



Arthur Rank Hospice Charity

# Trustees Report and Financial Statements

For the year ended 31 March 2024

Arthur Rank Hospice Charity  
(A company limited by guarantee)  
Registered number: 07086155  
Charity Number: 1133354



making every moment count

**Trustees Report and Financial Statements  
For the year ended 31 March 2024  
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The Trustees are pleased to present their annual Trustees' Report together with the consolidated financial statements of the Charity and its subsidiary for the year ended 31 March 2024. 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**

Our Five-Year Strategy, agreed in 2021-22, is ambitious. We recognised that there was more to do to improve the reach of our services and to continually improve. This Annual Report outlines the progress we have made against the objectives in that strategy and how we are delivering compassionate and safe care for our patients and their loved ones. The report highlights that we have a charity that is focused on service quality and continuous improvement and that it continues to deliver on both.

We have faced several challenges in 2023-24 in delivering on our priorities, particularly recruitment and retention of staff as well as financial pressures. Financial sustainability remains an ongoing challenge and, in common with most organisations, the cost-of-living crisis has added to our cost pressures. A recent survey by Hospice UK found that 65% of UK Hospices were deficit in 2023-24. NHS funding is under pressure and the demographics of an aging population is increasing the demand for palliative and end of life care. We were fortunate to finish the year in surplus mainly due to one-off legacies and donations, which are hard to predict.

We rely on fundraising and income generation to deliver and enhance services that are not funded by the NHS. Approximately 40% of our costs are met by income from these sources and the financial climate makes it harder for charities like us to continue to maximize our income. We are very grateful to everyone who supports us, in so many different ways.

Despite the challenges, this report shows that we continue to evolve and innovate and deliver a wide range of services to patients and their loved ones. Not just supporting people at the end of life but also when they are dealing with life limiting illnesses, providing care and psychological support. We had a lower number of referrals in 2023-24 but an increase in clinical contacts completed, particularly in our Hospice at Home service which had 2,052 more face to face contacts than in the previous year. The reduction in referrals is mainly due to better understanding of the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. Sadly, we have not been able to achieve all our objectives due to lack of funding and were particularly disappointed that we were not able to find funding for our Think Family project which would enable us to deliver more bereavement support for children and young people.

Our people will always be at the heart of what makes us special and each and every member of Team Arthur plays a vital role in helping us reach the quality of service we strive for. Recruitment and retention is an issue affecting charities and health providers across the country. We implemented a new pay structure this year to help ensure that we continue to attract and retain the colleagues we need to run our services effectively. We are very blessed to have skilled colleagues and volunteers who are passionate about what they do and that they are ably led by our talented CEO and senior leadership team. We need to ensure that we continue to be an employer of choice and so we were delighted to achieve a silver rating in 2023 in the Best Employers Eastern Region awards.

We are active partners in the Integrated Care System, recognising that a joined-up approach across the system is vital to tackling the health needs of our population and making best use of our collective resources. We are keen to contribute to the wider debate on the role the hospice charity can play in achieving better health outcomes and system efficiency. An example of our contribution is our partnership with Sue Ryder Thorpe Hall which delivered ReSPECT training for 1,541 people across Cambridgeshire and Peterborough (including GPs, health practitioners and care home staff). ReSPECT is the 'Recommended Summary Plan for Emergency Care and Treatment'. It enables people to discuss and document the care they would like to receive with health professionals before they become unwell.

As well as thanking our wonderful colleagues and volunteers, and our community who support in so many ways, I also want to pay tribute to the very able trustees who sit on the Board of the Charity. They bring skills and enthusiasm to the Charity and ensure we continue to focus on the future and what we need to ensure Arthur Rank Hospice Charity continues to thrive.



Antoinette Jackson Chair of Trustees

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### **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 2023-24**

### **Why we are here?**

In March 2022 we launched our current five-year strategy (2022-2027) which was produced in consultation with our community.

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

- 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 2023-24 we focused on the following priorities:

### **Outstanding**

#### **We said that we would:**

- a) Review our Patient and Family Support Team to build on the work in Wisbech, increasing our bereavement support volunteers and equitable access to services.
- b) Continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist.
- c) Build on our Young Persons Transitions work by securing funding for a substantive YPT coordinator. This will enable us to continue the valuable work we have managed to undertake since receiving funding from the National Lottery Community Fund.
- d) Utilise our two currently uncommissioned beds on the Inpatient unit.
- e) Broaden our reach into local communities, building on the work with neurological conditions, single organ failure and dementia care.
- f) Continue to work with GPs and care homes in providing teaching and support in relation to palliative and end of life care, including the ReSPECT implementation. We also want to improve feedback from our patients and carers and other stakeholders so we learn and improve.

**What we did:**

- a) We have remodelled the service to better meet the needs of our patients. We are delighted to now have a Bereavement Lead and team coordinator who is working closely with our Matron for Clinical Services to improve our bereavement support, alongside our bereavement support volunteers. We successfully recruited a Chaplain volunteer to our team in Wisbech in addition to our Chaplaincy volunteers that support the Inpatient Unit in Cambridge.
- b) Sadly, we have not been able to secure any funding to help us progress with our "Think Family" project and are continuing to seek sources of funding. We are also actively seeking partnerships with other providers of children's bereavement support and are developing links with local schools to help improve knowledge of Hospice care.
- c) We have worked in partnership with East Anglia's Children's Hospices Charity (EACH) to fund our Young Person's Transitions Coordinator. Unfortunately, the external funding for this role has come to an end so we are closing this project. We have set up a Saturday Social Group in addition to the other engagement activities for young people and their families which has been well received. We continue to reach out to more young people in Peterborough and work with Sue Ryder Thorpe Hall as the Adult Hospice in Peterborough to grow this support.
- d) No additional funding identified in the year so carried forward to 2024/25.
- e) Our Living Well Team has been working with other system partners to raise the profile of our hospice services so people understand that hospices aren't just places where people go to die, but those with life limiting conditions are supported to live well for as long as possible.
- f) We worked in partnership with Sue Ryder Thorpe Hall hospice to implement ReSPECT training project across Cambridgeshire and Peterborough. ReSPECT stands for "Recommended Summary Plan for Emergency Care and Treatment". We have delivered training to 583 GPs and 538 Care Home staff and have trained 1541 attendees in total. The number of ReSPECT forms being used in the locality has increased as a result. We also rolled out our Essence of Palliative and End of Life Care training to 646 nurses and carers from care homes and domiciliary care providers. We were helping them to improve their confidence and competence when caring for people with growing complex needs at the end of their life, and to avoid any unnecessary hospital admissions.

**Sustainable****We said that we would:**

- a) Focus on our income generation strategy increasing financial support from fundraising, retail, hospitality and venue hire.
- b) Build corporate partnerships and support and help increase awareness of hospice care within this group.
- c) Invite people to consider making gifts such as donations and encourage people to future plan, using our Free Will service by making a small donation to our Charity or including our Charity in their will.
- d) Reduce the use of plastics and look at other environmentally friendly solutions for our activities in order to reduce our carbon footprint.

**What we did:**

- a) We have successfully opened an additional retail unit at Pampisford. We have undertaken a refurbishment of our shop in Regent Street and opened a new shop on Broad Street in March. We continue to explore potential new retail units, especially in the North of the county and expect to open another new shop in Ely in October 2024.
- b) We have had huge success in our volunteering days, connecting with corporate partners. We have had good feedback and high levels of engagement resulting in donations and permanent volunteers.
- c) We have designed a Gifts in Wills booklet and have undertaken some promotional events at the hospice with colleagues to raise the importance of promoting Gifts in Wills.
- d) We have been finding more sustainable resources for promotional materials to replace visual items such as banners and balloons. Because of our commitment to the environment, we're moving away from selling single-use items and ordering things from overseas. We will continue to sell items we already had in stock from previous events. In addition, our Bistro Team is using eco-friendly packaging for our salad boxes, sandwich boxes, cake boxes etc. All labels are fully recyclable too!

**Accessible****We said that we would:**

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

**What we did:**

- a) Our Sunflower Memories event in August 2023 was a big success. Guests were invited to purchase a sunflower in memory of their loved one and attend a special remembrance event held at the Hospice on Saturday 19 August. The event raised £2,619 for the Charity.
- b) We have developed a cultural and religious events calendar to help raise awareness, along with aligned internal/ external communications and some lovely new food options to try in our bistro! We have also been working with the support of Sue Ryder's Head of Health Inclusion and Equity to review patient and staff data. Our staff data shows an increase in our diversity in line with our priority areas.

**Engaging****We said that we would:**

- a) Work with schools through fundraising, human resources and voluntary services, encouraging opportunities for work experience and volunteering.
- b) 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.
- c) 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.



**What we did:**

- a) Our Reindeer Runs were successful in November, and we engaged with 11 schools across Cambridgeshire. The Cambridge Charity Fundraisers and the Cambridge Independent teamed up for the second year to launch the Inspirational YoungStars Awards and two of our young fundraisers, Jasper Ostler-Gee (aged 14) and Emma Robbins (aged 10), won Inspirational YoungStar awards in the fundraising category. We have provided work experience placements for two 15-year-olds and one has since gone on to become a cake bake volunteer!
- b) Carried forward to 2024/25.
- c) We are now sending text message reminders for our Lymphoedema service and will aim to roll this out to other services through 2024-2025. We have uploaded some helpful advice and support videos on our Living Well webpages and our Advance Care Planning Video has been very popular. We have not yet been able to devise a video for introducing our services and hope to secure some funding for this in 2024-2025.

**People****We said that we would:**

- a) Provide opportunities for colleagues to develop in their role and explore ways in which we can attract staff and expand our retention strategy.
- b) Survey our colleagues and volunteers to help us improve our workplace.
- c) Carry through the actions in our 2023/2024 People Plan, aimed at looking after our people, improving belonging, growing for the future and being ready to work in new ways.

**What we did:**

- a) We have worked hard to recruit and retain our colleagues by investing in our induction programmes and support services such as regular manager supervision, access to restorative and resilience-based supervision and revising our annual Performance and Development review processes. All clinical colleagues have been invited to contribute to our training needs analysis so we can ensure our current and future training and development meets their needs. We are supporting colleagues on our IPU to undertake the Nursing Associate training programme.
- b) We have surveyed both our colleagues and volunteers and produced measurable action plans by which we can continue to improve. Due to the results from our staff survey we achieved Best Employers Eastern Region Silver rating in 2023 and reached our target completion KPI.
- c) We have updated our People Plan. We have also implemented our new pay progression process and are reviewing our employee assistance programme and other benefits.

**Partnering****We said that we would:**

- a) Continue to build partnerships with other organisations across the ICS to ensure that palliative and end of life care is seen as a priority.
- b) Continue our links with the East of England Strategic Clinical Network, learning and improving care.



**What we did:**

- a) We are proactive in the PEOLC Programme Board. Our CEO is currently chair of this group and has provided leadership to ensure that the agreed system all age strategy has been translated into an Implementation Plan. The Plan has agreed leads for all activity and is beginning to evidence impact. The Programme Board provides update reports to the ICB Delivery Executive so there is clear oversight of issues. We represent the Voluntary Sector Network on the ICB People Board and its Enabler Groups, actively contributing to the agenda of 'One Workforce'. We are proactively engaged with the Voluntary Sector Network and ICS Professional and Clinical Leadership Assembly.
- b) We continue to participate in the Eastern Region Palliative and End of Life Care Strategic Clinical Network, representing Adult Hospices. We have led on the ReSPECT training programme for Cambridgeshire and Peterborough and have successfully trained 1,541 people in total: 583 GPs/ Health Care Practitioners, 538 Care Home staff and 420 others. We created some videos to help promote the work of the ReSPECT project and continue to use these for training purposes.

In 2024- 2025 we want to focus on the following priorities:

**Priority 1 – Outstanding**

- We will increase our bereavement support services across Cambridgeshire and we will update our online and printed resources and use of other technological applications to support psychological wellbeing.
- We will improve support for unpaid carers across our Hospice services and will support our Local Authority social worker colleagues by upskilling them in having difficult conversations around end of life care and support.
- We will continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist
- We want to secure commissioning for the remaining beds on our IPU at the hospice in Cambridge so we can maximise the care we provide.
- We want to broaden our reach into local communities, building on the work with neurological conditions, single organ failure and dementia care.
- We will continue to develop education links with the social care sector to ensure seamless provision for patients and loved ones and accessible, appropriate support to develop confidence and competence of the social care workforce with PEOLC.
- We will build on the use of the Trajectory Touchpoint Technique and consider other methods for obtaining feedback from patients and their family/friends.
- We will continue to improve on our capacity in Hospice at Home to ensure more rapid response and capacity to care.
- We will build on the number of Independent Prescribers in our specialist palliative care home team and Palliative Hub.
- We will review community specialist nursing and specialist medical cover across Cambridgeshire with our system partners to ensure equality in service provision.

**Priority 2 – Sustainable**

- We want to secure grant and trust income and long-term funding to support all our services through charitable or contracted means.
- We want to build corporate partnerships and support and help increase awareness of hospice care within this group.
- We want to invite people to consider making gifts such as donations and encourage people to future plan, using our Free Will service by making a small donation to our Charity or including our Charity in their will.
- We will continue to review our use of sustainable materials – seeking a reduction in the use of plastic in all fundraising activities.
- We want to increase the income and return from retail, online activities, venue hire and hospitality and strengthen our brand identity.

**Priority 3 – Accessible**

- We will develop a plan to broaden access to events by diverse groups.
- We want to continue with our Widening Access Group plan to ensure we are engaging with all parts of the local community.

**Priority 4 – Engaging**

- We continue to want to work with schools through fundraising, HR and voluntary services, encouraging opportunities for work experience and volunteering.
- We will develop an "introduction to clinical services" video to help promote our services and explain them in order to widen the public's perception of what we do and how we do it.
- We want to continue to develop our text messaging service, virtual consultations and videos online and introduce a telephony information service about self-care.

**Priority 5 – People**

- We will look after our people by ensuring our staff benefits, career pathways, training and development opportunities and staff wellbeing support is implemented in line with our People Plan.
- We will foster an inclusive and compassionate culture in which we can all achieve our objectives.
- We will try new ways of working and delivering care, such as implementing a new managers' charter.
- We will grow our student and learner engagement and support apprenticeships and other development opportunities.
- We will continue to grow our volunteer services.
- We will design an education plan fit for the future workforce.

**Priority 6 – Partnering**

- We will continue to work with our system partners across Cambridgeshire & Peterborough ICS building on implementing work from the PEOLC Strategy and Ambitions Framework and other systems work e.g., workforce and leadership.
- We will continue links with our system partners by engaging in communities of practice and the Palliative and End of Life Care Strategic Clinical Network (PEOLCSCN).

## 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 provides 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 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.



Referrals remain steady but we have noticed that some referrals are coming too late and patients become too unwell to then attend our sessions and therefore do not stay on our caseloads for long. We are looking at promoting early referral to our services and have designed some new posters to go in GP practices and Clinics to help raise awareness.

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. We have successfully partnered with Anglia Ruskin University for four years to deliver a Masters Module in Palliative and End of Life Care. We were commissioned, in partnership with Sue Ryder Thorpe Hall, by the Integrated Care Board, to deliver training for GP's and residential care home managers on implementing ReSPECT across our system. We have also expanded our team with thanks to funding from the system to test proof of concept of additional support to social care teams.

## Hospice at Home

The Hospice at Home service had a 32% drop in referrals compared to 2022-23. There were a higher number of inappropriate referrals in 2022- 2023 and the team together with the ICB complex cases team have improved their processes for managing referrals. Despite receiving fewer referrals and seeing fewer people this year, our Hospice at Home service saw a 10% increase in face-to-face clinical contacts. This is because patients have more complex needs and need closer monitoring and interventions.



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), we provide care throughout the county 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 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.

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

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

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. Our specialist palliative care nurse is a core member of the team and is working closely with the GP practices in Wisbech. The team also provides clinical advice and support to palliative patients on the adjacent Trafford Ward. Part of our Hospice at Home Team is based at the Centre providing care for people throughout Fenland.



### Inpatient Unit (Shelford Bottom, Cambridgeshire)



The hospice Inpatient 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 and we continue to explore how best for these to be utilised.

All patients and their loved ones are provided with holistic care from the Multi Disciplinary Teams.

### 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.

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 Foundation 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 are working closely with the Addenbrooke's team to improve our occupancy. 94% of admissions ended in death, demonstrating that in the vast majority of cases, the correct patients are being identified for this transfer to end of life care.

### 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. The team also assesses and advises Lipoedema patients.

All patients are offered an assessment with a clinical specialist 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.

The team continue to work on a variety of Quality Improvement Projects including caseload reviews, for example looking at why some patients remain on the caseload for 2+ years, helping the team stabilise the caseload. Other projects have included auditing limb volume improvements - leading on to a new patient concordance audit. The service has also improved its website page with improved self-help videos to enhance patient care and education.

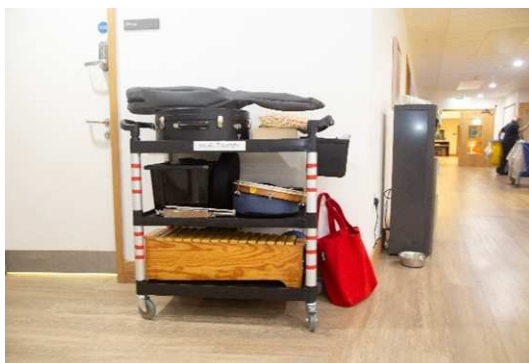
## Patient and Family Support Team



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 workers provide 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. 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. Inpatients 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.



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.

The impact of the team has been demonstrated in their use of Clinical Outcomes in Routine Evaluation (CORE) questionnaires. These questionnaires help assess and monitor patient outcomes numerically, focusing on areas of life such as functioning, risk, problems, and well-being. Average scores for both versions of the CORE demonstrate that interventions from the team have resulted in positive outcomes – an improvement for the patient.

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



### Specialist Palliative Care Team



Our seven days 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 9am – 5pm, 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 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 plan so that other services are aware and the various teams can work together to fulfil them.

Most new referrals triaged by the team are phased as 'deteriorating' (67%). Using the OACC Suite of Outcome Measures, if a patient's Phase of Illness is deteriorating, this means that their care plan is addressing anticipated needs but requires periodic review. This is because their overall functional status is declining and their experiences are gradually worsening and/or they experience a new but anticipated problem and/or the family/carers experience a gradual worsening distress that impacts on the patient's care.

### Transitioning Young Adults Project



We have worked 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 has been funded by The National Lottery Community Fund, but unfortunately ends in August 2024 due to lack of further funding.

### Palliative Care Hub



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

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 2023-24 this service supported 1,486 patients (a decrease of 12% from 2022-23), took 2,376 calls (a decrease of 13% from 2022-23), and helped to avoid 87 hospital admissions.

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.

### 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. The team see patients face-to-face in the hospice and in their own homes if required, as well as in the hospice for those attending our Living Well Service and on our IPU.

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.

### Voluntary Services



Volunteers make a huge contribution to the Charity. We have almost 600 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 70 different roles. These include gardening, hosting in the In-patient Unit and Living Well, cake baking, counselling, flower arranging, supporting in our charity shops and events fundraising, and many more.

## Patients supported

2023-24 has seen a decrease in the total number of referrals received, but an increase in clinical contacts completed. The reduction of referrals is due to greater education surrounding the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. The increase in clinical contacts is mostly within our Hospice at Home service, which had 2,052 more face-to-face contacts than in 2022-23.

Number of Referrals	2023/24	2022/23
In-Patient Unit (specialist beds)	361	327
In-Patient Unit (nurse led beds)	292	291
Living Well Service	362	412
Hospice at Home	950	1,405
Specialist Palliative Care Home Team	1,131	1,119
Lymphoedema	305	221
Patient and Family Support Services	195	256
Pain Management	47	38
Complementary Therapy	323	267
Medical Outpatient and Domiciliary	118	130
Alan Hudson Day Treatment Centre	488	334
Caring Communities	56	60
Transitioning Young Adults	8	3
<b>Total</b>	<b>4,636</b>	<b>4,863</b>



<b>Number of face-to-face contacts/appointments</b>	<b>2023/24</b>	<b>2022/23</b>
Living Well Service	887	891
Hospice at Home	21,828	19,776
Specialist Palliative Care Home Team	1,642	1,831
Lymphoedema	742	657
Patient and Family Support Services	767	651
Pain Management	40	43
Complementary Therapy	660	620
Medical Outpatient and Domiciliary	341	366
Alan Hudson Day Treatment Centre	3,379	3,095
Transitioning Young Adults	17	4
<b>Total</b>	<b>30,303</b>	<b>27,934</b>
<b>Number of telephone contacts</b>	<b>2023/24</b>	<b>2022/23</b>
Living Well Service	1,317	1,290
Hospice at Home	4,597	4,908
Specialist Palliative Care Home Team	7,350	7,600
Lymphoedema	1,163	1,279
Patient and Family Support Services	367	307
Pain Management	11	17
Complementary Therapy	1,101	1,037
Medical Outpatient and Domiciliary	718	1,019
Alan Hudson Day Treatment Centre	4,198	4,016
Transitioning Young Adults	26	21
<b>Total</b>	<b>20,848</b>	<b>21,494</b>
<b>In-Patient Unit (specialist beds)</b>	<b>2023/24</b>	<b>2022/23</b>
Number of beds	12	12
Bed occupancy	91%	89%
Number of patients	213	218
Number of discharges	201	207
Average duration (days)	18.6	18.3
Available bed days	4,392	4,380

## Approach to fundraising



### Fundraising Approach and Controls

Arthur Rank Hospice Charity proactively engages and collaborates with our community. The Charity enjoys long-standing relationships with supporters and partner organisations and maintains high standards in raising funds through a variety of means.

The Charity operates within the Fundraising Code of Practice and employs a team of paid colleagues to deliver our fundraising and communications strategy. The Charity is voluntarily registered with the Fundraising Regulator and is a member of Hospice UK and the Hospice Income Generation Network (HIGN). Teams regularly attend events and training to increase their own understanding of hospice sector developments as well as changes in the external environment. Where possible representatives also contribute by sharing their own expertise, leading sessions, or speaking at events.

Arthur Rank Hospice Charity has a broad portfolio of open, legal, honest, and respectful activities. These include newsletter mailings and appeals shared by post, email, or social media. We seek the support of corporates, ensuring alignment to our purpose and providing commercial participator agreements when required.

The Charity receives royalties from a weekly lottery (launched in 2011), the management of which is outsourced to Your Hospice Lottery, who are registered with the Gambling Commission. The team adhere to our Ethical Fundraising Promise, fundraising specific policies, and also benefit from other policies which involve safeguarding, lone working, and social media use. With the agreement and prior approval of scripts, telesales campaigns are occasionally conducted by Your Hospice Lottery.

Notification of these activities are shared with the Senior Leadership Team and managers in advance. From time to time the Charity may work with established and reputable service providers, such as mailing houses or event management companies.

We collaborate with two charitable organisations to deliver our fundraising activities. The annual Bridge the Gap walk remains in partnership with Romsey Mill, another Cambridge based charity, and Just Helping administer our Christmas Tree Recycling Scheme. We actively encourage discussions to collaborate with other businesses and people in the community. In both scenarios we are diligent around the relationships we seek or build.

The Income Generation Committee meets quarterly and comprises of trustees, specialist advisors and senior leadership team members. Attendees contribute to strategic discussions for future planning and deep dives into specific existing activities. Fundraising activities are detailed in the quarterly committee papers, with a standing open invite for trustees or senior leadership team not on this committee to attend should they wish.

The Charity is GDPR compliant. The Income Generation and Communications Director attends Information Governance (IG) meetings and the team contributes to the Information Governance (IG) Handbook. Where work is undertaken with external bodies, privacy notices are reviewed, and privacy impact assessments are conducted. This information is then recorded on an information asset register, which is checked annually.

To comply with Fundraising Regulator requirements, the Charity has a dedicated supporter relationship management system and robust systems for data maintenance and record keeping. In the period 1 April 2023 to 31 March 2024, we received one suppression request from the Fundraising Preference Service. This was actioned within two days.

Any complaints that do arise are recorded on Sentinel, our incident reporting system, and dealt in line with our complaints policies. No complaints have been received in respect of Your Hospice Lottery and in the instance where the Charity receives calls relating to the Lottery these are escalated to the Lottery team in line with their policy. Pleasingly, no complaints were recorded for fundraising or communications during this period.

## Financial review

These are very difficult financial times for all UK hospices. A recent survey by Hospice UK found that 65% of UK hospices incurred a deficit in 2023-24, resulting in service closures and redundancies at some hospices. There are significant political, economic and system pressures facing hospices currently and in future years. Attempts to raise the gravity of the situation in Parliament have met with little success whilst the NHS is facing severe financial challenges that constrains its ability to support hospices. In addition, there is an ever-increasing demand from an aging population. Our costs are increasing faster than our core income streams which presents us with challenges to ensure our long-term sustainability.

Despite this financial background, we are fortunate to be able to report a surplus of £1,106k (2023: £215k). This was mainly due to a significant increase in one-off donations and legacies which by their nature are difficult to forecast and inconsistent in their timing of receipt. These two income streams brought in an additional £682k compared to the prior year. In addition, we were successful in our application to the Department for Health and Social Care for the cost of the 2022-23 one-off pay award in respect of clinical staff to be refunded to the hospice. This increased our income by a further £253k. Together with income increases from our NHS contracts and much higher investment income due to increased interest rates, our overall income rose by £1,610k (14%).

Expenditure has been managed tightly given the financial environment that the Charity finds itself in. However, the high cost inflation experienced during the year and the need to match NHS pay awards to ensure staff retention did see our expenditure increase by 6%.

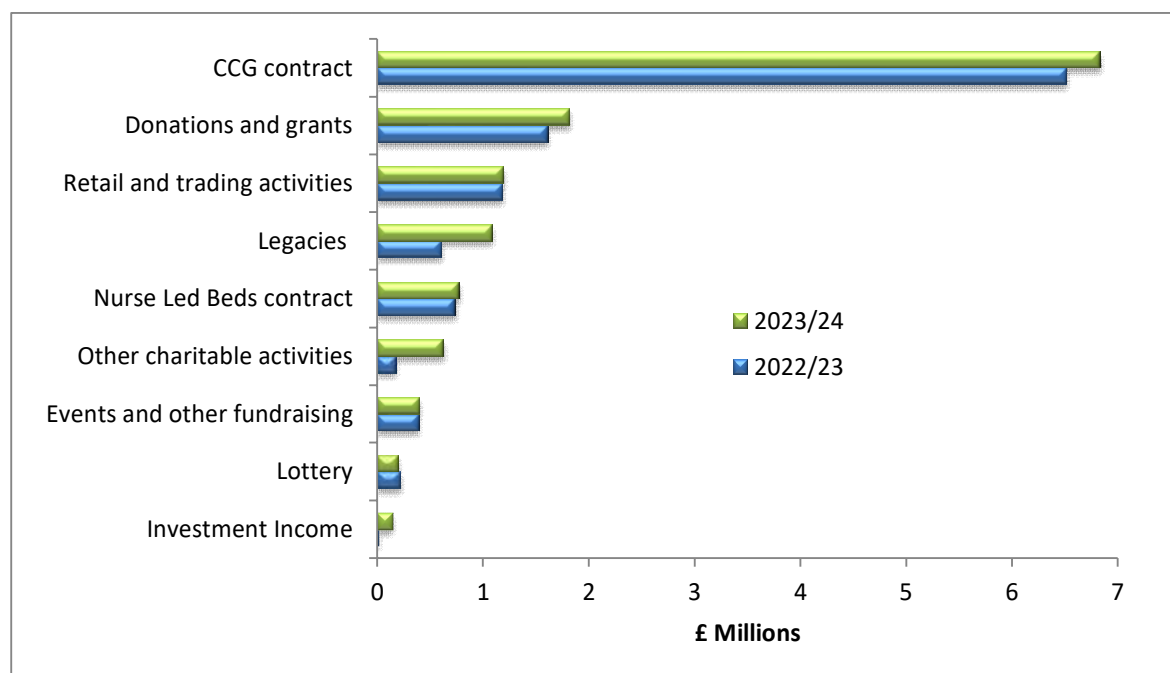
Our surplus has resulted in an increase in reserves to £12.5m (2023: £11.4m), with total free reserves that are available to spend on any of the Charity's purposes increasing to £6.0m as at 31 March 2024 (31 March 2023: £4.6m). This level of reserves strengthens our financial position to continue to provide the existing level of services as well as deal with the upcoming challenges that we know that we will face.

The level of free reserves is in excess of the level set out in the Charity's reserves policy due to the unexpected significant amounts of one-off income received in 2023/24 and we will be reviewing the reserves policy accordingly.

The Charity has retained a strong focus on financial controls, managing costs and a prudent approach to setting budgets. 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 with an increasing focus on our retail operations.

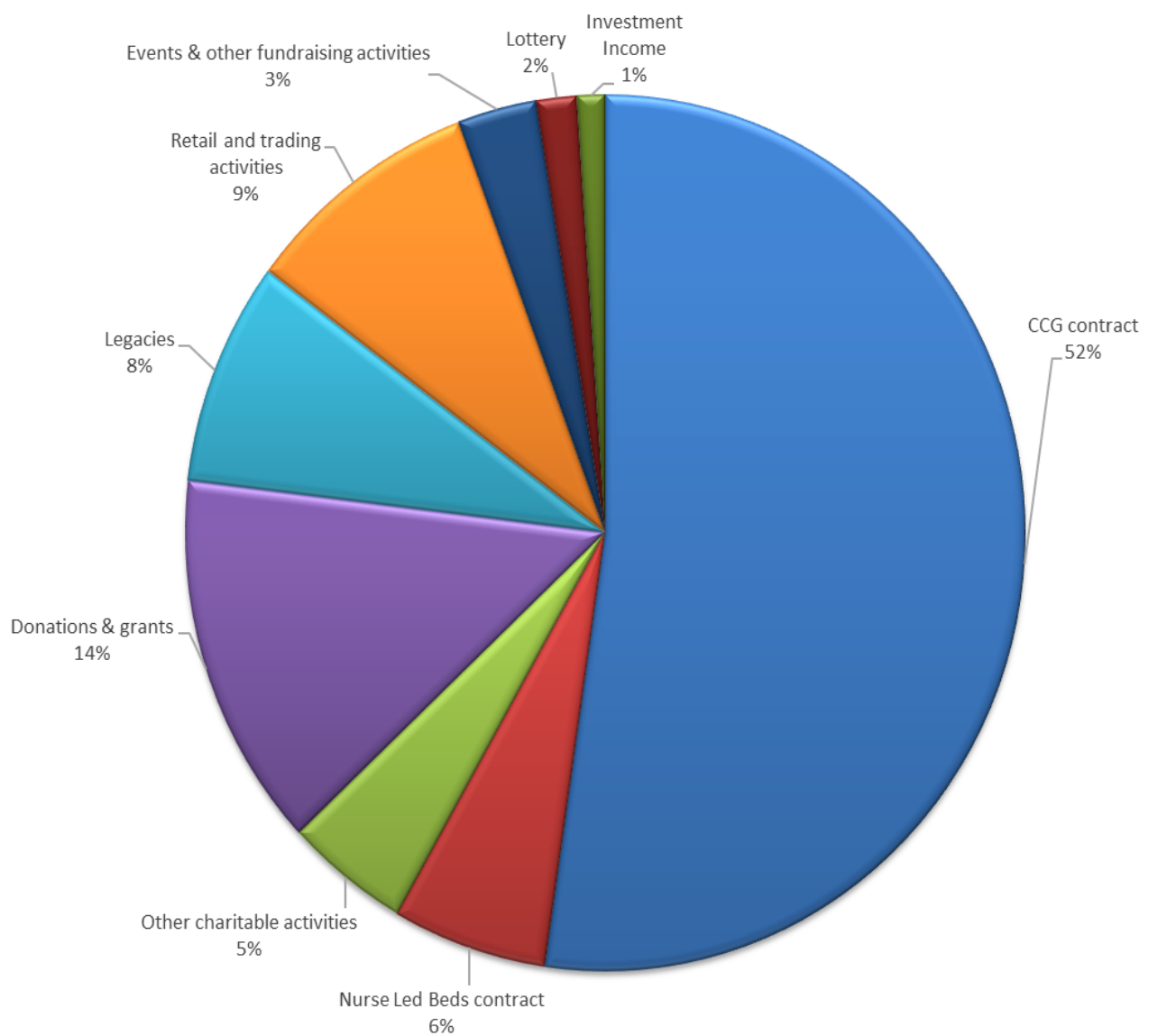
## Income

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



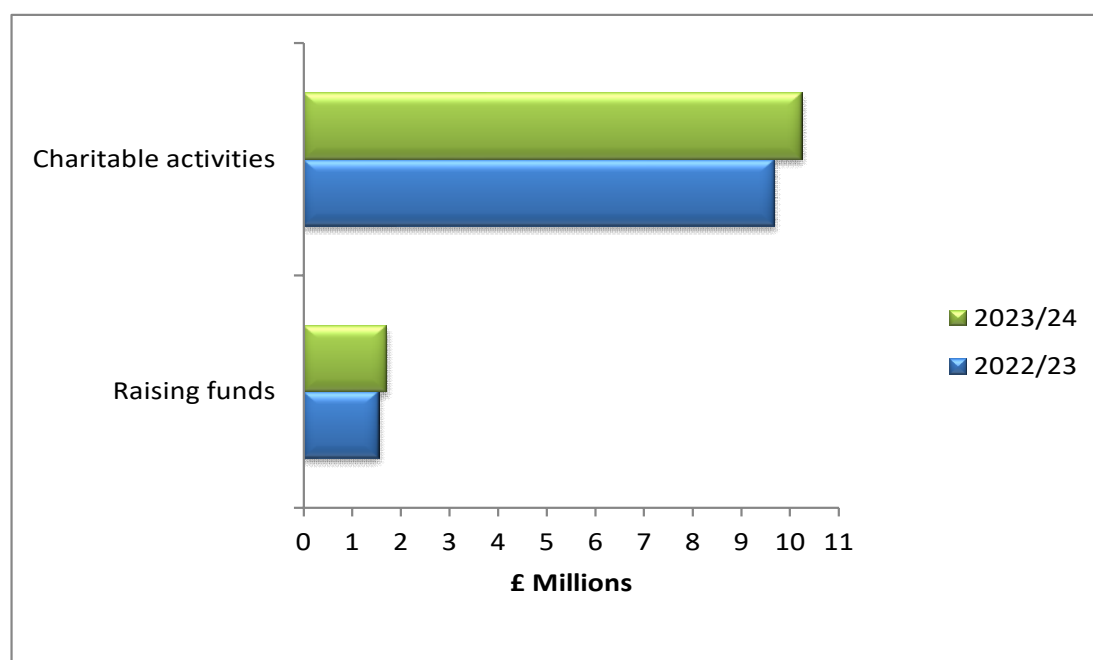
- The Charity's total income was £13.06m (2023: £11.45m), an increase of 14.1%
- We are indebted to our generous donors and supporters for their continued commitment to the Hospice. This year income from donations and events was £1.90m (2023: £1.58m)
- The Charity is extremely grateful for all gifts in wills, and income for the year was £1.08m (2023: £0.60m)
- The income from the charity's shops and other retail activities was £1.19m (2023: £1.18m)
- Our NHS income comes principally via the Cambridgeshire & Peterborough ICB and Cambridge University Hospitals Foundation Trust. NHS income for care services increased to £7.68m (2023: £7.26m) in the current year. This represents 59% of our total income.
- The Charity was extremely grateful to receive £0.33m (2023: £0.33m) via a combination of unrestricted and restricted grants and donations from charitable trusts. Donors included Albert Hunt Trust, Albert Van Den Bergh Charitable Trust, Attack Van Someren Charitable Trust, The Blunt Trust, The Britford Bridge Trust, Cambridge Masonic Charitable Trust, The Chamifealion Charitable Trust, D M G Roper Charitable Trust, The Drapers Livery Company, The February Foundation, Gorton Town Charity, Grace Trust, Griffsome Trust, The Hospital Saturday Fund, The James Knott Charitable Trust, John & Cecelia Gordon Charitable Trust, The Julia and Hans Rausing Trust, The National Lottery Community Fund, Nicholas Swallow and Other Charities, The Paragon Trust, The Penchant Foundation, The Saddlers' Company, Simon Gibson Charitable Trust, Strangward Charitable Trust, and Thomas Galon Charity of Swavesey.

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



## Expenditure

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

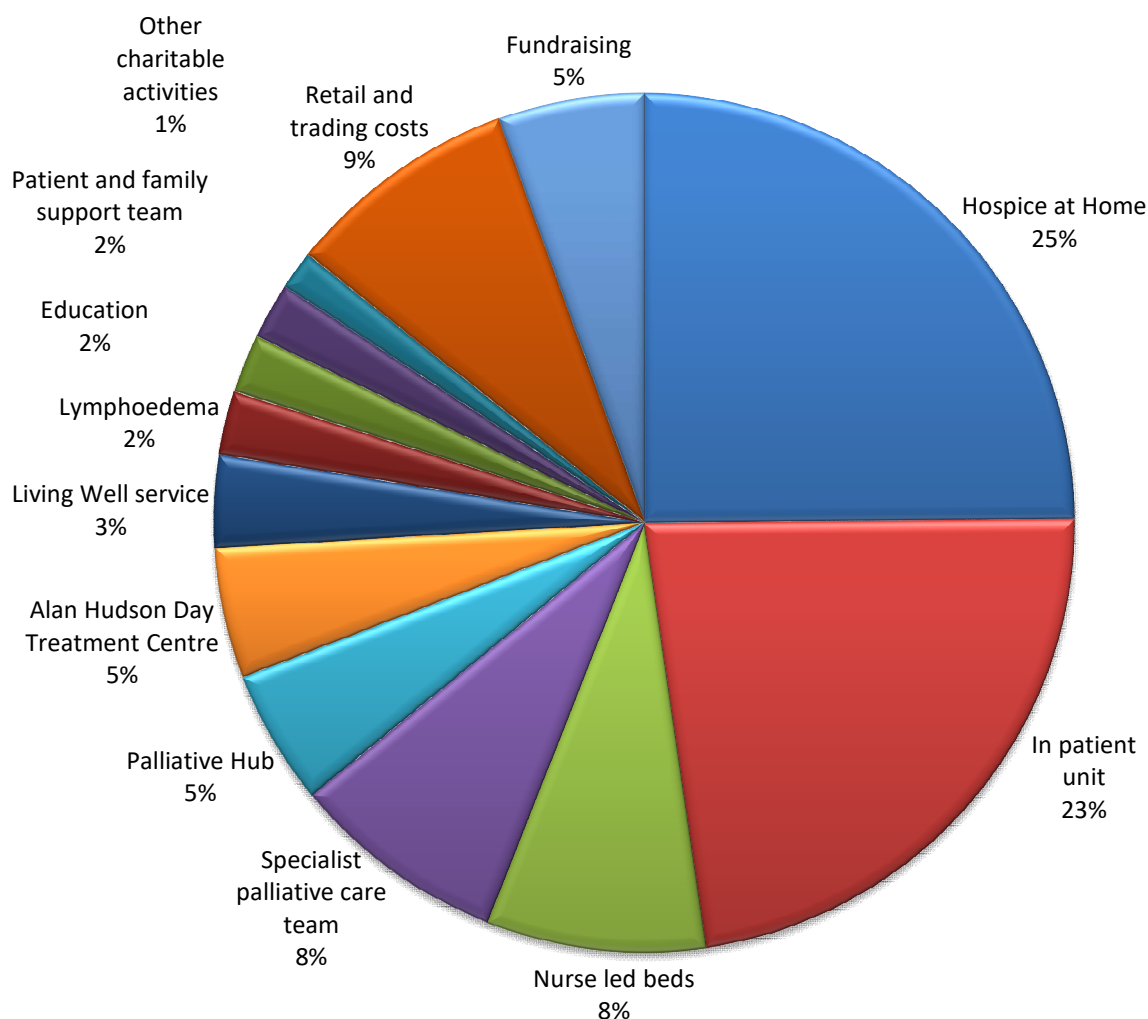


Overall expenditure increased this year to £11.96m from £11.24m last year, an increase of 6.4%

- 86% of all the expenditure this year has been spent on charitable activities.
- £8.70m was spent on staff costs (2023: £8.49m) and this represents 73% of the Charity's total expenditure (75% excluding depreciation)
- The expenditure on direct charitable care has increased by 6% to £10.25m (2023: £9.68m). This was in line with NHS pay awards as we match staff pay awards given under the NHS's Agenda For Change pay structure.
- £2.49m (2023: £2.23m) 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, HR, communications, Finance and IT.
- £0.67m was spent on fundraising activities (2023: £0.64m). This excludes the fundraising costs of retail activities totalling £1.05m (2023: £0.91m).



The chart below shows the proportion of expenditure within each area (including allocated support costs).



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

Gross income from the trading company was £0.3m (2023: £0.3m). Expenditure was £0.2m (2023: £0.2m) and the net amount covenanted to the Charity was £0.1m (2023: £0.1m).

### Reserves policy and going concern

As a result of the increased demand for our services, the Trustees are mindful of the Charity Commission publications: "Charity reserves – building resilience" (CC19) and "Managing a charity's finances: planning, managing difficulties and insolvency" (CC12).

The Charity needs a level of free reserves to continue with core services in the event of a reduction in income or loss of funding. Total free reserves of the Charity as at 31 March 2024 were £6.0m (31 March 2023: £4.6m). Free reserves comprise those funds that are freely available to spend on any of the Charity's purposes and exclude restricted funds and tangible fixed assets held for the Charity's use. The 2023/24 surplus has contributed to a significant increase in reserves.

As noted earlier, the current level of free reserves is in excess of the reserves policy which has a target range of £2.5 to £5.0m with a target to be at the higher level over the next five years. However, the current level of free reserves only represents six months' expenditure when the average for adult UK hospices is ten months. Accordingly, we expect to increase our target levels for free reserves when we review the reserves policy.

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 funding received via legacy receipts. Such a reserve can also be assessed and managed at the Trustees' discretion should a service need present itself. As at 31 March 2024 the value of the designated Legacy Reserve was £661k (2023: £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. In a worst-case situation, the Charity's balance sheet would provide sufficient resources to fund a solvent liquidation.

Management and Trustees have prepared detailed month-by-month budgets for the years ending 31 March 2025 and 31 March 2026. 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. The Charity has a formal investment policy and strategy which has been approved by the Trustees. The investment guidelines relating to cash deposits were revised during the year to increase the returns available during a period of relatively high interest rates.

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 guidance within Charities and risk management (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.

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
Income (both NHS and fundraising) does not offer ARHC financial stability	<ul style="list-style-type: none"> <li>• Budgets linked to planning and objectives</li> <li>• Trustee monitoring of timely financial reporting</li> <li>• Proper costing procedures for service delivery</li> <li>• Diversity of income streams</li> <li>• Regular review of reserves</li> <li>• Income Generation strategy including investment in team</li> <li>• Continued dialogue and negotiation with NHS commissioners</li> <li>• Scenario planning to identify how service costs could be reduced should income be insufficient</li> </ul>
Inability to recruit and retain staff with suitable skills, aptitudes and ability to meet the Charity's needs	<ul style="list-style-type: none"> <li>• Succession planning</li> <li>• Training in place</li> <li>• Agreed notice periods and handovers</li> <li>• Documented procedures</li> <li>• Training needs analysis carried out</li> <li>• Robust Recruitment &amp; Retention monitoring and action plan in place</li> <li>• Working with Local People Board on system approaches to R&amp;R</li> <li>• People Plan</li> <li>• Continual recruitment campaigns optimizing range of audiences</li> <li>• Support to retain volunteers (e.g. socials, surveys)</li> </ul>

Digital capability and vulnerability	<ul style="list-style-type: none"><li>• Data security and awareness training for all staff</li><li>• Regular Phishing training</li><li>• IT outsourced to an ISO 27001 accredited company</li><li>• Regular reviews of systems and security with and by IT support provider</li><li>• Services backed up daily</li><li>• Information asset register maintained</li><li>• Support package with website provider</li><li>• Following penetration testing, password security has been improved and MFA is being introduced</li><li>• BCP identifies actions to be taken in emergencies (eg SystmOne going down)</li><li>• BCP table top planning sessions with staff</li></ul>
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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.

## 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 are shown on page 33.

Biographical details of all Trustees are included on our website at [arhc.org.uk](http://arhc.org.uk). We extend our gratitude to all of our 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, Clinical Services Director/Deputy CEO, Finance Director, Medical Director, Communications & Income Generation Director and People & Operations 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, 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 during the year was detailed below:

**Clinical Governance:**

Dr Alex Manning (Chair up until 18 May 2023)  
Dr Catherine Bennett (Chair after 18 May 2023)  
Julia Curtis  
Dr Arnold Fertig  
Mark Kingstone

**Finance and General Purposes Committee:**

Neil Tween (Chair)  
Mark Kingstone  
Sonali Kumarakulasinghe  
Nicola Scrivings (from 15<sup>th</sup> June 2023)  
Colin Sherwood

**Remuneration and Nominations:**

Julia Curtis (Chair)  
Antoinette Jackson Sonali  
Kumarakulasinghe  
Mehrunisha Suleman

**Income Generation Committee:**

Carolan Davidge (Chair)  
Arnold Fertig  
Antoinette Jackson  
Meghan Mathieson  
Peter Northmore (Director of Trading Company)  
Colin Sherwood  
Mehrunisha Suleman

**Trading Company Board:**

Carolan Davidge (Chair)  
Sharon Allen OBE (CEO)  
Antoinette Jackson (Trustee)  
Peter Northmore (Director of Trading Company)  
John Bishop (Director of Finance)

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 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 10th December 2024 and is signed on their behalf by:

*Antoinette Jackson*

.....  
**A. Jackson - Chair of Trustees**

**Reference and Administrative Details of the Charity, its Trustees and Advisers****Trustees**

Antoinette Jackson  
Dr Catherine Bennett  
Julia Curtis  
Carolan Davidge  
Dr Arnold Fertig  
Mark Kingstone  
Sonali Kumarakulasinghe  
Dr Alex Manning (resigned 31 May 2023)  
Meghan Mathieson  
Nicola Scrivings (appointed 15 June 2023)  
Colin Sherwood  
Dr Mehrunisha Suleman (resigned 13<sup>th</sup> June 2024)  
Neil Tween

**President**

Lady Chadwyck-Healey

**Patrons**

Baroness Cohen of Pimlico  
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., MRCGP., DCH.

**Ambassadors**

Robert Barnes  
Les Bunker  
Judith Chisholm  
Jenny Cole  
Stuart Evans  
Rosemary Hall  
Stephen Hall  
Ian Kydd  
Mike McCall  
Jennifer Mullucks  
Diana Petchell  
Sheila Pierre  
John Short

**Senior Leadership Team**

Sharon Allen OBE, Chief Executive Officer

John Bishop, Finance & IT Director

Gemma Manning, People & Operations Director

Dr Lorraine Petersen, Medical Director

Sara Robins, Clinical Services Director/Deputy CEO

Donna Talbot, Communications and Income Generation Director (resigned 1 September 2023)

Jodie Vaughan, Communications and Income Generation Director (appointed 1 September 2023)

**Company registered number**

07086155

**Charity registered number**

1133354

**Registered office**

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

**Company Secretary**

John Bishop

**Independent auditors**

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

**Website address**

arhc.org.uk

## **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 2024 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Charity 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 2024 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.

**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.



## 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, and those with an indirect impact;
- 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
- 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.

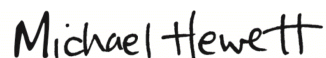
There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance 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.

**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.

**Michael Hewett (Senior statutory auditor)**

for and on behalf of

**Peters Elworthy & Moore**

Chartered Accountants

Statutory Auditors

Salisbury House

Station Road

Cambridge

CB1 2LA

Date: 10 December 2024

# CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2024

		Unrestricted funds	Restricted funds	Total funds	Total funds
	Note	2024	2024	2024	2023
		£	£	£	£
<b>INCOME FROM:</b>					
Donations and legacies	3	2,633,289	313,665	2,946,954	2,212,324
Charitable activities	4	8,048,544	131,984	8,180,528	7,428,005
Trading activities	5	1,782,717	9,649	1,792,366	1,792,334
Investments	6	140,903	-	140,903	17,846
<b>TOTAL INCOME</b>		<b>12,605,453</b>	<b>455,298</b>	<b>13,060,751</b>	<b>11,450,509</b>
<b>EXPENDITURE ON:</b>					
Raising funds	9	(1,680,515)	(25,030)	(1,705,545)	(1,553,910)
Charitable activities	10	(9,853,141)	(396,447)	(10,249,588)	(9,681,446)
<b>TOTAL EXPENDITURE</b>	7 & 8	<b>(11,533,656)</b>	<b>(421,477)</b>	<b>(11,955,133)</b>	<b>(11,235,356)</b>
<b>NET INCOME</b>		<b>1,071,797</b>	<b>33,821</b>	<b>1,105,618</b>	<b>215,153</b>
Transfer between funds	22	-	-	-	-
<b>NET MOVEMENT IN FUNDS</b>		<b>1,071,797</b>	<b>33,821</b>	<b>1,105,618</b>	<b>215,153</b>
<b>RECONCILIATION OF FUNDS</b>					
Total funds brought forward		10,662,494	758,814	11,421,308	11,206,155
Net movement in funds		1,071,797	33,821	1,105,618	215,153
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>11,734,291</b>	<b>792,635</b>	<b>12,526,926</b>	<b>11,421,308</b>

The Consolidated statement of financial activities includes all gains and losses recognised in the year.  
The notes on pages 47 - 69 form part of these financial statements.

## ARTHUR RANK HOSPICE CHARITY

## CONSOLIDATED AND CHARITY BALANCE SHEET

## CONSOLIDATED AND CHARITY BALANCE SHEET AS AT 31 MARCH 2024

COMPANY NUMBER: 07086155

	Note	GROUP 2024	2023	CHARITY 2024	2023
		£	£	£	£
<b>FIXED ASSETS</b>					
Tangible assets	15	8,648,360	9,204,372	8,648,360	9,861,677
Investments	16	-	-	10,000	10,000
		<b>8,648,360</b>	<b>9,204,372</b>	<b>8,658,360</b>	<b>9,871,677</b>
<b>CURRENT ASSETS</b>					
Stocks	17	17,876	15,875	-	-
Debtors	18	1,605,526	1,077,341	1,634,535	1,285,488
Investments	19	705,000	424,983	705,000	424,983
Cash at bank and in hand		5,325,798	5,061,989	5,235,163	4,793,004
		<b>7,654,200</b>	<b>6,580,188</b>	<b>7,574,698</b>	<b>6,503,475</b>
<b>CURRENT LIABILITIES</b>					
Creditors due within one year	20	(975,634)	(1,380,335)	(940,260)	(1,347,750)
		<b>6,678,566</b>	<b>5,199,853</b>	<b>6,634,438</b>	<b>5,155,725</b>
<b>NET CURRENT ASSETS</b>					
		<b>15,326,926</b>	<b>14,404,225</b>	<b>15,292,798</b>	<b>15,027,402</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>					
Creditors: due after one year	21	(2,800,000)	(2,982,917)	(2,800,000)	(2,982,917)
		<b>12,526,926</b>	<b>11,421,308</b>	<b>12,492,798</b>	<b>12,044,485</b>
<b>TOTAL NET ASSETS</b>					
<b>CHARITY FUNDS</b>					
Restricted funds	22	792,635	758,814	792,635	758,814
Unrestricted funds	22	11,734,291	10,662,494	11,700,163	11,285,671
		<b>12,526,926</b>	<b>11,421,308</b>	<b>12,492,798</b>	<b>12,044,485</b>
<b>TOTAL FUNDS</b>					

The Charity's net movement in funds for the year was £1,105,618 (2023 - £215,153).

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*

**Antoinette Jackson, Chair of Trustees**

Date: 10 December 2024

The notes on pages 47 to 68 form part of these financial statement



## CONSOLIDATED STATEMENT OF CASHFLOW FOR THE YEAR ENDED 31 MARCH 2024

	Note	2024 £	2023 £
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Net cash used in operating activities	25	<b>847,345</b>	2,117,661
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of tangible fixed assets		<b>(142,374)</b>	(52,849)
Sale of tangible fixed assets		<b>300</b>	-
Movement in short term cash deposits		<b>(280,017)</b>	255,642
<b>NET CASH USED IN INVESTING ACTIVITIES</b>		<b>(422,091)</b>	202,793
Repayments of borrowings		<b>(161,445)</b>	(168,623)
<b>NET CASH USED IN FINANCING ACTIVITIES</b>		<b>(161,445)</b>	(168,623)
<b>CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR</b>		<b>263,809</b>	2,151,831
Cash and cash equivalents at the beginning of the year		<b>5,061,989</b>	2,910,158
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	26	<b>5,325,798</b>	5,061,989

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2024****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 Charity 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.

**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. 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.

Donations are recognised as income on receipt unless there is earlier evidence of entitlement, and the amount can be measured reliably. 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. Education income received for bespoke and programmed courses is recognised in the period that the teaching course takes place. Any amounts received at the financial year end for future courses is carried forward as deferred income in these accounts.

Income from retail sales of new goods, venue hire income and catering income for the year, are recognised exclusive of Value Added Tax. Retail sales and catering sales are recognised immediately. Venue hire income is recognised in full when the event is held and any amounts received at the financial year-end for venue hire in the following year is carried forward as deferred income in these accounts.

## 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.

Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use. Expenditure on raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading. Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs. All expenditure is inclusive of irrecoverable VAT.

**1.6 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.

**1.7 TANGIBLE FIXED ASSETS AND DEPRECIATION**

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

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

**1.8 INVESTMENTS**

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

**1.9 STOCKS**

Stocks comprise retail stock and are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on an average cost basis. At each balance sheet date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

**1.10 DEBTORS**

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

**1.11 CASH AT BANK AND IN HAND**

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

**1.12 LIABILITIES AND PROVISIONS**

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the moment that the company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

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

**1.13 FINANCIAL INSTRUMENTS**

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

**1.14 OPERATING LEASES**

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

**1.15 PENSIONS**

The group operates a defined contribution pension scheme and the pension charge represents the amounts payable by the group to the fund in respect of the year. The charity also contributes to the NHS defined benefit scheme for members of staff who transferred to it with NHS pension scheme membership. It is not possible to identify the charity's share of assets in this scheme and therefore contributions are accounted for as if they were made to a defined contribution scheme.

**2. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT**

Estimates and judgements 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.

**Accrued legacy income** there is inherent uncertainty in the probate valuation of estates due to the nature of underlying assets and liabilities, the time that may lapse between probate and closure, and other contingencies that attend the estate. Cases are reviewed on a case-by-case basis at least annually, and updated when any new information is received.

**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.

**Critical areas of judgement:**

The Trustees do not consider that there are any critical areas of judgement applied in the preparation of these financial statements.



**3. INCOME FROM DONATIONS, LEGACIES AND GRANTS**

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Donations	1,414,569	117,497	1,532,066	1,282,362
Legacies	1,083,646	-	1,083,646	602,188
Grants	135,074	196,168	331,242	327,774
	<b>2,633,289</b>	<b>313,665</b>	<b>2,946,954</b>	<b>2,212,324</b>
Total 2023	1,846,447	365,877	2,212,324	

Included in unrestricted donations is £48,480 of gifts in kind (2023: £27,962) and included in restricted Donations is £380 of gifts in kind (2023: £20).

**4. INCOME FROM CHARITABLE ACTIVITIES**

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
ICB Contract	6,830,170	-	6,830,170	6,512,589
Nurse led beds contract	776,621	-	776,621	739,639
Other statutory	317,712	131,284	448,996	109,271
Education	14,701	-	14,701	13,769
Other	109,340	700	110,040	52,737
	<b>8,048,544</b>	<b>131,984</b>	<b>8,180,528</b>	<b>7,428,005</b>
Total 2023	7,319,638	108,367	7,428,005	

**5. INCOME FROM FUNDRAISING AND TRADING ACTIVITIES**

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Shop and Trading	1,193,000	-	1,193,000	1,184,633
Events and fundraising	356,118	7,874	363,992	302,615
Lottery income	200,480	1,775	202,255	216,617
Other	33,119	-	33,119	88,469
	<b>1,782,717</b>	<b>9,649</b>	<b>1,792,366</b>	<b>1,792,334</b>
Total 2023	1,780,890	11,444	1,792,334	

**6. INVESTMENT INCOME**

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Interest	140,903	-	140,903	17,846
Total 2023	17,846	-	17,846	

**7. ANALYSIS OF EXPENDITURE BY ACTIVITY**

	Direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	Note 9 & 10 £	Note 11 £	£	£
Fundraising, Retail and Trading	1,398,766	306,779	1,705,545	1,553,910
Hospice care services	8,063,314	2,186,274	10,249,588	9,681,446
	<b>9,462,080</b>	<b>2,493,053</b>	<b>11,955,133</b>	<b>11,235,356</b>
Total 2023	9,004,018	2,231,338	11,235,356	

## 8. ANALYSIS OF EXPENDITURE BY TYPE

	Charitable direct costs 2024	Fundraising direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	Note 10	Note 9	Note 11		
	£	£	£	£	£
Staff costs	6,477,840	856,730	1,366,168	8,700,738	8,486,805
Leases and rent	56,523	133,784	-	190,307	175,355
Loan financing costs	-	-	101,429	101,429	99,593
Depreciation	56,406	11,600	243,380	311,386	461,289
Other	1,472,545	396,652	782,076	2,651,273	2,012,314
	<b>8,063,314</b>	<b>1,398,766</b>	<b>2,493,053</b>	<b>11,955,133</b>	<b>11,235,356</b>
Total 2023	7,719,992	1,284,026	2,231,338	11,235,356	

## 9. FUNDRAISING, RETAIL AND TRADING COSTS

	Direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Community fundraising costs	47,623	10,445	58,068	45,427
Events and Challenges	118,911	26,080	144,991	170,059
Fundraising costs	229,194	50,267	279,461	287,105
Corporate	44,259	9,707	53,966	42,510
Legacies	54,212	11,890	66,102	55,523
In Memory	27,259	5,978	33,237	22,659
Trusts	17,113	3,753	20,866	21,651
Retail	860,195	188,659	1,048,854	908,976
	<b>1,398,766</b>	<b>306,779</b>	<b>1,705,545</b>	<b>1,553,910</b>
Total 2023	1,284,026	269,884	1,553,910	

In the year ended 31 March 2024, £25,030 (2023: £18,990) of expenditure on fundraising, retail and trading was attributable to restricted funds and £1,680,515 (2023: £1,534,920) to unrestricted funds.

**10. ANALYSIS of EXPENDITURE ON CHARITABLE ACTIVITIES**

	Direct costs 2024	Support costs 2024	Total funds 2024	Total funds 2023
	£	£	£	£
Living Well	326,218	88,450	414,668	412,445
Education	206,111	55,885	261,996	226,664
Hospice at home	2,338,293	634,001	2,972,294	2,774,156
Alan Hudson Day Treatment Centre	464,143	125,847	589,990	553,563
In patient unit	2,147,080	582,156	2,729,236	2,581,802
Nurse Led Beds	777,616	210,842	988,458	927,562
Lymphoedema	226,182	61,326	287,508	289,040
Patient and family support team	201,078	54,520	255,598	265,988
Specialist palliative care team	761,723	206,532	968,255	873,614
Palliative Hub	478,010	129,607	607,617	580,627
Transitioning Young Adults project	60,072	16,288	76,360	85,307
Voluntary services	76,788	20,820	97,608	110,678
	<b>8,063,314</b>	<b>2,186,274</b>	<b>10,249,588</b>	<b>9,681,446</b>
Total 2023	7,719,992	1,961,454	9,681,446	

In the year ended 31 March 2024, £396,447 (2023: £322,030) of expenditure on charitable activities was attributable to restricted funds and £9,853,141 (2023: £9,359,416) to unrestricted funds.

**11. SUPPORT COSTS**

	Staff costs 2024	Others 2024	Loan financing 2024	Total funds 2024	Total funds 2023
	£	£	£	£	£
Facilities & Catering	379,763	380,451	-	760,214	669,373
Central	522,707	16,246	101,429	640,382	494,853
Finance	188,965	27,018	-	215,983	196,849
Human resources	91,150	65,638	-	156,788	264,362
IT	-	308,021	-	308,021	251,760
Insurance	-	91,062	-	91,062	84,439
Public relations	96,630	98,107	-	194,737	160,208
Governance	86,953	38,913	-	125,866	109,494
	<b>1,366,168</b>	<b>1,025,456</b>	<b>101,429</b>	<b>2,493,053</b>	<b>2,231,338</b>
Total 2023	1,211,942	919,803	99,593	2,231,338	

**12. NET INCOME**

This is stated after charging:

	2024	2023
	£	£
Auditors' remuneration - audit	<b>32,498</b>	22,437
Auditors' remuneration - other services	<b>15,274</b>	12,895
Loss on impairment of Hospice cladding	<b>386,700</b>	-
Depreciation of tangible fixed assets: owned by the charitable group	<b>311,386</b>	461,289

**13. STAFF COSTS**

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Wages and salaries	<b>7,369,117</b>	7,147,113	<b>7,339,547</b>	7,128,881
Social security costs	<b>672,019</b>	692,657	<b>668,998</b>	692,657
Contribution to pension schemes	<b>659,602</b>	647,035	<b>657,887</b>	644,069
	<b>8,700,738</b>	8,486,805	<b>8,666,432</b>	8,465,607

Included in the group wages and salaries total is a provision of £96,500 for redundancy costs. In the year, the Charity announced that the Hospice at Home night service would cease due to low demand from patients. Funding has been reallocated and night care is available to patients via the Continuing Healthcare Team. Affected staff were offered alternative roles within the organisation. After a trial period four staff were redeployed into the Hospice at Home Day service while remaining staff were made redundant. Redundancy payments were paid in line with contractual terms and conditions. No redundancy payments were made before 31 March 2024. Total actual redundancy payments totalled £87,541 and were paid in the year ended 31 March 2025. No additional funding was received by the ICB to cover redundancy costs.

**13. STAFF COSTS (CONTINUED)**

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

	<b>Group 2024</b>	<b>Group 2023</b>
	<b>No.</b>	<b>No.</b>
Clinical services	<b>179</b>	178
Fundraising and communications	<b>16</b>	18
Support and governance	<b>40</b>	37
Bank staff	<b>37</b>	28
Retail	<b>17</b>	15
	<b>289</b>	276

The average headcount expressed as full-time equivalents was:

	<b>Group 2024</b>	<b>Group 2023</b>
	<b>No.</b>	<b>No.</b>
Clinical services	<b>137</b>	138
Fundraising and communications	<b>12</b>	14
Support and governance	<b>34</b>	31
Bank staff	<b>24</b>	16
Retail	<b>14</b>	13
	<b>221</b>	212

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

	<b>Group and Company 2024</b>	<b>Group and Company 2023</b>
	<b>No.</b>	<b>No.</b>
In the band £60,001-£70,000	<b>2</b>	4
In the band £70,001-£80,000	<b>2</b>	2
In the band £80,001-£90,000	<b>2</b>	1
In the band over £90,000	<b>1</b>	0

Costs relating to one (2023: one) employee are recharged to the subsidiary.

The key management personnel of the Charity and the group comprise of the trustees and the senior leadership team being the CEO, Director of Clinical Services, the Finance Director, the Medical Director, People & Operations Director and the Communications & Income Generation Director. The total employment costs including salaries, employer pension contributions and employers' national insurance or key management personnel were £522,959 (2023: £476,479).



**14. TRUSTEES' REMUNERATION AND EXPENSES**

During the year, no Trustees received any remuneration or other benefits (2023 - £NIL).

During the year, no Trustee expenses have been incurred (2023 - £NIL)

**15. TANGIBLE FIXED ASSETS****GROUP**

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
<b>COST OR VALUATION</b>				
At 1 April 2023	11,193,156	120,000	1,078,437	12,391,593
Additions	-	-	142,374	142,374
Disposals	(472,307)	-	(168,580)	(640,887)
At 31 March 2024	<u>10,720,849</u>	<u>120,000</u>	<u>1,052,231</u>	<u>11,893,080</u>
	£	£	£	£
<b>DEPRECIATION</b>				
At 1 April 2023	2,390,107	7,700	789,414	3,187,221
Charge for the year	205,125	1,200	105,061	311,386
On disposals	(85,606)	-	(168,281)	(253,887)
At 31 March 2024	<u>2,509,626</u>	<u>8,900</u>	<u>726,194</u>	<u>3,244,720</u>
<b>NET BOOK VALUE</b>				
At 31 March 2024	<u>8,211,223</u>	<u>111,100</u>	<u>326,037</u>	<u>8,648,360</u>
At 31 March 2023	<u>8,803,049</u>	<u>112,300</u>	<u>289,023</u>	<u>9,204,372</u>

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

	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
<b>COST OR VALUATION</b>				
At 1 April 2023	11,850,461	120,000	1,078,437	13,048,898
Additions	-	-	142,374	142,374
Disposals	(472,307)	-	(168,580)	(640,887)
Impairment	(657,305)	-	-	(657,305)
At 31 March 2024	<u>10,720,849</u>	<u>120,000</u>	<u>1,052,231</u>	<u>11,893,080</u>
	Freehold Property	Long-term leasehold property	Fixtures and fittings	Total
	£	£	£	£
<b>DEPRECIATION</b>				
At 1 April 2023	2,390,107	7,700	789,414	3,187,221
Charge for the year	205,125	1,200	105,061	311,386
On disposals	(85,606)	-	(168,281)	(253,887)
At 31 March 2024	<u>2,509,626</u>	<u>8,900</u>	<u>726,194</u>	<u>3,244,720</u>
<b>NET BOOK VALUE</b>				
At 31 March 2024	<u>8,211,223</u>	<u>111,100</u>	<u>326,037</u>	<u>8,648,360</u>
At 31 March 2023	<u>9,460,354</u>	<u>112,300</u>	<u>289,023</u>	<u>9,861,677</u>

In the year, disposals regarding Freehold Property totalled £1.13 Million. This comprises of £472,307 which relates to the cladding on the hospice building which requires replacement. Also, there was an impairment of £657,305 which relates to the elimination of a markup on the value of the hospice building. In prior years the elimination of the markup was adjusted in the Group accounts. Going forward, this adjustment will not be needed as the value will be the same on the Group and Charity Balance Sheet.

**16. FIXED ASSET INVESTMENTS****COMPANY****Investments in  
subsidiary companies**

£

**COST**

At 1 April 2023

**10,000**

At 31 March 2024

**10,000****PRINCIPAL SUBSIDIARIES**

The following was a subsidiary undertaking of the Company

Name	Company number	Registered office	Principal activity
Arthur Rank Hospice Limited	03059033	Chery Hinton Road, Shelford Bottom,	Operating the fundraising trading arm of Arthur Rank Hospice Charity

**Holding**

100%

**Included in consolidation**

Yes

The financial results of the subsidiary for the year were:

Name	Income	Expenditure	Surplus/ (Deficit)	Net assets
	£	£	£	£
Arthur Rank Hospice Limited	<b>295,505</b>	<b>(226,700)</b>	<b>68,805</b>	<b>44,128</b>

**17. STOCKS**

	Group 2024	Group 2023	Charity 2024	Charity 2023
	£	£	£	£
Retail stock	<b>17,876</b>	15,875	-	-
	<b>17,876</b>	15,875	-	-

**18. DEBTORS**

	<b>Group 2024</b>	<b>Group 2023</b>	<b>Charity 2024</b>	<b>Charity 2023</b>
	£	£	£	£
Trade debtors	<b>18,804</b>	208,307	<b>14,818</b>	203,890
Amount owed by group undertakings	-	-	<b>34,786</b>	214,577
Other debtors	<b>457,662</b>	204,492	<b>456,820</b>	204,096
Prepayments and accrued income	<b>291,908</b>	116,125	<b>290,959</b>	114,508
Tax recoverable	<b>20,030</b>	24,581	<b>20,030</b>	24,581
Legacies receivable	<b>817,122</b>	523,836	<b>817,122</b>	523,836
	<b>1,605,526</b>	1,077,341	<b>1,634,535</b>	1,285,488

**19. CURRENT ASSET INVESTMENTS**

	<b>Group 2024</b>	<b>Group 2023</b>	<b>Charity 2024</b>	<b>Charity 2023</b>
	£	£	£	£
Investments	<b>705,000</b>	424,983	<b>705,000</b>	424,983
	<b>705,000</b>	424,983	<b>705,000</b>	424,983

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

	<b>Group 2024</b>	<b>Group 2023</b>	<b>Charity 2024</b>	<b>Charity 2023</b>
	£	£	£	£
Other Loans	<b>188,902</b>	190,346	<b>188,902</b>	190,346
Trade Creditors	<b>209,552</b>	265,756	<b>207,053</b>	264,760
Other Taxation and social security	<b>113,646</b>	127,185	<b>103,845</b>	122,750
Other creditors	<b>241,527</b>	676,194	<b>237,750</b>	672,329
Accruals and deferred income	<b>222,007</b>	120,854	<b>202,710</b>	97,565
	<b>975,634</b>	1,380,335	<b>940,260</b>	1,347,750

Included within the subsidiary is deferred income relating to event deposits. The amount deferred at the year-end is £12,797 (2023: £17,239).

Amounts included within other loans is a loan with Cambridgeshire County Council and is secured on the leasehold property at Caius Farm, Babraham Road, Cambridge. The loan is repayable over 25 years until June 2042 with six monthly payments made. Interest is charged at 3.34%.

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

	<b>Group 2024</b>	<b>Group 2023</b>	<b>Charity 2024</b>	<b>Charity 2023</b>
	£	£	£	£
Other loans	<b>2,800,000</b>	2,960,000	<b>2,800,000</b>	2,960,000
Other creditors	-	22,917	-	22,917
	<b><u>2,800,000</u></b>	<u>2,982,917</u>	<b><u>2,800,000</u></b>	<u>2,982,917</u>

Included within the above are amounts falling due as follows:

	<b>Group 2024</b>	<b>Group 2023</b>	<b>Charity 2024</b>	<b>Charity 2023</b>
	£	£	£	£
<b>BETWEEN ONE AND TWO YEARS</b>				
Other loans	<b><u>160,000</u></b>	<u>160,000</u>	<b><u>160,000</u></b>	<u>160,000</u>
<b>BETWEEN TWO AND FIVE YEARS</b>				
Other loans	<b><u>480,000</u></b>	<u>480,000</u>	<b><u>480,000</u></b>	<u>480,000</u>
<b>OVER FIVE YEARS</b>				
Other loans	<b><u>2,160,000</u></b>	<u>2,320,000</u>	<b><u>2,160,000</u></b>	<u>2,320,000</u>

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 until June 2042 with six monthly payments made. Interest is charged at 3.34%.

## 22. STATEMENT OF FUNDS

## CURRENT YEAR

	Balance at 1 April 2023	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2024
	£	£	£	£	£
<b>UNRESTRICTED FUNDS</b>					
<b>DESIGNATED FUNDS</b>					
Hospice fund	5,926,506	-	-	(267,050)	5,659,456
Legacy reserve	211,000	-	-	449,646	660,646
	<u>6,137,506</u>	<u>-</u>	<u>-</u>	<u>182,596</u>	<u>6,320,102</u>
<b>GENERAL FUNDS</b>					
General funds	4,490,860	12,309,948	(11,306,956)	(113,791)	5,380,061
Subsidiary undertakings	34,128	295,505	(226,700)	(68,805)	34,128
	<u>4,524,988</u>	<u>12,605,453</u>	<u>(11,533,656)</u>	<u>(182,596)</u>	<u>5,414,189</u>
<b>TOTAL</b>	<u>10,662,494</u>	<u>12,605,453</u>	<u>(11,533,656)</u>	<u>-</u>	<u>11,734,291</u>
<b>RESTRICTED FUNDS</b>					
Hospice at Home	204,136	33,087	(3,582)	-	233,641
Alan Hudson DTC	228,622	72,989	(105,554)	-	196,057
Equipment	46,490	1,591	(22,539)	-	25,542
New charity shop	59,293	4,612	(4,183)	-	59,722
Other restricted funds	220,273	343,019	(285,619)	-	277,673
	<u>758,814</u>	<u>455,298</u>	<u>(421,477)</u>	<u>-</u>	<u>792,635</u>
<b>TOTAL OF FUNDS</b>	<u>11,421,308</u>	<u>13,060,751</u>	<u>(11,955,133)</u>	<u>-</u>	<u>12,526,926</u>



## 22. STATEMENT OF FUNDS (CONTINUED)

## PRIOR YEAR

	Balance at 1 April 2022	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2023
	£	£	£	£	£
<b>UNRESTRICTED FUNDS</b>					
<b>DESIGNATED FUNDS</b>					
Hospice fund	6,282,941	-	-	(356,435)	5,926,506
Legacy reserve	211,000	-	-	-	211,000
	<u>6,493,941</u>	<u>-</u>	<u>-</u>	<u>(356,435)</u>	<u>6,137,506</u>
<b>GENERAL FUNDS</b>					
General funds	4,064,429	10,694,057	(10,725,450)	457,824	4,490,860
Subsidiary undertakings	34,128	270,764	(168,886)	(101,878)	34,128
	<u>4,098,557</u>	<u>10,964,821</u>	<u>(10,894,336)</u>	<u>355,946</u>	<u>4,524,988</u>
<b>TOTAL</b>	<u>10,592,498</u>	<u>10,964,821</u>	<u>(10,894,336)</u>	<u>(489)</u>	<u>10,662,494</u>
<b>RESTRICTED FUNDS</b>					
Hospice at Home	153,211	94,836	(43,911)	-	204,136
Alan Hudson DTC	272,122	65,109	(108,609)	-	228,622
Equipment	54,818	7,284	(14,993)	(619)	46,490
New charity shop	-	59,293	-	-	59,293
Other restricted funds	133,506	259,166	(173,507)	1,108	220,273
	<u>613,657</u>	<u>485,688</u>	<u>(341,020)</u>	<u>489</u>	<u>758,814</u>
<b>TOTAL OF FUNDS</b>	<u>11,206,155</u>	<u>11,450,509</u>	<u>(11,235,356)</u>	<u>-</u>	<u>11,421,308</u>

## DESIGNATED FUNDS

### 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 were delighted that this became 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 tangible fixed assets less the loan taken out to complete the build and those assets held within restricted funds.

### Legacy reserve

Legacy income received over and above the budgeted level can be added to the legacy reserve. This reserve is available to draw down in future years if legacy income falls below budget and allows the charity to manage peaks and troughs for this unpredictable stream of income.

## RESTRICTED FUNDS

### Hospice at Home

Donations continue to be received specifically for the Hospice at Home service.

### Alan Hudson Day Treatment Centre

These funds comprise of donations made specifically for use at the Alan Hudson Day Treatment Centre which is managed by the charity. Expenditure made from this fund 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 to provide an improved space for patients. This has helped to develop our service to meet the needs of patients in the Wisbech area in line with our objectives.

### Equipment

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

### New Charity shop

These donations were raised from the 2022 Chariots of Fire race, to be used to facilitate the opening of a new charity shop and to support initial running costs. The lease for new shop premises was signed at the end of March 2024. Funds will therefore be spent in the year 2024/25 to fit out and set up the new location.

### Other

This represents various smaller funds (including monies donated to a specific service within the charity) and some grant funded projects such as Caring Communities, the Transitions project, ReSPECT and Clinical Nurse Educator project. The Caring Communities project provides companionship for our patients and their carer. The Transitions project supports young people transitioning from children's hospice care to adult hospice care. The ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) project is a national initiative for which the charity has been commissioned to deliver education and support for Primary Care Practice staff and Care Home staff in the local area. The Clinical Nurse Educator project is intended to expand end of life training to practitioners in social care, residential and nursing care homes and domiciliary care situations.

**23. STATEMENT OF FUNDS****CHARITY ONLY FUNDS – CURRENT YEAR**

	Balance at 1 April 2023	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2024
	£	£	£	£	£
Unrestricted funds	11,285,671	12,430,810	(11,359,013)	(657,305)	11,700,163
Restricted funds	758,814	455,298	(421,477)	-	792,635
Total	<u>12,044,485</u>	<u>12,886,108</u>	<u>(11,780,490)</u>	<u>(657,305)</u>	<u>12,492,798</u>

**CHARITY ONLY FUNDS – PRIOR YEAR**

	Balance at 1 April 2022	Income	Expenditure	Transfers in/(out)	Balance at 31 March 2023
	£	£	£	£	£
Unrestricted funds	11,215,675	10,834,095	(10,763,610)	(489)	11,285,671
Restricted funds	613,657	485,688	(341,020)	489	758,814
Total	<u>11,829,332</u>	<u>11,319,783</u>	<u>(11,104,630)</u>	<u>-</u>	<u>12,044,485</u>

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

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024
	£	£	£
Tangible fixed assets	8,566,475	81,885	8,648,360
Current assets	6,943,448	710,752	7,654,200
Creditors due within one year	(975,634)	-	(975,634)
Creditors due in more than one year	(2,800,000)	-	(2,800,000)
<b>TOTAL</b>	<u>11,734,289</u>	<u>792,637</u>	<u>12,526,926</u>

**24. ANALYSIS OF NET ASSETS BETWEEN FUNDS (CONTINUED)****ANALYSIS OF NET ASSETS BETWEEN FUNDS – PRIOR YEAR (GROUP)**

	Unrestricted funds 2023	Restricted funds 2023	Total funds 2023
	£	£	£
Tangible fixed assets	9,076,852	127,520	9,204,372
Current assets	5,948,894	631,294	6,580,188
Creditors due within one year	(1,380,335)	-	(1,380,335)
Creditors due in more than one year	(2,982,917)	-	(2,982,917)
<b>TOTAL</b>	<b>10,662,494</b>	<b>758,814</b>	<b>11,421,308</b>

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

	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024
	£	£	£
Tangible fixed assets	8,566,475	81,885	8,648,360
Investments	10,000	-	10,000
Current assets	6,863,948	710,750	7,574,698
Creditors due within one year	(940,260)	-	(940,260)
Creditors due in more than one year	(2,800,000)	-	(2,800,000)
<b>TOTAL</b>	<b>11,700,163</b>	<b>792,635</b>	<b>12,492,798</b>

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

	Unrestricted funds 2023	Restricted funds 2023	Total funds 2023
	£	£	£
Tangible fixed assets	9,734,157	127,520	9,861,677
Investments	10,000	-	10,000
Current assets	5,872,181	631,294	6,503,475
Creditors due within one year	(1,347,750)	-	(1,347,750)
Creditors due in more than one year	(2,982,917)	-	(2,982,917)
<b>TOTAL</b>	<b>11,285,671</b>	<b>758,814</b>	<b>12,044,485</b>

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

	<b>Group 2024</b>	<b>Group 2023</b>
	<b>£</b>	<b>£</b>
Net income for the year	<b>1,105,618</b>	215,153
ADJUSTMENTS FOR:		
Depreciation charges	<b>311,386</b>	461,289
Loss/(profit) on disposal of fixed assets	<b>386,700</b>	-
Decrease/(increase) in stocks	<b>(2,001)</b>	(1,228)
Decrease/(increase) in debtors	<b>(528,185)</b>	1,040,204
(Decrease)/increase in creditors	<b>(426,173)</b>	402,243
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>847,345</b>	2,117,661

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

	<b>Group 2024</b>	<b>Group 2023</b>
	<b>£</b>	<b>£</b>
Cash in hand	<b>5,325,798</b>	5,061,989
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<b>5,325,798</b>	5,061,989

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

	<b>At 1 April 2023</b>	<b>Cash flows</b>	<b>Other non- cash changes</b>	<b>At 31 March 2024</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Cash at bank and in hand	5,061,989	263,809	-	5,325,798
Debt due within 1 year	(190,346)	1,443	-	(188,903)
Debt due after 1 year	(2,960,000)	-	160,000	(2,800,000)
Liquid investments	424,983	280,017	-	705,000
	<b>2,336,626</b>	<b>545,269</b>	<b>160,000</b>	<b>3,041,895</b>

**28. PENSION COMMITMENTS**

The Group has operated a Defined Contribution pension scheme for many years. At 31 March 2024, 172 (2023: 173) 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 2024, 102 (2023: 118) employees were members of this scheme, to which the charity contributed 14.38% of their salaries. This scheme also provides death in service and other benefits.

The pension cost charge represents contributions payable by the group to these funds and amounted to £659,602 (2023: £647,035). An amount of £85,843 (2023: £87,733) was outstanding at the year end.

**29. OPERATING LEASE COMMITMENTS**

At 31 March 2024 the Group and the Charity had commitments to make future minimum lease payments under non-cancellable leases as follows:

	<b>Group and Company 2024</b>	<b>Group and Company 2023</b>
	<b>£</b>	<b>£</b>
No later than 1 year	<b>229,326</b>	179,040
Later than 1 year and not later than 5 years	<b>524,498</b>	459,597
Later than 5 years	<b>347,678</b>	234,282
	<b><u>1,101,502</u></b>	<u>872,919</u>

**30. RELATED PARTY TRANSACTIONS**

Arthur Rank Hospice Limited is a wholly owned Subsidiary of Arthur Rank Hospice Charity. During the year ended 31 March 2024, there were management charges of £52,056 (2023: £38,160) to this company. The company has made a gift payment of its taxable profits of £68,805 (2023: £101,878) to the charity. The company also collects sums on behalf of the charity. As at 31 March 2024 the Charity owed the company £34,019 (2023: The company owed charity £214,577).

**31. CONTROLLING PARTY**

The Charity is under the control of its Trustees who are listed on page 37 of the financial statements