“When you walk into the Hospice it feels like the sun has come out and the heaviness is lifted from your shoulders ...”

Norman
Princess Alice Hospice is a local charity dedicated to providing free, high-quality compassionate care and support for adults with cancer and other life-limiting illnesses. Our Hospice in Esher is the heart of a huge professional network delivering support to a community of more than a million people living in a large part of Surrey, south west London and Middlesex.

**Our vision**

Together we will inspire and deliver innovative palliative and end of life care to help patients, families and carers feel better, do more, and cope with death and dying.

**Our mission**

- We are here to provide free, holistic palliative care for patients with advanced illness and those approaching the end of their lives
- We aim to enable all patients to have the best possible quality of life to the end, responding quickly to their needs and wishes. We recognise that family, carers and friends have needs of their own and we are here to provide them with support, comfort and advice at every stage of illness and after death
- Through our education and research activities we also work to improve end of life care
- Founded by our local community, fundraising and community support are crucially important to our continued work as a charity.

**How we work**

Our Hospice is founded on principles of respect, compassion and knowledge. We apply values to help uphold these principles in our day-to-day behaviour and in all the decisions we make. Our values help us to understand each patient’s unique needs, as well as those of their family and carers. Our values and behaviours have been developed by those working at all levels of the charity and are at the centre of what we do. They help us to remain responsive and caring; and they ensure that we remain a centre of excellence delivering high-quality care. We sum up our values using the acronym: I CARE

**Integrity** I will work openly and honestly; I will treat everyone fairly

**Compassion** I will show genuine interest in all those I come into contact with; I will be kind and thoughtful towards patients, their families and friends and to my colleagues

**Accountability** I will take responsibility for my decisions and actions; I will not blame others when I make a mistake

**Respect** I will value others and recognise that giving great care depends on everyone doing their job whatever their role may be; I will value the diversity of others in both opinion and culture and not be rude or dismiss what I do not understand

**Excellence** I will strive to learn, to improve and always do my best; I will put the person I am helping at the centre of everything I do in order to deliver the best possible experience for them.
**The right care by the right person at the right time**

2014 is the third year of our Five Year Strategy and we have made tremendous progress. However, we will always want to reach out to more people, to touch more lives and to bring a sense of normality to those whose worlds have been turned upside down.

We are never complacent about our achievements; instead we actively look forward to seek new ways to raise more funds and to stretch our existing resources further. As one of the largest hospices in the UK, our care area encompasses over a million people. The care and support we provide is free but we operate in a challenging environment. Demand for our services has doubled over the last 10 years with 3,400 patients referred to the Hospice in 2014. To help us meet this growing demand we have remodelled our services. This has seen us successfully expand our care for patients in the community to reach more people than ever before. Now we have the capacity to care for 24 in-patients at any one time, while supporting over 800 patients and their families in the community.

Our **Hospice at Home** service, which is co-ordinated by our **Princess Alice Nurses**, brings the compassionate hospice care and expertise of specialist palliative care doctors, nurses, social workers, welfare advisors, chaplain and therapists into the homes of those who need it.

This life-enhancing service, which includes **Rapid Response, Night Nursing** and **Enhanced Support**, is a testament to our clinical teams who provide round the clock care, seven days a week to patients with complex needs. By ensuring our patients, families and carers get the “right care” by the “right person” at the “right time” through services that are closely co-ordinated with each other, we are providing a better quality of life, improved care at home and preventing unnecessary hospital admissions.

As a result of our investment in technology and the willingness of our clinical teams to work smarter and in partnership with other providers, we were able to care for more than 3,400 people in the community this year. We helped 576 patients to fulfill their wish to die at home among family and friends.

We are always grateful to our amazing volunteers. Quite simply we could not exist without them, whether they are helping in one of our shops, at the Hospice or out in the community.

The success of the **Hospice Neighbours** scheme (in which trained volunteers offer emotional and practical support to people in their final years of life), and of our current patient-facing ward volunteers means that we are now...
looking to increase our investment in volunteers. We have recruited a Volunteer Development Manager, who will build on these roles to provide support to our patients that is over and above that already given by our clinical teams.

During the course of the year we opened shops in Barnes and Ham, giving us 39 shops in total. We now have a significant presence on local high streets in our care area; linking us closely with our community and reminding them we are here.

Officially opened by the Lord Mayor of London in May 2014, our new reception area with its open plan dining room and café has become the hub of the Hospice. It is a non-clinical space that embodies how we want our patients and their families to feel: safe, supported and at home.

This year we also completed an important project to bring together our supporter and volunteer databases. Merging this data has helped us to understand more completely all the wonderful ways that people help the Hospice and will assist us in increasing our supporter base by making sure that we share with them what their support enables us to achieve.

This was also the year that the Hospice was honoured to be one of the charities which benefitted from the Lord Mayor of the City of London’s Appeal, which raised £400,000 for us – a sum for which we are most grateful. As part of her support for the Hospice, the Lord Mayor, Alderman Dame Fiona Woolf CBE, hosted a panel discussion “Dying Who Cares” at the Mansion House which brought together highly experienced healthcare experts to debate the future direction of hospice care in the UK. It is important that we continue to play an important role in the development of ideas that will influence policy and funding for end of life care.

As we move forward into the fourth year of our Five Year Strategy we will be reviewing and refining our plans and looking to the future. This includes succession planning and more investment around supporting people in their own homes. We will develop our 24 hour responsiveness, whether that is by direct, hands-on care when it is needed or by the provision of advice and support to anyone who is approaching the end of their life.

Looking forward, there are uncertainties about the future; the health economy continues to be under great pressure and, with an aging population, the demand for our services is increasing without any increase in NHS grants. Change is all around us. However, it is our job to navigate through these challenging times whilst continuing to keep our patients and their families as the focal point of everything we do.

We were delighted to learn that our longest serving Trustee, Jane Formby, was made a Member of the Order of the British Empire (MBE) in the Queen’s New Year Honours List for her outstanding and significant services to end of life care.

Also to be congratulated is Trustee Professor Fiona Ross who was made Commander of the Order of the British Empire (CBE) for her services to nursing.

We would like to extend our thanks to both of them and all our staff, Trustees, Friends and volunteers for their ongoing hard work. Their dedication, commitment and enthusiasm is the beating heart of Princess Alice Hospice that enables us to care for our patients and to support their loved ones. We are fortunate to have an exceptionally strong and highly talented team and that is reflected in our achievements over the last year and in our plans for the future.

Chairman and CEO

Chairman

Chief Executive

Nicki Shaw

Ian Elder

Chairman

Chief Executive
Caring when it matters

Princess Alice Hospice at Home

Princess Alice Hospice at Home brings the skills and expertise of our team of highly-trained professionals – specialist palliative care doctors, nurses, social workers, welfare advisors, chaplain and therapists – straight into the home to give our patients, their families and carers access to the vital support they need. There are four elements to the service:

• **Princess Alice Community Care:** Our Princess Alice Nurses are usually the first point of contact that patients have with us. Working closely with GPs and other local healthcare professionals, the nurse visits patients at home and assesses their needs; talking to carers and family members to begin the process of planning and coordinating ongoing care from the specialist team at the Hospice. This care can include: relief of symptoms, therapy, spiritual care, psychological and emotional support and practical financial advice.

• **Princess Alice Rapid Response:** If patients need immediate attention when they are referred to us, our dedicated Rapid Response Nurse is on call to provide symptom control and support, drawing on our wider specialist team if needed. After hours our dedicated Night Response team is only a phone call away and aims to be with patients and carers within two hours to provide critical support.

• **Princess Alice Night Nursing:** Our Night Nurses provide family and carers with a much needed overnight break. Staying by the patient’s side from 10pm to 7am our nurses work from pre-prepared care plans – responding quickly to any changes.

• **Princess Alice Enhanced Support:** If patients suffer a significant change in symptoms while at home, which might otherwise necessitate a hospital admission, we can bring our Enhanced Support service to bear, creating a “virtual” hospice bed at their home, putting them under the care of a bespoke team of specialists.

**Princess Alice Day Services**

The hub of our out-patient clinics, Day Services helps patients to manage their symptoms, to build confidence and to begin to regain control of their lives within the limits of their condition. Depending on their needs patients (and their carers) can opt to attend group, day or one hour sessions at our Hospice in Esher where a team of specialists and volunteers provide art therapy, dietetics, lymphoedema therapy, hypnotherapy, occupational therapy, complementary therapy, physiotherapy and speech and language therapy. Our social work team provides advocacy and advice on practical and financial matters as well as emotional support. In addition, our Chaplain...
and specially trained volunteer assistants provide valuable psychological, social and spiritual support.

Princess Alice In-Patient Unit

Patients come to the In-Patient Unit (IPU) at our Hospice for a short period to address troublesome symptoms that can be difficult to treat at home. Some may be admitted for symptom control or for respite care for the benefit of their family or carer. For others the Hospice is the best place for their end of life care. The IPU can care for up to 24 highly complex patients at any one time; it does not offer long-term in-patient care. The medical care of patients at the IPU is led by our specialist doctors; they provide expert medical advice to our Hospice at Home and therapy teams. They also advise other healthcare professionals in hospitals, primary care and community services.

Princess Alice Patient & Family Support

When someone falls ill everyone in their family is affected. Our care also extends to the emotional, social and spiritual needs of our patients, their carers, families and friends including children and young people. We deliver our care both in the community and the Hospice.

Our qualified and experienced team includes social workers, a chaplain and a bereavement support co-ordinator. Together they provide emotional, psychological and spiritual support, as well as advocacy and advice on financial difficulties. The team is aided by our trained support volunteers who are here to listen and understand at times of illness and loss. We provide one to one or group sessions for on-going care and facilitate regular and special events which offer patients, carers and bereaved people the opportunity to meet with others in similar situations.
Lilian Waters was a strong willed woman – a mother of four who had many interests including spiritualism, London and its history and languages. She learnt to drive at 49 and loved to try her hand at anything that was new.

She was born in Tolworth, Surrey. She married Jim Waters in 1952. Lilian and Jim moved to New Malden, Surrey in 1959, where they lived for 39 years until Jim died in 1998. Lilian continued living in the family home with children, Auriol and Nigel. She was diagnosed with oesophageal cancer in 2009.

“Mum said that she wanted to die at home and Nigel and I promised her that we would look after her here and that we would never put her in a care home,” says Auriol. “This was the first and only house mum and dad owned – and they loved it. Our house was as much a part of mum as we kids were. It was her security and her sanctuary.”

Lilian was given three doses of radiotherapy treatments at The Royal Marsden in Sutton. During this time Lilian was referred to Princess Alice Hospice. “The Princess Alice Nurse visited her a number of times during this time and discussed the various options that were available to her to help manage her condition, should she need them,” Nigel says. “After about six months it became clear that mum didn’t need full palliative care and the visits from the Princess Alice Nurse stopped, but we were encouraged to contact them again should the situation change.”

By mid-2014, however, Lilian’s condition had worsened. “She wasn’t eating properly,” Auriol remembers. “She wasn’t able to walk much and she began to lose weight. That is when we made the phone call to Princess Alice Hospice, because we desperately needed advice.

“From that moment the Princess Alice Nurses just took over everything... they just put everything in place to make sure she got the best of care.”

“They arranged for the carers to come in three times a day, every day, even weekends. They took control of her medication and told the doctors what to prescribe,” says Auriol.
Nigel continues, "They would come to us a couple of times a week or more during the day to check how mum was and to check that the medication was right."

“At the same time all this was being done, we were told about the Princess Alice Night Response Team. We were told that they’d call us each night to see if we needed them," says Auriol. "Initially, we weren’t exactly clear what the remit of this team was, so when they arrived we always asked them to help us settle mum down for the night and they would always come. It wasn’t until about a week later that we discovered they were a rapid response team not a settling down team – we should have been calling the District Nurse apparently. But the Hospice team was always there for us."

As her illness progressed and the medication took greater effect, Lilian would start talking in her sleep and then become restless and distressed. “When we told the Princess Alice Nurses, they at first prescribed a tablet to place under mum’s tongue, that was designed to calm her enough for her to go back to sleep. But as her illness worsened, the tablet was replaced with an injection which had to be administered by a trained nurse.

It was then that we started to call the Hospice Night Response team. By this time, mum was getting distressed every night and so we had to call them on a nightly basis."

“We learned, during this time, that the Night Response Team was a new service. We were surprised at this because they provided such an invaluable service that we couldn’t imagine how carers and patients have managed without it,” Nigel says, “They provided a much needed life-line for us. It was a great support and relief to know we could call on them.”

The night Lilian died, it was Nigel’s turn to look after her. “Mum wanted a drink but couldn’t settle. She was getting more and more distressed. I called the Princess Alice Night Response Team as usual and I then woke Auriol. By the time the nurses arrived mum was slowly going. Her breathing had slowed but she was still fighting to the end. The nurses made mum comfortable, then waited in the other room."
“Had it not been for the kind, caring and professional support through this most difficult time we would not have been able to honour our mother’s last wish to die at home.”

“We were so glad they were with us. After her death they again took control.

They made her comfortable and then called the doctor for us. They were fantastic and so kind and caring. We would’ve been lost without them. We are so thankful that we were at our mum’s bedside, holding her hand, as she took her last breath.”

Both Auriol and Nigel agree “Had it not been for the kind, caring and professional support through this most difficult time we would not have been able to honour our mother’s last wish to die at home. We cannot imagine how any patient and carer could cope without such a wonderful service.”

Our interventions

Dawn Neil-Jones  
Princess Alice Nurse

“I first met Lilian 6 years ago when she was referred to the Community Palliative Care Team by Kingston Hospital.

“They felt her disease could cause some unpleasant and distressing symptoms and that she would benefit from our help in managing them.

“I found her to be a delightful lady with a very stoical and philosophical attitude towards her disease.

“She was then under the care of one of my colleagues, but our paths did cross again in 2014 when I was managing the Night Response team; a service that the family was very grateful for.”

Andrew Scott  
Princess Alice Nurse

“After Lilian’s health had deteriorated we, once again, became involved in her care. At this point she wasn’t sure whether to return to hospital for stenting to relieve her symptoms and we supported Lilian and her family in making an informed decision on the procedure.

“After deciding not to go ahead, our focus was then on her comfort and supporting Nigel and Auriol in nursing her at home. They were clearly very devoted to their mother and we quickly built a good working relationship with them.

“Lilian was very proud of Nigel and Auriol. She always made it clear how grateful she was that our support enabled her to be cared for in her own home.”
Lilian’s story

During my first visit it became clear that Lilian was adamant to stay at home but that she was having difficulty moving in bed due to her general weakness and wrist pain.

“Her son Nigel, explained that she was keen to sit in her riser recliner chair, rather than being confined to her bed, so that she could still feel a part of the family.

“My assessment showed that Lilian would need the use of a hoist to help her to get into her chair, so we arranged for one to be ordered for her through Social Services.”

Adele Savage  Community Staff Nurse, Night Response

“I had visited Lilian several times over the course of the week. Although she was very poorly throughout this time; it was clear that she had been a proud lady and that she was very much loved by her family.

“I had the privilege to be with Lilian and her family when she died, peacefully, with her loved ones by her side. Nigel and Auriol had looked after their mother wonderfully and it was an honour to have had the opportunity to give them the support that they needed at this time.”

Liz Strachan  Occupational Therapist

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Liz, Andrew and Dawn remember Lillian.
Compassion and Companionship at the Hospice: Norman Parsons

After caring for his wife, Janet, our care has extended to Norman who has now fallen ill.

“When you walk into the Hospice it feels like the sun has come out and the heaviness is lifted from your shoulders,” says eighty-year old Norman Parsons.

Norman’s first experience of Princess Alice Hospice was in 2009 when his wife Janet was referred, following her diagnosis of cancer. Shortly after her death Norman was, himself, diagnosed with prostate cancer and is now a regular at the Day Hospice’s weekly social group.

“I first met Janet in a pub in Hampton Hill on a Sunday morning,” recalls Norman. “This would have been the late 1950s and one of my friends who knew her introduced us. We got talking and I liked her straight away; she had the same sense of humour.

“We started courting and I used to push a bike from Teddington to Hanwell, which is about six miles, to see her. We got married in 1962 and went on to have our two lovely daughters; Denise and Linda.”

Sadly, some years into their marriage, Janet developed cancer and needed a hysterectomy, Norman continues: “After that I said, ‘Right, that’s it. From now on we’re going on two holidays each year.’

“We went all over the world - New Zealand was our favourite. We had good times together. I miss her.”

In 2009, Janet developed cancer once again. “Janet knew she wasn’t right but she kept putting it off,” says Norman. “One day she collapsed and was taken to hospital where they diagnosed cancer but it had already spread. I was devastated.”

Janet was initially treated in hospital. “When it got to the stage that she couldn’t have any more treatment she was referred to Princess Alice Hospice,” says Norman.

“It was our Princess Alice Nurse who helped arrange for my wife to come into the Hospice for respite care; which gave me a chance to rest.

“When Janet came in to the Hospice for a second time, she died. The Hospice was so, so helpful, and even after she died they still kept in contact, wanting to know how I was doing.”

Norman continues: “At Janet’s funeral we didn’t have flowers; we had donations made to the Hospice because it does so much good. I always send something in on our anniversary because I think of it as a present to her.”

Not long after Janet’s death, Norman himself was diagnosed with prostate cancer. “Janet died in November
Norman’s story
There were nurses... who recognised me and knew my name - and I thought ‘isn’t that lovely’.

Norman was referred to Day Services to access our Day Hospice Programme. His pain relief was reviewed and, at the suggestion of a volunteer, he began visiting the weekly social group.

He says: “There were nurses here from when my wife died who recognised me and I thought ‘Isn’t that lovely’.”

Norman lives independently and still drives, regularly seeing his daughters and grandchildren (who mean the world to him). For him the Hospice provides an additional level of support that helps him to live his life to its very fullest.

“They helped me sort out my pain killers and about a year ago I started coming in every Thursday to the Day Hospice social group. When I started coming here I was really down mentally; but it’s really done me good and people say that I look well.

2009, and in the February I was diagnosed. Starting the treatment meant I didn’t have time to grieve, but once I’d got to grips with it I started grieving and I went to pieces. Anytime I spoke to people I burst into tears.”

Corrine Barber
Senior Staff Nurse Princess Alice Day services

“Norman was referred to Day Services to access Day Hospice two years ago by his Princess Alice Nurse.

“His mood was very low during the assessment. So I talked to him about the Day Hospice social group which runs for two hours on Thursdays and he said he would like to attend.

“I often see him on a Thursday and the change that I have seen over the last two years is wonderful. He is animated and always smiling and has frequently thanked me for referring him to the Social Group.”
“As soon as you walk through that front door, somehow the clouds go and the sun shines.”

“As soon as you walk through that front door, somehow the clouds go and the sun shines.

“Talking to people that know what you’re going through, rather than friends that don’t, really helps. Some people don’t understand and you can’t blame them, but all the staff really do, and Sally, who runs the social group, is wonderful.

She saved me from a very, very dark place.

“She always knows, just by looking at me, when I’ve overdone it.

“Sally and all of the staff are marvellous; they all have such a brilliant sense of humour. They’ve helped me to manage my problems, my pain and to get on with my life.”

He has found a supportive camaraderie from other patients that he has met at the social group: “I’ve made some fantastic friends at the Hospice. We mainly ask one another how we’ve been and we talk about anything. We’re a group of mates having a chat; we all look forward to it and we pull one another’s legs. It really lifts you up, it’s marvellous.”

Louise Pyke
Princess Alice Nurse

“I first met Norman in the Day Hospice where we found a quiet space away from his social group to discuss any concerns that he had. He had some symptoms and we discussed ways in which he could cope with them; with or without medication.

“I assured him we were only a phone call away and booked in to see him again two weeks later at the Day Hospice. We began to build up a rapport and I visited him at his home where I could see his beautiful garden and get to know more about him as an individual.

“Norman appreciates our Day Hospice social group and knowing that I’m on the end of the phone should he need some support or advice.”

Sally Maidment
Senior Healthcare Assistant who runs the Day Hospice Social Group

“I love Norman to bits; he’s such a lovely kind man. He feels that I have supported him through tough times, but I am just a small part in this, since I feel the social group and our Day Hospice volunteers have all helped him.

“I do look out for Norman. If he isn’t well or if something isn’t right then I tell him to take it easy and I’ll talk to his Princess Alice Nurse.”

Corrine and Louise share a story about Norman
Key Achievements 2014-15:

Caring for our community

This year has seen us continue to focus on providing additional care and support to patients in the community.

Under the generic banner Princess Alice Hospice at Home we have developed new models of care that support patients who would prefer to be cared for at home but who are at risk of an inappropriate hospital admission. They include: Rapid Response, Night Nursing; and the embedding of our Enhanced Support service which enables a patient with complex palliative care needs to have intensive access to specialist doctors, practical care nurses, social workers and therapists at home. Evaluations of these services have demonstrated that they have delivered an excellent quality of care. The vast majority of patients have been able to achieve their preferred place of care and death - preventing inappropriate and costly hospital admissions.

As well as introducing new services, we have continued to look at how we deploy our existing resource and expertise more effectively. We are fortunate in having a strong, Consultant-led Medical Team which provides the expert medical care that is at the heart of the Hospice’s multi-professional approach. Seven medical consultants, four of them joint posts linking with local acute hospitals, provide a specialist resource which spans in-patients, Day Services and at home activity. By introducing formal consultant leads for these services, and introducing a specialist doctor “medical co-ordinator” role on the In-Patient Unit (IPU) we have been able to be more responsive and pro-active. Patients have benefitted from improved continuity of care across all settings. We have increased our ability to meet medical need in the community – particularly for patients needing a rapid medical response.

Partnerships

Over the last 12 months we have bolstered our partnerships with other providers and with clinical commissioning groups (CCGs). The Co-ordinated, Safe and Integrated Partnership (CoSi) with North West Surrey CCG, Virgin Care, Marie Curie and Woking and Sam Beare Hospices is going from strength to strength and is now fully commissioned for the next three years. Other successful partnerships include: Hospice Neighbours in Richmond; the Community Hospice Home Nursing Service in Surrey Downs CCG; and Night Response - a key part of Hospice at Home – which is now delivered seven nights a week across Kingston and Surrey Downs CCGs. We also have strong working relationships with the 111 service and other key out-of-hours providers.

We have continued to increase our activities as a teaching organisation.

“As well as introducing new services, we have continued to look at how we deploy our existing resource and expertise more effectively.”
Across the year, we have supported and educated 74 training doctors from the UK and abroad bringing in new perspectives and allowing the skills learnt here to be shared, in response to Health Education England’s demand for more community placements for junior NHS doctors.

During the year we created a new role of **Head of Quality and Patient Experience** to support our clinical department, to assure our Care Quality Commission (CQC) compliance and to embed quality practices across the organisation. We have increased the **Education** we offer to health and social care colleagues who provide care for dying patients at home by providing tailored learning programmes delivered in the community. We celebrated taking our first care home through the training programme to become an accredited Gold Standards Framework home. We have continued to develop the **Research** undertaken within the Hospice and strengthened academic links with Higher Education.

**Care and Support**

Our IPU remains focused on delivering expert care to as many patients as possible. During the year there were 554 admissions and an average stay of 11.6 days. A review of the skill mix and staffing levels has confirmed the level of staff needed to deliver the quality of care that patients/families and health care professionals have come to expect. The ward team has worked alongside the communications department to improve recruitment to outstanding vacancies.

We have continued to increase the level of **Therapy** provided and our physiotherapy, occupational and complimentary therapy teams have seen a 7.5% increase in delivery. During the year the team offering welfare benefits advice to families facing financial difficulties became a permanent part of the social work team. The advisors helped secure grants for people and provided support in other areas, such as assistance with car tax, and motability vehicles. Our 27 strong team of bereavement volunteers and 14 chaplaincy volunteers delivered emotional and spiritual support to families during the illness and death of a loved one.

Following a review of our **Day Services** offerings the Senior Management Team approved **Man Shed**. This innovative project will deliver a supportive space for bereaved men, women and teenagers, and those with terminal illnesses to work together on practical projects and to access caring support. The appeal to raise £100,000 to build Man Shed was enormously successful and plans are underway to begin construction later in 2015.

We have continued to support families with children and teenagers. Our part-time, specialist **Social Workers** have worked with families on a one to one basis and led the monthly bereavement support group for families called the Dovetail Group, which includes activities for younger children (4-11 year olds), group activities for teenagers and a peer-support group for parents.

In July 2014 we held our annual Family Fun day and our second **Light up a Life** ceremony for children was held in December. We have continued to respond to the changing needs of our patients. This year we recruited and trained more volunteers to help patients with higher dependency levels eat their meals on the IPU. We also continued with our **Look Good, Feel Great** days for patients, and as part of Hospice Care Week, we held our first **Gentlemen’s Day** for male patients to relax and socialise together.
Legacy and In-Memory giving (which accounts for more than a third of our income) continues to be a clear focus for us. In summer 2014 we developed a strategy document with the aim of producing a practical plan to increase these vital income streams and took the first steps to implement it. This included our second More than Memories legacy marketing campaign in early 2015, which highlighted how people can leave a legacy. The campaign resulted in an additional 28 people pledging a gift to the Hospice in their Wills.

In spring 2015, TV sports presenter, John Inverdale, helped us launch an integrated campaign to raise funds for our Man Shed project; bringing together our fundraising, communications and retail teams. The results have been impressive, as of the end of June we have exceeded our target, with the direct marketing appeal itself yielding over £68,000 as well as significant donations from charitable trusts, foundations and a business with connections to the Hospice. This project has captured the imagination of our supporters as it provides a very tangible solution.

“\textit{We continue to invest in the development of our shop teams with a particular focus in providing a friendly and welcoming shopping experience.}”

During the year we have continued to create and market innovative ways to generate income.

Key Achievements 2014-15:

\textbf{Raising the \textit{funds to do our work}}
to supporting bereaved men, many of whom find it difficult to engage with our services in more traditional settings.

Our supporters continue to amaze us with their generosity and courage. Throughout the year we have supported the Waterbabies fundraising initiative, spearheaded by a young man called Callum Gathercole whose father died at the Hospice. Bravely, he will be rowing across the Atlantic at the end of 2015 in aid of the Hospice and three other charities. In November 2014, as part of their fundraising effort, the Waterbabies staged a party at Mercedes Benz World in Weybridge, raising an outstanding £58,000 for us.

Our Lottery programme continues to develop and expand. We have made additional investment and are working with two canvassing agencies tasked with recruiting new subscribers from our community. This will start to yield substantial income for us during the next financial year. Our Hospice-led events have proven to be extremely successful this year. The Santa Fun Runs in December were the best performing that we have ever held, raising £46,000. Our Over the Edge abseil at Epsom racecourse scaled new heights by achieving a 5% increase on income in comparison to our previous best.

**Recognising Supporters**

**Supporter stewardship** remains a priority for us. We have launched two programmes this year designed to recognise and acknowledge the fantastic support that we receive from our donors. We sent out a new welcome pack to just over 36,000 of our Gift Aid donors who give their unwanted goods to our shops. We mailed 11,000 statements to our donors acknowledging the different ways in which they support us and the value of that support over the past financial year.

This year we increased the number of charity shops to 39 and we are pleased to announce that we plan to open our 40th store in Hounslow during 2015. This will be our tenth department store, offering fashion, furniture and homeware.

In May we reopened our extended Esher shop with a new-look environment that better meets the needs of our customers in an increasingly competitive charity sector.

As part of our on-going strategy to develop our retail portfolio, we relocated our successful Sunbury Cross store to a larger space allowing us to extend our fashion offer and to introduce homeware and furniture. We opened a new store in Barnes, sympathetically designed and fitted out in keeping with the local shop environment – creating a unique look and feel which has proven to be very successful. We refreshed our Surbiton store creating a new-look sales floor and improved the working environment for our staff and volunteers. Finally, we rebranded our Worcester Park shop creating our first ‘clearance’ shop. This pilot is proving to be successful and we are assessing its potential for the future.

**Meeting Demand**

As the demand for our collection and delivery services has grown, we have enlarged our vehicle fleet and refreshed the branding to raise awareness of our services. We have developed a new range of pretty, pampering and practical gifts for our shop within the Hospice, designed to meet the needs of our patients, their family and friends. An updated range of branded goods is currently in development for supporters and events and these will be launched in 2015.

We continue to invest in the development of our shop teams, with a particular focus on providing a friendly and welcoming shopping experience. All of these achievements would not have been possible without the efforts of our staff and volunteers, and the support we receive from our local community through quality donations.
Key Objectives 2015-16:

Caring for our Community

Hospice at Home

We will:
Continue to invest in and develop our community services, by:
- Developing a single point of access as a contact point for patients, carers, healthcare professionals and the public. This will provide telephone support and advice
- Embedding the new community nurse roles in order to increase the number of patients that can be cared for by the Hospice at Home team
- Developing our Enhanced Support Service providing successful and seamless collaboration between statutory and Hospice services
- Widening our partnership base with other organisations to strengthen the role of the Hospice in enabling high quality end of life care throughout our community.

In-Patient Unit

We will:
Introduce new roles and working practices to enable the unit to function more efficiently, by:
- Piloting a re-structure of the IPU nursing team in order to promote a more flexible approach to the use of our in-patient beds
Strategic Report

• Introducing the role of Discharge Coordinator and Family Support Nurse to support patients and families throughout their stay in the IPU and stream-line discharge processes and procedures
• Introducing new volunteer roles on the IPU that include: meeting and greeting patients and families on admission; helping them to settle in; giving them information and providing company.

Day Services
We will:
Offer wider access to our Day Services for patients and carers, by:
• Developing a Man Shed to support bereaved men, women and teenagers
• Introducing a community bathing service using the adapted baths in the IPU
• Establishing drop in sessions to support patients and carers
• Delivering an education course that will give patients and carers the “tools” to support themselves through their illness
• Providing additional pamper sessions – especially for younger women
• Accepting more referrals from local district nurses, general practitioners, hospital palliative care teams and other healthcare professionals supporting people with life limiting illnesses.

Education
We will:
Expand our specialist education to primary health care teams, domiciliary care agencies, nursing and residential homes, by:
• Providing more workshops for care homes aiming to become accredited under the Gold Standards Framework
• Offering ‘train the trainer’ workshops for domiciliary staff who wish to become Gold Standards Framework trainers
• Helping higher numbers of nursing home nurses to access the European Certificate in Essential Palliative Care, by e-Learning
• Increasing the amount of bespoke training sessions provided to care home and domiciliary services by recruiting additional teachers.

Carers’ Strategy
We will:
Create a supportive framework which addresses the issues our carers face, enabling them to lead fulfilling lives, by:
• Developing a Carers' Strategy Steering Group led by the Head of Quality and Patient Experience including members of the multi-professional team, carers and ex-carers
• Holding workshops and focus groups with carers and ex-carers and staff to increase our understanding of their needs
• Studying our own locally gathered data, as well as that gathered nationally, to help us review our current services and to create new approaches to providing practical and emotional advice and support for carers.

Collaboration and Partnership
We will:
Continue to develop strong partnerships and collaborations to improve the quality of care for patients and their families, including:
• Princess Alice Night Response – A partnership with Surrey Downs CCG, Your Healthcare and Kingston CCG
• Princess Alice Night Sitting – A partnership with CSH Surrey
• The CoSI partnership – A collaboration with Marie Curie, Sam Beare and Woking Hospice and Virgin Healthcare
• The Together2Care pilot project – A collaboration with Milverton Care Home in Kingston
• Consultant posts in Palliative Medicine – A collaboration with Ashford & St Peter’s Hospitals Foundation Trust and Woking & Sam Beare Hospices
• Marie Curie – A partnership to provide an integrated approach to helping patients and their families in our care area.
Retail
We will:
Continue to grow and develop our retail income, by:
• Seeking suitable sites for three new shops
• Testing new branded products in selected shops
• Developing and testing new income-generating and stock initiatives

• Targeting stock sourcing through donation stations, clothing banks and corporate initiatives
• Refining and extending our “final sort” initiative in order to extract maximum value from clothing donations
• Developing our methods of sourcing and restocking furniture by introducing a single point of contact to help both customers and shop managers.

Key Objectives 2015-16:
Generating funds and Engaging with people
Fundraising
We will:
Continue to find, foster and grow ways to fund our services, by:
• Growing and developing our Legacy marketing, enabling our supporters to understand the importance of gifts made in Wills for us
• Reviewing and rolling out our programme of In-Memory giving so that supporters have a number of ways in which they can remember a loved one
• Continuing to prioritise and expand our Lottery Programme; including plans to retain and upgrade current subscribers
• Focusing on campaigns and projects to encourage people and organisations to give regularly
• Developing and growing our Trust foundation fundraising
• Continuing to provide support to events organised by the Friends
• Establishing new supporter groups to encourage more people in the community to fundraise for us
• Providing supporter packs and other materials to allow people to organise their own fundraising activities
• Exploring partnership opportunities (eg with neighbouring hospices), to increase income and save costs, including joint marketing of our annual Santa Fun Runs
• Striving to give people the best possible experience when supporting us.

Volunteering
We will:
Continue to expand and develop our volunteer workforce, by:
• Introducing new volunteer roles to diversify our volunteer workforce
• Reviewing the training needs for each volunteer role and rolling out “Excellence in Volunteering” training to all patient-facing volunteers
• Improving our communication with all volunteers by introducing a quarterly e-newsletter and refreshing the annual review process
• Helping our staff to identify new volunteering opportunities within their area of work and train them to manage their volunteers
• Acknowledging the contribution that volunteers make with long-service recognition and volunteer events. And seek volunteer views to improve the support that we offer.

Engagement
We will:
Continue to recognise and foster closer relationships with all our people, by:
• Delivering integrated communications that highlight our work and its benefits through case studies, events and calls to action
• Raising awareness and engagement among key opinion formers to position the Hospice at the forefront of sector discussions on end of life care
• Creating clear information for patients, healthcare professionals and the public
• Continuing to develop our website keeping its content fresh and making sure that it meets our users’ needs
• Implementing a new internal communications strategy including briefings and a new intranet for staff and volunteers
• Continuing to embed our values and behaviours throughout our organisation.
Our patients and their families and carers come from a community of over 1 million people living in a large part of Surrey, south west London and Middlesex.

For every £1 donated

85p is spent on delivering care and support

11p is spent on fundraising to secure further donations

4p is spent on management and administration

11,400 nurse visits
503 doctor visits
Community Care
8,730 nurse visits
Rapid Response
797 nurse visits
Night Nursing
389 nurse visits
Enhanced Support
939 nurse visits
995 Patients died at home (including in care homes)
It costs over £9.1 million to provide our services. As a charity, we rely on our local community to generate 75% of our income through fundraising, retail operations, donations and legacies. To help us, visit www.pah.org.uk
Princess Alice Hospice was incorporated as a company limited by guarantee on 25 November 1981 and is governed by its Articles of Association. It is registered with the Charity Commission in England and Wales with its registered office at West End Lane, Esher, Surrey KT10 8NA.

Our objectives
The Hospice is an independent charity working across a large part of Surrey, south west London and Middlesex. The care and support we provide is free. We are here to give patients the best possible quality of life and deliver high-quality compassionate care and support.

Family, carers and close friends have needs of their own and we are here to provide them with support, comfort and advice at every stage of their loved one’s illness and after death. Through our education and research, we also work to improve end of life care. Founded by our local community, fundraising and community support are crucial to our continuing work as a charity.

How we are governed
Our Board of Trustees is responsible for overseeing the Hospice’s strategy and performance. It is chaired by Ian Elder.

The Board meets regularly throughout the year to consider, set and review: strategies, policies, budgets, plans and performance. Members of the Hospice’s Senior Management Team provide reports for these meetings and they, and a representative of the Friends’ Committees, attend the meetings and take part in the discussion.

The Board has delegated some of its powers and responsibilities to the following committees: Clinical Strategy, Finance, Fundraising and Communication, Governance, Infrastructure, Investment, Retail and Remuneration. There is also an Audit Sub-Committee, which reports to the Finance Committee. Each committee has written terms of reference that define its procedures, responsibilities and any areas where the committee has the authority to make decisions without consulting the Board. These terms are agreed by the Board and are reviewed annually. The membership of committees is made up of Trustees and specific individuals selected as committee members, as described in more detail below. Members of the Senior Management Team also attend committee meetings relevant to them.

Each committee’s chairman reports to the Board on the major issues discussed by the committee since the last Board meeting, any decisions made as well as relevant decisions that need to be made by the Board. Minutes of committee meetings are circulated to the Board.

The Board defines and reviews which matters are its own responsibility, which matters can be delegated to its committees and which management and operational matters can be delegated to the Chief Executive. The Board allows the Chief Executive to sub-delegate these matters to members of the Senior Management Team and other staff.

Our committees
The Clinical Strategy Committee is chaired by Jane Hogg and is responsible for overseeing clinical strategy and education. It monitors day to day clinical operations and performance against the annual clinical business plan and education business plan. It brings any divergence from these plans to the Board’s attention, recommending action where necessary. It also oversees relationships with our health and social care partners regarding grants, contracts and service level agreements. The committee monitors health and education policies and keeps the Board informed as appropriate.

The Finance Committee is chaired by Peter Quest and oversees the finances of the Hospice and its subsidiary companies. It is responsible for reviewing and recommending to the Board the financial strategy and the annual budget and monitors performance against these. The committee also oversees the strategy for investing Hospice funds and keeps the Board informed of relevant general changes in the financial environment.

The Fundraising and Communication Committee is chaired by Jonathan Perkins and deals with fundraising activities (except for NHS grants and retail income), as well as communicating the Hospice’s vision, mission and services to patients, carers, healthcare professionals and the public. It reviews the fundraising and communication strategy and business plans before passing them to the Board for approval.
The Governance Committee is chaired by Ian Elder and deals with the corporate governance of the Hospice. It is responsible for reviewing the appointment and re-appointment of Trustees and committee members and making recommendation with respect to these to the Board. It is also responsible for overseeing the annual review of major risks and reporting on this to the Board as well as reporting to the Board on any changes that may need to be made in order to comply with legal and regulatory requirements.

The Infrastructure Committee is chaired by Christopher Roshier and is responsible for overseeing the Hospice’s physical infrastructure and recommending to the Board, after consultation with the Finance Committee regarding funding, renovations or extensions that it considers advantageous to that infrastructure. It is also responsible for monitoring progress regarding any renovations or extensions being carried out at the Hospice and advising the Board on overcoming any issues that arise with such projects.

The Investment Committee is chaired by Christopher Roshier and is responsible for overseeing the investment of the Hospice’s funds and recommending the appointment of investment managers to the Board. It reviews the investment managers’ performance, keeping them aware of any changes in the Hospice’s circumstances which might affect their responsibilities.

The Remuneration Committee is chaired by Ian Elder and meets once a year to consider salary increases for the Chief Executive and members of the Senior Management Team as well as overall remuneration policy.

The Retail Committee is chaired by Andrew Mcintosh and oversees all matters relating to the retail operations of the Hospice. It reviews the retail strategy and the annual retail business plan before passing these to the Board for approval. It monitors the wider retail environment, particularly for charities, and is responsible for entering into, and renewing, property leases for shops.

The Audit Sub-Committee is chaired by Peter Quest and deals with all audit and internal control matters relating to the Hospice and its subsidiary companies. It reports to the Finance Committee. It manages the relationship with the external auditors and reviews their work on an annual basis before recommending, or not, their reappointment. It reviews, and recommends to the Finance Committee, the annual financial statements and also reviews, on a regular basis, controls over operational matters, both financial and other.

Our Trustees

The Trustees of the Hospice are the directors of Princess Alice Hospice for the purposes of the Companies Act 2006. There is a short biography of Trustees on pages 42 and 43. During the year Jane Hargrave stood down as a Trustee and we would like to take this opportunity to thank her for her contribution.

One of the Trustees usually serves as Vice Chairman of the Board and Jonathan Perkins has held this position since 16 September 2010.

Trustees and committee members are not paid and give their time voluntarily. The Charity Commission has given permission for the Hospice to provide Trustee Indemnity Insurance cover.

Introducing new trustees and committee members

We are particularly pleased to welcome one valued new trustee this year: Peter West.

In addition to trustees, the Board appoints individuals who it considers have the appropriate qualifications and experience to its committees and sub-committees. We appoint new trustees and committee members through a careful selection process, which involves interviews and, usually, public advertisements. People usually serve as a committee member before being considered as a trustee. However, the Board may appoint suitable people direct to the position of a trustee. The Board believes it is vital to get a mix of trustees with medical, legal, financial, investment, fundraising and retail skills, as well as skills and experience drawn from the local community.

Trustees are initially appointed for two years and may then be re-appointed for up to two more four-year periods (a maximum of 10 years). Committee members are usually appointed to the committee for two years. Their appointment can be renewed, and can...
continue to be renewed, by mutual agreement. The Board can end the appointment at any time.

During the year, there were 12 non-trustee committee members serving on Hospice committees.

New trustees and new committee members receive an induction and training specific to their role, as well as attending the Hospice’s induction day for all new employees and volunteers.

Our Senior Management Team

The Hospice internal management structure is made up of five directorates, each led by one member of the Senior Management Team. These directorates are:

- Clinical services - covering in-patient care, day-patient care, community care, therapeutic care, social work, bereavement care and chaplaincy and education.
- Medical - covering doctors including consultants.
- Finance and operations - covering finance, information and communication technology, operational services, human resources, volunteering, clinical support services and catering.
- Fundraising and communications - covering all income generation and communication activities apart from retail.
- Retail - covering all aspects of the retail shops.

A brief biography of the members of the Senior Management Team is on page 43.
expenditure. The balance on this reserve at the year-end represented 8 months (2014 – 8 months) of the Hospice’s budgeted charitable expenditure for 2015/16.

This year the Hospice has also set up designated funds for the refurbishment of both the Education Centre and our retail chain. The Education Centre was opened in 1993 and is now looking a little dowdy compared with the new Reception area which adjoins it. The intention, therefore, is that within the next year or so we will carry out some refurbishment of the Education Centre. The work has not yet been scoped and the designated reserve provides a basis on which this can be planned. With regards to our retail chain, our attention over the last few years has been in opening new shops and this designated reserve is to provide some funds to refresh some of the shops which have been open for many years.

Notes 5 to 7 of the Financial Statements provide more detail on these various reserves.

The Trustees consider that the Hospice has sufficient readily available money in current bank and building society accounts and investment funds to enable it to pay for on-going operations during the year to come.

**Investments**

As set out in the Articles, the Trustees can invest the Hospice’s reserves in banks and building society deposits, stocks, funds, shares or other securities they think are appropriate. The only ethical restriction is that there must be no direct investment in any securities issued by tobacco companies.

The Board has agreed an investment policy which splits the Hospice’s total investments into two portfolios:

- **A Liquid Reserves Portfolio** held in bank and building society deposits; and
- **An Investment Portfolio** consisting of funds that the Board does not think will be needed in the short term for working capital. The Investment Policy sets the aim of the Investment Portfolio as being to maximise total return on these funds over five to ten years with medium to low risk.

Both the Liquid Reserves and Investment Portfolios are managed on a discretionary basis by Cazenove Capital Management, a firm of professional investment managers. As at 31 March 2015 the Liquid Reserve fund totalled £2,521,318 (2014- £2,773,504) and the Investment Portfolio £4,144,306 (2014 - £3,796,037).

The Investment Committee and our investment managers regularly review the performance of the investments in meeting the Hospice’s investment policy.

The market value of the Investment Portfolio rose by £256,167 during the year, following an increase of £116,200 in 2013/14. More details about our investments are in Note 9 of the financial statements.

**Our volunteers**

We are grateful for the work of the 1,200 or so volunteers who willingly and unstintingly give their time at the Hospice, in our shops and for our events, to the great benefit of the Hospice and the people it helps.

- Around 550 volunteers support the Hospice, providing complementary therapies, arranging flowers, working in the coffee shop, carrying out administrative tasks, driving our day-patients to and from the Hospice and maintaining our grounds. Our reception is staffed by volunteers, and volunteers provide some of the care services, such as bereavement care and support and chaplaincy work.

- Around 650 volunteers keep the Hospice’s shops open six or seven days a week. Other volunteers are involved in fundraising, including the Friends’ Committees, which organise events in the community and promote the work of the Hospice to raise vital funds.

Volunteers are recruited through advertising. They take part in the Hospice’s induction programme and receive initial and on-going training.

Service users such as patients, families and carers, who have expressed an interest in participating in service design,
work with us on steering groups and in other activities where they can influence all areas of service delivery.

A special mention should be made of the support we receive from local celebrities and high-profile individuals, including Michael Aspel and John Inverdale. All of these people willingly take part in activities that raise the profile of the Hospice in the local community.

Public benefit

The Trustees have given careful consideration to the Charity Commission’s guidance on public benefit when setting the Hospice’s aims and objectives and planning its activities and consider the charity to be compliant.

Statement of Trustees’ responsibilities

The Trustees (who are the Directors of the Hospice for the purposes of company law) are responsible for preparing the Trustees’ Annual Report and the financial statements in line with the law and the regulations that apply. Under company law, the Trustees must prepare financial statements for each financial year. Under that law, the Trustees have elected to prepare such statements in accordance with United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). By law, these statements must give a true and fair view of the Hospice’s finances, and of the incoming resources and application of resources, including the income and expenditure, for the financial year.

When preparing these financial statements, the Trustees must:

• choose suitable accounting policies and follow them consistently
• keep to the methods and principles in the Charities’ Statement of Recommended Practice 2005
• make judgements and estimates that are reasonable and prudent
• state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
• prepare the financial statements on a ‘going concern’ basis, unless the Hospice is unlikely to continue in business.

The Trustees must keep proper accounting records that provide the Hospice’s financial position to a reasonable level of accuracy at all times and make sure that the financial statements comply with the Companies Act 2006. They are also responsible for protecting the Hospice’s assets and taking reasonable steps to prevent and detect fraud and other unusual activity.

The Trustees believe they have taken all the necessary steps to make the auditors aware of any relevant audit information and have given the auditors a written undertaking to that effect. They also believe that they have identified the major risks that the Hospice faces. These have been reviewed and systems have been put in place to reduce these risks as far as possible.

Audit

Mazars LLP, having expressed their willingness to continue in office, will be deemed reappointed for the next financial year in accordance with section 487(2) of the Companies Act 2006 unless the company receives notice under section 488(1) of the Companies Act 2006.

Approved by the Board of Trustees on 15 July 2015 and signed on its behalf by

Ian Elder
Chairman, Board of Trustees
Princess Alice Hospice
Principal **risks** and uncertainties facing the Hospice

The Governance Committee oversees the Hospice’s procedures to manage major risks. The committee regularly compares the risks identified by the Board committees and the Senior Management Team and produces a single risk register for the organisation.

The risk register helps us to prioritise risks in terms of the effect they might have and how likely they are to occur. The risk register also identifies the controls, systems and procedures that are in place to mitigate those risks. Each committee reviews relevant risks at its meetings and the Governance Committee and the Board review the whole risk register annually.

The six most significant risks (before mitigation) as identified in the risk register and the mitigation in place are set out below.

- Changing patient demographics and disease spectrum – we regularly monitor these national and regional trends in order to forecast how they will impact on the services we offer and how these services need to be adapted to meet these changing requirements.
- Key staff shortage – as in the NHS, we at times experience difficulties in recruiting clinical staff, particularly nurses, at the appropriate level. To address this, we actively engage in workforce planning and have recruitment and retention strategies in place.
- Damage to reputation – we have a comprehensive set of policies and procedures in place aimed at ensuring compliance with best practice and legislation.
- Changes in our economic environment and in NHS funding affecting income – we have diversified our income streams, we monitor our finances closely and we have an appropriate level of reserves.
- Risk of investing in securities – we have agreed a detailed Investment Policy and our investments are managed by a professional investment manager in accordance with this Policy. The aim is to maximise total return on the funds over a five to ten year period with medium to low risk, thus minimising the effect of short term fluctuations. The Investment Committee reviews on a regular basis the performance of our investment manager and confirms his compliance with the Investment Policy.
- Risk of fire, flood or other environmental risks – we have established a comprehensive plan, which includes evacuation of the premises if appropriate, to manage any such incident. Elements of the plan are tested on a regular basis.
Independent auditor’s report to the members of Princess Alice Hospice

We have audited the financial statements of Princess Alice Hospice for the year ended 31 March 2015 which comprise the consolidated statement of financial activities, the consolidated and charity balance sheets, the consolidated cash flow statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Respective responsibilities of Trustees and auditors

As explained more fully in the Trustees’ Responsibilities Statement set out on page 28, the Trustees (who are also the directors of the charity 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.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s (APB’s) Ethical Standards for Auditors. This report is made solely to the charity’s members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006.

Our audit work has been undertaken so that we might state to the charity’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 charity and the charity’s members as a body for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council’s website at www.frc.org.uk/auditscopeukprivate.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group and of the charity’s affairs as at 31 March 2015 and of the group’s incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on the other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees’ Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the 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.

Nicola Wakefield
(Senior Statutory Auditor) for and on behalf of Mazars LLP, Chartered Accountants and Statutory Auditor

Times House, Throwley Way, Sutton, Surrey, SM1 4JQ

Date: 7th September 2015
Consolidated statement of financial activities
(including income and expenditure account)
for the year ended 31 March 2015

All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above.
The Notes on pages 34 to 41 form part of these financial statements.

<table>
<thead>
<tr>
<th>Consolidated Unrestricted funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Endowment funds</th>
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<td>£</td>
<td>£</td>
<td>£</td>
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</tbody>
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### Incoming resources

**Incoming resources from generated funds**

- **Voluntary income**
  - Donations 1.3 2,208,857 - 87,699 - 2,296,556 1,982,156
  - Legacies 1.3 3,368,611 - - - 3,368,611 3,062,438
  - NHS grants 1.3 1,991,217 - - - 1,991,217 1,991,217
  - Department of Health capital grant 1.3 - - - - - 482,639

- **Activities for generating funds**
  - Retail shops 2 5,350,491 - - - 5,350,491 5,055,112
  - Fundraising events 1.3 779,277 - - - 779,277 890,970
  - Trading subsidiaries 3 792,146 - - - 792,146 761,134

- **Incoming income**
  - Voluntary income 1.3 2,208,857 - 87,699 - 2,296,556 1,982,156
  - Legacies 1.3 3,368,611 - - - 3,368,611 3,062,438
  - NHS grants 1.3 1,991,217 - - - 1,991,217 1,991,217
  - Department of Health capital grant 1.3 - - - - - 482,639

- **Resources expended**
  - Cost of generating voluntary income 4 999,450 - - - 999,450 926,775
  - Cost of activities for generating funds 4 & 4 4,327,371 - - - 4,327,371 3,880,806
  - Retail shops 2 & 4 4,327,371 - - - 4,327,371 3,880,806
  - Fundraising events 4 176,337 - - - 176,337 241,859
  - Trading subsidiaries 3 & 4 386,821 - - - 386,821 422,189

### Resources expended

- **Cost of activities for generating funds**
  - Total cost of activities for generating funds 4,890,529 - - - 4,890,529 4,544,854

- **Cost of charitable activities**
  - In-patient care 4 4,580,348 - 4,281 7,877 4,592,506 4,711,147
  - Community care 4 2,399,653 - 6,135 - 2,405,788 2,329,093
  - Day-patient care 4 576,167 15,801 7,772 - 599,740 588,606
  - Social and bereavement care 4 786,882 - 43,508 - 830,390 793,593
  - Education 4 701,925 - 909 178 703,012 695,099

- **Total cost of charitable activities**
  - Total cost of charitable activities 9,044,975 15,801 62,605 8,055 9,131,436 9,117,538

- **Governance costs**
  - Total recurring resources expended 4 28,980 - - - 28,980 26,184

### Net movement in funds

- **Fund balances brought forward at 1 April 2014**
  - 900,350 14,165,544 34,175 905,041 16,005,110 15,994,081

- **Fund balances carried forward at 31 March 2015**
  - 895,376 14,645,215 54,639 905,041 16,500,271 16,005,110

Note 5  Note 6  Note 7

All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above.
The Notes on pages 34 to 41 form part of these financial statements.
## Balance sheet

as at 31 March 2015

<table>
<thead>
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<tr>
<td>Fixed assets</td>
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<td></td>
<td></td>
<td></td>
<td>14,192,328</td>
<td>14,352,768</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
<td>14,193,428</td>
<td>14,353,869</td>
</tr>
<tr>
<td>Stock</td>
<td>10</td>
<td>26,785</td>
<td>18,573</td>
<td>-</td>
</tr>
<tr>
<td>Debtors</td>
<td>11</td>
<td>1,607,243</td>
<td>1,524,116</td>
<td>1,931,580</td>
</tr>
<tr>
<td>Cash at bank</td>
<td></td>
<td>1,522,790</td>
<td>1,819,087</td>
<td>1,059,031</td>
</tr>
<tr>
<td>Creditors - amounts falling due within one year</td>
<td>12</td>
<td>(749,875)</td>
<td>(1,610,434)</td>
<td>(599,093)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,156,818</td>
<td>3,361,776</td>
<td>2,990,611</td>
</tr>
<tr>
<td>Net current assets</td>
<td></td>
<td>2,406,943</td>
<td>1,751,342</td>
<td>2,391,518</td>
</tr>
<tr>
<td>Total assets</td>
<td></td>
<td>16,599,271</td>
<td>16,104,110</td>
<td>16,584,946</td>
</tr>
<tr>
<td>Provisions for liabilities and charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annuity provision</td>
<td>1.7</td>
<td>(99,000)</td>
<td>(99,000)</td>
<td>(99,000)</td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
<td>16,500,271</td>
<td>16,005,110</td>
<td>16,485,946</td>
</tr>
<tr>
<td>Represented by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td></td>
<td>895,376</td>
<td>900,350</td>
<td>881,052</td>
</tr>
<tr>
<td>Designated funds</td>
<td>5</td>
<td>14,645,215</td>
<td>14,165,544</td>
<td>14,645,214</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>6</td>
<td>54,639</td>
<td>34,175</td>
<td>54,639</td>
</tr>
<tr>
<td>Endowment funds</td>
<td>7</td>
<td>905,041</td>
<td>905,041</td>
<td>905,041</td>
</tr>
<tr>
<td>Total funds</td>
<td></td>
<td>16,500,271</td>
<td>16,005,110</td>
<td>16,485,946</td>
</tr>
</tbody>
</table>

Approved by the Board of Trustees on 15 July 2015 and signed on its behalf by

IF Elder
Chairman

PJ Quest
Honorary Treasurer
## Consolidated cash flow statement
for the year ended 31 March 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net movement in funds b/fwd from p.31</td>
<td>495,161</td>
<td>11,029</td>
</tr>
<tr>
<td>Items charged to income and expenditure not involving flows of cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation charge for year</td>
<td>663,668</td>
<td>601,986</td>
</tr>
<tr>
<td>Net (gain) on investments</td>
<td>(256,167)</td>
<td>(116,200)</td>
</tr>
<tr>
<td>Changes in balance sheet items impacting cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/decrease in stock</td>
<td>(8,212)</td>
<td>13,313</td>
</tr>
<tr>
<td>(Increase)/decrease in debtors</td>
<td>(83,127)</td>
<td>406,783</td>
</tr>
<tr>
<td>(Decrease)/increase in creditors</td>
<td>(860,559)</td>
<td>818,914</td>
</tr>
<tr>
<td>Adjustments for items charged to income and expenditure being returns on investments and servicing of finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>(121,318)</td>
<td>(118,417)</td>
</tr>
<tr>
<td>Cash (outflow)/inflow from operating activities</td>
<td>(170,554)</td>
<td>1,617,408</td>
</tr>
<tr>
<td>Returns on investments and servicing of finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>121,318</td>
<td>118,417</td>
</tr>
<tr>
<td>Net cash inflow from returns on investments and servicing of finance</td>
<td>121,318</td>
<td>118,417</td>
</tr>
<tr>
<td>Capital expenditure and financial investment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Purchase) of tangible fixed assets</td>
<td>407,145</td>
<td>(1,271,603)</td>
</tr>
<tr>
<td>(Purchase) of investments</td>
<td>162,174</td>
<td>(1,468,106)</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>322,258</td>
<td>1,375,334</td>
</tr>
<tr>
<td>Net cash (outflow) from capital expenditure and financial investment</td>
<td>(247,061)</td>
<td>(1,364,375)</td>
</tr>
<tr>
<td>Net cash (outflow)/inflow from management of liquid resources</td>
<td>(296,297)</td>
<td>371,450</td>
</tr>
<tr>
<td>Opening balance at bank</td>
<td>1,819,087</td>
<td>1,447,637</td>
</tr>
<tr>
<td>Closing balance at bank</td>
<td>1,522,790</td>
<td>1,819,087</td>
</tr>
</tbody>
</table>
Notes to the financial statements
for the year ended 31 March 2015

1 Accounting policies

1.1 Basis of preparation
These financial statements are prepared under the historical cost convention, modified to include the revaluation of investments to market value, and in accordance with applicable accounting standards, the Statement of Recommended Practice “Accounting and Reporting by Charities 2005” (“SORP 2005”) and the Companies Act 2006.

The consolidated financial statements consolidate the results of the charitable company, Princess Alice Hospice (the “Hospice”), and its wholly-owned subsidiaries PAH Trading Limited and PAH Lottery Limited on a line-by-line basis. As allowed by section 408 of the Companies Act 2006 and paragraph 397 of SORP 2005 a separate Statement of Financial Activities for the Hospice itself is not presented. The income of the Hospice was £14,888,243 (2014: £14,359,991) and the recurring expenditure was £14,663,574 (2014: £14,193,162).

1.2 Fund accounting
Endowment, restricted, designated and unrestricted funds are separately disclosed in the Balance Sheet and in the Consolidated Statement of Financial Activities. These different funds are defined as follows:
- Endowment funds are funds given to the Hospice where it may use only the income generated from investing these funds.
- Restricted funds are subject to specific restrictive conditions imposed by the donor or by the nature of an appeal.
- Designated funds are set aside at the discretion of the Trustees for specific purposes. They would otherwise form part of unrestricted funds.
- Unrestricted funds are available to use at the discretion of the Trustees in furtherance of the charitable objectives of the Hospice.

1.3 Incoming Resources
Incoming resources represents the total income receivable during the year comprising donations, legacies, NHS income, interest, fees from education courses run by the Hospice and other income generated during the year.

Legacies are recognised as income when it can reasonably be assumed that the Hospice is entitled to the legacy and the amount can be estimated with sufficient reliability.

NHS grants are the block grants that the Hospice receives from NHS Surrey Downs Clinical Commissioning Group, NHS Kingston Clinical Commissioning Group and NHS Richmond Clinical Commissioning Group (the “CCGs”). These are based on historic practice and are not related to the level of clinical activity undertaken by the Hospice. They are only agreed for up to one year at a time.

NHS service funding is income received from the CCGs related to the provision of a clinical service, which is normally linked to specific clinical activities undertaken by the Hospice. This may be funding for a new initiative which has been commissioned by the CCG in its care area, such as rapid response night service or a pilot project. Funding is typically received as a percentage contribution (which may be as high as 100% of full direct costs) towards the total costs.

In 2013/14 the Hospice received a Department of Health grant of £482,639 for the extension and redevelopment of the reception and dining area.

1.4 Resources Expended
The costs of in-patient care, community care, day-patient care, social and bereavement care, education, generating voluntary income, retail and governance comprise expenditure incurred during the year both directly and indirectly attributable to the activity concerned. Support costs include the cost of therapies, information and communication technology, human resources, health, safety & facilities, administration (including finance and payroll), catering and housekeeping. These have been allocated to activities on a proportionate basis eg by activity level, headcount or on the basis of staff time spent.

Governance costs relate to the stewardship of the Hospice’s assets, organisational administration and compliance with constitutional and statutory requirements.

1.5 Taxation
As a registered charity, the Hospice benefits from business rates relief from local Councils and is exempt from direct tax on its charitable activities, but not from VAT. Irrecoverable VAT is included in the cost of those items to which it relates. Income tax recoverable in respect of donations under Gift Aid and investment income is included with the income to which it relates.

1.6 Tangible fixed assets
Tangible fixed assets are stated at cost, net of depreciation. Depreciation is provided at rates calculated to write off the cost in equal instalments over the economic life of the asset at the following annual rates:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Annual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold land</td>
<td>0%</td>
</tr>
<tr>
<td>Freehold buildings</td>
<td>4%</td>
</tr>
<tr>
<td>Leasehold buildings</td>
<td>over the remaining life of the lease</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>10%</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>20%</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>25%</td>
</tr>
<tr>
<td>ICT equipment &amp; software</td>
<td>20% / 33%</td>
</tr>
</tbody>
</table>

Items are treated as fixed assets and their costs capitalised only where the purchase price exceeds £1,000.

The cost of leasehold buildings mainly represents premiums on acquisitions of retail shop leases.
Notes to the financial statements
for the year ended 31 March 2015

1 Accounting policies (continued)

1.7 Pension costs
The total employer pension contribution to all schemes for the year ended 31 March 2015 was £518,780 (2014: £760,868).

Total contributions of £47,309 (2014: £312,403, including the Surrey Pension Fund Cessation payment) were due to be paid after the year end.

NHS Pension Scheme
The Hospice makes payments to the NHS Pension Scheme for former NHS employees who, on employment with the Hospice, are eligible to continue in or rejoin the NHS Pension Scheme. The NHS Pension Scheme is an unfunded defined benefit scheme that covers employees of NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State for Health in England and Wales, which includes the Hospice. It is not possible to identify the Hospice's share of the underlying assets and liabilities and as a result the NHS Pension Scheme is treated as a defined contribution scheme under FRS17.

The employer contribution payable in the year to the NHS Pension Scheme was £311,148 (2014: £316,676).

Surrey Pension Fund
In the past the Hospice has made payments to the Surrey Pension Fund (the "Fund") for certain employees who were members of the Fund on employment with the Hospice and whom the Hospice agreed may continue in the Fund.

In December 2013 the last contributing member of the Fund left the employment of the Hospice. In March 2014, in accordance with the Rules of the Fund, the Scheme Actuary issued a cessation valuation which determined the final contribution due from the Hospice to fully discharge its liabilities to the Fund as £272,000. This amount was duly paid and the admission agreement terminated.

The employer contribution payable in the year to the Surrey Pension Fund was £nil (2014: £275,640 including the cessation valuation).

Group Personal Pension Scheme
A defined contribution scheme is in operation for eligible employees with contributions payable by both the Hospice and the relevant employees. The assets of these plans are held separately from those of the Hospice, being invested with an insurance company. The current provider of the scheme is Scottish Widows.

The employer contribution payable in the year into the Group Personal Pension Scheme was £175,405 (2014: £149,550).

Auto-enrolment
All employees meeting certain criteria must be enrolled into a workplace pension if they are not already in a qualifying scheme. The Hospice has chosen the National Employment Savings Trust ("NEST") to meet its auto-enrolment obligations.

The employer contribution payable in the year into NEST was £16,975 (2014: £3,653).

Other pension schemes
The Hospice contributed to one other pension scheme (2014: two). This scheme is a defined contribution pension scheme. Prior to 31 December 2011 it was a defined benefit scheme, which is now closed to new members and also to future accrual of benefits to existing members. It is not possible to identify the Hospice's share of the underlying assets and liabilities and as a result the scheme was treated as a defined contribution scheme under FRS17. However, the scheme is in deficit and the Hospice is paying its share of the deficit on an ongoing basis through its employer contributions at a rate set by the scheme and reviewed annually.

The employer contribution payable in the year into the scheme was £8,306 (2014: £8,402).

Annuities
The Hospice is contracted to pay annual sums for life to two former employees based on a sum of £4,499 per annum in 1998 increased by the Hospice annual salary increase (if any). The sum paid in the year under review was £6,946 (2014: £6,946). This liability is met from income in the year in which it is paid. A provision of £99,000 is retained to cover future unfunded liabilities. The Trustees consider this provision to be adequate.

1.8 Stock
Stock purchased for sale is valued at the lower of cost and net realisable value. Stock donated for sale in the Hospice's retail shops is valued at nil.

1.9 Operating leases
The Hospice has entered into various operating leases, the future financial commitment to which is set out in Note 15. Rentals payable under these leases are charged on a straight-line basis over the term of the lease.

1.10 Investments
Listed investments are included in the balance sheet at market value. Realised gains and losses on disposals in the year and unrealised gains and losses on investments at the balance sheet date are included in the Consolidated Statement of Financial Activities. The movement in the valuation of investments during the year is set out in Note 9.
Notes to the financial statements
for the year ended 31 March 2015

2 Retail shops results

<table>
<thead>
<tr>
<th>Turnover*</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less cost of operations</td>
<td>5,350,491</td>
<td>5,055,112</td>
</tr>
<tr>
<td>(4,148,382)</td>
<td>(4,148,382)</td>
<td>(3,752,757)</td>
</tr>
<tr>
<td>Gross contribution</td>
<td>1,202,109</td>
<td>1,302,355</td>
</tr>
<tr>
<td>Less shop development**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition of new shops</td>
<td>(62,787)</td>
<td>(73,852)</td>
</tr>
<tr>
<td>(116,202)</td>
<td>(178,989)</td>
<td>(54,197)</td>
</tr>
<tr>
<td>Refurbishment or relocation of existing shops</td>
<td>(128,049)</td>
<td></td>
</tr>
<tr>
<td>Costs of generating funds – retail</td>
<td>(4,327,371)</td>
<td>(3,880,806)</td>
</tr>
<tr>
<td>Net contribution</td>
<td>1,023,120</td>
<td>1,174,306</td>
</tr>
</tbody>
</table>

*Turnover includes £1,614,968 (2014: £1,616,194) of donations and associated Gift Aid of £4,033,742 (2014: £4,040,049) from the retail Gift Aid scheme. This scheme involves PAH Trading Limited selling goods on behalf of supporters ("Agency Sales") in the Hospice’s retail shops and the supporters then donating the proceeds of the Agency Sales to the Hospice under Gift Aid.

**Shop development costs are the net cost of fitting out or refurbishing our retail shops. Some of the work done is the landlord’s responsibility and will often be paid for by means of granting a rent-free period which is offset against the development costs incurred.

3 Trading subsidiaries

The Hospice has two wholly owned subsidiaries, incorporated in the UK, for the purposes of generating income for the Hospice’s charitable purposes. Prior to 2014/15 the subsidiaries transferred all of their taxable profits to the Hospice under Gift Aid. Following advice issued by the ICAEW in November 2014 the transfer of these profits must now be regarded as a distribution so a small profit is shown as retained in the subsidiary at the year end. The whole of these profits will be transferred to the Hospice under Gift Aid in 2015/16. A third subsidiary, PAH Catering Limited, ceased trading on 31 March 2014 and its business was transferred to PAH Trading Limited as from 1 April 2014. It has not traded in the 12 months to 31 March 2015 therefore there are no results to report. The company repaid its £1 share capital during the year and the Directors have applied to have it removed from the Register of Companies.

The specific activity of each of the trading subsidiaries is:

PAH Trading Limited – sells new and promotional goods as well as receiving commission on Agency Sales, lets the unutilised room capacity in the Education Centre to external users and provides catering services for the benefit of the Hospice and external users of the Education Centre;

PAH Lottery Limited – operates lotteries.

<table>
<thead>
<tr>
<th>Profit and loss accounts</th>
<th>PAH Trading Ltd</th>
<th>PAH Lottery Ltd</th>
<th>Total 2015</th>
<th>Total 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover</td>
<td>308,990</td>
<td>483,032</td>
<td>792,022</td>
<td>761,030</td>
</tr>
<tr>
<td>Interest received</td>
<td>-</td>
<td>124</td>
<td>124</td>
<td>104</td>
</tr>
<tr>
<td>Activities for generating funds – Trading</td>
<td>308,990</td>
<td>483,156</td>
<td>792,146</td>
<td>761,134</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(168,286)</td>
<td>(89,470)</td>
<td>(257,756)</td>
<td>(275,558)</td>
</tr>
<tr>
<td>Direct overheads</td>
<td>(721)</td>
<td>(44,457)</td>
<td>(45,178)</td>
<td>(47,785)</td>
</tr>
<tr>
<td>Administration costs</td>
<td>(6,563)</td>
<td>(77,324)</td>
<td>(83,887)</td>
<td>(98,846)</td>
</tr>
<tr>
<td>Costs of generating funds – Trading</td>
<td>(175,570)</td>
<td>(211,251)</td>
<td>(386,821)</td>
<td>(422,189)</td>
</tr>
<tr>
<td>Net profit*</td>
<td>133,420</td>
<td>271,905</td>
<td>405,325</td>
<td>338,945</td>
</tr>
<tr>
<td>Amount distributed (formerly covenanted) to the Hospice</td>
<td>(125,000)</td>
<td>(266,000)</td>
<td>(391,000)</td>
<td>(338,945)</td>
</tr>
<tr>
<td>Retained in subsidiary</td>
<td>8,420</td>
<td>5,905</td>
<td>14,325</td>
<td>-</td>
</tr>
<tr>
<td>Previous year net profit (all covenanted to the Hospice)</td>
<td>118,668</td>
<td>216,438</td>
<td>335,306</td>
<td>-</td>
</tr>
</tbody>
</table>

Shareholder’s funds

| Share capital (issued)** | 100 | 1,000 | 1,100 | 1,101 |

* 2014 figure includes £3,639 from PAH Catering Limited

**2014 figure includes £1 share capital of PAH Catering Limited
# Notes to the financial statements
for the year ended 31 March 2015

## 4 Total resources expended

<table>
<thead>
<tr>
<th></th>
<th>Direct costs 2015</th>
<th>Support costs 2015</th>
<th>Total 2015</th>
<th>Total 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient care</td>
<td>2,778,227</td>
<td>1,814,279</td>
<td>4,592,506</td>
<td>4,711,147</td>
</tr>
<tr>
<td>Community care</td>
<td>2,147,623</td>
<td>258,165</td>
<td>2,405,788</td>
<td>2,329,093</td>
</tr>
<tr>
<td>Day-patient care</td>
<td>373,259</td>
<td>226,481</td>
<td>599,740</td>
<td>588,606</td>
</tr>
<tr>
<td>Social and bereavement</td>
<td>650,685</td>
<td>179,705</td>
<td>830,390</td>
<td>793,593</td>
</tr>
<tr>
<td>Education</td>
<td>457,878</td>
<td>245,134</td>
<td>703,012</td>
<td>695,099</td>
</tr>
<tr>
<td>Generating voluntary</td>
<td>809,549</td>
<td>189,901</td>
<td>999,450</td>
<td>926,775</td>
</tr>
<tr>
<td>Direct cost of fundraising</td>
<td>176,337</td>
<td>-</td>
<td>176,337</td>
<td>241,859</td>
</tr>
<tr>
<td>Retail shops</td>
<td>4,161,066</td>
<td>166,305</td>
<td>4,327,371</td>
<td>3,880,806</td>
</tr>
<tr>
<td>Governance</td>
<td>15,894</td>
<td>13,086</td>
<td>28,980</td>
<td>26,184</td>
</tr>
<tr>
<td>Total</td>
<td>11,570,518</td>
<td>3,093,056</td>
<td>14,663,574</td>
<td>14,193,162</td>
</tr>
<tr>
<td>Trading subsidiaries</td>
<td>386,821</td>
<td>-</td>
<td>386,821</td>
<td>422,189</td>
</tr>
<tr>
<td>Total</td>
<td>11,957,339</td>
<td>3,093,056</td>
<td>15,050,395</td>
<td>14,615,351</td>
</tr>
</tbody>
</table>

### The above figures include:

- **Auditor’s remuneration:**
  - audit work: £15,894 (2014: £15,092)
  - non-audit work: £3,180 (2014: £2,960)

- **Operating lease rentals:**
  - for charitable activities: equipment: £23,295 (2014: £26,245)
  - for generating funds: leasehold retail shops: £1,164,644 (2014: £1,021,643)

- **Depreciation of owned assets:** £663,668 (2014: £601,986)

## 5 Designated funds

### Group and Hospice

<table>
<thead>
<tr>
<th>Fund</th>
<th>Balance 2014</th>
<th>Expenditure</th>
<th>Net Transfers</th>
<th>Balance 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Asset Equalisation</td>
<td>7,783,227</td>
<td>-</td>
<td>(256,523)</td>
<td>7,526,704</td>
</tr>
<tr>
<td>Running Costs Reserve</td>
<td>6,382,317</td>
<td>-</td>
<td>314,001</td>
<td>6,696,318</td>
</tr>
<tr>
<td>Building Refurbishment Fund</td>
<td>-</td>
<td>-</td>
<td>350,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Retail Shop Refurbishment Fund</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Man Shed Fund</td>
<td>-</td>
<td>(15,801)</td>
<td>37,994</td>
<td>22,193</td>
</tr>
<tr>
<td>Total</td>
<td>14,165,544</td>
<td>(15,801)</td>
<td>495,472</td>
<td>14,645,215</td>
</tr>
</tbody>
</table>

The designated funds are made up of the following:

- **Fixed Asset Equalisation Fund** represents the net book value of tangible fixed assets used for charitable purposes. This assists in identifying funds which are not free for the Trustees to use. The transfer of £256,523 out to (2014: £669,617 in from) unrestricted funds represents the difference between net capital expenditure and depreciation.

- **Running Costs Reserve** has been set up by the Trustees in recognition of the need for adequate readily realisable resources to meet future charitable expenditure in the event of a significant short-term drop in income and the Trustees are targeting a level of 9 months +/- 3 months budgeted charitable expenditure. A transfer of £314,001 (2014: Nil) has been made from restricted funds.

- **Building Refurbishment Fund** has been established to build up funds to cover the cost of refurbishment of the Education Centre. Such refurbishment is currently envisaged to commence in the next 12 – 24 months.

- **Retail Shop Refurbishment Fund** has been established in recognition of the fact that the Hospice needs to invest in a programme to upgrade the older shops in our charity retail shop chain.

- **Man Shed Fund** has been set up with the proceeds of a fundraising appeal to raise funds for a building in the Hospice grounds where beneficiaries can meet together, learn new skills and help each other in a supportive environment.
Notes to the financial statements
for the year ended 31 March 2015

6 Restricted funds

<table>
<thead>
<tr>
<th></th>
<th>Balance 2014</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Balance 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Ward equipment fund</td>
<td>3,441</td>
<td>5,679</td>
<td>(219)</td>
<td>(1,450)</td>
<td>7,451</td>
</tr>
<tr>
<td>Children in Need project</td>
<td>10,876</td>
<td>43,250</td>
<td>(40,601)</td>
<td>-</td>
<td>13,525</td>
</tr>
<tr>
<td>Mortuary</td>
<td>-</td>
<td>20,500</td>
<td>-</td>
<td>-</td>
<td>20,500</td>
</tr>
<tr>
<td>Enhanced support service</td>
<td>-</td>
<td>6,000</td>
<td>(6,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community Char</td>
<td>7,000</td>
<td>643</td>
<td>(2,233)</td>
<td>-</td>
<td>5,410</td>
</tr>
<tr>
<td>Bereavement Service</td>
<td>3,654</td>
<td>1,050</td>
<td>(2,006)</td>
<td>-</td>
<td>2,698</td>
</tr>
<tr>
<td>Day Hospice</td>
<td>732</td>
<td>5,832</td>
<td>(4,637)</td>
<td>-</td>
<td>1,927</td>
</tr>
<tr>
<td>Other Funds</td>
<td>8,472</td>
<td>4,745</td>
<td>(6,909)</td>
<td>(3,180)</td>
<td>3,128</td>
</tr>
<tr>
<td></td>
<td>34,175</td>
<td>87,699</td>
<td>(62,605)</td>
<td>(4,630)</td>
<td>54,639</td>
</tr>
</tbody>
</table>

The policy of the Trustees is to treat donations given for specific purposes as Restricted Funds until properly expended.

The funds shown are those which were directed by donors to be used for specific purposes and are unexpended at 31 March 2015.

These funds will be used in accordance with the directions of the donors in a subsequent accounting period.

Transfers represent items purchased as fixed assets where the restriction is expended on purchase of the asset.

7 Endowment funds

<table>
<thead>
<tr>
<th></th>
<th>Balance 2014</th>
<th>Movement in resources</th>
<th>Balance 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>The Edwin Stevens fund</td>
<td>40,000</td>
<td>356</td>
<td>40,000</td>
</tr>
<tr>
<td>The D.J. Squires &quot;Love of Roses&quot; fund</td>
<td>20,000</td>
<td>178</td>
<td>20,000</td>
</tr>
<tr>
<td>The June Daphne Allen fund</td>
<td>845,041</td>
<td>7,521</td>
<td>845,041</td>
</tr>
<tr>
<td></td>
<td>905,041</td>
<td>8,055</td>
<td>905,041</td>
</tr>
</tbody>
</table>

The Edwin Stevens fund relates to a permanent capital contribution received on establishment of the Hospice.

The D.J. Squires "Love of Roses" fund was established in 1996, the income from which is to be used for the research and advance of palliative care.

The June Daphne Allen fund was created by the conditions of a legacy received in July 2001, the income from which is to be used for the general purposes of the Hospice.

All income arising from these funds was expended during the year.

8 Tangible fixed assets

<table>
<thead>
<tr>
<th></th>
<th>Freehold land</th>
<th>Freehold buildings</th>
<th>Buildings in the course of construction</th>
<th>Leasehold buildings</th>
<th>Furniture, equipment and vehicles</th>
<th>Total 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Cost or valuation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 April 2014</td>
<td>71,586</td>
<td>9,957,031</td>
<td>960,885</td>
<td>65,723</td>
<td>1,508,248</td>
<td>12,563,473</td>
</tr>
<tr>
<td>Purchases</td>
<td>-</td>
<td>172,387</td>
<td>-</td>
<td>-</td>
<td>234,758</td>
<td>407,145</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(960,885)</td>
<td>(38,737)</td>
<td>(38,737)</td>
<td>(38,737)</td>
</tr>
<tr>
<td>Transfers on completion</td>
<td>-</td>
<td>960,885</td>
<td>(960,885)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>At 31 March 2015</td>
<td>71,586</td>
<td>11,090,303</td>
<td>-</td>
<td>65,723</td>
<td>1,704,269</td>
<td>12,931,881</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 April 2014</td>
<td>-</td>
<td>3,738,223</td>
<td>-</td>
<td>61,625</td>
<td>980,398</td>
<td>4,780,246</td>
</tr>
<tr>
<td>Charge for year</td>
<td>-</td>
<td>441,612</td>
<td>-</td>
<td>450</td>
<td>221,606</td>
<td>663,668</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(38,737)</td>
<td>(38,737)</td>
<td>(38,737)</td>
</tr>
<tr>
<td>At 31 March 2015</td>
<td>-</td>
<td>4,179,835</td>
<td>-</td>
<td>62,075</td>
<td>1,163,267</td>
<td>5,405,177</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 31 March 2015</td>
<td>71,586</td>
<td>6,910,468</td>
<td>-</td>
<td>3,648</td>
<td>541,002</td>
<td>7,526,704</td>
</tr>
<tr>
<td>At 31 March 2014</td>
<td>71,586</td>
<td>6,218,808</td>
<td>960,885</td>
<td>4,098</td>
<td>527,850</td>
<td>7,783,227</td>
</tr>
</tbody>
</table>
9 Investments

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marketable investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market value at 1 April</td>
<td>6,569,541</td>
<td>6,360,569</td>
</tr>
<tr>
<td>Net additions at cost</td>
<td>162,174</td>
<td>1,468,106</td>
</tr>
<tr>
<td>Disposals at market value</td>
<td>(322,258)</td>
<td>(1,375,334)</td>
</tr>
<tr>
<td>Net gain on revaluation/disposal</td>
<td>256,167</td>
<td>116,200</td>
</tr>
<tr>
<td>Market value at 31 March</td>
<td>6,665,624</td>
<td>6,569,541</td>
</tr>
<tr>
<td><strong>Trading subsidiaries (see Note 3)</strong></td>
<td>1,100</td>
<td>1,101</td>
</tr>
<tr>
<td><strong>Total investments</strong></td>
<td>6,666,724</td>
<td>6,570,642</td>
</tr>
</tbody>
</table>

Cost at 31 March

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketable investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equities</td>
<td>2,665,309</td>
<td>2,440,421</td>
</tr>
<tr>
<td>Fixed Income</td>
<td>450,223</td>
<td>427,770</td>
</tr>
<tr>
<td>Alternatives (absolute return funds, property funds, etc.)</td>
<td>1,028,774</td>
<td>927,846</td>
</tr>
<tr>
<td>Short term deposits and cash</td>
<td>2,521,318</td>
<td>2,773,504</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,665,624</td>
<td>6,569,541</td>
</tr>
</tbody>
</table>

10 Stock

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock of promotional and new goods</td>
<td>26,785</td>
<td>18,573</td>
</tr>
</tbody>
</table>

All stock is held by PAH Trading Limited.

11 Debtors

<table>
<thead>
<tr>
<th></th>
<th>Group 2015</th>
<th>Group 2014</th>
<th>Hospice 2015</th>
<th>Hospice 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating debtors</td>
<td>117,032</td>
<td>125,107</td>
<td>101,613</td>
<td>111,767</td>
</tr>
<tr>
<td>Accrued legacy income</td>
<td>467,851</td>
<td>349,090</td>
<td>467,851</td>
<td>349,090</td>
</tr>
<tr>
<td>Gift Aid recoverable</td>
<td>430,789</td>
<td>192,464</td>
<td>430,789</td>
<td>192,464</td>
</tr>
<tr>
<td>Department of Health capital grant</td>
<td>-</td>
<td>102,596</td>
<td>-</td>
<td>102,596</td>
</tr>
<tr>
<td>Retail rents prepaid</td>
<td>298,891</td>
<td>256,619</td>
<td>298,891</td>
<td>256,619</td>
</tr>
<tr>
<td>Insurance recovery re fire at Weybridge shop</td>
<td>57,093</td>
<td>-</td>
<td>57,093</td>
<td>-</td>
</tr>
<tr>
<td>Other debtors and prepayments</td>
<td>235,587</td>
<td>498,240</td>
<td>184,502</td>
<td>461,131</td>
</tr>
<tr>
<td>Amounts due from subsidiaries</td>
<td>-</td>
<td>-</td>
<td>390,841</td>
<td>366,321</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,607,243</td>
<td>1,524,116</td>
<td>1,931,580</td>
<td>1,839,988</td>
</tr>
</tbody>
</table>

12 Creditors

- amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>Group 2015</th>
<th>Group 2014</th>
<th>Hospice 2015</th>
<th>Hospice 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxation and social security costs</td>
<td>191,565</td>
<td>186,884</td>
<td>191,565</td>
<td>186,884</td>
</tr>
<tr>
<td>Operating creditors</td>
<td>243,403</td>
<td>321,097</td>
<td>181,129</td>
<td>307,187</td>
</tr>
<tr>
<td>Reception project costs</td>
<td>20,566</td>
<td>203,954</td>
<td>20,566</td>
<td>203,954</td>
</tr>
<tr>
<td>Surrey Pension Fund cessation payment</td>
<td>-</td>
<td>272,000</td>
<td>-</td>
<td>272,000</td>
</tr>
<tr>
<td>Other creditors and accruals</td>
<td>294,341</td>
<td>626,499</td>
<td>205,833</td>
<td>543,907</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>749,875</td>
<td>1,610,434</td>
<td>599,093</td>
<td>1,513,932</td>
</tr>
</tbody>
</table>
Notes to the financial statements
for the year ended 31 March 2015

13 Employment data

<table>
<thead>
<tr>
<th>Costs</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries (including charges and receipts for joint appointments)</td>
<td>8,942,733</td>
<td>8,671,689</td>
</tr>
<tr>
<td>Social security costs</td>
<td>721,071</td>
<td>712,065</td>
</tr>
<tr>
<td>Pension costs (including for 2014 Surrey Pension Fund cessation payment)</td>
<td>518,780</td>
<td>760,868</td>
</tr>
<tr>
<td>Agency staff</td>
<td>177,000</td>
<td>292,019</td>
</tr>
<tr>
<td>Recruitment and training expenses</td>
<td>100,022</td>
<td>94,515</td>
</tr>
<tr>
<td>Subsidiary companies staff costs</td>
<td>45,178</td>
<td>47,785</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,504,784</strong></td>
<td><strong>10,578,941</strong></td>
</tr>
</tbody>
</table>

Average whole–time equivalent employees

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charitable activities</td>
<td>184</td>
<td>174</td>
</tr>
<tr>
<td>Activities for generating funds - retail</td>
<td>93</td>
<td>75</td>
</tr>
<tr>
<td>- fundraising</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>293</td>
<td>263</td>
</tr>
</tbody>
</table>

The number of employees whose earnings (excluding employer’s pension contributions) fell into the bands below were:

<table>
<thead>
<tr>
<th>Earnings Range</th>
<th>No.</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>£60,000 to £69,999</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>£70,000 to £79,999</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>£80,000 to £89,999</td>
<td>*1</td>
<td>*1</td>
</tr>
<tr>
<td>£130,000 to £139,999</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

*Chief Executive

The numbers above include medical doctors and consultants directly employed by the Hospice.

The related contributions to the NHS Pension Scheme were £37,920 (2014: £62,730). The related contributions to the Group Personal Pension Scheme were £10,850 (2014: £10,430).

The Trustees are the directors for the purposes of the Companies Act 2006 and, as required by the Articles of Association, are the members of Princess Alice Hospice, a Company Limited by Guarantee. They receive no remuneration. During the year to 31 March 2015 they were not reimbursed for any expenses and have declared no personal interest in any contract with the Hospice.

14 Analysis of net assets between funds

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Endowment funds</th>
<th>Total 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tangible fixed assets</strong></td>
<td>-</td>
<td>7,526,704</td>
<td>-</td>
<td>-</td>
<td>7,526,704</td>
</tr>
<tr>
<td><strong>Investments</strong></td>
<td>-</td>
<td>5,760,583</td>
<td>-</td>
<td>905,041</td>
<td>6,665,624</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td>1,744,251</td>
<td>1,357,928</td>
<td>54,639</td>
<td>-</td>
<td>3,156,818</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td>(749,875)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(749,875)</td>
</tr>
<tr>
<td><strong>Annuity provision</strong></td>
<td>(99,000)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(99,000)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>895,376</td>
<td>14,645,215</td>
<td>54,639</td>
<td>905,041</td>
<td>16,500,271</td>
</tr>
</tbody>
</table>

15 Other financial commitments

At 31 March 2015 the group was committed to making the following annual payments under non–cancellable operating leases:

<table>
<thead>
<tr>
<th>Operating leases which expire:</th>
<th>2015</th>
<th>2014</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Within 1 year</strong></td>
<td>187,950</td>
<td>311,800</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Within 2 to 5 years</strong></td>
<td>788,025</td>
<td>630,675</td>
<td>16,684</td>
<td>23,250</td>
</tr>
<tr>
<td><strong>After 5 years</strong></td>
<td>191,500</td>
<td>159,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,167,475</td>
<td>1,101,475</td>
<td>16,684</td>
<td>23,250</td>
</tr>
</tbody>
</table>
Notes to the financial statements
for the year ended 31 March 2015

16 Contingent asset

In 2011 the Hospice purchased for €1 a €40m property loan. This entitled the Hospice to interest at 1% on the loan capital (equating to €400,000 p.a.). In accordance with the terms of its purchase this loan was assigned at zero value on 19 September 2014 as part of the refinancing of the issue. Interest of £159,720 was received in the period from 1 April 2014 to the date of assignment and this has been recognised in the donations figure in the statement of financial activities.

17 Simplified income and expenditure statement

All the figures shown below are taken from the consolidated statement of financial activities.

<table>
<thead>
<tr>
<th></th>
<th>Group 2015</th>
<th>Group 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Notes £</td>
<td>£</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legacies</td>
<td>1.3</td>
<td>3,368,611</td>
</tr>
<tr>
<td>Donations</td>
<td>1.3</td>
<td>2,296,556</td>
</tr>
<tr>
<td>Cost of generating voluntary income</td>
<td>4</td>
<td>(999,450)</td>
</tr>
<tr>
<td>Fundraising events</td>
<td>1.3</td>
<td>779,277</td>
</tr>
<tr>
<td>Cost of fundraising events</td>
<td>4</td>
<td>(176,337)</td>
</tr>
<tr>
<td>Trading subsidiaries</td>
<td>3</td>
<td>792,146</td>
</tr>
<tr>
<td>Cost of trading subsidiaries</td>
<td>3</td>
<td>(386,821)</td>
</tr>
<tr>
<td>Retail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail income</td>
<td>2</td>
<td>5,350,491</td>
</tr>
<tr>
<td>Cost of retail</td>
<td>4</td>
<td>(4,327,371)</td>
</tr>
<tr>
<td>Investment income</td>
<td>1.3</td>
<td>121,318</td>
</tr>
<tr>
<td>NHS service funding</td>
<td>1.3</td>
<td>388,405</td>
</tr>
<tr>
<td>Education</td>
<td>1.3</td>
<td>201,368</td>
</tr>
<tr>
<td>Net recurring income</td>
<td></td>
<td>9,399,410</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-patient care</td>
<td>4</td>
<td>(4,592,506)</td>
</tr>
<tr>
<td>Community care</td>
<td>4</td>
<td>(2,405,788)</td>
</tr>
<tr>
<td>Day-patient care</td>
<td>4</td>
<td>(599,740)</td>
</tr>
<tr>
<td>Social and bereavement care</td>
<td>4</td>
<td>(830,390)</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>(703,012)</td>
</tr>
<tr>
<td>Governance</td>
<td>4</td>
<td>(9,131,436)</td>
</tr>
<tr>
<td>Total recurring expenditure</td>
<td>(9,160,416)</td>
<td>(9,143,722)</td>
</tr>
<tr>
<td>Non-recurring items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health grant</td>
<td>1.3</td>
<td>-</td>
</tr>
<tr>
<td>Surrey Pension Fund cessation payment</td>
<td>1.7</td>
<td>-</td>
</tr>
<tr>
<td>Operating Surplus (deficit)</td>
<td></td>
<td>238,994</td>
</tr>
</tbody>
</table>

All the figures shown below are taken from the consolidated statement of financial activities.
Who’s who?

**Ian Elder**  Chairman
Ian joined the Board of Princess Alice Hospice in September 2007. His father-in-law died at the Hospice, and witnessing the good care he received, Ian wanted to offer his support by becoming a Trustee. Previously, he was a partner at the law firm Allen & Overy. Since his retirement, he has sat on the boards of various charities.

**Jonathan Perkins**  Vice Chairman
Jonathan joined the Board of Trustees in 2006 and is currently the Vice Chairman of Trustees, as well as being a member of various other committees. Jonathan's step-father received excellent palliative care from a hospice in Essex and so Jonathan was keen to volunteer for Princess Alice Hospice, his local Hospice. Jonathan joined City law firm Linklaters in 1990, becoming a partner in 2000. He retired from the City in 2008. In July 2015, Jonathan was appointed to the Governing Body of NHS Surrey Downs CCG as a lay member.

**Peter Quest**  Honorary Treasurer
Peter retired as a partner in PricewaterhouseCoopers in the summer of 2005, having worked there for some 31 years. He wanted to give something back to the community and make use of his Chartered Accountancy skills and so he joined the Board of Trustees as Treasurer in March 2007, having served as a committee member throughout the previous year. He lives in Claygate.

**Anne Duncan**
Anne Duncan has had a long career in the NHS, moving from front line clinician to Director of Nursing and Quality. She has worked in Social Care as well as for the Care Quality Commission. She is now an independent Consultant. A strong advocate of improving standards and quality through innovation and learning, her experience includes risk, governance, safeguarding and development of quality metrics. Anne lives in Fulham with her partner and son. She joined the board in 2013.

**Andrew McIntosh**
Andrew joined the Board of Trustees in 2007, having served as a committee member throughout the previous year, and is Chairman of the Retail Committee. After studying Philosophy, Politics & Economics at Oxford University, Andrew joined the rail industry where he has worked in a number of commercial roles, across public and private sectors.

**Jeannine Nolan**
Jeannine joined the Board in September 2012. She runs her own independent communications consultancy, which has a strong bias towards the healthcare sector. After studying French and Spanish at Trinity College, Dublin, Jeannine gained a postgraduate diploma in Business Studies with Languages at Edinburgh University.

**Jean Peters**
Jean joined the Board of Princess Alice Hospice in 2003 and was the Chairman of the Investment Committee since 2007. A business man with wide interests, he manages a diversified investment portfolio. Jean retired from the Board in September 2014.

**Professor Fiona Ross CBE**
Fiona completed a degree in nursing at Edinburgh University before becoming a district nurse and then working for St Christopher’s Hospice. Fiona moved into academic roles, teaching community nursing and carrying out research at King’s College London and St George’s Hospital Medical School.

**Christopher Roshier**
Christopher Roshier became a Trustee in September 2011. As a Chartered Accountant he spent 20 years in the City as a merchant/investment banker. Christopher felt
that as a Trustee he could use his skills and expertise to the benefit of the Hospice.

Sean Watson
Sean joined the Board in October 2012 and is a member of the Governance and the Finance Committees. He read law at Manchester University and qualified as a solicitor with City law firm Slaughter and May. Sean is Chairman of TT Electronics, a listed global company. He retired from the Board in May 2015.

Dr Peter West
Peter is a health economist with over 40 years’ experience working for consulting groups, universities and government agencies across the UK, Ireland, Australia, USA and in developing countries on a wide range of cost-effectiveness studies in health economics. He has had two terms as a non-executive director of NHS Trusts. He continues to work as a freelance consultant to pharmaceutical firms and NHS bodies. Peter joined the Board of Trustees of Princess Alice Hospice in September 2014.

Nicholas Woolf
Nicholas joined the Board in 2004. He became Treasurer in 2005 and Chairman in 2006 and served until September 2013. Since retiring from a full-time career as a Chartered Accountant and Chartered Tax Adviser in 2002, Nicholas has devoted himself to the healthcare sector, both charitably and in the NHS. Nicholas retired from the Board in March 2015.

Senior Management Team
Year ended 31 March 2015

Nicki Shaw  Chief Executive
Nicki joined Princess Alice Hospice as Chief Executive in March 2011. Before that she worked for more than ten years at the British Heart Foundation (BHF), most recently as Programme Director for Prevention and Care. Her career has spanned the commercial, regulatory and voluntary sectors. She has enjoyed the opportunity of taking the learning and experience gained within one sector and applying them effectively into another, cementing her practical experience by studying for a Masters in Public Administration at Warwick Business School.

Dr Craig Gannon  Medical Director
Craig was appointed Medical Director in June 2013 and has been working as a Consultant at the Hospice since December 1996. Craig initially worked in general practice before re-training in Palliative Medicine; completing his Masters in Palliative Medicine at the University of Wales, Cardiff in 2003. Craig established the Ethics Committees at Princess Alice Hospice and St. Peter’s Hospital and was elected to the Association of Palliative Medicine’s Ethics Committee in 2009. He has published over 40 papers.

Diane Rickwood  Director of Finance and Operations and Company Secretary
Diane trained in industry with British Aerospace, studied for a B.A. (Hons) degree in Accounting and Finance and went on to qualify as a Chartered Management Accountant. After employment in the retail sector and specialist accountancy recruitment she moved into the not-for-profit sector as Bursar for a Voluntary Aided school. She joined Princess Alice Hospice in 2002, became Finance Director in 2008, and has held her present post since April 2012.

Phil Seal  Director of Retail
Phil was appointed Retail Director in 2013 having previously held the roles of Business Development and Operations Manager. Prior to joining Princess Alice Hospice in 2008, Phil had a progressive career in the commercial sector in numerous senior management roles for leading High Street retailers.

Nigel Seymour  Director of Fundraising and Communication
Nigel joined the Hospice in 2007. He has worked in the charity sector since leaving University with a degree in Media Communication. He started out as a corporate and event fundraiser at Sense, the deaf blind charity, and then developed his fundraising knowledge in the fields of mass participation events, direct marketing, legacies and communications at Crusaid, the national charity for HIV/AIDS.

Lesley Spencer  Director of Patient Care and Strategic Development
Lesley moved from the NHS to the Hospice in 2011 initially as the community team manager. Previously she worked at Ashford and St Peters Hospital as Consultant/Lead nurse for Cancer and Palliative Care. Lesley is also an honorary lecturer at the University of Surrey and a Facilitator of the nationally recognised advanced communication skills course. She completed her MSc in Pain management at Cardiff University in 2006.
A special thank you!

Thank you for helping us continue caring when it matters.

We are hugely grateful to the trusts, foundations and Masonic Lodges who have supported our work this year. Your valued support has enabled us to invest in our dedicated staff team, and ensured care and support for the thousands of local patients, and their families and carers who need our specialist services.

As a hospice, unlike many other charities, we have patients in constant need of care.

We need to keep paying the everyday costs that allow us to provide that care. This means it is vital to protect every penny of our reserves, so that we can continue caring for as long as possible if the worst should happen and funding should no longer be available.

Thank you for making this possible.

**Trusts and Foundations**

The Alan Freeman Trust  
The Albert Hunt Trust  
The Ann Jane Green Trust  
The Anonymous Donor Trust  
Azmaveth Trust  
BBC Children in Need  
Bencacey Charitable Trust  
The Berkeley Foundation Charitable Trust  
The Bothwell Charitable Trust  
The Brock Webb Trust  
Caring As One Foundation  
The Childwick Trust  
The D’Sa Family Charitable Trust  
The Deakin Charitable Trust  
Diocese of Arundel and Brighton E & D Wright Trust  
Edwin George Robinson Charitable Trust  
The Elizabeth Frankland Moore and Star Foundation  
Excel Fund  
F G Roberts Charitable Trust  
The Follett Trust  
The Forester’s Charity Stewards UK Trust  
The Freemasons’ Grand Charity  
Good Companions Lodge of Instruction L7524  
Grafton Chapter Rose Croix C138  
Hampton Lodge L6435  
Hounslow Lodge L5415  
Kingsbourne Lodge L6945  
Lorne Lodge L1347  
Loyalty Lodge L7154  
Lumen Lodge L4922  
Malines Lodge L8740  
Needlemakers Lodge L4343  
Old Epsomians Masonic Lodge L3561  
Old Hamptonian Lodge L5730  
Province of Surrey  
Redwood Lodge L3411  
Royal Borough of Kingston Lodge L4614  
Royal Somerset House and Inverness Lodge L4  
Semper Fidelis Lodge L5867  
Springwell Lodge L6697  
St George’s Esher Lodge L6597  
St Peters Lodge L7406  
Sunbury Lodge L1733  
Surbiton Lodge L2146  
The Grand Priory of England, Wales and Isle of Man  
United Friendship Lodge L5746

Ione Vassiliou Charitable Trust  
The J A H Trust  
The Joseph Strong Frazer Trust  
Kingston Nursing Association  
London Catalyst  
Loseley Charitable Trust  
MacQuarie Group Foundation Ltd  
Margarethe Charitable Trust  
Mrs Maud Van Norden’s Charitable Trust  
Nicka Vassiliou Charitable Trust  
Norton Charitable Foundation  
The Oddfellows Richmond Branch  
The Orr Mackintosh Foundation  
Peter Culverhouse Memorial Trust  
R J Wyber Charitable Trust  
The Roger Raymond Charitable Trust  
The Rowan Bentall Charitable Trust  
The Rozel Trust  
The Shirley & Ian Watson Trust  
Sir Edward Lewis Foundation  
The Spooner Charitable Trust  
The Stanley Grundy Foundation  
Syder Foundation  
Thames Ditton Almshouse Charity  
The Oddfellows Mid-Surrey District Lodge 3713  
The Three ‘T’ Charity  
The Tilgate Trust  
The Troy Trust  
The Vernon N Ely Charitable Trust  
Westmount Trust  
The William Allen Young Trust  
The William Henry Way Bequest Trust  
The Wychwood Trust  

**Masonic Lodges**

Abbey Lodge L2120  
Astede Chapter C4693  
Athenian Lodge No 8415  
Benhilton Lodge L5541  
Beverley Lodge L5006  
Chertsey Abbey Chapter C2120  
Chigwellstone Lodge L5542  
Dextrus Dare Lodge L7054  
Elbridge Lodge L5838  
Ember Manor Lodge L4740  
Ernest Etherington Lodge L10266  
The Freemasons’ Grand Charity  
Good Companions Lodge of Instruction L7524  
Grafton Chapter Rose Croix C138  
Hampton Lodge L6435  
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United Friendship Lodge L5746
More than memories

Leave behind ‘more than memories’ by leaving a gift in your Will.

Legacies are one type of gift that we depend on more than any other. These gifts help to cover not only our running costs but have also allowed us to refurbish, rebuild and develop new services so that we can care for and support more people.

Thank you to the individuals and families who provided us with a total of 117 legacies last year.

If you would like to find out more about leaving a gift in your Will, visit www.pah.org.uk/morethanmemories
“You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die.”

Dame Cicely Saunders,
Founder of the modern hospice movement

Contact us
Princess Alice Hospice
West End Lane, Esher
Surrey KT10 8NA
01372 468811
enquiries@pah.org.uk
www.pah.org.uk

Join us at pahospice

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