



**Arthur Rank Hospice Charity**

Registered number: 07086155  
Charity number: 1133354

---

**Arthur Rank Hospice Charity**

**(A company limited by guarantee)**

---

**Trustees' Report and Financial Statements**

**For the year ended 31 March 2022**



**Trustees' Report**  
**For the year ended 31 March 2022**

---

**Trustees' Report**  
**Contents**

---

	<b>Page</b>
<b>Trustees' Report, including Strategic report</b>	<b>2–31</b>
<b>Reference and administrative details of the charity, its Trustees and advisers</b>	<b>32–33</b>
<b>Independent auditors' report</b>	<b>34–38</b>
<b>Consolidated statement of financial activities</b>	<b>39</b>
<b>Consolidated balance sheet</b>	<b>40–41</b>
<b>Company balance sheet</b>	<b>42–43</b>
<b>Consolidated statement of cash flows</b>	<b>44</b>
<b>Notes to the financial statements</b>	<b>45–71</b>

**Trustees' Report**  
**For the year ended 31 March 2022**

---

The Trustees are pleased to present their annual Trustees' Report together with the consolidated financial statements of the charity and its subsidiaries for the year ended 31 March 2022. These are also prepared to meet the requirements for a directors' report and accounts for Companies Act 2006 purposes.

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

## **Trustees' Report**

2021-22 remained a year of significant challenge as the continuing impact of the Covid-19 pandemic was felt throughout the organisation. The entire Arthur Rank Hospice Charity (AHRC) team has shown resilience and flexibility in navigating those challenges, keeping a clear focus on making every moment count for our service users.

We all hope that, when the time comes, we will be able to access the end of life care we need. During the year we provided care services at the hospice in Cambridge, at the Alan Hudson Day Treatment Centre in Wisbech and in patients' own homes.

A major service enhancement this year was the launch of the Palliative Care Hub in April 2021. The hub provides a 24/7 telephone advice and support service across Cambridgeshire and Peterborough. This service is available to patients, family/friends, carers, GP's and other healthcare professionals who may need specialist palliative care advice or support. As well as providing advice and support the Hub signposts people to appropriate services, transfers patients to another healthcare professional who can better help them and makes referrals to other appropriate services. We were delighted and proud to see the service win 'Primary Care Innovation of the Year' at the annual Health Service Journal Awards.

Having made good progress against our Strategy for 2017-22, we agreed the priorities for our new five-year strategy following consultation with our local community. We have been ambitious in setting our priorities for 2022-27, striving to improve what we do and extending our reach. In aiming to provide outstanding, engaging and accessible services we recognise that ensuring the charity's financial stability, being a good partner and investing in our people are also equally important priorities for us.

Maintaining financial sustainability remains an ongoing challenge for the charity. The expansion of our Hospice at Home service and the introduction of the Palliative Care Hub have ensured that we are meeting the needs of more people across Cambridgeshire. But we also know there is still unmet need, and we rely on fundraising to deliver and enhance services that are not funded by the NHS.

We recognise that a joined-up approach across the health system is vital to tackling the health needs of our population and making best use of our collective resources. We have played an active role in supporting the emerging Integrated Care System and the charity is an active participant in the Palliative and End of Life Care Programme Board and other partnership bodies.

We have an able talented CEO and senior leadership team leading the organisation. We also have a committed staff team and dedicated band of volunteers involved in the charity, not just fundraising for us but also delivering core services. Our people will always be at the heart of what makes us special. Each member of Team Arthur plays a vital role in helping us reach the quality of service we strive for. As Chair of Trustees I speak for all the Board when I say we are extremely proud of all that they achieve.



Antoinette Jackson  
Chair of Trustees

### **Our vision**

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

### **Our values**

- **Compassionate:** we provide compassionate care and support for people and their loved ones and a compassionate workplace through compassionate leadership.
- **Caring:** we care for everyone who needs our services, everyone who supports us, works for us and volunteers for us.
- **Community:** we are part of our community, our community is part of us, our community is everyone in Cambridgeshire who needs us and we are proactive in tackling inequality.
- **Excellence:** we provide specialist care and support through our skilled team drawing on their expertise.

## **Strategic Report 2021-22**

### **Why we are here**



Our five-year strategy implemented in 2017-2022 set out the following pillars to help reinforce our objectives and priorities:

- 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.
- 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.

### **Public Benefit**

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

### **The difference we make through our charitable activities**

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

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

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

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

### **Our Charitable Activities**

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

#### **Living Well Service**



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

Patients engage with the charity's expert team, who spend time discovering what is important to each person and supporting them to shape and achieve goals that will make a real difference to their everyday lives. Sessions can involve everything from managing breathlessness, anxiety or fatigue to complementary therapy, consideration of advance care planning to seated exercise groups, one-to-one

**Trustees' Report**  
**For the year ended 31 March 2022**

---

symptom management to spiritual counselling, life celebration and creative activities to psychological support.

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

The team can assess carers' needs using the carer support needs assessment tool (CSNAT) and, depending on needs and what is requested, can offer help in person or via telephone or video support. The Living Well Service is entirely funded by the charity.



### Education



We run courses for health and care professionals to learn and share best practice. We also offer 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.

We also design and provide bespoke education sessions that provide a tailored experience for a range of organisations. During the pandemic we have provided specific support to residential care providers who were particularly impacted by a significantly higher than usual numbers of deaths.



## Hospice at Home



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

With the support of the Cambridgeshire and Peterborough Integrated Care Board (ICB) – formerly the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), we provide care throughout the county, day and night, to support those who are rapidly deteriorating and whose preferred place of death is home.

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

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

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



Our MDT of highly qualified staff and dedicated volunteers provide expert care, which is holistic and tailored to each person's specific needs. Services include Living Well, treatment and clinical days (including blood transfusions, oncology and symptom management), complementary and diversional therapies, and bereavement and support services.

**Trustees' Report**  
**For the year ended 31 March 2022**

---



The Centre additionally supports patients and their families in their own homes through a Hospice at Home service and a community specialist palliative care nurse which ensures integrated care. Our specialist palliative care nurse is a core member of the team and is working closely with the Primary Care Networks. The team also provides clinical advice and support to palliative patients on the adjacent Trafford Ward.

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

During the year, with thanks to support from local volunteers and specialists, the garden was beautifully landscaped and a new sensory garden is now in place to improve the experience of our patients visiting the Centre.

#### **In-patient Unit (Shelford Bottom, Cambridgeshire)**



The hospice In-patient Unit (IPU) has 12 specialist beds and seven Nurse led beds (NLB) with the ability to increase up to nine beds if necessary. Two beds remain available to be commissioned. All patients and their loved ones are provided with holistic care from the MDT.

We continue to explore how we can make best use of our remaining two un-commissioned beds as part of our future plans. We have a number of ideas that can be implemented if we can secure the necessary funding. For example, they could be used to provide short breaks for younger adults or to be used as respite beds. These are ideas that link to our Strategy for 2022-27.



### Specialist beds: Funding and catchment area



The beds for people with specialist and complex needs are funded by a contract with Cambridgeshire and Peterborough ICB and are available for patients whose GP practice falls within Cambridgeshire. Peterborough patients are cared for by Sue Ryder Thorpe Hall. In exceptional circumstances, patients are admitted from outside the Cambridgeshire area, but funding must have been agreed with the relevant ICB.

The referral criteria for the specialist beds are for those aged 18 and over, who have an advanced, life-limiting illness, who have uncontrolled symptoms or a rapidly deteriorating condition, who would benefit from regular review by the specialist MDT, and/or a daily review by a doctor. As we are a short-stay unit we support the discharge of patients whose needs are stable and can return home or can be managed elsewhere in other care settings. Therefore, we are unable to admit people whose main need is long-term care.

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.

During the year we cared for 221 patients in our specialist beds with the average length of stay at 17.3 days.

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

As soon as the team feel the care plan can be continued elsewhere, we aim to discharge patients 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 NHS Trust for patients in Addenbrooke's who would otherwise be dying in hospital, and who require non-complex nursing and medical care. Their daily management is led by experienced nursing staff rather than the full MDT. Patients have access to the ward doctor if required. We work closely with the Addenbrooke's 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.

Feedback from families whose loved ones transfer to our care remains positive and the fact we continued to offer this service during the pandemic has been helpful, especially as we had fewer restrictions on visiting than the hospitals.

During the year we cared for 202 patients in our Nurse led beds .

### Lymphoedema



The Lymphoedema Clinic provides a service for those with primary lymphoedema and those with lymphoedema secondary to cancer or cancer surgery, infection, deep vein thrombosis, dependency, and other related conditions. 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, various forms of compression, exercise programmes, simple/manual lymphatic drainage or use of compression pumps, kinesiotape and low-level light therapy. We aspire to support all our patients to self-manage this long-term condition and, to help with this, we offer six sessions a year at our support group to provide further education about managing lymphoedema.

We maintain close links with our referral teams at Addenbrooke's Hospital, the Tissue Viability Team and community staff. We provide two full-day education sessions for healthcare professionals each

**Trustees' Report**  
**For the year ended 31 March 2022**

---

year and are currently working with the Tissue Viability Team to develop joint teaching for community staff on the management of chronic oedema and wet legs.

#### **Patient and Family Support Team**



Our psychological support service provides psychological assessment and treatment for adults over the age of 18 who are living with an advanced serious illness or other life-limiting illness and their closest family or friends. We work with those being cared for by our IPU, Community Team and Living Well Service, and their family and loved ones, usually offering sessions once per fortnight for six sessions.

The hospice's social worker provides social support and practical information to patients and families who are being cared for on our IPU or through our Community Team. This support may include discharge planning, benefits advice, advice on financial and housing support, as well as emotional support at times of stress and change.

Spirituality can be seen to be the heart of who we are. Whilst some people view this through a religious lens for many others it is less defined, although no less important. Our chaplain and a team of volunteers are available to all patients, their relatives and loved ones, whether they are of faith or not, to help explore the 'difficult questions'. We listen and help where we can. There is a chaplain and other faith leaders on-call 24/7 for inpatients, and they and their visitors can also access our Sanctuary, a peaceful space at the Hospice for those of all different faiths or no faith. We will also facilitate acts of worship or rites as required. If appropriate to patient care and the situation, we encourage people from faith groups to visit, enabling patients still to feel part of their community if this is something that is important to them.



Although the team has been based primarily at the Hospice, we have visited Hospice patients in the community, including during lockdown if required when protocols allowed.

We have also provided music therapy to our patients. Music therapy is a form of emotional and psychological support that combines music making, listening and talking.

Music can say what cannot be expressed verbally; it can be a way for family members to come together and share memories and experiences; it can provide solace and distraction from pain and anxiety.

This Patient and Family Support Service is 50% funded by the charity and 50% by the Cambridgeshire and Peterborough ICB for patients registered with a GP in Cambridge City, South and East.

### **Specialist Palliative Care Team**



Our seven day a week service helps those living with an advanced serious illness or other life-limiting condition to get further support and encourages planning for future care with families, carers or loved ones. We liaise regularly with care providers, such as GPs and district nurses, so that care remains as seamless as possible. The team may also be able to highlight other NHS services, charities or organisations that can help support the specific circumstances of a patient. The service is available 8am – 6pm, seven days a week and is able to provide a rapid response to people in crisis. We also have a part time clinical nurse specialist working at our Alan Hudson Day Treatment Centre to support patients registered with one of the four GP practices in Wisbech who have specialist palliative care needs.

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

A large part of the team's work is to do with advance care planning. We help patients talk about their wishes and preferences, especially when it comes to end of life care. Wishes are documented in a ReSPECT<sup>1</sup> plan so that other services are aware and the various teams can work together to fulfil them.

---

<sup>1</sup> Recommended Summary Plan for Emergency Care and Treatment.

### Transitioning Young Adults Project



We work with East Anglia's Children's Hospices (EACH) and Sue Ryder Thorpe Hall Hospice and the wider children and young person's palliative care sector to support young people transitioning from children's hospice care or paediatric services to adult hospice care. EACH can refer young people from age 14 as an introduction to our Transition Service. Our Specialist Care Team are supporting young adults and their families from age 18 throughout illness, symptom control, crisis management and end of life care. The service is funded by The National Lottery Community Fund for an initial three years from 2020 and consideration needs to be given to the longer-term sustainability of this important service.

We established a local action group for Transitioning and are linking with other key stakeholders regionally and nationally. We have set up a webpage for Transitioning on the Arthur Rank Hospice Charity Website [arhc.org.uk/supporting-you/care-services/young-people/](http://arhc.org.uk/supporting-you/care-services/young-people/).

### Palliative Care Hub



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

This service is for anyone who needs specialist palliative care advice or support. It is available to patients, family/friends, carers, GP's and other healthcare professionals including care and nursing homes and home care when the patient has been identified as having palliative care needs.

We provide advice and support, signpost to appropriate services, transfer patients to another healthcare professional who can better help them or complete necessary referrals to other services.





In November 2021 the service won 'Primary Care Innovation of the Year' at the annual Health Service Journal (HSJ) Awards. The prestigious awards which have been running for 40 years, draw attention to the "high-flyers" of healthcare excellence, celebrating the very best of the NHS and its partners.

#### Complementary Therapy



Our highly trained therapists tailor programmes to each person's needs. Sessions provide a safe space where patients and their loved ones can take a little time out from their daily challenges.

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



**Trustees' Report**  
**For the year ended 31 March 2022**

**Voluntary Services**



Volunteers make a huge contribution to the charity, we have over 550 volunteers who support us giving up many hours of their valuable time providing a significant benefit to the charity. 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 Living Well, cake baking, counselling, flower arranging, supporting in our charity shops, fundraising, supporting our events, and many more.

## **Achievements in 2021/22 against our five-year strategy**

We launched our five-year strategy in 2017 and have made good progress:

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

#### **What we wanted to achieve**

- To develop a hospice Dementia Strategy with local partners.
- To improve and expand the facilities at our Alan Hudson Day Treatment Centre.
- To work with East Anglia's Children's Hospice to develop a strong offer for young people transitioning from the care of children's hospices.
- To explore new ways of working to increase the care we provide and accessibility of care by securing funding for two remaining uncommissioned beds on our IPU.

#### **What we achieved**

- Due to colleagues being redeployed during the pandemic, we have not been able to progress with our dementia work with Cambridge and Peterborough NHS Foundation Trust (CPFT). We continue to liaise and collaborate with CPFT and have carried this objective forward into our new five-year strategy.
- We introduced a bereavement support volunteer to the Alan Hudson Day Treatment Centre and continue to explore other opportunities for further supportive volunteers. We continue to work with the Queen Elizabeth Hospital in King's Lynn to ensure patients with palliative and end of life care needs in Wisbech and the surrounding area are appropriately supported.
- Our Young Persons Transitions coordinator has been working with the transitioning lead at Sue Ryder Thorpe Hall Hospice in Peterborough to help promote the services that adult hospices can offer young people. Although, due to the pandemic, it has been difficult for families with very vulnerable young people to feel safe to venture out of the comfort of their homes, we have still provided transition services. We have helped to set up events at EACH and held an event in August 2021 at ARHC.
- We have not yet been able to secure funding for our two remaining IPU beds but continue to work with our system partners to explore how these beds could be best utilised. Some ideas include using them to train and support families in caring for patients so they can return home feeling confident, or utilising them as respite beds for young people transitioning from children's services to adult services.

### **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 build on the Hospice at Home service to create more support in the community creating greater equity of service.
- To align our services with the Primary Care Networks (PCNs) as we evolve towards an Integrated Care System (ICS) and focus on communities that are harder to engage with.
- To explore how our Living Well Services (LWS) can provide rehabilitative palliative care to patients across Cambridgeshire.
- To connect with schools and colleges to raise awareness and engage with students within communities that might be seen as "hard to reach".
- To explore how Arthur's Shed could be utilised to engage with community groups when lockdown restrictions eased.
- To facilitate educational events with key speakers.

#### **What we achieved**

- We have recruited over 60 additional colleagues to support our Hospice at Home expansion and continue to employ more. We support patients across Cambridgeshire, including rural areas, so that patients who wish to die at home, when this is clinically appropriate and safe to do so, can and their loved ones are supported during this time.
- We have linked with the Primary Care Networks (PCNs) across Cambridgeshire to support with their Gold Standards Framework multidisciplinary team meetings and continue to network and form supportive links. We have colleagues identified to work more closely with communities such as the gypsy and traveller community, people who are homeless and people from minority ethnic communities.
- Due to the pandemic, we have not been able to progress with student placements, work experience and providing education sessions to schools and colleges as we planned. This work will be revisited in our new strategy, for 2022-2023.
- Our Widening Access Group meets every two months to focus on actions for improving connections and information to those communities who may know little about the charity and what services we can offer.
- Sadly, mainly due to social distancing restrictions, we have been unable to resume activities in the Shed to pre-pandemic levels. We have plans to improve WiFi connectivity in the Shed and are looking now at how we can offer the space to community groups to increase usage now that restrictions have been removed.
- Despite the pandemic and restrictions on face-to face events, we have utilised our AV technology to host virtual events. For example, Dr Kathryn Mannix, Author, presented 'A Journey into Companionship at the End of Life' in October 2021. This welcomed 500 virtual attendees and saw the charity reach a worldwide audience.

#### **Objective 3. Evaluate and continually improve our governance structure**

##### **What we wanted to achieve**

- To develop our Data Dashboard to evidence the quality and responsiveness of our services.
- To ensure our clinical policies are reviewed in a timely manner and kept up to date.
- To roll out SystmOne electronic patient record keeping on our IPU to reduce the need for paper records whilst also improving accessibility and record keeping standards.
- To appoint a new Chair of Trustees and to continue our efforts to recruit new Trustees to our Board.

##### **What we achieved**

- Our Dashboard has evolved with clinical teams working on quality improvement projects. Our colleagues have gained a better understanding of how to monitor patient outcomes including the use of the OACC (Outcome Assessment and Complexity Collaborative) suite of measures. They have benchmarked and monitored improvements as well as identified areas to focus on, such as the use of IPOS (integrated palliative care outcome scale) and obtaining direct feedback to improve services.
- We now have a robust system for monitoring and updating our policies to ensure they are reviewed and updated in a timely manner.
- We introduced workstations on wheels and trained staff to log onto SystmOne and record contemporaneous accounts of the care that patients are receiving. We continue to develop care plans and other documentation to minimise paper usage, which can easily become damaged or misplaced.
- We welcomed four new Trustees during 2021-22 following a rigorous recruitment process. Antoinette Jackson was appointed Chair in May 2022, just following this reporting period as our previous Chair Kate Kirk, reached the end of her final term. We are excited to welcome Antoinette to lead our Trustee board and extend our gratitude to Kate for her achievements during her tenure.

#### **Objective 4. Develop our education and research capacity**

##### **What we wanted to achieve**

- To continue to deliver our Palliative and End of Life Care Module with Anglia Ruskin University (ARU) and deliver a wide programme of education both in house and online. To work closely with care homes to ensure they feel supported to develop their staff in providing excellent palliative and end of life care services.
- To look at developing our research active hospice status and explore research opportunities. To continue to take lead roles in national forums.
- To recruit Nursing Associate training roles and develop our apprenticeship schemes and training and development pathways for colleagues.

##### **What we achieved**

- We continue to provide a successful BSc/Masters Module on Palliative and End of Life Care in collaboration with ARU.
- We continue to provide face to face and online teaching for care homes and domiciliary providers on palliative and end of life care across Cambridgeshire.
- Our research group has been actively involved in research studies such as Hospice at Home and Needs Rounds in Care Homes. Sara Robins, Director of Clinical Services, represents Adult Hospices for the East of England at the Palliative and End of Life Care Strategic Clinical Network as well as chairing the local executive clinical leads in hospice and palliative care (ECLiHP) forum.
- We have successfully recruited two existing colleagues to our Nursing Associate Trainee roles and are supporting them through their training programme. We continue to explore opportunities for apprenticeship roles throughout the Charity, maximising our apprenticeship levy.

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

##### **What we wanted to achieve**

- To meet our Key Performance Indicators (KPIs) for fundraising and income generation and continue to review all the platforms used across these areas.
- To explore more funding opportunities to develop our services, such as support for children and dementia care.
- To be proactive in engaging with the newly formed Integrated Care System (ICS) to provide innovative commissioned services.
- To develop new retail outlets in Wisbech and Huntingdonshire.
- To ensure that we have robust plans for building and equipment maintenance and capital investment.

##### **What we achieved**

- Due to the pandemic, many traditional forms of fundraising and income generation have been curtailed, paused or reshaped. This uncertainty has made it difficult to form year-on-year comparisons through Key Performance Indicators (KPI's). However, the charity has continued to respond to these challenging times and ended the year in a strong financial position. Attention is now being placed on the recovery in 2022-23 and close monitoring across all income streams using return on investment (ROI) calculations and benchmarking where available.
- We have launched our new website and have since initiated an audit to assess its effectiveness, accessibility and usability.
- We have submitted bids to enable expansion of our pre and post bereavement support, including psychological support, for children and families. We have been successful in the first round and await the final decision in July 2022. We are developing constructive links with

**Trustees' Report**  
**For the year ended 31 March 2022**

Ormiston Families who have merged with Stars charity and will investigate opportunities for joint working and collaborative funding bids.

- We further expanded our Hospice at Home service and developed our palliative care advice line. As highlighted above, this became 24/7 just following this reporting period in April 2022. We are actively involved in the Cambridgeshire and Peterborough Integrated Care Board Palliative and End of Life Care Board as well as the Local People Board and the Professional and Clinical Leadership Assembly.
- Due to the pandemic, our expansion plans have been delayed but we have developed our Retail Hub and online sales. We are actively exploring opportunities for retail space in the north of the county looking at the Wisbech and Huntingdonshire areas.
- We have included some predicted costs in our budget for 2022-23 and are reviewing our five/ten-year plan to cover future planned maintenance work and some contingencies.
- We have reviewed our energy contracts and fixed at a lower rate until 2024, providing much needed savings for the Charity.

#### **Objective 6. Support and develop our staff and volunteers**

##### **What we wanted to achieve**

- To receive feedback from our paid colleagues and volunteers about their experience of working and volunteering for the Charity, including asking their views about our response to the pandemic.
- To complete our staff survey and maintain Gold Accreditation for being a "Best Employer".
- To develop our workforce plan in line with our new strategy.
- To review our study leave policy and align training and development with service training needs analysis, looking at strengthening link roles in clinical teams.

##### **What we achieved**

- We carried out a volunteer survey and received 198 responses which was a good number considering the number of roles temporarily 'stood down' at the time.
- We completed our staff survey and maintained Gold Accreditation for being a "Best Employer".
- Following feedback from volunteers we held three information sessions for volunteers.
- We held four successful "thank you" events for our volunteers.
- We have developed training sessions for volunteers and have made our "End of life across faiths" training session available to volunteers.
- We have designed and introduced a new annual appraisal cycle to be aligned with our strategic aims and objectives.
- Our new People Plan has been completed and the direction for developing our colleagues is set out in our 2022-27 strategy.
- Two cohorts of managers successfully graduated from the new, internally run, ARHC Management Development Programme.

#### **Patients supported**

The Hospice has supported significantly increased numbers of patients during the year. This has been combined with an increase in complexity of care required for the patients referred to us, resulting in a significant increase in contact.

Following the easing of the restrictions in place during the height of the pandemic the number of face-to-face contacts and appointments has increased significantly from 18,561 in 2020/21 to 29,205 in 2021/22. The number of telephone contacts has reduced from 28,622 in 2020/21 to 23,445 in 2021/22.

Number of referrals	Year ended March 31 2021/2022	Year ended March 31 2020/2021
In-patient Unit (specialist beds)	311	305
In-patient Unit (nurse led beds)	280	271
Living Well Service	302	157

**Trustees' Report**  
**For the year ended 31 March 2022**

Hospice at Home	1,565	1,223
Specialist Palliative Care Home Team	1,134	861
Lymphoedema	242	166
Patient and Family Support Services	250	223
Pain Management	37	29
Complementary Therapy	265	175
Medical Outpatient and Domiciliary	95	84
Community HUB	65	246
Alan Hudson Day Treatment Centre	365	320
Caring Communities	37	57
Palliative Care Needs Rounds	59	0
Transitioning Young Adults	4	2
<b>Total</b>	<b>5,011</b>	<b>4,119</b>
<b>Number of face-to-face contacts/appointments</b>	<b>21/22</b>	<b>20/21</b>
Living Well Service	764	215
Hospice at Home	21,840	13,907
Specialist Palliative Care Home Team	1,773	1,173
Lymphoedema	650	342
Patient and Family Support Services	472	181
Pain Management	47	18
Complementary Therapy	569	280
Medical Outpatients and Domiciliary	256	153
Community HUB	0	0
Alan Hudson Day Treatment Centre	2,826	2,292
Transitioning Young Adults	8	0
<b>Total</b>	<b>29,205</b>	<b>18,561</b>
<b>Number of telephone contacts</b>	<b>21/22</b>	<b>20/21</b>
Living Well Service	1,607	2,536
Hospice at Home	4,107	5,594
Specialist Palliative Care Home Team	9,623	9,689
Lymphoedema	1,551	1,843
Patient and Family Support Services	507	918
Pain Management	27	43
Complementary Therapy	915	469
Medical Outpatients and Domiciliary	774	743
Community HUB	144	1,922
Alan Hudson Day Treatment Centre	4,125	4,846
Transitioning Young Adults	65	19
<b>Total</b>	<b>23,445</b>	<b>28,622</b>
<b>In-patient Unit (specialist beds)</b>	<b>21/22</b>	<b>20/21</b>
Number of beds	12	12
Bed occupancy	86%	89%
Number of patients	221	229
Number of discharges	211	218
Average duration (days)	17.3	16.4
Available bed days	4,380	4,470
<b>In-patient Unit (nurse led beds)</b>	<b>21/22</b>	<b>20/21</b>
Number of beds	7	9
Bed occupancy	82%	72%
Number of patients	202	192
Number of discharges	198	187
Average duration (days)	9.5	10.2



**Trustees' Report**  
**For the year ended 31 March 2022**

Available bed days	2,555	2,715
<b>Alan Hudson Day Treatment Centre – Wisbech</b>	<b>21/22</b>	<b>20/21</b>
Day Care Sessions Attended	230	45
Treatments Provided	2,006	1,760
Inpatients on Trafford Ward Supported	40	31

## Approach to fundraising



### Fundraising Approach and Controls

As Arthur Rank Hospice Charity reaches its 40<sup>th</sup> anniversary, the Charity continues to maintain high standards to engage our community and maintain good relationships with supporters and partner organisations.

The charity is voluntarily registered with the Fundraising Regulator and is a member of Hospice UK (HUK) and the Hospice Income Generation Network (HIGN).

The Charity works within the Fundraising Code of Practice and employs a team of paid colleagues to deliver our fundraising and communications strategy: connect, inspire and deepen. The Charity continues to outsource the management of our lottery offering to Your Hospice Lottery (introduced in 2011), who are registered with the gambling commission. The Charity is committed to our Ethical Fundraising Promise and committed to our fundraising policies, all activities support an open, legal and honest culture.

The charity has a broad portfolio of activities which includes events, newsletter mailings and appeals, and working with corporates. Telesales campaigns are occasionally conducted by Your Hospice Lottery, and the charity is involved in discussions and contributes to the scripts and information that may be shared as part of the planning process before these go live. Dates of these campaigns are also shared with the fundraising team, the Senior Leadership Team and the reception team to provide reassurance to any callers, who may contact the charity to check the legitimacy of the call. The income generation committee receives an overview of activity and meets quarterly to take a deep dive in to specific areas of opportunity or to review success of previous decisions made. The Board receives a quarterly update on fundraising activities.

From time to time the charity may work with established and reputable service providers, such as mailing houses or event management companies and where this work is undertaken, privacy notices are reviewed and privacy impact assessments are conducted if information may be used differently

The Charity is GDPR compliant, the Director of Fundraising and Communications attends Information Governance (IG) meetings and the team contributes to the IG Handbook. Additionally, as part of the Fundraising Regulator requirements, the Charity has dedicated and robust systems for data

**Trustees' Report**  
**For the year ended 31 March 2022**

---

maintenance and record keeping and no complaints were raised through the Fundraising Preference Service in this financial year.

Stewardship of our donors is paramount and any feedback received is reviewed thoroughly and learning applied either in 1:1 situations or during induction or in group training sessions, which may take place in the monthly team meeting, the Team Away Day or in written team updates. It is pleasing to report that no complaints were received in 21/22 regarding our activities. Were any to arise these would be recorded on Sentinel and dealt with as required by the charity policy. The charity was not informed of any complaints from Your Hospice Lottery and where the charity received calls relating to the Lottery there is a clear process to escalate these to the Lottery team in line with their policy.

Our communications team logged three incidents during the year within Sentinel. These involved the generation of spam emails with the website which were received in large volumes by Arthur Rank Hospice Charity colleagues. This was reviewed and controls on the website were enhanced. An incorrect press circulation list was used for one of our events, this featured business contacts and was recalled and training revisited. The final incident related to a supporter receiving a letter which did not relate to them. It was discovered that the reporting function on a digital platform has changed causing the inaccuracy, as this report had not been corrected. The supporter was satisfied with our response and the outcome to the situation.

The charity remains in a partnership with Romsey Mill to deliver Bridge the Gap, an annual charity walk and Just Helping to deliver its Christmas Tree Recycling Scheme. We also welcome discussions to collaborate with other businesses, mainly corporates and people in the community, as opportunities arise. We always ensure that due diligence processes are considered as part of these developments.

### **Financial review**

As the narrative in this report evidences, the charity has continued to develop service provision and, despite the pandemic, has established new services as well as continuing to develop others. Whilst this is positive as it enables our charity to meet the needs of more people, it also means that we have taken on additional costs. Whilst much of this has been met through new contracts with the ICS, the charity has to continue to support all service areas and consider long-term sustainability of service costs. Without the additional support from NHS England (NHSE) (see below) it would not have been possible for the charity to undertake these important developments and we are grateful for this support. However, it is important to note that these funds are non-recurrent whilst the costs of course are recurrent and will increase each year as they are primarily costs of employing additional colleagues.

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

We are pleased to be in a position to report an increase in income on the previous year, largely as outlined above due to service developments commissioned by the ICS. Expenditure has been managed tightly and, through prudent management and support with funding, we are pleased to report a net surplus of £1,287k (2021: £319k). This surplus has resulted in an increase in reserves to £11.2m (2021: £9.9m), with total free reserves that are freely available to spend on any of the charity's purposes increasing to £3.79m at 31 March 2022 (31 March 2021: £2.21m). This has enabled the charity to move closer to the reserves policy approved by Trustees.

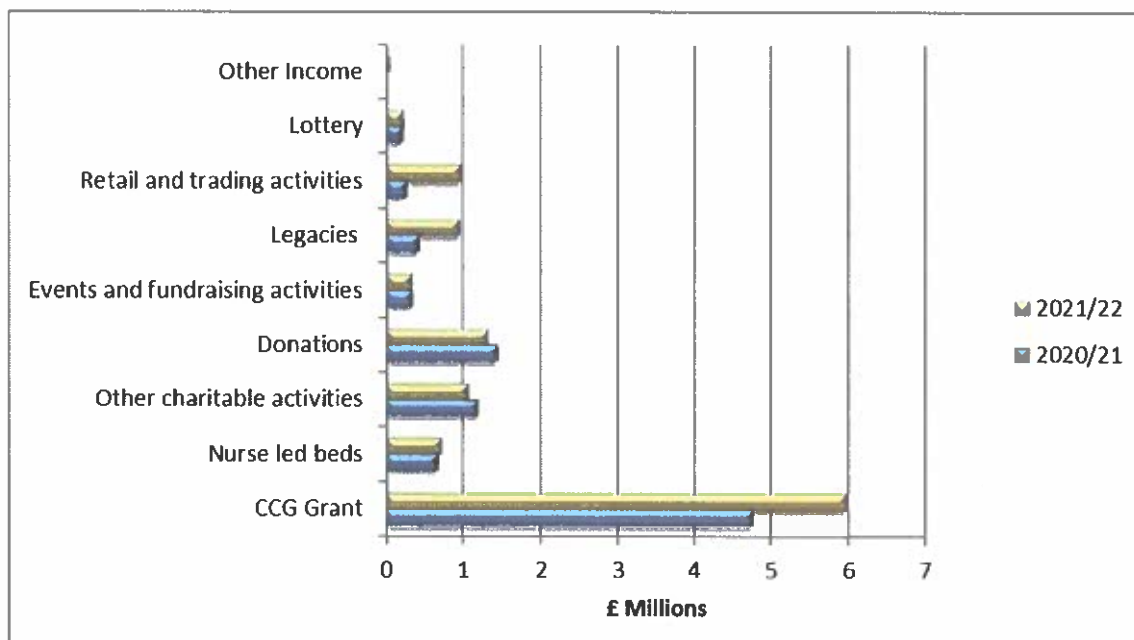
A significant contributor to our ability to report this surplus has been the funding received via Hospice UK from NHS England (NHSE). Without this funding we would have been reporting a considerably more worrying outcome for the year. The NHSE awarded this funding to allow hospices to make available bed capacity and community support from December 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

We are predicting difficult times over the next few years as we move to recover our generated income streams whilst managing the increased costs in all budget areas. This modest increase in our reserves will go some way towards strengthening our financial position to support the charity's services during this recovery phase.

**Trustees' Report**  
**For the year ended 31 March 2022**

## Income

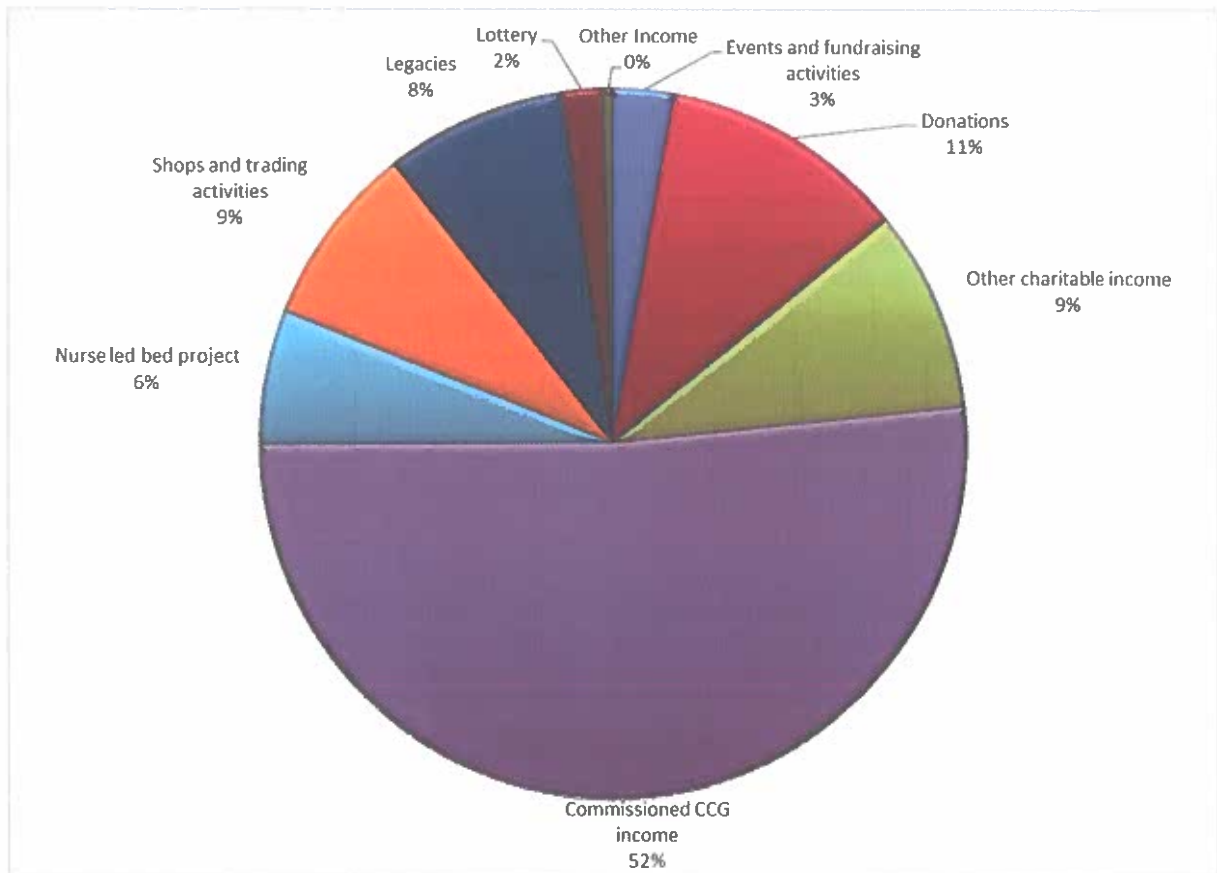
The chart below shows our income compared to the previous year:



- The charity's total income was £11.57m (2021: £9.30m).
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations, events and other fundraising, was £1.64m (2021: £1.75m).
- The funding received via Hospice UK from NHSE has been recognised as restricted income which totalled £841k in the financial year.
- The charity is extremely grateful for all gifts in wills and income for the year was £949k (2021: £423k).
- The income from the charity's shops and other retail activities was £956k (2021: £261k) which, was a significant increase in the income from the previous year.
- Our NHS income, including the NLB project increased to £6.68m (2021: £5.43m) in the current year; which, combined with the ICB commissioned income, comprises 58% of our total income. The increase in the income was as a direct result of the expansion of our clinical services.
- The Charity was extremely grateful to received £247k (2021: £293k) via a combination of unrestricted and restricted grants and donations from charitable trusts. Donors included: Girton Town Charity, Cambridgeshire Community Foundation, Albert Hunt Trust, Sir Jules Thorn Charitable Trust, City and University of Cambridge Masonic Charitable Trust, Greenhall Foundation, Masonic Charitable Foundation, The National Lottery Community Fund, James Knott Charitable Trust, Albert Van Den Bergh Charitable Trust, Philip King Trust, Cambridgeshire Freemasons, the Polonsky Foundation and the February Foundation

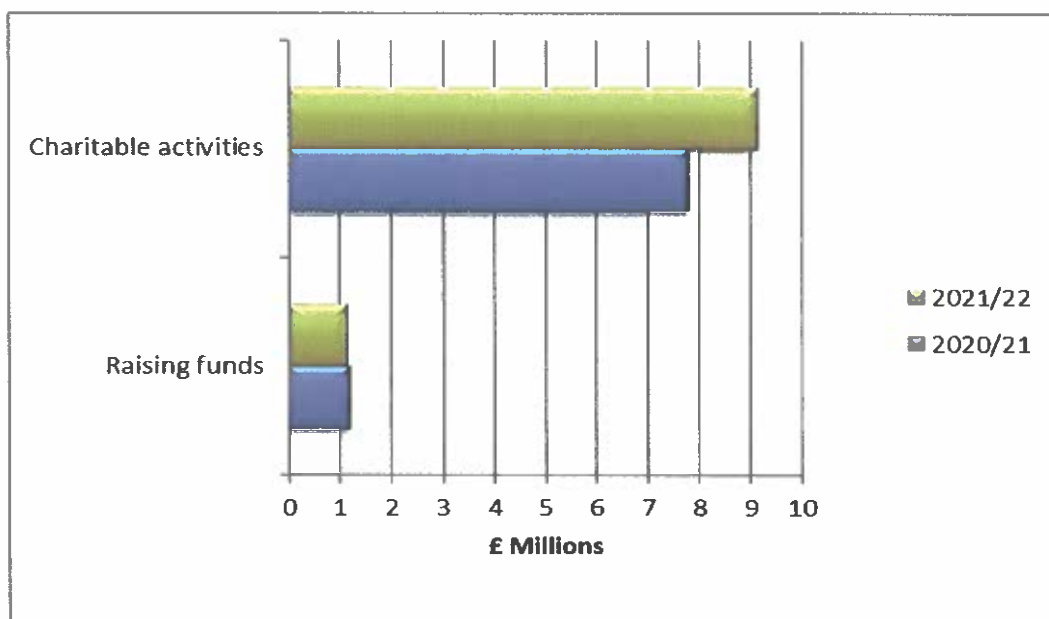
The chart below shows the proportion of income that we received in the year from different sources.

**Trustees' Report**  
**For the year ended 31 March 2022**



**Expenditure**

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



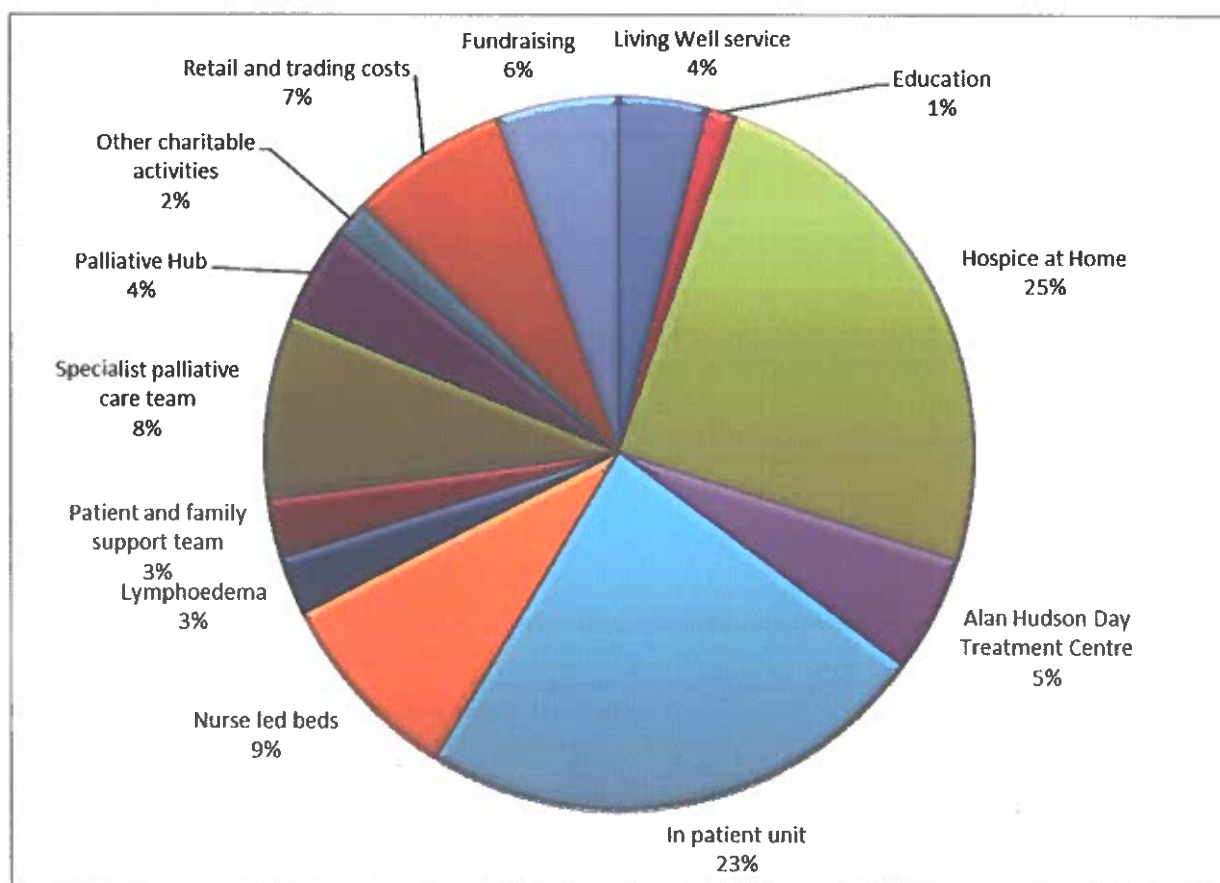
**Trustees' Report**  
**For the year ended 31 March 2022**

---

Overall expenditure increased this year to £10.29m from £8.98m last year.

- 89% of all the expenditure this year has been spent on charitable activities.
- The expenditure on direct charitable care has increased by £1.04m to £6.96m (2021: £5.92m) as an increased number of patients have been supported.
- £2.22m (2021: £2.10m) 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.
- £761k was spent on fundraising activities (2021: £664k). This excludes the fundraising costs of retail activities totalling £1,060k (2021: £538k). Excluding legacy and lottery income this expenditure has generated a return of investment ratio of 1.4. Included in the retail activity expenditure is £36k which was incurred in the charity's trading company, highlighted below.

The chart 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 which include the sales of new goods, venue hire and sales in our Bistro.

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

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

Our Bistro prides itself on delivering a freshly prepared and home cooked menu and providing a friendly



**Trustees' Report**  
**For the year ended 31 March 2022**

---

welcome in its bright and airy space, where patients, visitors and colleagues can enjoy meeting friends over lunch, or a coffee and cake.

Activity in these areas has bounced back following the easing of the restrictions imposed by lockdown during the pandemic.

Gross income from the Trading Company was £199k (2021: £107k). Expenditure was £143k (2021: £93k), which had increased from the previous year as a result of increased activity following the relaxation of restrictions imposed during the height of the pandemic. The net amount covenanted to the charity was £57k (2021: £14k).

The net profit that can be attributed to retail activities is £56k (2021: £14k).

### **Reserves policy and going concern**

As a result of the increased activity and expenditure with the Transformation Project including expansion of Hospice at Home and our Community Team and the introduction of the new Palliative Care Hub, Trustees have undertaken a review of the reserves policy

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 set at a range of £2.3m to £3.8m over the next ten years and this has now been achieved. The updated policy has been set in terms of protecting the continuity of the Charity's core work and providing cover for risks. A review of the level of free reserves for each future financial year will be incorporated within the budget setting and Trustee approval process.

Total free reserves of the charity at 31 March 2022 were £3.79m (31 March 2021: £2.21m). Free reserves comprise those funds that are freely available to spend on any of the charity's purposes. These exclude restricted funds and tangible fixed assets held for the charity's use. The 2021/22 surplus has contributed to an increase in reserves which has now reached the targeted band.

Included within the reserves policy is a designated Legacy Reserve. Due to the unpredictable and fluctuating nature of legacy income, Trustees have designated a legacy reserve to which legacies received over and above the budget level may be allocated, to be drawn down in future years where legacy income falls below the budgeted level. This will help manage the peaks and troughs of legacy receipts to provide a more sustained level of income to give more reliability for the budget. Such a reserve can also be assessed and managed at the Trustees' discretion should a service need present itself. At the 31 March 2022 the value of the designated Legacy Reserve was £211k.

Following the Charity Commission's advice that charity trustees consider the possibility of an unplanned closure, the Trustees view the possibility of unplanned closure as very unlikely. There is always going to be significant demand for high quality end of life care in Cambridgeshire. Even if the charity was no longer providing end of life care, it is very likely that the NHS staff who transferred to the charity under TUPE (Transfer of Undertakings Protection of Employment regulations) in August 2015 would transfer out under TUPE to a new provider. And, in a worst-case situation, 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 2023 and a forecast for the following twelve months. 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.

### **Investment policy**

In accordance with the charity's constitution, the Trustees have the power to invest in such stocks, shares, investments and property as they see fit. The Trustees are mindful of the recommendation of the Charity Commission with regard to the management of investments and have a sub-group of the Finance and General Purposes Committee to focus on investment. The charity has a formal investment



**Trustees' Report**  
**For the year ended 31 March 2022**

policy and strategy which has been approved by the Trustees. However, due to the current economic situation and investments made by 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.

### **Risk management**

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

During 2021, a significant review of our risk management framework took place further embedding risk management within the strategic planning and management for the organisation and incorporating the Charity Commission guidance on risk management contained within CC26.

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

At the meetings of Sub-committees, each committee undertakes a deep dive into one risk. The result of each deep dive is reported back at the next meeting of the full Trustee Board.

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

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

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

Principal risks	Management of risk
Risk that if there is a prolonged period with reduction in income from the various income streams, there could be impact on the financial stability of the organisation resulting in a detrimental impact on the organisation's ability to deliver services and the strategic objectives	<ul style="list-style-type: none"> <li>• Monthly expenditure is closely monitored from timely financial reporting</li> <li>• The Finance and General Purposes Committee regularly consider the implications of this and regularly reviews the level of reserves</li> <li>• Trustees are kept fully informed via Trustee meetings</li> <li>• Regular contract reviews take place with service commissioners.</li> <li>• There is a diversity of income streams in place</li> </ul>
Reliance on IT systems to deliver services	<ul style="list-style-type: none"> <li>• IT support is outsourced to an ISO 27001 accredited company</li> <li>• Regular reviews of systems and security take place with the IT support provider</li> <li>• Systems are regularly backed up</li> </ul>

**Trustees' Report**  
**For the year ended 31 March 2022**

Vulnerability to cyber crime	<ul style="list-style-type: none"> <li>• Data security awareness training is in place for all staff</li> <li>• Anti-virus protection is in place</li> <li>• Systems and data are regularly backed up and services monitored</li> </ul>
------------------------------	--

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

#### **Objectives for the next 12 months**

We have now launched our next five-year strategy (2022-2027) which was produced in consultation with our community. A copy of our strategy can be found on our website ([arhc.org.uk/app/uploads/2022/03/AR\\_5yr-Strategy-Report\\_22-27\\_web.pdf](http://arhc.org.uk/app/uploads/2022/03/AR_5yr-Strategy-Report_22-27_web.pdf)).

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

1. **Outstanding** - Service focused (continual improvement of current provision).
2. **Sustainable** - Income generation strategies and successful contract negotiations with statutory funders and developing our environmental responsibilities for a net zero carbon approach.
3. **Accessible** - Increase diversity of those accessing our services.
4. **Engaging** - Greater promotion and awareness, using resources such as digital solutions and effective use of our data.
5. **People** - Investing in our workforce and supporting our volunteers.
6. **Partnering** - Working with our system partners as part of the Integrated Care System, sharing knowledge and expertise

In 2022-23 we wish to focus on the following priorities:

#### **Priority 1 - Outstanding**

- Improve bereavement support across Cambridgeshire, with particular focus in Wisbech.
- Consider other roles to support our services such as the role of Death Doula, expanding our social worker role and supporting families with children, with a focus on psychological support for children.
- Continue with our Transitioning Young Adults work, ensuring a smooth transition from children's services to adult Hospice services for those with life-limiting illnesses and setting up more social groups.
- Utilise our additional two beds on the Inpatient unit.
- Review our Living Well service to meet the needs of those with palliative care needs across Cambridgeshire, helping them to live well with their illness.
- Improve feedback from our patients and carers and other stakeholders so we learn and improve.
- Working towards becoming a "greener" hospice.

#### **Priority 2 - Sustainable**

- To focus on our income generation strategy increasing financial support from fundraising and trading.
- To reduce the use of plastics in our fundraising activities.

#### **Priority 3 - Accessible**

- To introduce a non-faith-based summer remembrance event.
- To achieve our widening access group (WAG) action plan to reach all parts of our community.

#### **Priority 4 - Engaging**

- To work with schools in relation to fundraising and work experience.

**Trustees' Report**  
**For the year ended 31 March 2022**

---

- To offer support to business so that they are equipped to support their employees who may be end of life or have a loved one who is.
- To increase the use of technology to support patients, such as text messaging, virtual video consultations, automated telephone advice and support and to continue to improve our website.

**Priority 5 - People**

- To ensure our staff are supported, trained and developed to be the best they can be, attracting future colleagues to want to come to work for us and improving staff retention.
- To ensure our volunteers feel supported and develop champion roles.
- To explore new ways to connect with people and use digital systems to enhance efficiency.

**Priority 6 - Partnering**

- To continue to build partnerships with other organisations across the ICS to ensure palliative and end of life care is seen as a priority.
- To continue to share best practice with others in our region and wider across the Hospice sector.

**COVID-19**

The Charity coped with the extraordinary upheavals and demands of the COVID-19 pandemic and continued to deliver its strategy and greatly increased services in 2021-2022.

We have been fortunate to have the support of wonderful volunteers, including our wise and knowledgeable Trustees. We ensured all our staff knew the guidance as it changed and held regular update meetings. Our volunteers have continued to support patients in their own homes through our Caring Communities service which moved from face-to-face to phone support.

Over the next year we will continue to monitor the effect of COVID-19 on our service provision and financial position.

**Structure, governance and management**

**Constitution**

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

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

The Trustees who served during the year and at the date of signing were:

Antoinette Jackson (appointed Chair of Trustees 16 May 2022)

Dr Catherine Bennett (appointed 3 March 2022)

Julia Curtis

Carolyn Davidge

Dr Arnold Fertig

Stephen Kay

Kate Kirk

Mark Kingstone

Sonali Kumarakulasinghe (appointed 3 March 2022)

Dr Alex Manning

Meghan Mathieson

Lee Maughan (resigned 3 March 2022)

**Trustees' Report**  
**For the year ended 31 March 2022**

---

Colin Sherwood  
John Short  
Rosy Stamp  
Dr Mehrunisha Suleman  
Mark Turner (appointed 3 March 2022)  
Neil Tween (appointed 3 March 2022)

Biographical details of all Trustees are included on our website at [arhc.org.uk](http://arhc.org.uk). Succession planning has led to the current size of the trustee board which will reduce in 2022 with four long-serving members standing down as they have completed their terms of office. We extend our gratitude to these trustees.

#### **Appointment of Trustees**

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

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

#### **The induction and training of new Trustees**

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

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

Trustees are also invited to observe service delivery where appropriate and feasible.

#### **Remuneration policy**

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

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

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

#### **Organisational structure and decision making**

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

**Trustees' Report**  
**For the year ended 31 March 2022**

---

the CEO provides fortnightly briefing updates to the Trustees.

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

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

**Clinical Governance:**

Dr Alex Manning (Chair)  
Dr Catherine Bennett  
Julia Curtis  
Dr Arnold Fertig  
Mark Kingstone  
John Short  
Rosy Stamp

**Finance and General Purposes Committee:**

Stephen Kay (Chair)  
Mark Kingstone  
Sonali Kumarakulasinghe  
Colin Sherwood  
Mark Turner  
Neil Tween

**Remuneration and Nominations:**

Rosy Stamp (Chair)  
Julia Curtis  
Antoinette Jackson  
Stephen Kay  
Kate Kirk  
Mehrunisha Suleman

**Trading Company Board:**

Carolan Davidge (Chair) (appointed 28 January 2022)  
Sharon Allen OBE (CEO)  
Antoinette Jackson (Trustee)  
Peter Northmore (Director of Trading Company)  
Jennifer Tunbridge (Director of Finance) (resigned 25 July 2022)

**Income Generation Committee:**

Carolan Davidge (Chair)  
Antoinette Jackson  
Diana Jakubowska (Co-opted member)  
Kate Kirk  
Meghan Mathieson (Trustee)  
Peter Northmore (Director of Trading Company)  
Colin Sherwood  
Mehrunisha Suleman

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

**Trustees' responsibilities statement**

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

Company law requires the Trustees to prepare financial statements for each financial period. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they

**Trustees' Report**  
**For the year ended 31 March 2022**

---

give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements the Trustees are required to:

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

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

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

**Provision of information to auditors**

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

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

This report, including the strategic report, was approved by the Trustees on 15/9/2022 and signed on their behalf by:

  
.....  
A. Jackson - Chair of Trustees  
2/12/22



## **Company Details**

### **Trustees**

Antoinette Jackson (appointed Chair of Trustees 16 May 2022)  
Dr Catherine Bennett  
Julia Curtis  
Carolyn Davidge  
Dr Arnold Fertig  
Stephen Kay  
Kate Kirk, (retired as Chair of Trustees 16 May 2022)  
Mark Kingstone  
Sonali Kumarakulasinghe  
Dr Alex Manning  
Meghan Mathieson  
Colin Sherwood  
John Short  
Rosy Stamp  
Dr Mehrunisha Suleman  
Mark Turner  
Neil Tween

### **President**

Lady Chadwyck-Healey

### **Patrons**

Baroness Cohen of Pimlico  
The Rt Revd Stephen Conway, Bishop of Ely  
Sir Derek Jacobi CBE  
Lady Marshall  
HM Lord-Lieutenant of Cambridgeshire Mrs Julie Spence OBE QPM  
Mrs Belinda Sutton DL  
Dr Nigel Williams MB, Ch.B., MRCP, DCH.

### **Ambassadors**

Robert Barnes  
Sheila Pierre  
Judith Chisolm\*  
Jake Crane\*  
Stuart Evans\*  
Rosemary Hall\*  
Stephen Hall\*  
Jennifer Mullucks\*

\*Due to pandemic, attendance not called upon in this financial year

### **Senior Leadership Team**

Sharon Allen OBE Chief Executive Officer  
Gemma Manning Director of HR  
Dr Lorraine Petersen Medical Director  
Sara Robins Director of Clinical Services  
Donna Talbot Director of Fundraising and Communications  
Jennifer Tunbridge Finance Director (resigned 25 July 2022)

### **Company registered number**

07086155

### **Charity registered number**

1133354

**Trustees' Report**  
**For the year ended 31 March 2022**

---

**Registered office**

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

**Company Secretary**

Jennifer Tunbridge (resigned 25 July 2022)

Hannah Grainger (appointed 25 July 2022)

**Independent auditors**

Peters Elworthy & Moore, Salisbury House, Station Road, Cambridge, CB1 2LA

**Website address**

[arhc.org.uk](http://arhc.org.uk)

---

**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 2022 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 2022 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

**BASIS FOR OPINION**

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

**CONCLUSIONS RELATING TO GOING CONCERN**

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

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

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

---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

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

---

**OTHER INFORMATION**

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

We have nothing to report in this regard.

**OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006**

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

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

**MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION**

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

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

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the charitable company through discussions with trustees and other management, and from our charitable knowledge and experience;
- we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Companies Act 2006, Charities Act 2011, taxation legislation and data protection, anti-bribery and employment legislation;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence;
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit; and
- we reviewed the minutes of Trustees' meetings to identify any references to non-compliances with laws and regulations.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and



---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

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

---

- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- tested journal entries to identify unusual transactions;
- we evaluated the assumptions and judgements used by management within significant accounting estimates and assessed whether these indicated evidence of management bias; and
- performed audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation;
- reading the minutes of meetings of those charged with governance;
- enquiring of management as to actual and potential litigation and claims; and
- reviewing correspondence with relevant regulators such as the Charity Commission.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditors' report.

---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

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

---

**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: *13. December 2022*

**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 2022**

	Note	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
<b>INCOME FROM:</b>					
Donations and legacies	3	2,043,321	220,943	2,264,264	1,864,629
Charitable activities	4	1,689,035	6,025,146	7,714,181	6,628,525
Other trading activities	5	1,583,218	11,809	1,595,027	807,056
Investments	6	3,761	-	3,761	2,191
<b>TOTAL INCOME</b>		<b>5,319,335</b>	<b>6,257,898</b>	<b>11,577,233</b>	<b>9,302,401</b>
<b>EXPENDITURE ON:</b>					
Raising funds	8	1,801,172	20,002	1,821,174	1,201,597
Charitable activities	9	2,064,819	6,404,400	8,469,219	7,781,957
<b>TOTAL EXPENDITURE</b>		<b>3,865,991</b>	<b>6,424,402</b>	<b>10,290,393</b>	<b>8,983,554</b>
<b>NET INCOME/(EXPENDITURE)</b>		<b>1,453,344</b>	<b>(166,504)</b>	<b>1,286,840</b>	<b>318,847</b>
Transfers between funds	22	(202,642)	202,642	-	-
<b>NET MOVEMENT IN FUNDS</b>		<b>1,250,702</b>	<b>36,138</b>	<b>1,286,840</b>	<b>318,847</b>
<b>RECONCILIATION OF FUNDS:</b>					
Total funds brought forward		9,231,792	687,523	9,919,315	9,600,468
Net movement in funds		1,250,702	36,138	1,286,840	318,847
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>10,482,494</b>	<b>723,661</b>	<b>11,206,155</b>	<b>9,919,315</b>

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

The notes on pages 15 to 41 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 2022**

	Note	2022 £	2021 £
<b>FIXED ASSETS</b>			
Tangible assets	15	9,612,812	10,087,452
		<u>9,612,812</u>	<u>10,087,452</u>
<b>CURRENT ASSETS</b>			
Stocks	17	14,647	15,384
Debtors	18	2,117,545	1,079,798
Investments	19	680,625	-
Cash at bank and in hand		2,910,158	2,831,600
		<u>5,722,975</u>	<u>3,926,782</u>
Creditors: amounts falling due within one year	20	(954,632)	(814,919)
<b>NET CURRENT ASSETS</b>		<u>4,768,343</u>	<u>3,111,863</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>14,381,155</u>	<u>13,199,315</u>
Creditors: amounts falling due after more than one year	21	(3,175,000)	(3,280,000)
<b>TOTAL NET ASSETS</b>		<u><u>11,206,155</u></u>	<u><u>9,919,315</u></u>
<b>CHARITY FUNDS</b>			
Restricted funds	22	723,661	687,523
Unrestricted funds	22	10,482,494	9,231,792
<b>TOTAL FUNDS</b>		<u><u>11,206,155</u></u>	<u><u>9,919,315</u></u>

---

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

---

**CONSOLIDATED BALANCE SHEET (CONTINUED)**  
**AS AT 31 MARCH 2022**

---

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

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



**Antoinette Jackson**  
**Chair of Trustees**

Date: **2.12.22**

The notes on pages 15 to 41 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 2022**

	Note	2022 £	2021 £
<b>FIXED ASSETS</b>			
Tangible assets	15	10,270,117	10,744,757
Investments	16	10,000	10,000
		<u>10,280,117</u>	<u>10,754,757</u>
<b>CURRENT ASSETS</b>			
Stocks	17	-	724
Debtors	18	2,272,331	1,144,184
Investments	19	680,625	-
Cash at bank and in hand		2,808,237	2,716,803
		<u>5,761,193</u>	<u>3,861,711</u>
Creditors: amounts falling due within one year	20	(1,036,978)	(793,976)
<b>NET CURRENT ASSETS</b>		<u>4,724,215</u>	<u>3,067,735</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>15,004,332</u>	<u>13,822,492</u>
Creditors: amounts falling due after more than one year	21	(3,175,000)	(3,280,000)
<b>TOTAL NET ASSETS</b>		<u><u>11,829,332</u></u>	<u><u>10,542,492</u></u>
<b>CHARITY FUNDS</b>			
Restricted funds	22	723,661	687,523
Unrestricted funds	22	11,105,671	9,854,969
<b>TOTAL FUNDS</b>		<u><u>11,829,332</u></u>	<u><u>10,542,492</u></u>

---

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

---

**COMPANY BALANCE SHEET (CONTINUED)**  
**AS AT 31 MARCH 2022**

---

The Company's net movement in funds for the year was £1,286,840 (2021 - £318,847).

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

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



**Antoinette Jackson**  
**Chair of Trustees**

Date: 2.12.22

The notes on pages 15 to 41 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 2022**

	Note	2022 £	2021 £
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Net cash used in operating activities	25	943,763	1,120,308
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of tangible fixed assets		(25,914)	(35,577)
Movements in short term cash deposits		(680,625)	-
<b>NET CASH USED IN INVESTING ACTIVITIES</b>		(706,539)	(35,577)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayments of borrowing		(158,666)	(158,424)
<b>NET CASH USED IN FINANCING ACTIVITIES</b>		(158,666)	(158,424)
<b>CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR</b>		78,558	926,307
Cash and cash equivalents at the beginning of the year		2,831,600	1,905,293
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	26	2,910,158	2,831,600

The notes on pages 15 to 41 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 2022**

---

**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 company and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

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

**1.2 GOING CONCERN**

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

**1.3 FUND ACCOUNTING**

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

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

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

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

---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

---

**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. 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 from the Government's Coronavirus Job Retention Scheme, and other Government COVID-19 related grants, is recognised when the charity has made a valid claim for the income, the amount can be measured and when it is entitled to receive the income.



---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

---

**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 comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of compliance with regulation and good practice.

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

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 TAXATION**

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

**1.8 TANGIBLE FIXED ASSETS AND DEPRECIATION**

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

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

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

---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

---

**1. ACCOUNTING POLICIES (CONTINUED)**

**1.8 TANGIBLE FIXED ASSETS AND DEPRECIATION (CONTINUED)**

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

Depreciation is provided on the following bases:

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

**1.9 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.

**1.10 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.

**1.11 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.

**1.12 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.

---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

---

**1. ACCOUNTING POLICIES (CONTINUED)**

**1.13 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.

**1.14 FINANCIAL INSTRUMENTS**

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

**1.15 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.

**1.16 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.

---

**ARTHUR RANK HOSPICE CHARITY**  
**(A company limited by guarantee)**

---

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

---

**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 2022**

**3. INCOME FROM DONATIONS AND LEGACIES**

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Donations	969,195	98,920	1,068,115	1,148,419
Legacies	946,967	2,500	949,467	423,366
Grants	127,159	119,523	246,682	292,844
	<u>2,043,321</u>	<u>220,943</u>	<u>2,264,264</u>	<u>1,864,629</u>
TOTAL 2021	<u>1,649,481</u>	<u>215,148</u>	<u>1,864,629</u>	

**4. INCOME FROM CHARITABLE ACTIVITIES**

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Grant from CCG to deliver end-of-life care	-	5,970,146	5,970,146	4,760,425
Education	18,554	-	18,554	4,959
Other statutory income	483,596	55,000	538,596	1,094,041
Other	479,275	-	479,275	97,949
Contract Income from Nurse led beds	707,610	-	707,610	671,151
	<u>1,689,035</u>	<u>6,025,146</u>	<u>7,714,181</u>	<u>6,628,525</u>
TOTAL 2021	<u>952,967</u>	<u>5,675,558</u>	<u>6,628,525</u>	

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**5. INCOME FROM OTHER TRADING ACTIVITIES**

**Income from fundraising events**

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Events and fundraising	320,540	6,131	<b>326,671</b>	313,420
Other	80,510	2,636	<b>83,146</b>	19,140
Shop and trading	956,984	-	<b>956,984</b>	261,301
Lottery income	225,184	3,042	<b>228,226</b>	213,195
	<u>1,583,218</u>	<u>11,809</u>	<u><b>1,595,027</b></u>	<u>807,056</u>
<b>TOTAL 2021</b>	<u>800,778</u>	<u>6,278</u>	<u>807,056</u>	

Included in other unrestricted is £11,270 (2021: £15,395) of gifts in kind.

**6. INVESTMENT INCOME**

	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Interest	<u>3,761</u>	<u><b>3,761</b></u>	<u>2,191</u>
<b>TOTAL 2021</b>	<u>2,191</u>	<u>2,191</u>	



**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**7. ANALYSIS OF CHARITABLE EXPENDITURE BY ACTIVITY**

	Direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Fundraising, Retail and Trading	1,108,616	712,558	1,821,174	1,201,597
Hospice care services	6,961,140	1,508,079	8,469,219	7,781,957
	<u>8,069,756</u>	<u>2,220,637</u>	<u>10,290,393</u>	<u>8,983,554</u>
TOTAL 2021	<u>6,887,974</u>	<u>2,095,580</u>	<u>8,983,554</u>	

**8. FUNDRAISING, RETAIL AND TRADING COSTS**

	Direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Challenges	16,877	10,983	27,860	25,170
Collections	-	-	-	243
Community fundraising costs	49,093	31,954	81,047	99,018
Events	126,550	82,419	208,969	112,898
Fundraising costs	192,958	116,278	309,236	292,834
Corporate	19,005	12,378	31,383	33,521
Legacies	21,796	14,195	35,991	26,914
In Memory	35,256	22,921	58,177	-
Trusts	5,029	3,275	8,304	17,117
Engagement	-	-	-	56,117
Retail	642,052	418,155	1,060,207	537,765
	<u>1,108,616</u>	<u>712,558</u>	<u>1,821,174</u>	<u>1,201,597</u>
TOTAL 2021	<u>965,248</u>	<u>236,349</u>	<u>1,201,597</u>	

Restricted funds totalling £17,836 were expended in the year ended 31 March 2022 to support fundraising costs. All expenditure in 2021 was unrestricted.

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**9. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES**

	Direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Living Well service	321,206	205,636	526,842	398,893
Education	107,172	18,044	125,216	200,335
Hospice at home	1,957,875	238,806	2,196,681	1,955,813
Alan Hudson Day Treatment Centre	425,499	51,713	477,212	518,646
In patient unit	1,870,242	275,119	2,145,361	2,404,224
Nurse led beds	707,075	460,502	1,167,577	864,792
Lymphoedema	216,156	26,573	242,729	262,598
Patient and family support team	215,068	60,040	275,108	260,804
Specialist palliative care team	667,482	82,463	749,945	730,245
Palliative Hub	344,861	41,891	386,752	55,096
Transitioning Young Adults Project	53,748	6,529	60,277	31,087
Complementary therapy	-	-	-	12,019
Voluntary services	74,756	40,763	115,519	87,405
	<u>6,961,140</u>	<u>1,508,079</u>	<u>8,469,219</u>	<u>7,781,957</u>
TOTAL 2021	<u>5,922,726</u>	<u>1,859,231</u>	<u>7,781,957</u>	

In the year ended 31 March 2021, £6,242,297 was attributable to restricted funds, and £1,539,660 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 2022**

**10. SUPPORT AND GOVERNANCE COSTS**

	Staff costs 2022 £	Others 2022 £	Loan financing 2022 £	Total funds 2022 £	Total funds 2021 £
Facilities: Estates and catering	281,488	325,349	-	606,837	545,411
Central costs	398,129	122,871	114,896	635,896	675,941
Finance	148,868	21,250	-	170,118	170,888
Human resources	161,666	64,727	-	226,393	200,038
IT	-	257,538	-	257,538	269,403
Insurance	-	57,602	-	57,602	53,721
Public relations	85,928	61,142	-	147,070	114,116
Governance	78,731	40,452	-	119,183	66,062
	<u>1,154,810</u>	<u>950,931</u>	<u>114,896</u>	<u>2,220,637</u>	<u>2,095,580</u>
TOTAL 2021	<u>1,027,085</u>	<u>948,015</u>	<u>120,480</u>	<u>2,095,580</u>	

**11. EXPENDITURE BY TYPE**

	Charitable direct costs 2022 £	Fundraising direct costs 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Staff costs	5,778,225	718,459	1,154,810	7,651,494	6,557,720
Leases and rent	52,191	119,097	-	171,288	138,058
Loan financing costs	-	-	114,896	114,896	120,480
Other	1,083,018	254,822	514,319	1,852,159	1,642,105
Depreciation	47,706	16,238	436,612	500,556	525,191
	<u>6,961,140</u>	<u>1,108,616</u>	<u>2,220,637</u>	<u>10,290,393</u>	<u>8,983,554</u>
TOTAL 2021	<u>5,922,726</u>	<u>965,248</u>	<u>2,095,580</u>	<u>8,983,554</u>	

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**12. NET INCOME**

This is stated after charging:

	<b>2022</b> £	2021 £
Auditors' remuneration - audit	<b>20,827</b>	18,861
Auditors' remuneration - other services	<b>16,272</b>	15,535
Depreciation of tangible fixed assets: owned by the charitable group	<b>500,556</b>	525,191
	<u><u>          </u></u>	<u><u>          </u></u>

**13. STAFF COSTS**

	<b>Group</b> <b>2022</b> £	Group 2021 £	<b>Company</b> <b>2022</b> £	Company 2021 £
Wages and salaries	<b>6,452,838</b>	5,526,095	<b>6,436,776</b>	5,526,095
Social security costs	<b>577,080</b>	487,613	<b>577,080</b>	487,613
Contribution to defined contribution pension schemes	<b>638,633</b>	556,317	<b>636,068</b>	556,317
	<u><u><b>7,668,551</b></u></u>	<u><u>6,570,025</u></u>	<u><u><b>7,649,924</b></u></u>	<u><u>6,570,025</u></u>

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

	<b>Group</b> <b>2022</b> No.	Group 2021 No.
Clinical services	<b>176</b>	147
Fundraising and communications	<b>22</b>	23
Support and governance	<b>37</b>	34
Bank staff	<b>35</b>	12
Retail	<b>14</b>	12
	<u><u><b>284</b></u></u>	<u><u>228</u></u>

---

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

---

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

---

**13. STAFF COSTS (CONTINUED)**

The average headcount expressed as full-time equivalents was:

	<b>Group 2022 No.</b>	<b>Group 2021 No.</b>
Clinical services	138	114
Fundraising and communications	16	18
Support and governance	32	29
Bank staff	23	8
Retail	12	10
	<b>221</b>	<b>179</b>

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

	<b>Group 2022 No.</b>	<b>Group 2021 No.</b>
In the band £60,001 - £70,000	2	2
In the band £70,001 - £80,000	1	1
In the band £80,001 - £90,000	1	1
In the band £90,001 - £100,000	-	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 £490,385 (2021: £500,560).

**14. TRUSTEES' REMUNERATION AND EXPENSES**

During the year, no Trustees received any remuneration or other benefits (2021 - £NIL).

During the year ended 31 March 2022, no Trustee expenses have been incurred (2021 - £NIL).

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**15. TANGIBLE FIXED ASSETS**

**GROUP**

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
<b>COST OR VALUATION</b>				
At 1 April 2021	11,193,156	120,000	1,046,526	12,359,682
Additions	-	-	25,916	25,916
At 31 March 2022	<u>11,193,156</u>	<u>120,000</u>	<u>1,072,442</u>	<u>12,385,598</u>
<b>DEPRECIATION</b>				
At 1 April 2021	1,658,538	5,300	608,392	2,272,230
Charge for the year	369,891	1,200	129,465	500,556
At 31 March 2022	<u>2,028,429</u>	<u>6,500</u>	<u>737,857</u>	<u>2,772,786</u>
<b>NET BOOK VALUE</b>				
At 31 March 2022	<u><u>9,164,727</u></u>	<u><u>113,500</u></u>	<u><u>334,585</u></u>	<u><u>9,612,812</u></u>
At 31 March 2021	<u><u>9,534,618</u></u>	<u><u>114,700</u></u>	<u><u>438,134</u></u>	<u><u>10,087,452</u></u>

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**15. TANGIBLE FIXED ASSETS (CONTINUED)**

**COMPANY**

	Freehold property £	Long-term leasehold property £	Fixtures and fittings £	Total £
<b>COST OR VALUATION</b>				
At 1 April 2021	11,850,461	120,000	1,046,526	13,016,987
Additions	-	-	25,916	25,916
At 31 March 2022	<u>11,850,461</u>	<u>120,000</u>	<u>1,072,442</u>	<u>13,042,903</u>
<b>DEPRECIATION</b>				
At 1 April 2021	1,658,538	5,300	608,392	2,272,230
Charge for the year	369,891	1,200	129,465	500,556
At 31 March 2022	<u>2,028,429</u>	<u>6,500</u>	<u>737,857</u>	<u>2,772,786</u>
<b>NET BOOK VALUE</b>				
At 31 March 2022	<u><u>9,822,032</u></u>	<u><u>113,500</u></u>	<u><u>334,585</u></u>	<u><u>10,270,117</u></u>
At 31 March 2021	<u><u>10,191,923</u></u>	<u><u>114,700</u></u>	<u><u>438,134</u></u>	<u><u>10,744,757</u></u>



**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**16. FIXED ASSET INVESTMENTS**

<b>COMPANY</b>	<b>Investments in subsidiary companies £</b>
<b>COST OR VALUATION</b>	
At 1 April 2021	10,000
AT 31 MARCH 2022	<u>10,000</u>
<b>NET BOOK VALUE</b>	
AT 31 MARCH 2022	<u>10,000</u>
AT 31 MARCH 2021	<u>10,000</u>

**PRINCIPAL SUBSIDIARIES**

The following was a subsidiary undertaking of the Company:

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

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**16. FIXED ASSET INVESTMENTS (CONTINUED)**

The financial results of the subsidiary for the year were:

Name	Income £	Expenditure £	Profit/(Loss) / Surplus/ (Deficit) for the year £
Arthur Rank Hospice Limited	199,698	(143,047)	56,651

**17. STOCKS**

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Finished goods and goods for resale	14,647	15,384	-	724
	<u>14,647</u>	<u>15,384</u>	<u>-</u>	<u>724</u>

**18. DEBTORS**

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
<b>DUE WITHIN ONE YEAR</b>				
Trade debtors	599,592	359,084	586,921	358,975
Amounts owed by group undertakings	-	-	49,318	65,989
Other debtors	759,534	106,640	878,548	105,743
Prepayments and accrued income	96,945	89,871	96,070	89,274
Tax recoverable	20,638	12,577	20,638	12,577
Grants receivable	640,836	511,626	640,836	511,626
	<u>2,117,545</u>	<u>1,079,798</u>	<u>2,272,331</u>	<u>1,144,184</u>

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**19. CURRENT ASSET INVESTMENTS**

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Listed investments	680,625	-	680,625	-
	<u>680,625</u>	<u>-</u>	<u>680,625</u>	<u>-</u>

**20. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Other loans	198,969	197,633	198,969	197,633
Trade creditors	211,054	182,371	208,736	180,351
Other taxation and social security	195,695	160,137	189,955	160,137
Other creditors	172,201	163,823	298,340	161,736
Accruals and deferred income	176,713	110,955	140,978	94,119
	<u>954,632</u>	<u>814,919</u>	<u>1,036,978</u>	<u>793,976</u>

**21. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR**

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Other loans	3,120,000	3,280,000	3,120,000	3,280,000
Other creditors	55,000	-	55,000	-
	<u>3,175,000</u>	<u>3,280,000</u>	<u>3,175,000</u>	<u>3,280,000</u>

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

Included within the above are amounts falling due as follows:

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
<b>BETWEEN ONE AND TWO YEARS</b>				
Other loans	160,000	160,000	160,000	160,000
<b>BETWEEN TWO AND FIVE YEARS</b>				
Other loans	480,000	480,000	480,000	480,000
<b>OVER FIVE YEARS</b>				
Other loans	2,480,000	2,640,000	2,480,000	2,640,000

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

	Group 2022 £	Group 2021 £	Company 2022 £	Company 2021 £
Payable or repayable by instalments	2,480,000	2,640,000	2,480,000	2,640,000
	2,480,000	2,640,000	2,480,000	2,640,000

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 2022**

**22. STATEMENT OF FUNDS**

**STATEMENT OF FUNDS - CURRENT YEAR**

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2022 £
<b>UNRESTRICTED FUNDS</b>					
<b>DESIGNATED FUNDS</b>					
Hospice fund	6,775,067	-	-	(315,977)	6,459,090
Legacy reserve	211,000	-	-	-	211,000
	<u>6,986,067</u>	<u>-</u>	<u>-</u>	<u>(315,977)</u>	<u>6,670,090</u>
<b>GENERAL FUNDS</b>					
General funds	2,211,597	5,119,637	(3,722,944)	169,986	3,778,276
Subsidiary undertakings	34,128	199,698	(143,047)	(56,651)	34,128
	<u>2,245,725</u>	<u>5,319,335</u>	<u>(3,865,991)</u>	<u>113,335</u>	<u>3,812,404</u>
<b>TOTAL UNRESTRICTED FUNDS</b>	<u>9,231,792</u>	<u>5,319,335</u>	<u>(3,865,991)</u>	<u>(202,642)</u>	<u>10,482,494</u>
<b>RESTRICTED FUNDS</b>					
Grant to deliver end of life care	-	5,970,146	(6,172,788)	202,642	-
Hospice at home	161,088	32,898	(40,775)	-	153,211
Alan Hudson Day Treatment Centre	384,014	125,153	(127,041)	-	382,126
Arthur's shed	5,097	-	(37)	-	5,060
Equipment	57,361	3,500	(6,043)	-	54,818
Other restricted funds	79,963	126,201	(77,718)	-	128,446
	<u>687,523</u>	<u>6,257,898</u>	<u>(6,424,402)</u>	<u>202,642</u>	<u>723,661</u>
<b>TOTAL OF FUNDS</b>	<u>9,919,315</u>	<u>11,577,233</u>	<u>(10,290,393)</u>	<u>-</u>	<u>11,206,155</u>

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

**22. STATEMENT OF FUNDS (CONTINUED)**

**STATEMENT OF FUNDS - PRIOR YEAR**

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2021 £
<b>UNRESTRICTED FUNDS</b>					
<b>DESIGNATED FUNDS</b>					
Hospice fund	7,092,656	-	-	(317,589)	6,775,067
Legacy reserve	-	-	-	211,000	211,000
	<u>7,092,656</u>	<u>-</u>	<u>-</u>	<u>(106,589)</u>	<u>6,986,067</u>
<b>GENERAL FUNDS</b>					
General funds	1,851,565	3,298,686	(2,613,792)	(324,862)	2,211,597
Subsidiary undertakings	34,128	106,731	(106,731)	-	34,128
	<u>1,885,693</u>	<u>3,405,417</u>	<u>(2,720,523)</u>	<u>(324,862)</u>	<u>2,245,725</u>
<b>TOTAL UNRESTRICTED FUNDS</b>	<u>8,978,349</u>	<u>3,405,417</u>	<u>(2,720,523)</u>	<u>(431,451)</u>	<u>9,231,792</u>
<b>RESTRICTED FUNDS</b>					
Grant to deliver end of life care	28,270	4,760,425	(5,220,146)	431,451	-
Hospice at home	123,999	43,651	(6,562)	-	161,088
Alan Hudson Day Treatment Centre	387,195	103,518	(106,699)	-	384,014
Arthur's shed	5,097	-	-	-	5,097
Education	2,690	4,398	(7,088)	-	-
Equipment	60,544	1,249	(4,432)	-	57,361
NHSE	-	860,133	(860,133)	-	-
Other	14,324	123,610	(57,971)	-	79,963
	<u>622,119</u>	<u>5,896,984</u>	<u>(6,263,031)</u>	<u>431,451</u>	<u>687,523</u>
<b>TOTAL OF FUNDS</b>	<u>9,600,468</u>	<u>9,302,401</u>	<u>(8,983,554)</u>	<u>-</u>	<u>9,919,315</u>

---

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

---

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

---

**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. 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.

**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 for people to connect with others and join in with various activities. The development of the sessions provided in Arthur's Shed have enabled the charity to achieve our objective of broadening 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.

**Alan Hudson Day Treatment Centre**

These funds comprise of donations made specifically for use at the Alan Hudson Day Treatment 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. Funding received in previous years has been used to re develop the centre and garden area in order 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 smaller funds and some Grant funded projects such as the Transitions project and Caring Communities project. The Transitions project supports young people transitioning from children's hospice care to adult hospice care and the Caring Communities project provides companionship for our patients and their carer.



**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**23. STATEMENT OF FUNDS - CHARITY ONLY**

**CHARITY ONLY FUNDS - CURRENT YEAR**

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2022 £
Unrestricted funds	9,854,969	5,119,637	(3,666,393)	(202,642)	11,105,571
Restricted funds	687,523	6,257,898	(6,424,402)	202,642	723,661
<b>Total</b>	<b>10,542,492</b>	<b>11,377,535</b>	<b>(10,090,795)</b>	<b>-</b>	<b>11,829,332</b>

**CHARITY ONLY FUNDS - PRIOR YEAR**

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2021 £
Unrestricted funds	9,601,526	3,298,686	(2,613,792)	(431,451)	9,854,969
Restricted funds	622,119	5,896,984	(6,263,031)	431,451	687,523
<b>Total</b>	<b>10,223,645</b>	<b>9,195,670</b>	<b>(8,876,823)</b>	<b>-</b>	<b>10,542,492</b>

**24. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

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

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	9,612,812	-	<b>9,612,812</b>
Current assets	4,999,314	723,661	<b>5,722,975</b>
Creditors due within one year	(954,632)	-	<b>(954,632)</b>
Creditors due in more than one year	(3,175,000)	-	<b>(3,175,000)</b>
<b>TOTAL</b>	<b>10,482,494</b>	<b>723,661</b>	<b>11,206,155</b>

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**24. ANALYSIS OF NET ASSETS BETWEEN FUNDS (CONTINUED)**

**ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR (GROUP)**

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	10,087,452	-	10,087,452
Current assets	3,239,259	687,523	3,926,782
Creditors due within one year	(814,919)	-	(814,919)
Creditors due in more than one year	(3,280,000)	-	(3,280,000)
<b>TOTAL</b>	<b>9,231,792</b>	<b>687,523</b>	<b>9,919,315</b>

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

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	10,270,116	-	10,270,116
Investments	10,000	-	10,000
Current assets	5,037,532	723,661	5,761,193
Creditors due within one year	(1,036,978)	-	(1,036,978)
Creditors due in more than one year	(3,175,000)	-	(3,175,000)
	<b>11,105,670</b>	<b>723,661</b>	<b>11,829,331</b>

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

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

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	10,744,757	-	10,744,757
Investments	10,000	-	10,000
Current assets	3,174,188	687,523	3,861,711
Creditors due within one year	(793,976)	-	(793,976)
Creditors due in more than one year	(3,280,000)	-	(3,280,000)
	<u>9,854,969</u>	<u>687,523</u>	<u>10,542,492</u>

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

	Group 2022 £	Group 2021 £
Net income for the year (as per Statement of Financial Activities)	1,286,840	318,847
<b>ADJUSTMENTS FOR:</b>		
Depreciation charges	500,556	525,191
Decrease/(increase) in stocks	737	(2,228)
Decrease/(increase) in debtors	(1,037,747)	140,428
Increase in creditors	193,377	138,070
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<u>943,763</u>	<u>1,120,308</u>

**26. ANALYSIS OF CASH AND CASH EQUIVALENTS**

	Group 2022 £	Group 2021 £
Cash in hand	2,910,158	2,831,600
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<u>2,910,158</u>	<u>2,831,600</u>

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022**

**27. ANALYSIS OF CHANGES IN NET DEBT**

	At 1 April 2021	Cash flows	At 31 March 2022
	£	£	£
Cash at bank and in hand	2,831,600	78,558	2,910,158
Debt due within 1 year	(197,633)	(1,336)	(198,969)
Debt due after 1 year	(3,280,000)	160,000	(3,120,000)
Liquid investments	-	680,625	680,625
	<u>(646,033)</u>	<u>917,847</u>	<u>271,814</u>

**28. PENSION COMMITMENTS**

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2022 159 (2021: 111) employees were members of this scheme, to which the charity contributed 6% of their salaries. The assets of the scheme are held separately from those of the group in an independently administered fund.

The charity also contributes to the NHS Defined Benefit pension scheme for those employees who are entitled to membership (i.e. those who were members within a year before joining the charity). At 31 March 2022, 133 (2021: 115) 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 £637,773 (2021: £562,185). An amount of £87,733 (2021: £79,955) was outstanding at the year end.

**29. OPERATING LEASE COMMITMENTS**

At 31 March 2022 the Group and the Company had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	Group 2022 £	Group 2021 £
Not later than 1 year	144,704	153,441
Later than 1 year and not later than 5 years	422,764	481,853
Later than 5 years	235,793	294,053
	<u>803,261</u>	<u>929,347</u>

---

**ARTHUR RANK HOSPICE CHARITY**  
(A company limited by guarantee)

---

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2022**

---

**30. RELATED PARTY TRANSACTIONS**

Arthur Rank Hospice Limited is a wholly owned subsidiary of Arthur Rank Hospice Charity. During the year ended 31 March 2022, the charity charged £36,336 (2021: £36,338) to this company. The company has made a gift aid payment of its taxable profits of £56,651 (2021: £13,689) to the charity. The company also collects sums on behalf of the charity. As at 31 March 2022, the company owed the charity £49,318 (2021: £65,989) to the charity.

**31. CONTROLLING PARTY**

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