

Phyllis Tuckwell Memorial Hospice Limited



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

Report and Financial Statements For the year ended 31 March 2021



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Reference and administrative details

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| Company number | 1063033 |
| Charity number | 264501 |
| Country of registration | England & Wales |
| Country of incorporation | United Kingdom |
| Registered office and operational address | Waverley Lane, FARNHAM, Surrey GU9 8BL |
| Status | The organisation is a charitable company limited by guarantee, incorporated on 27 July 1972 and registered as a charity on 8 September 1972. The organisation operates under the name Phyllis Tuckwell. |
| Trustees | Trustees, who are also directors under company law, who served during the year and up to the date of the signing of this report, were as follows: Dr David Eyre-Brook Chair (from November 2020) Michael Maher Chair (until November 2020) Veronica Carter Vice Chair Rosy Anand Helen Atkinson (from November 2020) Professor Michael Bailey Helen Franklin Alison Huggett Richard Hunt Dr Robert Laing Ken Ratcliff Ian Trotter (until November 2020) Elizabeth Wells (from November 2020) Anne Whelan |
| President | Chris Tuckwell |
| Key management personnel | Sarah Church Chief Executive Dr Cate Seton-Jones Medical Director Jayne Holland Director of Patient Services Peter Foxtan Director of Income Generation Mark Beale Director of Finance & Business Development Jaci Curtis-Donnelly Director of People Paul Batten Director of Estates & IT Tony Carpenter Director of Marketing & Communications |
| Bankers | Lloyds Bank plc Santander 147, High Street, Bridle Road GUILDFORD, Surrey BOOTLE, Merseyside GU1 3AG L30 4GB |
| Investment managers | Investec Wealth & Investment Ltd 2 Gresham Street LONDON, EC2V 7QN |
| Auditor | Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House, 108-114 Golden Lane LONDON, EC1Y 0TL |

Introduction from the Chair

This has been an exceptional year, and I am so proud of the way the Phyllis Tuckwell team have responded to the pandemic and found new ways to help people approaching the end of their lives.

The pandemic reminded us yet again of the importance of providing compassionate, dignified care that is focused on the individual and their personal circumstances. Our core purpose has never been more important, and we have been determined to continue providing high quality care to people who need us. We helped over 3,000 people last year, more than in 2019/20, and our data shows this took a lot more effort (with many more contacts per patient than normal, often by phone because of the challenges of caring during Covid).

The safety and quality of care provided has remained our priority throughout, and this has been thanks to the resilience, compassion, and hard work of our wonderful team. They have had to work through periods of huge uncertainty, learn how to work safely with PPE, and how to adapt the way we care for people. All this whilst juggling the day job with constant pressures, including home schooling, and caring responsibilities. Phyllis Tuckwell has rightly put a great emphasis on well-being and looking after our staff so that they can look after others. We increased clinical supervision so that Nurses, Health Care Assistants (HCAs) and our Doctors could talk about their experiences, worked hard to encourage people to take their annual leave wherever possible, and made sure all clinical staff were offered vaccination as quickly as possible.

The team has taken the experience of being forced to work differently and turned it into an opportunity where possible. In just a few weeks we went from being an office-based place of work, to one where we had a mixture of people working across their homes, the Beacon Centre and the Hospice. We have found new ways to raise money through 'virtual' events, and rapidly improved our online retail offering. We have found ways to redeploy people which has helped to give people the experience of working in different parts of the

organisation. We have learned a great deal about how to use our physical spaces in a way that reduces the risk of infection and has helped us shape our understanding of what we want our working spaces to be like. We will incorporate this learning into our plans for the future.

Financially, it has been a challenging year for charitable income generation. We had to cancel long-planned events and our shops were forced to shut three times, which meant we lost more than £1.6m of expected income. However, the impact of this has been significantly offset by the astonishing generosity of our local community and charitable Trusts. We are hugely grateful for this and for the much-needed injection of additional Government money for Hospices. This support has made an enormous difference to us this year as demonstrated by our accounts, but it is already clear that it will take several years for us to build back our events and retail income. Agreeing sustainable levels of funding from the NHS is a priority for the year to come.

I would like to thank Michael Maher for his strong chairmanship of the Board until November last year and his dedicated service to Phyllis Tuckwell. Many thanks also to Ian Trotter who, alongside Michael, retired from the Board late last year. We also welcomed a new Chief Executive at the start of the financial year who, working alongside a very strong senior team, has helped steer the organisation safely through the twists and turns of the pandemic.

Dr David Eyre-Brook
Chairman



Objectives and Activities

Mission, Vision and 5-Year Strategy

Mission:

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

Vision:

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

Strategy:

The pandemic has shown starkly how much need there is for high quality, compassionate care for people as they approach the end of their lives. We know that more people will need us in the years ahead.

By 2030, one in five people in the UK (21.8%) will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged 85+.

Our 5-year strategy runs from 2019–2024. We reviewed it late last year to see if it needed to be adjusted because of the pandemic or reforms to the NHS. We concluded that the objectives are as true today as they were in 2019, but we do want to focus more on digital projects, making sure we are inclusive, and that we help as many people in our community as possible. Our ambition fits well with the new national priorities for palliative and end of life care, as well as those from the two Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) we work across.

Our core VALUES



Our strategic goals are:

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

Public benefit:

Phyllis Tuckwell exists to provide direct specialist palliative care, as well as Education, Training and advice to support delivery of palliative care by others. All our services are delivered free of charge to patients and their families. Patients are referred by GPs, Community Nurses, Hospital teams or other health and social care professionals, and are considered based on clinical need alone.

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

Section 3 Strategic Report

Different World, Same Care: How we delivered in 2020.

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

- We adapted our services, making sure we could keep patients and our staff safe, and continue caring for people throughout the pandemic.
- We worked with more than 3,000 people, providing the best possible care in very challenging circumstances.
- We helped to relieve pressure from the NHS during the peaks of the pandemic, keeping over 1,000 people out of hospitals.
- Our clinical services are delivered from two sites (Farnham's Hospice Building and Guildford's Beacon Centre). We provide an In-Patient Unit to provide help to people with symptom control, including pain relief, terminal care and palliative care interventions.
- The vast majority of people we helped were in their own homes and we take a multi-professional approach to provide specialist assessment, symptom management, and specialised care around the clock. We supported patients in new ways to manage the impact of their illness and remain as independent as possible through our 'Living Well' Service.
- We also looked after the spiritual and psychological needs of patients and their families, including helping people deal with bereavement.

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

- We made sure our own teams were up to date in their training, we supported other healthcare professionals to increase their skills and confidence in end-of-life care. This means that they, in turn, can support people in our community.
- We estimate that in addition to the patients referred to us for direct care, we offered telephone support and advice to around 200 other patients and their healthcare professionals this year.

- Despite the challenges of the pandemic, we increased the number of training sessions by 65%. All training this year was provided free of charge.

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

- Despite huge disruption to retail and fundraising our team found creative, safe ways to generate income. The generosity of our local community was exceptional and made a great contribution to us.
- One-off support from the government through national schemes and via Hospice UK and NHS England was indispensable.
- Total income for the year was £13.08m (2019/20 £12.0m). Of this approximately 45% was government/NHS funding whereas in a more normal year NHS funding is around 21%.
- Total expenditure for the year was £11.84m (2019/20 £11.83m). This gave us an operating surplus of £1.24m (2019/20 £0.17m).

We demonstrated organisational efficiency and effectiveness in the way we responded to the pandemic.

- We supported staff to be able to work from home at great pace and scale. This meant we were able to continue our services seamlessly, using virtual clinical team meetings and phone consultations with patients and their families.
- Working with the NHS and our local community we secured the PPE equipment we needed to keep our patients and staff safe.
- We have made inclusion and well-being priorities this year, focusing on making sure each individual gets the best possible experience (whether they are patient, staff or volunteer).
- Our Board has continued to provide oversight, support and challenge through digital channels.

Section 4 Our Performance

The Story of a Remarkable Year: compassionate care during the pandemic.

We faced huge uncertainty as we worked out how to care for people in different ways during the pandemic. Throughout we stayed true to our core purpose and mission and asked ourselves *'what does this patient need, and how can we care for them?'*

We played our part in helping to relieve pressure from the NHS during the peaks of activity, keeping over 1,000 people out of hospitals by providing high quality care in homes, and worked closely with District Nursing and GP teams.

It has been difficult at times, and there has been anxiety about the dangers of Covid for our patients, their families, our staff and their families. The values and quality of our people and their determination to do the very best we can has shone through. This was captured by our approach of *'Different World, Same Care'*.

The next section describes some of our achievements this year.



Providing high quality care

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

| Phyllis Tuckwell | 2019/20 | 2020/21 | Year on Year Change |
|---|---------|---------|---------------------|
| Patient referrals | 1,564 | 1,483 | -5.2% |
| Patients supported | 2,045 | 2,068 | 1.1% |
| Family members/Carers supported | 784 | 1,046 | 33.4% |
| Total number of people supported | 2,829 | 3,144 | 11.1% |
| % non-cancer referrals | 37.0 | 32.4 | -12.4% |
| % of deceased patients with a recorded preferred place of death | 63.4 | 66.4 | 4.7% |

Overall we are very pleased that we were able to help as many people as we did in the previous year despite Covid, and substantially more family members and carers than normal. You can also see that the number of patient referrals is down slightly. Perhaps this is because people stayed away from the hospitals & GPs, especially during lockdown periods, which led to a slight reduction in referrals.

We saw a reduction in non-cancer referrals and want to see this figure increase this year as normal NHS services restart. It is good to see an increase in the proportion of people with a recorded preference for place of death. This indicates good practice, because it means we know people's wishes for end of life, and we will work to increase this further.



In-Patient Unit

Our In-Patient Unit (IPU) at the Hospice is where we care for people who have complex needs and require constant supervision and care.

We are pleased we cared for nearly as many patients as the previous year, given people's fears about coming to a health care setting and the constraints Covid gave on visiting hours. An increase in patients recognised as dying and on the Last Days of Life (LDL) care plan, meant that families were able to say their timely and important goodbyes.

| In-Patient Unit | 2019/20 | 2020/21 | Year on Year Change |
|-----------------------------------|---------|---------|---------------------|
| Total admissions | 272 | 262 | -3.7% |
| % patients going home | 27% | 25% | -7.4% |
| % bed occupancy | 91% | 85% | -6.6% |
| % deaths on LDL | 77% | 82% | 6.0% |
| IPU admission waiting time (days) | | 2 | |

The IPU looked and felt very different over the last year, however, we were determined to provide the same compassionate and professional care.

In March 2020 we braced ourselves for an influx of unwell patients, and staff were deployed from other areas of Phyllis Tuckwell to make sure we were ready. We opened up our full 18 beds. Camaraderie on the unit was high, with staff pleased to be out of the house and at work, and doing something to help.

We know it was tough for our patients.

Visiting was limited to just 2 hours a day at the height of the pandemic, and only the nearest and dearest could visit. The ward team made daily phone calls to worried families, who struggled to wait until the 6pm visiting hour for news about how things were going. We also facilitated calls on FaceTime. One of the hardest parts of working through the pandemic, was not being able to get to know patients' families as well as we normally would. Something that is so important to providing effective palliative care.

Infection control measures were (and remain) stringent, with all staff wearing face masks and the clinical team with additional aprons, gloves and eye protection. We learned to smile with our eyes!

One end of the ward was designated to care for those who developed Covid symptoms and we worked hard to maintain the highest level of infection control measures. We converted a small room into a PPE store/dressing room, and used the space for donning our gloves, masks and aprons. The room remains in place in case of future outbreaks.

As part of our infection control procedures, we closed the four-bed bays and converted them to single rooms.

This means that we are now operating 12 beds, so that each patient has their own space, and we have significantly extended visiting hours.



Care at Home

Our Community teams support patients in their own homes and care homes during their last few days, weeks or months of life.

They work alongside, families, carers and community partners. The aim is to tailor compassionate and timely support, and join up with GPs and District Nurses so the patient, family, and carers' needs are co-ordinated and it feels seamless. This joined-up care includes skilled communication, assessment, symptom control, advance care planning, nursing and personal care and care after death. The team assist with emotional, spiritual, financial and bereavement support, facilitate access to specialist equipment and provide information about the dying process.

We are so proud of the care we have provided to people so they can remain in their own homes (whether private homes or Care Homes). This equates to over 1,000 people dying at home who might otherwise have died in hospital. We believe this greatly improves the experience for the person and their family, as well as reducing pressure on the NHS.

| Care at Home | 2019/20 | 2020/21 | Year on Year Change |
|------------------------|---------|---------|---------------------|
| Total referrals | 1,302 | 1,220 | -6.3% |
| Patients supported | 1,950 | 2,013 | 3.2% |
| % home deaths | 63.5% | 69.7% | 9.7% |
| % non-cancer referrals | 34.5% | 28.9% | -16.4% |



“ Thank you to the Care at Home Team for their exceptional care that Dad and my family received in his last days at home. The support was so efficient and second to none; ... the communication with the District Nursing team was amazing. ”



The pandemic saw a 40% increase in deaths at home nationally, and all services were stretched. Although home visits were difficult due to the restrictions imposed by the pandemic, it was important to maintain face-to-face contact as we realised that patients often had heightened concerns related to isolation. The team rapidly adapted working practices, including maintaining very high standards of infection prevention and control, communicating sensitively despite masks and eye protection.

We increased the support from Hospice Care at Home, our last stage of life nursing team, by 26% in the last year.

During the height of the pandemic we extended our Advice & Referral Team hours to 10pm, and we extended our weekend visits for emergency cases too.

Families can feel most alone at night. Symptoms can be overwhelming and knowing how to access the help you need can be confusing.

We added a Registered Nurse and another Health Care Assistant (HCA) in addition to our planned overnight care service. This has helped us provide 972 night visits in the last year (an increase of more than 200%) and has been very positively received.

Pre-existing systems for communication and partnership working with our community colleagues have been strengthened across the area and in North East Hampshire, we have joined a daily video call with other teams to co-ordinate care of those that are at the end of life in that locality. We are so proud of the care we have been able to provide, and grateful for the positive feedback we have received.

We also appreciate that it has taken a lot more effort this year to provide care, as you can see from the data below. Whilst the number of face-to-face patient contacts went down by about 16%, the number of non-face-to-face contacts (e.g. phone calls) went up by 38% for patients and an astonishing 221% for families.

| Care at Home | 2019/20 | 2020/21 | Year on year change |
|--|---------|---------|---------------------|
| Patient face-to-face contact | 14,634 | 12,273 | -16.1% |
| Patient non-face-to-face contact | 46,732 | 64,481 | 38.0% |
| Family Member face-to-face contact | 251 | 458 | 82.5% |
| Family Member non-face-to-face contact | 930 | 2,991 | 221.6% |

Living Well at Home

Our Living Well service cares for people coping with advanced illness, and provides advice on nutrition, exercise and wellbeing and, in usual years, runs therapeutic groups to help keep people mobile and independent.

This service played an important part in our pandemic response. Whilst our Day Hospice remained closed, telephone support and virtual groups provided a much-needed connection for patients back to Phyllis Tuckwell.

It allowed staff to review how patients were faring from their illness and from isolation. All of our patients were asked to shield as all are vulnerable.

| Living Well at Home | 2019/20 | 2020/21 | Year on Year Change |
|---------------------------------|---------|---------|---------------------|
| Total referrals | 424 | 417 | -1.7% |
| Patients supported | 787 | 699 | -11.2% |
| Family members/Carers supported | 591 | 240 | -59.4% |
| % non-cancer referrals | 42.7% | 40.1% | -6.2% |





“ We do not know how we would have all managed without your kindness and gentle guidance. ”

Face-to-face groups had to be suspended in March 2020, and we adapted to help meet patient and family needs in new ways. Some nurses and HCAs moved to support community and the In-Patient Unit. Our complementary therapists and pastoral care colleagues helped patients to use video technology to communicate with loved ones. We learned a lot from working in different areas, returning with fresh ideas, better understanding of how to use our electronic documentation system (EMIS) and with greater confidence in using technology.

The Living Well service continued to support 250 patients and families at any one time. Daily meetings were introduced to prioritise and coordinate care. Many

patients received care remotely with regular phone calls, either pre-planned or in response to escalating needs. Patients were offered support to maintain quality of life, plan for the future, learn to manage symptoms and to adjust to this phase of their lives.

New ways to connect with patients included delivering equipment to doorsteps and following up with video advice, introducing a newsletter and delivering 230 'goodie bags' containing resources and activities at Christmas. Patients were also offered a face-to-face home or outpatient visit from a member of our multidisciplinary team, as needed.

| Living Well at Home | 2019/20 | 2020/21 | Year on Year Change |
|---|---------|---------|---------------------|
| Patient face-to-face contacts | 6,918 | 445 | -93.6% |
| Patient non-face-to-face contacts | 3,202 | 6,774 | 111.6% |
| Family Member face-to-face contacts | 2,475 | 124 | -95.0% |
| Family Member non-face-to-face contacts | 976 | 681 | -30.2% |

The data here shows that, as with other services, we significantly increased our non-face-to-face contacts to make sure that we were still keeping in touch and supporting people.

We piloted online groups and established them as an opportunity for peer support and to ensure multi-professional input. These will continue alongside site-based groups, and focus on a range of activities from Tai Chi and relaxation, to creative projects and a support group for carers.

Patient and Family Support

The Patient and Family Support team works to help patients and families with every aspect of their lives: body, mind and spirit.

Our services range from practical issues like accessing care and getting all relevant benefits, to considering how to support the psychological and spiritual needs of the patient and their family. The team work together to provide a joined-up service that meets the changing needs of patients, and helps families come to terms with what is happening.

One of our priorities is to keep vulnerable patients safe from harm, and this has been a challenge this last year with the restrictions and minimum face-to-face contact.

We have worked creatively to ensure we understand the issues patients and carers are facing, so we offer the right support, safely. This support could be from a Social Worker, Counsellor, Psychologist or Chaplain, as well as all of the other clinical professionals the team works with.

After the patient has died, we continue to support families.

This has evolved throughout the pandemic with the addition of a post-bereavement welfare call, remote support groups, services of remembrance and increased online resources, leaving us with a responsive service that meets the needs of those bereaved.

The support the Phyllis Tuckwell clinical team provides to families and carers continues to be a priority, as we support more patients through our Care at Home and Living Well services.

The total number of carers and family members supported through the year increased by 33.4% to over 1,000 individuals. We undertook 1,007 face-to-face contacts and 4,749 non-face-to-face contacts, as counselling and telephone support was increased during the Covid crisis.



“ I am hugely grateful for the support that has been given to me at this difficult time... and thank you for the bereavement counselling sessions. ”



“Extending our Reach” to help everyone we can

We want to care for as many people as we can, so that everyone gets the best possible palliative and end of life care.

Sadly, there is a limit to how many people we can care for directly. Therefore, we also support the wider team of professionals working in our area, so that everyone gets the best possible palliative and end of life care.

We do this in several ways, for example, through giving best-practice advice about how to care for someone not on our caseload, our education programme, and joint working with Care Homes.

During the year, Phyllis Tuckwell also provided clinical bereavement support sessions to care homes, for their staff coping with the challenges of caring during the Covid pandemic. This improved working relationships and the expertise of our counselling team was appreciated by staff from 11 Care Homes.

Broader advice

We estimate that in addition to the patients referred to us for direct care, the Phyllis Tuckwell Advice & Referral Team offers telephone support and advice to around 200 other patients and their healthcare professionals each year.

Education

We have a highly skilled workforce and a comprehensive in-house education programme to ensure our palliative and end of life care skills are kept up-to-date. We also want people in other organisations working with people at the end of their lives to have the opportunity to develop their skills. We deliver this through our external education programme. The education team has been extremely busy and, despite the challenges of the pandemic, we increased the number of training sessions by 65%. All training this year was provided free of charge.

| Education | Internal Staff Attendances | External Professional Attendances | Total Attendances | Year on year change (Total) |
|-----------|----------------------------|-----------------------------------|-------------------|-----------------------------|
| 2018-19 | 257 | 310 | 567 | - |
| 2019-20 | 584 | 445 | 1029 | 81.5% |
| 2020-21 | 1051 | 645 | 1696 | 64.8% |

We made supporting Care Homes a priority, because of the specific challenges they faced with the pandemic. 73% (472) of the external training attendances, were Registered Nurses and Health Care Assistants within Care Homes.

Key topics were syringe driver management, verification of expected death, breathlessness management, advance care planning, symptom management, assessment of pain, care in the last weeks of life, care of the person with agitation, and care of patients with dementia.

Support was provided to sign-off competencies

– a successful model implemented by the Care Home clinical leads and our clinical educator. This is an essential part of making sure our education translates into enhanced care for patients.

We worked closely with the Care Home Matrons across our area and with the Quality Lead for Care Homes in Frimley South. We attended the 2 monthly Palliative Care Link meetings at Frimley South – attended by an average of 25 Care Homes. We also worked closely with RSCH Care Home Matrons within Guildford & Waverley.

We organised drop-in half-hour Care Homes sessions, which were attended by Learning Disability home professionals as well as Care Homes’ staff.

As many group training sessions were not possible during the pandemic, training videos and resources were made available on our website, for health and social care colleagues to download, free-of-charge.

Our wonderful team - staff and volunteers



Our staff have been amazing, resourceful, and resilient. At the start of the year, we quickly found ways for large numbers of people to work from home, whilst making space for social distancing for those that needed to remain on site.

Looking after our team is always a priority and this year it has been essential.

We have been determined to look after staff wellbeing, those working from home, on furlough and coming into the Hospice or Beacon Centre. We have stayed connected, keeping everyone up-to-date, reassured and safe. We were fortunate to secure early vaccines for patient-facing staff and volunteers, and then all staff and volunteers coming into the Hospice.

We have made good use of the virtual resources – holding meetings, conducting training, socials such as coffee mornings and resilience sessions on-line. Individual teams stayed connected with their colleagues, some meetings took

place socially distanced in gardens, and managers were in regular contact with team members working from home or on furlough. Making sure people felt supported, and weren't isolated was so important.

Staff willingly offered to be redeployed in other departments, helping with cleaning, testing, admin and reception, there has been a real sense of unity and collaboration across the whole organisation.

We were pleased to be able to offer all staff a 1% pay rise for 2021/22. We balanced a really strong desire to say thank you to our teams, with the need to be cautious about the financial situation for the next couple of years. We benchmarked against other Hospices locally and the NHS to make sure we continue to offer attractive overall employment packages.

We were very fortunate to have had a great deal of support from local companies and members of the public to keep our spirits up donating hot lunches and treats.



Some volunteers remained on-site during the first lockdown, covering roles on reception, ward desk, cleaning patient rooms and tending our garden. Our Home Support volunteers provided virtual support to patients at home, others delivered care packages to patients in the community. Volunteers made scrubs, face coverings, baked cakes for us and collected our PPE. Retail volunteers returned to our shops as soon as we were able to reopen these. Pre-Covid our volunteer numbers were around 800, but regrettably most were required to cease volunteering during the Covid restrictions. More recently, active volunteer numbers have risen from 20 at the start of the pandemic, to 440.

We are immensely grateful to our volunteers, particularly over the past year as, despite the pandemic, volunteers have provided much-needed support and contributed approximately 50,000 hours of their time to the charity.

The Covid pandemic has had a significant effect on the way all our people have worked over the past year. They have been adaptable, flexible and shown great resilience. We are very proud of everyone and the continued dedication to their roles, despite understandable concern for themselves and their families.



How Trustees support the work of Phyllis Tuckwell

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

Our Trustees take this responsibility very seriously, and work to ensure that decisions take the long term consequences into account, along with the interests of our staff and patients alike. They also ensure we are professional in the way we work with suppliers and that our relationship with the NHS is well organised. Maintaining the support of our wider community, protecting our environment and maintaining our reputation for high standards in the way we work are also issues the Board considers on a regular basis.



Section 5 Financial Review

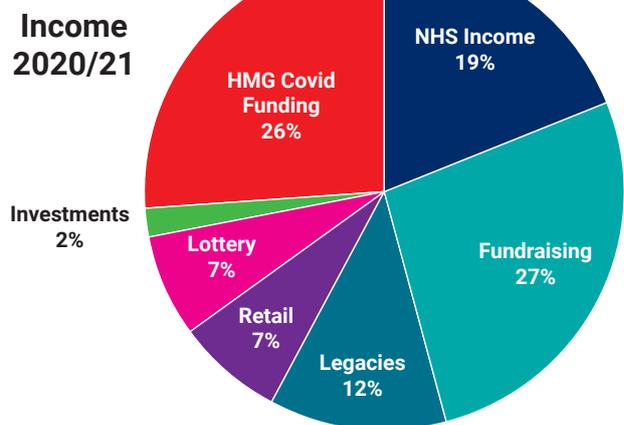
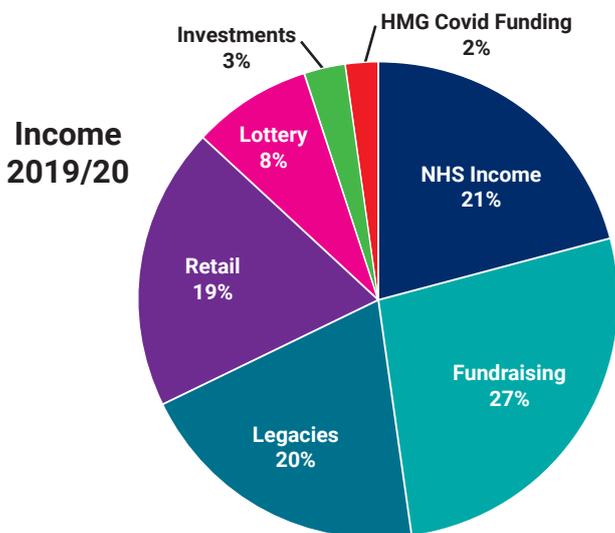
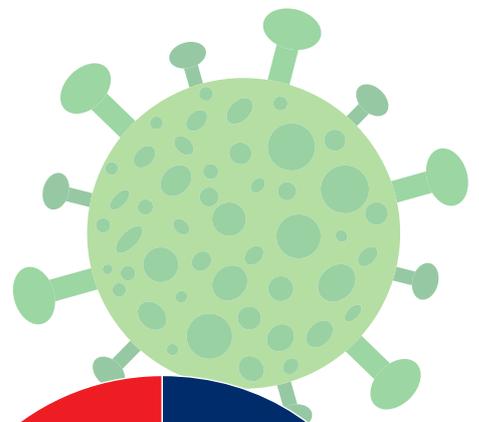
The year was a remarkable roller-coaster financially, and we are delighted to have ended in a very strong position.

There was significant disruption within retail, with shops closed for much of the year during periods of lockdown. Most fundraising events had to be cancelled but, when it was possible to operate them, support from the community was outstanding. The fundraising team was particularly creative, holding many events on-line and helping supporters find new ways of raising money in a safe, socially distanced way.

The annual Light up a Life event which starts the Christmas celebrations for Phyllis Tuckwell was, this year, held outside Guildford Cathedral and streamed online, with the names of remembered loved ones lit-up on the cathedral wall.

The generosity of our local community meant that we had an exceptional year for donations and we are so grateful both for the financial support and for the boost to morale it gave our teams, to know there were people in our community rooting for us.

One-off support from the government via Hospice UK and NHS England was indispensable and gave huge confidence to us and to the wider sector. Other government support such as income for furloughed staff during lockdown periods also contributed to our positive financial result, despite the pandemic. We are nonetheless aware that the new financial year is likely to leave us with income still short of that in the years immediately prior to the pandemic.



Key financial facts



The charity held £18.0m in investments at 31 March 2021.

These earned £301,000 of interest and dividends during the year and had unrealised gains of £4.1m.

The total reserves of the charity increased by £5.3m to £25.4m at 31 March 2021.

The balance in the General Reserve was £6.7 million.

Investments

Movements on global stock markets at the start of the pandemic led to a loss on our investment portfolio last year (2019/20) of £1.4m. With confidence returning to economies, stock markets have recovered their losses. This together with careful management of our portfolio led to a gain of £4.1m by 31 March 2021. The total portfolio is divided into two funds, an Income Fund and a Growth Fund.

The portfolio is managed on a discretionary basis by Investec Wealth and Investment, a firm of professional investment managers. The only ethical restriction imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies and any amount within a tracker or unit trust fund will be insignificant. Finance Sub-Committee is comfortable with the policies that Investec use to satisfy themselves that proper environmental, social and governance principles are integrated into the operations of companies they invest in.

A bespoke benchmark is set for the funds with pre-set amounts of different classes of asset. The actual results are then compared to the benchmarks. For the 12 months to 31 March the medium term (income) fund earned a total return of 26.7% against a benchmark of 22.2% and the longer term (growth) fund earned a return of 38.3% against a benchmark of 33.4%.

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

Reserves Policy

There is a Trustee-approved reserves policy in place.

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

The policy is reviewed each year and a target level for the General Reserve is calculated at the end of each financial year based on the approved budget for the next year, the general economic climate and recent trends in charity giving. The target for 2021/22 is £6.2 to £7.0 million which equates to 6-7 months of expenditure. At 31 March 2021 the balance on the General Reserve was £6.7m. The target was £6.1 to £6.9 million.

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

Restricted Funds - £1.0m held for specific purposes as determined by the donor. 77% of these relate to building projects.

The charity has four designated funds :

i. Property Fund

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

ii. Building Development Fund

This fund was established to accrue funds to

assist with the costs of any new premises or major refurbishments that may be required in the future. A review of the Hospice's premises has been carried out following the rapid growth in recent years and the serviceability of current buildings. The fund has been reviewed in the light of requirements for locality working and will be further reviewed following the Covid-19 pandemic.

iii. Service Development Fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the Trustees need to know that it can be funded for at least three years, whilst allowing time for Income Generation to cover these additional costs. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2021 was £1.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including Hospice Care at Home, and locality working.

iv. Operational Plan Fund

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



Sustainability: Energy and carbon reporting

The UK Government's Streamlined Energy and Carbon Reporting policy was implemented on 1 April 2019, when the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018 came into force.

Phyllis Tuckwell Memorial Hospice Limited (PTMH) meets SECR qualification criteria in the UK. The reporting period for the compliance is 1st April 2020 - 31st March 2021.

Included within that are Scope 1 & 2 emissions. The Green House Gas Protocol Corporate Accounting &

Reporting Standard and UK Government's Green House Gas Conversion Factors for Company Reporting have been used as part of carbon emissions calculation.

Scope of report

The scope covered under this report includes:

| | kWh | tonnes of CO2e |
|--|------------------|----------------|
| Gas consumption at premises where PTMH holds control over metering and invoicing | 721,492 | 147 |
| UK Electricity at premises where PTMH holds control over metering and invoicing | 508,209 | 118 |
| Owned transport – for vehicles owned by PTMH | 126,115 | 30 |
| Business Travel (land) – private staff and volunteer mileage. | 66,976 | 16 |
| TOTAL | 1,422,792 | 312 |

The results show that the charity's total gross Green House Gas emissions amounted to 312 tonnes of CO2 equivalent emissions in the 2020/21 financial year in the UK. (2019/20 337 tonnes).

This gives an energy intensity metric of 150.9 kg of CO2e per patient supported (2019/20 164.8 kg).

With many shops closed and staff working from home, our fuel usage was lower during the year than last year. We continue an awareness of the effect of our work on the environment and are, for example, installing six electric vehicle points in the Hospice car park.

Our retail operation also has a positive impact on the environment. In addition to selling 183,000 donated items and clothing, much of which would otherwise end up in landfill or the waste chain, many unsellable items are sent for recycling. In 2020/21 we sent 84 tonnes of textiles for recycling, generating an additional £30,000, and scrap metal with a value of £2,300.

Section 6

Plans for the Future



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

Doing this well relies on us having a great team of motivated, skilled staff. We will continue to support our people, giving them the chance to rest and re-energise after a very challenging year, recruiting new members of the team, and investing in skills and training.

We will focus on inclusion and increasing our 'reach'. We will take action to make sure that we are accessible, flexible and that our face-to-face services meet the needs of all people in our community. We will also increase the efforts we put into supporting people through others – through training Care Homes' staff and others on latest thinking and practice in end of life care or by providing advice to District Nurses, GPs and others.

We will also need to start gradually rebuilding our charitable income generation activity, investing in things that will put us on a stronger footing in years to come. Our 3-year grant from the NHS comes to an end in March 2022, so we will also be working to secure a fair deal for future years.

The pandemic has changed the way we work, and over the next few years we want to invest in digital skills and create an environment where our staff can work anywhere and access the tools they need. We want to make it easy for patients, families and supporters to engage with us digitally if they want to. We will also be taking forward our estates modernisation project to give the people we care for, and our staff, buildings that feel welcoming and are a pleasure to work in.

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

We feel fortunate to have come through the pandemic stronger than ever, with a clear refreshed vision for what we want to do and how we intend to make it happen.

Leadership & How we Work

Trustees & the Board

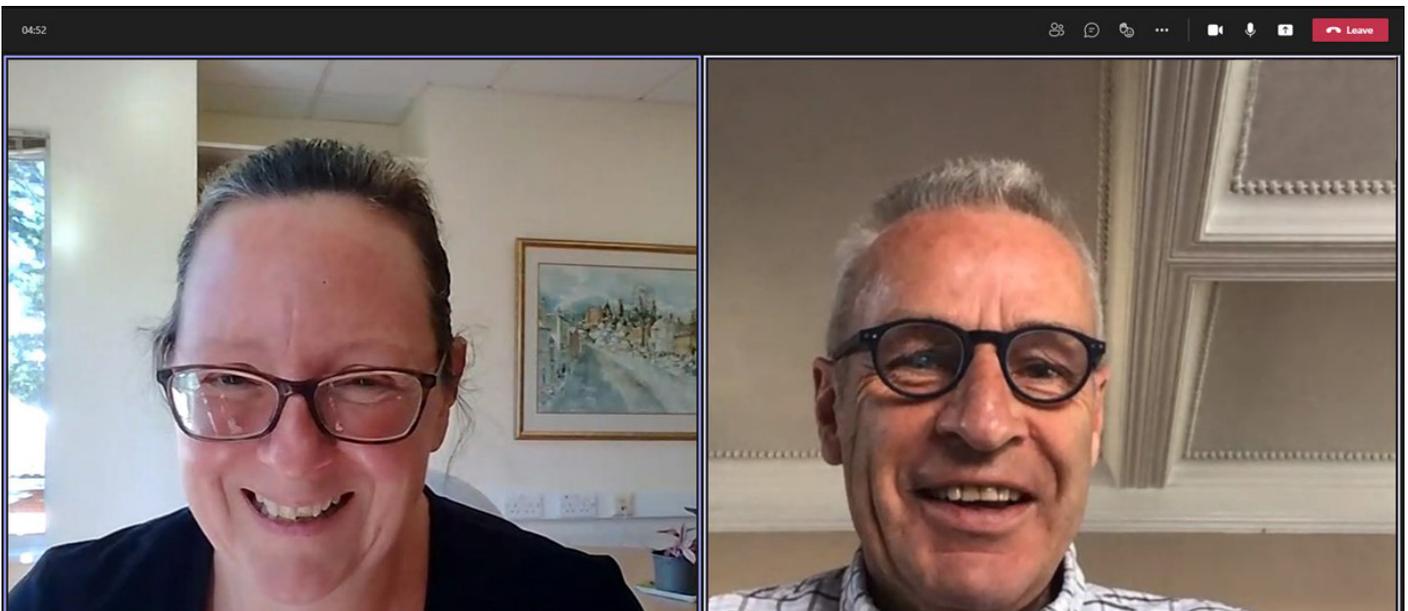
Trustees are appointed at the Annual General Meeting. They are selected through a process of open competition based on their skills and experience. New Trustees attend an induction day (which we continued to provide, virtually, during the outbreak). They also meet with each of the senior team as part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

The management of Phyllis Tuckwell is the responsibility of the Trustees, who are Directors for the purposes of company law and Trustees for the purpose of charity law. The day-to-day running of Phyllis Tuckwell is devolved to the Chief Executive and Senior Management Team.

We have not carried out a formal governance review in 2020/21 however, the composition and number of Sub-Committees was reviewed, and the Chair carried out bilateral conversations with Trustees to inform that work. The work on IT & Estates was brought together into a new 'Resources' Sub-Committee, and HR was renamed the 'People' Sub-Committee. We have continued to use the 'Board Wheel' to put a regular programme of Board activities into an annual calendar. This has proved extremely useful for Trustees and the Executive alike.

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

- **Finance** - financial health and sustainability of the organisation, as well as ensuring that internal controls are effective.
- **Clinical Strategy** – overall clinical direction and priorities.
- **Clinical Governance** – clinical performance and safe/best practice.
- **People** – workforce strategy for staff and volunteers, as well as remuneration (working closely with the Finance Sub-Committee).
- **Income Generation** – priorities and plans for income generation activities.
- **Resources** – estates, digital transformation & housekeeping.
- **Health & Safety** – health and safety activities across the organisation.



Communication and Engagement with Staff and the Board

This has been an exceptional year and so to ensure that our people were kept fully informed we introduced weekly virtual meetings with the Senior Management Team and Middle Managers. The purpose of these meetings was to ensure that all staff were well-versed in matters of concern and kept up-to-date as the situation changed rapidly. The meetings allowed for consultation with colleagues and information was cascaded across the organisation. Staff were encouraged to feedback via their managers, or directly to Senior Management of any concerns or suggestions for improvement. We also made excellent use of the company intranet posting regular updates on this, including the monthly team brief. This ensured that views were heard, that people were able to influence decisions and that everyone was kept abreast of matters affecting the organisation and themselves.

Staff were informed of our financial position via briefings from the Director of Finance and were encouraged to ask questions or seek further clarification from the Director of Finance. This information and reassurance was particularly important due to the impact of Covid on income generation

opportunities and to allay any concerns about the risk of redundancy.

The Senior Management Team has also adapted ways of working, with regular virtual meetings that were daily at the start of the pandemic, and during periods of heightened activity. As we progressed through Covid this shifted to weekly meetings to discuss the day-to-day business and priorities for the organisation. This information is then cascaded to the Hospice Managers and then to the rest of the organisation at the joint fortnightly meetings.

In addition to the regular Board and Sub-Committee meetings, ad hoc Covid briefings have been provided to Trustees. These were fortnightly at the start of the first lockdown, and then moved to monthly updates more recently. A slide pack updating Trustees on operational activities was produced and Zoom calls arranged so Trustees could ask questions. Both Trustees and the Executive found this a positive way to share information, and make sure that there was a good flow of communication as events unfolded rapidly and in ways that were hard to anticipate.



Inclusion & Diversity

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

Within our application process we provide disabled applicants with the opportunity of advising HR whether any assistance is required to enable them to progress their application. On appointment all applicants undertake a 'fit to work in role' check. This enables Phyllis Tuckwell to provide appropriate equipment to support disabled colleagues. Throughout their tenure with the organisation we ensure that disabled colleagues are not

disadvantaged with regards to training and education or promotion. We make adjustments to ways of working or/and roles.

Our aim is to operate as a single, empowered team, coming together to agree our approach to issues that need everyone to work together, and underpinned by clear roles and accountabilities.

Remuneration Policy

Phyllis Tuckwell is committed to ensuring that we pay our staff fairly and in a way which ensures we attract and retain the right skills to have the greatest impact in delivering our charitable objectives. In deciding senior pay awards we consider the national recommendations for Charity Senior Executive Pay and follow these where appropriate. We have a People Board Sub-Committee, which looks at all matters relating to staff and volunteers. The Chair of this Board Sub-Committee, along with the Chair of the Board and the Chair of the Finance Board Sub-Committee, form a Remuneration Sub-Group of the

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



How we raise money

In a 'normal' year we have to raise 75-80% of our total income ourselves. Roughly a fifth comes from NHS funding. This year we have benefitted from one-off funding from the NHS in recognition of the role we have played in tackling the pandemic and reducing pressure on the NHS. We are extremely grateful for much-needed funding, however we still had to raise £6m ourselves.

Our fundraising usually involves encouraging donations and gifts in wills, running events, engaging our local community to fundraise on our behalf, running a chain of charity shops, working with local companies and applying for grants from Trusts. There was severe disruption to many of these activities during the pandemic, and we have been amazed and inspired by how much support we received from supporters and donors. We believe

this is in part because of the effort we put into securing and maintaining the trust of our supporters, for example through not selling or passing on their data to third parties and by keeping our community engaged through regular social media activity.

We voluntarily subscribe to the Fundraising Regulator, and respond quickly to any complaints. In 2020/21, from tens of thousands of transactions we received just 6 complaints, all of which were dealt with satisfactorily, and none was referred to the Fundraising Regulator.

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



Connecting with others

Relationships with wider interests and related parties.

We work closely with 6 neighbouring Hospices, local Care Homes and NHS organisations. The value of close integration with other health and social care providers has never been clearer than over the last year. We have worked as a team to manage the impact of the pandemic together.

The NHS landscape is complex and active. We work across part of the Frimley Healthcare ICS and Surrey Heartlands ICS areas, 2 acute hospitals (Frimley Health and Royal Surrey County Hospital), Guildford & Waverley Alliance Partnership (ICP) and Frimley CCG (bringing together North East Hampshire & Farnham, Surrey Heath and East Berkshire Clinical Commissioning Groups).

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

We have had two relationship meetings with our Care Quality Commission (CQC) manager since April 2020. These were an opportunity for us

to brief CQC about the work we were doing to provide high quality, safe care, and the measures we were taking to adapt our services in light of the pandemic. We also ensure that CQC are kept up-to-date with any serious incidents or significant events.

Phyllis Tuckwell also owns 50% of the Tuckwell Chase Lottery, from which we receive funds. The other 50% is owned by Shooting Star Children's Hospice. The Lottery Company pays half its profits to each owner. During 2020/21 Phyllis Tuckwell received over £500k. They take their responsibilities for fundraising seriously and are committed to best practice standards. They are a member of the Lotteries Council and The Hospice Lotteries Association, and are regulated by the Gambling Commission under the 2005 Gambling Act.

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



Managing Risk

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

The Board has identified 10 strategic risks that are monitored at quarterly Board meetings, with a 'deep dive' into one of the main areas of risk twice a year. The next level of risks is kept under regular review by the relevant Sub-Committee with an expectation that any emerging issues can be escalated to the Board.

Covid continues to be managed as a live issue and has dominated much of our work clinically and financially over last year. It continues to have a significant impact on many of the other strategic risks we worry about – recruitment, staff welfare, quality of patient care, income generation, inclusion, data security and health and safety.

We take Business Continuity seriously, and regularly review and update our plans. For example, this year we

have significantly improved our planning/arrangements to ensure clinicians can get to patients when it snows, by working with a local charity that provides 4x4 vehicles in extreme weather to provide essential services to vulnerable people.

We also consider external events that we cannot control or influence ourselves but have to adapt to, for example Brexit. To date, we have not experienced problems specifically associated with Brexit (e.g. workforce or supplies) but will continue to monitor the situation. As for future extreme events (e.g. climate or pandemic events) we recognise the need to plan for the possibility of future disruption.



Section 8 Trustee Statement

Statement of Responsibilities of the Trustees

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

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

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

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

In so far as the Trustees are aware:

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

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 56 (2020 – 54). The Trustees are members of the charity but this entitles them only to voting rights. The Trustees have no beneficial interest in the charity.

Auditor

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

The Trustees' annual report, including the strategic report, was approved by the Trustees on 22nd July 2021 and signed on their behalf by

Dr David Eyre-Brook

Chair



“ I had often heard tell of the atmosphere in a hospice to be cheerful and not gloomy, and this was certainly my experience when visiting. All the staff were so incredibly caring, friendly, supportive and helpful, you really do have an amazing place. ”

Independent auditor's report

To the members of Phyllis Tuckwell Memorial Hospice Limited

Opinion

We have audited the financial statements of Phyllis Tuckwell Memorial Hospice Limited (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other Information

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Capability of the audit in detecting irregularities

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

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

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

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

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

Use of our report

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

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

Joanna Pittman (Senior statutory auditor)

3rd August 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

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

Consolidated Statement of Financial Activities

incorporating an Income and Expenditure account

For the year ended 31 March 2021

| | Note | 2021 | | | 2020 | | |
|---|------|-------------------|--------------------------|-------------------|--------------------|--------------------------|--------------------|
| | | Unrestricted | Restricted/ Endowment | Total | Unrestricted | Restricted/ Endowment | Total |
| | | £ | £ | £ | £ | £ | £ |
| Incoming resources: | | | | | | | |
| Voluntary income | 2 | 3,232,241 | 10,191 | 3,242,432 | 3,545,520 | 9,231 | 3,554,751 |
| Activities for generating funds: | | | | | | | |
| Fundraising | | 1,471,772 | 408,076 | 1,879,848 | 1,717,215 | 344,726 | 2,061,941 |
| Retail | | 1,087,951 | 297,430 | 1,385,381 | 2,532,667 | - | 2,532,667 |
| Lottery | | 943,138 | - | 943,138 | 918,274 | - | 918,274 |
| Charitable activities | 3 | 2,501,177 | 2,812,559 | 5,313,736 | 2,338,170 | 167,126 | 2,505,296 |
| Investments | 4 | 294,490 | 22,830 | 317,320 | 423,223 | 1,881 | 425,104 |
| Total income | | 9,530,769 | 3,551,086 | 13,081,855 | 11,475,069 | 522,964 | 11,998,033 |
| Resources expended: | | | | | | | |
| Raising funds: | | | | | | | |
| Voluntary income generation costs | 5 | 170,869 | - | 170,869 | 214,074 | - | 214,074 |
| Fundraising costs | | 632,872 | 13,362 | 646,234 | 752,225 | - | 752,225 |
| Retail costs | | 1,484,854 | 297,430 | 1,782,284 | 1,914,789 | - | 1,914,789 |
| Lottery costs | | 419,590 | - | 419,590 | 478,063 | - | 478,063 |
| Investment management costs | | 55,370 | - | 55,370 | 52,280 | - | 52,280 |
| Sub-total for raising funds | | 2,763,555 | 310,792 | 3,074,347 | 3,411,431 | - | 3,411,431 |
| Charitable activities: | | | | | | | |
| In-Patient Unit | 5 | 2,632,908 | 1,256,841 | 3,889,750 | 3,603,915 | 118,330 | 3,722,245 |
| Living Well | | 834,555 | 27,448 | 862,003 | 778,806 | 72,136 | 850,942 |
| Care at Home | | 1,925,516 | 2,092,098 | 4,017,613 | 3,583,805 | 262,230 | 3,846,035 |
| Sub-total for charitable activities | | 5,392,979 | 3,376,387 | 8,769,366 | 7,966,526 | 452,696 | 8,419,222 |
| Total expenditure | | 8,156,534 | 3,687,179 | 11,843,713 | 11,377,957 | 452,696 | 11,830,653 |
| Net income / (expenditure) before net gains on investments | | 1,374,236 | (136,093) | 1,238,143 | 97,112 | 70,268 | 167,380 |
| Net gains / (losses) on investments | 13 | 4,072,930 | - | 4,072,930 | (1,379,701) | - | (1,379,701) |
| Net movement in funds | | 5,447,166 | (136,093) | 5,311,072 | (1,282,589) | 70,268 | (1,212,321) |
| Reconciliation of funds: | | | | | | | |
| Total funds brought forward | | 18,904,818 | 1,220,472 | 20,125,290 | 20,187,407 | 1,150,204 | 21,337,611 |
| Total funds carried forward | | 24,351,984 | 1,084,379 | 25,436,362 | 18,904,818 | 1,220,472 | 20,125,290 |

Balance sheets

As at 31 March 2021

| | Note | The group | | The charity | |
|--|------|-------------------|-------------------|-------------------|-------------------|
| | | 2021 | 2020 | 2021 | 2020 |
| | | £ | £ | £ | £ |
| Fixed assets: | | | | | |
| Tangible assets | 11 | 3,110,997 | 3,366,780 | 3,110,997 | 3,366,780 |
| Investment properties | 12 | 115,000 | 115,000 | 115,000 | 115,000 |
| Investments | 13 | 18,012,943 | 12,870,183 | 18,012,944 | 12,870,184 |
| Total fixed assets | | 21,238,940 | 16,351,963 | 21,238,941 | 16,351,964 |
| Current assets: | | | | | |
| Stocks | 15 | 8,499 | 10,236 | - | 2,416 |
| Debtors | 16 | 1,277,405 | 1,565,811 | 1,297,283 | 1,584,351 |
| Short term deposits | | 1,000,000 | 1,766,396 | 1,000,000 | 1,766,396 |
| Cash and cash equivalents | | 2,474,584 | 1,013,258 | 2,463,116 | 1,005,037 |
| Total current assets | | 4,760,488 | 4,355,700 | 4,760,399 | 4,358,200 |
| Liabilities: | | | | | |
| Creditors: amounts falling due within one year | 17 | (563,066) | (582,374) | (562,978) | (584,874) |
| Net current assets | | 4,197,422 | 3,773,327 | 4,197,421 | 3,773,326 |
| Total net assets | 20 | 25,436,362 | 20,125,290 | 25,436,362 | 20,125,290 |
| Funds: | 21 | | | | |
| Restricted income funds: | | | | | |
| Endowment fund | | 69,182 | 69,182 | 69,182 | 69,182 |
| Restricted funds | | 1,015,197 | 1,151,290 | 1,015,197 | 1,151,290 |
| Total restricted funds | | 1,084,379 | 1,220,472 | 1,084,379 | 1,220,472 |
| Unrestricted income funds: | | | | | |
| Designated funds | | 17,638,149 | 11,409,084 | 17,638,149 | 11,409,084 |
| General funds | | 6,713,835 | 7,495,734 | 6,713,835 | 7,495,734 |
| Total unrestricted funds | | 24,351,984 | 18,904,818 | 24,351,984 | 18,904,818 |
| Total funds | | 25,436,362 | 20,125,289 | 25,436,362 | 20,125,289 |

Approved by the Trustees on 22 July 2021 and signed on their behalf by

David Eyre-Brook (Chair)

Veronica Carter (Trustee)

Consolidated Statement of Cash Flows

For the year ended 31 March 2021

| | Note | 2021 | | 2020 | |
|--|------|-----------------|------------|---------------|-------------------------|
| | | £ | £ | £ | £ |
| Cash flows from operating activities | | | | | |
| Net income for the reporting period | | 5,311,072 | | (1,212,321) | |
| Depreciation charges | | 361,829 | | 355,596 | |
| (Gains) / Losses on investments | | (4,072,928) | | 1,379,701 | |
| Loss of disposal of fixed assets | | 1,710 | | - | |
| Dividends, interest and rent from investments | | (317,320) | | (425,104) | |
| Decrease / (Increase) in stocks | | 1,737 | | (1,521) | |
| Decrease / (Increase) in debtors | | 288,406 | | (901,990) | |
| (Decrease) in creditors | | (19,308) | | (13,580) | |
| Net cash (used in) operating activities | | | 1,555,198 | | (819,219) |
| Cash flows from investing activities: | | | | | |
| Dividends and interest from investments | | 317,320 | | 425,104 | |
| Purchase of fixed assets | | (107,756) | | (276,546) | |
| Proceeds from sale of investments | | 2,094,878 | | 2,920,754 | |
| Purchase of investments | | (3,115,954) | | (2,514,119) | |
| Decrease / (Increase) in term deposits | | 766,396 | | (2,474) | |
| (Increase) in cash funds held by investment managers | | (48,755) | | (28,082) | |
| Net cash (used in) / provided by investing activities | | | (93,872) | | 524,637 |
| Change in cash and cash equivalents in the year | | | 1,461,326 | | (294,582) |
| Cash and cash equivalents at the beginning of the year | | | 1,013,258 | | 1,307,840 |
| Cash and cash equivalents at the end of the year | | | 2,474,584 | | 1,013,258 |
| Analysis of cash and cash equivalents | | | | | |
| | | At 1 April 2020 | Cash flows | Other changes | At 31 March 2021 |
| | | £ | £ | £ | £ |
| Cash at bank and in hand | | 513,258 | 1,461,326 | - | 1,974,584 |
| Term deposits (less than 3 months) | | 500,000 | - | - | 500,000 |
| Closing balance at bank | | 1,013,258 | 1,461,326 | - | 2,474,584 |

Notes on the financial statements

For the year ended 31 March 2021

1 Accounting policies

a) Statutory information

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

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

b) Basis of preparation

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

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

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

c) Public benefit entity

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

d) Going concern

The effects of Covid-19 create considerable risk in forecasting. However when taking into account the level of reserves, the Trustees consider that there are no material uncertainties regarding the charitable company's ability to continue as a going concern.

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

e) Income

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

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. During the year £245,688 of retail hospitality & leisure grants in respect of shops with a rateable value up to £51,000 was received. These accounts recognise the grants within Retail Income.

Income from HMRC relating to the Coronavirus Job Retention Scheme (total: £352,374) is shown as income within Fundraising, Retail or Charitable activities as appropriate.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a

distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

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

f) Donations of gifts, services and facilities

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

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

g) Investment income and dividends

Investment income including dividends is included when receivable.

h) Fund accounting

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

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

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

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

i) Expenditure and irrecoverable VAT

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

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

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

j) Allocation of support costs

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

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

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

| | |
|---------------------------------|-----|
| In-Patient Unit | 30% |
| Living Well | 10% |
| Care at Home | 30% |
| Activities for generating funds | 30% |

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

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

| | |
|------------------------------|--------|
| Activities to generate funds | 28.17% |
| In-Patient Unit | 32.49% |
| Living Well | 7.38% |
| Community Care | 31.96% |

Premises costs are allocated on the basis of square footage attributable to each activity:

| | |
|------------------------------|--------|
| Activities to generate funds | 6.78% |
| In-Patient Unit | 69.92% |
| Living Well | 8.46% |
| Care at Home | 14.84% |

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

| | |
|------------------------------|--------|
| Activities to generate funds | 13.21% |
| In-Patient Unit | 36.48% |
| Living Well | 3.77% |
| Community Care | 46.54% |

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

k) Operating leases

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

l) Pensions

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

m) Tangible fixed assets

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

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

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

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

n) Listed investments

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

o) Investment properties

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

p) Investments in subsidiaries

Investments in subsidiaries are at cost.

q) Stocks

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

r) Debtors

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

s) Cash at bank and in hand

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

t) Short term deposits

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

u) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

v) Financial instruments

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

2 Voluntary income

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

| | 2020 | | Total |
|---------------------|------------------|--------------|------------------|
| | Unrestricted | Restricted | |
| | £ | £ | £ |
| Donations | 1,107,572 | 9,231 | 1,116,803 |
| Legacies | 2,437,948 | - | 2,437,948 |
| Total income | 3,545,520 | 9,231 | 3,554,751 |

The 2020 figures have been restated to include patient related donations of £463,352 which were previously reported as income from charitable activities - see also note 3.

At the year end the charity had been notified of two material legacies that it was unable to measure reliably at that time. Since the year end the charity has been informed that it is due £310,000 from these legacies.

3 Income from charitable activities

| | 2021 | | | 2020 | | |
|--|------------------|------------------|------------------|------------------|----------------|------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | £ | £ | £ | £ | £ | £ |
| Grants: | | | | | | |
| NHSE - Covid Support | - | 2,749,351 | 2,749,351 | - | - | - |
| NHS Guildford & Waverley CCG | 2,254,876 | - | 2,254,876 | 2,201,182 | 145,000 | 2,346,182 |
| Surrey Heath CCH Home Support | - | 21,626 | 21,626 | - | 22,126 | 22,126 |
| Continuing Health | 231,052 | - | 231,052 | 136,988 | - | 136,988 |
| Total grant income | 2,485,928 | 2,770,977 | 5,256,905 | 2,338,170 | 167,126 | 2,505,296 |
| Other income | 15,249 | 41,582 | 56,831 | - | - | - |
| Total income from charitable activities | 2,501,177 | 2,812,559 | 5,313,736 | 2,338,170 | 167,126 | 2,505,296 |

The 2020 figures have been restated to exclude patient related donations of £463,352 which were previously reported as income from charitable activities - see also note 2.

NHSE - Covid Support

NHSE awarded funding to allow the Hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the Covid-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

4 Income from investments

| | 2021 | | | 2020 | | |
|------------------------------------|----------------|---------------|----------------|----------------|--------------|----------------|
| | Unrestricted | Endowment | Total | Unrestricted | Endowment | Total |
| | £ | £ | £ | £ | £ | £ |
| Investments (interest & dividends) | 277,917 | 22,830 | 300,747 | 389,137 | 1,881 | 391,018 |
| Investment property income | - | - | - | 7,542 | - | 7,542 |
| Term deposit interest | 16,191 | - | 16,191 | 24,921 | - | 24,921 |
| Bank interest | 382 | - | 382 | 1,623 | - | 1,623 |
| Total income | 294,490 | 22,830 | 317,320 | 423,223 | 1,881 | 425,104 |

Notes on the financial statements (continued)

5a Analysis of expenditure (current year)

| | Charitable activities | | | | | | 2021 Total | 2020 Total |
|------------------------------------|-----------------------|------------------|----------------|------------------|------------------|------------------|-------------------|-------------------|
| | Cost of raising funds | In-Patient Unit | Living Well | Care at Home | Governance costs | Support costs | | |
| | £ | £ | £ | £ | £ | £ | | |
| Staff costs (note 7) | 1,415,583 | 2,652,589 | 648,769 | 3,349,760 | 7,877 | 1,075,580 | 9,150,158 | 8,769,608 |
| Fundraising/ Retail costs | 236,813 | - | - | - | - | - | 236,813 | 361,382 |
| Marketing & Communications | 34,246 | 20,202 | 8,081 | 20,202 | - | - | 82,731 | 100,469 |
| Lottery costs | 419,590 | - | - | - | - | - | 419,590 | 478,063 |
| Catering | - | 188,026 | - | 76 | - | 11,793 | 199,895 | 243,143 |
| Premises | 491,755 | - | 44,583 | - | - | 119,491 | 655,829 | 696,681 |
| Travel | 16,839 | - | 1,776 | 32,582 | - | 3,068 | 54,265 | 111,263 |
| Consumables | - | 89,397 | 22,012 | 53,759 | - | 1,892 | 167,060 | 155,479 |
| Depreciation & loss on disposal | 45,588 | 57,305 | - | 10,054 | - | 250,592 | 363,539 | 355,596 |
| Maintenance & repairs | - | 45,111 | 1,240 | 5,580 | - | 68,289 | 120,220 | 132,702 |
| Subscriptions & publications | - | 3,724 | 827 | 3,724 | - | 14,306 | 22,581 | 12,894 |
| IT | 20,359 | 22,463 | 4,992 | 22,463 | - | 131,907 | 202,184 | 192,348 |
| Insurance | 16,065 | - | 281 | 3,936 | 1,392 | 24,225 | 45,899 | 48,246 |
| Audit & accountancy fees | 3,550 | - | - | - | 13,025 | - | 16,575 | 17,600 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 352 | 4,110 | 10,122 | 54,085 |
| Office costs | - | 1,813 | 403 | 17,944 | - | 20,721 | 40,881 | 48,812 |
| Investment management costs | 55,370 | - | - | - | - | - | 55,370 | 52,280 |
| Sub-total | 2,755,759 | 3,083,177 | 733,530 | 3,522,627 | 22,646 | 1,725,974 | 11,843,713 | 11,830,653 |
| Governance costs | 6,228 | 7,406 | 1,729 | 7,283 | (22,646) | - | - | - |
| Support costs | 312,360 | 799,167 | 126,744 | 487,703 | - | (1,725,974) | - | - |
| Total expenditure 2021 | 3,074,347 | 3,889,750 | 862,003 | 4,017,613 | - | - | 11,843,713 | - |
| Total expenditure 2020 | 3,411,431 | 3,722,245 | 850,942 | 3,846,035 | - | - | - | 11,830,653 |

5b Analysis of expenditure (prior year)

| | Charitable activities | | | | | | 2020 Total |
|---------------------------------------|-----------------------|------------------|----------------|------------------|------------------|------------------|-------------------|
| | Cost of raising funds | In-Patient Unit | Living Well | Care at Home | Governance costs | Support costs | |
| | £ | £ | £ | £ | £ | £ | |
| Staff costs (note 7) | 1,465,694 | 2,478,884 | 588,302 | 3,101,044 | 8,422 | 1,127,261 | 8,769,608 |
| Fundraising/ Retail costs | 361,382 | - | - | - | - | - | 361,382 |
| Marketing & Communications | 41,040 | 24,762 | 9,905 | 24,762 | - | - | 100,469 |
| Lottery costs | 478,063 | - | - | - | - | - | 478,063 |
| Catering | - | 202,538 | 18,630 | 740 | - | 21,235 | 243,143 |
| Premises | 528,855 | - | 65,821 | - | - | 102,006 | 696,681 |
| Travel | 30,433 | - | 4,061 | 73,506 | - | 3,264 | 111,263 |
| Consumables | - | 83,556 | 22,336 | 47,709 | - | 1,878 | 155,479 |
| Depreciation & loss on disposal | 66,070 | 49,188 | - | 14,272 | - | 226,066 | 355,596 |
| Maintenance & repairs | - | 46,684 | 2,642 | 11,891 | - | 71,485 | 132,702 |
| Subscriptions & publications | - | 3,046 | 677 | 3,046 | - | 6,125 | 12,894 |
| IT | 21,172 | 22,506 | 5,001 | 22,506 | - | 121,163 | 192,348 |
| Insurance | 20,230 | - | 270 | 3,781 | 1,171 | 22,794 | 48,246 |
| Audit & accountancy fees | 3,450 | - | - | - | 14,150 | - | 17,600 |
| Legal & professional fees | - | 2,547 | 566 | 2,547 | 554 | 47,870 | 54,085 |
| Office costs | - | 1,852 | 412 | 22,577 | - | 23,970 | 48,812 |
| Investment management costs | 52,280 | - | - | - | - | - | 52,280 |
| Sub-total | 3,068,670 | 2,915,564 | 718,624 | 3,328,382 | 24,297 | 1,775,117 | 11,830,653 |
| Governance costs | 6,681 | 7,946 | 1,856 | 7,814 | (24,297) | - | - |
| Support costs | 336,080 | 798,736 | 130,463 | 509,838 | - | (1,557,117) | - |
| Total expenditure 2020 | 3,411,431 | 3,722,245 | 850,942 | 3,846,035 | - | - | 11,830,653 |

Notes on the financial statements (continued)

6 Net income / (expenditure) for the year

This is stated after charging:

| | 2021 | 2020 |
|--|----------------|---------|
| | £ | £ |
| Depreciation | 361,829 | 355,596 |
| Loss on disposal of fixed assets | 1,710 | - |
| Operating lease rentals: | | |
| Property | 369,263 | 390,423 |
| Other | 5,104 | 5,856 |
| Auditor's remuneration (excluding VAT): | | |
| Audit - Hospice | 12,050 | 11,850 |
| Audit - Trading Company | 2,700 | 2,650 |
| Other Services | 1,800 | 4,150 |

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

a) Staff costs were as follows:

| | 2021 | 2020 |
|--|------------------|------------------|
| | £ | £ |
| Salaries and wages | 7,508,109 | 7,122,591 |
| Social security costs | 695,335 | 646,535 |
| Employer's contribution to pension schemes | 614,395 | 588,035 |
| Self-employed / contractors costs | 239,444 | 294,594 |
| Other forms of employee benefits | 92,875 | 117,853 |
| Total | 9,150,158 | 8,769,608 |

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

| | 2021 | 2020 |
|---------------------|------|------|
| | No. | No. |
| £60,000 - £69,999 | 3 | 5 |
| £70,000 - £79,999 | 1 | 1 |
| £80,000 - £89,999 | 1 | - |
| £90,000 - £99,999 | 1 | 1 |
| £100,000 - £109,999 | 1 | 1 |
| £120,000 - £129,999 | - | 1 |
| £130,000 - £139,999 | 1 | - |

The employees above include four medical/clinical staff, the CEO and three other members of the SMT, with the two highest paid employees being from the medical team (2020: five medical/clinical staff, the CEO and three other members of the SMT, with the two highest paid employees being from the medical team).

The total employee benefits, including pension contributions and employer national insurance, of the eight key management personnel listed on page 3 were £744,325 (2020: £735,628).

- c) The charity trustees were not paid nor received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

Trustees' expenses of £nil were incurred (2020: £nil).

8 Staff numbers

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

| | 2021 | 2020 |
|---------------------------|------------|------------|
| | No. | No. |
| Nursing staff | 123 | 117 |
| Medical staff | 10 | 9 |
| Clinical support staff | 22 | 20 |
| Patient & Family Support | 13 | 15 |
| Therapists | 18 | 17 |
| Fundraising and publicity | 19 | 21 |
| Retail staff | 63 | 65 |
| Administration | 19 | 19 |
| Support staff | 32 | 30 |
| Education staff | 4 | 4 |
| Total | 323 | 316 |

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

| | 2021 | 2020 |
|---------------------------|--------------|--------------|
| | No. | No. |
| Nursing staff | 83.7 | 80.0 |
| Medical staff | 6.1 | 6.2 |
| Clinical support staff | 16.3 | 15.2 |
| Patient & Family Support | 9.1 | 9.7 |
| Therapists | 11.9 | 11.2 |
| Fundraising and publicity | 15.7 | 16.4 |
| Retail staff | 40.7 | 41.1 |
| Administration | 16.5 | 16.4 |
| Support staff | 16.5 | 16.2 |
| Education staff | 2.9 | 3.0 |
| Total | 219.4 | 215.4 |

Notes on the financial statements (continued)

9 Related party transactions

The Phyllis Tuckwell Memorial Hospice Limited owns 50% of Tuckwell Chase Lottery Limited. The Hospice received £523,548 during the year from the Lottery company (2020: £440,211).

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

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

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary PTH Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £nil (2020: £nil).

11 Tangible fixed assets

For the group and the charity

| | Freehold property | Clinical Equipment | Equipment & Other Assets | Fixtures & Fittings | Total |
|-------------------------------|-------------------|--------------------|--------------------------|---------------------|------------------|
| | £ | £ | £ | £ | £ |
| Cost | | | | | |
| At the start of the year | 5,306,565 | 559,321 | 1,713,034 | 142,278 | 7,721,198 |
| Additions in year | 7,522 | 7,543 | 79,415 | 13,276 | 107,756 |
| Disposals in year | - | (3,945) | (8,950) | - | (12,895) |
| At the end of the year | 5,314,087 | 562,919 | 1,783,499 | 155,554 | 7,816,059 |
| Depreciation | | | | | |
| At the start of the year | 2,517,961 | 411,459 | 1,312,847 | 112,151 | 4,354,418 |
| Charge for the year | 142,401 | 47,268 | 162,124 | 10,037 | 361,829 |
| Eliminated on disposal | - | (2,236) | (8,950) | - | (11,186) |
| At the end of the year | 2,660,361 | 456,491 | 1,466,021 | 122,188 | 4,705,062 |
| Net book value | | | | | |
| At the end of the year | 2,653,725 | 106,428 | 317,478 | 33,366 | 3,110,997 |
| At the start of the year | 2,788,604 | 147,862 | 400,187 | 30,126 | 3,366,780 |

12 Investment properties

| | The group | | The charity | |
|-----------------------------------|-----------|---------|-------------|---------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Fair value at start of year | 115,000 | 115,000 | 115,000 | 115,000 |
| Fair value at the end of the year | 115,000 | 115,000 | 115,000 | 115,000 |

The Charity received the freehold interest in a property as the result of a legacy. The Charity has reviewed a valuation undertaken by a recognised professional independent valuer at 31 March 2020 and considered this and current market conditions when determining the value at 31 March 2021.

13 Investments

Investments comprise:

| | The group | | The charity | |
|-----------------------------------|-------------------|-------------------|-------------------|-------------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| UK fixed interest corporate bonds | 954,811 | 746,309 | 954,811 | 746,309 |
| UK listed equities | 4,912,013 | 4,275,531 | 4,912,013 | 4,275,531 |
| UK listed overseas equities | 8,966,556 | 6,002,656 | 8,966,556 | 6,002,656 |
| Investment Property funds | 651,687 | 668,987 | 651,687 | 668,987 |
| Other listed investments | 925,880 | 873,460 | 925,880 | 873,460 |
| Short term cash investments | 1,250,000 | - | 1,250,000 | - |
| Investment portfolio cash | 351,996 | 303,240 | 351,996 | 303,240 |
| Investment portfolio value | 18,012,943 | 12,870,183 | 18,012,943 | 12,870,183 |
| Investment in subsidiary | - | - | 1 | 1 |
| Total value of investments | 18,012,943 | 12,870,183 | 18,012,944 | 12,870,184 |

Notes on the financial statements (continued)

Movement in the investment portfolio fair value:

| | The group | | The charity | |
|--|-------------------|-------------------|-------------------|-------------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Fair value at the start of the year excluding cash | 12,566,943 | 14,353,280 | 12,566,944 | 14,353,281 |
| Additions at cost | 3,115,954 | 2,514,119 | 3,115,954 | 2,514,119 |
| Disposal proceeds | (2,094,878) | (2,920,754) | (2,094,878) | (2,920,754) |
| Net (loss)/gain in fair value | 4,072,928 | (1,379,701) | 4,072,928 | (1,379,701) |
| Sub-total | 17,660,947 | 12,566,943 | 17,660,948 | 12,566,944 |
| Cash held by investment manager pending reinvestment | 351,996 | 303,240 | 351,996 | 303,240 |
| Fair value at the end of the year | 18,012,943 | 12,870,183 | 18,012,944 | 12,870,184 |
| Historic cost at the end of the year | 12,249,390 | 11,303,086 | 12,249,391 | 11,303,087 |

14 Subsidiary undertaking and parent charity results

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

| | 2021 | 2020 |
|---|----------|----------|
| | £ | £ |
| Turnover | 61,457 | 97,213 |
| Cost of sales | (13,818) | (28,138) |
| Gross profit | 47,639 | 69,075 |
| Administrative expenses | (8,231) | (6,773) |
| Management charge payable to parent charity | (2,400) | (2,400) |
| Profit on ordinary activities | 37,008 | 59,902 |
| Taxation | - | - |
| Profit for the financial year | 37,008 | 59,902 |

Retained earnings

| | 2021 | 2020 |
|--|----------|----------|
| | £ | £ |
| Total retained earnings brought forward | - | - |
| Profit for the financial year | 37,008 | 59,902 |
| Distribution paid in the year under Gift Aid to parent charity | (37,008) | (59,902) |
| Total retained earnings carried forward | - | - |

The aggregate of the assets, liabilities and reserves was:

| | 2021 | 2020 |
|-------------|----------|----------|
| | £ | £ |
| Assets | 23,551 | 24,958 |
| Liabilities | (23,550) | (24,957) |
| Reserves | 1 | 1 |

Amounts owed from the parent undertaking are shown in note 17.

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

| | 2021 | 2020 |
|---------------------|------------|-------------|
| | £ | £ |
| Gross income | 13,059,806 | 11,963,122 |
| Result for the year | 5,311,072 | (1,212,321) |

15 Stocks

| | The group | | The charity | |
|----------------|--------------|---------------|-------------|--------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Finished goods | 8,499 | 10,236 | - | 2,416 |
| Total | 8,499 | 10,236 | - | 2,416 |

Notes on the financial statements (continued)

16 Debtors

| | The group | | The charity | |
|---|------------------|------------------|------------------|------------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Tax and social security | 58,715 | 81,927 | 58,593 | 81,927 |
| Trade debtors | 36,722 | 25,098 | 36,722 | 25,098 |
| Other debtors | 960,491 | 1,236,629 | 960,491 | 1,236,629 |
| Prepayments | 221,477 | 222,157 | 221,477 | 220,697 |
| Loan due from subsidiary due in over one year | - | - | 20,000 | 20,000 |
| Total | 1,277,405 | 1,565,811 | 1,297,283 | 1,584,351 |

17 Creditors: amounts falling due within one year

| | The group | | The charity | |
|------------------------------|----------------|----------------|----------------|----------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Taxation and social security | 164,302 | 173,856 | 164,302 | 172,349 |
| Trade creditors | 70,380 | 55,734 | 70,380 | 55,734 |
| Other creditors | 1,761 | 2,209 | 1,761 | 2,209 |
| Accruals | 192,804 | 234,798 | 189,254 | 231,348 |
| Pension accruals | 91,690 | 86,907 | 91,690 | 86,907 |
| Deferred income | 42,129 | 28,870 | 42,129 | 28,870 |
| Amount due to subsidiary | - | - | 3,462 | 7,457 |
| Total | 563,066 | 582,374 | 562,978 | 584,874 |

18 Deferred income

Deferred income comprises various amounts relating to fundraising events being held in 2020/21.

| | The group | | The charity | |
|---------------------------------------|---------------|---------------|---------------|---------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Balance at the beginning of the year | 28,870 | 64,117 | 28,870 | 64,117 |
| Amount released to income in the year | (28,870) | (64,117) | (28,870) | (64,117) |
| Amount deferred in the year | 42,129 | 28,870 | 42,129 | 28,870 |
| Balance at the end of the year | 42,129 | 28,870 | 42,129 | 28,870 |

19 Pension schemes

NHS Pension Scheme

The NHS Pension Scheme is an unfunded occupational scheme backed by the Exchequer, which is open to all NHS employees and certain employees of other approved organisations. The Phyllis Tuckwell Hospice is an approved organisation. The Scheme provides pensions, based on final salary, in varying circumstances for employees of participating employers. The Scheme receives contributions from employees and employers to defray the costs of pensions and other benefits.

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

In order that the defined benefit obligations recognised in the financial statements do not differ materially from

those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy would be included in the valuation process. The Government has also confirmed that the Government Actuary was reviewing the cost control mechanism (as was originally announced in 2018). The review assessed whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review did not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Group Personal Pension Scheme

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

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

| | General unrestricted funds | Designated funds | Fair value reserve | Restricted funds | Endowment funds | Total funds |
|---------------------------------------|----------------------------|-------------------|--------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 2,138,149 | - | 972,848 | - | 3,110,997 |
| Investment properties | 115,000 | - | - | - | - | 115,000 |
| Investments | 3,943,761 | 14,000,000 | - | - | 69,182 | 18,012,943 |
| Net current assets | 2,655,073 | 1,500,000 | - | 42,349 | - | 4,197,422 |
| Net assets as at 31 March 2021 | 6,713,835 | 17,638,149 | - | 1,015,197 | 69,182 | 25,436,362 |

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

| | General unrestricted funds | Designated funds | Fair value reserve | Restricted funds | Endowment funds | Total funds |
|---------------------------------------|----------------------------|------------------|--------------------|------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ | £ |
| Tangible fixed assets | - | 2,341,987 | - | 1,024,793 | - | 3,366,780 |
| Investment properties | 115,000 | - | - | - | - | 115,000 |
| Investments | 5,233,904 | 6,000,000 | 1,567,097 | - | 69,182 | 12,870,183 |
| Net current assets | 2,146,830 | 1,500,000 | - | 126,497 | - | 3,773,327 |
| Net assets as at 31 March 2020 | 7,495,734 | 9,841,987 | 1,567,097 | 1,151,290 | 69,182 | 20,125,290 |

Notes on the financial statements (continued)

21a Movements in funds (current year)

| | At 1 April 2020 | Income and gains | Expenditure and losses | Transfers | At 31 March 2021 |
|---------------------------------|-------------------|-------------------|------------------------|------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 22,830 | (22,830) | - | 69,182 |
| Total endowment funds | 69,182 | 22,830 | (22,830) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 801,647 | - | (19,222) | - | 782,425 |
| Other capital items | 223,146 | 17,251 | (49,974) | - | 190,423 |
| Donations/Grants expended: | | | | | |
| NHSE Covid hospice support | - | 2,749,351 | (2,749,351) | - | - |
| Other government Covid support | - | 352,374 | (352,374) | - | - |
| NHS Hospice Home Support | - | 22,126 | (22,126) | - | - |
| IPU | 122,852 | 105,353 | (226,005) | - | 2,200 |
| Therapists | 3,316 | 11,423 | (7,226) | - | 7,513 |
| Care at Home/HCAH | 329 | 269,378 | (237,071) | - | 32,636 |
| Living Well | - | 1,000 | (1,000) | - | - |
| Total restricted funds | 1,151,290 | 3,528,256 | (3,664,349) | - | 1,015,197 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,341,987 | - | - | (203,838) | 2,138,149 |
| Buildings development fund | 6,000,000 | - | - | 2,000,000 | 8,000,000 |
| Services development fund | 1,500,000 | - | - | - | 1,500,000 |
| Operational plan fund | - | 4,072,928 | - | 1,927,072 | 6,000,000 |
| Fair value reserve | 1,567,097 | - | - | (1,567,097) | - |
| Total designated funds | 11,409,084 | 4,072,928 | - | 2,156,137 | 17,638,149 |
| General funds | 7,495,734 | 9,530,769 | (8,156,534) | (2,156,137) | 6,713,835 |
| Total unrestricted funds | 18,904,817 | 13,603,697 | (8,156,534) | - | 24,351,984 |
| Total funds | 20,125,289 | 17,154,783 | (11,843,713) | - | 25,436,362 |

21b Movements in funds (prior year)

| | At 1 April 2019 | Income and gains | Expenditure and losses | Transfers | At 31 March 2020 |
|---------------------------------|-------------------|-------------------|------------------------|--------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Endowment funds: | | | | | |
| Jenabai Ebrahim Endowment Fund | 69,182 | 1,881 | (1,881) | - | 69,182 |
| Total endowment funds | 69,182 | 1,881 | (1,881) | - | 69,182 |
| Restricted funds: | | | | | |
| Building projects completed | 834,918 | - | (33,271) | - | 801,647 |
| Special item donations | 219,184 | 49,702 | (45,740) | - | 223,146 |
| Donations/Grants expended: | | | | | |
| NHS pension funding | - | - | - | - | - |
| NHS Hospice Home Support | - | 22,126 | (22,126) | - | - |
| IPU | 299 | 193,262 | (70,709) | - | 122,852 |
| Therapists | 3,500 | 22,839 | (23,023) | - | 3,316 |
| Care at Home/HCAH | 23,121 | 217,312 | (240,104) | - | 329 |
| Living Well | - | 15,842 | (15,842) | - | - |
| Total restricted funds | 1,081,022 | 521,083 | (450,815) | - | 1,151,290 |
| Unrestricted funds: | | | | | |
| Designated funds: | | | | | |
| Property fund | 2,391,727 | - | - | (49,740) | 2,341,987 |
| Buildings development fund | 6,000,000 | - | - | - | 6,000,000 |
| Services development fund | 2,000,000 | - | - | (500,000) | 1,500,000 |
| Fair value reserve | 3,525,327 | - | (1,379,701) | (578,529) | 1,567,097 |
| Total designated funds | 13,917,054 | - | (1,379,701) | (1,128,269) | 11,409,084 |
| General funds | 6,270,353 | 11,475,069 | (11,377,957) | 1,128,269 | 7,495,734 |
| Total unrestricted funds | 20,187,407 | 11,475,069 | (12,757,658) | - | 18,904,818 |
| Total funds | 21,337,611 | 11,998,034 | (13,210,354) | - | 20,125,290 |

Purposes of endowment funds

Jenabai Ebrahim Endowment Fund

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

Purposes of restricted funds

Building projects completed

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

Special item donations

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

Donations/grants expended

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

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

Therapists - donations made to support the provision of therapists.

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

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

Purposes of designated funds

Property fund

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

Buildings Development fund

This fund was established to accrue funds to assist with the costs of any new premises that may be required in the future. A review of the Hospice's premises is being carried out following the rapid growth in recent years and the serviceability of current buildings. The fund has also been reviewed in the light of requirements for locality working.

Service Development fund

Before Phyllis Tuckwell introduces a new service or expands an existing service, the Trustees need to know that it can be funded for at least three years. This fund provides this financial backing, thereby speeding up the development of services. The balance at 31 March 2021 was £1.5 million based on the cost of services introduced over the last three years and budgeted for the next year, including Hospice Care at Home and locality working.

Operational Plan fund

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

Fair value reserve

This was a fund to set aside the unrealised gain on investments. The accounting standards no longer require the fair value reserve to be shown separately, as unrealised gains on investments are now included as part of the surplus or deficit for the year.

22 Operating lease commitments

For the group and charity

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

| | Property | | Equipment | |
|--------------------|----------------|------------------|--------------|---------------|
| | 2021 | 2020 | 2021 | 2020 |
| | £ | £ | £ | £ |
| Less than one year | 322,782 | 345,780 | 2,295 | 6,372 |
| One to five years | 659,158 | 933,333 | 2,808 | 4,158 |
| Over five years | - | 31,146 | - | - |
| Total | 981,940 | 1,310,259 | 5,103 | 10,530 |

23 Legal status of the charity

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





Sarah Church, Chief Executive