | 21 | | | | |
| Restricted income funds: | | | | | |
| Endowment fund | | 69,182 | 69,182 | 69,182 | 69,182 |
| Restricted funds | | 1,576,727 | 967,150 | 1,576,727 | 967,150 |
| Total restricted funds | | 1,645,909 | 1,036,332 | 1,645,909 | 1,036,332 |
| Unrestricted income funds: | | | | | |
| Designated funds | | 16,281,474 | 18,090,374 | 16,281,474 | 18,090,374 |
| General funds | | 5,933,679 | 4,340,965 | 5,933,680 | 4,340,965 |
| Total unrestricted funds | | 22,215,153 | 22,431,339 | 22,215,154 | 22,431,339 |
| Total funds | | 23,861,062 | 23,467,671 | 23,861,063 | 23,467,672 |

Approved by the trustees on 25 July 2024 and signed on their behalf by

Alison Huggett (Chair)

Ken Ratcliff (Trustee)

Consolidated Statement of Cash Flows

For the year ended 31 March 2024

| | Note | 2024 | | 2023 | |
|---|------|------------------|------------------|---------------|-------------------------|
| | | £ | £ | £ | £ |
| Cash flows from operating activities | | | | | |
| Net income for the reporting period | | 393,391 | | (2,866,223) | |
| Depreciation charges | | 218,623 | | 317,932 | |
| Losses/(Gains) on investments | | (215,734) | | 1,777,466 | |
| Losses on investment property | | - | | 15,000 | |
| Loss on disposal of fixed assets | | 1,818,214 | | 3,845 | |
| Dividends, interest and rent from investments | | (712,421) | | (489,024) | |
| Decrease in stocks | | 2,531 | | 2,380 | |
| (Increase)/Decrease in debtors | | (1,414,039) | | 855,847 | |
| (Decrease)/Increase in creditors | | (593,900) | | 428,860 | |
| Net cash provided by operating activities | | | (503,335) | | 46,083 |
| Cash flows from investing activities: | | | | | |
| Dividends and interest from investments | | 712,421 | | 489,024 | |
| Purchase of fixed assets | | (1,060,038) | | (307,271) | |
| Proceeds from sale of investments | | 2,419,969 | | 24,877,491 | |
| Purchase of investments | | (2,438,087) | | (20,439,651) | |
| Decrease/(Increase) in term deposits | | (21,250) | | (4,000,000) | |
| Decrease/(Increase) in cash funds held by investment managers | | 44,432 | | 490,102 | |
| Net cash provided by investing activities | | | (342,554) | | 1,109,695 |
| Change in cash and cash equivalents in the year | | | (845,889) | | 1,155,778 |
| Cash and cash equivalents at the beginning of the year | | | 3,896,364 | | 2,740,586 |
| Cash and cash equivalents at the end of the year | | | 3,050,475 | | 3,896,364 |
| Analysis of cash and cash equivalents | | | | | |
| | | At 1 April 2023 | Cash flows | Other changes | At 31 March 2024 |
| | | £ | £ | £ | £ |
| Cash at bank and in hand | | 3,396,364 | (845,889) | - | 2,550,475 |
| Term deposits (less than 3 months) | | 500,000 | - | - | 500,000 |
| Closing balance at bank | | 3,896,364 | (845,889) | - | 3,050,475 |

Notes on the Financial Statements

For the year ended 31 March 2024

1 Accounting policies

a) Statutory information

Phyllis Tuckwell Memorial Hospice Limited is a charitable company limited by guarantee and is incorporated in the United Kingdom.

The registered office address of the charity and its subsidiary, PTH Trading Limited is Waverley Lane, Farnham, Surrey, GU9 8BL.

b) Basis of preparation

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

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary PTH Trading Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees do not consider that there are any sources of estimation or uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

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

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

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

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

g) Investment income and dividends

Investment income including dividends is included when receivable.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Endowment funds are restricted funds whereby the capital sum is invested but the income is used for objects of the charity.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services and educational activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against general overheads and allocated according to Note 5.

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which is an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the following basis:

| | |
|---------------------------------|-----|
| In-Patient Unit | 30% |
| Living Well (outpatients) | 10% |
| Community Care | 30% |
| Activities for generating funds | 30% |

Support and governance costs are re-allocated to each of the activities on the following basis:

The cost of overall direction and administration of each activity, comprising the salary and overhead cost of the central function is apportioned on the number of staff attributable to each activity:

| | |
|------------------------------|-------|
| Activities to generate funds | 27.5% |
| In-Patient Unit | 32.7% |
| Living Well (outpatients) | 7.6% |
| Community Care | 32.2% |

Premises costs are allocated on the basis of square footage attributable to each activity. For the period of the hospice rebuild these remain as in previous years:

| | |
|------------------------------|-------|
| Activities to generate funds | 6.8% |
| In-Patient Unit | 69.9% |
| Living Well (outpatients) | 8.5% |
| Community Care | 14.8% |

IT costs are allocated based on the number of computers attributable to each activity:

| | |
|------------------------------|-------|
| Activities to generate funds | 13.2% |
| In-Patient Unit | 36.5% |
| Living Well (outpatients) | 3.8% |
| Community Care | 46.5% |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

k) Allocation of redevelopment costs

Costs associated with the rebuild of the hospice are allocated on the basis of square footage attributable to each activity:

| | |
|------------------------------|-------|
| Activities to generate funds | 6.8% |
| In-Patient Unit | 69.9% |
| Living Well (outpatients) | 8.5% |
| Community Care | 14.8% |

l) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

m) Pensions

The charitable company contributes to two pension schemes on behalf of employees. The charitable company operates a defined contribution pension scheme. The charitable company has no liability under the scheme other than for the payment of those contributions. It also contributes to a defined benefit superannuation scheme. The assets of both these schemes are held separately from the charitable company. The pension cost charge represents contributions payable under the schemes by the charitable company. Further information on the schemes is included in Note 19.

n) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The useful lives are as follows:

| | |
|---|----------|
| Freehold property | 50 years |
| Freehold property improvements | 10 years |
| Leasehold property | 3 years |
| Furniture, equipment, fixtures and fittings | 5 years |
| IT equipment | 3 years |
| Vehicles | 5 years |
| Software | 5 years |

Land valued at £31,250 within Freehold property is not depreciated.

o) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

p) Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in fair value is recognised in the statement of financial activities. The valuation method used to determine fair value will be stated in the notes to the accounts.

q) Investments in subsidiaries

Investments in subsidiaries are at cost.

r) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charity of these goods is recognised as income when sold.

s) Debtors

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

t) Cash at bank and in hand

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

u) Short term deposits

Short term deposits represent amounts held on deposit with a maturity of between 3 months and one year.

v) Creditors and provisions

Creditors and provisions are recognised where the charity 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. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

w) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

Notes on the Financial Statements (continued)

2 Voluntary income

| | 2024 | | | 2023 | | |
|---------------------|------------------|------------------|------------------|------------------|---------------|------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | £ | £ | £ | £ | £ | £ |
| Donations | 1,218,221 | 1,270,808 | 2,489,029 | 1,261,849 | 10,500 | 1,272,349 |
| Legacies | 3,967,933 | 77,368 | 4,045,301 | 2,370,080 | - | 2,370,080 |
| Total income | 5,186,154 | 1,348,176 | 6,534,330 | 3,631,930 | 10,500 | 3,642,430 |

At the year end the charity had been notified of two material legacies that it was unable to measure reliably at that time. Since the year end the charity has received £950k from these two legacies.

A Gift in Kind to the value of £45,000 has been included in donations.

3 Income from charitable activities

| | 2024 | | | 2023 | | |
|--|------------------|----------------|------------------|------------------|------------------|------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | £ | £ | £ | £ | £ | £ |
| Grants: | | | | | | |
| NHS Surrey Heartlands & Frimley ICBs | 2,457,970 | - | 2,457,970 | 2,365,464 | - | 2,365,464 |
| Surrey Heath CCG Home Support | - | 11,063 | 11,063 | - | 22,126 | 22,126 |
| Other CCG support | - | 781,800 | 781,800 | - | 843,707 | 843,707 |
| Continuing Health | - | 124,888 | 124,888 | - | 183,827 | 183,827 |
| Total grant income | 2,457,970 | 917,751 | 3,375,721 | 2,365,464 | 1,049,660 | 3,415,124 |
| Other income | 132 | - | 132 | - | - | - |
| Total income from charitable activities | 2,458,102 | 917,751 | 3,375,853 | 2,365,464 | 1,049,660 | 3,415,124 |

4 Income from investments

| | 2024 | | | 2023 | | |
|-------------------------------------|----------------|--------------|----------------|----------------|-----------|----------------|
| | Unrestricted | Endowment | Total | Unrestricted | Endowment | Total |
| | £ | £ | £ | £ | £ | £ |
| Investments (interests & dividends) | 199,271 | 4,428 | 203,699 | 351,428 | - | 351,428 |
| Investment property income | 8,220 | - | 8,220 | 8,000 | - | 8,000 |
| Term deposit interest | 90,330 | - | 90,330 | 106,938 | - | 106,938 |
| Bank interest | 410,172 | - | 410,172 | 22,659 | - | 22,659 |
| Total income | 707,993 | 4,428 | 712,421 | 489,024 | - | 489,024 |

Notes on the Financial Statements (continued)

For the year ended 31 March 2024

5a Analysis of expenditure (current year)

| | Charitable activities | | | | | | | 2024 Total | 2023 Total |
|---------------------------------------|-----------------------|------------------|---------------------------|------------------|------------------|------------------|---------------------|-------------------|-------------------|
| | Cost of raising funds | In-Patient | Living Well (outpatients) | Community Care | Governance costs | Support costs | Redevelopment costs | | |
| | £ | £ | £ | £ | £ | £ | £ | £ | |
| Staff costs (Note 7) | 1,786,426 | 2,874,503 | 727,870 | 3,821,448 | 48,881 | 1,348,198 | 141,666 | 10,748,992 | 10,321,981 |
| Fundraising/ Retail costs | 322,310 | - | - | - | - | - | 93,121 | 415,431 | 300,799 |
| Marketing & Communications | 39,450 | 23,232 | 9,293 | 23,232 | - | - | - | 95,207 | 100,186 |
| Lottery costs | 699,860 | - | - | - | - | - | - | 699,860 | 720,248 |
| Catering | - | 134,642 | 4,250 | - | - | 7,111 | 29,870 | 175,873 | 240,062 |
| Premises | 695,376 | - | 42,439 | 42,439 | - | 81,132 | 538,537 | 1,399,923 | 1,345,878 |
| Travel | 29,648 | - | 4,677 | 79,495 | - | 6,396 | 14,184 | 134,400 | 115,261 |
| Consumables | - | 76,670 | 13,810 | 34,386 | - | 1,548 | - | 126,414 | 122,154 |
| Depreciation & loss on disposal | 34,279 | 32,744 | 9,307 | 11,906 | - | 115,387 | 1,833,214 | 2,036,837 | 317,932 |
| Maintenance & repairs | - | 40,711 | 775 | 3,487 | - | 47,692 | - | 92,665 | 137,671 |
| Subscriptions & publications | - | 2,457 | 546 | 2,457 | - | 8,860 | - | 14,320 | 14,468 |
| IT | 24,572 | 25,354 | 5,634 | 25,354 | - | 285,568 | 28,245 | 394,727 | 366,657 |
| Insurance | 30,717 | - | 150 | 1,350 | 1,500 | 36,506 | - | 70,223 | 60,944 |
| Audit & accountancy fees | 4,613 | - | - | - | 16,775 | - | - | 21,388 | 20,935 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 140 | (6,698) | - | (898) | 9,175 |
| Office costs | - | 2,004 | 445 | 13,715 | - | 21,295 | - | 37,459 | 26,819 |
| Investment management costs | 28,287 | - | - | - | - | - | - | 28,287 | 35,603 |
| Total resources expended | 3,695,538 | 3,214,864 | 819,762 | 4,061,816 | 67,296 | 1,952,995 | 2,678,837 | 16,491,108 | 14,256,820 |
| Governance costs | 18,507 | 22,007 | 5,139 | 21,643 | (67,296) | - | - | - | - |
| Support costs | 382,747 | 810,362 | 133,905 | 625,981 | - | (1,952,995) | - | - | - |
| Redevelopment costs | 181,613 | 1,873,141 | 226,543 | 397,540 | - | - | (2,678,837) | - | - |
| Total expenditure 2024 | 4,278,405 | 5,920,374 | 1,185,349 | 5,106,980 | - | - | - | 16,491,108 | - |
| Total expenditure 2023 | 3,812,310 | 4,664,823 | 975,020 | 4,804,667 | - | - | - | - | 14,256,820 |

5b Analysis of expenditure (prior year)

| | Charitable activities | | | | | | | 2023 Total |
|---------------------------------------|-----------------------|------------------|---------------------------|------------------|------------------|------------------|---------------------|-------------------|
| | Cost of raising funds | In-Patient | Living Well (outpatients) | Community Care | Governance costs | Support costs | Redevelopment costs | |
| | £ | £ | £ | £ | £ | £ | £ | |
| Staff costs (Note 7) | 1,595,381 | 2,826,670 | 703,391 | 3,852,865 | 36,388 | 1,239,594 | 67,693 | 10,321,981 |
| Fundraising/ Retail costs | 297,299 | - | - | - | - | - | 3,500 | 300,799 |
| Marketing & Communications | 42,786 | 23,916 | 9,567 | 23,916 | - | - | - | 100,186 |
| Lottery costs | 720,248 | - | - | - | - | - | - | 720,248 |
| Catering | - | 220,395 | 3,795 | 73 | - | 15,799 | - | 240,062 |
| Premises | 577,106 | - | 30,625 | 30,625 | - | 157,067 | 550,455 | 1,345,878 |
| Travel | 34,957 | - | 3,938 | 70,303 | - | 6,063 | - | 115,261 |
| Consumables | - | 72,217 | 14,399 | 33,811 | - | 1,727 | - | 122,154 |
| Depreciation & loss on disposal | 30,827 | 54,466 | 194 | 4,394 | - | 228,051 | - | 317,932 |
| Maintenance & repairs | - | 61,477 | 1,276 | 5,744 | - | 69,174 | - | 137,671 |
| Subscriptions & publications | - | 2,840 | 631 | 2,840 | - | 8,156 | - | 14,468 |
| IT | 23,057 | 26,530 | 5,896 | 26,530 | - | 284,645 | - | 366,657 |
| Insurance | 24,027 | - | 162 | 1,577 | 1,522 | 33,706 | - | 60,994 |
| Audit & accountancy fees | 4,400 | - | - | - | 16,535 | - | - | 20,935 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 555 | 2,959 | - | 9,175 |
| Office costs | - | 1,963 | 436 | 14,354 | - | 10,065 | - | 26,819 |
| Investment management costs | 35,603 | - | - | - | - | - | - | 35,603 |
| Sub-total | 3,385,690 | 3,293,021 | 774,877 | 4,069,580 | 55,000 | 2,057,006 | 621,647 | 14,256,820 |
| Governance costs | 15,126 | 17,986 | 4,200 | 17,688 | (55,000) | - | - | - |
| Support costs | 369,350 | 919,138 | 143,372 | 625,147 | - | (2,057,006) | - | - |
| Redevelopment costs | 42,145 | 434,679 | 52,571 | 91,252 | - | - | (621,647) | - |
| Total expenditure 2023 | 3,812,310 | 4,664,823 | 975,020 | 4,804,667 | - | - | - | 14,256,820 |

Notes on the Financial Statements (continued)

For the year ended 31 March 2024

6 Net income / (expenditure) for the year

This is stated after charging:

| | 2024 | 2023 |
|--|-----------|---------|
| | £ | £ |
| Depreciation | 218,623 | 317,932 |
| Loss on disposal of fixed assets | - | 3,845 |
| Write down on demolition of freehold property | 1,818,214 | - |
| Operating lease rentals: | | |
| Property | 472,369 | 398,021 |
| Other | 7,412 | 6,883 |
| Auditor's remuneration (excluding VAT): | | |
| Audit - Charity | 15,400 | 14,400 |
| Audit - Trading Company | 3,600 | 3,400 |
| Other Services | 2,388 | 3,135 |

7 Analysis of staff costs, the cost of key management personnel and trustees' remuneration and expenses

a) Staff costs were as follows:

| | 2024 | 2023 |
|--|-------------------|-------------------|
| | £ | £ |
| Salaries and wages | 8,711,481 | 8,203,368 |
| Social security costs | 836,807 | 815,986 |
| Employer's contribution to pension schemes | 722,879 | 673,440 |
| Self-employed / contractors costs | 371,433 | 515,497 |
| Other forms of employee benefits | 106,390 | 113,689 |
| Total | 10,748,990 | 10,321,981 |

- b) The following number of employees received employee benefits (excluding employer pension costs and employer national insurance contributions) during the year between:

| | 2024 | 2023 |
|---------------------|------|------|
| | No. | No. |
| £60,000 - £69,999 | 2 | 4 |
| £70,000 - £79,999 | 5 | 3 |
| £80,000 - £89,999 | - | 1 |
| £90,000 - £99,999 | 1 | - |
| £100,000 - £109,999 | - | 1 |
| £110,000 - £119,999 | 1 | - |
| £140,000 - £149,999 | - | 1 |
| £150,000 - £159,999 | 1 | - |

The employees above include six medical/clinical staff, the CEO and three other members of the SMT, with the highest paid employee being from the medical team (2023: six medical/clinical staff, the CEO and three other members of the SMT, with the highest paid employee being from the medical team).

The total employee benefits, including pension contributions and employer national insurance, of the seven (2023: eight) key management personnel listed on page 3 were £742,807 (2023: £779,831).

- c) The charity trustees were not paid nor received any other benefits from employment with the charity in the year (2023: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

Travel expenses of £63 were incurred by one trustee (2023: £47).

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

| | 2024 | 2023 |
|----------------------------|------------|------------|
| | No. | No. |
| Nursing staff | 112 | 118 |
| Medical staff | 10 | 11 |
| 24 | 24 | 25 |
| Patient and Family Support | 15 | 14 |
| Therapists | 18 | 16 |
| Fundraising and publicity | 21 | 19 |
| Retail staff | 73 | 69 |
| Administration | 26 | 23 |
| Support staff | 32 | 34 |
| Education staff | 6 | 6 |
| Total | 336 | 333 |

The average number of full time equivalent employees was as follows:

| | 2024 | 2023 |
|----------------------------|--------------|--------------|
| | No. | No. |
| Nursing staff | 81.1 | 84.6 |
| Medical staff | 6.5 | 6.5 |
| Clinical support staff | 16.8 | 17.6 |
| Patient and Family Support | 10.3 | 9.8 |
| Therapists | 12.8 | 11.9 |
| Fundraising and publicity | 16.8 | 15.4 |
| Retail staff | 42.4 | 40.4 |
| Administration | 21.1 | 19.2 |
| Support staff | 16.5 | 17.3 |
| Education staff | 4.3 | 4.0 |
| Total | 228.7 | 226.6 |

Notes on the Financial Statements (continued)

9 Related party transactions

The Phyllis Tuckwell Memorial Hospice Limited owns 50% of Tuckwell Chase Lottery Limited. The Hospice received £591,926 (net) during the year from the Lottery company (2023: £504,311). The remaining 50% is owned by Shooting Star Children's Hospices.

Phyllis Tuckwell Memorial Hospice Limited recognises 50% of the total income and expenditure from the Tuckwell Chase Lottery Limited in the Statement of Financial Activities. In substance, the Tuckwell Chase Lottery pays over 50% of its generated surplus throughout the year. Any difference between the amounts paid over during the year and the surplus for Tuckwell Chase Lottery Limited at the end of the year is recognised as a debtor or creditor by the Phyllis Tuckwell Memorial Hospice Limited at the end of the year.

There are no donations from related parties which are outside the normal course of fundraising activities and no restricted donations from related parties.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary PTH Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £nil (2023: £nil).

For the year ended 31 March 2024

11 Tangible fixed assets

For the group and the charity

| | Freehold property | Clinical Equipment | Equipment & Other Assets | Assets under construction | Total |
|-------------------------------|-------------------|--------------------|--------------------------|---------------------------|------------------|
| | £ | £ | £ | £ | £ |
| Cost | | | | | |
| At the start of the year | 5,465,371 | 634,419 | 2,125,074 | - | 8,224,863 |
| Additions in year | - | 3,105 | 350,647 | 706,286 | 1,060,038 |
| Disposals in year | (4,468,335) | (493,823) | (1,049,640) | - | (6,011,798) |
| At the end of the year | 997,036 | 143,701 | 1,426,081 | 706,286 | 3,273,103 |
| Depreciation | | | | | |
| At the start of the year | 2,887,322 | 546,233 | 1,748,210 | - | 5,181,764 |
| Charge for the year | 51,901 | 29,421 | 137,301 | - | 218,623 |
| Eliminated on disposal | (2,696,014) | (480,963) | (1,016,607) | - | (4,193,584) |
| At the end of the year | 243,209 | 94,691 | 868,904 | - | 1,206,803 |
| Net book value | | | | | |
| At the end of the year | 753,827 | 49,010 | 557,178 | 706,286 | 2,066,300 |
| At the start of the year | 2,578,049 | 88,186 | 376,865 | - | 3,043,099 |

12 Investment properties

| | The group | | The charity | |
|-----------------------------------|-----------|---------|-------------|---------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| Fair value at start of year | 100,000 | 100,000 | 100,000 | 100,000 |
| Fair value at the end of the year | 100,000 | 100,000 | 100,000 | 100,000 |

The charity received the freehold interest in a property as the result of a legacy. The charity has reviewed a valuation undertaken by a recognised professional independent valuer at 31 March 2023 and considered this and current market conditions when determining the value at 31 March 2024.

13 Investments

Investments comprise:

| | The group | | The charity | |
|-----------------------------------|------------------|-------------------|------------------|-------------------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| UK fixed interest corporate bonds | 2,459,235 | 1,777,546 | 2,459,235 | 1,777,546 |
| UK listed equities | 330,541 | 328,386 | 330,541 | 328,386 |
| UK listed overseas equities | 2,654,964 | 2,672,830 | 2,654,964 | 2,672,830 |
| Investment Property funds | 309,006 | 424,661 | 309,006 | 424,661 |
| Other listed investments | 1,200,091 | 1,270,562 | 1,200,091 | 1,270,562 |
| Term cash investments | - | 5,246,000 | - | 5,246,000 |
| Investment portfolio cash | 34,401 | 78,832 | 34,401 | 78,832 |
| Investment portfolio value | 6,988,238 | 11,798,817 | 6,988,238 | 11,798,817 |
| Investment in subsidiary | - | - | 1 | 1 |
| Total value of investments | 6,988,238 | 11,798,817 | 6,988,239 | 11,798,818 |

Notes on the Financial Statements (continued)

Movement in the investment portfolio fair value:

| | The group | | The charity | |
|--|------------------|-------------------|------------------|-------------------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| Fair value at the start of the year excluding cash | 6,719,985 | 17,935,291 | 6,719,986 | 17,935,292 |
| Additions at cost | 2,438,087 | 15,439,651 | 2,438,087 | 15,439,651 |
| Disposal proceeds | (2,419,969) | (24,877,491) | (2,419,969) | (24,877,491) |
| Net (fall)/gain in fair value | 215,734 | (1,777,466) | 215,734 | (1,777,466) |
| Sub-total | 6,953,837 | 6,719,985 | 6,953,838 | 6,719,986 |
| Cash held by investment manager pending reinvestment | 34,401 | 78,832 | 34,401 | 78,832 |
| Fair value at the end of the year | 6,988,238 | 6,798,817 | 6,988,239 | 6,798,818 |
| Historic cost at the end of the year | 6,628,031 | 6,465,678 | 6,628,031 | 6,465,679 |
| Term deposits maturing in more than one year | - | 5,000,000 | - | 5,000,000 |
| Total fair value at the end of the year | 6,988,238 | 11,798,817 | 6,988,239 | 11,798,818 |

14 Subsidiary undertaking and parent charity results

The charitable company owns the whole of the issued ordinary share capital of PTH Trading Limited, a company registered in England. The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the Statement of Financial Activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiary is shown below:

| | 2024 | 2023 |
|---|----------|----------|
| | £ | £ |
| Turnover | 106,084 | 92,064 |
| Cost of sales | (17,595) | (20,811) |
| Gross profit | 88,489 | 71,253 |
| Administrative expenses | (4,613) | (4,777) |
| Management charge payable to parent charity | (6,000) | (6,000) |
| Profit on ordinary activities | 77,876 | 60,476 |
| Taxation | - | - |
| Profit for the financial year | 77,876 | 60,476 |

Retained earnings

| | 2024 | 2023 |
|--|----------|----------|
| | £ | £ |
| Total retained earnings brought forward | - | - |
| Profit for the financial year | 77,876 | 60,476 |
| Distribution paid in the year under Gift Aid to parent charity | (77,876) | (60,476) |
| Total retained earnings carried forward | - | - |

The aggregate of the assets, liabilities and reserves was:

| | 2024 | 2023 |
|-------------|---------|----------|
| | £ | £ |
| Assets | 9,717 | 18,066 |
| Liabilities | (9,716) | (18,065) |
| Reserves | 1 | 1 |

Amounts owed from the parent undertaking are shown in Note 16.

The parent charity's gross income and the results for the year are disclosed as follows:

| | 2024 | 2023 |
|---------------------|------------|-------------|
| | £ | £ |
| Gross income | 16,646,557 | 13,153,875 |
| Result for the year | 393,391 | (2,866,223) |

15 Stocks

| | The group | | The charity | |
|----------------|------------|--------------|-------------|----------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| Finished goods | 910 | 3,441 | - | - |
| Total | 910 | 3,441 | - | - |

Notes on the Financial Statements (continued)

16 Debtors

| | The group | | The charity | |
|----------------------------|------------------|------------------|------------------|------------------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| Tax and social security | 149,252 | 136,669 | 149,252 | 136,669 |
| Trade debtors | 182,543 | 34,104 | 182,543 | 34,104 |
| Other debtors | 1,829,255 | 590,886 | 1,829,250 | 590,886 |
| Prepayments | 267,988 | 253,341 | 267,988 | 253,341 |
| Amount due from subsidiary | - | - | 2,761 | 12,556 |
| Total | 2,429,038 | 1,014,999 | 2,431,794 | 1,027,555 |

17 Creditors: amounts falling due within one year

| | The group | | The charity | |
|------------------------------|----------------|------------------|----------------|------------------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| Taxation and social security | 189,682 | 185,141 | 187,340 | 179,631 |
| Trade creditors | 182,849 | 286,777 | 182,849 | 286,777 |
| Other creditors | 642 | 273 | 642 | 273 |
| Accruals | 188,609 | 278,169 | 183,995 | 278,169 |
| Pension accruals | 104,424 | 98,808 | 104,424 | 98,808 |
| Deferred income | 128,944 | 539,883 | 128,944 | 539,883 |
| Total | 795,150 | 1,389,050 | 788,194 | 1,383,540 |

18 Deferred income

Deferred income comprises various amounts relating to fundraising events being held in 2023/24; also to NHS income received in 2022/23 for contracts in 2023/24.

| | The group | | The charity | |
|---------------------------------------|----------------|----------------|----------------|----------------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| Balance at the beginning of the year | 539,883 | 201,599 | 539,883 | 201,599 |
| Amount released to income in the year | (539,883) | (201,599) | (539,883) | (201,599) |
| Amount deferred in the year | 128,944 | 539,883 | 128,944 | 539,883 |
| Balance at the end of the year | 128,944 | 539,883 | 128,944 | 539,883 |

19 Pension schemes

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Phyllis Tuckwell operates a Group Personal Pension Plan. This plan is administered and invested with Aegon, with advice and support provided by Chase de Vere Independent Financial Advisers Ltd. It is a money purchase plan and all eligible employees are automatically enrolled after three months' service, unless they ask to join earlier. Contributions are on a matched basis of between 4% and 7.5%. Employees may contribute more to the plan. Membership of the plan entitles the employee to Life Assurance cover of 2.5 x annual earnings.

20a Analysis of group net assets between funds (current year)

| | General unrestricted funds | Designated funds | Restricted funds | Endowment funds | Total funds |
|---------------------------------------|----------------------------|-------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 1,781,474 | 284,826 | - | 2,066,300 |
| Investment properties | 100,000 | - | - | - | 100,000 |
| Investments | - | 6,919,056 | - | 69,182 | 6,988,238 |
| Net current assets | 5,833,680 | 7,580,944 | 1,291,901 | - | 14,706,525 |
| Net assets as at 31 March 2024 | 5,933,680 | 16,281,474 | 1,576,727 | 69,182 | 23,861,063 |

20b Analysis of group net assets between funds (prior year)

| | General unrestricted funds | Designated funds | Restricted funds | Endowment funds | Total funds |
|--------------------------------------|----------------------------|-------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 2,090,374 | 952,725 | - | 3,043,099 |
| Investment properties | 100,000 | - | - | - | 100,000 |
| Investments | 1,729,635 | 10,000,000 | - | 69,182 | 11,798,817 |
| Net current assets | 2,511,330 | 6,000,000 | 14,425 | - | 8,525,755 |
| Net assets as at 1 April 2023 | 4,340,965 | 18,090,374 | 967,150 | 69,182 | 23,467,671 |

Notes on the Financial Statements (continued)

21a Movements in funds (current year)

| | At 1 April 2023 | Income & gains | Expenditure & losses | Transfers | At 31 March 2024 |
|---------------------------------|-------------------|-------------------|----------------------|--------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 4,428 | (4,428) | - | 69,182 |
| Total endowment funds | 69,182 | 4,428 | (4,428) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 779,075 | - | (665,510) | 103,147 | 216,712 |
| Other capital items | 173,650 | 7,032 | (9,421) | (103,147) | 68,114 |
| Donations/Grants expended: | | | | | |
| Capital Appeal | 400 | 1,258,277 | (18,575) | - | 1,240,102 |
| NHS Home Support | - | 11,063 | (11,063) | - | - |
| IPU & other | 13,775 | 1,062,968 | (1,025,194) | - | 51,549 |
| Therapists | 250 | - | - | - | 250 |
| Community Care | - | 35,000 | (35,000) | - | - |
| Total restricted funds | 967,150 | 2,374,340 | (1,764,763) | - | 1,576,727 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,090,374 | - | - | (308,900) | 1,781,474 |
| Buildings development fund | 10,000,000 | - | - | 1,500,000 | 11,500,000 |
| Services development fund | 500,000 | - | - | (500,000) | - |
| Operational plan fund | 5,500,000 | - | - | (2,500,000) | 3,000,000 |
| Total designated funds | 18,090,374 | - | - | (1,808,900) | 16,281,474 |
| General funds | 4,340,964 | 13,805,878 | (14,022,062) | 1,808,900 | 5,933,680 |
| Total unrestricted funds | 22,431,338 | 13,805,878 | (14,022,062) | - | 22,215,154 |
| Total funds | 23,467,670 | 16,184,646 | (15,791,253) | - | 23,861,062 |

Transfer within restricted funds to reallocate historic funds to the current project.

21b Movements in funds (prior year)

| | At 31 March 2022 | Income and gains | Expenditure and losses | Transfers | At 1 April 2023 |
|---------------------------------|---------------------|---------------------|---------------------------|------------------|--------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | - | - | - | 69,182 |
| Total endowment funds | 69,182 | - | - | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 807,952 | - | (28,877) | - | 779,075 |
| Other capital items | 197,799 | 18,683 | (42,832) | - | 173,650 |
| Donations/Grants expended: | | | | | |
| Capital Appeal | - | 400 | - | - | 400,000 |
| NHS Home Support | - | 22,126 | (22,126) | - | - |
| IPU & other | 28,423 | 332,738 | (347,386) | - | 13,775 |
| Therapists | 20 | 250 | (20) | - | 250 |
| Community Care | 18,180 | 888,544 | (906,724) | - | - |
| Total restricted funds | 1,052,374 | 1,262,741 | (1,347,965) | - | 967,150 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,051,855 | - | - | 38,519 | 2,090,374 |
| Buildings development fund | 9,300,000 | - | - | 700,000 | 10,000,000 |
| Services development fund | 1,500,000 | - | - | (1,000,000) | 500,000 |
| Operational plan fund | 6,000,000 | - | - | (500,000) | 5,500,000 |
| Total designated funds | 18,851,855 | - | - | (761,481) | 18,090,374 |
| General funds | 6,360,483 | 11,920,322 | (14,701,322) | 761,481 | 4,340,964 |
| Total unrestricted funds | 25,212,338 | 11,920,322 | (14,701,322) | - | 22,431,338 |
| Total funds | 26,333,894 | 13,183,063 | (16,049,287) | - | 23,467,671 |

Purposes of endowment funds

Jenabai Ebrahim Endowment Fund

The Jenabai Ebrahim Endowment Fund was donated by Professor Zef Ebrahim in memory of his mother. The income from this fund is used to support one of our In-Patient Unit rooms.

Purposes of restricted funds

Building projects completed

These are donations which have been specifically made to a number of building projects for the modernisation and expansion of the Hospice. All donations have been used as part of expenditure on the modernisation of the Hospice and are included in fixed assets. These appeals are now closed and the outgoings relate to depreciation.

Other capital items

These are donations made for specific items of equipment (fixed assets), which have been purchased in the year or are to be purchased in the coming year.

Donations/grants expended

Home Support - funding is received from the NHS to provide general, non-nursing support for patients and their families at home.

IPU - donations made to support the work carried out on our In-Patient Unit.

Therapists - donations made to support the provision of therapists.

Community Care - various donations received which are specifically restricted for care at home/community care.

Living Well - donations made to support the provision of the Living Well services. Living Well services comprise our traditional day services as well as groups and outpatients and care in the community.

Purposes of designated funds

Property fund

The property fund represents the net book value of tangible fixed assets that were purchased with unrestricted funds.

Buildings Development fund

This fund was established to accrue funds to assist with the costs of any new premises that may be required in the future. This project is now underway.

Service Development fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the trustees need to know that it can be funded for at least three years. This fund provides this financial backing, thereby speeding up the development of services. This fund is no longer needed.

Operational Plan fund

This fund is to cover the investments in our general operating plan over the next four to five years. It will ensure the plan is adequately funded through a period of economic uncertainty.

22 Operating lease commitments

For the group and charity

The total future minimum lease payments under non-cancellable operating leases is as follows for each of the respective periods:

| | Property | | Equipment | |
|--------------------|------------------|------------------|--------------|----------|
| | 2024 | 2023 | 2024 | 2023 |
| | £ | £ | £ | £ |
| Less than one year | 773,229 | 373,393 | 4,652 | - |
| One to five years | 710,083 | 778,236 | 3,495 | - |
| Over five years | - | - | - | - |
| Total | 1,483,312 | 1,151,629 | 8,147 | - |

23 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member, in the event of winding up, is limited to £1.

24 Capital commitments

At the balance sheet date, the charity had committed to £11.8m (2023: £nil) in respect of a new hospice building. This is adequately covered by the designated Building Development fund within our reserves and anticipated income from the Capital Appeal.





Sarah Church, Chief Executive

PHYLLIS TUCKWELL MEMORIAL HOSPICE LTD

England & Wales - Charity number 264501

Accounts

Company number: 1063033

Charity number: 264501

Phyllis Tuckwell Memorial Hospice Limited

Report and financial statements

For the year ended 31 March 2023

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Reference and administrative details

For the year ended 31 March 2023

| | |
|--|--|
| Company number | 1063033 |
| Charity number | 264501 |
| Country of registration | England & Wales |
| Country of incorporation | United Kingdom |
| Registered office and operational address | Waverley Lane Farnham Surrey GU9 8BL |

Status The organisation is a charitable company limited by guarantee, incorporated on 27 July 1972 and registered as a charity on 8 September 1972. The organisation operates under the name Phyllis Tuckwell.

Trustees Trustees, who are also directors under company law, who served during The year and up to the date of the signing of this report, were as follows:

| | |
|------------------------|---------------------------------|
| Alison Huggett | Chair |
| Dr David Eyre-Brook | (Chair, retired September 2022) |
| Rosy Anand | (retired September 2022) |
| Helen Atkinson | (retired July 2022) |
| Helen Franklin | (retired September 2022) |
| Richard Hunt | Vice Chair |
| Dr Robert Laing | |
| Ken Ratcliff | |
| David Tomlinson | |
| Elizabeth Wells | |
| Anne Whelan | |
| Emma Mclachlan | (from October 2022) |
| Dr Andrew Brooks | (from October 2022) |
| Lillian Nsomi-Campbell | (from October 2022) |
| Andrew Stent | (from November 2022) |

President Chris Tuckwell

Company Secretary Mark Beale (from June 2023)

Key management personnel

| | |
|----------------------|---|
| Sarah Church | Chief Executive |
| Dr Cate Seton-Jones | Medical Director |
| Jayne Holland | Director of Patient Services (retired January 2023) |
| Catherine van't Riet | Director of Patient Services |
| Peter Foxtan | Director of Income Generation |
| Mark Beale | Director of Finance & Business Development |
| Jaci Curtis-Donnelly | Director of People |
| Tony Carpenter | Director of Marketing & Communications |

| | |
|--------------------------------|--|
| Bankers | Lloyds Bank plc 147, High Street GUILDFORD Surrey GU1 3AG Santander Bridle Road BOOTLE L30 4GB |
| Investment Managers | Investec Wealth & Investment Ltd 30 Gresham Street LONDON EC2V 7QN |
| Auditor | Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House 108-114 Golden Lane LONDON EC1Y 0TL |
| Solicitor | Stevens & Bolton LLP Solicitors Wey House, Farnham Rd, GUILDFORD GU1 4YD |

Section 1: Introduction & Message from the Chair

What a pleasure it has been to get back to normality after the pandemic. We have continued providing high quality care throughout, but there's no getting away from how much better it feels when we can see people face to face and give them a hug if they need one.

We continue to grow as an organisation, and in 2022/23 saw a further increase in demand, with referrals increasing from 1,694 to 1,795 during 2022/23. It has been good to be able to help more people, although difficult to see people who have experienced very rapid progress from diagnosis to death, perhaps as a consequence of the disruption of the pandemic, and we have been determined to do what we can to help.

In the last year (2022/23):

- We have supported 2,071 patients in the community (cf 2,060 prior year), which we estimate means we save the NHS 850 hospital admissions. The Hospice Care at Home registered nurse and health care assistant team cared for 506 patients.
- In-Patient Unit (IPU) numbers are high – over 300 patients (cf 248 prior year) with a 92% bed occupancy rate. We are making a very strong use of our IPU which has 14 beds. Sadly 6-8 patients per month die whilst awaiting a bed on our IPU currently, so the need to get back to 18 beds as soon as possible, couldn't be clearer.
- Performance in the community is very strong, in specialist advice and care, as well as our Hospice Care at Home & Living Well services.
- We have also continued to find new ways to help people, building our rapid response capability in the community (funded by the NHS in Frimley and Guildford & Waverley) to increase the number of patients we can get to who are experiencing rapidly changing needs or instability. We have also piloted a virtual ward, with consultant led care in the home for people who would otherwise need a hospital bed.
- Our education programme goes from strength to strength – we want to make sure everyone working with people at the end of their lives has the right skills to provide great care they need and deserve. Total attendances at education sessions grew from 2,513 in 2021/22 to 2,824 in 2022/23. This way, even if we can't provide direct care for everyone, we can influence the quality of care they receive.

Our Income generation team performed very well, especially in retail which has had an outstanding year with retail income (before Covid support) increasing by 18%. We are extremely proud of all our staff and volunteers, who are our day-to-day ambassadors in the high streets. Although we're seeing the impact of the increased cost of living, as cash donations have fallen by about 13%, our amazing and vibrant community are still right behind us, and activity is still strong from wonderful runners, cake sales community events, etc. A big thank you to them!

We have a new warehouse in Farnborough as a hub for our retail operations. It is now open and operating as a donation and sorting centre, trade sales and a centre for our online sales activity. We hope this will help us grow our retail business and make it even more successful in the future.

It has also been a year for investing in the future. We have modernised our outpatient Beacon Centre in Guildford and have plans to build a new Hospice on our existing site in Farnham. The existing site has served us well, but the Hospice, converted from a 1930s community hospital, has reached the end of its useful life and we need facilities so that we are well set up for the next 40 years. We have saved £10m and launched a Capital Appeal aiming to raise the remaining £6m we need. Our plan is to move off site in 2023/24 and start building a modern 18 bed IPU, and a centre with improved facilities for outpatients and our community service.

We have completed the first stage of the Digital Transformation project and begun to embed new systems into our existing practices. This means our staff will be able to work from anywhere, anytime.

Agreeing sustainable levels of funding from the NHS continues to be a priority. Our current NHS funding is for about 21% of our costs, which is significantly lower than the average for hospices in England which receive 33% of their funding from the NHS/government. We will continue to work constructively with the NHS, and push for a more financially sustainable solution, as we believe good partnership working will deliver the best care for people who need us.

I would particularly like to thank Dr David Eyre-Brook who chaired the Board so well, and Helen Franklin and Rosy Anand who led Health & Safety work and Income Generation at Board level, all who retired from the Board last year, for their dedicated service. I would also like to thank Jayne Holland for everything she delivered as Director of Patient Services and wish her all the best in her retirement. I am grateful to the strong executive senior team, who continue to provide such excellent leadership for the organisation and care so passionately about the people we serve.

Our greatest thanks go to the wonderful team of people who work and volunteer at Phyllis Tuckwell (PT) for their continued support and amazing efforts – all of which, no matter their role, enables us to provide outstanding care for those in our community living with an advanced or terminal illness and make Phyllis Tuckwell such a warm, welcoming, wonderful place.

Alison Huggett

Chair, Phyllis Tuckwell

Section 2: Objectives and Activities

MISSION, VISION AND 5-YEAR STRATEGY

MISSION: To care compassionately for adults living with an advanced or terminal illness, and those closest to them, so that they have the best possible quality of life and the patients' final days are peaceful...*because every day is precious.*

VISION: Easy access to compassionate supportive and end of life care for patients and families in a place of their choice.

STRATEGY:

Our 5-year strategy runs from 2019–2024. We review it annually at the Board Strategy Away-day. In 2022/23 we focused on how Integrated Care Boards and Places operate; our innovative responsive clinical services; and how we will continue to provide high quality care from multiple, temporary locations, whilst we build our new Hospice, ensuring we remain safe, effective, caring, responsive and well-led. We continue to be firmly committed to making sure the way we work is as inclusive as possible, and that we help as many people as possible: directly through our services, and indirectly through providing education, training, advice, and supporting best practice through sharing of our policies.

Our strategic goals are:

- We will provide - and be able to demonstrate - high quality palliative and End of Life (EoL) care services to patients, their families and carers.
- We will empower others to provide high quality palliative and EoL care through partnership working and education and training, and be recognised as experts in care provision and an authoritative voice at the decision-making table.
- We will generate sufficient funds to enable us to deliver our clinical services and demonstrate that we are good stewards of the money donated to us.
- We will remain an independent organisation and demonstrate organisational efficiency and effectiveness.

PUBLIC BENEFIT

- Phyllis Tuckwell exists to provide direct specialist palliative care, as well as education, training and advice to support delivery of palliative care by others. All our services are delivered free of charge to patients and their families. Patients are referred by GPs, community nurses, hospital teams or other health and social care professionals, and are considered based on clinical need alone.
- The Trustees confirm that they have referred to the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and business planning, and are satisfied that public benefit is at the heart of everything we do.

Section 3: Strategic Report

Different World, Same Care: How we delivered in 2022/23.

We provided high quality palliative and End of Life care services to patients, their families and carers

- Clinical services are offered in patient homes and on two sites (Farnham Hospice and Guildford Beacon Centre).
- Our highly skilled colleagues from a range of professions continue to provide specialist physical, psychological, social and spiritual support to ensure patients and families receive the holistic approach required for effective and compassionate palliative and end of life care.
- There has been a significant increase in demand for our services with an 18.2% increase in referrals into our IPU and a 6.0% increase in total referrals compared to 2021/22 (1,694 in 2021/22 to 1,795 in 2022/23).
- A total of 2,150 patients were supported.
- There has been an increase in the proportion of referrals of patients without a cancer diagnosis from 36% to 42%.
- As the restrictions associated with pandemic guidance have relaxed:
 - We have increased the number and capacity of our Living Well Groups (Attendances have grown from 1,488 2021/22 to 2,238 in 2022/23).
 - Our face-to-face activity in patients' own homes has grown (from 13,313 to 13,783 total community contacts) and there has been a corresponding shift away from telephone support.
- Demand for specialist palliative care in care homes has increased. Phyllis Tuckwell provides specialist advice to support residents, families and care home staff with both telephone calls and home visits. Face-to-face contacts in care homes have increased from 428 in 2021/22 to 772 in 2022/23.
- Following feedback and meeting the (post-pandemic) needs of our population, our Living Well Service has adapted with more groups being offered at the Beacon Centre, in addition to those running in Farnham. Groups provide an opportunity for peer support and focus on wellbeing and enabling patients to live well with advanced illness.
- Patients' and families' spiritual and psychological needs are supported, including during bereavement, with 418 family members receiving outpatient care from Phyllis Tuckwell in 2022/23. There was a 57% increase in outpatient face-to-face contacts compared to 2021/22, reflecting an increase in group activities and one-to-one counselling.
- The rising cost of living has had an adverse impact on our patients and families. A terminal illness can limit a patient and carer's ability to work and families often face increased costs. Our colleagues help families to access the benefits they are entitled to and navigate the complexity of the care system. We have received training and provide a patient information leaflet to help support this aspect of our work.

- Access to a comprehensive education and training programme enables our colleagues, both from within our own organisation and those in the wider health and social care sector, to develop their skills and knowledge to provide safe and effective care.
- We learn from feedback and incidents - we have a strong reporting and learning culture which enables us to continuously improve our services.
- Preparation for the new Hospice build and move to temporary accommodation has commenced with colleagues, patients and carers involved to ensure that we are able to continue to provide high-quality person-centred care with appropriate equipment and in buildings that are fit for future service delivery.

We helped as many people as possible through education and training, as well as giving advice to other health professionals

- We have a strong education team and provide learning and development opportunities to our PT colleagues and to external partners. The programme aims to equip colleagues who work with our local population at the end of life with current skills, knowledge and confidence to do so.
- Internal attendances increased from 1,279 in 2021/22 to 1,608 in 2022/23
- We support significant numbers of other healthcare professionals, to enable them to deliver safe and effective care for more people in our community than it would be possible for us to otherwise reach. There were 1,216 attendances for our external training this year, which is provided free of charge for people working in our area.
- A web-based calendar, developed with other providers during 2022/23, enables our colleagues to access the details of all courses related to palliative and end of life care across Guildford and Waverley.
- Our education offering to care homes has been updated to enable attendance with, for example, bite sized hour-long virtual updates on common symptoms and how to manage these. Attendances from care home employees has increased from 578 (2021/22) to 918 (2022/23).
- Staff from 84 care homes have engaged with our training, 10 of which are from outside our area. With around 120 care homes across our catchment area, this means our training influences the care in over 60% of care homes in our area.
- Over 60 health and social care students have come to PT to experience the services we offer. We have agreements in place with four Higher Education institutions for their practice placements, across a range of professions.

We generated sufficient funds to enable us to deliver our clinical services and demonstrated we are making good use of the money donated to us

- Total income for the year was £13.2m (2021/22 £12.8m). Of this approximately 26% was Government/NHS funding whereas in a normal year NHS funding is around 21%.

- Total expenditure for the year was £14.3m (2021/22 £12.3m). This gave us an operating deficit of £1.1m (2021/22 £0.5m surplus.)

We demonstrated organisational efficiency and effectiveness in the way we delivered our care

- We invested in staff education so they confident and able to put their skills to good use helping our patients and their families. We have made inclusion and well-being priorities this year, focusing on making sure each person has the opportunity to make a full contribution.
- We have continued to roll out digital solutions so that our staff can work from anywhere, anytime.
- Our Board has continued to provide oversight, support and challenge through digital channels, as well as face-to-face meetings.

Section 4: Our Performance

Keeping patients and families at the heart of all we do.

- Integral to our approach at Phyllis Tuckwell, we work in partnership with patients and families, so that the care we provide is in accordance with their choices.
- We work with the two acute hospitals, NHS community nurses, GPs and other community partners in our catchment area, to provide coordinated, high quality palliative care to patients and their families and to achieve positive outcomes.
- Phyllis Tuckwell encourages feedback from patients, carers and family members so that we can learn and develop services in line with our communities' needs and preferences. This year, we have improved our "Have your Say," webpage, introduced QR codes on posters linking to the webpage, updated our "Have your Say" leaflet and received 137 responses via a new feedback form which is sent to all patients and families.
- NHS Integrated Care Systems (ICS) were established on 1st July 2022 with a responsibility to meet the health and wellbeing needs of people who live in our area. We participate in several ICS forums, enabling us to influence the palliative and end of life care needs of patients and families within our catchment and to support the local health and care systems.

Providing high quality care

The figures below show how many people and their families we cared for over the reporting period in comparison with the previous year.

| | 2021/22 | 2022/23 | Year On Year Change |
|---|---------|---------|---------------------|
| Patient referrals | 1,694 | 1,795 | 6.0% |
| Patients supported | 2,137 | 2,150 | 0.6% |
| Family members/Carers supported | 728 | 811 | 10.2% |
| Total number of people supported | 2,865 | 2,961 | 3.2% |
| % non-cancer referrals | 35.6% | 41.6% | 14.5% |
| % of deceased patients with a recorded preferred place of death | 67.79% | 60.88% | -11.4% |

- Providing high quality care is at the heart of what we do. Patient referrals in 2022/23 increased by 5.6% compared to 2021/22 and there was a 10% increase in the number of family members and carers supported. Overall, the number of patients supported remained stable, with slight growth.

- Our Digital Transformation project progressed this year with:
 - The introduction of electronic prescribing in the community and NHS smart cards, resulting in better access to medication and safer prescribing.
 - All community staff having the skills and hardware (laptops and smart phones) to enable flexible working and integrated working with community partners, via shared electronic records and video conferencing.
 - The purchase of ipads and modifications to our integrated electronic record system, to support mobile working for our Hospice Care at Home (HCAH) team.
- We completed an extensive review of our patient and carer literature, critically reviewing content to ensure that the details are current. We have translated key leaflets into Nepalese (a large population in our area) to enable access to information for more of our community.
- We made key appointments of a new Director of Patient Services, a Clinical Governance Manager and two new Community Managers. A new IT Manager was also appointed.
- Our electronic incident reporting system has been live for over a year, so this, together with a good reporting culture, has enabled a strong focus on patient safety. We have given support via education and peer learning to improve identification, reporting and management of skin integrity incidents and improve our falls prevention practices. Grants, including Frimley ICS, have enabled us to purchase lifting equipment for community use.
- Our regular quality improvement patient safety forums for clinicians and managers provide an opportunity for all staff to engage in quality improvement projects. A number of these are highlighted in the section below.

In-Patient Unit

- Our In-Patient Unit (IPU) at the Hospice is for patients with uncontrolled symptoms to be admitted for specialised palliative nursing and medical care, and also terminal care.
- Despite running with only 14 beds, we have had a very strong year, increasing the number of patients we have admitted. However, demand is increasing and we have not been able to provide admission to all that have needed it. Very sadly too many patients have died waiting for a bed.

| In-Patient Unit | 2021/22 | 2022/23 | Year On Year Change |
|-------------------------------------|---------|---------|---------------------|
| Total admissions | 248 | 303 | 22.1% |
| % patients going home | 20.97% | 17.82% | -15.0% |
| % bed occupancy | 89.8% | 91.82% | 2.3% |
| % deaths on Last Days of Life (LDL) | 77.4% | 77.2% | -0.3% |
| IPU admission waiting time (days) | 2.5 | 2.0 | -20.0% |

- We have continued to maintain infection prevention and control measures, in line with best practice, and have stayed free of Covid outbreaks throughout the year.
- Now that Covid is less of a public health concern, we are very pleased that we have been able to offer families the option to stay overnight at the bedside of their loved one and to provide open visiting hours.
- Our coffee shop has come alive again with large numbers of family members visiting and taking time out from being at the bedside of their loved one.
- This year there has been an emphasis on improved communication. Training has been undertaken on nursing documentation standards and improved handover procedures are now in place.
- We continue to reflect and learn from our incidents and, following discussion, use the evidence to improve our systems and processes relating to falls prevention.
- We are proud to be contributing to palliative care research and, as an example, are taking part in the CHELsea research study, which looks at the pros and cons of subcutaneous hydration at end of life.

Community

Our multi-professional Community team supports patients in their own homes. They also receive referrals and enquiries via our single point of entry, the Access and Referral Team (ART). There

has been a 5.6% growth in overall referrals and an increasing need to work closely with community partners. This ensures that the needs of an increasing number of people being cared for and dying out of hospital, are met by the right people and in a timely way. This increase in activity is reflected in the growth of face-to-face contacts in 2022/23.

The number of referrals into the Community team represent those patients and families who require a face-to-face visit by a member of Phyllis Tuckwell multi-professional team in their own home, regardless of where this is (residential home, care home, own home, etc). Our colleagues work alongside families, carers and community partners, to provide compassionate and timely support, and join up with GPs and NHS community nurses so that, to the patient, family and carers, their care should feel seamless.

The team assist with practical, emotional, spiritual, financial and bereavement support. The care we provide aims to support quality of life until death, either directly or through our connections with other teams. Our support includes enabling independence and choice, skilled communication, symptom control, advance care planning, nursing interventions, tailored personal care, facilitating access to specialist equipment, providing information about the dying process and dignified care before and after death.

We are proud of the care we have provided to people so they can remain in their own homes (whether in their own homes or care homes). This equates to hundreds of people dying at home who might otherwise have died in hospital. This improves the experience for the patient and their family, as well as reducing pressure on the NHS.

| Community, including the HCAH nursing team | 2021/22 | 2022/23 | Year On Year Change |
|---|----------------|----------------|----------------------------|
| Total referrals to the Community team | 1,364 | 1,315 | -3.6% |
| Patients supported | 2,060 | 2,071 | 0.5% |
| % home deaths | 55.8 | 50.0 | -10.4% |
| % non-cancer referrals | 32.6% | 37.0% | 13.5% |
| No. of Face-to-Face contacts | 13,313 | 13,783 | 3.5% |
| No. of non-Face-to-Face contacts | 60,602 | 55,510 | -8.4% |

| HCAH nursing team | 2021/22 | 2022/23 | Year On Year Change |
|--------------------------|----------------|----------------|----------------------------|
| Referrals | 435 | 490 | 12.6% |
| Patients supported | 516 | 506 | -1.9% |
| Home visits | 4,178 | 4,383 | 4.9% |

- Despite not markedly increasing the number of patients we supported, we have seen an increase in the numbers of overall referrals into PT and face-to-face visits. We believe this

explains our experience that, helping people remain in their homes and out of hospital, requires increasingly intensive support.

- Our care for patients who are at the end of life, or with complex palliative care needs, is coordinated via daily meetings with other health and care colleagues. Other mechanisms for ensuring joined-up care include shared patient electronic medical records with all GP practices, regular phone calls and emails between partners to ensure a timely response from colleagues with the right skills to meet patient needs.
- A responsive service providing a timely response to patients who are experiencing a rapid decline received ongoing funding and is now embedded in practice, serving an average of 217 patients per month with a monthly average of 150 home visits and 550 phone calls.
- We piloted a virtual ward for patients with the most complex physical needs; 28 people required this level of care over a five month period.
- As demand for specialist palliative care in care homes has increased. Phyllis Tuckwell has grown the specialist advice to support residents, families and care home staff with both telephone calls and home visits. Face-to-face contacts in care homes has grown from 428 in 2021/22 to 772 in 2022/23.
- Families can feel alone at night. Symptoms can be overwhelming and knowing how to access the help needed can be confusing, so we continue to work with our NHS partners to provide access to specialist support overnight. 351 night visits were made by our team in the last year which were very positively received.
- Many patients and families require access to specialist equipment, including beds. Our therapists and nursing teams work together to improve confidence and skills in manual handling and enable access to these specialised beds.
- We are continuing to broaden access to highly skilled palliative care assessment, communication, prescribing and advance care planning, by supporting clinical specialist nursing development and career paths. In 2022/23 we recruited two experienced nurses into clinical nurse specialist development roles, and supported professional development via MSc modules, including advanced physical assessment and non-medical prescribing.
- A new Motor Neurone Disease clinical specialist role has been developed, in partnership and funded by Guildford & Waverley, as a single point of contact for patients and their families who are living with this often rapidly progressing condition. The role provides specialised advice and supports patients and families to navigate the complexities of the health and social care system.
- We are improving our systems and processes to ensure better compliance with collection of outcome measures, and use a validated measure, which is widely adopted across palliative care. The Integrated Palliative Care Outcome Scale (IPOS) is sent to patients at two defined points in time, the responses are analysed and help to identify patient and family holistic needs and assist with service evaluation and improvement.
- PT consultants contributed to the comprehensive review of the Frimley ICS Adult Symptom Control Guidelines in Palliative Care. The finalised document was shared and the link is also on the home page of EMIS.

Living Well

| Living Well Groups | 21/22 | 22/23 | % Change |
|---|-------|-------|----------|
| Total number of referrals | 239 | 293 | 22.6% |
| Total number of patients supported | 630 | 551 | -12.5% |
| Total number of Family and Carers supported | 102 | 155 | 52.0% |
| Total Non-Cancer Referrals | 91 | 111 | 22.0% |

Part of our Community service, Living Well provides support across all palliative care domains: physical; practical; emotional; social; and spiritual. This enables patients and families to Live Well, to adjust to their deteriorating health, plan for the future and remain active and engaged in their usual activities according to choice, for as long as is possible. We support patient and family wellbeing and offer opportunities for peer and professional support.

The data above shows the numbers relating to our group work undertaken in the Living Well service. 2022/23 saw significant growth in referrals. The total number of patients supported reduced, because, during the Covid pandemic the previous year, an unusually high number of patients received telephone support.

- The Living Well Service offers two core programmes, the Living Well with Illness and Creative programmes. These provide peer and professional support to enable patients to manage the common symptoms associated with advanced and terminal illness e.g. fatigue, sleep disturbance, lack of easy access to opportunities to be active, emotional distress and concern about practical issues such as access to financial support.
- Carers' support is integrated into all that we offer and, in addition an online carers group developed during Covid, which has continued, we have been able to offer support to 34% more carers in 2022/23 compared to 2021/22.
- Advance Care Planning is integral to Living Well, and is offered to patients attending Living Well. Our registered nurses, work with medical and clinical nurse specialists to help patients to complete these. Nurses received specific training to support this work.
- New groups have been designed in response to feedback which is collected systematically via feedback forms, focus groups, and by listening to our patients. We aim to provide variety within Living Well, so that we can support more people in a way that they may find meaningful and helpful.
 - Coffee chat and pamper days have been developed for patients and carers with bespoke groups for younger people.
 - "Artscape" enables patients to draw on their creativity to support their emotional needs and retain an interest that matters to them as their health needs change.
 - Seated Tai Chi and Seated Yoga provide access to activity and wellbeing support.
 - The Living Well group now has a session called "Tracks of Your Years". Participants choose a song which is played for the group to enjoy, which very often sparks lively and joyful conversations and connections.
- Patients who request this are supported to write letters to those they love; this can be of particular benefit to people with younger children.

- Alongside pastoral and spiritual care, we offer support to patients with specific religious needs whether this be catering for dietary requirements, providing suitable prayer spaces, or helping to connect people with a particular faith community. In response to several recent requests from patients who are no longer able to attend their local church, and for whom the Christian faith is important, we have introduced a monthly service. The aim of the service is to enable patients to receive the Eucharist if they wish to do so, explore common themes relating to faith and illness, and create an opportunity for fellowship.
- Use of a pre- and post-group outcome measure (IPOS) demonstrated that following attendance at a Living Well group, most patients experienced an improvement to symptoms, most notably in concerns related to emotion, practical concerns, and spirituality, despite their deteriorating health during the duration of the group.

Patient and Family Support

As part of our holistic care, Phyllis Tuckwell clinical teams support patients' and families' psychological, social and spiritual needs.

- The Patient and Family Support team provides training, advice (for example, how to access care and the benefits people are entitled to), and supporting the psychological and spiritual needs of the patient and their family.
- We work creatively and alongside patients and families to ensure we understand the issues they are facing and can offer the support that is right for them.
- After the patient has died, we continue to support families in bereavement.
- The total number of carers and family members supported through the year increased by 11% to over 800 individuals. There will be many others who we see and support when delivering our day-to-day care, who would not be recorded in official data.
- We undertook 1,007 face-to-face contacts and 4,749 non-face-to-face contacts.
- The group bereavement programmes, First and Second Steps, have returned as face-to-face groups and redeveloped to ensure they are tailored to the specific needs of the participants, including an initial goal and agenda setting approach.
- A Pastoral Care Companion service has been developed for patients on the IPU. Volunteers who have skills from being a Soul Midwife or End of Life Doula, provide companionship and sit alongside someone as they are dying, together with their families.
- As a result of the increased cost of living, we are aware of the significant difficulties many of our patients, families and carers are experiencing. Patients and carers can face unique challenges with high costs associated with deteriorating health and the difficulty of patients and carers being able to remain in paid work. We have therefore updated our knowledge and skills related to supporting people living on a low-income and for those without access to public funds, for example refugees, for whom the Human Rights Assessment Tool can be useful.
- We have developed new communications with guidance about grants, discounts, vouchers and other support schemes and we can refer families to foodbank.
- We are working with Gurkha Welfare, and other partners, to increase awareness of PT services for people within the Nepalese community and improve confidence that we are

able to support Nepali individuals whose relatives present with palliative care needs, or in bereavement.

- We provide guidance about completion of “Fast Track” applications for continuing health care funds, to enable patients timely access to the care they need.
- There is limited capacity for continuing health care (CHC) funded care homes. We are therefore working with families and CHC to enable access to homes and care packages for patients with particularly complex needs. We are also providing support via our education and clinical teams, and partnerships with other providers (for example, care home matrons), to support these settings, to provide safe and effective palliative and end of life care.
- As part of our Equality, Diversity & Inclusion strategy, we provide a tailored service to meet the individual spiritual needs of our patients and their families. This year, these activities included Christian wedding blessings, a Chinese Wedding Tea Ceremony and help with planning for a Muslim burial.
- We are exploring creative ways to deliver emotional support to our patients and their families to suit all individual needs. As an example, this year, we employed a qualified Art Therapist as part of our Counselling Team.
- We improved our volunteer-led Home Support Team with intensive volunteer support provided to patients going through difficult circumstances, face-to-face group supervision for our volunteers, and enabling more involvement from volunteers with the wider Phyllis Tuckwell team, such as shadowing opportunities and greater participation in team activities.

“Extending our Reach” to help everyone we can

- We want to care for as many people as we can, so that everyone gets the best possible palliative and end of life care.
- In addition to providing direct care, we influence the wider team of professionals working in our area, so that in partnership, we provide the best possible palliative and end of life care to patients and families in our catchment area.
- We do this in several ways, for example via:
 - our Advice and Referral Team or on-call medics, who give best-practice telephone advice to other professionals,
 - our education programme,
 - joint working with care homes,
 - sharing our clinical practice guidelines,
 - working jointly with partners at within the NEHants and Guildford & Waverley Places within Frimley and Surrey Heartlands ICS.

Broader advice

- We estimate that in addition to the patients referred to us for direct care, we offered telephone support and advice to over 2,000 additional patients and their healthcare professionals this year.

Education

- We have a highly skilled workforce and a comprehensive in-house education programme to ensure our palliative and end of life care skills are kept up-to-date. We also want people in partner organisations, working with people at the end of their lives, to have the opportunity to continually develop their knowledge and skills.
- We have an extensive menu of online and face-to-face training sessions delivered through our external education programme. We have introduced several new courses this year, a training needs analysis was completed within Guildford & Waverley with partner organisations and gaps were identified. The new courses are Foundation and Intermediate Communication Skills, Understanding and Managing Bereavement Loss and Change, and an update for our well-regarded Palliative and End of Life Care (PEOLC) programme.
- The PEOLC programme itself (6 half days) has recently been updated and refreshed and includes teaching from members of the multi-professional team, specialist nurses, counsellors, clinical nurse specialists and therapists. The education team has been extraordinarily busy with their focus on enhancing multi-professional clinical skills, with over 1,200 external attendances during the year. All training this year was provided free of charge to those working in our area.
- Since May 2022 we have offered an in-house, one-and-a-half-day clinical risk study day with a focus on areas of high risk such as storage of disposal of waste, falls prevention, skin integrity and self-harm prevention. There is multi-professional engagement in this and runs quarterly - 53 clinical staff (40% of our clinical staff) have attended at end of April 2023.

| Year | External Attendances |
|---------|----------------------|
| 2019-20 | 445 |
| 2020-21 | 645 |
| 2021-22 | 1,234 |
| 2022-23 | 1,216 |

Our wonderful team – staff and volunteers

- PT is so fortunate to have such an amazing group of people working and volunteering for us. As you would expect there has been a continued impact of Covid on our people, but thankfully not to the same extent as last year. The wellbeing of our staff is of paramount importance and this year has been no exception. Alongside our Employee Assistance Program and internal support such as Clinical Supervision, we have put in place a pulse survey which regularly captures how staff are feeling. The feedback enables us to direct support, establish what works well and where further improvements can be made.

- Staff and volunteers also completed the Hospice UK survey, in conjunction with Birdsong Charity Consulting. This survey enables PT to compare our performance with other hospices who took part. Our results were impressive, the only area which PT could do better, in comparison to other hospices was with our sustainability, where staff felt there was more that PT could be doing. On the back of this, our Eco group has been re-established.
- As soon as we were able, and in accordance with Covid rules, we held social events such as BBQs on both the Beacon Centre and Farnham Hospice sites. This meant that staff were able to physically meet with their colleagues. These events create a positive buzz around the organisation and were very well received.
- In 2021/22 we had to be restrained with our pay award, but for 2022/23 we are pleased to be able to give a 3% pay award. This is to say thank you to our teams and in recognition that external pressures, such as cost of living increases, are having a very real negative impact on our staff.
- We continue to receive support from local companies which we are very grateful for, treats such as a visiting pizza food truck make such a positive difference to everyone's morale.
- The Covid pandemic has had a significant effect on the way all our people have worked over the past year. They have been adaptable, flexible and shown great resilience. We are very proud of everyone and the continued dedication to their roles.

Income Generation

Fundraising and Retail operations had a good year returning to pre-Covid levels of income, with events and footfall in the shops as they were before the pandemic. Retail did exceptionally well with a surplus of almost £900k; its best-ever result.

How Trustees support the work of Phyllis Tuckwell

As a charity our trustees need to make sure that all our work is focused on achieving our charitable goals.

Our trustees take this responsibility very seriously, and work to ensure that decisions take the long-term consequences into account, along with the interests of our staff and patients alike. They also ensure we are professional in the way we work with suppliers and that our relationship with the NHS is well organised.

Maintaining the support of our wider community, protecting our environment and maintaining our reputation for high standards in the way we work, are also issues the Board considers on a regular basis.

Section 5: Financial Review

- Despite a budgeted operational loss the result for the financial year 2022/23 was significantly better than the budget.
- Retail performed especially well, returning to strength post pandemic. At the end of the year a new warehouse/distribution centre was opened in Farnborough which should lead to further good returns on investment during the next financial period.
- The generosity of our local community meant that we had another good year for donations, and we are so grateful both for the financial support and for the boost to morale it gave our teams, to know there were people in our community rooting for us.
- We received further albeit non-recurring support from the NHS for which of course we are most grateful. In order to continue some of our charitable work this NHS funding needs to be recurring and sure.

Key financial facts

- Total income for the year was £13.2m (2021/22 £12.8m). Of this approximately 26% was government/NHS funding whereas in a more normal year NHS funding is around 21%.
- Total expenditure for the year was £14.3m (2021/22 £12.3m). This gave us an operating deficit of £1.1m (2021/22 £0.5m surplus).
- The total reserves of the charity decreased by £2.9m to £23.5m at 31 March 2023, and the balance in the General Reserve was £4.3m, after allowing for the fall in value of the investments.

Investments

- At the start of the year the charity held £17.9m in non-cash investments.
- At 31 March 2023 the charity held £6.7m in non-cash investments. These generated £481k of interest and dividends during the year and unrealised losses of £1.8m.
- During the year we de-risked £10m of our portfolio which was being held as cash term deposits at the year-end. This is in anticipation of the hospice newbuild project.
- The investment portfolio is managed on a discretionary basis by Investec Wealth and Investment, a firm of professional investment managers. The only ethical restriction imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies and any amount within a tracker or unit trust fund must be insignificant. Finance subcommittee is comfortable with the policies that Investec use to satisfy themselves that proper environmental, social and governance principles are integrated into the operations of companies they invest in.
- A bespoke benchmark is set for the funds with pre-set amounts of different classes of asset. The actual results are then compared to the benchmarks.

Reserves Policy

- There is a Trustee-approved reserves policy in place. The General Reserve is to enable Phyllis Tuckwell to continue to deliver a full range of services should there be an unexpected fall in income. If income cannot be restored to previous levels, then services may have to be curtailed, but changes can be implemented in a planned way.
- The policy is reviewed each year and a target level for the General Reserve is calculated at the end of each financial year based on the approved budget for the next year, the general economic climate and recent trends in charity giving. The target for 2023/24 is £4.5 to £5.1 million which equates to around 6 months of budgeted charitable expenditure. At 31 March 2023 the balance on the General Reserve was £4.3m
- Endowment Fund – The Jenabai Ebrahim fund, with income generated each year used to fund one of the inpatient rooms.
- Restricted Funds - £1.1m held for specific purposes as determined by the donor. 92% of these relate to building projects.
- The charity has four designated funds:
 - i. *Property Fund*

This fund represents the net value of Tangible Fixed Assets that were purchased with unrestricted funds.
 - ii. *Building Development Fund*

This fund was established to accrue funds to assist with the costs of any new premises or major refurbishments that may be required in the future. During the past couple years plans have been drawn for a rebuild of the Hospice building and planning permission has now been granted. This fund will account for around 60% of the total planned costs of the project.
 - iii. *Service Development Fund*

Before Phyllis Tuckwell introduces a new service or expands an existing service, the trustees need to know that it can be funded for at least three years, whilst allowing time for Income Generation to cover these additional costs. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2023 was £0.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including Hospice Care at Home, and locality working.
 - iv. *Operational Plan Fund*

This fund is to cover the investments in our general operating plan over the next four to five years. It is to fund our planned deficit budgets, ensuring the plan is adequately funded through a period of economic uncertainty.

Sustainability: Streamlined energy and carbon reporting

Phyllis Tuckwell uses energy in the form of gas, electricity and fuel for vehicles, operating solely within the UK. Transport data is captured from two datasets; fuel cards which detail the quantity of fuel purchased in litres, and mileage claims in respect of employees using personal vehicles for business purposes.

2022-23 is the fourth year that we have collected this data. The below table provides a comparison to the 2021-22 data. This comparison shows a 6% decrease in energy usage for 2022-23.

While some opportunities do exist to reduce energy use and drive energy efficiency, these are limited. Specifically, the sites which would benefit most from investment in energy are sites where such investment is not commercially viable, including shops which we occupy on short-term leases and where we are not responsible for the fabric of the building. Our main Hospice building dates back to the 1930s and as can be read elsewhere in this report this will be knocked down within the next year and a new modern energy efficient hospice built in its place.

The organisation achieved Phase Two ESOS compliance in May 2022 and has taken some steps towards reducing energy use, taking into account the rebuild. These steps include a programme to upgrade to LED lighting where feasible, the appointment of green champions, the installation of e-charging points in our car park and an ongoing effort to reduce unnecessary travel through the use of virtual technologies for meetings and even patient contacts.

Additional measures are planned where efficient, including improved insulation, further training for staff and ensuring energy efficiency is a considered when procuring new devices.

Our energy usage in 2021-22 and comparison to 2020-22:

| Measure | 2021/22 | | 2022/23 | | % change |
|---|-----------|-----------------------------|-------------|-----------------------------|-----------------------------|
| | kWh/miles | tonnes of CO ₂ e | kWh / miles | tonnes of CO ₂ e | tonnes of CO ₂ e |
| Gas consumption (kWh) | 687,309 | 126.5 | 686,482 | 126.3 | 0% |
| Electricity consumption (kWh) | 576,889 | 134.4 | 517,345 | 120.5 | -10% |
| Travel (miles) | 258,278 | 66.0 | 242,177 | 61.5 | -7% |
| TOTAL | 1,522,475 | 327 | 1,446,004 | 308 | -6% |
| <i>Intensity metric - kg of CO₂e per patient supported</i> | | <i>153.0kg</i> | | <i>143.4kg</i> | <i>-6%</i> |

Notes on Preparation:

Greenhouse gas (GHG) emissions have been calculated using the UK DEFRA condensed carbon conversion factors dataset and emissions are presented in CO₂e (Carbon Dioxide Equivalent). We have identified a metric of emissions per patient supported and these are shown above.

The above reported figures do not include usage for premises where the organisation has service agreements and/or is not charged for energy usage as a tenant due to a lack of access to this data. We do not keep records regarding the size or type of fuel used in employees' personal vehicles. CO₂e has therefore been calculated for claimed mileage based on the UK DEFRA condensed carbon conversion factors dataset, using the "average" personal vehicle and "unknown" fuel types.

Section 6: Plans for the Future

- Our top priority is to provide people with high quality, compassionate end of life care.
- The best way of doing this is to grow and support our great team of motivated, skilled staff and volunteers.
- We will continue to support all our people, giving them the chance to develop their skills and experience, recruiting new members of the team, and making sure we look after them and their well-being. During the next year we will focus on well-being and making sure everyone is supported as we move our Farnham-based services to new temporary locations due to the new Hospice build.
- We will focus on equality, diversity and inclusion for the people we care for, our staff and volunteers. We will take action to make sure that we are accessible, flexible and that our face-to-face services meet the needs of everybody in our community.
- We will also increase the efforts we put into supporting people through others – through training care homes' staff and others on latest thinking and practice in end-of-life care or by providing advice to community nurses, GPs and others.
- We will maintain our charitable income generation activity, ensuring we have enough income to keep our operations going whilst we raise Capital for a new Hospice build on our existing site in Farnham. We will seek to agree new contractual arrangements with our NHS partners to secure a fair deal for future years.
- We will focus on making good use of the technology and new ways of working our digital transformation work has produced. We want to make it easy for patients, families and supporters to engage with us digitally if they want to. We will also be making the most of our refurbished Beacon Centre in Guildford and the new Warehouse in Farnborough, as well as a temporary Community Hub in Farnham and IPU in Camberley, while we build the new Hospice.
- Our data analysis and new suite of KPIs will help us analyse what we have achieved, and help us start to think about priorities for our next 5-year Strategy. We have an ambition to work closely with people in our communities to co-design our future service model and ensure that we're delivering the services that people need and want, in a way that works best for them.
- We aim to work ever more closely with other hospices and colleagues working locally across the health and adult social care field - collaborating to support delivery of the Surrey Heartlands End of Life Care Strategy and the Frimley Integrated Care System's (ICS's) palliative and end of life care priorities.

Facilities for the future

2023 is the start of an ambitious project to help deliver our long-term strategy for our local community. It has been estimated that by 2040 the number of people dying in our area will increase by 25%. There are already more people who need us than we currently have the capacity to support, with people dying whilst on our waiting lists before they receive the specialist care they deserve.

With an ageing population, people are living longer and developing multiple complex medical conditions, so that in the coming years the need for the type of specialist palliative care that we provide increases further.

Also, by 2040, 70% of people will die at home, so we need to be increasingly flexible and reflect the preferences of the community we serve.

The ageing population, the increase in complex disease and the move to dying at home, mean that the already overstretched NHS will be placed under further pressure. As a result, the essential services we provide, will play an even greater part in the wider health and social care systems across our catchment area.

Our current building was not originally designed to be a hospice and, in the 90 years since much of it was built as a cottage hospital, end of life care has moved on significantly, and it has reached the end of its useful life.

Therefore, in order to increase our capacity, and help reduce NHS pressure and hospital admissions, we have decided to build a new modern hospice, fit for the 21st century, with the facilities that will enable us to care for thousands more people, in a variety of ways: increasing numbers on our IPU, offering more outpatient services, and providing improved community services for those at home or in care homes.

It will be sustainable with renewable energy sources, maximum insulation, reduced water consumption, and protect local wildlife, and we will reuse and recycle materials, wherever possible.

The main area of the new hospice will be a larger 18-bed In-Patient Unit, increasing from our current 14 beds, which will provide exceptional care to patients with high dependency medical and nursing needs.

The 18 spacious, en-suite bedrooms will enable us to care for 25% more people than we can currently accommodate. Equipped with state-of-the-art technology and designed to be dementia friendly, it will offer patients greater levels of comfort, privacy, and infection control. Every bedroom will have patio doors, that will provide lots of natural light, as well as direct access to beautiful and secure gardens.

The new Hospice will also be a hub for our expanded Community and Hospice Care at Home teams and provide improved outpatient facilities with consulting and treatment rooms, a multi-functional Wellbeing & Living Well Suite, and a new exercise suite to help patients build muscle strength, improve coordination and their ability to cope with symptoms such as breathlessness.

Our education team will use the new meetings rooms to train and educate colleagues in the NHS and social care, as well as our own staff, and modern workspaces will help us attract and retain our valued workforce and enable the new Hospice to be a Centre of Excellence in palliative care.

As a result, thousands of clinicians will deliver higher quality care, benefiting tens of thousands of patients from both within our catchment area, and further afield.

We have the full support from our local community and successfully secured planning permission in March 2023. We will therefore commence building works in Summer 2023 and plan to open the new hospice in Early 2026.

During the time we are offsite, we will continue to offer patients and families the same high-quality services, but from temporary locations: the IPU will be located on a dedicated wing of a local Care Home in Camberley; we have been able to adapt our Beacon Centre site in Guildford to house more of our Community and Living Well services; and our community and Hospice Care at Home services will be coordinated from the Beacon Centre, our new Retail headquarters in Farnborough and an office building in Farnham town centre, where most support staff will also be based.

At an estimated cost of £16m, the new hospice project represents a significant investment by the charity towards improving the provision of healthcare services in our community.

We have £10m in designated reserves, so we have launched a £6m capital appeal, seeking major gifts from trusts, corporates, foundations, statutory sources and individuals.

We are extremely confident it delivers value for money and, as a direct result of building our new hospice, within just ten years, we shall be helping 40% more people, than we are able to today.

Section 7: Leadership & How we Work

Trustees & the Board

Trustees are appointed at the Annual General Meeting.

They are selected through a process of open competition based on their skills and experience. New trustees attend an induction day. They also meet with each of the senior team as part of their induction. We are actively seeking to increase the diversity of age, ethnicity and perspective when vacancies arise. Page 3 lists the current make-up of the Trustee Board.

The management of Phyllis Tuckwell is the responsibility of the trustees, who are Directors for the purposes of company law and trustees for the purpose of charity law. The day-to-day running of Phyllis Tuckwell is devolved to the Chief Executive and Senior Management Team.

We have completed a desk-based review of our governance, benchmarking ourselves against the standards set out in the Charity Governance Code. The incoming Chair has reviewed the structure, composition and Terms of Reference of the Sub-Committees and carried out a Board Review to assess where things are going well, and where there is scope for improvement. We have refined the 'Board Wheel' to put a regular programme of Board activities into an annual calendar. This has proved extremely useful for trustees and the executive alike. We make sure we review participants' experience at the end of each Sub-Committee and Board meeting, to ensure we are as inclusive as possible, and that we stay focused on the needs of our patients and staff.

The list of Sub-Committees and their main responsibilities is below:

- Finance - financial health and sustainability of the organisation, as well as ensuring that internal controls are effective.
- Clinical Strategy – overall clinical direction and priorities.
- Clinical Governance – clinical performance and safe/best practice.
- People – workforce strategy for staff and volunteers, as well as remuneration (working closely with the Finance Sub-Committee).
- Income Generation – priorities and plans for income generation activities.
- Resources – estates and digital transformation.

Communication and Engagement with Staff and the Board

- Weekly Senior Management meetings with monthly Middle Managers meeting were held to ensure that all our people were kept fully informed about what is happening in the organisation and more widely. In addition, they provide an opportunity for all to feedback via managers any concerns or suggestions for improvement.
- We continue to make excellent use of the company intranet posting regular updates on this, including the monthly team brief. This ensured that views were heard, that people were able to influence decisions, and that everyone continues to be kept up-to-date with matters affecting the organisation, their teams and themselves.
- Staff were informed of our financial position via briefings from the Director of Finance & Business Development. They were encouraged to ask questions or seek further clarification. The aim is to provide a forum for discussion on the organisations finances and to reassure staff that our financial position was robust and well-managed.
- We continue with online meetings and have also returned to face-to-face meetings. It has been good to be able to return to in-person meetings. However, online continues to be helpful, particularly where we or colleagues want to meet with large numbers of people such as organisation-wide updates and discussions. Information from all meetings and events is cascaded to the Hospice Managers and then to the rest of the organisation.

Inclusion & Diversity

- Phyllis Tuckwell aims to be a diverse and inclusive organisation, one that reflects the population in our catchment area.
- We have worked with Access to Work to support our disabled people, ensuring that they have the necessary equipment and able to obtain transport where required, so that they may continue in their roles.
- The Diversity and Inclusion focus group, made up of interested staff across the organisation meet to consider all aspects of diversity and inclusion for patients and our workforce.
- Our aim is to operate as a single, empowered team, coming together to agree our approach to issues that need everyone to work together, and underpinned by clear roles and accountabilities. The organisation is committed to eliminating discrimination on any basis. We believe in fairness and equality, and value diversity in all our dealings, both as provider of end-of-life care and also as an employer. We recognise, value and respect everyone as individuals with diverse opinions, cultures, lifestyles and circumstances, understanding that each of us are unique, recognising and appreciating our differences and our commonalities.

Employee/Volunteer Information

- The Senior Management Team meet monthly with Hospice Managers to discuss the business and performance of the organisation, changes to ways of working and to gather feedback and updates from each area. The meeting also provides the SMT and managers with time to inform each other as to what is happening across the organisation. This Information is cascaded to the rest of the workforce via team meetings, one-to-ones and on the organisation's intranet. Feedback is sought from everyone. Anyone can raise

questions, queries or make suggestions to their managers, senior managers, or directly to the Chief Executive.

- Every six months the Chief Executive provides an update on the organisations progress against the strategy, priorities for the next 6 months and an opportunity to raise issues and explore how things are feeling for each of them.
- We ran regular pulse surveys to understand how people were feeling about the support and communication they receive, and what the SMT may do differently to improve this. Feedback is given anonymously, this is cascaded via our employee intranet and discussed at the Senior Management Meeting.
- PT is fortunate to be supported by a fantastic team of 694 volunteers. Our volunteers support all areas of the organisation, including retail, fundraising and roles within the Hospice and Beacon Centre. Roles vary from driving patients to helping in our Living Well service, on our In-Patient Unit and in various patient facing and therapeutic roles. Volunteers receive a monthly newsletter keeping them up-to-date with PT news and have regular ongoing contact with their line managers and the voluntary services team. This enables volunteers to feedback queries and offer suggestions.

Remuneration Policy

- Phyllis Tuckwell is committed to ensuring that we pay our staff fairly and in a way which ensures we attract and retain the right skills to have the greatest impact in delivering our charitable objectives. In deciding senior pay awards, we consider the national recommendations for Charity Senior Executive Pay and follow these where appropriate. We have a People Board Sub-Committee, which looks at all matters relating to staff and volunteers. The Chair of this Board Sub-Committee, along with the Chair of the Board and the Chair of the Finance Board Sub-Committee, form a Remuneration Sub-Group of the Board. The main responsibilities of this group are to determine the remuneration package for the CEO and significant changes to the Senior Management Team. All other remuneration discussions outside of the CEO's level of authority, take place at the People Board Sub-Committee. In determining Phyllis Tuckwell's remuneration policy, the People Board Sub-Committee takes into account all factors such as external and internal benchmarking, including comparators of both charity and public sector pay awards, as and when necessary. Recommendations are submitted to the Board of trustees for ratification.

How we raise money

- In a normal year we have to raise 75-80% of our total income ourselves. Roughly a fifth comes from NHS funding. This year we have, once again, benefitted from one-off funding from the NHS in recognition of the role we have played in tackling winter pressures and the Omicron variant and reducing pressure on the NHS. We are extremely grateful for much-needed funding, however we still had to raise around £9m ourselves. We are constantly amazed and inspired by how much support we receive from supporters and donors. We believe this is in part because of the effort we put into securing and maintaining the trust of our supporters and by keeping our community engaged through regular social media activity.
- Our fundraising involves encouraging donations and gifts in wills, running events, engaging our local community to fundraise on our behalf, running a chain of charity shops, working with local companies and applying for grants from Trusts. In 2023/24 we will also be launching a capital appeal to raise £6million of funding for our new hospice.
- We voluntarily subscribe to the Fundraising Regulator and respond quickly to any complaints. In 2022/23, from tens of thousands of transactions, we received just six complaints, all of which were dealt with satisfactorily, and none was referred to the Fundraising Regulator.
- We also adhere to the Code of Fundraising Practice which ensures we work appropriately with those who are vulnerable or who need additional support.

Connecting with others. Relationships with wider interests and related parties

- We work closely with six neighbouring hospices, local care homes and NHS organisations. The value of close integration with other health and social care providers has never been clearer than over the last few years. We have worked as a team to manage the impact of the pandemic together.
- The NHS landscape is complex and active. We work across part of the Frimley Healthcare ICS and Surrey Heartlands ICS areas, two acute hospitals (Frimley Health and Royal Surrey County Hospital), Guildford & Waverley Alliance Partnership (ICP) and Frimley CCG (bringing together North East Hampshire & Farnham, Surrey Heath and East Berkshire Clinical Commissioning Groups).
- We have strong operational relationships with our local Commissioning partners, and have kept them informed about our performance over the last year on a regular basis. We look forward to working together over the next year.
- We have held several meetings with the Care Quality Commission (CQC) to introduce our new Director of Patient Services, to provide assurance about the quality of care we provide, and to ensure the CQC is well-informed about how we intend to provide services whilst we are in temporary accommodation. We also ensure that CQC are kept up to date with any serious incidents or significant events.
- Phyllis Tuckwell also owns 50% of the Tuckwell Chase Lottery Limited (TCL), from which we receive funds. The other 50% is owned by Shooting Star Children's Hospices.
- The Lottery Company pays half its profits to each owner.
- During 2022/23 Phyllis Tuckwell received £504k (net) from TCL (2021/22: £481k). TCL take their responsibilities for fundraising very seriously and are committed to best practice standards. They are a member of the Lotteries Council and The Hospice Lotteries Association and are regulated by the Gambling Commission under the 2005 Gambling Act.
- Phyllis Tuckwell owns the whole of the issued ordinary share capital of PTH Trading Limited. (Company number 06906850). The subsidiary is used for non-primary purpose trading activities. Available profits are gift aided to the charity.

Managing Risk

- The Board holds proactive, regular discussion of the things that could jeopardise delivery of our strategy.
- The Board has identified ten strategic risks that are monitored at quarterly Board meetings, with a 'deep dive' into one of the main areas of risk twice a year. The next level of risks is kept under regular review by the relevant Sub-Committee with an expectation that any emerging issues can be escalated to the Board.
- Covid had less of an impact than the year before so we were able to focus more time on the other strategic risks— recruitment, staff welfare, quality of patient care, income generation, inclusion, data security and health and safety.
- We carried out deep dives into cyber security, whether we are reaching more people, and recruitment & retention.

- We take business continuity seriously, and regularly review and update our plans. For example, this year we have focused on arrangements at The Beacon Centre in Guildford when an alarm is triggered and no manager is on site, to make sure it is clear and easy for anyone in the building to know what to do. We have also invested considerably in our digital security and the robustness of our digital environment to make sure that, should something happen to one of our physical sites, staff can continue working.

Section 8: Statement of Responsibilities of the Trustees

The trustees (who are also directors of Phyllis Tuckwell Memorial Hospice Ltd for the purpose of company law) 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).

Company law 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 charitable company and group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and statements of recommended practice 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 operation.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all steps that they should have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2023 was 56 (2022 – 54). The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report, including the strategic report, was approved by the trustees on 20 July 2023 and signed on their behalf by

Alison Huggett
Chair

Opinion

We have audited the financial statements of Phyllis Tuckwell Memorial Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2023 and of the group's resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are 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. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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 group financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's/ group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;

Independent auditor's report

To the members of

Phyllis Tuckwell Memorial Hospice Limited

- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity/group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity/group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose.

Independent auditor's report

To the members of

Phyllis Tuckwell Memorial Hospice Limited

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Joanna Pittman (Senior statutory auditor)

27 July 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Phyllis Tuckwell Memorial Hospice Limited

Consolidated Statement of Financial Activities (incorporating an Income and Expenditure account)

For the year ended 31 March 2023

| | Note | Unrestricted £ | Restricted/ Endowment £ | 2023 Total £ | Unrestricted £ | Restricted/ Endowment £ | 2022 Total £ |
|--|------|--------------------|-------------------------------|--------------------|-------------------|-------------------------------|--------------------|
| Incoming resources: | | | | | | | |
| Voluntary income | 2 | 3,631,930 | 10,500 | 3,642,430 | 3,786,681 | 19,230 | 3,805,911 |
| Activities for generating funds | | | | | | | |
| Fundraising | | 1,448,655 | 202,581 | 1,651,236 | 1,339,293 | 318,961 | 1,658,254 |
| Retail | | 2,760,691 | - | 2,760,691 | 2,453,407 | 7,771 | 2,461,178 |
| Lottery | | 1,224,559 | - | 1,224,559 | 981,526 | - | 981,526 |
| Charitable activities | 3 | 2,365,464 | 1,049,660 | 3,415,124 | 2,282,565 | 1,304,394 | 3,586,959 |
| Investments | 4 | 489,024 | - | 489,024 | 331,002 | 2,949 | 333,951 |
| Total income | | 11,920,322 | 1,262,741 | 13,183,063 | 11,174,474 | 1,653,306 | 12,827,780 |
| Resources expended: | | | | | | | |
| Raising funds | 5 | | | | | | |
| Voluntary income generation costs | | 151,827 | - | 151,827 | 159,669 | - | 159,669 |
| Fundraising costs | | 834,279 | - | 834,279 | 747,203 | - | 747,203 |
| Retail costs | | 2,070,353 | - | 2,070,353 | 1,994,503 | 7,771 | 2,002,274 |
| Lottery costs | | 720,248 | - | 720,248 | 500,371 | - | 500,371 |
| Investment management costs | | 35,603 | - | 35,603 | 64,722 | - | 64,722 |
| Sub-total for raising funds | | 3,812,310 | - | 3,812,310 | 3,466,467 | 7,771 | 3,474,238 |
| Charitable activities | 5 | | | | | | |
| In-Patient | | 4,245,728 | 419,095 | 4,664,823 | 3,408,358 | 391,151 | 3,799,509 |
| Living Well (outpatients) | | 975,000 | 20 | 975,020 | 746,730 | 93,369 | 840,099 |
| Community Care | | 3,875,817 | 928,850 | 4,804,667 | 3,108,600 | 1,123,838 | 4,232,438 |
| Sub-total for charitable activities | | 9,096,545 | 1,347,965 | 10,444,510 | 7,263,688 | 1,608,358 | 8,872,046 |
| Total expenditure | | 12,908,855 | 1,347,965 | 14,256,820 | 10,730,155 | 1,616,129 | 12,346,284 |
| Net (expenditure)/income before net (losses)/gains on investments | | (988,533) | (85,224) | (1,073,757) | 444,319 | 37,176 | 481,495 |
| Net (losses)/gains on investments | 13 | (1,792,466) | - | (1,792,466) | 416,038 | - | 416,038 |
| Net movement in funds | | (2,780,999) | (85,224) | (2,866,223) | 860,356 | 37,176 | 897,532 |
| Reconciliation of funds: | | | | | | | |
| Total funds brought forward | | 25,212,339 | 1,121,555 | 26,333,894 | 24,351,983 | 1,084,379 | 25,436,362 |
| Total funds carried forward | | 22,431,339 | 1,036,332 | 23,467,671 | 25,212,339 | 1,121,555 | 26,333,894 |

Balance sheets

Company no. 1063033

As at 31 March 2023

| | Note | The group | | The charity | |
|--|------|-------------------|------------|-------------------|------------|
| | | 2023 | 2022 | 2023 | 2022 |
| | | £ | £ | £ | £ |
| Fixed assets: | | | | | |
| Tangible assets | 11 | 3,043,099 | 3,057,606 | 3,043,099 | 3,057,606 |
| Investment properties | 12 | 100,000 | 115,000 | 100,000 | 115,000 |
| Investments | 13 | 11,798,817 | 18,504,225 | 11,798,818 | 18,504,226 |
| | | 14,941,916 | 21,676,831 | 14,941,917 | 21,676,832 |
| Current assets: | | | | | |
| Stocks | 15 | 3,441 | 5,821 | - | - |
| Debtors | 16 | 1,014,999 | 1,870,846 | 1,027,555 | 1,875,762 |
| Short term deposits | | 5,000,000 | 1,000,000 | 5,000,000 | 1,000,000 |
| Cash and cash equivalents | | 3,896,364 | 2,740,586 | 3,881,739 | 2,733,977 |
| | | 9,914,805 | 5,617,253 | 9,909,294 | 5,609,739 |
| Liabilities: | | | | | |
| Creditors: amounts falling due within one year | 17 | (1,389,050) | (845,190) | (1,383,540) | (837,677) |
| Net current assets | | 8,525,755 | 4,772,064 | 8,525,754 | 4,772,062 |
| Total assets less current liabilities | 20 | 23,467,671 | 26,448,894 | 23,467,671 | 26,448,894 |
| Creditors: amounts falling due after one year | 17 | - | (115,000) | - | (115,000) |
| Total Net assets | | 23,467,671 | 26,333,894 | 23,467,671 | 26,333,894 |
| Funds: | | | | | |
| Restricted income funds | 21 | | | | |
| Endowment fund | | 69,182 | 69,182 | 69,182 | 69,182 |
| Restricted funds | | 967,150 | 1,052,374 | 967,150 | 1,052,374 |
| Total restricted funds | | 1,036,332 | 1,121,556 | 1,036,332 | 1,121,556 |
| Unrestricted income funds: | | | | | |
| Designated funds | | 18,090,374 | 18,851,855 | 18,090,374 | 18,851,855 |
| General funds | | 4,340,965 | 6,360,483 | 4,340,965 | 6,360,483 |
| Total unrestricted funds | | 22,431,339 | 25,212,338 | 22,431,339 | 25,212,338 |
| Total funds | | 23,467,671 | 26,333,894 | 23,467,671 | 26,333,894 |

Approved by the trustees on 20 July 2023 and signed on their behalf by

Alison Huggett
ChairKen Ratcliff
Trustee

Phyllis Tuckwell Memorial Hospice Limited

Consolidated Statement of Cash Flows

For the year ended 31 March 2023

| | Note | 2023 £ | £ | 2022 £ | £ |
|---|------------------|------------------|------------------|-------------------------|------------------|
| Cash flows from operating activities | | | | | |
| Net income for the reporting period | | (2,866,223) | | 897,533 | |
| Depreciation charges | | 317,932 | | 298,851 | |
| Losses/(Gains) on investments | | 1,777,466 | | (416,038) | |
| Losses on investment property | | 15,000 | | - | |
| Loss on disposal of fixed assets | | 3,845 | | - | |
| Dividends, interest and rent from investments | | (489,024) | | (333,951) | |
| Decrease in stocks | | 2,380 | | 2,678 | |
| Decrease/(Increase)in debtors | | 855,847 | | (593,441) | |
| Increase in creditors | | 428,860 | | 397,123 | |
| | | | | | |
| Net cash provided by operating activities | | | 46,084 | | 252,756 |
| Cash flows from investing activities: | | | | | |
| Dividends and interest from investments | | 489,024 | | 333,951 | |
| Purchase of fixed assets | | (307,271) | | (245,459) | |
| Proceeds from sale of investments | | 24,877,491 | | 3,787,234 | |
| Purchase of investments | | (20,439,651) | | (3,645,541) | |
| (Increase) in term deposits | | (4,000,000) | | - | |
| Decr./(Incr.) in cash funds held by investment managers | | 490,102 | | (216,938) | |
| | | | | | |
| Net cash provided by investing activities | | | 1,109,694 | | 13,247 |
| | | | | | |
| Change in cash and cash equivalents in the year | | | 1,155,778 | | 266,002 |
| | | | | | |
| Cash and cash equivalents at the beginning of the year | | | 2,740,586 | | 2,474,584 |
| | | | | | |
| Cash and cash equivalents at the end of the year | | | 3,896,364 | | 2,740,586 |
| Analysis of cash and cash equivalents | | | | | |
| | At 1 April 2022 | Cash flows | Other changes | At 31 March 2023 | |
| | £ | £ | £ | £ | |
| Cash at bank and in hand | 2,240,586 | 1,155,778 | - | 3,396,364 | |
| Term deposits (less than 3 months) | 500,000 | - | - | 500,000 | |
| | | | | | |
| | 2,740,586 | 1,155,778 | - | 3,896,364 | |

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies

a) Statutory information

Phyllis Tuckwell Memorial Hospice Limited is a charitable company limited by guarantee and is incorporated in the United Kingdom.

The registered office address of the charity and its subsidiary, PTH Trading Limited is Waverley Lane, Farnham, Surrey, GU9 8BL.

b) Basis of preparation

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

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary PTH Trading Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees do not consider that there are any sources of estimation or uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

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

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

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

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

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

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies (continued)

g) Investment income and dividends

Investment income including dividends is included when receivable.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Endowment funds are restricted funds whereby the capital sum is invested but the income is used for objects of the charity.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services and educational activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against general overheads and allocated according to Note 5.

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which is an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the following basis:

| | |
|-----------------------------------|-----|
| ● In-Patient Unit | 30% |
| ● Living Well (outpatients) | 10% |
| ● Community Care | 30% |
| ● Activities for generating funds | 30% |

Support and governance costs are re-allocated to each of the activities on the following basis:

The cost of overall direction and administration of each activity, comprising the salary and overhead cost of the central function is apportioned on the number of staff attributable to each activity:

| | |
|--------------------------------|--------|
| ● Activities to generate funds | 28.17% |
| ● In-Patient Unit | 32.49% |
| ● Living Well (outpatients) | 7.38% |
| ● Community Care | 31.96% |

Premises costs are allocated on the basis of square footage attributable to each activity:

| | |
|--------------------------------|--------|
| ● Activities to generate funds | 6.78% |
| ● In-Patient Unit | 69.92% |
| ● Living Well (outpatients) | 8.46% |
| ● Community Care | 14.84% |

IT costs are allocated based on the number of computers attributable to each activity:

| | |
|--------------------------------|--------|
| ● Activities to generate funds | 13.21% |
| ● In-Patient Unit | 36.48% |
| ● Living Well (outpatients) | 3.77% |
| ● Community Care | 46.54% |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies (continued)

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Pensions

The charitable company contributes to two pension schemes on behalf of employees. The charitable company operates a defined contribution pension scheme. The charitable company has no liability under the scheme other than for the payment of those contributions. It also contributes to a defined benefit superannuation scheme. The assets of both these schemes are held separately from the charitable company. The pension cost charge represents contributions payable under the schemes by the charitable company. Further information on the schemes is included in note 19.

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The useful lives are as follows:

| | |
|---|----------|
| ● Freehold property | 50 years |
| ● Freehold property improvements | 10 years |
| ● Leasehold property | 3 years |
| ● Furniture, equipment, fixtures and fittings | 5 years |
| ● IT equipment | 3 years |
| ● Vehicles | 5 years |
| ● Software | 5 years |

Land valued at £31,250 within Freehold property is not depreciated.

n) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

o) Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in fair value is recognised in the statement of financial activities. The valuation method used to determine fair value will be stated in the notes to the accounts.

p) Investments in subsidiaries

Investments in subsidiaries are at cost.

q) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charity of these goods is recognised as income when sold.

r) Debtors

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

s) Cash at bank and in hand

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

t) Short term deposits

Short term deposits represent amounts held on deposit with a maturity of between 3 months and one year.

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies (continued)

u) Creditors and provisions

Creditors and provisions are recognised where the charity 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. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

v) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2 Voluntary Income

| | Unrestricted £ | Restricted £ | 2023 Total £ | Unrestricted £ | Restricted £ | 2022 Total £ |
|-----------|-------------------|-----------------|--------------------|-------------------|-----------------|--------------------|
| Donations | 1,261,849 | 10,500 | 1,272,349 | 1,417,573 | 19,230 | 1,436,803 |
| Legacies | 2,370,080 | - | 2,370,080 | 2,369,109 | - | 2,369,109 |
| | 3,631,930 | 10,500 | 3,642,430 | 3,786,681 | 19,230 | 3,805,911 |

At the year end the charity had been notified of one material legacy that it was unable to measure reliably at that time. Since the year end the charity has been informed that it is due £160,000 from this legacy.

3 Income from charitable activities

| | Unrestricted £ | Restricted £ | 2023 Total £ | Unrestricted £ | Restricted £ | 2022 Total £ |
|---|-------------------|------------------|--------------------|-------------------|------------------|--------------------|
| Grants | | | | | | |
| NHSE – Covid Support | - | - | - | - | 858,985 | 858,985 |
| NHS Guildford & Waverly CCG | 2,365,464 | - | 2,365,464 | 2,276,856 | - | 2,276,856 |
| Surrey Heath CCG Home Support | - | 22,126 | 22,126 | - | 22,126 | 22,126 |
| Other CCG support | - | 843,707 | 843,707 | - | 219,869 | 219,869 |
| Continuing Health | - | 183,827 | 183,827 | - | 179,172 | 179,172 |
| Total grant income | 2,365,464 | 1,049,660 | 3,415,124 | 2,276,856 | 1,280,152 | 3,557,008 |
| Other income | - | - | - | 5,709 | 24,242 | 29,951 |
| Total income from charitable activities | 2,365,464 | 1,049,660 | 3,415,124 | 2,282,565 | 1,304,394 | 3,586,959 |

NHSE - Covid support.

NHSE awarded funding to allow Phyllis Tuckwell to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the Covid-19 situation.

4 Income from investments

| | Unrestricted £ | Endowment £ | 2023 Total £ | Unrestricted £ | Endowment £ | 2022 Total £ |
|------------------------------------|-------------------|----------------|--------------------|-------------------|----------------|--------------------|
| Investments (interest & dividends) | 351,428 | - | 351,428 | 326,727 | 2,949 | 329,676 |
| Investment property Income | 8,000 | - | 8,000 | - | - | - |
| Term deposit interest | 106,938 | - | 106,938 | 3,040 | - | 3,040 |
| Bank interest | 22,659 | - | 22,659 | 1,234 | - | 1,234 |
| | 489,024 | - | 489,024 | 331,002 | 2,949 | 333,951 |

Notes to the financial statements

For the year ended 31 March 2023

5a Analysis of expenditure (current year)

| | Charitable activities | | | | | | | 2023 Total £ | 2022 Total £ |
|---------------------------------|-------------------------------|------------------|-----------------------------------|------------------------|--------------------------|-----------------------|-----------------------|--------------------|--------------------|
| | Cost of raising funds £ | In-Patient £ | Living Well (outpatients) £ | Community Care £ | Governance costs £ | Support costs £ | Redevel'pm't costs | | |
| Staff costs (Note 7) | 1,595,381 | 2,826,670 | 703,391 | 3,852,865 | 36,388 | 1,239,594 | 67,693 | 10,321,981 | 9,306,985 |
| Fundraising/Retail costs | 297,299 | - | - | - | - | - | 3,500 | 300,799 | 289,605 |
| Marketing & Communications | 42,786 | 23,916 | 9,567 | 23,916 | - | - | - | 100,186 | 111,470 |
| Lottery costs | 720,248 | - | - | - | - | - | - | 720,248 | 500,371 |
| Catering | - | 220,395 | 3,795 | 73 | - | 15,799 | - | 240,062 | 213,625 |
| Premises | 577,106 | - | 30,625 | 30,625 | - | 157,067 | 550,455 | 1,345,878 | 738,653 |
| Travel | 34,957 | - | 3,938 | 70,303 | - | 6,063 | - | 115,261 | 88,487 |
| Consumables | - | 72,217 | 14,399 | 33,811 | - | 1,727 | - | 122,154 | 109,690 |
| Depreciation & loss on disposal | 30,827 | 54,466 | 194 | 4,394 | - | 228,051 | - | 317,932 | 298,851 |
| Maintenance & repairs | - | 61,477 | 1,276 | 5,744 | - | 69,174 | - | 137,671 | 122,296 |
| Subscriptions & publications | - | 2,840 | 631 | 2,840 | - | 8,156 | - | 14,468 | 17,484 |
| IT | 23,057 | 26,530 | 5,896 | 26,530 | - | 284,645 | - | 366,657 | 233,831 |
| Insurance | 24,027 | - | 162 | 1,577 | 1,522 | 33,706 | - | 60,994 | 50,535 |
| Audit & accountancy fees | 4,400 | - | - | - | 16,535 | - | - | 20,935 | 17,450 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 555 | 2,959 | - | 9,175 | 140,765 |
| Office costs | - | 1,963 | 436 | 14,354 | - | 10,065 | - | 26,819 | 41,464 |
| Investment management costs | 35,603 | - | - | - | - | - | - | 35,603 | 64,722 |
| Total resources expended | 3,385,690 | 3,293,021 | 774,877 | 4,069,580 | 55,000 | 2,057,006 | 621,647 | 14,256,820 | 12,346,284 |
| Governance costs | 15,126 | 17,986 | 4,200 | 17,688 | (55,000) | | | | |
| Support costs | 369,350 | 919,138 | 143,372 | 625,147 | | (2,057,006) | | | |
| Redevelopment costs | 42,145 | 434,679 | 52,571 | 92,252 | | | - | | |
| Total expenditure 2023 | 3,812,310 | 4,664,823 | 975,020 | 4,804,667 | - | - | - | 14,256,820 | - |
| Total expenditure 2022 | 3,474,238 | 3,799,509 | 840,099 | 4,232,438 | - | - | - | - | 12,346,284 |

Phyllis Tuckwell Memorial Hospice Limited

Notes to the financial statements

For the year ended 31 March 2023

5b Analysis of expenditure (current year)

| | Charitable activities | | | | | | 2022 Total £ |
|---------------------------------|-------------------------------|------------------|-----------------------------------|------------------------|--------------------------|-----------------------|--------------------|
| | Cost of raising funds £ | In-Patient £ | Living Well (outpatients) £ | Community Care £ | Governance costs £ | Support costs £ | |
| Staff costs (Note 7) | 1,527,781 | 2,505,256 | 622,660 | 3,476,527 | 9,128 | 1,165,633 | 9,306,985 |
| Fundraising/Retail costs | 289,605 | - | - | - | - | - | 289,605 |
| Marketing & Communications | 45,809 | 27,359 | 10,943 | 27,359 | - | - | 111,470 |
| Lottery costs | 500,371 | - | - | - | - | - | 500,371 |
| Catering | - | 195,543 | 912 | 9 | - | 17,161 | 213,625 |
| Premises | 559,498 | - | 36,603 | - | - | 142,552 | 738,653 |
| Travel | 28,689 | - | 2,808 | 51,049 | - | 5,941 | 88,487 |
| Consumables | - | 64,278 | 13,240 | 30,551 | - | 1,620 | 109,690 |
| Depreciation & loss on disposal | 36,493 | 54,747 | - | 5,198 | - | 202,413 | 298,851 |
| Maintenance & repairs | - | 36,417 | 929 | 4,180 | - | 80,770 | 122,296 |
| Subscriptions & publications | - | 3,676 | 817 | 3,676 | - | 9,314 | 17,484 |
| IT | 22,417 | 25,254 | 5,612 | 25,254 | - | 155,296 | 233,831 |
| Insurance | 16,425 | - | 290 | 4,066 | 1,735 | 28,019 | 50,535 |
| Audit & accountancy fees | 3,900 | - | - | - | 13,550 | - | 17,450 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 380 | 134,725 | 140,765 |
| Office costs | - | 1,976 | 439 | 18,246 | - | 20,804 | 41,464 |
| Investment management costs | 64,722 | - | - | - | - | - | 64,722 |
| | 3,095,709 | 2,917,053 | 695,820 | 3,648,663 | 24,792 | 1,964,247 | 12,346,284 |
| Governance costs | 6,818 | 8,107 | 1,893 | 7,973 | (24,792) | - | - |
| Support costs | 371,711 | 874,348 | 142,387 | 575,802 | - | (1,964,247) | - |
| Total expenditure 2022 | 3,474,238 | 3,799,509 | 840,099 | 4,232,438 | - | - | 12,346,284 |

Notes to the financial statements

For the year ended 31 March 2023

6 Net income / (expenditure) for the year

| | 2023 | 2022 |
|---|----------------|----------------|
| | £ | £ |
| This is stated after charging: | | |
| Depreciation | 317,932 | 298,851 |
| Loss on disposal of fixed assets | 3,845 | - |
| Operating lease rentals: | | |
| Property | 398,021 | 383,043 |
| Other | 6,883 | 6,739 |
| Auditor's remuneration (excluding VAT): | | |
| Audit – Charity | 14,400 | 12,500 |
| Audit – Trading Company | 3,400 | 3,000 |
| Other Services | 3,135 | 1,950 |
| | <u>317,932</u> | <u>298,851</u> |

7 Analysis of staff costs, the cost of key management personnel and trustees' remuneration and expenses

a) Staff costs were as follows:

| | 2023 | 2022 |
|--|-------------------|------------------|
| | £ | £ |
| Salaries and wages | 8,203,368 | 7,614,276 |
| Social security costs | 815,986 | 705,134 |
| Employer's contribution to pension schemes | 673,440 | 643,056 |
| Self-employed/ contractors costs | 515,497 | 215,871 |
| Other forms of employee benefits | 113,689 | 128,649 |
| | <u>10,321,981</u> | <u>9,306,985</u> |

b) The following number of employees received employee benefits (excluding employer pension costs and employer national insurance contributions) during the year between:

| | 2023 | 2022 |
|---------------------|----------|----------|
| | No. | No. |
| £60,000 – £69,999 | 4 | 3 |
| £70,000 – £79,999 | 3 | 1 |
| £80,000 – £89,999 | 1 | 1 |
| £90,000 – £99,999 | - | 1 |
| £100,000 – £109,999 | 1 | - |
| £110,000 – £119,999 | - | 1 |
| £140,000 – £149,999 | 1 | 1 |
| | <u>1</u> | <u>1</u> |

The employees above include six medical/clinical staff, the CEO and three other members of the SMT, with the highest paid employee being from the medical team (2022: four medical/clinical staff, the CEO and three other members of the SMT, with the two highest paid employees being from the medical team).

The total employee benefits, including pension contributions and employer national insurance, of the eight (2022: eight key management personnel listed on page 3 were £779,831 (2022: £739,614).

c) The charity trustees were not paid nor received any other benefits from employment with the charity in the year (2022: £nil). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil). Trustees' expenses of £47 were incurred by one trustee. (2022: £nil).

Notes to the financial statements

For the year ended 31 March 2023

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

| | 2023 No. | 2022 No. |
|----------------------------|-------------|-------------|
| Nursing staff | 118 | 119 |
| Medical staff | 11 | 10 |
| Clinical support staff | 25 | 22 |
| Patient and Family support | 14 | 13 |
| Therapists | 16 | 16 |
| Fundraising and publicity | 19 | 18 |
| Retail staff | 69 | 72 |
| Administration | 23 | 20 |
| Support staff | 34 | 33 |
| Education staff | 6 | 5 |
| | <u>333</u> | <u>328</u> |

The average number of full time equivalent employees was as follows:

| | 2023 No. | 2022 No. |
|----------------------------|--------------|--------------|
| Nursing staff | 84.6 | 81.4 |
| Medical staff | 6.5 | 6.2 |
| Clinical support staff | 17.6 | 16.7 |
| Patient and Family support | 9.8 | 9.3 |
| Therapists | 11.9 | 11.9 |
| Fundraising and publicity | 15.4 | 15.4 |
| Retail staff | 40.4 | 42.7 |
| Administration | 19.2 | 16.8 |
| Support staff | 17.3 | 17.0 |
| Education staff | 4.0 | 3.4 |
| | <u>226.6</u> | <u>220.7</u> |

9 Related party transactions

The Phyllis Tuckwell Memorial Hospice Limited owns 50% of Tuckwell Chase Lottery Limited. The Hospice received £504,311 (net) during the year from the Lottery company (2022: £481,155). The remaining 50% is owned by Shooting Star Children's Hospices.

The Phyllis Tuckwell Memorial Hospice Limited recognises 50% of the total income and expenditure from the Tuckwell Chase Lottery Limited in the Statement of Financial Activities. In substance, the Tuckwell Chase Lottery pays over 50% of its generated surplus throughout the year. Any difference between the amounts paid over during the year and the surplus for Tuckwell Chase Lottery Limited at the end of the year is recognised as a debtor or creditor by the Phyllis Tuckwell Memorial Hospice Limited at the end of the year.

There are no donations from related parties which are outside the normal course of fundraising activities and no restricted donations from related parties.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary PTH Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £nil (2022: £nil).

Notes to the financial statements

For the year ended 31 March 2023

11 Tangible fixed assets

For the group and the charity

| | Freehold property £ | Clinical Equipment £ | Equipment & Other Assets £ | Fixtures & Fittings £ | Total £ |
|--------------------------|---------------------------|----------------------------|----------------------------------|-----------------------------|------------------|
| Cost | | | | | |
| At the start of the year | 5,467,356 | 597,068 | 1,813,631 | 155,554 | 8,033,609 |
| Additions in year | - | 37,351 | 269,920 | - | 307,271 |
| Disposals in year | (1,985) | - | (114,031) | - | (116,017) |
| At the end of the year | 5,465,371 | 634,419 | 1,969,520 | 155,554 | 8,224,863 |
| Depreciation | | | | | |
| At the start of the year | 2,763,315 | 500,373 | 1,579,262 | 133,054 | 4,976,004 |
| Charge for the year | 125,571 | 45,860 | 137,896 | 8,606 | 317,932 |
| Eliminated on disposal | (1,564) | - | (110,608) | - | (112,172) |
| At the end of the year | 2,887,322 | 546,233 | 1,606,549 | 141,660 | 5,181,764 |
| Net book value | | | | | |
| At the end of the year | 2,578,049 | 88,186 | 362,971 | 13,894 | 3,043,099 |
| At the start of the year | 2,704,041 | 96,695 | 234,369 | 22,500 | 3,057,605 |

12 Investment properties

| | The group | | The charity | |
|-----------------------------------|----------------|---------|----------------|---------|
| | 2023 | 2022 | 2023 | 2022 |
| | £ | £ | £ | £ |
| Fair value at start of year | 100,000 | 115,000 | 100,000 | 115,000 |
| Fair value at the end of the year | 100,000 | 115,000 | 100,000 | 115,000 |

The charity received the freehold interest in a property as the result of a legacy. The charity has reviewed a valuation undertaken by a recognised professional independent valuer at 31 March 2023 and considered this and current market conditions when determining the value at 31 March 2023.

13 Investments

Investments comprise:

| | The group | | The charity | |
|-----------------------------------|-------------------|------------|-------------------|------------|
| | 2023 | 2022 | 2023 | 2022 |
| | £ | £ | £ | £ |
| UK fixed interest corporate bonds | 1,777,546 | 830,027 | 1,777,546 | 830,027 |
| UK listed equities | 328,386 | 5,282,720 | 328,386 | 5,282,720 |
| UK listed overseas equities | 2,672,830 | 9,409,651 | 2,672,830 | 9,409,651 |
| Investment Property funds | 424,661 | 851,533 | 424,661 | 851,533 |
| Other listed investments | 1,270,562 | 1,461,360 | 1,270,562 | 1,461,360 |
| Term cash investments | 5,246,000 | - | 5,246,000 | - |
| Investment portfolio cash | 78,832 | 668,934 | 78,832 | 668,934 |
| Investment portfolio value | 11,798,817 | 18,504,225 | 11,798,817 | 18,504,225 |
| Investment in subsidiary | - | - | 1 | 1 |
| Total value of investments | 11,798,817 | 18,504,225 | 11,798,818 | 18,504,226 |

Notes to the financial statements

For the year ended 31 March 2023

13 Investments (continued)

Movement in the investment portfolio fair value:

| | The group | | The charity | |
|--|-------------------|-------------|-------------------|-------------|
| | 2023 | 2022 | 2023 | 2022 |
| | £ | £ | £ | £ |
| Fair value at the start of the year excluding cash | 17,935,291 | 17,660,947 | 17,935,291 | 17,660,947 |
| Additions at cost | 15,439,651 | 3,645,541 | 15,439,651 | 3,645,541 |
| Disposal proceeds | (24,877,491) | (3,787,234) | (24,877,491) | (3,787,234) |
| Net (fall)/gain in fair value | (1,777,466) | 416,038 | (1,777,466) | 416,038 |
| | 6,719,985 | 17,935,291 | 6,719,985 | 17,935,290 |
| Cash held by investment manager pending reinvestment | 78,832 | 568,934 | 78,832 | 568,934 |
| Fair value at the end of the year | 6,798,817 | 18,504,225 | 6,798,817 | 18,504,224 |
| <i>Historic cost at the end of the year</i> | 6,465,678 | 13,068,478 | 6,465,678 | 13,068,479 |
| Term deposits maturing in more than one year | 5,000,000 | – | 5,000,000 | – |
| Total fair value at the end of the year | 11,798,817 | 18,504,225 | 11,798,817 | 18,504,224 |

14 Subsidiary undertaking and parent charity results

The charitable company owns the whole of the issued ordinary share capital of PTH Trading Limited, a company registered in England. The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the Statement of Financial Activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiary is shown below:

| | 2023 | 2022 |
|--|----------|----------|
| | £ | £ |
| Turnover | 92,064 | 98,504 |
| Cost of sales | (20,811) | (20,001) |
| Gross profit | 71,253 | 78,503 |
| Administrative expenses | (4,777) | (6,060) |
| Management charge payable to parent charity | (6,000) | (2,400) |
| Profit on ordinary activities | 60,476 | 70,043 |
| Taxation | – | – |
| Profit for the financial year | 60,476 | 70,043 |
| Retained earnings | | |
| Total retained earnings brought forward | – | – |
| Profit for the financial year | 60,476 | 37,008 |
| Distribution paid in the year under Gift Aid to parent charity | (60,476) | (37,008) |
| Total retained earnings carried forward | – | – |
| The aggregate of the assets, liabilities and reserves was: | | |
| Assets | 18,066 | 12,798 |
| Liabilities | (18,065) | (12,797) |
| Reserves | 1 | 1 |

Amounts owed from the parent undertaking are shown in note 16.

Notes to the financial statements

For the year ended 31 March 2023

14 Subsidiary undertaking and parent charity results (cont'd)

The parent charity's gross income and the results for the year are disclosed as follows:

| | 2023 £ | 2022 £ |
|---------------------|--------------------|----------------|
| Gross income | 13,153,875 | 12,801,719 |
| Result for the year | (2,866,223) | 897,533 |

15 Stocks

| | The group | | The charity | |
|----------------|--------------|--------------|-------------|-----------|
| | 2023 £ | 2022 £ | 2023 £ | 2022 £ |
| Finished goods | 3,441 | 5,821 | - | - |
| | 3,441 | 5,821 | - | - |

16 Debtors

| | The group | | The charity | |
|----------------------------|------------------|------------------|------------------|------------------|
| | 2023 £ | 2022 £ | 2023 £ | 2022 £ |
| Tax and social security | 136,669 | 107,656 | 136,669 | 107,656 |
| Trade debtors | 34,104 | 291,657 | 34,104 | 291,657 |
| Other debtors | 590,886 | 1,269,962 | 590,886 | 1,269,594 |
| Prepayments | 253,341 | 201,572 | 253,341 | 201,572 |
| Amount due from subsidiary | - | - | 12,556 | 5,283 |
| | 1,014,999 | 1,870,846 | 1,027,555 | 1,875,762 |

17 Creditors: amounts falling due within one year

| | The group | | The charity | |
|------------------------------|------------------|----------------|------------------|----------------|
| | 2023 £ | 2022 £ | 2023 £ | 2022 £ |
| Taxation and social security | 185,141 | 180,664 | 179,631 | 177,358 |
| Trade creditors | 286,777 | 171,642 | 286,777 | 171,334 |
| Other creditors | 273 | 1,761 | 273 | 1,761 |
| Accruals | 278,169 | 191,038 | 278,169 | 187,138 |
| Pension accruals | 98,808 | 98,485 | 98,808 | 98,485 |
| Deferred income | 539,883 | 201,599 | 539,883 | 201,599 |
| | 1,389,050 | 845,190 | 1,383,540 | 837,677 |

18 Deferred income

Deferred income comprises various amounts relating to fundraising events being held in 2023/24; also to NHS income received in 2022/23 for contracts in 2023/24.

| | The group | | The charity | |
|---------------------------------------|------------------|-------------|--------------------|-------------|
| | 2023 | 2022 | 2023 | 2022 |
| | £ | £ | £ | £ |
| Balance at the beginning of the year | 201,599 | 42,129 | 201,599 | 42,129 |
| Amount released to income in the year | (201,599) | (42,129) | (201,599) | (42,129) |
| Amount deferred in the year | 539,883 | 201,599 | 539,883 | 201,599 |
| Balance at the end of the year | 539,883 | 201,599 | 539,883 | 201,599 |

19 Pension schemes

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Phyllis Tuckwell operates a Group Personal Pension Plan. This plan is administered and invested with Aegon, with advice and support provided by Chase de Vere Independent Financial Advisers Ltd. It is a money purchase plan and all eligible employees are automatically enrolled after three months’ service, unless they ask to join earlier. Contributions are on a matched basis of between 4% and 7.5%. Employees may contribute more to the plan. Membership of the plan entitles the employee to Life Assurance cover of 2.5 x annual earnings.

Notes to the financial statements

For the year ended 31 March 2023

20a Analysis of group net assets between funds (current year)

| | General unrestricted funds £ | Designated funds £ | Restricted funds £ | Endowment funds £ | Total funds £ |
|------------------------------------|---------------------------------------|--------------------------|--------------------------|-------------------------|---------------------|
| Tangible fixed assets | - | 2,090,374 | 952,725 | - | 3,043,099 |
| Investment properties | 100,000 | - | - | - | 100,000 |
| Investments | 1,729,635 | 10,000,000 | - | 69,182 | 11,798,817 |
| Net current assets | 2,511,330 | 6,000,000 | 14,425 | - | 8,525,755 |
| Net assets at 31 March 2023 | 4,340,965 | 18,090,374 | 967,150 | 69,182 | 23,467,671 |

20b Analysis of group net assets between funds (prior year)

| | General unrestricted funds £ | Designated funds £ | Restricted funds £ | Endowment funds £ | Total funds £ |
|------------------------------------|---------------------------------------|--------------------------|--------------------------|-------------------------|---------------------|
| Tangible fixed assets | - | 2,051,855 | 1,005,751 | - | 3,057,606 |
| Investment properties | 115,000 | - | - | - | 115,000 |
| Investments | 3,135,043 | 15,300,000 | - | 69,182 | 18,504,225 |
| Net current assets | 3,110,441 | 1,500,000 | 46,623 | - | 4,657,064 |
| Net assets at 31 March 2022 | 6,360,484 | 18,851,855 | 1,052,374 | 69,182 | 26,333,895 |

Notes to the financial statements

For the year ended 31 March 2023

21a Movements in funds (current year)

| | At 1 April 2022 £ | Income & gains £ | Expenditure & losses £ | Transfers £ | At 31 March 2023 £ |
|---------------------------------|-------------------------|------------------------|------------------------------|----------------|--------------------------|
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | - | - | - | 69,182 |
| Total endowment funds | 69,182 | - | - | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 807,952 | - | (28,877) | - | 779,075 |
| Other capital items | 197,799 | 18,683 | (42,832) | - | 173,650 |
| Donations/Grants expended | | | | | |
| Capital Appeal | - | 400 | - | - | 400 |
| NHS Home Support | - | 22,126 | (22,126) | - | - |
| IPU & other | 28,423 | 332,738 | (347,386) | - | 13,775 |
| Therapists | 20 | 250 | (20) | - | 250 |
| Community Care | 18,180 | 888,544 | (906,724) | - | - |
| Total restricted funds | 1,052,374 | 1,262,741 | (1,347,965) | - | 967,150 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,051,855 | - | - | 38,519 | 2,090,374 |
| Buildings development fund | 9,300,000 | - | - | 700,000 | 10,000,000 |
| Services development fund | 1,500,000 | - | - | (1,000,000) | 500,000 |
| Operational plan fund | 6,000,000 | - | - | (500,000) | 5,500,000 |
| Total designated funds | 18,851,855 | - | - | (761,481) | 18,090,374 |
| General funds | 6,360,483 | 11,920,322 | (14,701,322) | 761,481 | 4,340,964 |
| Total unrestricted funds | 25,212,338 | 11,920,322 | (14,701,322) | - | 22,431,338 |
| Total funds | 26,333,894 | 13,183,063 | (16,049,287) | - | 23,467,671 |

Notes to the financial statements

For the year ended 31 March 2023

21b Movements in funds (prior year)

| | At 31 March 2021 £ | Income and gains £ | Expenditure and losses £ | Transfers £ | At 31 March 2022 £ |
|---------------------------------|--------------------------|--------------------------|--------------------------------|------------------|--------------------------|
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 2,949 | (2,949) | - | 69,182 |
| Total endowment funds | 69,182 | 2,949 | (2,949) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 782,425 | 50,234 | (24,707) | - | 807,952 |
| Other capital items | 190,423 | 53,853 | (46,477) | - | 197,799 |
| Donations/Grants expended | | | | | |
| NHSE Covid hospice support | - | 858,985 | (858,985) | - | - |
| Other government Covid support | - | 32,013 | (32,013) | - | - |
| NHS Home Support | - | 22,126 | (22,126) | - | - |
| IPU | 2,200 | 415,002 | (388,779) | - | 28,423 |
| Therapists | 7,513 | 100 | (7,593) | - | 20 |
| Community Care | 32,636 | 218,044 | (232,500) | - | 18,180 |
| | - | - | - | - | - |
| Total restricted funds | 1,015,197 | 1,650,357 | (1,613,180) | - | 1,052,374 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,138,149 | - | - | (86,294) | 2,051,855 |
| Buildings development fund | 8,000,000 | - | - | 1,300,000 | 9,300,000 |
| Services development fund | 1,500,000 | - | - | - | 1,500,000 |
| Operational plan fund | 6,000,000 | - | - | - | 6,000,000 |
| | - | - | - | - | - |
| Total designated funds | 17,638,149 | - | - | 1,213,706 | 18,851,855 |
| General funds | 6,713,835 | 11,590,511 | (11,088,500) | (1,213,706) | 6,360,483 |
| Total unrestricted funds | 24,351,984 | 11,590,511 | (11,088,500) | - | 25,212,338 |
| Total funds | 25,436,363 | 13,243,817 | (12,704,629) | - | 26,333,894 |

21 Movements in funds (continued)

Purposes of endowment funds

Jenabai Ebrahim Endowment Fund

The Jenabai Ebrahim Endowment Fund was donated by Professor Zef Ebrahim in memory of his mother. The income from this fund is used to support one of our In-Patient Unit rooms.

Purposes of restricted funds

Building projects completed

These are donations which have been specifically made to a number of building projects for the modernisation and expansion of the Hospice. All donations have been used as part of expenditure on the modernisation of the Hospice and are included in fixed assets. These appeals are now closed and the outgoings relate to depreciation.

Other capital items

These are donations made for specific items of equipment (fixed assets), which have been purchased in the year or are to be purchased in the coming year.

Donations/grants expended

Hospice Home Support – funding is received from the NHS to provide general, non nursing support for patients and their families at home.

IPU – donations made to support the work carried out on our In-Patient Unit.

Therapists – donations made to support the provision of therapists.

Community Care – various donations received which are specifically restricted for care at home/community care.

Living Well – donations made to support the provision of the Living Well services. Living Well services comprise our traditional day services as well as groups and outpatients and care in the community.

Purposes of designated funds

Property fund

The property fund represents the net book value of tangible fixed assets that were purchased with unrestricted funds.

Buildings Development fund

This fund was established to accrue funds to assist with the costs of any new premises that may be required in the future. A review of the hospice premises is being carried out following the rapid growth in recent years and the serviceability of current buildings. The fund has also been reviewed in the light of requirements for locality working.

Service Development fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the trustees need to know that it can be funded for at least three years. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2021 was £1.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including hospice care at home and locality working.

Operational Plan fund

This fund is to cover the investments in our general operating plan over the next four to five years. It will ensure the plan is adequately funded through a period of economic uncertainty.

Fair value reserve

This was a fund to set aside the unrealised gain on investments. The accounting standards no longer require the fair value reserve to be shown separately, as unrealised gains on investments are now included as part of the surplus or deficit for the year.

Notes to the financial statements

For the year ended 31 March 2023

22 Operating lease commitments**For the group and the charity**

The total future minimum lease payments under non-cancellable operating leases is as follows for each of the respective periods:

| | Property | | Equipment | |
|--------------------|------------------|----------------|-----------|---------------|
| | 2023 | 2022 | 2023 | 2022 |
| | £ | £ | £ | £ |
| Less than one year | 373,393 | 333,908 | - | 7,410 |
| One to five years | 778,236 | 470,479 | - | 15,557 |
| Over five years | - | - | - | - |
| | 1,151,629 | 804,387 | - | 22,967 |

23 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member, in the event of winding up, is limited to £1.

PHYLLIS TUCKWELL MEMORIAL HOSPICE LTD

England & Wales - Charity number 264501

Accounts

Phyllis Tuckwell Memorial Hospice Limited



Phyllis[®]
Tuckwell
Hospice Care
...because every
day is precious

Report and Financial Statements For the year ended 31 March 2022



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Reference and Administrative Details

| | |
|--|---|
| Company number | 1063033 |
| Charity number | 264501 |
| Country of registration | England & Wales |
| Country of incorporation | United Kingdom |
| Registered office and operational address | Waverley Lane, FARNHAM, Surrey GU9 8BL |
| Status | The organisation is a charitable company limited by guarantee, incorporated on 27 July 1972 and registered as a charity on 8 September 1972. The organisation operates under the name Phyllis Tuckwell. |
| Trustees | Trustees, who are also directors under company law, who served during the year and up to the date of the signing of this report, were as follows: Dr David Eyre-Brook Rosy Anand Helen Atkinson Professor Michael Bailey (retired September 2021) Veronica Carter (retired September 2021) Helen Franklin Alison Huggett Vice Chair Richard Hunt Vice Chair Dr Robert Laing Ken Ratcliff David Tomlinson (from September 2021) Elizabeth Wells Anne Whelan |
| President | Chris Tuckwell |
| Key management personnel | Sarah Church Chief Executive Dr Cate Seton-Jones Medical Director Jayne Holland Director of Patient Services Peter Foxtan Director of Income Generation Mark Beale Director of Finance & Business Development Jaci Curtis-Donnelly Director of People Tony Carpenter Director of Marketing & Communications Paul Batten Director of Estates & IT (retired December 2021) |
| Bankers | Lloyds Bank plc Santander 147, High Street, Bridle Road GUILDFORD, Surrey BOOTLE, Merseyside GU1 3AG L30 4GB |
| Investment managers | Investec Wealth & Investment Ltd 30 Gresham Street LONDON, EC2V 7QN |
| Auditor | Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House, 108-114 Golden Lane LONDON, EC1Y 0TL |

Introduction from the Chair

Last year Covid dominated everything we did, and it has been such a pleasure this year to reopen all our services and have the freedom to do so much more face-to-face.

We have recharged our batteries, and been able to think about planning for the future. One thing hasn't changed at all of course, our determination to focus on the most important thing: providing the best possible care for the people who need us and their families, across West Surrey and North East Hampshire.

We grew again in 2021/22 and saw more referrals (1,694 cf. 1,483 in 2020/21, representing a 14.2% increase) and cared for more patients than ever (2,137 cf. 2,068 in 2020/21, an increase of 3.3%). We can see that the demand for high quality, compassionate care is growing - more people need us - and they need more from us, as demand for care overnight and at weekends is rising fast. We are committed to being here for everyone in our local community who needs our services. We recognise that our resources are finite and so we need to find new ways to support people. I am delighted to see that our education programme means that there are more and more people in our area who have the skills and confidence to help people at the end of their lives (1,234 attendances from external staff cf. 645 in 2020/21). This way, even if we can't provide direct care for everyone, we can influence the quality of care they receive.

We have also continued to find new ways to help people, with a very successful responsive pilot in the last four months of this reporting period (funded by the NHS in Frimley and Guildford & Waverley) to increase the number of patients we can get to who are experiencing rapidly changing needs or instability. We helped to relieve pressure from the NHS during the winter months through our rapid response pilot, keeping 466 people out of hospitals.

This has worked very well in dealing with urgent patient needs and providing emotional reassurance for families from knowing that their situation is being addressed quickly, as well as helping the NHS system, by working in an integrated way and keeping people out of hospital.

It has also been a year of investing in the future. We have launched a digital transformation programme which

means our staff will be able to work from anywhere, anytime in the future. We are updating our Beacon Centre in Guildford, and have plans to update the Hospice site in Farnham so that we are well set up for the next 40 years.

Financially, it has been a year of recovery for charitable income generation as we work to build back our income to pre-pandemic levels. We saw people coming back in large numbers to our charity shops, and continue to be humbled by the wonderful generosity of our local community and charitable Trusts who have supported us. We are also very grateful for the additional government money for hospices that came towards the end of the year.

Agreeing sustainable levels of funding from the NHS is a priority for the year to come. Our current funding agreement is for about 21% of our costs, which is significantly lower than the average for hospices in England which receive 33% of their funding from the government. This simply isn't fair for the people living here, and we are committed to seeing it increase over coming years.

I would like to thank Veronica Carter and Professor Michael Bailey who retired from the Board last year for their dedicated service. I am also grateful to the very strong executive senior team, who continue to provide such excellent leadership for the organisation and care so passionately about the people we serve. Our greatest thanks go to the wonderful team of people who work and volunteer at Phyllis Tuckwell and make it such a warm, welcoming, wonderful place.

Dr David Eyre-Brook
Chairman



Objectives and Activities

Mission, Vision and 5-Year Strategy

Mission:

To care compassionately for adults living with an advanced or terminal illness, and those closest to them, so that they have the best possible quality of life and the patients' final days are peaceful...because every day is precious.

Vision:

Easy access to compassionate supportive and end of life care for patients and families in a place of their choice.

Strategy:

The pandemic has shown starkly how much need there is for high quality, compassionate care for people as they approach the end of their lives. We can already see that more people will need us in the years ahead in part due to living longer, and living with advanced illness such as cancer. We know that by 2030, one in five people in the UK (21.8%) will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged 85+.

Our 5-year strategy runs from 2019–2024. We review it annually at the Board Strategy Away-day, and this year we focused on how to ensure the care we provide is well integrated with services from GPs, NHS community nurses, therapists and hospitals, so that patients get the care they need, in a way that feels joined up. We continue to be firmly committed to making sure the way we work is as inclusive as possible, and that we help as many people as possible: directly through our services, and indirectly through providing education, training, advice, and supporting best practice through sharing of our policies.

Our core VALUES



Our strategic goals are:

- We will provide - and be able to demonstrate - high quality palliative and End of Life (EoL) care services to patients, their families and carers.
- We will empower others to provide high quality palliative and EoL care through partnership working and education and training, and be recognised as experts in care provision and an authoritative voice at the decision-making table.
- We will generate sufficient funds to enable us to deliver our clinical services and demonstrate that we are good stewards of the money donated to us.
- We will remain an independent organisation and demonstrate organisational efficiency and effectiveness.

Public benefit:

Phyllis Tuckwell exists to provide direct specialist palliative care, as well as education, training and advice to support delivery of palliative care by others. All our services are delivered free of charge to patients and their families. Patients are referred by GPs, community nurses, hospital teams or other health and social care professionals, and are considered based on clinical need alone.

The trustees confirm that they have referred to the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and business planning, and are satisfied that public benefit is at the heart of everything we do.

Section 3 Strategic Report

Different World, Same Care: How we delivered in 2021/22.

We provided high quality palliative and End of Life care services to patients, their families and carers.

- We continued to adapt our services, making sure we could keep patients and our staff safe, and continue caring for people throughout the pandemic. As restrictions lessened, we restarted group activities and increased the number of people we could see face-to-face.
- The number of referrals went up (1,694 cf. 1,483 in 2020/21 representing a 14.2% increase). We supported 2,137 patients (3.3% higher than last year), providing the best possible care.
- We helped to relieve pressure from the NHS during the winter months through our rapid response pilot, keeping 466 people out of hospitals.
- Our clinical services are delivered from two sites (Farnham's Hospice building and Guildford's Beacon Centre). We provide an In-Patient Unit to provide help to people with symptom control, pain relief, terminal care and palliative care interventions.
- The vast majority of people we helped were in their own homes and we take a multi-professional approach to provide specialist assessment, symptom management and specialised care. We supported patients in new ways to manage the impact of their illness and remain as independent as possible through our 'Living Well' service.
- We also looked after the spiritual and psychological needs of patients and their families, including helping people deal with bereavement (548 family members cf. 407 in 2020/21 - 34.6% increase).



We helped as many people as possible through education and training, as well as giving advice to other health professionals.

- We made sure our own teams were up-to-date in their training, and supported other healthcare professionals to increase their skills and confidence in end of life care. This means that they, in turn, can support more people in our community. Also, over 60 students have come to Phyllis Tuckwell to experience the services we offer for varying lengths of time over the past year. We now have agreements in place with four Higher Education institutions to receive their students for their practice placements across a range of professions.
- In line with our strategic objective of helping more people, we increased the number of training sessions for non-Phyllis Tuckwell staff by more than 90% in one year. We provided training for 1,234 external attendees this year, all of which were provided free of charge for people working in our area. This will hugely impact the number of people receiving high quality end of life care in our community, as our education services are training over 1,000 external health and social care professionals in improved techniques and care. Staff from 55 care homes have engaged with our training (within the total of 120 care homes across our catchment area, this means our training influences the care in 46% of care homes in our area).



We generated sufficient funds to enable us to deliver our clinical services and demonstrated we are making good use of the money donated to us.

- Despite continued disruption to retail and fundraising our team found creative, safe ways to generate income. The generosity of our local community was exceptional and made a great contribution to fund our care.
- One-off support from the government through national schemes and via Hospice UK and NHS England helped enable our services to continue.
- Total income for the year was £12.8m (2020/21 £13.0m). Of this approximately 28% was government/ NHS funding whereas in a normal year NHS funding is around 21%.
- Total expenditure for the year was £12.3m (2020/21 £11.8m). This gave us an operating surplus of £0.5m (2020/21 £1.2m.)

We demonstrated organisational efficiency and effectiveness in the way we responded to the pandemic.

- We supported staff to be able to work well and recharge their batteries after a very challenging period at the start of the pandemic.
- We have made inclusion and wellbeing priorities this year, focusing on making sure each individual gets access to the same opportunities and the best possible experience (whether they are patient, staff or volunteer).
- Our Board has continued to provide oversight, support and challenge through digital channels, as well as face-to-face meetings.



Section 4 Our Performance

Keeping patients and families at the heart of all we do.

We are extremely proud of the way our staff have demonstrated resilience over the course of the pandemic, and worked incredibly hard to put our patients – the people we care for – at the centre of everything we do.

We have played our part in helping to relieve pressure from the NHS, with our highly successful responsive pilot. Over the 4 month pilot, in partnership with NHS community nurses, GPs and other community partners, **we provided high quality palliative care for 466 patients and their families** and achieved positive outcomes, not only for them, but also the local health and care systems, including preventing the need for a hospital admission.

It has been difficult at times, and recharging batteries for our staff and the families we work with have taken time. Our teams' wellbeing has been helped enormously by the humour and resilience of our staff and volunteers, and by being able to spend time reflecting on personal experiences during the pandemic and the impact it had on each person. It has also been a positive experience to be able to focus on the future; our digital transformation and estates projects, and rethinking our services so that we can increase the number of people we support, and expand our services.

The next section describes some of our achievements this year.



“ People often think hospices are full of doom and gloom, but it's the contrary. They're full of people helping other people to live the best life they can for as long as they can. ”

Providing High Quality Care

The figures below show how many people and their families we cared for over the period of the pandemic and in comparison with the previous year.

| Phyllis Tuckwell | 2021/22 | 2020/21 | Year on Year Change |
|---|---------|---------|---------------------|
| Patient referrals | 1,694 | 1,483 | 14.2% |
| Patients supported | 2,137 | 2,068 | 3.3% |
| Family members/Carers supported | 728 | 1,046 | -30.4% |
| Total number of people supported | 2,865 | 3,144 | -8.9% |
| % non-cancer referrals | 35.6 | 32.4 | 9.9% |
| % of deceased patients with a recorded preferred place of death | 67.8 | 66.4 | 2.1% |

Overall, we are very pleased that we were able to care for even more patients than we did in the previous year. We received higher referrals and patient numbers, but a fall in the number of family members and carers that we supported to pre-pandemic levels.

It is good to see an increase in the proportion of people with a recorded preference for place of death (67.8% cf. 66.4% in 2020/21), with nearly 80% having some form of advance care plan in place (or discussed) with us. This indicates good practice, because it means we know our patients' wishes for end of life, and we will work to increase this further. We received a very positive report from the CQC following inspection of the Beacon Centre in October 2021. The overall rating was "good" reflecting a grade of "good" across all key lines of enquiry: safe, effective, caring, responsive to people's needs and well-led. They noted "outstanding practice" in a number of areas:

- our staff were empowered to drive training and personal development according to the needs of patients, the service and their career paths;
- staff had a sustained, dedicated focus on holistic health promotion and wellbeing that aimed to improve people's lives significantly beyond palliative care, and worked together to harness multi-disciplinary opportunities;
- policies and procedures were underpinned by an exhaustive review of national and international standards, which went above and

beyond usual practices to ensure patients were central to the care delivery and efficiency;

- the values and ethos of Phyllis Tuckwell meant staff and volunteers were empowered to constantly explore opportunities for improvement and development, reflected in the work of our education and research teams which sought out leading-edge innovation in the wider health service;
- staff were dedicated to improving patient outcomes in partnership with other providers;
- staff had undertaken research in terminology to demystify hospice care and ensure people could access useful, meaningful information;
- the service had demonstrated an ability to adapt quickly and effectively to changes in demand resulting in a 200% increase in capacity in overnight care and 75% increase in family member counselling.

Staff were demonstrably focused on embedding multi-disciplinary working across the whole service, including use of integrated digital records systems with GPs and paramedics to streamline care and prescribing and the extension of specialist training to adult social care and urgent and emergency care colleagues.

We have also started an extensive review of our patient and carer literature, critically reviewing content to ensure details are current. This project is making good progress and will continue into 2022/23.

In-Patient Unit

Our In-Patient Unit (IPU) at the Hospice is where we care for people who have complex needs and require constant supervision and care.

We had to reduce the number of beds from 18 to 12 for much of the year, as it became clear we could not use our male and female four-bedded wards and comply with Covid infection prevention rules. Given that, we are pleased to have cared for as many people as we did and to have achieved 90% occupancy rate.



| In-Patient Unit | 2021/22 | 2020/21 | Year on Year Change |
|-------------------------------------|---------|---------|---------------------|
| Total admissions | 248 | 262 | -5.3% |
| % patients going home | 21% | 25% | -16% |
| % bed occupancy | 90% | 85% | 5.9% |
| % deaths on Last Days of Life (LDL) | 77% | 82% | -6.1% |
| IPU admission waiting time (days) | 2.5 | 2 | 25% |





We know the pandemic was tough for our patients, families and friends.

We moved quickly, as restrictions eased, to increasing the flexibility for visitors, allowing two visitors at a time from 11am - 8pm and reintroduced our popular "Afternoon Teas" for patients and visitors in our Coffee Shop.

Following the closure of the four-bedded wards, we reconfigured the space to create two light, bright and spacious single rooms with en-suite facilities, and converted the other ward to a shared two-bed space creating enhanced privacy and flexibility for patients being referred to us.

We maintained infection prevention and control measures in line with best practice on the In-Patient Unit which meant our staff wearing face masks and being vigilant to signs of infection. We continue to smile with our eyes.

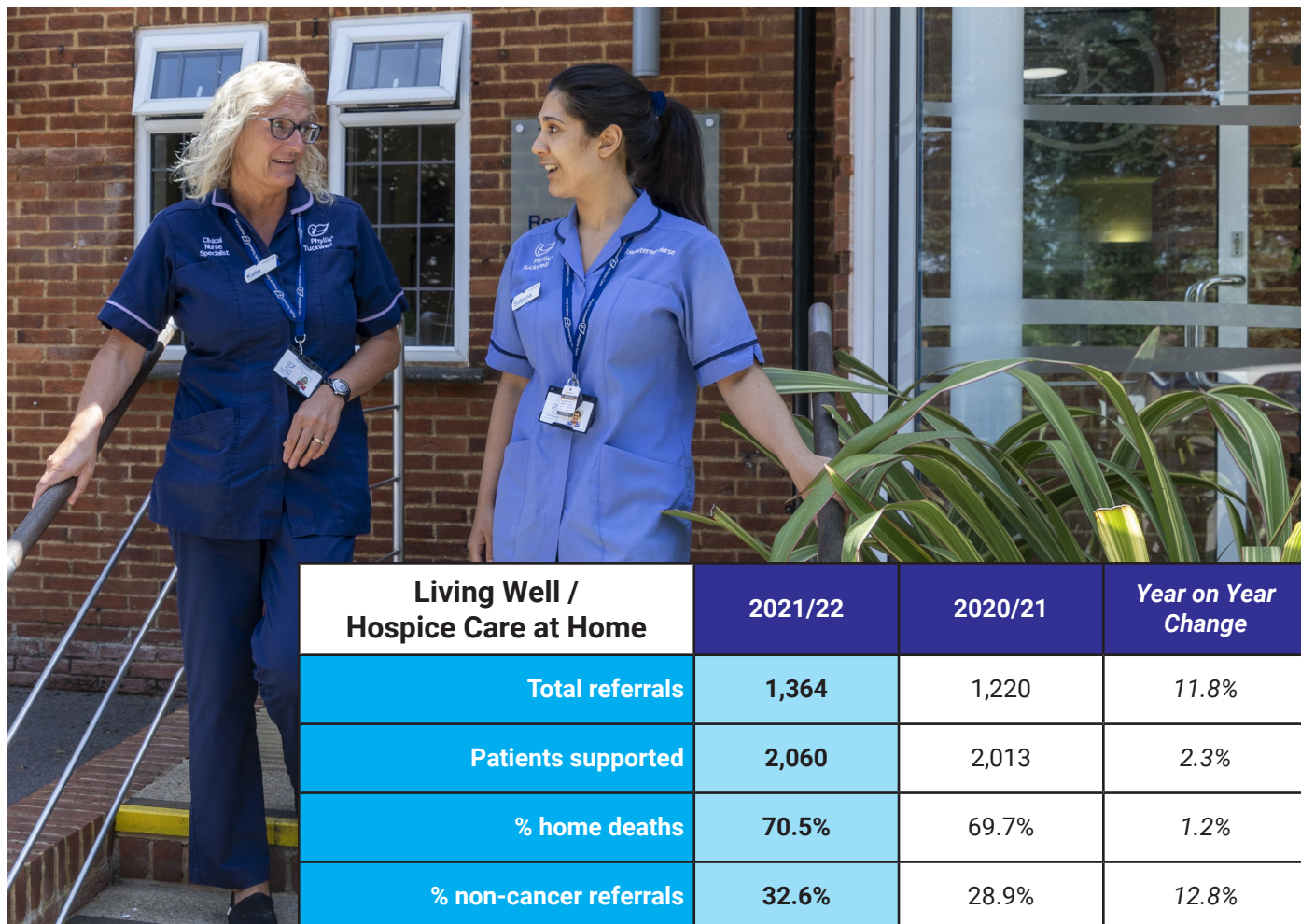
A continual focus on clinical care and safety, saw our registered nurses' medicine competencies being updated, a review of our falls assessment tool, the purchase of a piece of special equipment (a Hoverjack) to assist patients with ease and dignity in the event of a fall, and a continued spotlight on assessing skin integrity and any changes whilst on the In-Patient Unit. These are indicators of quality requiring a multi-professional approach.

Care in the Community

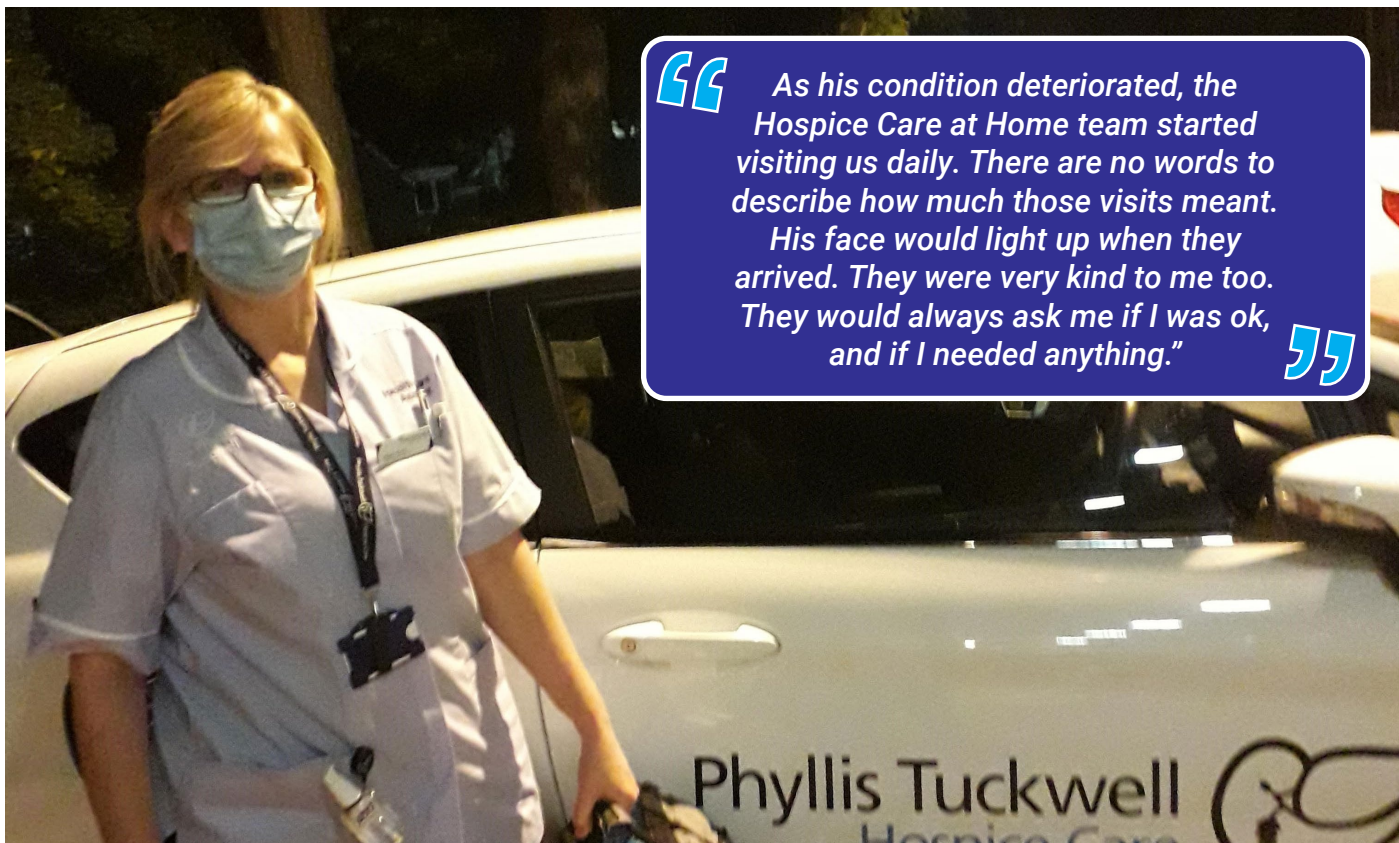
Our multi-professional community team (working in our Living Well and Hospice Care at Home services) support patients in their own homes and care homes during their last few days, weeks or months of life.

They work alongside, families, carers and community partners. We provide compassionate and timely support, and join up with GPs and NHS community nurses so the patient, family, and carers' needs are co-ordinated and it feels seamless. This joined-up care includes skilled communication, assessment, symptom control, advance care planning, nursing interventions, tailored personal care, facilitating access to specialist equipment, providing information about the dying process and dignified care before and after death. The team assist with practical, emotional, spiritual, financial and bereavement support.

We are so proud of the care we have provided to people so they can remain in their own homes (whether in their own homes or care homes). This equates to over 1,000 people dying at home who might otherwise have died in hospital. We believe this greatly improves the experience for the patient and their family, as well as reducing pressure on the NHS. Our joint working with the NHS is very important to us and means we can extend the care to those who are most unstable or rapidly changing. Our responsive pilot in December 2021 showed us that we could respond to 75% of patients who were unstable within two hours, followed by medical interventions at home in line with patients' wishes and support needs.



| Living Well / Hospice Care at Home | 2021/22 | 2020/21 | Year on Year Change |
|------------------------------------|---------|---------|---------------------|
| Total referrals | 1,364 | 1,220 | 11.8% |
| Patients supported | 2,060 | 2,013 | 2.3% |
| % home deaths | 70.5% | 69.7% | 1.2% |
| % non-cancer referrals | 32.6% | 28.9% | 12.8% |



“ As his condition deteriorated, the Hospice Care at Home team started visiting us daily. There are no words to describe how much those visits meant. His face would light up when they arrived. They were very kind to me too. They would always ask me if I was ok, and if I needed anything.” ”

In addition to having co-ordinated daily meetings with healthcare colleagues in the Frimley area, we have commenced similar discussions with colleagues in Guildford & Waverley so that across the area there is a co-ordinated daily approach to the provision of end of life care for those with changing needs and requiring family support.

The pandemic saw a 40% increase in deaths at home nationally, and all services were stretched. Although home visits were difficult due to the restrictions imposed by the pandemic, it was important to maintain face-to-face contact, as we realised that patients often had heightened concerns related to isolation. **The team rapidly adapted working practices, including maintaining very high standards of infection prevention and control, communicating sensitively despite masks and eye protection.**

Families can feel most alone at night. Symptoms can be overwhelming and knowing how to access the help you

need can be confusing, so we continue to work with our NHS partners to provide a nursing service for patients and families at night time. **837 night visits were made by our team in the last year which were very positively received.**

Pre-existing systems for communication and partnership working with our community colleagues have been strengthened. In some of our localities, we have joined a daily video call with other teams to co-ordinate care of those that are at the end of life.


We are so proud of the care we have been able to provide, with an increase of 8.5% in the number of face-to-face patient contacts (12,273 in 2020/21 cf. 13,313 in 2021/22), and grateful for the positive feedback we have received. Contacts with family members have returned to pre-pandemic levels (face-to-face: 332 in 2021/22 cf. 251 in 2019/20; Non-face-to-face: 933 in 2021/22 cf. 930 in 2019/20).

| Living Well at Home | 2021/22 | 2020/21 | Year on Year Change |
|--|---------|---------|---------------------|
| Patient face-to-face contact | 13,313 | 12,273 | 8.5% |
| Patient non-face-to-facecontact | 60,602 | 64,481 | -6.0% |
| Family member face-to-face contact | 332 | 458 | -27.5% |
| Family member non-face-to-face contact | 933 | 2,991 | -68.9% |

Part of our community team, our Living Well service provides support across all palliative care domains – physical, practical, emotional, social and spiritual.

The service enables patients and families to plan for the future and remain active and engaged in their usual activities according to choice and for as long as is possible. The Living Well service also supports patient and family wellbeing and offers opportunities for peer support including in groups. Our groups have been redesigned and two new groups developed. These are the Living Well with Illness and Creative programmes, which both enable peer and professional support and advice about how to manage the common symptoms associated with advanced and terminal illness e.g. fatigue, sleep disturbance, lack of easy access to opportunities to be active, emotional distress and concern about practical issues such as access to financial support. Carers' support is integrated in all that we offer and in addition an online carers group was introduced.

We believe the decrease in referrals in this service was due to a number of factors. We redeployed a number of our staff from the Living Well day services to support our community team, which was facing increased pressure during Covid; the impact of Covid delayed patient access to primary healthcare, so our usual referrals reduced from GPs; and, due to delays in treatment, patients became more unwell during the year (therefore accessing care direct from the NHS, rather than from Phyllis Tuckwell). Living Well groups restarted in September and we saw increased activity in the latter part of the year, so we expect referral numbers to increase in 2022/23.



| Living Well Sessions | 2021/22 | 2020/21 | Year on Year Change |
|---------------------------------|---------|---------|---------------------|
| Total referrals | 239 | 417 | -42.7% |
| Patients supported | 630 | 699 | -9.9% |
| Family members/Carers supported | 102 | 240 | -57.5% |
| % non-cancer referrals | 38.1% | 40.1% | -5.0% |

Patient and Family Support

The Patient and Family Support team works to help patients and families with every aspect of their lives: body, mind and spirit.

Our services range from practical issues like accessing care and getting all relevant benefits, to considering how to support the psychological and spiritual needs of the patient and their family. The team work together to provide a joined-up service that meets the changing needs of patients, and helps families come to terms with what is happening.

One of our priorities is to keep vulnerable patients safe from harm, and this has been a challenge this last year with the restrictions and minimum face-to-face contact.

We have worked creatively to ensure we understand the issues patients and carers are facing, so we offer the right support, safely. This support could be from a social worker, counsellor, psychologist or chaplain, as well as all of the other clinical professionals the team works with.

After the patient has died, we continue to support families.

This has evolved throughout the pandemic with the addition of a post-bereavement welfare call, remote support groups, services of remembrance and increased online resources, leaving us with a responsive service that meets the needs of those bereaved.

The support the Phyllis Tuckwell clinical team provides to families and carers continues to be a priority, as we support more patients through our Living Well and Hospice Care at Home services.

The total number of carers and family members supported through the year increased by 33.4% to over 1,000 individuals. We undertook 1,007 face-to-face contacts and 4,749 non-face-to-face contacts, as counselling and telephone support was increased during the Covid crisis.



“ Thank you so much for providing me with this group counselling. It has definitely helped me with my grief process and has helped me feel more grounded. ”



“Extending our Reach” to help everyone we can

We want to care for as many people as we can, so that everyone gets the best possible palliative and end of life care.

Sadly, there is a limit to how many people we can care for directly. Therefore, we also support the wider team of professionals working in our area, to influence the best possible palliative and end of life care.

We do this in several ways, for example, through giving best-practice advice about how to care for someone not on our caseload, our education programme, joint working with care homes, sharing our clinical practice guidelines, and working jointly with others e.g. Motor Neurone Disease Association to develop a specialist post in Guildford and Waverley.

| Education | External Attendances |
|-----------|----------------------|
| 2019/20 | 445 |
| 2020/21 | 645 |
| 2021/22 | 1,234 |

Broader advice

We estimate that in addition to the patients referred to us for direct care, we offered telephone support and advice to over 2,000 additional patients and their healthcare professionals this year.

Education

We have a highly skilled workforce and a comprehensive in-house education programme to ensure our palliative and end of life care skills are kept up-to-date. We also want people in other organisations working with people at the end of their lives to have the opportunity to continually develop their knowledge and skills. We have an extensive menu of online and face-to-face training sessions delivered through our external education programme. The education team has been extraordinarily busy with their focus on enhancing multi-professional clinical skills, with over 1,200 external attendances during the year. All training this year was provided free of charge to those working in our area.



Our Wonderful Team - staff and volunteers



Phyllis Tuckwell is so fortunate to have such an amazing group of people working and volunteering for us.

As you would expect there has been a continued impact of Covid on our people, but thankfully not to the same extent as last year. The wellbeing of our staff is of paramount importance and this year has been no exception. Alongside our Employee Assistance Program and internal support such as clinical supervision, **we have put in place a pulse survey which regularly captures how staff are feeling.** The feedback enables us to direct support, establish what works well and where further improvements can be made.

Staff and volunteers also completed the Hospice UK survey, in conjunction with Birdsong Charity Consulting. This survey enables Phyllis Tuckwell to compare our performance with other hospices who took part. Our results were impressive, the only area which Phyllis Tuckwell could do better, in comparison to other hospices was with our sustainability, where staff felt there was more that Phyllis Tuckwell could be doing. On the back of this, **our Eco group has been re-established.**

As soon as we were able, and in accordance with Covid rules, we held social events such as BBQs on both the Beacon Centre and Farnham Hospice sites. This meant that staff were able to physically meet with their colleagues. These events create a positive buzz around the organisation and were very well received.

In 2021/22 we had to be restrained with our pay award, but for 2022/23 we are pleased to be able to give a 3% pay award. This is to say thank you to our teams and in recognition that external pressures, such as cost of living increases, are having a very real negative impact on our staff.

We continue to receive support from local companies which we are very grateful for, treats such as a visiting pizza food truck make such a positive difference to everyone's morale.

The Covid pandemic has had a significant effect on the way all our people have worked over the past year. They have been adaptable, flexible and shown great resilience. **We are very proud of everyone and the continued dedication to their roles.**

How Trustees support the work of Phyllis Tuckwell

As a charity our trustees need to make sure that all our work is focused on achieving our charitable goals.

Our trustees take this responsibility very seriously, and work to ensure that decisions take the long-term consequences into account, along with the interests of our staff and patients alike. They also ensure we are professional in the way we work with suppliers and that our relationship with the NHS is well organised.

Maintaining the support of our wider community, protecting our environment and maintaining our reputation for high standards in the way we work, are also issues the Board considers on a regular basis.



David Eyre-Brooke
Chairman



Alison Huggett
Vice Chairman /
Chair: People
Sub-Committee



Richard Hunt
Vice Chairman /
Chair: Resources
Sub-Committee



Rosy Anand
Chair: Income
Generation
Sub-Committee



Helen Franklin
Chair: Health & Safety
Sub-Committee



Ken Ratcliff
Chair: Finance
Sub-Committee



Dr Robert Laing
Chair: Clinical
Governance
Sub-Committee



Anne Whelan
Chair: Clinical Strategy
Sub-Committee



David Tomlinson



Helen Atkinson



Lizzie Wells

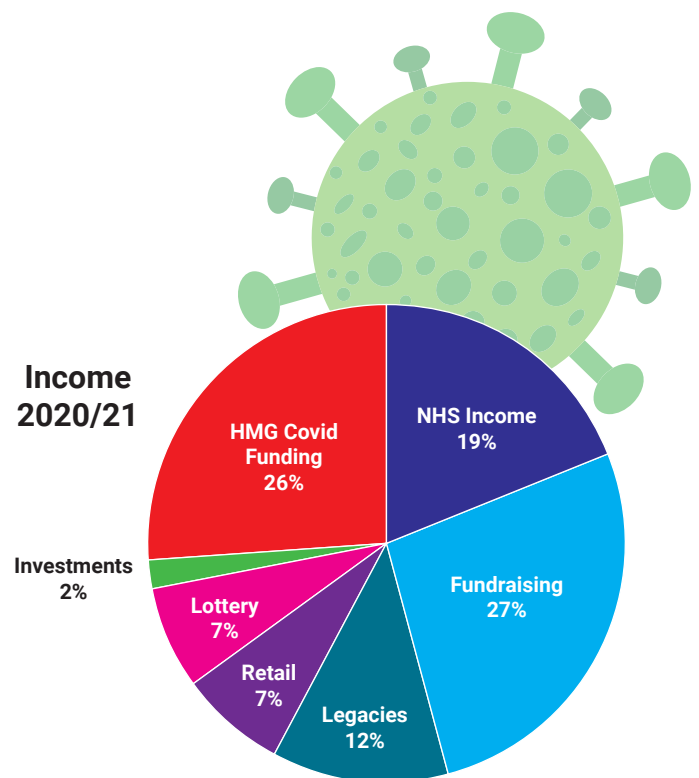
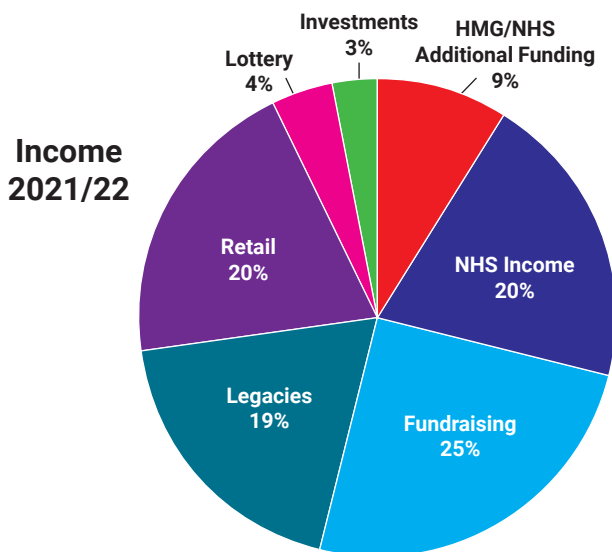
Section 5 Financial Review

The year was again a challenge financially due to the pandemic. Nonetheless we are delighted to have ended 2021/22 in a very strong position.

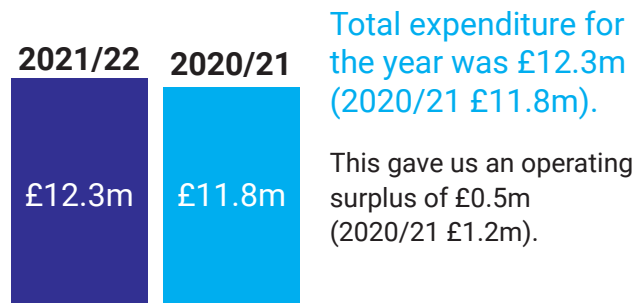
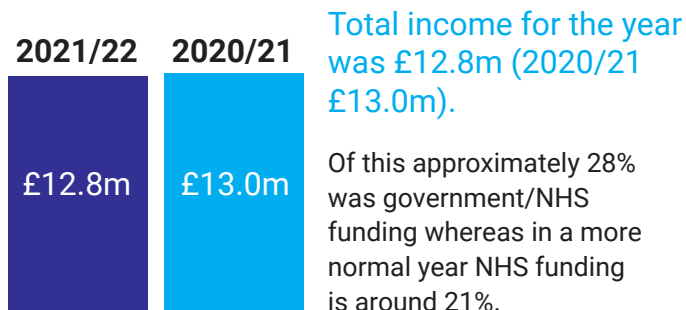
Retail recovered during the financial year following the previous year of significant disruption and periods of shop closures. Some fundraising events had to be cancelled but, when it was possible to operate them, support from the community was outstanding. The fundraising team was particularly creative, holding many events online and helping supporters find new ways of raising money in a safe, socially distanced way.

The generosity of our local community meant that we had another very good year for donations, and we are so grateful both for the financial support and for the boost to morale it gave our teams, to know there were people in our community rooting for us.

One-off support from the government via Hospice UK and NHS England was greatly appreciated and gave additional confidence to us and to the wider sector. Other government support such as income for furloughed staff during lockdown periods also contributed to our positive financial result, despite the pandemic which affected the start of 2021/22.



Key Financial Facts



The total reserves of the charity increased by £0.9m to £26.3m at 31 March 2022, and the balance in the General Reserve was £6.4m

Investments

The charity held £18.5m in investments at 31 March 2022. These generated £330k of interest and dividends during the year and unrealised gains of £416k.

The total portfolio is divided into two funds, an Income Fund and a Growth Fund. It is managed on a discretionary basis by Investec Wealth and Investment, a firm of professional investment managers. The only ethical restriction imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies and any amount within a tracker or unit trust fund must be insignificant. Finance Sub-Committee is comfortable with the policies that Investec use to satisfy themselves that proper environmental, social and governance principles are integrated into the operations of companies they invest in.

A bespoke benchmark is set for the funds with pre-set amounts of different classes of asset. The actual results are then compared to the benchmarks. For the 12 months to 31 March the medium term (income) fund earned a total return of 5.4% against a benchmark of 10.6% and the longer term (growth) fund earned a return of 3.4% against a benchmark of 14.1%. In previous years earnings have been positive against the benchmark and over the longer term our portfolios have also performed favourably against the benchmark.

Reserves Policy

There is a trustee-approved reserves policy in place.

The General Reserve is to enable Phyllis Tuckwell to continue to deliver a full range of services should there be an unexpected fall in income. If income cannot be restored to previous levels, then services may have to be curtailed, but changes can be implemented in a planned way.

The policy is reviewed each year and a target level for the General Reserve is calculated at the end of each financial year based on the approved budget for the next year, the general economic climate and recent trends in charity giving. The target for 2022/23 is £4.2 to £4.9 million which equates to 6-7 months of charitable expenditure. At 31 March 2022 the balance on the General Reserve was £6.4m.

Endowment Fund – The Jenabai Ebrahim fund, with income generated each year used to fund one of the inpatient rooms.

Restricted Funds - £1.1m held for specific purposes as determined by the donor. 77% of these relate to building projects.

The charity has four designated funds:

i. Property Fund

This fund represents the net value of Tangible Fixed Assets that were purchased with unrestricted funds.

ii. Building Development Fund

This fund was established to accrue funds to assist with the costs of any new premises or major refurbishments that may be required in the future. The fund has been reviewed in the light of the building project underway.

iii. Service Development Fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the trustees need to know that it can be funded for at least three years, whilst allowing time for Income Generation to cover these additional costs. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2022 was £1.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including Hospice Care at Home, and locality working.

iv. Operational Plan Fund

This fund is to cover the investments in our general operating plan over the next four to five years. It is to fund our planned deficit budgets, ensuring the plan is adequately funded through a period of economic uncertainty.



Sustainability: Streamlined energy & carbon reporting

Phyllis Tuckwell uses energy in the form of gas, electricity and fuel for vehicles, operating solely within the UK.

Transport data is captured from two datasets; fuel cards which detail the quantity of fuel purchased in litres, and mileage claims in respect of employees using personal vehicles for business purposes.

2021/22 is the third year that we have collected this data and the table opposite provides a comparison to the 2020/21 data. This comparison shows a 5% increase in energy usage for 2021/22, however, this increase is not representative since it is largely attributable to the impact of Covid-19, which saw our shops closed, much of our collection and delivery activity curtailed in 2020/21, and a significant reduction in face-to-face community activity for large parts of that year. The shops are users of electricity in the main whereas the hospice is heated with gas. Hence electricity usage increased from the Covid-19 year, whereas we were able to save on some gas consumption – and hence gas emissions too.

While some opportunities do exist to reduce energy use and drive energy efficiency, these are limited. Specifically, the sites which would benefit most from investment in energy are sites where such investment is not commercially viable, including shops which we

occupy on short-term leases and where we are not responsible for the fabric of the building. Our main Hospice building dates back to the 1930s and we have plans for a complete rebuild which will greatly improve fuel usage efficiency too.

The organisation achieved Phase Two ESOS compliance in May 2022 and has taken some steps towards reducing energy use, taking into account the likely rebuild. These steps include a programme to upgrade to LED lighting where feasible, the appointment of green champions, the installation of e-charging points in our car park and an ongoing effort to reduce unnecessary travel through the use of virtual technologies for meetings and even patient contacts. While progress on some activity was restricted by Covid-19, progress in areas such as remote working and virtual technologies was helped and accelerated by Covid-19 restrictions.

Additional measures are planned where efficient, including improved insulation, further training for staff and ensuring energy efficiency is a considered when procuring new devices.





Our energy usage in 2021/22 and comparison to 2020/21

| Measure | 2021/22 | | 2020/21 | | % Change |
|--|------------------|----------------|------------------|----------------|----------------|
| | kWh | tonnes of CO2e | kWh | tonnes of CO2e | tonnes of CO2e |
| Gas consumption | 687,309 | 126.5 | 721,492 | 147.0 | -14% |
| Electricity consumption | 576,889 | 134.4 | 508,209 | 118.0 | 14% |
| Travel | 258,278 | 66.0 | 193,091 | 46.0 | 43% |
| TOTAL | 1,522,475 | 327 | 1,422,792 | 311 | 5% |
| Intensity metric - kg of CO2e per patient supported | | 153.0kg | | 150.9kg | 1% |

Notes on Preparation

Greenhouse gas (GHG) emissions have been calculated using the UK DEFRA condensed carbon conversion factors dataset and emissions are presented in CO2e (Carbon Dioxide Equivalent). We have identified a metric of emissions per patient supported and these are shown above.

The above reported figures do not include usage for premises where the organisation has service agreements

and/or is not charged for energy usage as a tenant due to a lack of access to this data.

We do not keep records regarding the size or type of fuel used in employees' personal vehicles. CO2e has therefore been calculated for claimed mileage based on the UK DEFRA condensed carbon conversion factors dataset, using the "average" personal vehicle and "unknown" fuel types.

Section 6 Plans for the Future



Our top priority is to provide people with high quality, compassionate end of life care.

Doing this well relies on us having a great team of motivated, skilled staff. We will continue to support our people, giving them the chance to develop their skills and experience, recruiting new members of the team, and making sure we look after them and their wellbeing.

We will continue to focus on inclusion and increasing our 'reach'. We will take action to make sure that we are accessible, flexible and that our face-to-face services meet the needs of **all** people in our community. We will also increase the efforts we put into supporting people through others – through training care homes' staff and others on latest thinking and practice in end of life care or by providing advice to community nurses, GPs and others.

We will rebuild our charitable income generation activity, investing in things that will put us on a stronger footing in years to come. We will be negotiating new contractual arrangements with our NHS partners to secure a fair deal for future years.

The pandemic has changed the way we work, and we are investing in digital skills and have created an environment where our staff can work anywhere and access the tools they need. We want to make it easy for patients, families and supporters to engage with us digitally if they want to. We will also be developing our properties at the Beacon Centre in Guildford, and significantly redeveloping the Hospice site in Farnham. This will help us be ready for the challenges of the next 40 years and can give the people we care for, and our staff, buildings that feel welcoming and are a pleasure to work in.

We aim to work ever more closely with other hospices and colleagues working locally across the health and adult social care field - collaborating to support delivery of the Surrey Heartlands End of Life Care Strategy and Frimley Integrated Care System's (ICS's) palliative and end of life care priorities.

We feel fortunate to have come through the pandemic stronger than ever, with a clear refreshed vision for what we want to do and how we intend to make it happen.

Leadership & How we Work

Trustees & the Board

Trustees are appointed at the Annual General Meeting. They are selected through a process of open competition based on their skills and experience. New trustees attend an induction day. They also meet with each of the senior team as part of their induction. We are actively seeking to increase the diversity of age, ethnicity and perspective when vacancies arise. Page 3 lists the current make-up of the Trustee Board.

The management of Phyllis Tuckwell is the responsibility of the trustees, who are directors for the purposes of company law and trustees for the purpose of charity law. The day-to-day running of Phyllis Tuckwell is devolved to the Chief Executive and Senior Management Team.

We have not carried out a formal governance review in 2021/22 however, the composition and number of Sub-Committees was adjusted in 2020/21, and the Chair carried out bilateral conversations with trustees to review arrangements early in 2022. We have continued to use the 'Board Wheel' to put a regular programme of Board activities into an annual calendar. This has proved extremely useful for trustees and the executive alike. We make sure we review participants' experience at the end of each Sub-Committee and Board meeting, to ensure we are as inclusive as possible, and that we stay focused on the needs of our patients and staff.

The full list of Sub-Committees and their main responsibilities is below:

- **Finance** - financial health and sustainability of the organisation, as well as ensuring that internal controls are effective.
- **Clinical Strategy** – overall clinical direction and priorities.
- **Clinical Governance** – clinical performance and safe/best practice.
- **People** – workforce strategy for staff and volunteers, as well as remuneration (working closely with the Finance Sub-Committee).
- **Income Generation** – priorities and plans for income generation activities.
- **Resources** – estates and digital transformation.
- **Health & Safety** – health and safety activities across the organisation.



Communication & Engagement with Staff and the Board

To ensure that our people were kept fully informed, we continued our fortnightly virtual meetings with the Senior Management Team and Middle Managers. The purpose of these meetings was to ensure that all staff were well-versed in matters of concern and kept up-to-date as the pandemic situation improved, services reopened, and infection protection control measures changed. The meetings are an opportunity for managers to provide information and feedback about the way things look from their team's perspective, as well as ensuring information is cascaded across the organisation. Staff were encouraged to feedback via their managers, or directly to the Senior Management Team of any concerns or suggestions for improvement. We also made excellent use of the company intranet posting regular updates on this, including the monthly team brief. This ensured that views were heard, that people were able to influence decisions and that everyone was kept abreast of matters affecting the organisation and themselves.

Staff were informed of our financial position via briefings from the Director of Finance and were encouraged to ask questions or seek further clarification from the Director of Finance. This information helped to reassure staff that our financial position was robust and well-managed, and that it was a good time to invest in our future.

The Senior Management Team has also adapted ways of working, moving from virtual meetings only to more hybrid meetings with monthly face-to-face meetings. Weekly discussions make sure people are kept up-to-date about what is going on, and our monthly meetings focus more on strategic issues. As Covid restrictions eased we have moved to having quarterly SMT away-days off-site which provides us with the chance to think about longer term priorities, projects and how best to manage key risks. Information from all these events is then cascaded to the Hospice Managers and then to the rest of the organisation.



Inclusion & Diversity

Phyllis Tuckwell aims to be a diverse and inclusive organisation, one that reflects the diverse population in our catchment area.

Disabled applicants are supported throughout the recruitment process and provided with the opportunity of advising HR whether any assistance is required to enable them to progress their application. On appointment new starters undertake a 'fit to work in role' check. This enables Phyllis Tuckwell to provide appropriate equipment to support disabled colleagues. Throughout their tenure with the organisation, we ensure that disabled colleagues are not disadvantaged with regards to training and education or promotion, to enable them to fully contribute to the organisation, to feel valued and supported. We make adjustments to ways of working and/or roles. This year we have worked with Access to Work, with their support and advice we have been able to provide adjustments to individuals with disabilities to enable them to continue in their roles.

We have introduced a Diversity and Inclusion focus group. The group are made up of interested staff across the organisation. The group meet regularly to consider all aspects of diversity and inclusion for patients and our workforce.

Over the past year we have also updated and reissued our Equality, Diversity and Inclusion Policy and made changes to our Diversity and Inclusion statement on our website to better reflect our aims.

Our aim is to operate as a single, empowered team, coming together to agree our approach to issues that need everyone to work together, and underpinned by clear roles and accountabilities. The organisation is committed to eliminating discrimination on any basis. We believe in fairness and equality, and value diversity in all our dealings, both as provider of end of life care and also as an employer. We recognise, value and respect everyone as individuals with diverse opinions, cultures, lifestyles and circumstances, understanding that each of us are unique, recognising and appreciating our differences and our commonalities.



Employee/Volunteer Information

The Senior Management Team meet monthly with Hospice Managers to discuss the business and performance of the organisation, changes to ways of working and to gather feedback and updates from each area.

The meeting also provides the SMT and managers with time to inform each other as to what is happening across the organisation.

This information is cascaded to the rest of the workforce via team meetings, one-to-ones and on the organisation's intranet. Feedback is sought from everyone.

Anyone can raise questions, queries or make suggestions to their managers, senior managers, or directly to the Chief Executive.

This year all staff had the opportunity to attend a 'Take a Break' session. This session was to stop and reflect, consider what those changes, brought about by the pandemic, have meant to them personally and to their roles. To discuss and understand what Phyllis Tuckwell had learned as an organisation during this period. These sessions provided a platform to plan how the experiences of the pandemic, and changes to ways of working, could make Phyllis Tuckwell an even better place to work.

These sessions also provided employees with an opportunity for the Chief Executive and SMT to update everyone on the organisation's strategy going forward and for them to discuss with the SMT the next stage of Phyllis Tuckwell's journey.

Every six months the Chief Executive provides an update on the organisation's progress against the strategy, priorities for the next 6 months and an opportunity to raise issues and explore how things are feeling for each of them.

We ran the Hospice UK staff survey, in conjunction with Birdsong. This enabled staff and volunteers to feedback anonymously to the trustees and SMT with regard to their experience of the organisation.

In 98% of cases Phyllis Tuckwell responses fared 'as good as' or 'better than' the benchmark, which comprised 25 participating hospices.

Phyllis Tuckwell is fortunate to be supported by a fantastic team of 640 volunteers.

Our volunteers support all areas of the organisation, including retail, fundraising and roles within the Hospice and Beacon Centre. Roles vary from driving patients to helping in our Living Well services, on our In-Patient Unit and in various patient facing therapeutic roles. Volunteers receive a monthly newsletter keeping them up-to-date with Phyllis Tuckwell news and have regular ongoing contact with their line managers and the voluntary services team. This enables volunteers to feedback queries and offer suggestions.



Remuneration Policy

Phyllis Tuckwell is committed to ensuring that we pay our staff fairly and in a way which ensures we attract and retain the right skills to have the greatest impact in delivering our charitable objectives.

In deciding senior pay awards we consider the national recommendations for Charity Senior Executive Pay and follow these where appropriate. We have a People Board Sub-Committee, which looks at all matters relating to staff and volunteers. The Chair of this Board Sub-Committee, along with the Chair of the Board and the Chair of the Finance Board Sub-Committee, form a Remuneration Sub-Group of the Board. The main responsibilities of this group are to determine the remuneration package for the CEO and the Senior

Management Team. All other remuneration discussions outside of the CEO's level of authority, take place at the People Board Sub-Committee. In determining Phyllis Tuckwell's remuneration policy, the People Board Sub-Committee takes into account all factors such as external and internal benchmarking, including comparators of both charity and public sector pay awards, as and when necessary. Recommendations are submitted to the Board of trustees for ratification.

How We Raise Money

In a 'normal' year we have to raise 75-80% of our total income ourselves.

Roughly a fifth comes from NHS funding. This year we have, once again, benefitted from one-off funding from the NHS in recognition of the role we have played in tackling winter pressures and the Omicron variant and reducing pressure on the NHS. We are extremely grateful for much-needed funding, however **we still had to raise around £8m ourselves.**

Our fundraising usually involves encouraging donations and gifts in wills, running events, engaging our local community to fundraise on our behalf, running a chain of charity shops, working with local companies and applying for grants from Trusts. There was severe disruption to many of these activities during the pandemic, and we have been amazed and inspired by how much support we received from supporters and donors. **We believe this is in part because of the effort we put into securing and maintaining the trust of our supporters** and by keeping our community engaged through regular social media activity.

We voluntarily subscribe to the Fundraising Regulator, and respond quickly to any complaints. In 2021/22, from tens of thousands of transactions we received just three complaints, all of which were dealt with satisfactorily, and none was referred to the Fundraising Regulator.

We also adhere to the Code of Fundraising Practice which ensures we work appropriately with those who are vulnerable or who need additional support.



Connecting with Others

Relationships with wider interests and related parties.

We work closely with six neighbouring hospices, local care homes and NHS organisations.

The value of close integration with other health and social care providers has never been clearer than over the last few years. We have worked as a team to manage the impact of the pandemic together.

The NHS landscape is complex and active.

We work across part of the Frimley Healthcare ICS and Surrey Heartlands ICS areas, two acute hospitals (Frimley Health and Royal Surrey County Hospital), Guildford & Waverley Alliance Partnership (ICP) and Frimley CCG (bringing together North East Hampshire & Farnham, Surrey Heath and East Berkshire Clinical Commissioning Groups).

We have strong relationships with our local Commissioning partners, and have kept them informed about our performance over the last year on a regular basis. We look forward to working together over the next year.

We have had two relationship meetings with our Care Quality Commission (CQC) manager since April 2021. These were an opportunity for us to brief CQC about the work we were doing to provide

high quality, safe care, and the measures we were taking to adapt our services in light of the pandemic. We also ensure that CQC are kept up-to-date with any serious incidents or significant events. In autumn 2021 the Beacon Centre in Guildford was inspected and we received an extremely positive inspection report and an overall rating of Good.

Phyllis Tuckwell also owns 50% of the Tuckwell Chase Lottery Limited (TCL), from which we receive funds. The other 50% is owned by Shooting Star Children's Hospice. The Lottery Company pays half its profits to each owner. During 2021/22 Phyllis Tuckwell received £481k (net) from TCL. TCL take their responsibilities for fundraising seriously and are committed to best practice standards. They are a member of the Lotteries Council and The Hospice Lotteries Association, and are regulated by the Gambling Commission under the 2005 Gambling Act.

Phyllis Tuckwell owns the whole of the issued ordinary share capital of PTH Trading Limited. (Company number 06906850). The subsidiary is used for non-primary purpose trading activities. Available profits are gift aided to the charity.

Managing Risk

The Board holds proactive, regular discussion of the things that could jeopardise delivery of our strategy.

The Board has identified ten strategic risks that are monitored at quarterly Board meetings, with a 'deep dive' into one of the main areas of risk twice a year. The next level of risks is kept under regular review by the relevant Sub-Committee with an expectation that any emerging issues can be escalated to the Board.

Covid continues to be managed as a live issue and continued to dominate much of our work clinically and financially over last year. It had less of an impact than the year before on many of the other strategic risks we worry about – recruitment, staff welfare, quality of patient care, income generation, inclusion, data security and health and safety.

We carried out deep dives into cyber security, whether we are reaching more people, and recruitment & retention.

We take business continuity seriously, and regularly review and update our plans. For example, this year we have focused on arrangements at the Beacon Centre in Guildford when an alarm is triggered and no manager is on site, to make sure it is clear and easy for anyone in the building to know what to do. We have also invested considerably in our digital security and the robustness of our digital environment to make sure that, should something happen to one of our physical sites, staff can continue working.

Section 8 Trustee Statement

Statement of Responsibilities of the Trustees

The trustees (who are also directors of Phyllis Tuckwell Memorial Hospice Ltd for the purpose of company law) 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).

Company law 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 charitable company and group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and statements of recommended practice 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 operation.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all steps that they should have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2022 was 56 (2021 – 54). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report, including the strategic report, was approved by the trustees on 21st July 2022 and signed on their behalf by

Dr David Eyre-Brook

Chair

Independent Auditor's Report

To the members of Phyllis Tuckwell Memorial Hospice Limited

Opinion

We have audited the financial statements of Phyllis Tuckwell Memorial Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2022 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2022 and of the group's resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are 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. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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 group financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's/ group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
 - We obtained an understanding of the legal and regulatory framework that the charity/ group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity/ group from our professional and sector experience.
 - We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
 - We reviewed any reports made to regulators.
 - We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
 - We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
 - In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Joanna Pittman (Senior statutory auditor)

26 July 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated Statement of Financial Activities

incorporating an Income and Expenditure account

For the year ended 31 March 2022

| | Note | 2022 | | | 2021 | | |
|---|------|-------------------|--------------------------|-------------------|-------------------|--------------------------|-------------------|
| | | Unrestricted | Restricted/ Endowment | Total | Unrestricted | Restricted/ Endowment | Total |
| | | £ | £ | £ | £ | £ | £ |
| Incoming resources: | | | | | | | |
| Voluntary income | 2 | 3,786,681 | 19,230 | 3,805,911 | 3,232,241 | 10,191 | 3,242,432 |
| Activities for generating funds: | | | | | | | |
| Fundraising | | 1,339,293 | 318,961 | 1,658,254 | 1,471,772 | 408,076 | 1,879,848 |
| Retail | | 2,453,407 | 7,771 | 2,461,178 | 1,087,951 | 297,430 | 1,385,381 |
| Lottery | | 981,526 | - | 981,526 | 943,138 | - | 943,138 |
| Charitable activities | 3 | 2,461,737 | 1,125,222 | 3,586,959 | 2,501,177 | 2,812,559 | 5,313,736 |
| Investments | 4 | 331,002 | 2,949 | 333,951 | 294,490 | 22,830 | 317,320 |
| Total income | | 11,353,646 | 1,474,134 | 12,827,780 | 9,530,769 | 3,551,086 | 13,081,855 |
| Resources expended: | | | | | | | |
| Raising funds: | | | | | | | |
| Voluntary income generation costs | 5 | 159,669 | - | 159,669 | 170,869 | - | 170,869 |
| Fundraising costs | | 747,203 | - | 747,203 | 632,872 | 13,362 | 646,234 |
| Retail costs | | 1,994,503 | 7,771 | 2,002,274 | 1,484,854 | 297,430 | 1,782,284 |
| Lottery costs | | 500,371 | - | 500,371 | 419,590 | - | 419,590 |
| Investment management costs | | 64,722 | - | 64,722 | 55,370 | - | 55,370 |
| Sub-total for raising funds | | 3,466,467 | 7,771 | 3,474,238 | 2,763,555 | 310,792 | 3,074,347 |
| Charitable activities: | | | | | | | |
| In-Patient Unit | 5 | 3,587,530 | 211,979 | 3,799,509 | 2,632,908 | 1,256,841 | 3,889,750 |
| Living Well (outpatients) | | 746,730 | 93,369 | 840,099 | 834,555 | 27,448 | 862,003 |
| Community Care | | 3,108,600 | 1,123,838 | 4,232,438 | 1,925,516 | 2,092,098 | 4,017,613 |
| Sub-total for charitable activities | | 7,442,860 | 1,429,186 | 8,872,046 | 5,392,979 | 3,376,387 | 8,769,366 |
| Total expenditure | | 10,909,327 | 1,436,957 | 12,346,284 | 8,156,534 | 3,687,179 | 11,843,713 |
| Net income / (expenditure) before net gains on investments | | 444,319 | 37,176 | 481,496 | 1,374,235 | (136,093) | 1,238,142 |
| Net gains on investments | 13 | 416,038 | - | 416,038 | 4,072,930 | - | 4,072,930 |
| Net movement in funds | | 860,357 | 37,176 | 897,533 | 5,447,165 | (136,093) | 5,311,071 |
| Reconciliation of funds: | | | | | | | |
| Total funds brought forward | | 24,351,983 | 1,084,379 | 25,436,361 | 18,904,818 | 1,220,472 | 20,125,290 |
| Total funds carried forward | | 25,212,340 | 1,121,555 | 26,333,894 | 24,351,983 | 1,084,379 | 25,436,361 |

Balance Sheet

As at 31 March 2022

| | Note | The group | | The charity | |
|--|-----------|-------------------|-------------------|-------------------|-------------------|
| | | 2022 | 2021 | 2022 | 2021 |
| | | £ | £ | £ | £ |
| Fixed assets: | | | | | |
| Tangible assets | 11 | 3,057,606 | 3,110,997 | 3,057,606 | 3,110,997 |
| Investment properties | 12 | 115,000 | 115,000 | 115,000 | 115,000 |
| Investments | 13 | 18,504,225 | 18,012,943 | 18,504,226 | 18,012,944 |
| Total fixed assets | | 21,676,831 | 21,238,940 | 21,676,832 | 21,238,941 |
| Current assets: | | | | | |
| Stocks | 15 | 5,821 | 8,499 | - | - |
| Debtors | 16 | 1,870,846 | 1,277,405 | 1,875,762 | 1,297,283 |
| Short term deposits | | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| Cash and cash equivalents | | 2,740,586 | 2,474,584 | 2,733,977 | 2,463,116 |
| Total current assets | | 5,617,253 | 4,760,488 | 5,609,739 | 4,760,399 |
| Liabilities: | | | | | |
| Creditors: amounts falling due within one year | 17 | (845,190) | (563,066) | (837,677) | (562,978) |
| Net current assets | | 4,772,064 | 4,197,423 | 4,772,062 | 4,197,421 |
| Total assets less current liabilities | 20 | 26,448,894 | 25,436,363 | 26,448,894 | 25,436,362 |
| Creditors: amounts falling due after one year | 17 | (115,000) | - | (115,000) | - |
| Total net assets | | 26,333,894 | 25,436,363 | 26,333,894 | 25,436,362 |
| Funds: | 21 | | | | |
| Restricted income funds: | | | | | |
| Endowment fund | | 69,182 | 69,182 | 69,182 | 69,182 |
| Restricted funds | | 1,052,374 | 1,015,197 | 1,052,374 | 1,015,197 |
| Total restricted funds | | 1,121,556 | 1,084,379 | 1,121,556 | 1,084,379 |
| Unrestricted income funds: | | | | | |
| Designated funds | | 18,851,855 | 17,638,149 | 18,851,855 | 17,638,149 |
| General funds | | 6,360,483 | 6,713,835 | 6,360,483 | 6,713,835 |
| Total unrestricted funds | | 25,212,338 | 24,351,984 | 25,212,338 | 24,351,984 |
| Total funds | | 26,333,894 | 25,436,362 | 26,333,894 | 25,436,362 |

Approved by the trustees on 21 July 2022 and signed on their behalf by

David Eyre-Brook (Chair)

Ken Ratcliff (Trustee)

Consolidated Statement of Cash Flows

For the year ended 31 March 2022

| | Note | 2022 | | 2021 | |
|--|------|------------------|------------------|------------------|-------------------------|
| | | £ | £ | £ | £ |
| Cash flows from operating activities | | | | | |
| Net income for the reporting period | | 897,533 | | 5,311,072 | |
| Depreciation charges | | 298,851 | | 361,829 | |
| (Gains) on investments | | (416,038) | | (4,072,928) | |
| Loss on disposal of fixed assets | | - | | 1,710 | |
| Dividends, interest and rent from investments | | (333,951) | | (317,320) | |
| Decrease in stocks | | 2,678 | | 1,737 | |
| (Increase)/Decrease in debtors | | (593,441) | | 288,406 | |
| Increase/(Decrease) in creditors | | 397,123 | | (19,308) | |
| Net cash (used in) operating activities | | | 252,756 | | 1,555,198 |
| Cash flows from investing activities: | | | | | |
| Dividends and interest from investments | | 333,951 | | 317,320 | |
| Purchase of fixed assets | | (245,459) | | (107,756) | |
| Proceeds from sale of investments | | 3,787,234 | | 2,094,878 | |
| Purchase of investments | | (3,645,541) | | (3,115,954) | |
| Decrease / (Increase) in term deposits | | - | | 766,396 | |
| (Increase) in cash funds held by investment managers | | (216,938) | | (48,755) | |
| Net cash provided by/(used in) investing activities | | | 13,246 | | (93,872) |
| Change in cash and cash equivalents in the year | | | 266,002 | | 1,461,326 |
| Cash and cash equivalents at the beginning of the year | | | 2,474,584 | | 1,013,258 |
| Cash and cash equivalents at the end of the year | | | 2,740,586 | | 2,474,584 |
| Analysis of cash and cash equivalents | | | | | |
| | | At 1 April 2021 | Cash flows | Other changes | At 31 March 2022 |
| | | £ | £ | £ | £ |
| Cash at bank and in hand | | 1,974,584 | 266,002 | - | 2,240,586 |
| Term deposits (less than 3 months) | | 500,000 | - | - | 500,000 |
| Closing balance at bank | | 2,474,584 | 266,002 | - | 2,740,586 |

Notes on the Financial Statements

For the year ended 31 March 2022

1 Accounting policies

a) Statutory information

Phyllis Tuckwell Memorial Hospice Limited is a charitable company limited by guarantee and is incorporated in the United Kingdom.

The registered office address of the charity and its subsidiary, PTH Trading Limited is Waverley Lane, Farnham, Surrey, GU9 8BL.

b) Basis of preparation

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

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary PTH Trading Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The effects of Covid-19 create considerable risk in forecasting. However when taking into account the level of reserves, the trustees consider that there are no material uncertainties regarding the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation or uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

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

Income from HMRC relating to the Coronavirus Job Retention Scheme (total: £67,932) is shown as income within Retail or Charitable activities as appropriate.

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

make a distribution. 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.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

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

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

g) Investment income and dividends

Investment income including dividends is included when receivable.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Endowment funds are restricted funds whereby the capital sum is invested but the income is used for objects of the charity.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services and educational activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against general overheads and allocated according to Note 5.

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which is an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the following basis:

| | |
|---------------------------------|-----|
| In-Patient Unit | 30% |
| Living Well (outpatients) | 10% |
| Community Care | 30% |
| Activities for generating funds | 30% |

Support and governance costs are re-allocated to each of the activities on the following basis:

The cost of overall direction and administration of each activity, comprising the salary and overhead cost of the central function is apportioned on the number of staff attributable to each activity:

| | |
|------------------------------|--------|
| Activities to generate funds | 28.17% |
| In-Patient Unit | 32.49% |
| Living Well (outpatients) | 7.38% |
| Community Care | 31.96% |

Premises costs are allocated on the basis of square footage attributable to each activity:

| | |
|------------------------------|--------|
| Activities to generate funds | 6.78% |
| In-Patient Unit | 69.92% |
| Living Well (outpatients) | 8.46% |
| Community Care | 14.84% |

IT costs are allocated based on the number of computers attributable to each activity:

| | |
|------------------------------|--------|
| Activities to generate funds | 13.21% |
| In-Patient Unit | 36.48% |
| Living Well (outpatients) | 3.77% |
| Community Care | 46.54% |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Pensions

The charitable company contributes to two pension schemes on behalf of employees. The charitable company operates a defined contribution pension scheme. The charitable company has no liability under the scheme other than for the payment of those contributions. It also contributes to a defined benefit superannuation scheme. The assets of both these schemes are held separately from the charitable company. The pension cost charge represents contributions payable under the schemes by the charitable company. Further information on the schemes is included in Note 19.

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The useful lives are as follows:

| | |
|---|----------|
| Freehold property | 50 years |
| Freehold property improvements | 10 years |
| Leasehold property | 3 years |
| Furniture, equipment, fixtures and fittings | 5 years |
| IT equipment | 3 years |
| Vehicles | 5 years |
| Software | 5 years |

Land valued at £31,250 within Freehold property is not depreciated.

n) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

o) Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in fair value is recognised in the statement of financial activities. The valuation method used to determine fair value will be stated in the notes to the accounts.

p) Investments in subsidiaries

Investments in subsidiaries are at cost.

q) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charity of these goods is recognised as income when sold.

r) Debtors

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

s) Cash at bank and in hand

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

t) Short term deposits

Short term deposits represent amounts held on deposit with a maturity of between 3 months and one year.

u) Creditors and provisions

Creditors and provisions are recognised where the charity 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. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

v) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2 Voluntary income

| | 2022 | | |
|---------------------|------------------|---------------|------------------|
| | Unrestricted | Restricted | Total |
| | £ | £ | £ |
| Donations | 1,417,573 | 19,230 | 1,436,803 |
| Legacies | 2,369,109 | - | 2,369,109 |
| Total income | 3,786,681 | 19,230 | 3,805,911 |

| | 2021 | | |
|---------------------|------------------|---------------|------------------|
| | Unrestricted | Restricted | Total |
| | £ | £ | £ |
| Donations | 1,704,001 | 9,191 | 1,713,192 |
| Legacies | 1,528,240 | 1,000 | 1,529,240 |
| Total income | 3,232,241 | 10,191 | 3,242,432 |

At the year end the charity had been notified of one material legacy that it was unable to measure reliably at that time. Since the year end the charity has been informed that it is due £495,386 from this legacy.

3 Income from charitable activities

| | 2022 | | | 2021 | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | £ | £ | £ | £ | £ | £ |
| Grants: | | | | | | |
| NHSE - Covid Support | - | 858,985 | 858,985 | - | 2,749,351 | 2,749,351 |
| NHS Guildford & Waverley CCG | 2,276,856 | - | 2,276,856 | 2,254,876 | - | 2,254,876 |
| Surrey Heath CCH Home Support | - | 22,126 | 22,126 | - | 21,626 | 21,626 |
| Other CCG support | - | 219,869 | 219,869 | - | - | - |
| Continuing Health | 179,172 | - | 179,172 | 231,052 | - | 231,052 |
| Total grant income | 2,456,028 | 1,100,980 | 3,557,008 | 2,485,928 | 2,770,977 | 5,256,905 |
| Other income | 5,709 | 24,242 | 29,951 | 15,249 | 41,582 | 56,831 |
| Total income from charitable activities | 2,461,737 | 1,125,222 | 3,586,959 | 2,501,177 | 2,812,559 | 5,313,736 |

NHSE - Covid Support

NHSE awarded funding to allow Phyllis Tuckwell to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the Covid-19 situation.

4 Income from investments

| | 2022 | | | 2021 | | |
|------------------------------------|----------------|--------------|----------------|----------------|---------------|----------------|
| | Unrestricted | Endowment | Total | Unrestricted | Endowment | Total |
| | £ | £ | £ | £ | £ | £ |
| Investments (interest & dividends) | 326,727 | 2,949 | 329,676 | 277,917 | 22,830 | 300,747 |
| Investment property income | - | - | - | - | - | - |
| Term deposit interest | 3,040 | - | 3,040 | 16,191 | - | 16,191 |
| Bank interest | 1,234 | - | 1,234 | 382 | - | 382 |
| Total income | 331,002 | 2,949 | 333,951 | 294,490 | 22,830 | 317,320 |

Notes on the Financial Statements (continued)

For the year ended 31 March 2022

5a Analysis of expenditure (current year)

| | Charitable activities | | | | | | 2022 Total | 2021 Total |
|------------------------------------|-----------------------|------------------|---------------------------|------------------|------------------|------------------|-------------------|-------------------|
| | Cost of raising funds | In-Patient Unit | Living Well (outpatients) | Community Care | Governance costs | Support costs | | |
| | £ | £ | £ | £ | £ | £ | | |
| Staff costs (Note 7) | 1,527,781 | 2,505,256 | 622,660 | 3,476,527 | 9,128 | 1,165,633 | 9,306,985 | 9,150,158 |
| Fundraising/ Retail costs | 289,605 | - | - | - | - | - | 289,605 | 236,813 |
| Marketing & Communications | 45,809 | 27,359 | 10,943 | 27,359 | - | - | 111,470 | 82,731 |
| Lottery costs | 500,371 | - | - | - | - | - | 500,371 | 419,590 |
| Catering | - | 195,543 | 912 | 9 | - | 17,161 | 213,625 | 199,895 |
| Premises | 559,498 | - | 36,603 | - | - | 142,552 | 738,653 | 655,829 |
| Travel | 28,689 | - | 2,808 | 51,049 | - | 5,941 | 88,487 | 54,265 |
| Consumables | - | 64,278 | 13,240 | 30,551 | - | 1,620 | 109,690 | 167,060 |
| Depreciation & loss on disposal | 36,493 | 54,747 | - | 5,198 | - | 202,413 | 298,851 | 363,539 |
| Maintenance & repairs | - | 36,417 | 929 | 4,180 | - | 80,770 | 122,296 | 120,220 |
| Subscriptions & publications | - | 3,676 | 817 | 3,676 | - | 9,314 | 17,484 | 22,581 |
| IT | 22,417 | 25,254 | 5,612 | 25,254 | - | 155,296 | 233,831 | 202,184 |
| Insurance | 16,425 | - | 290 | 4,066 | 1,735 | 28,019 | 50,535 | 45,899 |
| Audit & accountancy fees | 3,900 | - | - | - | 13,550 | - | 17,450 | 16,575 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 380 | 134,725 | 140,765 | 10,122 |
| Office costs | - | 1,976 | 439 | 18,246 | - | 20,804 | 41,464 | 40,881 |
| Investment management costs | 64,722 | - | - | - | - | - | 64,722 | 55,370 |
| Sub-total | 3,095,709 | 2,917,053 | 695,820 | 3,648,663 | 24,792 | 1,964,247 | 12,346,284 | 11,843,713 |
| Governance costs | 6,818 | 8,107 | 1,893 | 7,973 | (24,792) | - | - | - |
| Support costs | 371,711 | 874,348 | 142,387 | 575,802 | - | (1,964,247) | - | - |
| Total expenditure 2022 | 3,474,238 | 3,799,509 | 840,099 | 4,232,438 | - | - | 12,346,284 | - |
| Total expenditure 2021 | 3,074,347 | 3,889,750 | 862,003 | 4,017,613 | - | - | - | 11,843,713 |

5b Analysis of expenditure (prior year)

| | Charitable activities | | | | | | 2021 Total |
|---------------------------------------|-----------------------|------------------|---------------------------|------------------|------------------|------------------|-------------------|
| | Cost of raising funds | In-Patient Unit | Living Well (outpatients) | Community Care | Governance costs | Support costs | |
| | £ | £ | £ | £ | £ | £ | £ |
| Staff costs (Note 7) | 1,415,583 | 2,652,589 | 648,769 | 3,349,760 | 7,877 | 1,075,580 | 9,150,158 |
| Fundraising/ Retail costs | 236,813 | - | - | - | - | - | 236,813 |
| Marketing & Communications | 34,246 | 20,202 | 8,081 | 20,202 | - | - | 82,731 |
| Lottery costs | 419,590 | - | - | - | - | - | 419,590 |
| Catering | - | 188,026 | - | 76 | - | 11,793 | 199,895 |
| Premises | 491,755 | - | 44,583 | - | - | 119,491 | 655,829 |
| Travel | 16,839 | - | 1,776 | 32,582 | - | 3,068 | 54,265 |
| Consumables | - | 89,397 | 22,012 | 53,759 | - | 1,892 | 167,060 |
| Depreciation & loss on disposal | 45,588 | 57,305 | - | 10,054 | - | 250,592 | 363,539 |
| Maintenance & repairs | - | 45,111 | 1,240 | 5,580 | - | 68,289 | 120,220 |
| Subscriptions & publications | - | 3,724 | 827 | 3,724 | - | 14,306 | 22,581 |
| IT | 20,359 | 22,463 | 4,992 | 22,463 | - | 131,907 | 202,184 |
| Insurance | 16,065 | - | 281 | 3,936 | 1,392 | 24,225 | 45,899 |
| Audit & accountancy fees | 3,550 | - | - | - | 13,025 | - | 16,575 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 352 | 4,110 | 10,122 |
| Office costs | - | 1,813 | 403 | 17,944 | - | 20,721 | 40,881 |
| Investment management costs | 55,370 | - | - | - | - | - | 55,370 |
| Sub-total | 2,755,759 | 3,083,177 | 733,530 | 3,522,627 | 22,646 | 1,725,974 | 11,843,713 |
| Governance costs | 6,228 | 7,406 | 1,729 | 7,283 | (22,646) | - | - |
| Support costs | 312,360 | 799,167 | 126,744 | 487,703 | - | (1,725,974) | - |
| Total expenditure 2020 | 3,074,347 | 3,889,750 | 862,003 | 4,017,613 | - | - | 11,843,713 |

Notes on the Financial Statements (continued)

For the year ended 31 March 2022

6 Net income / (expenditure) for the year

This is stated after charging:

| | 2022 | 2021 |
|--|----------------|---------|
| | £ | £ |
| Depreciation | 298,851 | 361,829 |
| Loss on disposal of fixed assets | - | 1,710 |
| Operating lease rentals: | | |
| Property | 383,043 | 369,263 |
| Other | 6,739 | 5,104 |
| Auditor's remuneration (excluding VAT): | | |
| Audit - Charity | 12,500 | 12,050 |
| Audit - Trading Company | 3,000 | 2,700 |
| Other Services | 1,950 | 1,800 |

7 Analysis of staff costs, the cost of key management personnel and trustees' remuneration and expenses

a) Staff costs were as follows:

| | 2022 | 2021 |
|--|------------------|------------------|
| | £ | £ |
| Salaries and wages | 7,614,276 | 7,508,109 |
| Social security costs | 705,134 | 695,335 |
| Employer's contribution to pension schemes | 643,056 | 614,395 |
| Self-employed / contractors costs | 215,871 | 239,444 |
| Other forms of employee benefits | 128,649 | 92,875 |
| Total | 9,306,985 | 9,150,158 |

- b) The following number of employees received employee benefits (excluding employer pension costs and employer national insurance contributions) during the year between:

| | 2022 | 2021 |
|---------------------|------|------|
| | No. | No. |
| £60,000 - £69,999 | 3 | 3 |
| £70,000 - £79,999 | 1 | 1 |
| £80,000 - £89,999 | 1 | 1 |
| £90,000 - £99,999 | 1 | 1 |
| £100,000 - £109,999 | - | 1 |
| £110,000 - £119,999 | 1 | - |
| £130,000 - £139,999 | - | 1 |
| £140,000 - £149,999 | 1 | - |

The employees above include four medical/clinical staff, the CEO and three other members of the SMT, with the two highest paid employees being from the medical team (2021: four medical/clinical staff, the CEO and three other members of the SMT, with the two highest paid employees being from the medical team).

The total employee benefits, including pension contributions and employer national insurance, of the eight (2021: eight) key management personnel listed on page 3 were £739,614 (2021: £744,325).

- c) The charity trustees were not paid nor received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees' expenses of £nil were incurred (2021: £nil).

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

| | 2022 | 2021 |
|----------------------------|------------|------------|
| | No. | No. |
| Nursing staff | 119 | 123 |
| Medical staff | 10 | 10 |
| Clinical support staff | 22 | 22 |
| Patient and Family Support | 13 | 13 |
| Therapists | 16 | 18 |
| Fundraising and publicity | 18 | 19 |
| Retail staff | 72 | 63 |
| Administration | 20 | 19 |
| Support staff | 33 | 32 |
| Education staff | 5 | 4 |
| Total | 328 | 323 |

The average number of full time equivalent employees was as follows:

| | 2022 | 2021 |
|----------------------------|--------------|--------------|
| | No. | No. |
| Nursing staff | 81.4 | 83.7 |
| Medical staff | 6.2 | 6.1 |
| Clinical support staff | 16.7 | 16.3 |
| Patient and Family Support | 9.3 | 9.1 |
| Therapists | 11.9 | 11.9 |
| Fundraising and publicity | 15.4 | 15.7 |
| Retail staff | 42.7 | 40.7 |
| Administration | 16.8 | 16.5 |
| Support staff | 17.0 | 16.5 |
| Education staff | 3.4 | 2.9 |
| Total | 220.7 | 219.4 |

Notes on the Financial Statements (continued)

9 Related party transactions

The Phyllis Tuckwell Memorial Hospice Limited owns 50% of Tuckwell Chase Lottery Limited. The Hospice received £481,155 (net) during the year from the Lottery company (2021: £523,548). The remaining 50% is owned by Shooting Star Children's Hospices.

The Phyllis Tuckwell Memorial Hospice Limited recognises 50% of the total income and expenditure from the Tuckwell Chase Lottery Limited in the Statement of Financial Activities. In substance, the Tuckwell Chase Lottery pays over 50% of its generated surplus throughout the year. Any difference between the amounts paid over during the year and the surplus for Tuckwell Chase Lottery Limited at the end of the year is recognised as a debtor or creditor by the Phyllis Tuckwell Memorial Hospice Limited at the end of the year.

There are no donations from related parties which are outside the normal course of fundraising activities and no restricted donations from related parties.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary PTH Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £nil (2021: £nil).

For the year ended 31 March 2022

11 Tangible fixed assets

For the group and the charity

| | Freehold property | Clinical Equipment | Equipment & Other Assets | Fixtures & Fittings | Total |
|-------------------------------|-------------------|--------------------|--------------------------|---------------------|------------------|
| | £ | £ | £ | £ | £ |
| Cost | | | | | |
| At the start of the year | 5,314,087 | 562,919 | 1,783,499 | 155,554 | 7,816,059 |
| Additions in year | 153,269 | 34,149 | 58,041 | - | 245,459 |
| Disposals in year | - | - | (27,909) | - | (27,909) |
| At the end of the year | 5,467,356 | 597,068 | 1,813,631 | 155,554 | 8,033,609 |
| Depreciation | | | | | |
| At the start of the year | 2,660,361 | 456,491 | 1,466,021 | 122,188 | 4,705,062 |
| Charge for the year | 102,954 | 43,881 | 141,150 | 10,866 | 298,851 |
| Eliminated on disposal | - | - | (27,909) | - | (27,909) |
| At the end of the year | 2,763,315 | 500,373 | 1,579,262 | 133,054 | 4,976,003 |
| Net book value | | | | | |
| At the end of the year | 2,704,041 | 96,696 | 234,369 | 22,500 | 3,057,606 |
| At the start of the year | 2,653,725 | 106,428 | 317,478 | 33,366 | 3,110,997 |

12 Investment properties

| | The group | | The charity | |
|-----------------------------------|-----------|---------|-------------|---------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| Fair value at start of year | 115,000 | 115,000 | 115,000 | 115,000 |
| Fair value at the end of the year | 115,000 | 115,000 | 115,000 | 115,000 |

The charity received the freehold interest in a property as the result of a legacy. The charity has reviewed a valuation undertaken by a recognised professional independent valuer at 31 March 2020 and considered this and current market conditions when determining the value at 31 March 2022.

13 Investments

Investments comprise:

| | The group | | The charity | |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| UK fixed interest corporate bonds | 830,027 | 954,811 | 830,027 | 954,811 |
| UK listed equities | 5,282,720 | 4,912,013 | 5,282,720 | 4,912,013 |
| UK listed overseas equities | 9,409,651 | 8,966,556 | 9,409,651 | 8,966,556 |
| Investment Property funds | 851,533 | 651,687 | 851,533 | 651,687 |
| Other listed investments | 1,461,360 | 925,880 | 1,461,360 | 925,880 |
| Short Term cash investments | - | 1,250,000 | - | 1,250,000 |
| Investment portfolio cash | 668,934 | 351,996 | 668,934 | 351,996 |
| Investment portfolio value | 18,504,225 | 18,012,943 | 18,504,225 | 18,012,943 |
| Investment in subsidiary | - | - | 1 | 1 |
| Total value of investments | 18,504,225 | 18,012,943 | 18,504,226 | 18,012,944 |

Notes on the Financial Statements (continued)

Movement in the investment portfolio fair value:

| | The group | | The charity | |
|--|-------------------|-------------------|-------------------|-------------------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| Fair value at the start of the year excluding cash | 17,660,947 | 12,566,943 | 17,660,947 | 12,566,944 |
| Additions at cost | 3,645,541 | 3,115,954 | 3,645,541 | 3,115,954 |
| Disposal proceeds | (3,787,234) | (2,094,878) | (3,787,234) | (2,094,878) |
| Net gain in fair value | 416,038 | 4,072,928 | 416,038 | 4,072,928 |
| Sub-total | 17,935,291 | 17,660,947 | 17,935,291 | 17,660,947 |
| Cash held by investment manager pending reinvestment | 568,934 | 351,996 | 568,934 | 351,996 |
| Fair value at the end of the year | 18,504,225 | 18,012,943 | 18,504,225 | 18,012,943 |
| Historic cost at the end of the year | 13,068,478 | 12,249,390 | 13,068,478 | 12,249,391 |

14 Subsidiary undertaking and parent charity results

The charitable company owns the whole of the issued ordinary share capital of PTH Trading Limited, a company registered in England. The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the Statement of Financial Activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiary is shown below:

| | 2022 | 2021 |
|---|----------|----------|
| | £ | £ |
| Turnover | 98,504 | 61,457 |
| Cost of sales | (20,001) | (13,818) |
| Gross profit | 78,503 | 47,639 |
| Administrative expenses | (6,060) | (8,231) |
| Management charge payable to parent charity | (2,400) | (2,400) |
| Profit on ordinary activities | 70,043 | 37,008 |
| Taxation | - | - |
| Profit for the financial year | 70,043 | 37,008 |

Retained earnings

| | 2022 | 2021 |
|--|----------|----------|
| | £ | £ |
| Total retained earnings brought forward | - | - |
| Profit for the financial year | 70,043 | 37,008 |
| Distribution paid in the year under Gift Aid to parent charity | (70,043) | (37,008) |
| Total retained earnings carried forward | - | - |

The aggregate of the assets, liabilities and reserves was:

| | 2022 | 2021 |
|-------------|----------|----------|
| | £ | £ |
| Assets | 12,798 | 23,551 |
| Liabilities | (12,797) | (23,550) |
| Reserves | 1 | 1 |

Amounts owed from the parent undertaking are shown in note 17.

The parent charity's gross income and the results for the year are disclosed as follows:

| | 2022 | 2021 |
|---------------------|------------|------------|
| | £ | £ |
| Gross income | 12,801,719 | 13,059,806 |
| Result for the year | 897,533 | 5,311,072 |

15 Stocks

| | The group | | The charity | |
|----------------|--------------|--------------|-------------|----------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| Finished goods | 5,821 | 8,499 | - | - |
| Total | 5,821 | 8,499 | - | - |

Notes on the Financial Statements (continued)

16 Debtors

| | The group | | The charity | |
|---|------------------|------------------|------------------|------------------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| Tax and social security | 107,656 | 58,715 | 107,656 | 58,593 |
| Trade debtors | 291,657 | 36,722 | 291,657 | 36,722 |
| Other debtors | 1,269,962 | 960,491 | 1,269,594 | 960,491 |
| Prepayments | 201,572 | 221,477 | 201,572 | 221,477 |
| Loan due from subsidiary due in over one year | - | - | - | 20,000 |
| Amount due from subsidiary | - | - | 5,283 | - |
| Total | 1,870,846 | 1,277,405 | 1,875,762 | 1,297,283 |

17 Creditors: amounts falling due within one year

| | The group | | The charity | |
|------------------------------|----------------|----------------|----------------|----------------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| Taxation and social security | 180,664 | 164,302 | 177,358 | 164,302 |
| Trade creditors | 171,642 | 70,380 | 171,334 | 70,380 |
| Other creditors | 1,761 | 1,761 | 1,761 | 1,761 |
| Accruals | 191,038 | 192,804 | 187,138 | 189,254 |
| Pension accruals | 98,485 | 91,690 | 98,485 | 91,690 |
| Deferred income | 201,599 | 42,129 | 201,599 | 42,129 |
| Amount due to subsidiary | - | - | - | 3,462 |
| Total | 845,190 | 563,066 | 837,677 | 562,978 |

Creditors: amounts falling due after one year - £115,000 are funds received in advance but related to activities in 2023/24.

18 Deferred income

Deferred income comprises various amounts relating to fundraising events being held in 2022/23; also to NHS income received in 2021/22 for contracts in 2022/23.

| | The group | | The charity | |
|---------------------------------------|----------------|---------------|----------------|---------------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| Balance at the beginning of the year | 42,129 | 28,870 | 42,129 | 28,870 |
| Amount released to income in the year | (42,129) | (28,870) | (42,129) | (28,870) |
| Amount deferred in the year | 201,599 | 42,129 | 201,599 | 42,129 |
| Balance at the end of the year | 201,599 | 42,129 | 201,599 | 42,129 |

19 Pension schemes

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, the Phyllis Tuckwell operates a Group Personal Pension Plan. This plan is administered and invested with Aegon, with advice and support provided by Chase de Vere Independent Financial Advisers Ltd. It is a money purchase plan and all eligible employees are automatically enrolled after three months' service, unless they ask to join earlier. Contributions are on a matched basis of between 4% and 7.5%. Employees may contribute more to the plan. Membership of the plan entitles the employee to Life Assurance cover of 2.5 x annual earnings.

20a Analysis of group net assets between funds (current year)

| | General unrestricted funds | Designated funds | Restricted funds | Endowment funds | Total funds |
|---|----------------------------------|-------------------|------------------|--------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 2,051,855 | 1,005,751 | - | 3,057,606 |
| Investment properties | 115,000 | - | - | - | 115,000 |
| Investments | 3,135,043 | 15,300,000 | - | 69,182 | 18,504,225 |
| Net current assets | 3,110,441 | 1,500,000 | 46,623 | - | 4,657,064 |
| Net assets as at 31 March 2022 | 6,360,484 | 18,851,855 | 1,052,374 | 69,182 | 26,333,894 |

20b Analysis of group net assets between funds (prior year)

| | General unrestricted funds | Designated funds | Restricted funds | Endowment funds | Total funds |
|---|----------------------------------|-------------------|------------------|--------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 2,138,149 | 972,848 | - | 3,110,997 |
| Investment properties | 115,000 | - | - | - | 115,000 |
| Investments | 3,943,761 | 14,000,000 | - | 69,182 | 18,012,943 |
| Net current assets | 2,655,073 | 1,500,000 | 42,349 | - | 4,197,422 |
| Net assets as at 31 March 2021 | 6,713,835 | 17,638,149 | 1,015,197 | 69,182 | 25,436,362 |

Notes on the Financial Statements (continued)

21a Movements in funds (current year)

| | At 1 April 2021 | Income & gains | Expenditure & losses | Transfers | At 31 March 2022 |
|---------------------------------|-------------------|-------------------|----------------------|------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 2,949 | (2,949) | - | 69,182 |
| Total endowment funds | 69,182 | 2,949 | (2,949) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 782,425 | 50,234 | (24,707) | - | 807,952 |
| Other capital items | 190,423 | 53,853 | (46,477) | - | 197,799 |
| Donations/Grants expended: | | | | | |
| NHSE Covid hospice support | - | 858,985 | (858,985) | - | - |
| Other government Covid support | - | 32,013 | (32,013) | - | - |
| NHS Home Support | - | 22,126 | (22,126) | - | - |
| IPU | 2,200 | 235,830 | (209,607) | - | 28,423 |
| Therapists | 7,513 | 100 | (7,593) | - | 20 |
| Community Care | 32,636 | 218,044 | (232,500) | - | 18,180 |
| Total restricted funds | 1,015,197 | 1,471,185 | (1,434,008) | - | 1,052,374 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,138,149 | - | - | (86,294) | 2,051,855 |
| Buildings development fund | 8,000,000 | - | - | 1,300,000 | 9,300,000 |
| Services development fund | 1,500,000 | - | - | - | 1,500,000 |
| Operational plan fund | 6,000,000 | - | - | - | 6,000,000 |
| Total designated funds | 17,638,149 | - | - | 1,213,706 | 18,851,855 |
| General funds | 6,713,835 | 11,769,683 | (10,909,328) | (1,213,706) | 6,360,483 |
| Total unrestricted funds | 24,351,984 | 11,769,683 | (10,909,328) | - | 25,212,338 |
| Total funds | 25,436,362 | 13,243,817 | (12,346,285) | - | 26,333,894 |

21b Movements in funds (prior year)

| | At 31 March 2020 | Income and gains | Expenditure and losses | Transfers | At 31 March 2021 |
|---------------------------------|---------------------|---------------------|---------------------------|------------------|---------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 22,830 | (22,830) | - | 69,182 |
| Total endowment funds | 69,182 | 22,830 | (22,830) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 801,647 | - | (19,222) | - | 782,425 |
| Other capital items | 223,146 | 17,251 | (49,974) | - | 190,423 |
| Donations/Grants expended: | | | | | |
| NHSE Covid hospice support | - | 2,749,351 | (2,749,351) | - | - |
| Other government Covid support | - | 352,374 | (352,374) | - | - |
| NHS Home Support | - | 22,126 | (22,126) | - | - |
| IPU | 122,852 | 105,353 | (226,005) | - | 2,200 |
| Therapists | 3,316 | 11,423 | (7,226) | - | 7,513 |
| Community Care | 329 | 269,378 | (237,071) | - | 32,636 |
| Living Well (outpatients) | - | 1,000 | (1,000) | - | - |
| Total restricted funds | 1,151,290 | 3,528,256 | (3,664,349) | - | 1,015,197 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,341,987 | - | - | (203,838) | 2,138,149 |
| Buildings development fund | 6,000,000 | - | - | 2,000,000 | 8,000,000 |
| Services development fund | 1,500,000 | - | - | - | 1,500,000 |
| Operational plan fund | - | 4,072,928 | - | 1,927,072 | 6,000,000 |
| Fair value reserve | 1,567,097 | - | - | (1,567,097) | - |
| Total designated funds | 11,409,084 | 4,072,928 | - | 2,156,137 | 17,638,149 |
| General funds | 7,495,734 | 9,530,769 | (8,156,534) | (2,156,137) | 6,713,835 |
| Total unrestricted funds | 18,904,817 | 13,603,697 | (8,156,534) | - | 24,351,984 |
| Total funds | 20,125,289 | 17,154,783 | (11,843,713) | - | 24,436,362 |

Purposes of endowment funds

Jenabai Ebrahim Endowment Fund

The Jenabai Ebrahim Endowment Fund was donated by Professor Zef Ebrahim in memory of his mother. The income from this fund is used to support one of our In-Patient Unit rooms.

Purposes of restricted funds

Building projects completed

These are donations which have been specifically made to a number of building projects for the modernisation and expansion of the Hospice. All donations have been used as part of expenditure on the modernisation of the Hospice and are included in fixed assets. These appeals are now closed and the outgoings relate to depreciation.

Special item donations

These are donations made for specific items of equipment (fixed assets), which have been purchased in the year or are to be purchased in the coming year.

Donations/grants expended

Home Support - funding is received from the NHS to provide general, non-nursing support for patients and their families at home.

IPU - donations made to support the work carried out on our In-Patient Unit.

Therapists - donations made to support the provision of therapists.

Community Care - various donations received which are specifically restricted for care at home/community care.

Living Well - donations made to support the provision of the Living Well services. Living Well services comprise our traditional day services as well as groups and outpatients and care in the community.

Purposes of designated funds

Property fund

The property fund represents the net book value of tangible fixed assets that were purchased with unrestricted funds.

Buildings Development fund

This fund was established to accrue funds to assist with the costs of any new premises that may be required in the future. A review of the hospice premises is being carried out following the rapid growth in recent years and the serviceability of current buildings. The fund has also been reviewed in the light of requirements for locality working.

Service Development fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the trustees need to know that it can be funded for at least three years. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2021 was £1.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including Hospice Care at Home and locality working.

Operational Plan fund

This fund is to cover the investments in our general operating plan over the next four to five years. It will ensure the plan is adequately funded through a period of economic uncertainty.

Fair value reserve

This was a fund to set aside the unrealised gain on investments. The accounting standards no longer require the fair value reserve to be shown separately, as unrealised gains on investments are now included as part of the surplus or deficit for the year.

22 Operating lease commitments

For the group and charity

The total future minimum lease payments under non-cancellable operating leases is as follows for each of the respective periods:

| | Property | | Equipment | |
|--------------------|----------------|----------------|---------------|--------------|
| | 2022 | 2021 | 2022 | 2021 |
| | £ | £ | £ | £ |
| Less than one year | 333,908 | 322,782 | 7,410 | 2,295 |
| One to five years | 470,479 | 659,158 | 15,557 | 2,808 |
| Over five years | - | - | - | - |
| Total | 804,387 | 981,940 | 22,967 | 5,103 |

23 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member, in the event of winding up, is limited to £1.





Sarah Church, Chief Executive

PHYLLIS TUCKWELL MEMORIAL HOSPICE LTD

England & Wales - Charity number 264501

Accounts

Phyllis Tuckwell Memorial Hospice Limited



Phyllis[®]
Tuckwell
Hospice Care
...because every
day is precious

Report and Financial Statements For the year ended 31 March 2021



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Reference and administrative details

| | |
|--|--|
| Company number | 1063033 |
| Charity number | 264501 |
| Country of registration | England & Wales |
| Country of incorporation | United Kingdom |
| Registered office and operational address | Waverley Lane, FARNHAM, Surrey GU9 8BL |
| Status | The organisation is a charitable company limited by guarantee, incorporated on 27 July 1972 and registered as a charity on 8 September 1972. The organisation operates under the name Phyllis Tuckwell. |
| Trustees | Trustees, who are also directors under company law, who served during the year and up to the date of the signing of this report, were as follows: Dr David Eyre-Brook Chair (from November 2020) Michael Maher Chair (until November 2020) Veronica Carter Vice Chair Rosy Anand Helen Atkinson (from November 2020) Professor Michael Bailey Helen Franklin Alison Huggett Richard Hunt Dr Robert Laing Ken Ratcliff Ian Trotter (until November 2020) Elizabeth Wells (from November 2020) Anne Whelan |
| President | Chris Tuckwell |
| Key management personnel | Sarah Church Chief Executive Dr Cate Seton-Jones Medical Director Jayne Holland Director of Patient Services Peter Foxtan Director of Income Generation Mark Beale Director of Finance & Business Development Jaci Curtis-Donnelly Director of People Paul Batten Director of Estates & IT Tony Carpenter Director of Marketing & Communications |
| Bankers | Lloyds Bank plc Santander 147, High Street, Bridle Road GUILDFORD, Surrey BOOTLE, Merseyside GU1 3AG L30 4GB |
| Investment managers | Investec Wealth & Investment Ltd 2 Gresham Street LONDON, EC2V 7QN |
| Auditor | Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House, 108-114 Golden Lane LONDON, EC1Y 0TL |

Introduction from the Chair

This has been an exceptional year, and I am so proud of the way the Phyllis Tuckwell team have responded to the pandemic and found new ways to help people approaching the end of their lives.

The pandemic reminded us yet again of the importance of providing compassionate, dignified care that is focused on the individual and their personal circumstances. Our core purpose has never been more important, and we have been determined to continue providing high quality care to people who need us. We helped over 3,000 people last year, more than in 2019/20, and our data shows this took a lot more effort (with many more contacts per patient than normal, often by phone because of the challenges of caring during Covid).

The safety and quality of care provided has remained our priority throughout, and this has been thanks to the resilience, compassion, and hard work of our wonderful team. They have had to work through periods of huge uncertainty, learn how to work safely with PPE, and how to adapt the way we care for people. All this whilst juggling the day job with constant pressures, including home schooling, and caring responsibilities. Phyllis Tuckwell has rightly put a great emphasis on well-being and looking after our staff so that they can look after others. We increased clinical supervision so that Nurses, Health Care Assistants (HCAs) and our Doctors could talk about their experiences, worked hard to encourage people to take their annual leave wherever possible, and made sure all clinical staff were offered vaccination as quickly as possible.

The team has taken the experience of being forced to work differently and turned it into an opportunity where possible. In just a few weeks we went from being an office-based place of work, to one where we had a mixture of people working across their homes, the Beacon Centre and the Hospice. We have found new ways to raise money through 'virtual' events, and rapidly improved our online retail offering. We have found ways to redeploy people which has helped to give people the experience of working in different parts of the

organisation. We have learned a great deal about how to use our physical spaces in a way that reduces the risk of infection and has helped us shape our understanding of what we want our working spaces to be like. We will incorporate this learning into our plans for the future.

Financially, it has been a challenging year for charitable income generation. We had to cancel long-planned events and our shops were forced to shut three times, which meant we lost more than £1.6m of expected income. However, the impact of this has been significantly offset by the astonishing generosity of our local community and charitable Trusts. We are hugely grateful for this and for the much-needed injection of additional Government money for Hospices. This support has made an enormous difference to us this year as demonstrated by our accounts, but it is already clear that it will take several years for us to build back our events and retail income. Agreeing sustainable levels of funding from the NHS is a priority for the year to come.

I would like to thank Michael Maher for his strong chairmanship of the Board until November last year and his dedicated service to Phyllis Tuckwell. Many thanks also to Ian Trotter who, alongside Michael, retired from the Board late last year. We also welcomed a new Chief Executive at the start of the financial year who, working alongside a very strong senior team, has helped steer the organisation safely through the twists and turns of the pandemic.

Dr David Eyre-Brook
Chairman



Objectives and Activities

Mission, Vision and 5-Year Strategy

Mission:

To care compassionately for adults living with an advanced or terminal illness, and those closest to them, so that they have the best possible quality of life and the patients' final days are peaceful...because every day is precious.

Vision:

Easy access to compassionate supportive and end of life care for patients and families in a place of their choice.

Strategy:

The pandemic has shown starkly how much need there is for high quality, compassionate care for people as they approach the end of their lives. We know that more people will need us in the years ahead.

By 2030, one in five people in the UK (21.8%) will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged 85+.

Our 5-year strategy runs from 2019–2024. We reviewed it late last year to see if it needed to be adjusted because of the pandemic or reforms to the NHS. We concluded that the objectives are as true today as they were in 2019, but we do want to focus more on digital projects, making sure we are inclusive, and that we help as many people in our community as possible. Our ambition fits well with the new national priorities for palliative and end of life care, as well as those from the two Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) we work across.

Our core VALUES



Our strategic goals are:

- We will provide - and be able to demonstrate - high quality palliative and End of Life (EoL) care services to patients, their families and carers.
- We will empower others to provide high quality palliative and EoL care through partnership working and education and training, and be recognised as experts in care provision and an authoritative voice at the decision-making table.
- We will generate sufficient funds to enable us to deliver our clinical services and demonstrate that we are good stewards of the money donated to us.
- We will remain an independent organisation and demonstrate organisational efficiency and effectiveness.

Public benefit:

Phyllis Tuckwell exists to provide direct specialist palliative care, as well as Education, Training and advice to support delivery of palliative care by others. All our services are delivered free of charge to patients and their families. Patients are referred by GPs, Community Nurses, Hospital teams or other health and social care professionals, and are considered based on clinical need alone.

The Trustees confirm that they have referred to the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and business planning, and are satisfied that public benefit is at the heart of everything we do.

Section 3 Strategic Report

Different World, Same Care: How we delivered in 2020.

We provided high quality palliative and End of Life care services to patients, their families and carers.

- We adapted our services, making sure we could keep patients and our staff safe, and continue caring for people throughout the pandemic.
- We worked with more than 3,000 people, providing the best possible care in very challenging circumstances.
- We helped to relieve pressure from the NHS during the peaks of the pandemic, keeping over 1,000 people out of hospitals.
- Our clinical services are delivered from two sites (Farnham's Hospice Building and Guildford's Beacon Centre). We provide an In-Patient Unit to provide help to people with symptom control, including pain relief, terminal care and palliative care interventions.
- The vast majority of people we helped were in their own homes and we take a multi-professional approach to provide specialist assessment, symptom management, and specialised care around the clock. We supported patients in new ways to manage the impact of their illness and remain as independent as possible through our 'Living Well' Service.
- We also looked after the spiritual and psychological needs of patients and their families, including helping people deal with bereavement.

We helped as many people as possible through education and training, as well as giving advice to other health professionals.

- We made sure our own teams were up to date in their training, we supported other healthcare professionals to increase their skills and confidence in end-of-life care. This means that they, in turn, can support people in our community.
- We estimate that in addition to the patients referred to us for direct care, we offered telephone support and advice to around 200 other patients and their healthcare professionals this year.

- Despite the challenges of the pandemic, we increased the number of training sessions by 65%. All training this year was provided free of charge.

We generated sufficient funds to enable us to deliver our clinical services and demonstrated we are making good use of the money donated to us.

- Despite huge disruption to retail and fundraising our team found creative, safe ways to generate income. The generosity of our local community was exceptional and made a great contribution to us.
- One-off support from the government through national schemes and via Hospice UK and NHS England was indispensable.
- Total income for the year was £13.08m (2019/20 £12.0m). Of this approximately 45% was government/NHS funding whereas in a more normal year NHS funding is around 21%.
- Total expenditure for the year was £11.84m (2019/20 £11.83m). This gave us an operating surplus of £1.24m (2019/20 £0.17m).

We demonstrated organisational efficiency and effectiveness in the way we responded to the pandemic.

- We supported staff to be able to work from home at great pace and scale. This meant we were able to continue our services seamlessly, using virtual clinical team meetings and phone consultations with patients and their families.
- Working with the NHS and our local community we secured the PPE equipment we needed to keep our patients and staff safe.
- We have made inclusion and well-being priorities this year, focusing on making sure each individual gets the best possible experience (whether they are patient, staff or volunteer).
- Our Board has continued to provide oversight, support and challenge through digital channels.

Section 4 Our Performance

The Story of a Remarkable Year: compassionate care during the pandemic.

We faced huge uncertainty as we worked out how to care for people in different ways during the pandemic. Throughout we stayed true to our core purpose and mission and asked ourselves *'what does this patient need, and how can we care for them?'*

We played our part in helping to relieve pressure from the NHS during the peaks of activity, keeping over 1,000 people out of hospitals by providing high quality care in homes, and worked closely with District Nursing and GP teams.

It has been difficult at times, and there has been anxiety about the dangers of Covid for our patients, their families, our staff and their families. The values and quality of our people and their determination to do the very best we can has shone through. This was captured by our approach of 'Different World, Same Care'.

The next section describes some of our achievements this year.



Providing high quality care

The figures below show how many people and their families we cared for over the period of the pandemic and in comparison with the previous year.

| Phyllis Tuckwell | 2019/20 | 2020/21 | Year on Year Change |
|---|---------|---------|---------------------|
| Patient referrals | 1,564 | 1,483 | -5.2% |
| Patients supported | 2,045 | 2,068 | 1.1% |
| Family members/Carers supported | 784 | 1,046 | 33.4% |
| Total number of people supported | 2,829 | 3,144 | 11.1% |
| % non-cancer referrals | 37.0 | 32.4 | -12.4% |
| % of deceased patients with a recorded preferred place of death | 63.4 | 66.4 | 4.7% |

Overall we are very pleased that we were able to help as many people as we did in the previous year despite Covid, and substantially more family members and carers than normal. You can also see that the number of patient referrals is down slightly. Perhaps this is because people stayed away from the hospitals & GPs, especially during lockdown periods, which led to a slight reduction in referrals.

We saw a reduction in non-cancer referrals and want to see this figure increase this year as normal NHS services restart. It is good to see an increase in the proportion of people with a recorded preference for place of death. This indicates good practice, because it means we know people's wishes for end of life, and we will work to increase this further.



In-Patient Unit

Our In-Patient Unit (IPU) at the Hospice is where we care for people who have complex needs and require constant supervision and care.

We are pleased we cared for nearly as many patients as the previous year, given people's fears about coming to a health care setting and the constraints Covid gave on visiting hours. An increase in patients recognised as dying and on the Last Days of Life (LDL) care plan, meant that families were able to say their timely and important goodbyes.

| In-Patient Unit | 2019/20 | 2020/21 | Year on Year Change |
|-----------------------------------|---------|---------|---------------------|
| Total admissions | 272 | 262 | -3.7% |
| % patients going home | 27% | 25% | -7.4% |
| % bed occupancy | 91% | 85% | -6.6% |
| % deaths on LDL | 77% | 82% | 6.0% |
| IPU admission waiting time (days) | | 2 | |

The IPU looked and felt very different over the last year, however, we were determined to provide the same compassionate and professional care.

In March 2020 we braced ourselves for an influx of unwell patients, and staff were deployed from other areas of Phyllis Tuckwell to make sure we were ready. We opened up our full 18 beds. Camaraderie on the unit was high, with staff pleased to be out of the house and at work, and doing something to help.

We know it was tough for our patients.

Visiting was limited to just 2 hours a day at the height of the pandemic, and only the nearest and dearest could visit. The ward team made daily phone calls to worried families, who struggled to wait until the 6pm visiting hour for news about how things were going. We also facilitated calls on FaceTime. One of the hardest parts of working through the pandemic, was not being able to get to know patients' families as well as we normally would. Something that is so important to providing effective palliative care.



Infection control measures were (and remain) stringent, with all staff wearing face masks and the clinical team with additional aprons, gloves and eye protection. We learned to smile with our eyes!

One end of the ward was designated to care for those who developed Covid symptoms and we worked hard to maintain the highest level of infection control measures. We converted a small room into a PPE store/dressing room, and used the space for donning our gloves, masks and aprons. The room remains in place in case of future outbreaks.

As part of our infection control procedures, we closed the four-bed bays and converted them to single rooms.

This means that we are now operating 12 beds, so that each patient has their own space, and we have significantly extended visiting hours.

Care at Home

Our Community teams support patients in their own homes and care homes during their last few days, weeks or months of life.

They work alongside, families, carers and community partners. The aim is to tailor compassionate and timely support, and join up with GPs and District Nurses so the patient, family, and carers' needs are co-ordinated and it feels seamless. This joined-up care includes skilled communication, assessment, symptom control, advance care planning, nursing and personal care and care after death. The team assist with emotional, spiritual, financial and bereavement support, facilitate access to specialist equipment and provide information about the dying process.

We are so proud of the care we have provided to people so they can remain in their own homes (whether private homes or Care Homes). This equates to over 1,000 people dying at home who might otherwise have died in hospital. We believe this greatly improves the experience for the person and their family, as well as reducing pressure on the NHS.

| Care at Home | 2019/20 | 2020/21 | Year on Year Change |
|------------------------|---------|---------|---------------------|
| Total referrals | 1,302 | 1,220 | -6.3% |
| Patients supported | 1,950 | 2,013 | 3.2% |
| % home deaths | 63.5% | 69.7% | 9.7% |
| % non-cancer referrals | 34.5% | 28.9% | -16.4% |



“ Thank you to the Care at Home Team for their exceptional care that Dad and my family received in his last days at home. The support was so efficient and second to none; ... the communication with the District Nursing team was amazing. ”



The pandemic saw a 40% increase in deaths at home nationally, and all services were stretched. Although home visits were difficult due to the restrictions imposed by the pandemic, it was important to maintain face-to-face contact as we realised that patients often had heightened concerns related to isolation. The team rapidly adapted working practices, including maintaining very high standards of infection prevention and control, communicating sensitively despite masks and eye protection.

We increased the support from Hospice Care at Home, our last stage of life nursing team, by 26% in the last year.

During the height of the pandemic we extended our Advice & Referral Team hours to 10pm, and we extended our weekend visits for emergency cases too.

Families can feel most alone at night. Symptoms can be overwhelming and knowing how to access the help you need can be confusing.

We added a Registered Nurse and another Health Care Assistant (HCA) in addition to our planned overnight care service. This has helped us provide 972 night visits in the last year (an increase of more than 200%) and has been very positively received.

Pre-existing systems for communication and partnership working with our community colleagues have been strengthened across the area and in North East Hampshire, we have joined a daily video call with other teams to co-ordinate care of those that are at the end of life in that locality. We are so proud of the care we have been able to provide, and grateful for the positive feedback we have received.

We also appreciate that it has taken a lot more effort this year to provide care, as you can see from the data below. Whilst the number of face-to-face patient contacts went down by about 16%, the number of non-face-to-face contacts (e.g. phone calls) went up by 38% for patients and an astonishing 221% for families.

| Care at Home | 2019/20 | 2020/21 | Year on year change |
|--|---------|---------|---------------------|
| Patient face-to-face contact | 14,634 | 12,273 | -16.1% |
| Patient non-face-to-face contact | 46,732 | 64,481 | 38.0% |
| Family Member face-to-face contact | 251 | 458 | 82.5% |
| Family Member non-face-to-face contact | 930 | 2,991 | 221.6% |

Living Well at Home

Our Living Well service cares for people coping with advanced illness, and provides advice on nutrition, exercise and wellbeing and, in usual years, runs therapeutic groups to help keep people mobile and independent.

This service played an important part in our pandemic response. Whilst our Day Hospice remained closed, telephone support and virtual groups provided a much-needed connection for patients back to Phyllis Tuckwell.

It allowed staff to review how patients were faring from their illness and from isolation. All of our patients were asked to shield as all are vulnerable.

| Living Well at Home | 2019/20 | 2020/21 | Year on Year Change |
|---------------------------------|---------|---------|---------------------|
| Total referrals | 424 | 417 | -1.7% |
| Patients supported | 787 | 699 | -11.2% |
| Family members/Carers supported | 591 | 240 | -59.4% |
| % non-cancer referrals | 42.7% | 40.1% | -6.2% |





“ We do not know how we would have all managed without your kindness and gentle guidance. ”

Face-to-face groups had to be suspended in March 2020, and we adapted to help meet patient and family needs in new ways. Some nurses and HCAs moved to support community and the In-Patient Unit. Our complementary therapists and pastoral care colleagues helped patients to use video technology to communicate with loved ones. We learned a lot from working in different areas, returning with fresh ideas, better understanding of how to use our electronic documentation system (EMIS) and with greater confidence in using technology.

The Living Well service continued to support 250 patients and families at any one time. Daily meetings were introduced to prioritise and coordinate care. Many

patients received care remotely with regular phone calls, either pre-planned or in response to escalating needs. Patients were offered support to maintain quality of life, plan for the future, learn to manage symptoms and to adjust to this phase of their lives.

New ways to connect with patients included delivering equipment to doorsteps and following up with video advice, introducing a newsletter and delivering 230 'goodie bags' containing resources and activities at Christmas. Patients were also offered a face-to-face home or outpatient visit from a member of our multidisciplinary team, as needed.

| Living Well at Home | 2019/20 | 2020/21 | Year on Year Change |
|---|---------|---------|---------------------|
| Patient face-to-face contacts | 6,918 | 445 | -93.6% |
| Patient non-face-to-face contacts | 3,202 | 6,774 | 111.6% |
| Family Member face-to-face contacts | 2,475 | 124 | -95.0% |
| Family Member non-face-to-face contacts | 976 | 681 | -30.2% |

The data here shows that, as with other services, we significantly increased our non-face-to-face contacts to make sure that we were still keeping in touch and supporting people.

We piloted online groups and established them as an opportunity for peer support and to ensure multi-professional input. These will continue alongside site-based groups, and focus on a range of activities from Tai Chi and relaxation, to creative projects and a support group for carers.

Patient and Family Support

The Patient and Family Support team works to help patients and families with every aspect of their lives: body, mind and spirit.

Our services range from practical issues like accessing care and getting all relevant benefits, to considering how to support the psychological and spiritual needs of the patient and their family. The team work together to provide a joined-up service that meets the changing needs of patients, and helps families come to terms with what is happening.

One of our priorities is to keep vulnerable patients safe from harm, and this has been a challenge this last year with the restrictions and minimum face-to-face contact.

We have worked creatively to ensure we understand the issues patients and carers are facing, so we offer the right support, safely. This support could be from a Social Worker, Counsellor, Psychologist or Chaplain, as well as all of the other clinical professionals the team works with.

After the patient has died, we continue to support families.

This has evolved throughout the pandemic with the addition of a post-bereavement welfare call, remote support groups, services of remembrance and increased online resources, leaving us with a responsive service that meets the needs of those bereaved.

The support the Phyllis Tuckwell clinical team provides to families and carers continues to be a priority, as we support more patients through our Care at Home and Living Well services.

The total number of carers and family members supported through the year increased by 33.4% to over 1,000 individuals. We undertook 1,007 face-to-face contacts and 4,749 non-face-to-face contacts, as counselling and telephone support was increased during the Covid crisis.



“ I am hugely grateful for the support that has been given to me at this difficult time... and thank you for the bereavement counselling sessions. ”



“Extending our Reach” to help everyone we can

We want to care for as many people as we can, so that everyone gets the best possible palliative and end of life care.

Sadly, there is a limit to how many people we can care for directly. Therefore, we also support the wider team of professionals working in our area, so that everyone gets the best possible palliative and end of life care.

We do this in several ways, for example, through giving best-practice advice about how to care for someone not on our caseload, our education programme, and joint working with Care Homes.

During the year, Phyllis Tuckwell also provided clinical bereavement support sessions to care homes, for their staff coping with the challenges of caring during the Covid pandemic. This improved working relationships and the expertise of our counselling team was appreciated by staff from 11 Care Homes.

Broader advice

We estimate that in addition to the patients referred to us for direct care, the Phyllis Tuckwell Advice & Referral Team offers telephone support and advice to around 200 other patients and their healthcare professionals each year.

Education

We have a highly skilled workforce and a comprehensive in-house education programme to ensure our palliative and end of life care skills are kept up-to-date. We also want people in other organisations working with people at the end of their lives to have the opportunity to develop their skills. We deliver this through our external education programme. The education team has been extremely busy and, despite the challenges of the pandemic, we increased the number of training sessions by 65%. All training this year was provided free of charge.

| Education | Internal Staff Attendances | External Professional Attendances | Total Attendances | Year on year change (Total) |
|-----------|----------------------------|-----------------------------------|-------------------|-----------------------------|
| 2018-19 | 257 | 310 | 567 | - |
| 2019-20 | 584 | 445 | 1029 | 81.5% |
| 2020-21 | 1051 | 645 | 1696 | 64.8% |

We made supporting Care Homes a priority, because of the specific challenges they faced with the pandemic. 73% (472) of the external training attendances, were Registered Nurses and Health Care Assistants within Care Homes.

Key topics were syringe driver management, verification of expected death, breathlessness management, advance care planning, symptom management, assessment of pain, care in the last weeks of life, care of the person with agitation, and care of patients with dementia.

Support was provided to sign-off competencies

– a successful model implemented by the Care Home clinical leads and our clinical educator. This is an essential part of making sure our education translates into enhanced care for patients.

We worked closely with the Care Home Matrons across our area and with the Quality Lead for Care Homes in Frimley South. We attended the 2 monthly Palliative Care Link meetings at Frimley South – attended by an average of 25 Care Homes. We also worked closely with RSCH Care Home Matrons within Guildford & Waverley.

We organised drop-in half-hour Care Homes sessions, which were attended by Learning Disability home professionals as well as Care Homes’ staff.

As many group training sessions were not possible during the pandemic, training videos and resources were made available on our website, for health and social care colleagues to download, free-of-charge.

Our wonderful team - staff and volunteers



Our staff have been amazing, resourceful, and resilient. At the start of the year, we quickly found ways for large numbers of people to work from home, whilst making space for social distancing for those that needed to remain on site.

Looking after our team is always a priority and this year it has been essential.

We have been determined to look after staff wellbeing, those working from home, on furlough and coming into the Hospice or Beacon Centre. We have stayed connected, keeping everyone up-to-date, reassured and safe. We were fortunate to secure early vaccines for patient-facing staff and volunteers, and then all staff and volunteers coming into the Hospice.

We have made good use of the virtual resources – holding meetings, conducting training, socials such as coffee mornings and resilience sessions on-line. Individual teams stayed connected with their colleagues, some meetings took

place socially distanced in gardens, and managers were in regular contact with team members working from home or on furlough. Making sure people felt supported, and weren't isolated was so important.

Staff willingly offered to be redeployed in other departments, helping with cleaning, testing, admin and reception, there has been a real sense of unity and collaboration across the whole organisation.

We were pleased to be able to offer all staff a 1% pay rise for 2021/22. We balanced a really strong desire to say thank you to our teams, with the need to be cautious about the financial situation for the next couple of years. We benchmarked against other Hospices locally and the NHS to make sure we continue to offer attractive overall employment packages.

We were very fortunate to have had a great deal of support from local companies and members of the public to keep our spirits up donating hot lunches and treats.



Some volunteers remained on-site during the first lockdown, covering roles on reception, ward desk, cleaning patient rooms and tending our garden. Our Home Support volunteers provided virtual support to patients at home, others delivered care packages to patients in the community. Volunteers made scrubs, face coverings, baked cakes for us and collected our PPE. Retail volunteers returned to our shops as soon as we were able to reopen these. Pre-Covid our volunteer numbers were around 800, but regrettably most were required to cease volunteering during the Covid restrictions. More recently, active volunteer numbers have risen from 20 at the start of the pandemic, to 440.

We are immensely grateful to our volunteers, particularly over the past year as, despite the pandemic, volunteers have provided much-needed support and contributed approximately 50,000 hours of their time to the charity.

The Covid pandemic has had a significant effect on the way all our people have worked over the past year. They have been adaptable, flexible and shown great resilience. We are very proud of everyone and the continued dedication to their roles, despite understandable concern for themselves and their families.



How Trustees support the work of Phyllis Tuckwell

As a Charity our Trustees need to make sure that all our work is focused on achieving our charitable goals.

Our Trustees take this responsibility very seriously, and work to ensure that decisions take the long term consequences into account, along with the interests of our staff and patients alike. They also ensure we are professional in the way we work with suppliers and that our relationship with the NHS is well organised. Maintaining the support of our wider community, protecting our environment and maintaining our reputation for high standards in the way we work are also issues the Board considers on a regular basis.



Section 5 Financial Review

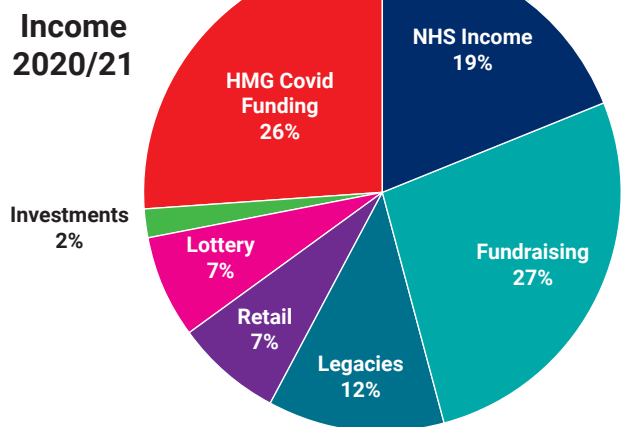
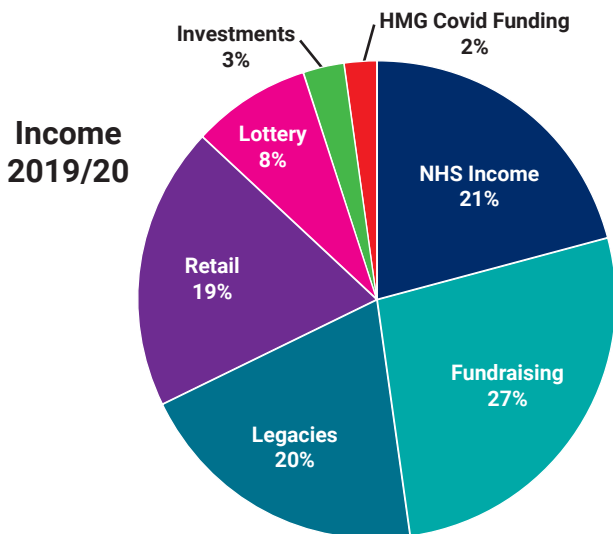
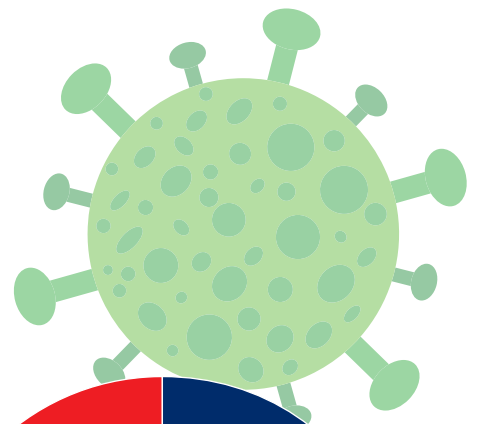
The year was a remarkable roller-coaster financially, and we are delighted to have ended in a very strong position.

There was significant disruption within retail, with shops closed for much of the year during periods of lockdown. Most fundraising events had to be cancelled but, when it was possible to operate them, support from the community was outstanding. The fundraising team was particularly creative, holding many events on-line and helping supporters find new ways of raising money in a safe, socially distanced way.

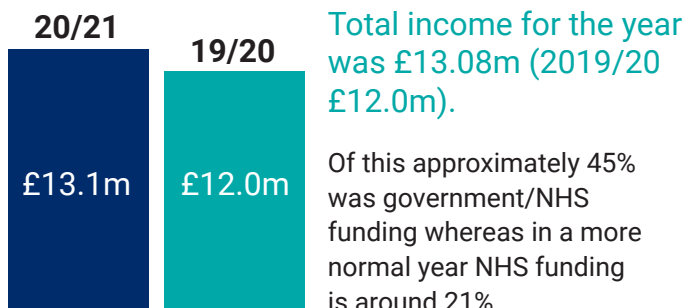
The annual Light up a Life event which starts the Christmas celebrations for Phyllis Tuckwell was, this year, held outside Guildford Cathedral and streamed online, with the names of remembered loved ones lit-up on the cathedral wall.

The generosity of our local community meant that we had an exceptional year for donations and we are so grateful both for the financial support and for the boost to morale it gave our teams, to know there were people in our community rooting for us.

One-off support from the government via Hospice UK and NHS England was indispensable and gave huge confidence to us and to the wider sector. Other government support such as income for furloughed staff during lockdown periods also contributed to our positive financial result, despite the pandemic. We are nonetheless aware that the new financial year is likely to leave us with income still short of that in the years immediately prior to the pandemic.



Key financial facts



The charity held £18.0m in investments at 31 March 2021.

These earned £301,000 of interest and dividends during the year and had unrealised gains of £4.1m.

The total reserves of the charity increased by £5.3m to £25.4m at 31 March 2021.

The balance in the General Reserve was £6.7 million.

Investments

Movements on global stock markets at the start of the pandemic led to a loss on our investment portfolio last year (2019/20) of £1.4m. With confidence returning to economies, stock markets have recovered their losses. This together with careful management of our portfolio led to a gain of £4.1m by 31 March 2021. The total portfolio is divided into two funds, an Income Fund and a Growth Fund.

The portfolio is managed on a discretionary basis by Investec Wealth and Investment, a firm of professional investment managers. The only ethical restriction imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies and any amount within a tracker or unit trust fund will be insignificant. Finance Sub-Committee is comfortable with the policies that Investec use to satisfy themselves that proper environmental, social and governance principles are integrated into the operations of companies they invest in.

A bespoke benchmark is set for the funds with pre-set amounts of different classes of asset. The actual results are then compared to the benchmarks. For the 12 months to 31 March the medium term (income) fund earned a total return of 26.7% against a benchmark of 22.2% and the longer term (growth) fund earned a return of 38.3% against a benchmark of 33.4%.

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in fair value is recognised in the statement of financial activities. The valuation method used to determine fair value is stated in the notes to the accounts.

Reserves Policy

There is a Trustee-approved reserves policy in place.

There is a Trustee-approved reserves policy in place. The General Reserve is to enable Phyllis Tuckwell to continue to deliver a full range of services should there be an unexpected fall in income. If income cannot be restored to previous levels, then services may have to be curtailed, but changes can be implemented in a planned way.

The policy is reviewed each year and a target level for the General Reserve is calculated at the end of each financial year based on the approved budget for the next year, the general economic climate and recent trends in charity giving. The target for 2021/22 is £6.2 to £7.0 million which equates to 6-7 months of expenditure. At 31 March 2021 the balance on the General Reserve was £6.7m. The target was £6.1 to £6.9 million.

Endowment Fund – The Jenabai Ebrahim fund, with income generated each year used to fund one of the inpatient rooms.

Restricted Funds - £1.0m held for specific purposes as determined by the donor. 77% of these relate to building projects.

The charity has four designated funds :

i. Property Fund

This fund represents the net value of Tangible Fixed Assets that were purchased with unrestricted funds.

ii. Building Development Fund

This fund was established to accrue funds to

assist with the costs of any new premises or major refurbishments that may be required in the future. A review of the Hospice's premises has been carried out following the rapid growth in recent years and the serviceability of current buildings. The fund has been reviewed in the light of requirements for locality working and will be further reviewed following the Covid-19 pandemic.

iii. Service Development Fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the Trustees need to know that it can be funded for at least three years, whilst allowing time for Income Generation to cover these additional costs. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2021 was £1.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including Hospice Care at Home, and locality working.

iv. Operational Plan Fund

This fund is to cover the investments in our general operating plan over the next four to five years. It is to fund our planned deficit budgets, ensuring the plan is adequately funded through a period of economic uncertainty.



Sustainability: Energy and carbon reporting

The UK Government's Streamlined Energy and Carbon Reporting policy was implemented on 1 April 2019, when the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018 came into force.

Phyllis Tuckwell Memorial Hospice Limited (PTMH) meets SECR qualification criteria in the UK. The reporting period for the compliance is 1st April 2020 - 31st March 2021.

Included within that are Scope 1 & 2 emissions. The Green House Gas Protocol Corporate Accounting &

Reporting Standard and UK Government's Green House Gas Conversion Factors for Company Reporting have been used as part of carbon emissions calculation.

Scope of report

The scope covered under this report includes:

| | kWh | tonnes of CO2e |
|--|------------------|----------------|
| Gas consumption at premises where PTMH holds control over metering and invoicing | 721,492 | 147 |
| UK Electricity at premises where PTMH holds control over metering and invoicing | 508,209 | 118 |
| Owned transport – for vehicles owned by PTMH | 126,115 | 30 |
| Business Travel (land) – private staff and volunteer mileage. | 66,976 | 16 |
| TOTAL | 1,422,792 | 312 |

The results show that the charity's total gross Green House Gas emissions amounted to 312 tonnes of CO2 equivalent emissions in the 2020/21 financial year in the UK. (2019/20 337 tonnes).

This gives an energy intensity metric of 150.9 kg of CO2e per patient supported (2019/20 164.8 kg).

With many shops closed and staff working from home, our fuel usage was lower during the year than last year. We continue an awareness of the effect of our work on the environment and are, for example, installing six electric vehicle points in the Hospice car park.

Our retail operation also has a positive impact on the environment. In addition to selling 183,000 donated items and clothing, much of which would otherwise end up in landfill or the waste chain, many unsellable items are sent for recycling. In 2020/21 we sent 84 tonnes of textiles for recycling, generating an additional £30,000, and scrap metal with a value of £2,300.

Section 6

Plans for the Future



As always, our top priority is to provide people with high quality, compassionate end of life care.

Doing this well relies on us having a great team of motivated, skilled staff. We will continue to support our people, giving them the chance to rest and re-energise after a very challenging year, recruiting new members of the team, and investing in skills and training.

We will focus on inclusion and increasing our 'reach'. We will take action to make sure that we are accessible, flexible and that our face-to-face services meet the needs of all people in our community. We will also increase the efforts we put into supporting people through others – through training Care Homes' staff and others on latest thinking and practice in end of life care or by providing advice to District Nurses, GPs and others.

We will also need to start gradually rebuilding our charitable income generation activity, investing in things that will put us on a stronger footing in years to come. Our 3-year grant from the NHS comes to an end in March 2022, so we will also be working to secure a fair deal for future years.

The pandemic has changed the way we work, and over the next few years we want to invest in digital skills and create an environment where our staff can work anywhere and access the tools they need. We want to make it easy for patients, families and supporters to engage with us digitally if they want to. We will also be taking forward our estates modernisation project to give the people we care for, and our staff, buildings that feel welcoming and are a pleasure to work in.

We aim to work ever more closely with other Hospices and colleagues working locally across the health and adult social care field - collaborating to support delivery of the Surrey Heartlands End of Life Care Strategy and Frimley ICS's palliative and end of life care priorities.

We feel fortunate to have come through the pandemic stronger than ever, with a clear refreshed vision for what we want to do and how we intend to make it happen.

Leadership & How we Work

Trustees & the Board

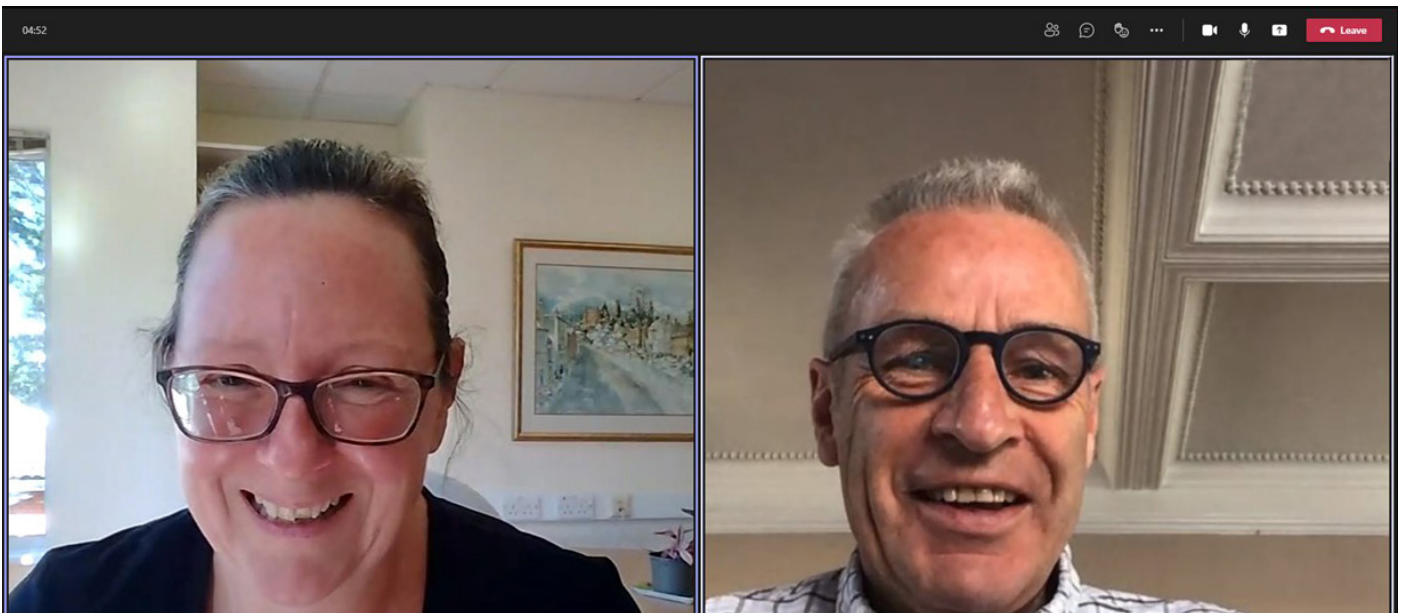
Trustees are appointed at the Annual General Meeting. They are selected through a process of open competition based on their skills and experience. New Trustees attend an induction day (which we continued to provide, virtually, during the outbreak). They also meet with each of the senior team as part of their induction. We are actively seeking to increase the diversity of age, ethnicity and perspective when vacancies arise. Page 3 lists the current make-up of the Trustee Board.

The management of Phyllis Tuckwell is the responsibility of the Trustees, who are Directors for the purposes of company law and Trustees for the purpose of charity law. The day-to-day running of Phyllis Tuckwell is devolved to the Chief Executive and Senior Management Team.

We have not carried out a formal governance review in 2020/21 however, the composition and number of Sub-Committees was reviewed, and the Chair carried out bilateral conversations with Trustees to inform that work. The work on IT & Estates was brought together into a new 'Resources' Sub-Committee, and HR was renamed the 'People' Sub-Committee. We have continued to use the 'Board Wheel' to put a regular programme of Board activities into an annual calendar. This has proved extremely useful for Trustees and the Executive alike.

The full list of Sub-Committees and their main responsibilities is below:

- **Finance** - financial health and sustainability of the organisation, as well as ensuring that internal controls are effective.
- **Clinical Strategy** – overall clinical direction and priorities.
- **Clinical Governance** – clinical performance and safe/best practice.
- **People** – workforce strategy for staff and volunteers, as well as remuneration (working closely with the Finance Sub-Committee).
- **Income Generation** – priorities and plans for income generation activities.
- **Resources** – estates, digital transformation & housekeeping.
- **Health & Safety** – health and safety activities across the organisation.



Communication and Engagement with Staff and the Board

This has been an exceptional year and so to ensure that our people were kept fully informed we introduced weekly virtual meetings with the Senior Management Team and Middle Managers. The purpose of these meetings was to ensure that all staff were well-versed in matters of concern and kept up-to-date as the situation changed rapidly. The meetings allowed for consultation with colleagues and information was cascaded across the organisation. Staff were encouraged to feedback via their managers, or directly to Senior Management of any concerns or suggestions for improvement. We also made excellent use of the company intranet posting regular updates on this, including the monthly team brief. This ensured that views were heard, that people were able to influence decisions and that everyone was kept abreast of matters affecting the organisation and themselves.

Staff were informed of our financial position via briefings from the Director of Finance and were encouraged to ask questions or seek further clarification from the Director of Finance. This information and reassurance was particularly important due to the impact of Covid on income generation

opportunities and to allay any concerns about the risk of redundancy.

The Senior Management Team has also adapted ways of working, with regular virtual meetings that were daily at the start of the pandemic, and during periods of heightened activity. As we progressed through Covid this shifted to weekly meetings to discuss the day-to-day business and priorities for the organisation. This information is then cascaded to the Hospice Managers and then to the rest of the organisation at the joint fortnightly meetings.

In addition to the regular Board and Sub-Committee meetings, ad hoc Covid briefings have been provided to Trustees. These were fortnightly at the start of the first lockdown, and then moved to monthly updates more recently. A slide pack updating Trustees on operational activities was produced and Zoom calls arranged so Trustees could ask questions. Both Trustees and the Executive found this a positive way to share information, and make sure that there was a good flow of communication as events unfolded rapidly and in ways that were hard to anticipate.



Inclusion & Diversity

Phyllis Tuckwell aims to be a diverse and inclusive organisation, one that reflects the diverse population in our catchment area.

Within our application process we provide disabled applicants with the opportunity of advising HR whether any assistance is required to enable them to progress their application. On appointment all applicants undertake a 'fit to work in role' check. This enables Phyllis Tuckwell to provide appropriate equipment to support disabled colleagues. Throughout their tenure with the organisation we ensure that disabled colleagues are not

disadvantaged with regards to training and education or promotion. We make adjustments to ways of working or/and roles.

Our aim is to operate as a single, empowered team, coming together to agree our approach to issues that need everyone to work together, and underpinned by clear roles and accountabilities.

Remuneration Policy

Phyllis Tuckwell is committed to ensuring that we pay our staff fairly and in a way which ensures we attract and retain the right skills to have the greatest impact in delivering our charitable objectives. In deciding senior pay awards we consider the national recommendations for Charity Senior Executive Pay and follow these where appropriate. We have a People Board Sub-Committee, which looks at all matters relating to staff and volunteers. The Chair of this Board Sub-Committee, along with the Chair of the Board and the Chair of the Finance Board Sub-Committee, form a Remuneration Sub-Group of the

Board. The main responsibilities of this group are to determine the remuneration package for the CEO and the Senior Management Team. All other remuneration discussions outside of the CEO's level of authority, take place at the People Board Sub-Committee. In determining Phyllis Tuckwell's remuneration policy, the People Board Sub-Committee takes into account all factors such as external and internal benchmarking, including comparators of both charity and public sector pay awards, as and when necessary. Recommendations are submitted to the Board of Trustees for ratification.



How we raise money

In a 'normal' year we have to raise 75-80% of our total income ourselves. Roughly a fifth comes from NHS funding. This year we have benefitted from one-off funding from the NHS in recognition of the role we have played in tackling the pandemic and reducing pressure on the NHS. We are extremely grateful for much-needed funding, however we still had to raise £6m ourselves.

Our fundraising usually involves encouraging donations and gifts in wills, running events, engaging our local community to fundraise on our behalf, running a chain of charity shops, working with local companies and applying for grants from Trusts. There was severe disruption to many of these activities during the pandemic, and we have been amazed and inspired by how much support we received from supporters and donors. We believe

this is in part because of the effort we put into securing and maintaining the trust of our supporters, for example through not selling or passing on their data to third parties and by keeping our community engaged through regular social media activity.

We voluntarily subscribe to the Fundraising Regulator, and respond quickly to any complaints. In 2020/21, from tens of thousands of transactions we received just 6 complaints, all of which were dealt with satisfactorily, and none was referred to the Fundraising Regulator.

We also adhere to the Code of Fundraising Practice which ensures we work appropriately with those who are vulnerable or who need additional support.



Connecting with others

Relationships with wider interests and related parties.

We work closely with 6 neighbouring Hospices, local Care Homes and NHS organisations. The value of close integration with other health and social care providers has never been clearer than over the last year. We have worked as a team to manage the impact of the pandemic together.

The NHS landscape is complex and active. We work across part of the Frimley Healthcare ICS and Surrey Heartlands ICS areas, 2 acute hospitals (Frimley Health and Royal Surrey County Hospital), Guildford & Waverley Alliance Partnership (ICP) and Frimley CCG (bringing together North East Hampshire & Farnham, Surrey Heath and East Berkshire Clinical Commissioning Groups).

We have strong relationships with our local Commissioning partners, and have kept them informed about our performance over the last year on a regular basis. We look forward to working together over the next year.

We have had two relationship meetings with our Care Quality Commission (CQC) manager since April 2020. These were an opportunity for us

to brief CQC about the work we were doing to provide high quality, safe care, and the measures we were taking to adapt our services in light of the pandemic. We also ensure that CQC are kept up-to-date with any serious incidents or significant events.

Phyllis Tuckwell also owns 50% of the Tuckwell Chase Lottery, from which we receive funds. The other 50% is owned by Shooting Star Children's Hospice. The Lottery Company pays half its profits to each owner. During 2020/21 Phyllis Tuckwell received over £500k. They take their responsibilities for fundraising seriously and are committed to best practice standards. They are a member of the Lotteries Council and The Hospice Lotteries Association, and are regulated by the Gambling Commission under the 2005 Gambling Act.

Phyllis Tuckwell owns the whole of the issued ordinary share capital of PTH Trading Limited. (Company number 06906850). The subsidiary is used for non-primary purpose trading activities. Available profits are gift aided to the charity.



Managing Risk

The Board holds proactive, regular discussion of the things that could jeopardise delivery of our strategy.

The Board has identified 10 strategic risks that are monitored at quarterly Board meetings, with a 'deep dive' into one of the main areas of risk twice a year. The next level of risks is kept under regular review by the relevant Sub-Committee with an expectation that any emerging issues can be escalated to the Board.

Covid continues to be managed as a live issue and has dominated much of our work clinically and financially over last year. It continues to have a significant impact on many of the other strategic risks we worry about – recruitment, staff welfare, quality of patient care, income generation, inclusion, data security and health and safety.

We take Business Continuity seriously, and regularly review and update our plans. For example, this year we

have significantly improved our planning/arrangements to ensure clinicians can get to patients when it snows, by working with a local charity that provides 4x4 vehicles in extreme weather to provide essential services to vulnerable people.

We also consider external events that we cannot control or influence ourselves but have to adapt to, for example Brexit. To date, we have not experienced problems specifically associated with Brexit (e.g. workforce or supplies) but will continue to monitor the situation. As for future extreme events (e.g. climate or pandemic events) we recognise the need to plan for the possibility of future disruption.



Section 8 Trustee Statement

Statement of Responsibilities of the Trustees

The Trustees (who are also directors of Phyllis Tuckwell Memorial Hospice Ltd for the purpose of company law) 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).

Company law 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 charitable company and group and of the incoming resources and application of resources, including the income and expenditure, of the group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and statements of recommended practice 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 operation.

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

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Trustees have taken all steps that they should have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 56 (2020 – 54). The Trustees are members of the charity but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The Trustees' annual report, including the strategic report, was approved by the Trustees on 22nd July 2021 and signed on their behalf by

Dr David Eyre-Brook

Chair



“ I had often heard tell of the atmosphere in a hospice to be cheerful and not gloomy, and this was certainly my experience when visiting. All the staff were so incredibly caring, friendly, supportive and helpful, you really do have an amazing place. ”

Independent auditor's report

To the members of Phyllis Tuckwell Memorial Hospice Limited

Opinion

We have audited the financial statements of Phyllis Tuckwell Memorial Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the 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 FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

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 group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are 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. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the group 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 group financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the group financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's/ group's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity/ group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity/ group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Joanna Pittman (Senior statutory auditor)

3rd August 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated Statement of Financial Activities

incorporating an Income and Expenditure account

For the year ended 31 March 2021

| | Note | 2021 | | | 2020 | | |
|---|------|-------------------|--------------------------|-------------------|--------------------|--------------------------|--------------------|
| | | Unrestricted | Restricted/ Endowment | Total | Unrestricted | Restricted/ Endowment | Total |
| | | £ | £ | £ | £ | £ | £ |
| Incoming resources: | | | | | | | |
| Voluntary income | 2 | 3,232,241 | 10,191 | 3,242,432 | 3,545,520 | 9,231 | 3,554,751 |
| Activities for generating funds: | | | | | | | |
| Fundraising | | 1,471,772 | 408,076 | 1,879,848 | 1,717,215 | 344,726 | 2,061,941 |
| Retail | | 1,087,951 | 297,430 | 1,385,381 | 2,532,667 | - | 2,532,667 |
| Lottery | | 943,138 | - | 943,138 | 918,274 | - | 918,274 |
| Charitable activities | 3 | 2,501,177 | 2,812,559 | 5,313,736 | 2,338,170 | 167,126 | 2,505,296 |
| Investments | 4 | 294,490 | 22,830 | 317,320 | 423,223 | 1,881 | 425,104 |
| Total income | | 9,530,769 | 3,551,086 | 13,081,855 | 11,475,069 | 522,964 | 11,998,033 |
| Resources expended: | | | | | | | |
| Raising funds: | | | | | | | |
| Voluntary income generation costs | 5 | 170,869 | - | 170,869 | 214,074 | - | 214,074 |
| Fundraising costs | | 632,872 | 13,362 | 646,234 | 752,225 | - | 752,225 |
| Retail costs | | 1,484,854 | 297,430 | 1,782,284 | 1,914,789 | - | 1,914,789 |
| Lottery costs | | 419,590 | - | 419,590 | 478,063 | - | 478,063 |
| Investment management costs | | 55,370 | - | 55,370 | 52,280 | - | 52,280 |
| Sub-total for raising funds | | 2,763,555 | 310,792 | 3,074,347 | 3,411,431 | - | 3,411,431 |
| Charitable activities: | | | | | | | |
| In-Patient Unit | 5 | 2,632,908 | 1,256,841 | 3,889,750 | 3,603,915 | 118,330 | 3,722,245 |
| Living Well | | 834,555 | 27,448 | 862,003 | 778,806 | 72,136 | 850,942 |
| Care at Home | | 1,925,516 | 2,092,098 | 4,017,613 | 3,583,805 | 262,230 | 3,846,035 |
| Sub-total for charitable activities | | 5,392,979 | 3,376,387 | 8,769,366 | 7,966,526 | 452,696 | 8,419,222 |
| Total expenditure | | 8,156,534 | 3,687,179 | 11,843,713 | 11,377,957 | 452,696 | 11,830,653 |
| Net income / (expenditure) before net gains on investments | | 1,374,236 | (136,093) | 1,238,143 | 97,112 | 70,268 | 167,380 |
| Net gains / (losses) on investments | 13 | 4,072,930 | - | 4,072,930 | (1,379,701) | - | (1,379,701) |
| Net movement in funds | | 5,447,166 | (136,093) | 5,311,072 | (1,282,589) | 70,268 | (1,212,321) |
| Reconciliation of funds: | | | | | | | |
| Total funds brought forward | | 18,904,818 | 1,220,472 | 20,125,290 | 20,187,407 | 1,150,204 | 21,337,611 |
| Total funds carried forward | | 24,351,984 | 1,084,379 | 25,436,362 | 18,904,818 | 1,220,472 | 20,125,290 |

Balance sheets

As at 31 March 2021

| | Note | The group | | The charity | |
|--|------|-------------------|-------------------|-------------------|-------------------|
| | | 2021 | 2020 | 2021 | 2020 |
| | | £ | £ | £ | £ |
| Fixed assets: | | | | | |
| Tangible assets | 11 | 3,110,997 | 3,366,780 | 3,110,997 | 3,366,780 |
| Investment properties | 12 | 115,000 | 115,000 | 115,000 | 115,000 |
| Investments | 13 | 18,012,943 | 12,870,183 | 18,012,944 | 12,870,184 |
| Total fixed assets | | 21,238,940 | 16,351,963 | 21,238,941 | 16,351,964 |
| Current assets: | | | | | |
| Stocks | 15 | 8,499 | 10,236 | - | 2,416 |
| Debtors | 16 | 1,277,405 | 1,565,811 | 1,297,283 | 1,584,351 |
| Short term deposits | | 1,000,000 | 1,766,396 | 1,000,000 | 1,766,396 |
| Cash and cash equivalents | | 2,474,584 | 1,013,258 | 2,463,116 | 1,005,037 |
| Total current assets | | 4,760,488 | 4,355,700 | 4,760,399 | 4,358,200 |
| Liabilities: | | | | | |
| Creditors: amounts falling due within one year | 17 | (563,066) | (582,374) | (562,978) | (584,874) |
| Net current assets | | 4,197,422 | 3,773,327 | 4,197,421 | 3,773,326 |
| Total net assets | 20 | 25,436,362 | 20,125,290 | 25,436,362 | 20,125,290 |
| Funds: | 21 | | | | |
| Restricted income funds: | | | | | |
| Endowment fund | | 69,182 | 69,182 | 69,182 | 69,182 |
| Restricted funds | | 1,015,197 | 1,151,290 | 1,015,197 | 1,151,290 |
| Total restricted funds | | 1,084,379 | 1,220,472 | 1,084,379 | 1,220,472 |
| Unrestricted income funds: | | | | | |
| Designated funds | | 17,638,149 | 11,409,084 | 17,638,149 | 11,409,084 |
| General funds | | 6,713,835 | 7,495,734 | 6,713,835 | 7,495,734 |
| Total unrestricted funds | | 24,351,984 | 18,904,818 | 24,351,984 | 18,904,818 |
| Total funds | | 25,436,362 | 20,125,289 | 25,436,362 | 20,125,289 |

Approved by the Trustees on 22 July 2021 and signed on their behalf by

David Eyre-Brook (Chair)

Veronica Carter (Trustee)

Consolidated Statement of Cash Flows

For the year ended 31 March 2021

| | Note | 2021 | | 2020 | |
|--|------|-----------------|------------|---------------|-------------------------|
| | | £ | £ | £ | £ |
| Cash flows from operating activities | | | | | |
| Net income for the reporting period | | 5,311,072 | | (1,212,321) | |
| Depreciation charges | | 361,829 | | 355,596 | |
| (Gains) / Losses on investments | | (4,072,928) | | 1,379,701 | |
| Loss of disposal of fixed assets | | 1,710 | | - | |
| Dividends, interest and rent from investments | | (317,320) | | (425,104) | |
| Decrease / (Increase) in stocks | | 1,737 | | (1,521) | |
| Decrease / (Increase) in debtors | | 288,406 | | (901,990) | |
| (Decrease) in creditors | | (19,308) | | (13,580) | |
| Net cash (used in) operating activities | | | 1,555,198 | | (819,219) |
| Cash flows from investing activities: | | | | | |
| Dividends and interest from investments | | 317,320 | | 425,104 | |
| Purchase of fixed assets | | (107,756) | | (276,546) | |
| Proceeds from sale of investments | | 2,094,878 | | 2,920,754 | |
| Purchase of investments | | (3,115,954) | | (2,514,119) | |
| Decrease / (Increase) in term deposits | | 766,396 | | (2,474) | |
| (Increase) in cash funds held by investment managers | | (48,755) | | (28,082) | |
| Net cash (used in) / provided by investing activities | | | (93,872) | | 524,637 |
| Change in cash and cash equivalents in the year | | | 1,461,326 | | (294,582) |
| Cash and cash equivalents at the beginning of the year | | | 1,013,258 | | 1,307,840 |
| Cash and cash equivalents at the end of the year | | | 2,474,584 | | 1,013,258 |
| Analysis of cash and cash equivalents | | | | | |
| | | At 1 April 2020 | Cash flows | Other changes | At 31 March 2021 |
| | | £ | £ | £ | £ |
| Cash at bank and in hand | | 513,258 | 1,461,326 | - | 1,974,584 |
| Term deposits (less than 3 months) | | 500,000 | - | - | 500,000 |
| Closing balance at bank | | 1,013,258 | 1,461,326 | - | 2,474,584 |

Notes on the financial statements

For the year ended 31 March 2021

1 Accounting policies

a) Statutory information

Phyllis Tuckwell Memorial Hospice Limited is a charitable company limited by guarantee and is incorporated in the United Kingdom.

The registered office address of the charity and its subsidiary, PTH Trading Limited is Waverley Lane, Farnham, Surrey, GU9 8BL.

b) Basis of preparation

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

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary PTH Trading Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The effects of Covid-19 create considerable risk in forecasting. However when taking into account the level of reserves, the Trustees consider that there are no material uncertainties regarding the charitable company's ability to continue as a going concern.

The Trustees do not consider that there are any sources of estimation or uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. During the year £245,688 of retail hospitality & leisure grants in respect of shops with a rateable value up to £51,000 was received. These accounts recognise the grants within Retail Income.

Income from HMRC relating to the Coronavirus Job Retention Scheme (total: £352,374) is shown as income within Fundraising, Retail or Charitable activities as appropriate.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a

distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. 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.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

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

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

g) Investment income and dividends

Investment income including dividends is included when receivable.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.

Endowment funds are restricted funds whereby the capital sum is invested but the income is used for objects of the charity.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services and educational activities undertaken to further the purposes of the charity and their associated support costs.

Irrecoverable VAT is charged as a cost against general overheads and allocated according to note 5.

j) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which is an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the following basis:

| | |
|---------------------------------|-----|
| In-Patient Unit | 30% |
| Living Well | 10% |
| Care at Home | 30% |
| Activities for generating funds | 30% |

Support and governance costs are re-allocated to each of the activities on the following basis:

The cost of overall direction and administration of each activity, comprising the salary and overhead cost of the central function is apportioned on the number of staff attributable to each activity:

| | |
|------------------------------|--------|
| Activities to generate funds | 28.17% |
| In-Patient Unit | 32.49% |
| Living Well | 7.38% |
| Community Care | 31.96% |

Premises costs are allocated on the basis of square footage attributable to each activity:

| | |
|------------------------------|--------|
| Activities to generate funds | 6.78% |
| In-Patient Unit | 69.92% |
| Living Well | 8.46% |
| Care at Home | 14.84% |

IT costs are allocated based on the number of computers attributable to each activity:

| | |
|------------------------------|--------|
| Activities to generate funds | 13.21% |
| In-Patient Unit | 36.48% |
| Living Well | 3.77% |
| Community Care | 46.54% |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

k) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

l) Pensions

The charitable company contributes to two pension schemes on behalf of employees. The charitable company operates a defined contribution pension scheme. The charitable company has no liability under the scheme other than for the payment of those contributions. It also contributes to a defined benefit superannuation scheme. The assets of both these schemes are held separately from the charitable company. The pension cost charge represents contributions payable under the schemes by the charitable company. Further information on the schemes is included in note 19.

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The useful lives are as follows:

| | |
|---|----------|
| Freehold property | 50 years |
| Freehold property improvements | 10 years |
| Leasehold property | 3 years |
| Furniture, equipment, fixtures and fittings | 5 years |
| IT equipment | 3 years |
| Vehicles | 5 years |
| Software | 5 years |

Land valued at £31,250 within Freehold property is not depreciated.

n) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

o) Investment properties

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in fair value is recognised in the statement of financial activities. The valuation method used to determine fair value will be stated in the notes to the accounts.

p) Investments in subsidiaries

Investments in subsidiaries are at cost.

q) Stocks

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. The value of donated goods for resale is not recognised on receipt. Instead, the value to the charity of these goods is recognised as income when sold.

r) Debtors

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

s) Cash at bank and in hand

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

t) Short term deposits

Short term deposits represent amounts held on deposit with a maturity of between three months and one year.

u) Creditors and provisions

Creditors and provisions are recognised where the charity 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. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

v) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2 Voluntary income

| | 2021 | | Total |
|---------------------|------------------|---------------|------------------|
| | Unrestricted | Restricted | |
| | £ | £ | £ |
| Donations | 1,704,001 | 9,191 | 1,713,192 |
| Legacies | 1,528,240 | 1,000 | 1,529,240 |
| Total income | 3,232,241 | 10,191 | 3,242,432 |

| | 2020 | | Total |
|---------------------|------------------|--------------|------------------|
| | Unrestricted | Restricted | |
| | £ | £ | £ |
| Donations | 1,107,572 | 9,231 | 1,116,803 |
| Legacies | 2,437,948 | - | 2,437,948 |
| Total income | 3,545,520 | 9,231 | 3,554,751 |

The 2020 figures have been restated to include patient related donations of £463,352 which were previously reported as income from charitable activities - see also note 3.

At the year end the charity had been notified of two material legacies that it was unable to measure reliably at that time. Since the year end the charity has been informed that it is due £310,000 from these legacies.

3 Income from charitable activities

| | 2021 | | | 2020 | | |
|--|------------------|------------------|------------------|------------------|----------------|------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | £ | £ | £ | £ | £ | £ |
| Grants: | | | | | | |
| NHSE - Covid Support | - | 2,749,351 | 2,749,351 | - | - | - |
| NHS Guildford & Waverley CCG | 2,254,876 | - | 2,254,876 | 2,201,182 | 145,000 | 2,346,182 |
| Surrey Heath CCH Home Support | - | 21,626 | 21,626 | - | 22,126 | 22,126 |
| Continuing Health | 231,052 | - | 231,052 | 136,988 | - | 136,988 |
| Total grant income | 2,485,928 | 2,770,977 | 5,256,905 | 2,338,170 | 167,126 | 2,505,296 |
| Other income | 15,249 | 41,582 | 56,831 | - | - | - |
| Total income from charitable activities | 2,501,177 | 2,812,559 | 5,313,736 | 2,338,170 | 167,126 | 2,505,296 |

The 2020 figures have been restated to exclude patient related donations of £463,352 which were previously reported as income from charitable activities - see also note 2.

NHSE - Covid Support

NHSE awarded funding to allow the Hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the Covid-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

4 Income from investments

| | 2021 | | | 2020 | | |
|------------------------------------|----------------|---------------|----------------|----------------|--------------|----------------|
| | Unrestricted | Endowment | Total | Unrestricted | Endowment | Total |
| | £ | £ | £ | £ | £ | £ |
| Investments (interest & dividends) | 277,917 | 22,830 | 300,747 | 389,137 | 1,881 | 391,018 |
| Investment property income | - | - | - | 7,542 | - | 7,542 |
| Term deposit interest | 16,191 | - | 16,191 | 24,921 | - | 24,921 |
| Bank interest | 382 | - | 382 | 1,623 | - | 1,623 |
| Total income | 294,490 | 22,830 | 317,320 | 423,223 | 1,881 | 425,104 |

Notes on the financial statements (continued)

5a Analysis of expenditure (current year)

| | Charitable activities | | | | | | 2021 Total | 2020 Total |
|------------------------------------|-----------------------|------------------|----------------|------------------|------------------|------------------|-------------------|-------------------|
| | Cost of raising funds | In-Patient Unit | Living Well | Care at Home | Governance costs | Support costs | | |
| | £ | £ | £ | £ | £ | £ | | |
| Staff costs (note 7) | 1,415,583 | 2,652,589 | 648,769 | 3,349,760 | 7,877 | 1,075,580 | 9,150,158 | 8,769,608 |
| Fundraising/ Retail costs | 236,813 | - | - | - | - | - | 236,813 | 361,382 |
| Marketing & Communications | 34,246 | 20,202 | 8,081 | 20,202 | - | - | 82,731 | 100,469 |
| Lottery costs | 419,590 | - | - | - | - | - | 419,590 | 478,063 |
| Catering | - | 188,026 | - | 76 | - | 11,793 | 199,895 | 243,143 |
| Premises | 491,755 | - | 44,583 | - | - | 119,491 | 655,829 | 696,681 |
| Travel | 16,839 | - | 1,776 | 32,582 | - | 3,068 | 54,265 | 111,263 |
| Consumables | - | 89,397 | 22,012 | 53,759 | - | 1,892 | 167,060 | 155,479 |
| Depreciation & loss on disposal | 45,588 | 57,305 | - | 10,054 | - | 250,592 | 363,539 | 355,596 |
| Maintenance & repairs | - | 45,111 | 1,240 | 5,580 | - | 68,289 | 120,220 | 132,702 |
| Subscriptions & publications | - | 3,724 | 827 | 3,724 | - | 14,306 | 22,581 | 12,894 |
| IT | 20,359 | 22,463 | 4,992 | 22,463 | - | 131,907 | 202,184 | 192,348 |
| Insurance | 16,065 | - | 281 | 3,936 | 1,392 | 24,225 | 45,899 | 48,246 |
| Audit & accountancy fees | 3,550 | - | - | - | 13,025 | - | 16,575 | 17,600 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 352 | 4,110 | 10,122 | 54,085 |
| Office costs | - | 1,813 | 403 | 17,944 | - | 20,721 | 40,881 | 48,812 |
| Investment management costs | 55,370 | - | - | - | - | - | 55,370 | 52,280 |
| Sub-total | 2,755,759 | 3,083,177 | 733,530 | 3,522,627 | 22,646 | 1,725,974 | 11,843,713 | 11,830,653 |
| Governance costs | 6,228 | 7,406 | 1,729 | 7,283 | (22,646) | - | - | - |
| Support costs | 312,360 | 799,167 | 126,744 | 487,703 | - | (1,725,974) | - | - |
| Total expenditure 2021 | 3,074,347 | 3,889,750 | 862,003 | 4,017,613 | - | - | 11,843,713 | - |
| Total expenditure 2020 | 3,411,431 | 3,722,245 | 850,942 | 3,846,035 | - | - | - | 11,830,653 |

5b Analysis of expenditure (prior year)

| | Charitable activities | | | | | | 2020 Total |
|---------------------------------------|-----------------------|------------------|----------------|------------------|------------------|------------------|-------------------|
| | Cost of raising funds | In-Patient Unit | Living Well | Care at Home | Governance costs | Support costs | |
| | £ | £ | £ | £ | £ | £ | |
| Staff costs (note 7) | 1,465,694 | 2,478,884 | 588,302 | 3,101,044 | 8,422 | 1,127,261 | 8,769,608 |
| Fundraising/ Retail costs | 361,382 | - | - | - | - | - | 361,382 |
| Marketing & Communications | 41,040 | 24,762 | 9,905 | 24,762 | - | - | 100,469 |
| Lottery costs | 478,063 | - | - | - | - | - | 478,063 |
| Catering | - | 202,538 | 18,630 | 740 | - | 21,235 | 243,143 |
| Premises | 528,855 | - | 65,821 | - | - | 102,006 | 696,681 |
| Travel | 30,433 | - | 4,061 | 73,506 | - | 3,264 | 111,263 |
| Consumables | - | 83,556 | 22,336 | 47,709 | - | 1,878 | 155,479 |
| Depreciation & loss on disposal | 66,070 | 49,188 | - | 14,272 | - | 226,066 | 355,596 |
| Maintenance & repairs | - | 46,684 | 2,642 | 11,891 | - | 71,485 | 132,702 |
| Subscriptions & publications | - | 3,046 | 677 | 3,046 | - | 6,125 | 12,894 |
| IT | 21,172 | 22,506 | 5,001 | 22,506 | - | 121,163 | 192,348 |
| Insurance | 20,230 | - | 270 | 3,781 | 1,171 | 22,794 | 48,246 |
| Audit & accountancy fees | 3,450 | - | - | - | 14,150 | - | 17,600 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 554 | 47,870 | 54,085 |
| Office costs | - | 1,852 | 412 | 22,577 | - | 23,970 | 48,812 |
| Investment management costs | 52,280 | - | - | - | - | - | 52,280 |
| Sub-total | 3,068,670 | 2,915,564 | 718,624 | 3,328,382 | 24,297 | 1,775,117 | 11,830,653 |
| Governance costs | 6,681 | 7,946 | 1,856 | 7,814 | (24,297) | - | - |
| Support costs | 336,080 | 798,736 | 130,463 | 509,838 | - | (1,557,117) | - |
| Total expenditure 2020 | 3,411,431 | 3,722,245 | 850,942 | 3,846,035 | - | - | 11,830,653 |

Notes on the financial statements (continued)

6 Net income / (expenditure) for the year

This is stated after charging:

| | 2021 | 2020 |
|--|----------------|---------|
| | £ | £ |
| Depreciation | 361,829 | 355,596 |
| Loss on disposal of fixed assets | 1,710 | - |
| Operating lease rentals: | | |
| Property | 369,263 | 390,423 |
| Other | 5,104 | 5,856 |
| Auditor's remuneration (excluding VAT): | | |
| Audit - Hospice | 12,050 | 11,850 |
| Audit - Trading Company | 2,700 | 2,650 |
| Other Services | 1,800 | 4,150 |

7 Analysis of staff costs, the cost of key management personnel and trustees' remuneration and expenses

a) Staff costs were as follows:

| | 2021 | 2020 |
|--|------------------|------------------|
| | £ | £ |
| Salaries and wages | 7,508,109 | 7,122,591 |
| Social security costs | 695,335 | 646,535 |
| Employer's contribution to pension schemes | 614,395 | 588,035 |
| Self-employed / contractors costs | 239,444 | 294,594 |
| Other forms of employee benefits | 92,875 | 117,853 |
| Total | 9,150,158 | 8,769,608 |

- b) The following number of employees received employee benefits (excluding employer pension costs and employer national insurance contributions) during the year between:

| | 2021 | 2020 |
|---------------------|------|------|
| | No. | No. |
| £60,000 - £69,999 | 3 | 5 |
| £70,000 - £79,999 | 1 | 1 |
| £80,000 - £89,999 | 1 | - |
| £90,000 - £99,999 | 1 | 1 |
| £100,000 - £109,999 | 1 | 1 |
| £120,000 - £129,999 | - | 1 |
| £130,000 - £139,999 | 1 | - |

The employees above include four medical/clinical staff, the CEO and three other members of the SMT, with the two highest paid employees being from the medical team (2020: five medical/clinical staff, the CEO and three other members of the SMT, with the two highest paid employees being from the medical team).

The total employee benefits, including pension contributions and employer national insurance, of the eight key management personnel listed on page 3 were £744,325 (2020: £735,628).

- c) The charity trustees were not paid nor received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

Trustees' expenses of £nil were incurred (2020: £nil).

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

| | 2021 | 2020 |
|---------------------------|------------|------------|
| | No. | No. |
| Nursing staff | 123 | 117 |
| Medical staff | 10 | 9 |
| Clinical support staff | 22 | 20 |
| Patient & Family Support | 13 | 15 |
| Therapists | 18 | 17 |
| Fundraising and publicity | 19 | 21 |
| Retail staff | 63 | 65 |
| Administration | 19 | 19 |
| Support staff | 32 | 30 |
| Education staff | 4 | 4 |
| Total | 323 | 316 |

The average number of full time equivalent employees was as follows:

| | 2021 | 2020 |
|---------------------------|--------------|--------------|
| | No. | No. |
| Nursing staff | 83.7 | 80.0 |
| Medical staff | 6.1 | 6.2 |
| Clinical support staff | 16.3 | 15.2 |
| Patient & Family Support | 9.1 | 9.7 |
| Therapists | 11.9 | 11.2 |
| Fundraising and publicity | 15.7 | 16.4 |
| Retail staff | 40.7 | 41.1 |
| Administration | 16.5 | 16.4 |
| Support staff | 16.5 | 16.2 |
| Education staff | 2.9 | 3.0 |
| Total | 219.4 | 215.4 |

Notes on the financial statements (continued)

9 Related party transactions

The Phyllis Tuckwell Memorial Hospice Limited owns 50% of Tuckwell Chase Lottery Limited. The Hospice received £523,548 during the year from the Lottery company (2020: £440,211).

The Phyllis Tuckwell Memorial Hospice Limited recognises 50% of the total income and expenditure from the Tuckwell Chase Lottery Limited in the Statement of Financial Activities. In substance, the Tuckwell Chase Lottery pays over 50% of its generated surplus throughout the year. Any difference between the amounts paid over during the year and the surplus for Tuckwell Chase Lottery Limited at the end of the year is recognised as a debtor or creditor by the Phyllis Tuckwell Memorial Hospice Limited at the end of the year.

There are no donations from related parties which are outside the normal course of fundraising activities and no restricted donations from related parties.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary PTH Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £nil (2020: £nil).

11 Tangible fixed assets

For the group and the charity

| | Freehold property | Clinical Equipment | Equipment & Other Assets | Fixtures & Fittings | Total |
|-------------------------------|-------------------|--------------------|--------------------------|---------------------|------------------|
| | £ | £ | £ | £ | £ |
| Cost | | | | | |
| At the start of the year | 5,306,565 | 559,321 | 1,713,034 | 142,278 | 7,721,198 |
| Additions in year | 7,522 | 7,543 | 79,415 | 13,276 | 107,756 |
| Disposals in year | - | (3,945) | (8,950) | - | (12,895) |
| At the end of the year | 5,314,087 | 562,919 | 1,783,499 | 155,554 | 7,816,059 |
| Depreciation | | | | | |
| At the start of the year | 2,517,961 | 411,459 | 1,312,847 | 112,151 | 4,354,418 |
| Charge for the year | 142,401 | 47,268 | 162,124 | 10,037 | 361,829 |
| Eliminated on disposal | - | (2,236) | (8,950) | - | (11,186) |
| At the end of the year | 2,660,361 | 456,491 | 1,466,021 | 122,188 | 4,705,062 |
| Net book value | | | | | |
| At the end of the year | 2,653,725 | 106,428 | 317,478 | 33,366 | 3,110,997 |
| At the start of the year | 2,788,604 | 147,862 | 400,187 | 30,126 | 3,366,780 |

12 Investment properties

| | The group | | The charity | |
|-----------------------------------|-----------|---------|-------------|---------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Fair value at start of year | 115,000 | 115,000 | 115,000 | 115,000 |
| Fair value at the end of the year | 115,000 | 115,000 | 115,000 | 115,000 |

The Charity received the freehold interest in a property as the result of a legacy. The Charity has reviewed a valuation undertaken by a recognised professional independent valuer at 31 March 2020 and considered this and current market conditions when determining the value at 31 March 2021.

13 Investments

Investments comprise:

| | The group | | The charity | |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| UK fixed interest corporate bonds | 954,811 | 746,309 | 954,811 | 746,309 |
| UK listed equities | 4,912,013 | 4,275,531 | 4,912,013 | 4,275,531 |
| UK listed overseas equities | 8,966,556 | 6,002,656 | 8,966,556 | 6,002,656 |
| Investment Property funds | 651,687 | 668,987 | 651,687 | 668,987 |
| Other listed investments | 925,880 | 873,460 | 925,880 | 873,460 |
| Short term cash investments | 1,250,000 | - | 1,250,000 | - |
| Investment portfolio cash | 351,996 | 303,240 | 351,996 | 303,240 |
| Investment portfolio value | 18,012,943 | 12,870,183 | 18,012,943 | 12,870,183 |
| Investment in subsidiary | - | - | 1 | 1 |
| Total value of investments | 18,012,943 | 12,870,183 | 18,012,944 | 12,870,184 |

Notes on the financial statements (continued)

Movement in the investment portfolio fair value:

| | The group | | The charity | |
|--|-------------------|-------------------|-------------------|-------------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Fair value at the start of the year excluding cash | 12,566,943 | 14,353,280 | 12,566,944 | 14,353,281 |
| Additions at cost | 3,115,954 | 2,514,119 | 3,115,954 | 2,514,119 |
| Disposal proceeds | (2,094,878) | (2,920,754) | (2,094,878) | (2,920,754) |
| Net (loss)/gain in fair value | 4,072,928 | (1,379,701) | 4,072,928 | (1,379,701) |
| Sub-total | 17,660,947 | 12,566,943 | 17,660,948 | 12,566,944 |
| Cash held by investment manager pending reinvestment | 351,996 | 303,240 | 351,996 | 303,240 |
| Fair value at the end of the year | 18,012,943 | 12,870,183 | 18,012,944 | 12,870,184 |
| Historic cost at the end of the year | 12,249,390 | 11,303,086 | 12,249,391 | 11,303,087 |

14 Subsidiary undertaking and parent charity results

The charitable company owns the whole of the issued ordinary share capital of PTH Trading Limited, a company registered in England. The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the Statement of Financial Activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiary is shown below:

| | 2021 | 2020 |
|---|----------|----------|
| | £ | £ |
| Turnover | 61,457 | 97,213 |
| Cost of sales | (13,818) | (28,138) |
| Gross profit | 47,639 | 69,075 |
| Administrative expenses | (8,231) | (6,773) |
| Management charge payable to parent charity | (2,400) | (2,400) |
| Profit on ordinary activities | 37,008 | 59,902 |
| Taxation | - | - |
| Profit for the financial year | 37,008 | 59,902 |

Retained earnings

| | 2021 | 2020 |
|--|----------|----------|
| | £ | £ |
| Total retained earnings brought forward | - | - |
| Profit for the financial year | 37,008 | 59,902 |
| Distribution paid in the year under Gift Aid to parent charity | (37,008) | (59,902) |
| Total retained earnings carried forward | - | - |

The aggregate of the assets, liabilities and reserves was:

| | 2021 | 2020 |
|-------------|----------|----------|
| | £ | £ |
| Assets | 23,551 | 24,958 |
| Liabilities | (23,550) | (24,957) |
| Reserves | 1 | 1 |

Amounts owed from the parent undertaking are shown in note 17.

The parent charity's gross income and the results for the year are disclosed as follows:

| | 2021 | 2020 |
|---------------------|------------|-------------|
| | £ | £ |
| Gross income | 13,059,806 | 11,963,122 |
| Result for the year | 5,311,072 | (1,212,321) |

15 Stocks

| | The group | | The charity | |
|----------------|--------------|---------------|-------------|--------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Finished goods | 8,499 | 10,236 | - | 2,416 |
| Total | 8,499 | 10,236 | - | 2,416 |

Notes on the financial statements (continued)

16 Debtors

| | The group | | The charity | |
|---|------------------|------------------|------------------|------------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Tax and social security | 58,715 | 81,927 | 58,593 | 81,927 |
| Trade debtors | 36,722 | 25,098 | 36,722 | 25,098 |
| Other debtors | 960,491 | 1,236,629 | 960,491 | 1,236,629 |
| Prepayments | 221,477 | 222,157 | 221,477 | 220,697 |
| Loan due from subsidiary due in over one year | - | - | 20,000 | 20,000 |
| Total | 1,277,405 | 1,565,811 | 1,297,283 | 1,584,351 |

17 Creditors: amounts falling due within one year

| | The group | | The charity | |
|------------------------------|----------------|----------------|----------------|----------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Taxation and social security | 164,302 | 173,856 | 164,302 | 172,349 |
| Trade creditors | 70,380 | 55,734 | 70,380 | 55,734 |
| Other creditors | 1,761 | 2,209 | 1,761 | 2,209 |
| Accruals | 192,804 | 234,798 | 189,254 | 231,348 |
| Pension accruals | 91,690 | 86,907 | 91,690 | 86,907 |
| Deferred income | 42,129 | 28,870 | 42,129 | 28,870 |
| Amount due to subsidiary | - | - | 3,462 | 7,457 |
| Total | 563,066 | 582,374 | 562,978 | 584,874 |

18 Deferred income

Deferred income comprises various amounts relating to fundraising events being held in 2020/21.

| | The group | | The charity | |
|---------------------------------------|---------------|---------------|---------------|---------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Balance at the beginning of the year | 28,870 | 64,117 | 28,870 | 64,117 |
| Amount released to income in the year | (28,870) | (64,117) | (28,870) | (64,117) |
| Amount deferred in the year | 42,129 | 28,870 | 42,129 | 28,870 |
| Balance at the end of the year | 42,129 | 28,870 | 42,129 | 28,870 |

19 Pension schemes

NHS Pension Scheme

The NHS Pension Scheme is an unfunded occupational scheme backed by the Exchequer, which is open to all NHS employees and certain employees of other approved organisations. The Phyllis Tuckwell Hospice is an approved organisation. The Scheme provides pensions, based on final salary, in varying circumstances for employees of participating employers. The Scheme receives contributions from employees and employers to defray the costs of pensions and other benefits.

Relevant past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from

those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy would be included in the valuation process. The Government has also confirmed that the Government Actuary was reviewing the cost control mechanism (as was originally announced in 2018). The review assessed whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review did not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Group Personal Pension Scheme

In addition to the NHS Pension Scheme, Phyllis Tuckwell operates a Group Personal Pension Plan. This plan is administered and invested with Aegon, with advice and support provided by Chase de Vere Independent Financial Advisers Ltd. It is a money purchase plan and all eligible employees are automatically enrolled after three months' service, unless they ask to join earlier. Contributions are on a matched basis of between 4% and 7.5%. Employees may contribute more to the plan. Membership of the plan entitles the employee to Life Assurance cover of 2.5 x annual earnings.

20a Analysis of group net assets between funds (current year)

| | General unrestricted funds | Designated funds | Fair value reserve | Restricted funds | Endowment funds | Total funds |
|---------------------------------------|----------------------------|-------------------|--------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 2,138,149 | - | 972,848 | - | 3,110,997 |
| Investment properties | 115,000 | - | - | - | - | 115,000 |
| Investments | 3,943,761 | 14,000,000 | - | - | 69,182 | 18,012,943 |
| Net current assets | 2,655,073 | 1,500,000 | - | 42,349 | - | 4,197,422 |
| Net assets as at 31 March 2021 | 6,713,835 | 17,638,149 | - | 1,015,197 | 69,182 | 25,436,362 |

20b Analysis of group net assets between funds (prior year)

| | General unrestricted funds | Designated funds | Fair value reserve | Restricted funds | Endowment funds | Total funds |
|---------------------------------------|----------------------------|------------------|--------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 2,341,987 | - | 1,024,793 | - | 3,366,780 |
| Investment properties | 115,000 | - | - | - | - | 115,000 |
| Investments | 5,233,904 | 6,000,000 | 1,567,097 | - | 69,182 | 12,870,183 |
| Net current assets | 2,146,830 | 1,500,000 | - | 126,497 | - | 3,773,327 |
| Net assets as at 31 March 2020 | 7,495,734 | 9,841,987 | 1,567,097 | 1,151,290 | 69,182 | 20,125,290 |

Notes on the financial statements (continued)

21a Movements in funds (current year)

| | At 1 April 2020 | Income and gains | Expenditure and losses | Transfers | At 31 March 2021 |
|---------------------------------|-------------------|-------------------|------------------------|------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 22,830 | (22,830) | - | 69,182 |
| Total endowment funds | 69,182 | 22,830 | (22,830) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 801,647 | - | (19,222) | - | 782,425 |
| Other capital items | 223,146 | 17,251 | (49,974) | - | 190,423 |
| Donations/Grants expended: | | | | | |
| NHSE Covid hospice support | - | 2,749,351 | (2,749,351) | - | - |
| Other government Covid support | - | 352,374 | (352,374) | - | - |
| NHS Hospice Home Support | - | 22,126 | (22,126) | - | - |
| IPU | 122,852 | 105,353 | (226,005) | - | 2,200 |
| Therapists | 3,316 | 11,423 | (7,226) | - | 7,513 |
| Care at Home/HCAH | 329 | 269,378 | (237,071) | - | 32,636 |
| Living Well | - | 1,000 | (1,000) | - | - |
| Total restricted funds | 1,151,290 | 3,528,256 | (3,664,349) | - | 1,015,197 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,341,987 | - | - | (203,838) | 2,138,149 |
| Buildings development fund | 6,000,000 | - | - | 2,000,000 | 8,000,000 |
| Services development fund | 1,500,000 | - | - | - | 1,500,000 |
| Operational plan fund | - | 4,072,928 | - | 1,927,072 | 6,000,000 |
| Fair value reserve | 1,567,097 | - | - | (1,567,097) | - |
| Total designated funds | 11,409,084 | 4,072,928 | - | 2,156,137 | 17,638,149 |
| General funds | 7,495,734 | 9,530,769 | (8,156,534) | (2,156,137) | 6,713,835 |
| Total unrestricted funds | 18,904,817 | 13,603,697 | (8,156,534) | - | 24,351,984 |
| Total funds | 20,125,289 | 17,154,783 | (11,843,713) | - | 25,436,362 |

21b Movements in funds (prior year)

| | At 1 April 2019 | Income and gains | Expenditure and losses | Transfers | At 31 March 2020 |
|---------------------------------|-------------------|-------------------|------------------------|--------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 1,881 | (1,881) | - | 69,182 |
| Total endowment funds | 69,182 | 1,881 | (1,881) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 834,918 | - | (33,271) | - | 801,647 |
| Special item donations | 219,184 | 49,702 | (45,740) | - | 223,146 |
| Donations/Grants expended: | | | | | |
| NHS pension funding | - | - | - | - | - |
| NHS Hospice Home Support | - | 22,126 | (22,126) | - | - |
| IPU | 299 | 193,262 | (70,709) | - | 122,852 |
| Therapists | 3,500 | 22,839 | (23,023) | - | 3,316 |
| Care at Home/HCAH | 23,121 | 217,312 | (240,104) | - | 329 |
| Living Well | - | 15,842 | (15,842) | - | - |
| Total restricted funds | 1,081,022 | 521,083 | (450,815) | - | 1,151,290 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,391,727 | - | - | (49,740) | 2,341,987 |
| Buildings development fund | 6,000,000 | - | - | - | 6,000,000 |
| Services development fund | 2,000,000 | - | - | (500,000) | 1,500,000 |
| Fair value reserve | 3,525,327 | - | (1,379,701) | (578,529) | 1,567,097 |
| Total designated funds | 13,917,054 | - | (1,379,701) | (1,128,269) | 11,409,084 |
| General funds | 6,270,353 | 11,475,069 | (11,377,957) | 1,128,269 | 7,495,734 |
| Total unrestricted funds | 20,187,407 | 11,475,069 | (12,757,658) | - | 18,904,818 |
| Total funds | 21,337,611 | 11,998,034 | (13,210,354) | - | 20,125,290 |

Purposes of endowment funds

Jenabai Ebrahim Endowment Fund

The Jenabai Ebrahim Endowment Fund was donated by Professor Zef Ebrahim in memory of his mother. The income from this fund is used to support one of our In-Patient Unit rooms.

Purposes of restricted funds

Building projects completed

These are donations which have been specifically made to a number of building projects for the modernisation and expansion of the Hospice. All donations have been used as part of expenditure on the modernisation of the Hospice and are included in fixed assets. These appeals are now closed and the outgoings relate to depreciation.

Special item donations

These are donations made for specific items of equipment (fixed assets), which have been purchased in the year or are to be purchased in the coming year.

Donations/grants expended

Home Support - funding is received from the NHS to provide general, non-nursing support for patients and their families at home.

IPU - donations made to support the work carried out on our In-Patient Unit.

Therapists - donations made to support the provision of therapists.

Care at Home/HCAH - various donations received which are specifically restricted for care at home/ community care.

Living Well - donations made to support the provision of the Living Well services. Living Well services comprise our traditional day services as well as groups and outpatients.

Purposes of designated funds

Property fund

The property fund represents the net book value of tangible fixed assets that were purchased with unrestricted funds.

Buildings Development fund

This fund was established to accrue funds to assist with the costs of any new premises that may be required in the future. A review of the Hospice's premises is being carried out following the rapid growth in recent years and the serviceability of current buildings. The fund has also been reviewed in the light of requirements for locality working.

Service Development fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the Trustees need to know that it can be funded for at least three years. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2021 was £1.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including Hospice Care at Home and locality working.

Operational Plan fund

This fund is to cover the investments in our general operating plan over the next four to five years. It will ensure the plan is adequately funded through a period of economic uncertainty.

Fair value reserve

This was a fund to set aside the unrealised gain on investments. The accounting standards no longer require the fair value reserve to be shown separately, as unrealised gains on investments are now included as part of the surplus or deficit for the year.

22 Operating lease commitments

For the group and charity

The total future minimum lease payments under non-cancellable operating leases is as follows for each of the respective periods:

| | Property | | Equipment | |
|--------------------|----------------|------------------|--------------|---------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Less than one year | 322,782 | 345,780 | 2,295 | 6,372 |
| One to five years | 659,158 | 933,333 | 2,808 | 4,158 |
| Over five years | - | 31,146 | - | - |
| Total | 981,940 | 1,310,259 | 5,103 | 10,530 |

23 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member, in the event of winding up, is limited to £1.





Sarah Church, Chief Executive