

# Phyllis Tuckwell Memorial Hospice Limited



## Report and Financial Statements For the year ended 31 March 2022



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# Reference and Administrative Details

<b>Company number</b>	1063033
<b>Charity number</b>	264501
<b>Country of registration</b>	England & Wales
<b>Country of incorporation</b>	United Kingdom
<b>Registered office and operational address</b>	Waverley Lane, FARNHAM, Surrey GU9 8BL
<b>Status</b>	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.
<b>Trustees</b>	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
<b>President</b>	Chris Tuckwell
<b>Key management personnel</b>	Sarah Church Chief Executive Dr Cate Seton-Jones Medical Director Jayne Holland Director of Patient Services Peter Foxton 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)
<b>Bankers</b>	Lloyds Bank plc Santander 147, High Street, Bridle Road GUILDFORD, Surrey BOOTLE, Merseyside GU1 3AG L30 4GB
<b>Investment managers</b>	Investec Wealth & Investment Ltd 30 Gresham Street LONDON, EC2V 7QN
<b>Auditor</b>	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.

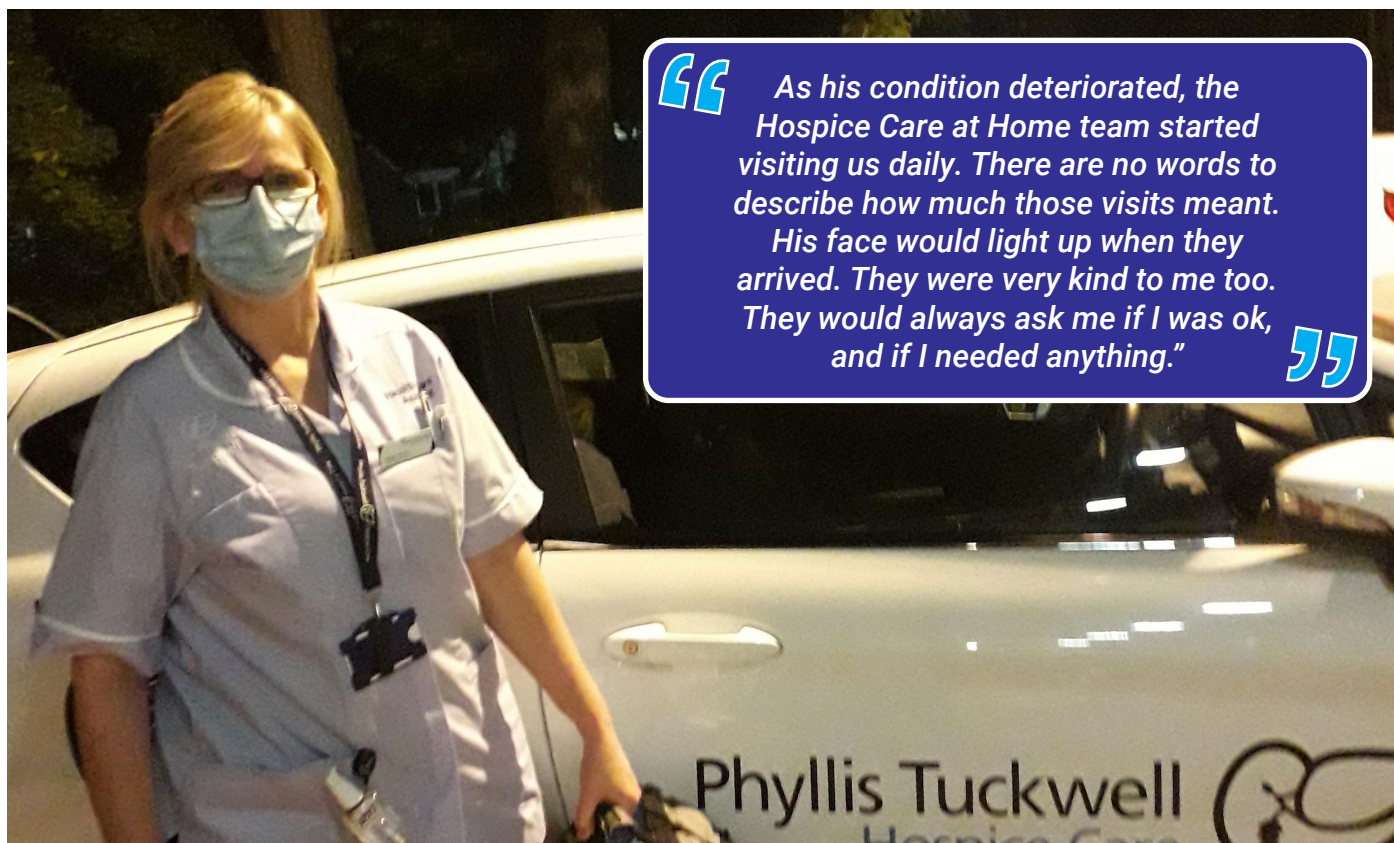
They work alongside, families, carers and community partners. We provide compassionate and timely support, and join up with GPs and NHS community nurses so the patient, family, and carers' needs are co-ordinated and it feels seamless. This joined-up care includes skilled communication, assessment, symptom 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-face contact	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**

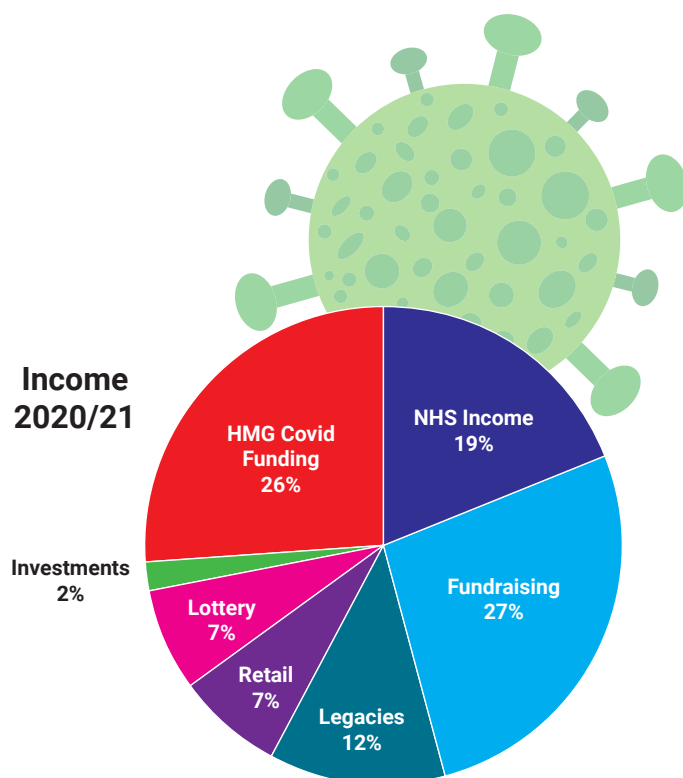
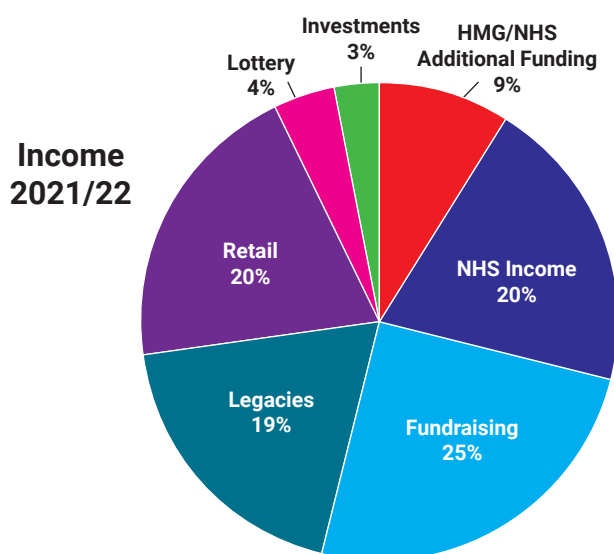
# Section 5 Financial Review

**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.**

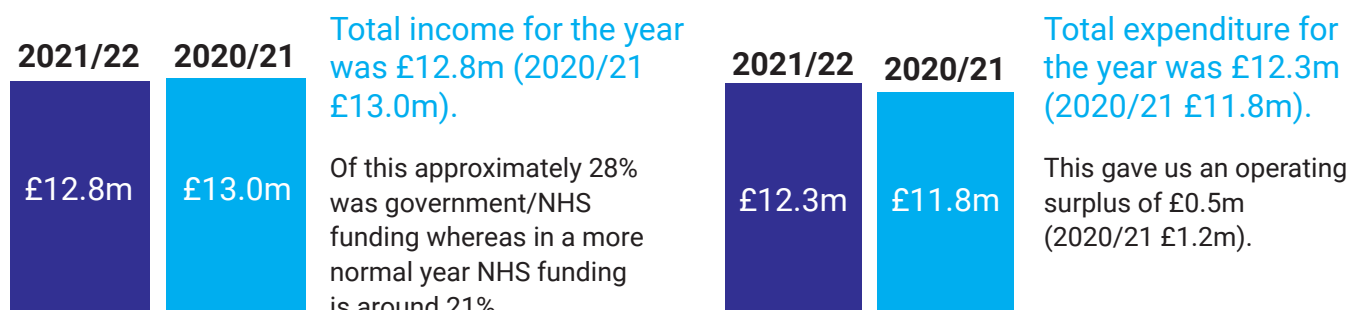
Retail recovered during the financial year following the previous year of significant disruption and periods of shop closures. Some fundraising events had to be cancelled but, when it was possible to operate them, support from the community was outstanding. The fundraising team was particularly creative, 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

	2021/22		2020/21		% Change
Measure	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.





## 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 21<sup>st</sup> 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](http://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
		£	£	£	£	£	£
<b>Incoming resources:</b>							
Voluntary income	2	3,786,681	19,230	<b>3,805,911</b>	3,232,241	10,191	<b>3,242,432</b>
Activities for generating funds:							
Fundraising		1,339,293	318,961	<b>1,658,254</b>	1,471,772	408,076	<b>1,879,848</b>
Retail		2,453,407	7,771	<b>2,461,178</b>	1,087,951	297,430	<b>1,385,381</b>
Lottery		981,526	-	<b>981,526</b>	943,138	-	<b>943,138</b>
Charitable activities	3	2,461,737	1,125,222	<b>3,586,959</b>	2,501,177	2,812,559	<b>5,313,736</b>
Investments	4	331,002	2,949	<b>333,951</b>	294,490	22,830	<b>317,320</b>
<b>Total income</b>		<b>11,353,646</b>	<b>1,474,134</b>	<b>12,827,780</b>	<b>9,530,769</b>	<b>3,551,086</b>	<b>13,081,855</b>
<b>Resources expended:</b>							
Raising funds:	5						
Voluntary income generation costs		159,669	-	<b>159,669</b>	170,869	-	<b>170,869</b>
Fundraising costs		747,203	-	<b>747,203</b>	632,872	13,362	<b>646,234</b>
Retail costs		1,994,503	7,771	<b>2,002,274</b>	1,484,854	297,430	<b>1,782,284</b>
Lottery costs		500,371	-	<b>500,371</b>	419,590	-	<b>419,590</b>
Investment management costs		64,722	-	<b>64,722</b>	55,370	-	<b>55,370</b>
<b>Sub-total for raising funds</b>		<b>3,466,467</b>	<b>7,771</b>	<b>3,474,238</b>	<b>2,763,555</b>	<b>310,792</b>	<b>3,074,347</b>
Charitable activities:	5						
In-Patient Unit		3,587,530	211,979	<b>3,799,509</b>	2,632,908	1,256,841	<b>3,889,750</b>
Living Well (outpatients)		746,730	93,369	<b>840,099</b>	834,555	27,448	<b>862,003</b>
Community Care		3,108,600	1,123,838	<b>4,232,438</b>	1,925,516	2,092,098	<b>4,017,613</b>
<b>Sub-total for charitable activities</b>		<b>7,442,860</b>	<b>1,429,186</b>	<b>8,872,046</b>	<b>5,392,979</b>	<b>3,376,387</b>	<b>8,769,366</b>
<b>Total expenditure</b>		<b>10,909,327</b>	<b>1,436,957</b>	<b>12,346,284</b>	<b>8,156,534</b>	<b>3,687,179</b>	<b>11,843,713</b>
<b>Net income / (expenditure) before net gains on investments</b>		<b>444,319</b>	<b>37,176</b>	<b>481,496</b>	<b>1,374,235</b>	<b>(136,093)</b>	<b>1,238,142</b>
Net gains on investments	13	416,038	-	<b>416,038</b>	4,072,930	-	<b>4,072,930</b>
<b>Net movement in funds</b>		<b>860,357</b>	<b>37,176</b>	<b>897,533</b>	<b>5,447,165</b>	<b>(136,093)</b>	<b>5,311,071</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		24,351,983	1,084,379	<b>25,436,361</b>	18,904,818	1,220,472	<b>20,125,290</b>
<b>Total funds carried forward</b>		<b>25,212,340</b>	<b>1,121,555</b>	<b>26,333,894</b>	<b>24,351,983</b>	<b>1,084,379</b>	<b>25,436,361</b>



# Balance Sheet

As at 31 March 2022

	Note	The group		The charity	
		2022	2021	2022	2021
		£	£	£	£
<b>Fixed assets:</b>					
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
<b>Total fixed assets</b>		<b>21,676,831</b>	<b>21,238,940</b>	<b>21,676,832</b>	<b>21,238,941</b>
<b>Current assets:</b>					
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
<b>Total current assets</b>		<b>5,617,253</b>	<b>4,760,488</b>	<b>5,609,739</b>	<b>4,760,399</b>
<b>Liabilities:</b>					
Creditors: amounts falling due within one year	17	(845,190)	(563,066)	(837,677)	(562,978)
<b>Net current assets</b>		<b>4,772,064</b>	<b>4,197,423</b>	<b>4,772,062</b>	<b>4,197,421</b>
<b>Total assets less current liabilities</b>	<b>20</b>	<b>26,448,894</b>	<b>25,436,363</b>	<b>26,448,894</b>	<b>25,436,362</b>
Creditors: amounts falling due after one year	17	(115,000)	-	(115,000)	-
<b>Total net assets</b>		<b>26,333,894</b>	<b>25,436,363</b>	<b>26,333,894</b>	<b>25,436,362</b>
<b>Funds:</b>	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
<b>Total restricted funds</b>		<b>1,121,556</b>	<b>1,084,379</b>	<b>1,121,556</b>	<b>1,084,379</b>
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
<b>Total unrestricted funds</b>		<b>25,212,338</b>	<b>24,351,984</b>	<b>25,212,338</b>	<b>24,351,984</b>
<b>Total funds</b>		<b>26,333,894</b>	<b>25,436,362</b>	<b>26,333,894</b>	<b>25,436,362</b>

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	
		£	£	£	£
<b>Cash flows from operating activities</b>					
<b>Net income for the reporting period</b>		<b>897,533</b>		<b>5,311,072</b>	
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)	
<b>Net cash (used in) operating activities</b>			<b>252,756</b>		<b>1,555,198</b>
<b>Cash flows from investing activities:</b>					
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)	
<b>Net cash provided by/(used in) investing activities</b>			<b>13,246</b>		<b>(93,872)</b>
<b>Change in cash and cash equivalents in the year</b>			<b>266,002</b>		<b>1,461,326</b>
Cash and cash equivalents at the beginning of the year			<b>2,474,584</b>		1,013,258
<b>Cash and cash equivalents at the end of the year</b>			<b>2,740,586</b>		2,474,584
<b>Analysis of cash and cash equivalents</b>					
	At 1 April 2021	Cash flows	Other changes	<b>At 31 March 2022</b>	
	£	£	£	£	
Cash at bank and in hand	1,974,584	266,002	-	<b>2,240,586</b>	
Term deposits (less than 3 months)	500,000	-	-	<b>500,000</b>	
<b>Closing balance at bank</b>		<b>2,474,584</b>	<b>266,002</b>	<b>-</b>	<b>2,740,586</b>



# 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
<b>Total income</b>	<b>3,786,681</b>	<b>19,230</b>	<b>3,805,911</b>

	2021		
	Unrestricted	Restricted	Total
	£	£	£
Donations	1,704,001	9,191	1,713,192
Legacies	1,528,240	1,000	1,529,240
<b>Total income</b>	<b>3,232,241</b>	<b>10,191</b>	<b>3,242,432</b>

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
	£	£	£	£	£	£
<b>Grants:</b>						
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
<b>Total grant income</b>	<b>2,456,028</b>	<b>1,100,980</b>	<b>3,557,008</b>	<b>2,485,928</b>	<b>2,770,977</b>	<b>5,256,905</b>
<b>Other income</b>	<b>5,709</b>	<b>24,242</b>	<b>29,951</b>	<b>15,249</b>	<b>41,582</b>	<b>56,831</b>
<b>Total income from charitable activities</b>	<b>2,461,737</b>	<b>1,125,222</b>	<b>3,586,959</b>	<b>2,501,177</b>	<b>2,812,559</b>	<b>5,313,736</b>

#### 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
<b>Total income</b>	<b>331,002</b>	<b>2,949</b>	<b>333,951</b>	<b>294,490</b>	<b>22,830</b>	<b>317,320</b>



# Notes on the Financial Statements (continued)

For the year ended 31 March 2022

## 5a Analysis of expenditure (current year)

	Charitable activities							
	Cost of raising funds	In-Patient Unit	Living Well (outpatients)	Community Care	Governance costs	Support costs	2022 Total	2021 Total
	£	£	£	£	£	£	£	£
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
<b>Sub-total</b>	<b>3,095,709</b>	<b>2,917,053</b>	<b>695,820</b>	<b>3,648,663</b>	<b>24,792</b>	<b>1,964,247</b>	<b>12,346,284</b>	<b>11,843,713</b>
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)	-	-
<b>Total expenditure 2022</b>	<b>3,474,238</b>	<b>3,799,509</b>	<b>840,099</b>	<b>4,232,438</b>	<b>-</b>	<b>-</b>	<b>12,346,284</b>	<b>-</b>
<b>Total expenditure 2021</b>	<b>3,074,347</b>	<b>3,889,750</b>	<b>862,003</b>	<b>4,017,613</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,843,713</b>

## 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
<b>Sub-total</b>	<b>2,755,759</b>	<b>3,083,177</b>	<b>733,530</b>	<b>3,522,627</b>	<b>22,646</b>	<b>1,725,974</b>	<b>11,843,713</b>
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)	-
<b>Total expenditure 2020</b>	<b>3,074,347</b>	<b>3,889,750</b>	<b>862,003</b>	<b>4,017,613</b>	<b>-</b>	<b>-</b>	<b>11,843,713</b>

# 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
	£	£
<b>Depreciation</b>	<b>298,851</b>	361,829
<b>Loss on disposal of fixed assets</b>	<b>-</b>	1,710
<b>Operating lease rentals:</b>		
Property	<b>383,043</b>	369,263
Other	<b>6,739</b>	5,104
<b>Auditor's remuneration (excluding VAT):</b>		
Audit - Charity	<b>12,500</b>	12,050
Audit - Trading Company	<b>3,000</b>	2,700
Other Services	<b>1,950</b>	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	<b>7,614,276</b>	7,508,109
Social security costs	<b>705,134</b>	695,335
Employer's contribution to pension schemes	<b>643,056</b>	614,395
Self-employed / contractors costs	<b>215,871</b>	239,444
Other forms of employee benefits	<b>128,649</b>	92,875
<b>Total</b>	<b>9,306,985</b>	<b>9,150,158</b>



- 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
<b>Total</b>	<b>328</b>	<b>323</b>

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
<b>Total</b>	<b>220.7</b>	<b>219.4</b>

# 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
	£	£	£	£	£
<b>Cost</b>					
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)
<b>At the end of the year</b>	<b>5,467,356</b>	<b>597,068</b>	<b>1,813,631</b>	<b>155,554</b>	<b>8,033,609</b>
<b>Depreciation</b>					
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)
<b>At the end of the year</b>	<b>2,763,315</b>	<b>500,373</b>	<b>1,579,262</b>	<b>133,054</b>	<b>4,976,003</b>
<b>Net book value</b>					
<b>At the end of the year</b>	<b>2,704,041</b>	<b>96,696</b>	<b>234,369</b>	<b>22,500</b>	<b>3,057,606</b>
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
<b>Total value of investments</b>	<b>18,504,225</b>	<b>18,012,943</b>	<b>18,504,226</b>	<b>18,012,944</b>



## 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
<b>Sub-total</b>	<b>17,935,291</b>	<b>17,660,947</b>	<b>17,935,291</b>	<b>17,660,947</b>
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)
<b>Total retained earnings carried forward</b>	<b>-</b>	<b>-</b>

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	-	-
<b>Total</b>	<b>5,821</b>	<b>8,499</b>	<b>-</b>	<b>-</b>

## 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	-
<b>Total</b>	<b>1,870,846</b>	<b>1,277,405</b>	<b>1,875,762</b>	<b>1,297,283</b>

### 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
<b>Total</b>	<b>845,190</b>	<b>563,066</b>	<b>837,677</b>	<b>562,978</b>

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
<b>Balance at the end of the year</b>	<b>201,599</b>	<b>42,129</b>	<b>201,599</b>	<b>42,129</b>

## 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](http://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
<b>Net assets as at 31 March 2022</b>	<b>6,360,484</b>	<b>18,851,855</b>	<b>1,052,374</b>	<b>69,182</b>	<b>26,333,894</b>

## 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
<b>Net assets as at 31 March 2021</b>	<b>6,713,835</b>	<b>17,638,149</b>	<b>1,015,197</b>	<b>69,182</b>	<b>25,436,362</b>



# 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
	£	£	£	£	£
<b>Endowment funds:</b>					
Jenabai Ebrahim Endowment Fund	69,182	2,949	(2,949)	-	69,182
<b>Total endowment funds</b>	<b>69,182</b>	<b>2,949</b>	<b>(2,949)</b>	<b>-</b>	<b>69,182</b>
<b>Restricted funds:</b>					
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
<b>Total restricted funds</b>	<b>1,015,197</b>	<b>1,471,185</b>	<b>(1,434,008)</b>	<b>-</b>	<b>1,052,374</b>
<b>Unrestricted funds:</b>					
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
<b>Total designated funds</b>	<b>17,638,149</b>	<b>-</b>	<b>-</b>	<b>1,213,706</b>	<b>18,851,855</b>
General funds	6,713,835	11,769,683	(10,909,328)	(1,213,706)	6,360,483
<b>Total unrestricted funds</b>	<b>24,351,984</b>	<b>11,769,683</b>	<b>(10,909,328)</b>	<b>-</b>	<b>25,212,338</b>
<b>Total funds</b>	<b>25,436,362</b>	<b>13,243,817</b>	<b>(12,346,285)</b>	<b>-</b>	<b>26,333,894</b>

## 21b Movements in funds (prior year)

	At 31 March 2020	Income and gains	Expenditure and losses	Transfers	At 31 March 2021
	£	£	£	£	£
<b>Endowment funds:</b>					
Jenabai Ebrahim Endowment Fund	69,182	22,830	(22,830)	-	<b>69,182</b>
<b>Total endowment funds</b>	<b>69,182</b>	<b>22,830</b>	<b>(22,830)</b>	-	<b>69,182</b>
<b>Restricted funds:</b>					
Building projects completed	801,647	-	(19,222)	-	<b>782,425</b>
Other capital items	223,146	17,251	(49,974)	-	<b>190,423</b>
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)	-	<b>2,200</b>
Therapists	3,316	11,423	(7,226)	-	<b>7,513</b>
Community Care	329	269,378	(237,071)	-	<b>32,636</b>
Living Well (outpatients)	-	1,000	(1,000)	-	-
<b>Total restricted funds</b>	<b>1,151,290</b>	<b>3,528,256</b>	<b>(3,664,349)</b>	-	<b>1,015,197</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Property fund	2,341,987	-	-	(203,838)	<b>2,138,149</b>
Buildings development fund	6,000,000	-	-	2,000,000	<b>8,000,000</b>
Services development fund	1,500,000	-	-	-	<b>1,500,000</b>
Operational plan fund	-	4,072,928	-	1,927,072	<b>6,000,000</b>
Fair value reserve	1,567,097	-	-	(1,567,097)	-
<b>Total designated funds</b>	<b>11,409,084</b>	<b>4,072,928</b>	-	<b>2,156,137</b>	<b>17,638,149</b>
General funds	7,495,734	9,530,769	(8,156,534)	(2,156,137)	<b>6,713,835</b>
<b>Total unrestricted funds</b>	<b>18,904,817</b>	<b>13,603,697</b>	<b>(8,156,534)</b>	-	<b>24,351,984</b>
<b>Total funds</b>	<b>20,125,289</b>	<b>17,154,783</b>	<b>(11,843,713)</b>	-	<b>24,436,362</b>

## 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	-	-	-	-
<b>Total</b>	<b>804,387</b>	<b>981,940</b>	<b>22,967</b>	<b>5,103</b>

## 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