
ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020



ARTHUR RANK HOSPICE CHARITY
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CONTENTS

	Page
Reference and administrative details of the company, its Trustees and advisers	1 - 2
Trustees' report	3 - 34
Independent auditors' report on the financial statements	35 - 37
Consolidated statement of financial activities	38
Consolidated balance sheet	39
Company balance sheet	40
Consolidated statement of cash flows	41
Notes to the financial statements	42 - 65

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 MARCH 2020**

Trustees	Kate Kirk, Chair (from 13 June 2019) Isabel Napper, Chair (until 13 June 2019) (resigned 13 June 2019) Natalie Acton (appointed 13 June 2019) Jennifer Brook (resigned 12 December 2019) Michael Fell (appointed 16 December 2019, resigned 8 September 2020) Dr Arnold Fertig Stephen Kay Mark Kingstone (appointed 13 June 2019) Dr Alex Manning Lee Maughan John Short Rosy Stamp Dr Mehrunisha Suleman (appointed 11 June 2020)
Company registered number	07086155
Charity registered number	1133354
Registered office	Cherry Hinton Road Shelford Bottom Cambridge CB22 3FB
Company secretary	Lynne Hays (resigned 13 June 2019) Jennifer Tunbridge (appointed 13 June 2019)
Independent auditors	Peters Elworthy & Moore Chartered Accountants Statutory Auditors Salisbury House Station Road Cambridge CB1 2LA

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
(CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

President	Lady Chadwyck-Healey
Patrons	Baroness Cohen Bishop Stephen Conway Lady Sybil Marshall Mrs Julie Spence OBE QPM Belinda Sutton Dr Nigel Williams
Senior Leadship	Sharon Allen OBE Chief Executive Officer Gemma Manning HR Director Dr Lorraine Petersen Medical Director Sara Robins Director of Clinical Services Donna Talbot Director of Fundraising and Communications Jennifer Tunbridge Finance Director
Website address	www.arhc.org.uk

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 MARCH 2020

The Trustees present their annual report together with the audited financial statements of the company for the year 1 April 2019 to 31 March 2020. The Annual report serves the purposes of both a Trustees' report and a directors' report under company law. The Trustees confirm that the Annual report and financial statements of the charitable company comply with the current statutory requirements, the requirements of the charitable company's governing document and the provisions of the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (second edition - October 2019).



ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

The year to which this report refers, 2019/2020, ended two weeks into the UK's lockdown in response to the Covid-19 pandemic. So by the time this financial year ended, our colleagues and volunteers in the Hospice at Shelford Bottom, the Alan Hudson Day Treatment Centre in Wisbech and out in the Cambridgeshire community were already showing remarkable dedication, flexibility and adaptability in adopting new ways of working and caring for our patients and their loved ones. It seems strange, therefore, to be reading about our many activities and achievements leading up to lockdown in this report, as they sometimes appear to come from a dim and distant past. Nevertheless, as the Chair of the Board of Trustees at Arthur Rank Hospice Charity (ARHC), I am pleased and proud to present this Trustees' Report to you, with its many successes and positive developments which we will continue to build on, whatever the world throws at us.

Our focus at all times is ensuring that our patients and their families receive the very best, holistic care that we can provide. Through our effective governance structures, we are confident that this is what we achieve and the evidence for this is set out in this report.

We are Outstanding. Our centre at Shelford Bottom was rated as 'Outstanding' by the Care Quality Commission (CQC) in 2019, and our Alan Hudson Day Treatment Centre in Wisbech retained its Outstanding rating following inspection earlier this year. This is a remarkable endorsement of the work everyone does, whether staff or volunteer, to make every moment count for those we support.

The financial year 2019–2020 has been very successful in terms of patient experience and our profile, and positive in terms of income as income levels have improved compared to the previous year. In terms of expenditure, we controlled costs well and met the budget set.

In addition to the income we generate, we also have a contract with the NHS for some of our services. We have 23 beds in total in the Hospice. Amongst the services funded by the Clinical Commissioning Group (CCG) are the 12 specialist palliative care in-patient beds, which are for complex palliative and end-of-life patients. As the needs of these patients require specialist input, we employ our own consultants and a multi-disciplinary team who ensure that the patients receive the complex care they need. However, this makes the beds relatively expensive to commission and by no means do all end-of-life patients require this level of specialist involvement.

Following a successful pilot, we have continued to run the Nurse led bed (NLB) project with Addenbrooke's Hospital for nine of the additional beds. Our NLB model provides care for patients who are end-of-life, but primarily need specialist nursing care. We have continued to build our relationships with external partners, and across our services, we cared for and supported over 4,200 patients and their families and loved ones during the year.

Of course, none of this could have been achieved without the hard work and dedication of our team of staff and volunteers, who together make the entire charity more than the sum of its parts. We now have over 600 volunteers supporting us in various roles, including gardening, hosting in day therapy, flower arranging, serving meals, counselling, supporting our charity shops, donating time to support our fundraising events and many more. We are hugely grateful to each and every one.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

We were also delighted to welcome Lady Angela Chadwyck-Healey as our President. Lady Chadwyck-Healey has a remarkable record in fundraising campaigns and charity events, and we are already benefiting from her input.

All these elements, together with the huge amount of goodwill and support we receive from families and donors, mean that we face the coming year with determination to continue and, indeed, improve our quality standards.



Kate Kirk
Chair of Trustees

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Objectives and activities

Our vision

Our vision is to provide patients and their families with the highest quality end-of-life care.

Our mission

We will achieve this through the delivery of excellent, innovative and compassionate specialist and community-based palliative care. We will support patients with a life-limiting diagnosis to improve their quality of life and fulfil their choices at the end of their lives.

Our values

- Flexible, individual and responsive specialist palliative care
- Integrity, compassion and professionalism
- Valuing and investing in our workforce
- Equality of service
- Prudence in the management of our resources

Strategic Report 2019-20

Why we are here



Our five year strategy implemented in 2017 states our strategic aims:

- Develop our services to meet the changing needs of our population
- Broaden our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services
- Evaluate and continually improve our governance structure
- Develop our education and research capacity
- Develop the financial and operational resilience of the charity
- Support and develop our staff and volunteers

In setting objectives and planning for activities, the Trustees have given due consideration to general guidance published by the Charity Commission relating to public benefit, including the guidance 'Public benefit: running a charity (PB2)'. Access to services is based solely on need and no charges are made for services provided.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance

The difference we make through our charitable activities

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

The purpose of the charity is to relieve sickness and suffering of people with life-limiting conditions in Cambridgeshire and the surrounding areas and to assist their families or carers. These people, their families and carers are the beneficiaries of the charity. The charity supports them by providing:

- End-of-life care at Arthur Rank Hospice and elsewhere;
- Services, facilities, equipment or grants for beneficiaries; and
- Any other benefit which relieves the sickness or suffering of beneficiaries.

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

The vision that shapes the charity's annual activities is to provide patients and their families with the highest quality end-of-life care. The team strives to achieve this through the delivery of innovative and compassionate specialist palliative care at the Hospice, the Alan Hudson Day Treatment Centre in Wisbech and in the community.

Day Therapy Centre- Arthur Rank Hospice



Day Therapy provides specialist advice and support (palliative care) for adults who have a life-limiting illness. We offer individually tailored care programmes, typically for one day per week for eight weeks. Our multi-disciplinary team includes nurses and healthcare assistants, complementary therapists, a creative activity team, volunteers, physiotherapists and occupational therapists, chaplain, psychological therapists and the specialist medical team. Day Therapy is entirely funded by the charity

Education

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

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



ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Hospice at Home



Our Hospice at Home service currently cares for up to 50 patients a month, typically in their last two weeks of life and covers the whole of Cambridgeshire. In 2019/20 just over 70% of the service was funded by the charity with the CCG paying the balance. Research¹ shows that most people would prefer to die at home providing they feel safe and their symptoms are well managed. Our experience is that sometimes, providing intermittent care is the most valuable service we can provide for families, particularly if this enables

them to access advice. Due to the number of patients supported, this service was the largest single area of charitable expenditure in 2019/20.

¹ Gomes B, Calanzani N, Gysels M, et al. (2013) Heterogeneity and changes in preferences for dying at home: a systematic review. *BMC Palliative Care*, 12:7

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

The Centre provides day therapy and day treatments for patients in the Fenland area. Our specialist team includes a palliative clinical nurse specialist, palliative care nurses, complementary therapists, creative arts, volunteers and an administrator. There is also access to physiotherapy, chaplaincy and the specialist medical team. This service is largely funded by the CCG with some activities funded by Queen Elizabeth Hospital in Kings Lynn and some by the charity. The centre also provides specialist advice and support to three palliative beds on Trafford Ward at North Cambs Hospital.



In-patient Unit



The Hospice In-patient Unit (IPU) has 12 specialist beds and 9 Nurse led beds (NLB). Two beds remain available to be commissioned.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Specialist beds: Funding and catchment area

The beds are funded by a contract with Cambridgeshire and Peterborough CCG and are available for patients whose GP practice falls within Cambridgeshire. In exceptional circumstances, patients are admitted from outside the Cambridgeshire area, but funding must have been agreed with the relevant CCG.

The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist multidisciplinary team (MDT), and/or a daily review by a doctor. As we are a short-stay unit (average length of stay is 18.2 days), we aim to discharge patients whose needs are stable and could be managed elsewhere in other care settings or at home. Therefore we cannot admit people whose main need is long-term care.

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

Our specialist multi-disciplinary team consists of nurses, doctors, occupational therapists, physiotherapists, psychologists, chaplaincy, social worker and pharmacists. We are experienced in caring for patients with enteral and parenteral nutrition, non-invasive ventilation and tracheostomies, and are able to give oxygen, intravenous medication and fluids.

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

Nurse led beds

These beds are funded by Cambridge University Hospital (CUH) NHS trust for patients in Addenbrookes who would otherwise be dying in hospital, and who require non-complex nursing care. Their daily management is led by experienced nursing staff rather than the full multi-disciplinary team. Patients have access to the ward doctor if required. We work closely with the Addenbrookes team to continually monitor and evaluate the project and both organisations are very pleased with the way this service is working. Other hospices around the country are also keen to learn more about the service as they are interested to see if it would work for them and their local acute trusts.



ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Lymphoedema



The Lymphoedema Clinic provides a service for those with both primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, etc. All patients are offered an assessment with a clinical specialist in lymphoedema and a treatment programme is agreed with them. Treatment may consist of some or all of the following: skin care, compression (this could be compression garments, wraps or bandaging), exercise programmes, simple/manual lymphatic drainage or use of

compression pumps, kinesiotape and low-level light therapy. We aspire to support all our patients to self-manage this long-term condition and, to help with this, we offer six sessions a year at our support group to offer further education about managing lymphoedema.

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

Patient and Family Support Team

Meeting the spiritual, psychological and emotional needs of patients and their families is a core part of our service. We promote spirituality as opposed to any particular religion and have a multi-disciplinary team led by our Chaplain, which is a shared cost between the CCG and the charity. Our Chaplain ministers to those of the Christian faith and those of no faith, and will support anyone who chooses to receive his services. We are in close contact with representatives of other faiths who work with us to support patients who request this. The Chaplain leads the Patient and Family Support Team, which is comprised of a social worker, psychologists, counsellors, volunteer (qualified) counsellors and bereavement support volunteers. We provide pre- and post-bereavement support and other psychological care tailored to the patient or family member's need.



ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Specialist Palliative Care Team

Our seven day a week service helps patients living with an advanced serious illness or life-limiting condition to get further support and encourages them to plan for their future care with their families, carers or loved ones.

We liaise regularly with those providing the patient's care, such as GPs and district nurses, so that care remains as seamless as possible. The team may also be able to highlight other NHS services, charities or organisations that can help support the specific circumstances of an individual's situation. This service is largely funded by the CCG for Cambridge City, East and West Cambridgeshire. Our nurses make home visits providing person-centred care, support and advice as well as providing valuable support and advice by telephone and video consultation. Our Community Team work closely alongside our Hospice at Home service and a centralised triage service ensures that patients are transferred quickly and smoothly between our services.



Transitioning Young Adults Project



We have been successful in securing funding from the National Lottery Community Fund to work in partnership with EACH and Sue Ryder Hospice Thorpe Hall and are moving forward with this project to support young adults transitioning from children's services to adult services into our Hospices.

Complementary Therapy

We offer aromatherapy, therapeutic massage (including Indian Head Massage, Reiki and Zero Balancing), reflexology and Bach Flower Remedies. These therapies are offered throughout the week to patients and carers in a series of individually tailored sessions. Our complementary therapists deliver care in the Hospice or in patients' own homes.



ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Voluntary Services



We have over 600 amazing volunteers who support us. Volunteers are crucial to our work as they enable us to achieve so much more within our limited resources. They also add to the friendly ambience of the Hospice. We have volunteers covering 45 different roles! These include gardening, hosting in the In-patient Unit and Day Therapy, cake baking, counselling, flower arranging, staffing our charity shops, fundraising, supporting our events, and many more.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Achievements in 2019/20 against our five-year strategy

We launched our five-year strategy in 2017 and are making good progress:

Objective 1. Develop our services to meet the changing needs of our population

What we wanted to achieve

- To build on the work that our Admiral Nurse had set up in partnership with Dementia UK and will be looking at how this valuable service can be commissioned in the long term. To evaluate the service to evidence the reach, impact and experience of the benefits of having an Admiral Nurse by creating a dashboard with data gathered from SystemOne, Outcome Assessment and Complexity Collaborative (OACC) outcome measures and evaluation forms.
- To secure funding from the CCG to deliver specialist palliative care community nurse services in the Fenlands by employing a specialist palliative care nurse in addition to the existing team at the AHDTC.
- To continue our efforts to secure funding to provide a key worker for the transitioning of Young Adults to work in partnership with EACH and Sue Ryder Thorpe Hall.
- To continue our efforts to identify areas of unmet need and explore how we can work with our partners to address gaps in services, collaborate and work to make efficiencies and improvements in patient care such as end of life care in heart failure and Motor Neurone Disease (MND).

What we achieved

- We took the decision to decommission the Admiral Nurse project in September 2019 in its current form following the departure of our Admiral Nurse. We are working with Cambridgeshire & Peterborough Foundation Trust (CPFT) the lead mental health organisation in the county on how best to support patients and carers who are living with dementia.
- A successful proposal for funding to deliver specialist palliative care community nurse services in the Fenlands by employing a specialist palliative care nurse in addition to the existing team at the AHDTC was submitted to the CCG.
- We have been successful in securing funding to work in partnership with EACH and Sue Ryder Hospice Thorpe Hall and are moving forward with this project to support young adults transitioning from children's services to adult services into our Hospices. We will be appointing a Transitioning Young Adults coordinator in 2020.
- We are continuing to work with our colleagues from Addenbrookes by hosting their weekly MND clinic at the hospice.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Objective 2. Broaden our reach to ensure we are meeting the needs of all who would want to benefit from our care and create greater equity of services

What we wanted to achieve

- To continue to expand our bereavement support in AHDTC Wisbech.
- To explore options for commissioning our two remaining beds on the in-patient unit in order to meet the changing health and social needs of our population, for example those end-of- life patients with complex neurological conditions.
- To continue to explore ways to maximise services delivered from the AHDTC.
- To re-established our internal Equality, Diversity and Inclusion Working Group and planned to agree our action plan to ensure our services are accessible to all.

What we achieved

- A Fenland team is now operating out of AHDTC with the aim of creating a multi-disciplinary team hub approach.
- Redevelopment and expansion works at AHDTC were completed in 2019 to accommodate the increasing volume and changing needs of people who require our care. AHDTC now has space with more treatment rooms with equipment to support patients with complex needs.
- Our internal Equality, Diversity and Inclusion Working Group has expanded its membership and continues to meet on a regular basis. We are establishing links with other organisations and providers to widen our reach into diverse communities and have set targets to increase diversity in our colleague, patient, volunteer and Trustee groups.
- In May 2019 ARHC was certified as a Disability Confident Employer.
- In July 2019 we signed up to the Cambridge City Council's Equality Pledge that to evidence our commitment us to appreciating and valuing the benefits that different communities contribute to Cambridge and the surrounding region.

Objective 3. Evaluate and continually improve our governance structure

What we wanted to achieve

- Our new CEO to work with our Trustees to review and further enhance our governance processes to ensure optimum efficiency and effectiveness.
- Each team to identify areas where quality can be further enriched within 2019/20 is the year of Quality Improvement.
- To implement software which will enable us to review OACC measures and make informed decisions around how our services are affecting patient outcomes.

What we achieved

- Four new trustees were appointed during the year.
- We consolidated our two clinical and business managers meeting groups into one group, Quality Development Group, who work together on a regular basis focusing on quality.
- We have implemented new software for collecting and reporting on our services and patient outcomes.
- The terms of reference of our Finance Committee were revised and the committee became the Finance and General Purposes Committee to reflect the wider governance remit the committee now has.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Objective 4. Develop our education and research capacity

What we wanted to achieve

- To undertake training needs analysis for our teams to identify skills gaps and training development needs so we can plan to ensure our workforce has the right skills fit for the future.
- To continue to work with Anglia Ruskin University (ARU) and explore opportunities to develop collaborative working with other education providers locally.
- To continue to link with the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) to undertake and participate in research relating to palliative and end of life care.
- To review our education programme and ensure staff are trained to deliver high quality end of life care. We will develop our existing staff to enable them to teach others.

What we achieved

- We have rolled out teaching programmes for our colleagues.
- We have delivered a Masters module with ARU, the cohort included a group of ARHC colleagues. Due to the success of this first cohort, ARU has commissioned the module for the following year.
- We have reinstated our internal research group and are participating in a number of research projects.
- We have rolled out the first teaching programme for our colleagues following the success of this the programme will be rolled out to future cohorts.

Objective 5. Develop the financial and operational resilience of the charity

What we wanted to achieve

- We will continue to explore innovative ways to increase our income and manage resources effectively.
- We will review our business continuity plans in relation to Brexit to mitigate risks to our service delivery and align these with our emergency preparedness and resilience response policy so that we have one document for managing major incidents. We will test our business continuity plans to ensure they are robust and we will refine as necessary.
- We will work collaboratively with the CCG as they review all service provision to ensure that the Hospice continues to provide excellent value for money and is proactive in identifying and planning to meet the needs of our local communities.
- We will launch our "Help Us Be There" campaign with the ambition of raising £100,000 to provide an additional 200 nights of Hospice at Home support.

What we achieved

- We had a team of colleagues from across the organisation working on a robust emergency preparedness plan in readiness for Brexit. We have prepared a business continuity plan in response to Covid 19. Emergency preparedness plans are reviewed on a regular basis by the senior management team with regular referral to the Trustees.
- We continue to work collaboratively with the CCG to develop our service provision to ensure this meets the needs of our community.
- Our "Help us be there" campaign was successfully launched and our target achieved enabling us to put in provision to give support for an additional 200 nights.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Objective 6. Support and develop our staff and volunteers

What we wanted to achieve

- To continue our work with the Education team to review our education plans and upskill our staff.
- To continue to implement our staff survey action plan, with regular progress reports being made to staff and senior leaders. We will seek to engage champions within the workforce to encourage maximum participation for the 2020 survey.
- To review our workforce to ensure we have the right skills in the right place. We will look at introducing the role of Nursing Associate to the Hospice and will look at mapping out career progression opportunities for staff.
- To continue to build on the work we have commenced on our staff recognition programme and on establishing our long service award scheme.
- To develop an organisational workforce development programme, including a review of the appraisal process.
- To re-shape our volunteer support team to better equip us to value and support our fantastic group of volunteers as well as recruit new volunteers.
- To analyse the results of our second volunteer survey and implement an action plan to address any areas for improvement.
- To seek to further support our staff by involving them in the creation of our Well-being Strategy.
- To continue to investigate new and innovative opportunities for volunteers to support us across all of our services.

What we achieved

- A Well-being day for our colleagues took place with a variety of sessions available for colleagues throughout the day. A well-being group is working on continual plans to support colleagues'.
- The action plan from the last staff survey has been implemented.
- A workforce strategy is being developed.
- A volunteer survey took place and action plan created.
- Volunteer forums are regularly well attended with positive engagement from our volunteers.
- A new volunteer handbook is now in place to provide a central resource for guidance, policies and procedures for our wonderful volunteers.

Patients supported

The hospice has supported increased numbers of patients during the year:

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Number of referrals	19/20	18/19
In-patient Unit (specialist beds)	311	282
In-patient Unit (nurse-led beds)	468	438
Day Therapy	274	288
Hospice at Home	851	739
Specialist Palliative Care Home Team	837	886
Lymphoedema	197	182
Patient and Family Support Services	254	256
Pain Management	33	32
Complementary Therapy	227	259
Medical Outpatient and Domiciliary	181	149
Community HUB	259	128
Alan Hudson Day Treatment Centre	366	246
Transitioning Young Adults	1	-
Total	4,259	3,885
Number of face-to-face contacts/appointments	19/20	18/19
Day Therapy	2,196	2,050
Hospice at Home	3,238	1,901
Specialist Palliative Care Home Team	1,921	2,019
Lymphoedema	990	1,210
Patient and Family Support Services	959	780
Pain Management	41	31
Complementary Therapy	642	724
Medical Outpatients and Domiciliary	251	217
Community HUB	7	40
Alan Hudson Day Treatment Centre	3,358	2,214
Transitioning Young Adults	5	-
Total	13,608	11,186
Number of telephone contacts	19/20	18/19
Day Therapy	1,346	781
Hospice at Home	5,260	4,039
Specialist Palliative Care Home Team	7,034	6,109
Lymphoedema	1,109	752
Patient and Family Support Services	621	422
Pain Management	36	15
Complementary Therapy	361	258
Medical Outpatients and Domiciliary	533	320
Community HUB	1,993	1,401
Alan Hudson Day Treatment Centre	3,334	1,562
Transitioning Young Adults	6	-
Total	21,633	15,659

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

In-patient Unit (specialist beds)	19/20	18/19
Number of beds	12	12
Bed occupancy	87%	89%
Number of patients	228	189
Number of discharges	218	178
Average duration (days)	18.2	22.5
Available bed days	4,392	4,380
In-patient Unit (nurse-led beds)	19/20	18/19
Number of beds	9	9
Bed occupancy	78%	74%
Number of patients	214	216
Number of discharges	209	208
Average duration (days)	11.9	10.5
Available bed days	3,294	3,285
Alan Hudson Day Treatment Centre – Wisbech	19/20	18/19
Day Care Sessions Attended	460	728
Treatments Provided	2,349	2,085
Inpatients on Trafford Ward Supported	47	41

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

Approach to fundraising



We are registered with the Fundraising Regulator, we are a member of both Hospice UK and the Hospice Income Generation Network and we are committed to our Ethical Fundraising Promise.

The team comprises professional paid fundraising colleagues who work closely alongside a supporter care team to build meaningful connections with new supporters whilst deepening relationships with longer term supporters.

In this financial year, we have strengthened our team by appointing a Head of Fundraising. This investment allowed us to further our fundraising activities, refine our practices and essentially develop our understanding of the richness of the support we receive from our community. It is recognised that the quality of the care offered by our clinical colleagues is the foundation of our fundraising and therefore we aim to mirror this excellence in all areas of our work.

The work we undertake includes fundraising with large corporates and local businesses as well making grant and trust applications. It also involves traditional community fundraising with individuals and groups, as well as organising our own various challenges and events which are, on occasions, delivered in conjunction with a third party such as Romsey Mill and Just Helping. As a Hospice, our Charity receives significant in-memory gifts and has seen an increase in funds received through gifts in wills. These thoughtful gifts are integral to our plans to ensure that all those in our community who require our care are able to benefit from the various services that we provide'

As experts in their field we work with Your Hospice Lottery to deliver our lottery. This long-standing partnership ensures a reliable and quality approach to fundraising which is also risk free as the income is received via quarterly royalties. The Lottery pay out all prize funds and cover all management costs. Any surplus is reinvested into St. Helena Hospice in Colchester, the Hospice which own Your Hospice Lottery. Quarterly meetings are held to provide regular updates and to ensure that good practice is adhered to at all times.

The Board of Trustees, our Senior Leadership Team and colleagues recognise the Charity is held in high esteem by its community. The Charity prides itself on being transparent about the activities used to generate income, as well as how it spends the income generated on service provision'. It is important to be able to demonstrate the impact of any money raised and show that as much of the money raised as possible goes towards providing patient care.

Our team is bolstered by a large number of volunteers. The roles undertaken range from Ambassadors helping raise the profile of the Charity, to people supporting on community-led fundraising activities, to people helping with preparation for events, to those counting the cash collected during events. All of these people are valuable extensions to our network and enable us to build the best possible relationships with our supporters.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Achievements and performance (CONTINUED)

The consolidation of our fundraising development committee and trading board has enabled us to create an Income Generation Committee. This committee works closely with the fundraising team to evaluate previous activities and to plan for the future. The actions from these meetings are then shared at each Trustees meeting.

The Charity operates a 'legitimate interests' approach to the way in which it communicates with its supporters. We send out a quarterly newsletter by post and a monthly e-newsletter for those who have shared their preference for email communications. Both approaches invite support through registrations for events and activities as well as donations.

Complaints received from supporters

In 2019/20, the Charity received two communication opt outs from the Fundraising Regulator, an increase of one 2018/19. We received four reports of Spam from the 70,000 plus emails sent in the same period, a reduction of 18 reports in the previous year. All of these were dealt with promptly and fully.

Protection of the public

All fundraising colleagues operate in accordance with the General Data Protection Regulations (GDPR). Training on GDPR is further supported by regulated mandatory training undertaken (including safeguarding of adults and data security) and other relevant courses available through the Charity's education programme.

The Charity stores patient and supporter data separately to ensure patient confidentiality is protected at all times. Colleagues are aware the respect and future sustainability of the Charity rests on building long term relationships. Fundraising colleagues are not incentivised and work within the framework set out within the Code of Fundraising.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

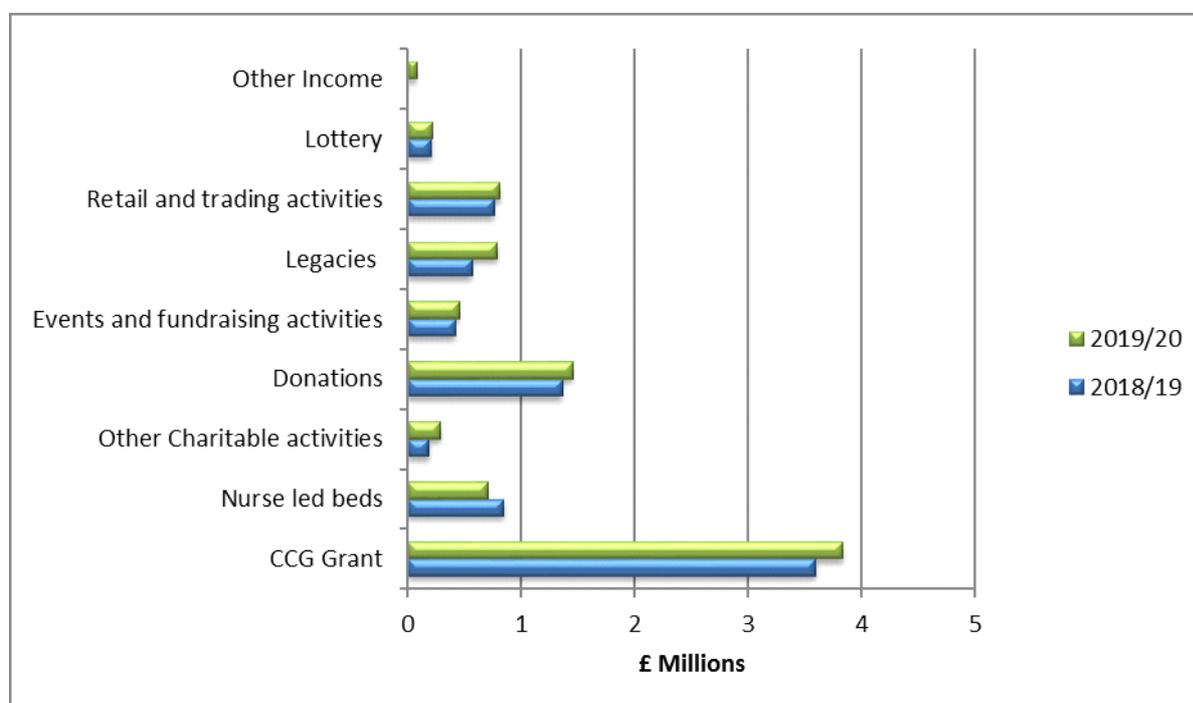
TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Financial review (CONTINUED)

Although this has been a financially challenging year for the charity we are pleased to report an increase in income on the prior year. Expenditure has been managed tightly and through this prudent management of expenditure we are pleased to report a net surplus of £592k. (2019: £112k). This surplus has resulted in an increase in reserves to £9.6m.

Income

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



- The charity's total income was £8.63m (2019: £7.95m).
- We are indebted to our generous donors and supporters for their continued commitment to the hospice, this year fundraising income was £1.90m, an increase of £120k on the income from the previous year due to an increased level of donations.
- The charity is extremely grateful for all Gifts in Wills and income for the year was £787k. The income from these gifts was £221k higher than last year.
- The income from the charity's shops and other retail activities was £814k which was an increase of £55k on the previous year. Our income also includes Covid 19 Business Support Grant funding totalling £80k.
- Our NHS income, including the NLB projects increased by £90k to £4.53m in the current year; which combined with the CCG commissioned income comprises 53% of our total income. The increase in the income was as a direct result of a non-recurrent allocation of funding allocated by the Government for hospices.

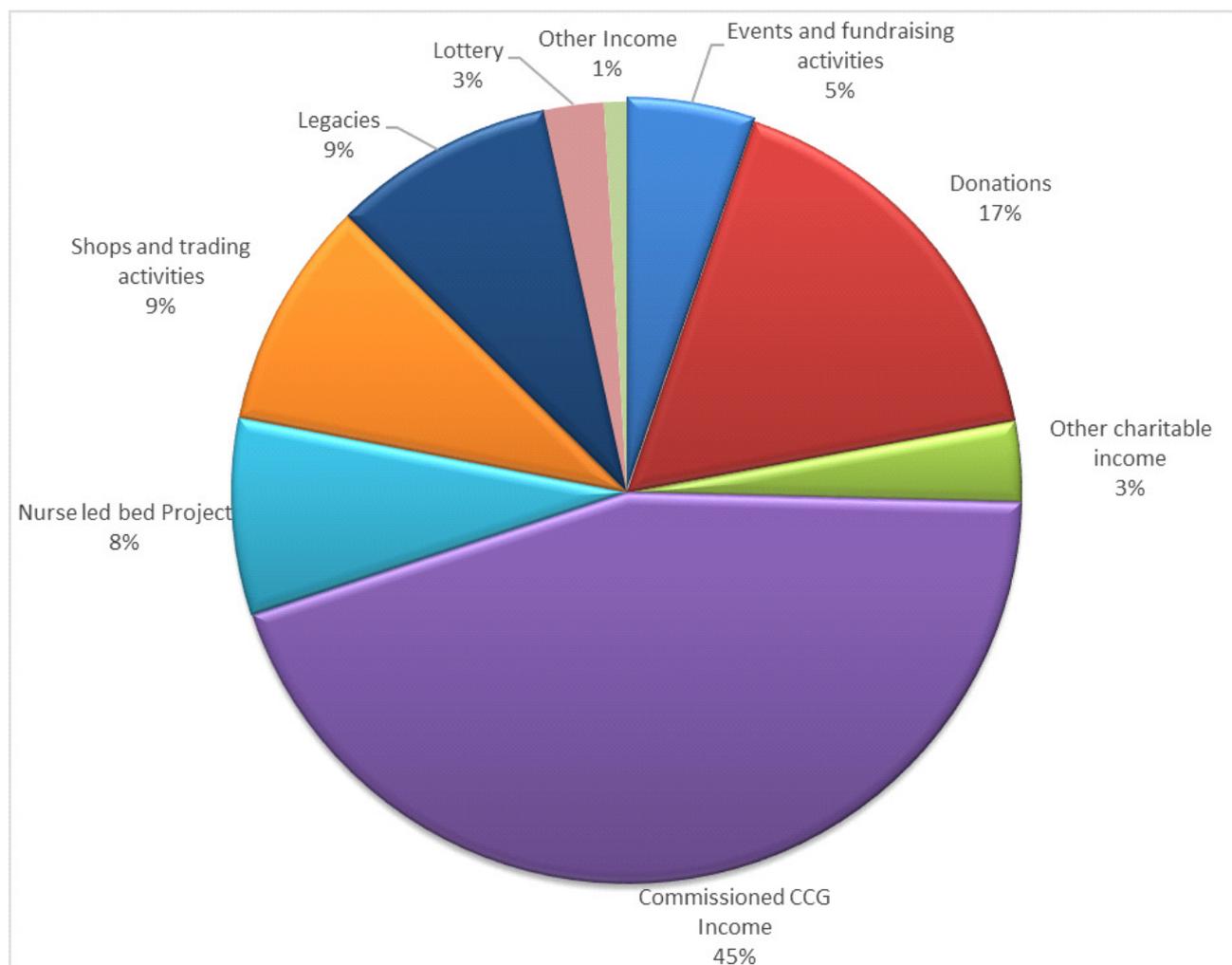
ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Financial review (CONTINUED)

- The charity was extremely grateful to receive £366k (2019: £453k) in both unrestricted and restricted grants and donations from charitable trusts. Trust donors included: The Hudson Foundation, Garfield Weston Foundation, Dragonfly Charitable Trust, Evelyn Trust, Girton Town Charity, Wolfson Foundation, Friends of Wisbech Hospitals, Dementia UK, Hospice UK / St James's Place, Cambridgeshire Community Foundation, Albert Hunt Trust, Golden Bottle Trust, Northwick Trust, DG Marshall of Cambridge Trust, D'Oyly Carte Charitable Trust, Atkin Foundation, Greenhall Foundation, Strangward Charitable Trust, Masonic Charitable Foundation, Batterson Chivers Foundation and the Bernard Sunley Charitable Foundation

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



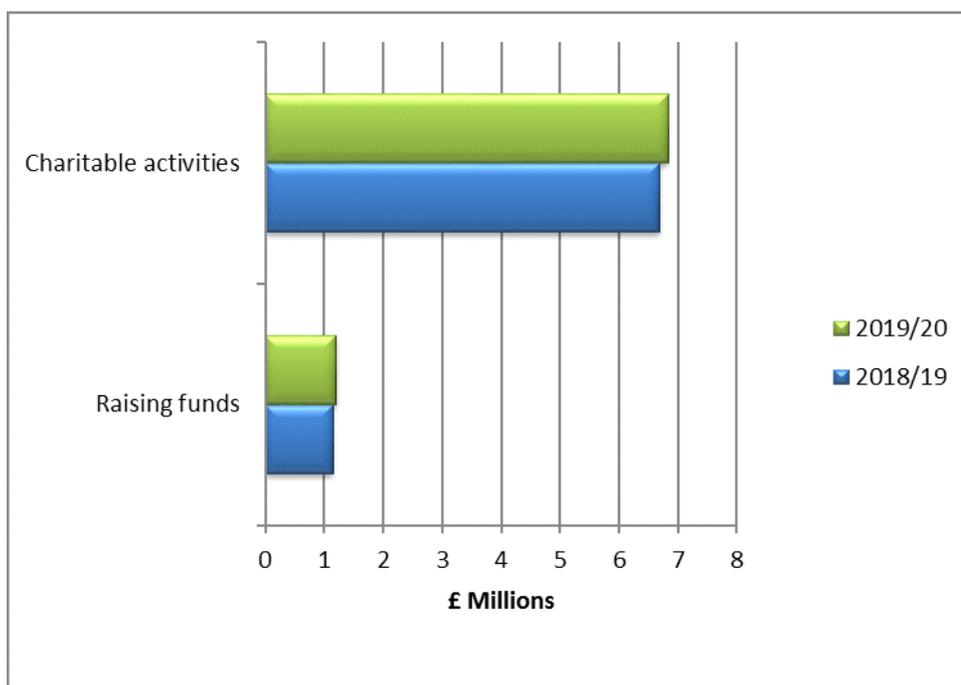
ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Financial review (CONTINUED)

Expenditure

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



Overall expenditure increased this year to £8.04m from £7.84m last year.

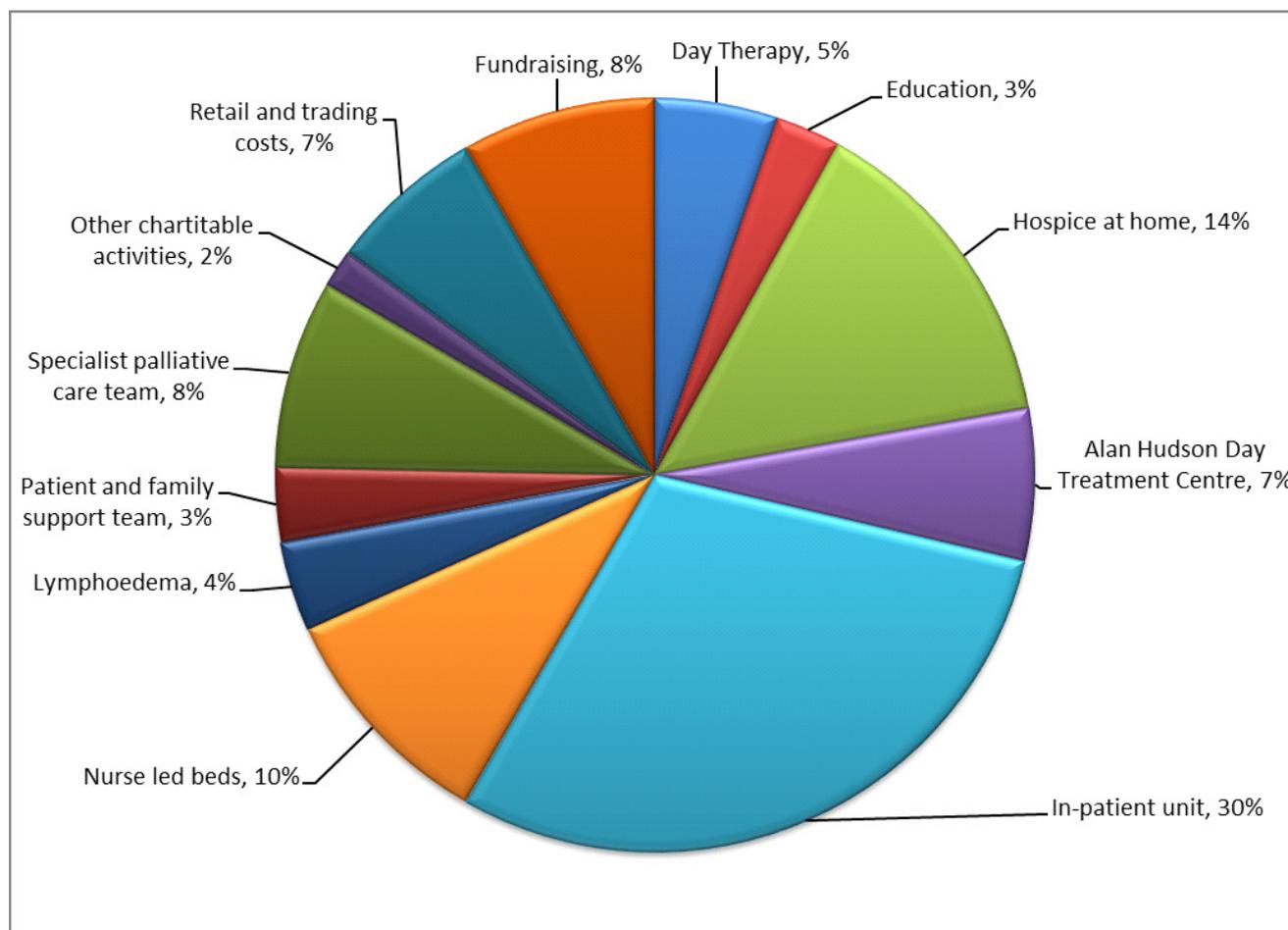
- 85% of all the expenditure this year has been spent on charitable activities.
- The expenditure on direct charitable care has increased by £40k to £5.07m (2019: £5.03m) as an increased number of patients have been supported.
- £1.94m (2019: £1.81m) was spent supporting direct delivery of charitable care. This included (but is not restricted to) medical, clinical administrative support, facilities and catering, the management team, communications, finance and IT.
- £666k was spent on fundraising activities (2019: £604k). This excludes the fundraising costs of retail activities totalling £536k (2019: £547k), of which £11k were incurred in the charity's trading company highlighted below.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Financial review (CONTINUED)

This graph below shows the proportion of expenditure within each area.



Trading Company - Arthur Rank Hospice Limited

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

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

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

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

Gross income from retail activities was £305k (2019: £258k). Expenditure was £170k (2019: £95k), this had increased from the previous year as a result of the inclusion of an internal management charge to reflect the trading activity undertaken by staff within the charity. The net amount covenanted to the charity was £135k (2019: £163k).

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Financial review (CONTINUED)

The net profit that can be attributed to retail activities is £135k (2019: £163k).

Going concern

After making appropriate enquiries, the Trustees have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the accounting policies.

Reserves policy

Following the major transformation when the charity went independent in August 2015 and the significant expenditure incurred in building and moving in to the new hospice, the Trustees gave careful consideration to what level of reserves the charity should aim to hold following this change.

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

Using the definition of reserves proposed by the Charity Commission, the Trustees believe the charity should target liquid free reserve levels of £2m over the next ten years. This is equivalent to 3–4 months' total cash running costs, based on our current estimates for 2019/20.

Total free reserves of the charity at 31 March 2020 were £1.73m (31 March 2019: £1.06m). Free reserves comprise those funds that are freely available to spend on any of the charity's purposes. This excludes restricted funds and tangible fixed assets held for the charity's use. The 2019/20 surplus has contributed to an increase in reserves, however the level is still currently below our target level. The Trustees monitor income and expenditure against budget closely. We continually review revenue with an aim to rebuild reserves to the target level as soon as it is prudent.

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

Management and Trustees have prepared detailed month-by-month budgets for the year ending 31 March 2021 and a forecast for the next twelve months taking into account the impact of Covid 19 on our fundraising, retail and trading income. There are less detailed projections for the following years. No material uncertainties related to events or conditions that might cast doubt about the ability of the charity to continue as a going concern over the next two years have been identified by the Trustees. Accordingly, the Trustees are of the view that the charity is a going concern.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Financial review (CONTINUED)

Material investments policy

In accordance with the charity's constitution, the Trustees have the power to invest in such stocks, shares, investments and property as they see fit. The Trustees are mindful of the recommendation of the Charity Commission with regard to the management of investments and have a sub-group of the Finance Committee to focus on investment. The charity has also developed a formal investment policy and strategy which has been approved by the Trustees. However due to the current financial situation of the Charity the investment sub-group is dormant until such times as we are in a position to invest.

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Financial review (CONTINUED)

Risk management

A comprehensive risk register is maintained by the senior leadership team and reviewed by the Trustees at least twice a year, and more frequently if necessary.

For each specific risk, the register describes the risk and assesses the level of risk, the likelihood of it happening and the potential impact. The register also includes proposed mitigation for each risk.

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

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

Principal risks	Management of risk
Risk that if there is a prolonged period with reduction in income from the various income streams, there could be impact on the organisation's ability to deliver services and the strategic objectives	<ul style="list-style-type: none"> ▪ Monthly expenditure is closely monitored ▪ The Finance and General Purposes Committee regularly consider the implications of this ▪ Trustees are kept fully informed via Trustee Meetings ▪ The impact on income as a result of Covid 19 is closely monitored by the Trustees and senior leadership team ▪ Regular forecasts of income and expenditure taking account of the impact of Covid 19 are prepared and reviewed.
Risk of Covid 19 outbreak affecting hospice users and staff	<ul style="list-style-type: none"> ▪ Prevention and infection control measures in place ▪ Detailed risk assessments have been carried out and publish on our website for each service area.
Risk that the NHS will have an expectation that the charity will significantly increase its share of funding over a very short period of time and will want to disinvest	<ul style="list-style-type: none"> ▪ Close monitoring of any information coming from the CCG ▪ The expectations of the CCG are managed. Assurances have been given that the CCG are keen to maintain the service ▪ Close monitoring of monthly spending ▪ Trustees are kept fully informed
Risk of a significant drop in legacy income and therefore a lower than expected revenue income	<ul style="list-style-type: none"> ▪ Monthly spend is closely managed ▪ The Finance and General Purposes Committee regularly considers the implications of this

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Structure, governance and management (CONTINUED)

Constitution

The charity is a charitable company limited by guarantee. The company was incorporated under Articles of Association on 25 November 2009 and is a registered charity, number 1133354. It received charitable status on 21 December 2009. The members of the company are the Trustees named below. In the event of the company being wound up, the liability of Trustees and members in respect of the guarantee is limited to £10 each.

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

The Trustees that served during the year were:

Isabel Napper, Chair of Trustees (resigned 13 June 2019)
Natalie Acton (appointed 13 June 2019)
Jennifer Brook (resigned 12 December 2019)
Michael Fell (appointed 16 December 2019, resigned 8 September 2020)
Dr Arnold Fertig
Stephen Kay
Mark Kingstone (appointed 13 June 2019)
Kate Kirk
Dr Alex Manning
Meghan Mathieson (appointed 12 December 2019)
Lee Maughan
John Short
Rosy Stamp
Dr Mehrunisha Suleman (appointed 11 June 2020)

Biographical details of all trustees are included in the Annual Review and at www.arhc.org.uk

Appointment of Trustees

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

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Structure, governance and management (CONTINUED)

Policies adopted for the induction and training of Trustees

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

- the background and history of the hospice movement and palliative care;
- the working arrangements between the charity and the NHS;
- clinical aspects of the care at the Hospice; and
- strategy, expenditure, income generation and other detailed information about the charity

Trustees are also invited to observe service delivery where appropriate and feasible. This year, for example, Trustees have attended day therapy sessions, and visited the AHDTC at Wisbech.

Pay policy for key management personnel

The key management personnel of the charity and the group comprise the Trustees and the senior leadership team, being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, the Director of Fundraising and Communications and the Director of HR.

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

Trustees serve pro bono and voluntarily.

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Structure, governance and management (CONTINUED)

Organisational structure and decision-making policies

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

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

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

Clinical Governance:

Dr Alex Manning (Chair)
Dr Arnold Fertig
Kate Kirk
Rosy Stamp
John Short

Finance and General Purposes Committee:

Lee Maughan (Chair)
Jennifer Brook (resigned 12 December 2019)
Michael Fell (appointed 27 February 2020, resigned 8 September 2020)
Dr Arnold Fertig
Stephen Kay (appointed 17 August 2020)
Mark Kingstone (appointed 27 February 2020)

Remuneration and Nominations:

Rosy Stamp (Chair)
Stephen Kay
Isabel Napper (resigned 13 June 2019)
Jim Potter (Co-opted member)

Trading Company Board:

Lee Maughan (Chair)
Sharon Allen OBE (CEO) (appointed 2 May 2019)
Karen Field (Finance Director) (resigned 2 May 2019)
Kate Kirk (Trustee)
Lynn Morgan (CEO) (resigned 2 May 2019)
Peter Northmore (appointed 10 July 2019)
Jennifer Tunbridge (Finance Director) (appointed 2 May 2019)

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Structure, governance and management (CONTINUED)

Income Generation Committee:

Kate Kirk (Chair)

Lee Maughan

Diana Jakubowska (Co-opted member)

Jim Potter (Co-opted member)

Sharon Allen OBE (CEO) (appointed 1 April 2019)

Donna Talbot (Director of Fundraising and Communications)

Jennifer Tunbridge (Finance Director)

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Plans for future periods

Objectives for the next 12 months

In setting objectives for the year ending 31 March 2021, Trustees recognise the appropriateness of continuing with this year's objectives, and also the need to continually change, evolve and improve the charity's services in accordance with our five-year strategy. Accordingly, the charity's aims are to:

Objective 1. Develop our services to meet the changing needs of our population

- We will develop a hospice Dementia Strategy with local partners.
- We will secure funding from the CCG to develop and expand our Hospice at Home daytime and night time provision.
- We will secure funding from the CCG and work in partnership with Herts Urgent Care to develop a Palliative Hub for Cambridgeshire & Peterborough
- We will recruit a Co-ordinator for the Transitioning Young Adults project working in partnership with EACH and Sue Ryder Thorpe Hall. Develop a programme of work and a set KPI's to monitor the project.

Objective 2. Broaden our reach to ensure we are meeting the needs of all who would benefit from our care and create greater equity of service

- We will develop and expand the areas covered by our Hospice at Home daytime and night time provision
- Our Caring Communities project will support patients who have completed their eight week Day Therapy programme and they or their carer are at risk of isolation in the community.
- Our internal Equality, Diversity and Inclusion Working Group will take their action plan forward to ensure our services are accessible to all and that our organisation (colleagues, patients, trustees and volunteers) is more representative of our local community.

Objective 3. Evaluate and continuously improve our governance structure

- We will undertake an external governance review
- We will continue to focus on quality improvement with each team identifying areas where quality can be further enriched.
- We will agree and implement a succession plan for Trustees.

Objective 4. Develop our education and research capacity

- We will continue to work with Local Authority colleagues to support local care providers
- We will continue to work with ARU and explore opportunities to develop collaborative working with other education providers locally.
- We will continue to link with the CLAHRC to undertake and participate in research relating to palliative and end of life care.
- We have re-instated our Research Group and will agree a programme of work for the group.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

Plans for future periods (CONTINUED)

Objective 5. Develop the financial and operational resilience of the charity

- We will continue to explore innovative ways to increase our income and manage resources effectively.
- We will review our business continuity plans in relation to Covid 19 and Brexit to mitigate risks to our service delivery and align these with our emergency preparedness and resilience response policy. We will test our business continuity plans to ensure they are robust and we will refine as necessary.
- We will launch our new website to meet the changing needs of the charity.
- We will launch an SOS campaign with the ambition of raising funds to support our services in response to the impact on our income generation as a result of Covid 19.
- We will review our fundraising events as a result of the Covid 19 lockdown to come up with innovative ways of maintaining these over the next twelve months.
- We will open a new retail hub unit to add diversification to our high street shops and grow our online sales revenue.

Objective 6. Support and develop our colleagues and volunteers

- We will continue our work with the Education team to review our education plans and upskill our colleagues.
- We will improve the recruitment pages on our website to promote the benefits and ARHC as an employer of choice.
- We will review the appraisal process for colleagues and align this to our operational plans.
- We will continue with our Well-being Strategy.
- We will continue with our regular volunteer forums to engage with our volunteers.

Covid 19

As a result of Covid 19 many of our services are offering virtual sessions and consultations.

Day Therapy are offering virtual sessions where patients join the team by video call for their weekly programme of group sessions such as exercise, management of fatigue, anxiety of breathlessness, music therapy and relaxation.

Our Clinical Nurse Specialists, The Alan Hudson Day Treatment Centre, our Patient and Family Support Team and Complementary Therapists have all changed their practices and are all offering virtual consultations and support.

Over the next year we will continue to monitor the effect of Covid 19 on our service provision. We will review and update our risk assessments and keep the effects of the lockdown on our income and expenditure under close and regular review.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

TRUSTEES' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2020

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP (FRS 102);
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Group will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Group and the company's transactions and disclose with reasonable accuracy at any time the financial position of the Group and the 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 Group and the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Disclosure of information to auditors

Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

- so far as that Trustee is aware, there is no relevant audit information of which the charitable group's auditors are unaware, and
- that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any relevant audit information and to establish that the charitable group's auditors are aware of that information.

Auditors

The auditors, Peters Elworthy & Moore, have indicated their willingness to continue in office. The designated Trustees will propose a motion reappointing the auditors at a meeting of the Trustees.

Approved by order of the members of the board of Trustees and signed on their behalf by:

Kate Kirk
Chair
Date:

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

OPINION

We have audited the financial statements of Arthur Rank Hospice Charity (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2020 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Company balance sheet, the Consolidated statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and of the parent charitable company's affairs as at 31 March 2020 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

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

CONCLUSIONS RELATING TO GOING CONCERN

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Group's or the parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

OTHER INFORMATION

The Trustees are responsible for the other information. The other information comprises the information included in the Annual report, other than the financial statements and our Auditors' report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

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

RESPONSIBILITIES OF TRUSTEES

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

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

AUDITORS' RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

USE OF OUR REPORT

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

Jayne Rowe (Senior statutory auditor)

for and on behalf of

Peters Elworthy & Moore

Chartered Accountants

Statutory Auditors

Salisbury House

Station Road

Cambridge

CB1 2LA

Date:

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2020**

	Note	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
INCOME FROM:					
Donations and legacies	3	1,786,164	452,594	2,238,758	1,931,194
Charitable activities	4	821,439	4,005,439	4,826,878	4,631,971
Other trading activities	5	1,549,057	8,332	1,557,389	1,384,641
Investments	6	5,231	-	5,231	2,976
		<u>4,161,891</u>	<u>4,466,365</u>	<u>8,628,256</u>	<u>7,950,782</u>
TOTAL INCOME					
EXPENDITURE ON:					
Raising funds	7	1,201,333	-	1,201,333	1,151,190
Charitable activities	7	2,692,843	4,141,705	6,834,548	6,688,411
		<u>3,894,176</u>	<u>4,141,705</u>	<u>8,035,881</u>	<u>7,839,601</u>
TOTAL EXPENDITURE					
		<u>267,715</u>	<u>324,660</u>	<u>592,375</u>	<u>111,181</u>
NET INCOME					
Transfers between funds	21	(817)	817	-	-
		<u>266,898</u>	<u>325,477</u>	<u>592,375</u>	<u>111,181</u>
NET MOVEMENT IN FUNDS					
RECONCILIATION OF FUNDS:					
Total funds brought forward		8,711,451	296,642	9,008,093	8,896,912
Net movement in funds		266,898	325,477	592,375	111,181
		<u>8,978,349</u>	<u>622,119</u>	<u>9,600,468</u>	<u>9,008,093</u>
TOTAL FUNDS CARRIED FORWARD					

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

The notes on pages 42 to 65 form part of these financial statements.

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

CONSOLIDATED BALANCE SHEET
AS AT 31 MARCH 2020

	Note	2020 £	2019 £
FIXED ASSETS			
Tangible assets	15	10,577,066	10,975,160
		10,577,066	10,975,160
CURRENT ASSETS			
Stocks	17	13,156	9,665
Debtors	18	1,220,226	844,447
Cash at bank and in hand		1,905,293	1,570,626
		3,138,675	2,424,738
Creditors: amounts falling due within one year	19	(675,273)	(791,805)
		2,463,402	1,632,933
NET CURRENT ASSETS		2,463,402	1,632,933
TOTAL ASSETS LESS CURRENT LIABILITIES		13,040,468	12,608,093
Creditors: amounts falling due after more than one year	20	(3,440,000)	(3,600,000)
TOTAL NET ASSETS		9,600,468	9,008,093
CHARITY FUNDS			
Restricted funds	21	622,119	296,642
Unrestricted funds	21	8,978,349	8,711,451
TOTAL FUNDS		9,600,468	9,008,093

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

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

Kate Kirk
Chair
Date:

Lee Maughan
Trustee

The notes on pages 42 to 65 form part of these financial statements.

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

COMPANY BALANCE SHEET
AS AT 31 MARCH 2020

	Note	2020 £	2019 £
FIXED ASSETS			
Tangible assets	15	11,234,371	11,632,465
Investments	16	10,000	10,000
		11,244,371	11,642,465
CURRENT ASSETS			
Stocks	17	724	814
Debtors	18	1,236,308	865,361
Cash at bank and in hand		1,830,670	1,488,700
		3,067,702	2,354,875
Creditors: amounts falling due within one year	19	(648,428)	(766,070)
		2,419,274	1,588,805
NET CURRENT ASSETS		2,419,274	1,588,805
TOTAL ASSETS LESS CURRENT LIABILITIES		13,663,645	13,231,270
Creditors: amounts falling due after more than one year	20	(3,440,000)	(3,600,000)
TOTAL NET ASSETS		10,223,645	9,631,270
CHARITY FUNDS			
Restricted funds	22	622,119	296,642
Unrestricted funds	22	9,601,526	9,334,628
TOTAL FUNDS		10,223,645	9,631,270

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

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

Kate Kirk
Chair
Date:

Lee Maughan
Trustee

The notes on pages 42 to 65 form part of these financial statements.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2020

	Note	2020 £	2019 £
CASH FLOWS FROM OPERATING ACTIVITIES			
Net cash used in operating activities	24	540,076	248,617
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of tangible fixed assets		(125,822)	(226,253)
NET CASH USED IN INVESTING ACTIVITIES			
		(125,822)	(226,253)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayments of borrowing		(79,587)	(80,925)
NET CASH USED IN FINANCING ACTIVITIES			
		(79,587)	(80,925)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR			
Cash and cash equivalents at the beginning of the year		1,570,626	1,629,187
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR			
	25	1,905,293	1,570,626

The notes on pages 42 to 65 form part of these financial statements

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

1. ACCOUNTING POLICIES

1.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

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

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

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

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

1.2 GOING CONCERN

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

1.3 FUND ACCOUNTING

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

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

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

1. ACCOUNTING POLICIES (CONTINUED)

1.4 INCOME

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

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

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

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

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

Donated goods for resale are recognised once sold.

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

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

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

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

1. ACCOUNTING POLICIES (CONTINUED)

1.5 EXPENDITURE

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

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

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company. Governance costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

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

All expenditure is inclusive of irrecoverable VAT.

1.6 INTEREST RECEIVABLE

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Group; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

1.7 TANGIBLE FIXED ASSETS AND DEPRECIATION

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

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the Consolidated statement of financial activities.

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

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

Depreciation is provided on the following bases:

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

1. ACCOUNTING POLICIES (CONTINUED)

1.8 INVESTMENTS

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

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

1.9 STOCKS

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

1.10 DEBTORS

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

1.11 CASH AT BANK AND IN HAND

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

1.12 LIABILITIES AND PROVISIONS

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

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

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

1.13 FINANCIAL INSTRUMENTS

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

1. ACCOUNTING POLICIES (CONTINUED)

1.14 OPERATING LEASES

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

1.15 PENSIONS

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

The Charity also contributes to the NHS defined benefit scheme for members of staff who transferred to it with NHS pension scheme membership. It is not possible to identify the Charity's share of assets in this scheme and therefore contributions are accounted for as if they were made to a defined contribution scheme.

2. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGMENT

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

Critical accounting estimates and assumptions:

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

Critical areas of judgment:

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

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

3. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Donations	899,596	186,890	1,086,486	912,316
Legacies	769,878	16,762	786,640	565,771
Grants	116,690	248,942	365,632	453,107
	<u>1,786,164</u>	<u>452,594</u>	<u>2,238,758</u>	<u>1,931,194</u>
TOTAL 2019	<u>1,411,570</u>	<u>519,624</u>	<u>1,931,194</u>	

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Grant from CCG to deliver end-of-life care	-	3,840,400	3,840,400	3,600,000
Education	6,007	-	6,007	8,185
Other statutory income	1,784	165,000	166,784	175,569
Other	110,800	39	110,839	90
Contract Income for Nurse led beds	702,848	-	702,848	848,127
	<u>821,439</u>	<u>4,005,439</u>	<u>4,826,878</u>	<u>4,631,971</u>
TOTAL 2019	<u>1,031,776</u>	<u>3,600,195</u>	<u>4,631,971</u>	

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

5. INCOME FROM OTHER TRADING ACTIVITIES

Income from fundraising events

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Events and fundraising	416,492	4,525	421,017	385,464
Other	110,048	760	110,808	31,995
Shop and trading income	813,582	5	813,587	758,275
Lottery income	208,935	3,042	211,977	208,907
	<u>1,549,057</u>	<u>8,332</u>	<u>1,557,389</u>	<u>1,384,641</u>
TOTAL 2019	<u><u>1,369,725</u></u>	<u><u>14,916</u></u>	<u><u>1,384,641</u></u>	

Included in other unrestricted is £20,935 (2019: £28,621) of gifts in kind.

6. INVESTMENT INCOME

	Unrestricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Interest	5,231	5,231	2,976
	<u>5,231</u>	<u>5,231</u>	<u>2,976</u>
TOTAL 2019	<u><u>2,976</u></u>	<u><u>2,976</u></u>	

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

7. ANALYSIS OF CHARITABLE EXPENDITURE BY ACTIVITY

	Direct costs 2020 £	Support costs 2020 £	Total funds 2020 £	Total funds 2019 £
Fundraising, Retail and Trading	954,919	246,414	1,201,333	1,151,190
Hospice care services	5,069,378	1,765,170	6,834,548	6,688,411
	<u>6,024,297</u>	<u>2,011,584</u>	<u>8,035,881</u>	<u>7,839,601</u>
TOTAL 2019	<u>5,967,865</u>	<u>1,871,736</u>	<u>7,839,601</u>	

8. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2020 £	Support costs 2020 £	Total funds 2020 £	Total funds 2019 £
Challenges	36,912	10,259	47,171	41,137
Collections	8,165	2,269	10,434	10,431
Community fundraising costs	74,966	20,835	95,801	86,662
Events	104,057	28,920	132,977	133,886
Fundraising costs	176,419	49,032	225,451	189,135
Corporate	26,026	7,233	33,259	43,310
Legacies	28,940	8,043	36,983	27,139
Trusts	13,778	3,829	17,607	13,258
Engagement	51,759	14,386	66,145	59,054
Retail	433,897	101,608	535,505	547,178
	<u>954,919</u>	<u>246,414</u>	<u>1,201,333</u>	<u>1,151,190</u>
TOTAL 2019	<u>937,666</u>	<u>213,524</u>	<u>1,151,190</u>	

All expenditure in 2019 was unrestricted.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

9. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Direct costs 2020 £	Support costs 2020 £	Total funds 2020 £	Total funds 2019 £
Day therapy	310,535	108,129	418,664	420,513
Education	167,519	58,331	225,850	227,843
Hospice at home	843,037	293,547	1,136,584	1,018,058
Alan Hudson Day Treatment Centre	388,606	135,314	523,920	407,872
In patient unit	1,765,007	614,580	2,379,587	2,340,375
Nurse led beds	595,129	207,225	802,354	948,435
Lymphoedema	229,424	79,886	309,310	319,306
Patient and family support team	190,443	66,313	256,756	236,106
Specialist palliative care team	482,457	167,993	650,450	608,520
Cancer nursing support	-	-	-	31,872
Transitioning Young Adults Project	300	104	404	-
Complementary therapy	8,004	2,787	10,791	14,520
Voluntary services	65,214	22,708	87,922	72,950
Dementia project admiral nurse	23,703	8,253	31,956	42,041
	<u>5,069,378</u>	<u>1,765,170</u>	<u>6,834,548</u>	<u>6,688,411</u>
TOTAL 2019	<u>5,030,199</u>	<u>1,658,212</u>	<u>6,688,411</u>	

In the year ended 31 March 2019, £4,104,156 was attributable to restricted funds, and £2,584,255 was attributable to unrestricted funds.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

10. SUPPORT AND GOVERNANCE COSTS

	Staff costs 2020 £	Other 2020 £	Loan financing 2020 £	Total funds 2020 £	Total funds 2019 £
Facilities: Estates and catering	260,630	279,425	-	540,055	577,010
Central costs	356,800	205,659	123,323	685,782	624,449
Finance	161,848	20,253	-	182,101	164,662
Human resources	112,126	41,039	-	153,165	139,260
IT	-	220,105	-	220,105	205,230
Insurance	-	52,678	-	52,678	-
Public relations	59,059	47,429	-	106,488	89,741
Governance	46,111	25,099	-	71,210	71,384
	<u>996,574</u>	<u>891,687</u>	<u>123,323</u>	<u>2,011,584</u>	<u>1,871,736</u>
TOTAL 2019	<u><u>986,067</u></u>	<u><u>762,346</u></u>	<u><u>123,323</u></u>	<u><u>1,871,736</u></u>	

11. EXPENDITURE BY TYPE

	Charitable direct costs 2020 £	Fundraising direct costs 2020 £	Support costs 2020 £	Total funds 2020 £	Total funds 2019 £
Staff costs	4,050,749	612,310	996,574	5,659,633	5,501,569
Leases and rent	51,358	90,807	-	142,165	157,444
Loan financing costs	-	-	123,323	123,323	123,323
Other	921,615	242,393	422,837	1,586,845	1,561,947
Depreciation	45,656	9,409	468,850	523,915	495,318
	<u>5,069,378</u>	<u>954,919</u>	<u>2,011,584</u>	<u>8,035,881</u>	<u>7,839,601</u>
TOTAL 2019	<u><u>5,030,199</u></u>	<u><u>937,666</u></u>	<u><u>1,871,736</u></u>	<u><u>7,839,601</u></u>	

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

12. NET INCOME

This is stated after charging:

	2020	2019
	£	£
Auditors' remuneration - audit	16,762	15,230
Auditors' remuneration - other services	13,169	29,423
Depreciation of tangible fixed assets: owned by the charitable group	523,915	495,318
	<u><u> </u></u>	<u><u> </u></u>

13. STAFF COSTS

	Group 2020	Group 2019	Company 2020	Company 2019
	£	£	£	£
Wages and salaries	4,755,101	4,637,644	4,755,101	4,637,644
Social security costs	410,457	383,278	410,457	383,278
Contribution to defined contribution pension schemes	502,729	488,359	502,729	488,359
	<u><u>5,668,287</u></u>	<u><u>5,509,281</u></u>	<u><u>5,668,287</u></u>	<u><u>5,509,281</u></u>

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

	Group 2020	Group 2019
	No.	No.
Clinical services	134	134
Fundraising and communications	21	18
Support and governance	34	35
Bank staff	17	17
Retail	11	14
	<u><u>217</u></u>	<u><u>218</u></u>

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

13. STAFF COSTS (CONTINUED)

The average headcount expressed as full-time equivalents was:

	Group 2020 No.	Group 2019 No.
Clinical services	105	99
Fundraising and communications	16	14
Support and governance	30	31
Bank staff	14	22
Retail	10	10
	<hr/> 175 <hr/>	<hr/> 176 <hr/>

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

	Group 2020 No.	Group 2019 No.
In the band £60,001 - £70,000	2	1
In the band £70,001 - £80,000	-	1
In the band £80,001 - £90,000	1	-
In the band £90,001 - £100,000	2	1
In the band £100,001 - £110,000	-	1

The key management personnel of the Charity and the Group comprise the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, HR Director and the Director of Fundraising and Communications. The total employment costs including salaries, employer pension contributions and employers national insurance of key management personnel were £504,070 (2019: £381,861).

14. TRUSTEES' REMUNERATION AND EXPENSES

During the year ended 31 March 2020, no Trustees received any remuneration or other benefits (2019 - £NIL).

During the year ended 31 March 2020, no Trustee expenses have been incurred (2019 - £NIL).

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

15. TANGIBLE FIXED ASSETS

GROUP

	Freehold property £	Long-term leasehold property £	Fixtures, fittings, equipment and artwork £	Total £
COST OR VALUATION				
At 1 April 2019	11,193,156	120,000	885,127	12,198,283
Additions	-	-	125,822	125,822
At 31 March 2020	<u>11,193,156</u>	<u>120,000</u>	<u>1,010,949</u>	<u>12,324,105</u>
DEPRECIATION				
At 1 April 2019	907,021	2,900	313,202	1,223,123
Charge for the year	375,759	1,200	146,957	523,916
At 31 March 2020	<u>1,282,780</u>	<u>4,100</u>	<u>460,159</u>	<u>1,747,039</u>
NET BOOK VALUE				
At 31 March 2020	<u><u>9,910,376</u></u>	<u><u>115,900</u></u>	<u><u>550,790</u></u>	<u><u>10,577,066</u></u>
At 31 March 2019	<u><u>10,286,135</u></u>	<u><u>117,100</u></u>	<u><u>571,925</u></u>	<u><u>10,975,160</u></u>

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

15. TANGIBLE FIXED ASSETS (CONTINUED)

COMPANY

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
COST OR VALUATION				
At 1 April 2019	11,850,461	120,000	885,127	12,855,588
Additions	-	-	125,822	125,822
At 31 March 2020	<u>11,850,461</u>	<u>120,000</u>	<u>1,010,949</u>	<u>12,981,410</u>
DEPRECIATION				
At 1 April 2019	907,021	2,900	313,202	1,223,123
Charge for the year	375,759	1,200	146,957	523,916
At 31 March 2020	<u>1,282,780</u>	<u>4,100</u>	<u>460,159</u>	<u>1,747,039</u>
NET BOOK VALUE				
At 31 March 2020	<u><u>10,567,681</u></u>	<u><u>115,900</u></u>	<u><u>550,790</u></u>	<u><u>11,234,371</u></u>
At 31 March 2019	<u><u>10,943,440</u></u>	<u><u>117,100</u></u>	<u><u>571,925</u></u>	<u><u>11,632,465</u></u>

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

16. FIXED ASSET INVESTMENTS

COMPANY	Investments in subsidiary companies £
COST OR VALUATION	
At 1 April 2019	10,000
AT 31 MARCH 2020	<u>10,000</u>
NET BOOK VALUE	
AT 31 MARCH 2020	<u>10,000</u>
<i>AT 31 MARCH 2019</i>	<u>10,000</u>

PRINCIPAL SUBSIDIARIES

The following was a subsidiary undertaking of the company:

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

The financial results of the subsidiary for the period were:

Name	Income £	Expenditure £	Net assets £
Arthur Rank Hospice Limited	305,208	(305,208)	44,128

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

17. STOCKS

	Group 2020 £	Group 2019 £	Company 2020 £	Company 2019 £
Finished goods and goods for resale	13,156	9,665	724	814

18. DEBTORS

	Group 2020 £	Group 2019 £	Company 2020 £	Company 2019 £
DUE WITHIN ONE YEAR				
Trade debtors	184,071	25,031	170,341	14,715
Amounts owed by group undertakings	-	-	33,535	28,848
Other debtors	292,063	245,160	288,469	247,824
Prepayments and accrued income	117,342	127,340	117,213	127,058
Tax recoverable	15,121	6,766	15,121	6,766
Legacies receivable	611,629	440,150	611,629	440,150
	1,220,226	844,447	1,236,308	865,361

19. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2020 £	Group 2019 £	Company 2020 £	Company 2019 £
Other loans	196,057	115,646	196,057	115,646
Trade creditors	150,929	253,181	149,429	251,589
Other taxation and social security	102,602	99,090	100,036	99,090
Other creditors	121,085	294,991	121,085	291,159
Accruals and deferred income	104,600	28,897	81,821	8,586
	675,273	791,805	648,428	766,070

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

20. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2020 £	Group 2019 £	Company 2020 £	Company 2019 £
Other loans	3,440,000	3,600,000	3,440,000	3,600,000

Included within the above are amounts falling due as follows:

	Group 2020 £	Group 2019 £	Company 2020 £	Company 2019 £
BETWEEN ONE AND TWO YEARS				
Other loans	160,000	160,000	160,000	160,000
BETWEEN TWO AND FIVE YEARS				
Other loans	480,000	480,000	480,000	480,000
OVER FIVE YEARS				
Other loans	2,800,000	2,960,000	2,800,000	2,960,000

The aggregate amount of liabilities payable or repayable wholly or in part more than five years after the reporting date is:

	Group 2020 £	Group 2019 £	Company 2020 £	Company 2019 £
Payable or repayable by instalments	2,800,000	2,960,000	2,800,000	2,960,000
	2,800,000	2,960,000	2,800,000	2,960,000

The above loan is with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years with interest being charged at 3.34%.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

21. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

Designated Hospice Fund

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

Grant to deliver end of life care

These funds are those received from the NHS to deliver end of life care and fund the services as agreed in the grant agreement. The transfer represents expenditure in excess of the grant received borne from unrestricted funds.

Hospice at Home

Donations continue to be received specifically for the Hospice at Home service. A pilot project to expand the services in the Fenland area has continued this year. Additional grant funding has also been received to expand the daytime service in the Cambridge area too.

Arthur's Shed

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

Education

Donations have been received and used throughout the year to fund staff training and education.

Alan Hudson Day Treatment Centre

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

Equipment

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

Other

This represents various funds with a balance of below £2,000 which have been received and used for specific projects.

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

21. STATEMENT OF FUNDS (CONTINUED)

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2020 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	7,259,513	-	-	(166,857)	7,092,656
GENERAL FUNDS					
General funds	1,417,810	3,856,683	(3,588,968)	166,040	1,851,565
Subsidiary undertakings	34,128	305,208	(305,208)	-	34,128
	<u>1,451,938</u>	<u>4,161,891</u>	<u>(3,894,176)</u>	<u>166,040</u>	<u>1,885,693</u>
TOTAL UNRESTRICTED FUNDS	<u>8,711,451</u>	<u>4,161,891</u>	<u>(3,894,176)</u>	<u>(817)</u>	<u>8,978,349</u>
RESTRICTED FUNDS					
Grant to deliver end of life care	-	3,840,400	(3,812,947)	817	28,270
Hospice at home	4,089	281,265	(161,355)	-	123,999
Alan Hudson Day Treatment Centre	247,182	249,718	(109,705)	-	387,195
Arthur's shed	10,472	-	(5,375)	-	5,097
Education	10,884	-	(8,194)	-	2,690
Equipment	19,812	45,325	(4,593)	-	60,544
Other restricted funds	4,203	49,657	(39,536)	-	14,324
	<u>296,642</u>	<u>4,466,365</u>	<u>(4,141,705)</u>	<u>817</u>	<u>622,119</u>
TOTAL OF FUNDS	<u><u>9,008,093</u></u>	<u><u>8,628,256</u></u>	<u><u>(8,035,881)</u></u>	<u><u>-</u></u>	<u><u>9,600,468</u></u>

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

21. STATEMENT OF FUNDS (CONTINUED)

STATEMENT OF FUNDS - PRIOR YEAR

	Balance at 1 April 2018 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2019 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Hospice fund	7,449,353	-	-	(189,840)	7,259,513
GENERAL FUNDS					
General funds	1,090,958	3,557,732	(3,477,131)	246,251	1,417,810
Subsidiary undertakings	34,127	258,315	(258,314)	-	34,128
	<u>1,125,085</u>	<u>3,816,047</u>	<u>(3,735,445)</u>	<u>246,251</u>	<u>1,451,938</u>
TOTAL UNRESTRICTED FUNDS	<u>8,574,438</u>	<u>3,816,047</u>	<u>(3,735,445)</u>	<u>56,411</u>	<u>8,711,451</u>
RESTRICTED FUNDS					
Grant to deliver end of life care	-	3,664,616	(3,804,902)	140,286	-
Hospice at home	24,778	104,467	(125,156)	-	4,089
Alan Hudson Day Treatment Centre	241,174	256,835	(54,130)	(196,697)	247,182
Arthur's shed	-	21,536	(11,064)	-	10,472
Education	-	12,800	(1,916)	-	10,884
Equipment	3,775	27,675	(11,638)	-	19,812
Other restricted funds	52,747	46,806	(95,350)	-	4,203
	<u>322,474</u>	<u>4,134,735</u>	<u>(4,104,156)</u>	<u>(56,411)</u>	<u>296,642</u>
TOTAL OF FUNDS	<u>8,896,912</u>	<u>7,950,782</u>	<u>(7,839,601)</u>	<u>-</u>	<u>9,008,093</u>

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

22. STATEMENT OF FUNDS - CHARITY ONLY

CHARITY ONLY FUNDS - CURRENT YEAR

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2020 £
Unrestricted funds	9,334,634	4,057,973	(3,790,264)	(817)	9,601,526
Restricted funds	296,642	4,466,365	(4,141,705)	817	622,119
Total	9,631,276	8,524,338	(7,931,969)	-	10,223,645

CHARITY ONLY FUNDS - PRIOR YEAR

	Balance at 1 April 2018 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2019 £
Unrestricted funds	9,197,622	3,557,732	(3,477,131)	56,411	9,334,634
Restricted funds	322,474	4,134,735	(4,104,156)	(56,411)	296,642
Total	9,520,096	7,692,467	(7,581,287)	-	9,631,276

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

23. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT PERIOD

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Tangible fixed assets	10,577,066	-	10,577,066
Current assets	2,516,556	622,119	3,138,675
Creditors due within one year	(675,273)	-	(675,273)
Creditors due in more than one year	(3,440,000)	-	(3,440,000)
TOTAL	8,978,349	622,119	9,600,468

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR PERIOD

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Tangible fixed assets	10,975,160	-	10,975,160
Current assets	2,128,096	296,642	2,424,738
Creditors due within one year	(791,805)	-	(791,805)
Creditors due in more than one year	(3,600,000)	-	(3,600,000)
TOTAL	8,711,451	296,642	9,008,093

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

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

	Group 2020 £	Group 2019 £
Net income for the period (as per Statement of Financial Activities)	592,375	111,181
ADJUSTMENTS FOR:		
Depreciation charges	523,916	495,318
Loss on the sale of fixed assets	-	1,701
Decrease/(increase) in stocks	(3,491)	3,222
Increase in debtors	(371,408)	(527,216)
(Decrease)/increase in creditors	(201,316)	164,411
NET CASH PROVIDED BY OPERATING ACTIVITIES	540,076	248,617

25. ANALYSIS OF CASH AND CASH EQUIVALENTS

	Group 2020 £	Group 2019 £
Cash in hand	1,905,293	1,570,626
TOTAL CASH AND CASH EQUIVALENTS	1,905,293	1,570,626

26. ANALYSIS OF CHANGES IN NET DEBT

	At 1 April 2019 £	Cash flows £	At 31 March 2020 £
Cash at bank and in hand	1,570,626	334,667	1,905,293
Debt due within 1 year	(115,646)	(80,411)	(196,057)
Debt due after 1 year	(3,600,000)	160,000	(3,440,000)
	(2,145,020)	414,256	(1,730,764)

ARTHUR RANK HOSPICE CHARITY
(A company limited by guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2020

27. PENSION COMMITMENTS

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2020 110 (2019: 99) employees were members of this scheme, to which the charity contributed 5% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS Defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2020, 123 (2019: 118) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £502,729 (2019: £488,359). An amount of £53,766 (2019: £31,215) was outstanding at the year end.

28. OPERATING LEASE COMMITMENTS

At 31 March 2020 the Group and the company had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	Group 2020 £	Group 2019 £
Not later than 1 year	90,922	102,618
Later than 1 year and not later than 5 years	245,256	270,338
Later than 5 years	64,000	120,750
	400,178	493,706

29. RELATED PARTY TRANSACTIONS

Arthur Rank Hospice Limited is a wholly owned subsidiary of Arthur Rank Hospice Charity. During the year, the Charity charged a management fee of £61,182 (2019: £64,177) to this company. The company has made a gift aid payment of its taxable profits of £140,108 (2019: £101,977) to the Charity. The company also collects sums on behalf of the Charity. At 31 March 2020, the company owed £35,535 (2019: £28,848) to the Charity.

30. CONTROLLING PARTY

The Charity is under the control of its Trustees who are listed on page 1 of the financial statements.