Princess Alice Hospice makes a difference

It costs £10.3 million each year to provide our free, high quality care.

As a charity, 78% of our income is generated by fundraising, retail operations, donations and legacies and it’s only the ongoing, generous support of our community and beyond that makes it possible to do our work.

We provide excellent end of life care in our Hospice and in the community. The members of our team of staff, volunteers and supporters are positive, passionate and professional. We know we can’t prevent death, but we do everything we can to make it as good as possible. Because, above all, we believe that hospice care is for living.

Princess Alice Hospice. For Excellence. For Compassion. For People. For Living.

For more information visit: pah.org.uk

Our Vision

Our communities will have the best care and support before, during and after death.

Our Mission

To reach out to more people by delivering outstanding care, nurturing compassionate communities, sharing our knowledge and expertise, and influencing the debate around death and dying.

Contents

Chair and CEO’s report 4
Strategic report: Here’s how we improved our care in 2018/19 6
A year in review 10
Objectives for 2019/20 12
Structure, governance and management 14
Principal risks and uncertainties 19
Independent Auditor’s report 20
Financial Statements 21
Who’s Who at Princess Alice Hospice 33
You’ve made it happen 34
Chair and CEO’s Report

As we arrive at the half way point of the five year strategy, we remain committed to its core purpose, which is to increase our reach to provide high quality palliative and end of life care to more people. To achieve this we are challenging ourselves to both think and act differently and this Annual Report demonstrates how we are translating those goals into actions.

However we know that we work within a wider context of funding pressures and that the hospice sector as a whole faces considerable challenges in terms of funding and sustainability. As we continue to deliver outstanding palliative and end of life care we must match the commitment, compassion and empathy that we show our patients and their loved ones with a similar focus on innovation, strong governance and financial management.

The ongoing uncertainty around Brexit continues to have an impact on the financial landscape and is inevitably affecting our ability to generate income. We need to raise more money, to not just continue to support the people we are already caring for, but to make our services go further so that more people who are facing the end of life can benefit from our care and expertise.

We spent £10.3 million delivering care and support during the year. The NHS contributed 22%, the remainder was generated from income through fundraising, shop operations, donations and legacies. We understand that our health and social care partners are facing significant financial challenges of their own, however the fact that NHS funding has barely increased in ten years has put more pressure on fundraising and the local community to plug the gap. As a result the Board and the Senior Management Team recognised the need to make recurrent savings, in order to ensure we are here not just for those who need us now, but also for patients and families in the future, and so took the difficult decision to implement a two-stage redundancy programme – voluntary, followed by compulsory.

This resulted in a loss of 12 posts and nine members of staff left the organisation. The process was completed in June, and we are very proud of the way that staff and volunteers pulled together and focussed on doing their best with the utmost integrity during what was an unsettling time.

On a more positive note, the activity highlighted over the following pages shows our strategy in action. For example, our focus on nurturing compassionate communities is a cost effective way of expanding our reach and supporting more people who are facing death, dying, grief and loss. Similarly making better use of technology has enabled us to develop new ways of delivering high quality education and training into care homes. Our objectives for 2019/20 represent further steps in this journey.
We will be recognised for the outstanding care we provide.

We will be able to fund a community bereavement support role.

We will inspire individuals, groups and communities, giving them the skills and confidence to support people through caring, dying, grief and loss.

We will nurture compassionate communities.

We will use our specialist expertise to develop wide-ranging approaches to end of life care and support to help more people live life to the full, and when the time comes, to have a good death.

**Goal 1**

**Action**

We made access to our care and support easier by introducing out-patient clinics in GP surgeries and a Community Hospital.

**Impact**

As well as seeing patients in their own homes, our Hospice at Home teams now meet patients at specialist palliative care clinics which are held locally at GP surgeries. Our first trial was with Littletown GP surgery in Esher and we now hold a regular clinic there to support patients. To date we have four clinics in Esher, Teddington, Stanwell and Sunbury where we support a range of patients with symptom management, Advance Care Planning, treatment plans and discussing coping strategies without them having to travel too far. The result has been that we can see more people in a timely manner and that patients have more control over where and when they attend appointments and are more receptive to the idea of hospice care in the future. A fifth clinic will start in the near future.

**Action**

By improving the skills of our multi-professional team acousticians, working under the direction of a specialist member of the team (nurse/physiotherapist/occupational therapist) we can ensure quicker access to care and equipment and provide the support that the patient needs. This will enable us to better support our patients in their preferred place of care.

**Impact**

We introduced a system of ‘keeping in touch’ or active monitoring for people who need our support but who do not necessarily need the face-to-face expertise of the full specialist team on every occasion.

**Action**

Our Single Point of Response team can now successfully deliver the right support by the right person when they need it, helping to ensure a patient is supported in their home if they wish. Our team now includes qualified Nurse Independent Prescribers – these specialist nurses can prescribe medicine within their scope of practice. This ensures that our patients receive rapid, effective nursing care through our Rapid Response, Night Response and out-patient clinics. They receive effective symptom management and are prescribed appropriate medicine without delay.

**Action**

We have created a training programme to upskill Health Care Assistants across a range of disciplines including physiotherapy and occupational therapy.

**Action**

We launched four compassionate communities pilot sites: Ashford, Banstead, New Malden and Walton-on-Thames where we are developing volunteer-led social support initiatives for people who are carers, ill or bereaved.

**Impact**

Our Compassionate Communities work is beginning to show impact through the additional support we have made available to people at a very difficult time. Whether through a community allotment, a walk and talk or a book group, we are working with communities and key partners to really grow our reach and the support we can offer.

With funding from Surrey Downs Clinical Commissioning Group we launched the Planning Ahead Volunteers Project. This new collaboration between the Hospice and East Elmbridge Community Hub was designed to support people in thinking about their future wishes and completing an Advance Care Plan if they chose to. We then secured Albert Hunt Trust funding through Hospice UK to further expand the programme in partnership with Kingston Hospital. We recruited and trained over 125 Compassionate Neighbour volunteers and over 70 local community members who are living with a life-limiting condition have been supported by this initiative.

Celebrating our 100th Compassionate Neighbour

“I’ve recommended the role to so many people, it’s such a great idea that just giving an hour a week of your time can make a huge difference. Meeting new people is such an exciting aspect of it for me. I want to help as many people as I can!” Hospice volunteer

**Action**

We continued to grow our support and services for carers and community bereavement.

**Impact**

We have started to build an integrated Single Point of Response system (SPR).

The phrase Death Café often shocks, but the reality of this international movement to encourage people to talk about death and dying is that it has real impact and we have had only positive feedback from the Death Cafes we have run to date.

The Community Engagement team arranged a number of events for our patients and their families, including a comedy night starring Arthur Smith at the Rivervale Barn in Walton-on-Thames.

**Action**

We engaged with over 3,700 people to help them understand more about the work of the Hospice and talk about death and dying through presentations, ‘Before I die wish lists’ and Death Cafes.

**Impact**

As well as visiting 68 fairs, fetes and organisations and talked to almost 4,000 people about the work of the Hospice, we have participated in a number of school assemblies and invited schools to visit the Hospice, an initiative that we plan to grow.

“Coming to the Hospice, learning about what you do and working with different generations has had a very positive impact on our children,” Year 5 primary school teacher

**Action**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.

**Impact**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.

**Action**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.

**Impact**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.

**Goal 2**

We will make access to our care and support easier by introducing out-patient clinics in GP surgeries and a Community Hospital.

**Action**

As well as seeing patients in their own homes, our Hospice at Home teams now meet patients at specialist palliative care clinics which are held locally at GP surgeries. Our first trial was with Littletown GP surgery in Esher and we now hold a regular clinic there to support patients. To date we have four clinics in Esher, Teddington, Stanwell and Sunbury where we support a range of patients with symptom management, Advance Care Planning, treatment plans and discussing coping strategies without them having to travel too far. The result has been that we can see more people in a timely manner and that patients have more control over where and when they attend appointments and are more receptive to the idea of hospice care in the future. A fifth clinic will start in the near future.

**Action**

We introduced a system of ‘keeping in touch’ or active monitoring for people who need our support but who do not necessarily need the face-to-face expertise of the full specialist team on every occasion.

**Impact**

We introduced a system of ‘keeping in touch’ or active monitoring for people who need our support but who do not necessarily need the face-to-face expertise of the full specialist team on every occasion.

**Action**

Our Single Point of Response team can now successfully deliver the right support by the right person when they need it, helping to ensure a patient is supported in their home if they wish. Our team now includes qualified Nurse Independent Prescribers – these specialist nurses can prescribe medicine within their scope of practice. This ensures that our patients receive rapid, effective nursing care through our Rapid Response, Night Response and out-patient clinics. They receive effective symptom management and are prescribed appropriate medicine without delay.

**Action**

We have created a training programme to upskill Health Care Assistants across a range of disciplines including physiotherapy and occupational therapy.

**Action**

We launched four compassionate communities pilot sites: Ashford, Banstead, New Malden and Walton-on-Thames where we are developing volunteer-led social support initiatives for people who are carers, ill or bereaved.

**Impact**

Our Compassionate Communities work is beginning to show impact through the additional support we have made available to people at a very difficult time. Whether through a community allotment, a walk and talk or a book group, we are working with communities and key partners to really grow our reach and the support we can offer.

With funding from Surrey Downs Clinical Commissioning Group we launched the Planning Ahead Volunteers Project. This new collaboration between the Hospice and East Elmbridge Community Hub was designed to support people in thinking about their future wishes and completing an Advance Care Plan if they chose to. We then secured Albert Hunt Trust funding through Hospice UK to further expand the programme in partnership with Kingston Hospital.

We recruited and trained over 125 Compassionate Neighbour volunteers and over 70 local community members who are living with a life-limiting condition have been supported by this initiative.

Celebrating our 100th Compassionate Neighbour

“I’ve recommended the role to so many people, it’s such a great idea that just giving an hour a week of your time can make a huge difference. Meeting new people is such an exciting aspect of it for me. I want to help as many people as I can!” Hospice volunteer

**Action**

We continued to grow our support and services for carers and community bereavement.

**Impact**

We have started to build an integrated Single Point of Response system (SPR).

The phrase Death Café often shocks, but the reality of this international movement to encourage people to talk about death and dying is that it has real impact and we have had only positive feedback from the Death Cafes we have run to date.

The Community Engagement team arranged a number of events for our patients and their families, including a comedy night starring Arthur Smith at the Riverhouse Barn in Walton-on-Thames.

**Action**

We engaged with over 3,700 people to help them understand more about the work of the Hospice and talk about death and dying through presentations, ‘Before I die wish lists’ and Death Cafes.

**Impact**

As well as visiting 68 fairs, fetes and organisations and talked to almost 4,000 people about the work of the Hospice, we have participated in a number of school assemblies and invited schools to visit the Hospice, an initiative that we plan to grow.

“Coming to the Hospice, learning about what you do and working with different generations has had a very positive impact on our children,” Year 5 primary school teacher

**Action**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.

**Impact**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.

**Action**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.

**Impact**

We have been able to expand the carers café peer support initiatives and develop the use of the Carer Support Needs Assessment Tool more widely.
GOAL 3
We will share our knowledge and expertise and influence the debate around death and dying
We will raise awareness of high-quality end of life care by sharing our skills, knowledge, research and opinions.

Action
Project ECHO (Extension for Community Healthcare Outcomes) gives us new ways of sharing our specialist palliative care knowledge and of collaborating with all those involved in caring for patients in the last phase of their lives.

Impact
We have now hosted two ECHO Networks, each consisting of a six-month video conference programme, that have been accessed by a number of health and social care professionals enabling the sharing of information and best practice for the benefit of patients and their families.

“Excellent Project Echo session with Kingston CCG, local GP and district nurses – presenting on Polypharmacy. Very engaging session and opportunity to share info & offer peer support” Princess Alice Hospice Education team

Project ECHO in action

Action
We will support new centres to deliver the Hospice’s European Certificate in Essential Palliative Care (ECEPC).

Impact
The ECEPC is an important part of our educational offering. The course is coordinated at the Hospice and we facilitate course delivery at other sites across England, Scotland and Ireland and further afield in Malta. Severn Hospice Shrewsbury will become our newest site offering the course later this year. During 2018 over 500 candidates sat the assessment day across eight different sites.

“It has equipped me with the skills and understanding needed to deliver high standard palliative care.”
Course participant from St. Gemma’s Hospice

In your own words
We use a range of methods to measure our effectiveness. The feedback we get is very important to us. Here some members of the Princess Alice Hospice community share their experiences.

“We were so touched by this wonderful charity who genuinely made a difference at such a difficult and sad time, and can’t think of a more worthy cause to raise money for.”
Dave, family member.

“It doesn’t feel like ‘charity work’, it’s like hanging out with a friend.”
Laura, Compassionate Neighbour.

“Your expertise and encouragement allowed Mary to remain at home receiving palliative care until she passed away. I know it meant a great deal to her that she was able to remain at home with her family.”
Amanda, family member.

“It’s not just the fundraising that is so rewarding to us, the training for the Santa Fun Run is a great reason for us to ensure we are focusing on the importance of exercise and team building too.”
Simon, corporate fundraiser.
A year in review

We continue to meet our goals in care delivery, community engagement, knowledge-sharing and shaping the debate around death and dying.

At the same time, we’ve generated income through fundraising as a charity, our legacies, our shops, and the donations we receive from our supporters.

2018

April
Launched our Hospice at Home campaign to raise awareness of the specialist care and expertise we provide to people in their homes.

May
Launched the Community Hub Volunteers Project – a brand new collaboration between the Hospice and East Elmbridge Hub designed to support people in thinking about their choices and wishes for the future, up until the end of their life.

June
Celebrated and thanked our volunteers during Volunteers’ Week. Some have volunteered with Princess Alice Hospice for 32 years and what better way to celebrate her 100th birthday than to volunteer, as usual, in the Surbiton Shop?

July
Thanks to the voting public we officially became AFC Wimbledon’s charity of the year – ensuring we benefit from a number of match day collections during the 2018/19 season.

August
Last year around 5,400 people signed up to play the Princess Alice Hospice Lottery, and there were a total of 1,508 winners. In 2018 our lottery raised enough money to cover the cost of running our wards for over a month, or our day services for over five months.

September
Launched the Community Engagement campaign by bringing together over 85 volunteers, staff members, Garson’s farm staff and even a couple of dogs, to recreate our famous dove logo.

2019

October
Officially opened our newly refurbished training and meeting rooms. The new facilities boast video technology – allowing multi-team meetings without the need for travel.

November
Bishop Jo Bailey Wells was the guest of honour at the annual Women of Our Time lunch, organised by the Friends Group. This year we had four very successful Hospice stands selling gifts.

December
Over 100 volunteers, many members of staff, five runs, 1,000 Santa Suits and 400 elf hats ensured we had our most successful Santa Fun Runs ever – raising over £75,000.

January
Encouraged our supporters and the local community to get in their pyjamas at their school, pub, club or workplace in support of our fantastic night nurses. The campaign raised over £64,000.

February
Celebrated reaching our first 100 Compassionate Neighbours with an event at All Saints Church in Kingston. They have all completed their training and are matched with, or soon to be matched with, someone in their neighbourhood who would like support.

March
Raised the roof and over £30,000 at the 100 voices concert at Cadogan Hall. Staff, volunteers, patients and friends joined the Strawberry Hill choir to perform with West End stars and a full stage band.
Objectives for 2019/20

**Goal 1**
We will continue to provide our specialist expertise to develop wide-ranging approaches to end of life care and support to help more people live life to the full, and when the time comes, to have a good death.

This year we will:
- develop a Wellbeing programme (previously known as ‘Day Services’) and incorporate some of the more practical and effective elements into the way in which we support our patients and carers allowing more people to benefit from our specialist skills and expertise through a flexible and varied programme of support.
- develop our GP-surgery based out-patient clinics to allow easier access to our care and support.
- work collaboratively with other specialists and service providers to increase support for patients with a non-cancer diagnosis such as Motor Neurone Disease.
- address inequity in access and look at the barriers and difficulties that people face when needing support at the end of life.
- complete the implementation of a Single Point of Response (SPR) for our patients and families.

**Goal 2**
We will nurture compassionate communities.

We will continue to grow and nurture our compassionate communities and equip more people with the knowledge, skills and confidence to support each other through death, dying, grief and loss.

This year we will:
- grow volunteer-led social support initiatives as part of Compassionate Communities pilot sites, utilising Community Charters and volunteer Champions to underpin this work.
- develop community bereavement support in partnership with other organisations to establish more than 30 initiatives across our care area.
- grow active Compassionate Neighbour volunteers (currently standing at more than 100) including family volunteering opportunities, supporting people who are approaching the end of life and are experiencing loneliness and isolation.
- continue to develop our support for families and carers, including workshops and social support initiatives.
- deliver presentations, Death Cafes and ‘Before I die…’ sessions to encourage people to talk about death and dying.
- aim to reach a further 1,200 people with our Planning Ahead initiative and extend this offer to patients attending wellbeing programmes at the Hospice.

**Goal 3**
We will share our knowledge and expertise and influence the debate around death and dying.

We will raise awareness of high-quality end of life care by sharing our skills, knowledge, research and opinions.

We will:
- continue to utilise Project ECHO to deliver education to a range of health and social care partners.
- pilot a new online information and resource service for partner hospices.
- offer a summer school for young people aged 16–19 to introduce them to the end of life care and opportunities for careers in health and social care.
- support two new centres to deliver the Hospice’s European Certificate of Essential Palliative Care (ECEPC).

How we will support the development and delivery of priorities within our three goals in 2019/20

**Ensuring we will be there for our communities by maintaining sustainable income**
- Continue to bring the Hospice closer to its communities and supporters, driving engagement through external communications and campaigns.
- Communicate the impact of the Hospice and highlight the importance of voluntary income generation in securing its future sustainability.
- Further develop our digital channels, to ensure information is easy to access and is interactive.
- Continue to raise awareness about the importance of people remembering us by leaving a gift in their Will.
- Invest in existing and new fundraising products and explore new ways to generate income.
- Continue to focus on operational excellence and a supporter culture in our shops through the training and development of our people.

**Improving the way we work**
- Review business processes and procedures and eliminate those that add no value.
- Continue to improve data quality, reporting and analysis to better inform outcome and impact reporting and organisational decision making.
- Migrate to a new electronic patient records system that is widely used across our local healthcare system.
- Continue to develop our workforce so that we have the right skills and expertise in the right quantity (and at an affordable cost) to successfully deliver our strategy.
- Support our staff to embrace and benefit from technology by establishing a robust learning framework to ensure our workforce can utilise and develop their digital skills and capacity.
Structure, governance and management

Princess Alice Hospice was incorporated as a company limited by guarantee on 25 November 1981 and is governed by its Articles of Association. We are registered with the Charity Commission in England and Wales. Our registered office is at West End Lane, Esher, Surrey KT10 8NA.

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 completely free. We are here to give patients high quality compassionate care and support. Family, carers and close friends have needs of their own and we 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 work with health and social care professionals, as well as communities, 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 Professor Fiona Ross CBE. 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 participate in the meetings. The Board has delegated some of its powers and responsibilities to the following committees: Finance and General Purposes, Audit and Risk, Clinical Strategy and Governance, Income Generation, People and Communities, Remuneration and Nomination.

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 of reference are agreed by the Board and are reviewed annually.

The membership of committees is made up of trustees and other independent members who are selected for their specific expertise, as described in more detail later. 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 strategic decisions that need to be made by the Board. Minutes of committee meetings are circulated to the Board. The Board defines and reviews the matters which are its own responsibilities, those which 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.

An independent review of Board governance and effectiveness was carried out by CASS Business School at City University, London and reported to the Board in October 2017. Recommendations from this review are being implemented and a new committee structure is in place.

Committees

Existing Board Committees 2018/19

The Clinical Strategy and Governance Committee, chaired by Jane Hogg, is responsible for overseeing clinical strategy, education and research. It provides assurance on the development, implementation, safety and effectiveness of the clinical services delivered by the Hospice. It monitors clinical activity, performance and risks against the annual business plan, raising issues to the Board 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 policy and regulation and keeps the Board informed as appropriate.

The Finance and General Purposes Committee, chaired by Despina Don-Wauchope, oversees the finances and infrastructure of the Hospice. It is responsible for reviewing and recommending to the Board the annual budget and financial strategy and monitoring performance against budget during the year. It oversees the investment of the Hospice’s funds, recommending on the appointment of an investment manager and reviewing their performance, highlighting any changes which might affect responsibilities. It also oversees all matters relating to infrastructure, facilities, IT and property (excluding the retail shops).

The Income Generation Committee, chaired by Jeannine Nolan, deals with the identification, development, implementation and effectiveness of income generation such as legacies, donations, fundraising and retail outlets (excluding NHS grants). It reviews growth opportunities and risks across all income sources and ensures compliance with regulatory requirements.

The People and Communities Committee, chaired by Karen Roberts, oversees the development, implementation and effectiveness of the talent and people strategy, community engagement and communication and marketing programmes. It oversees and reviews HR governance, the volunteer strategy and undertakes workforce reviews, ensuring the hospice is fit for the future.

The Remuneration and Nominations Committee, chaired by Professor Fiona Ross, CBE, has a membership of the Committee Chairs, the Vice Chair of the Board and the CEO. It meets at least annually to consider succession planning for the leadership team, to recommend changes to the remuneration of the Chief Executive (with exception when her own remuneration is discussed) and Senior Management Team, to receive reports from the Chair on trustee skills and succession and oversee arrangements for a search committee for senior management and trustee recruitment.

The Audit and Risk Committee, chaired by Professor Sean Hilton, oversees risk management and governance processes, external audit and internal risk and quality reviews. It reviews the management of systems for internal control and advises the Board on exposure, mitigation and lessons for quality improvement. It manages the relationship with the external auditors, reviews feedback on their performance and value for money and advises on reappointment as appropriate.

Trustees

The Trustees are the directors of Princess Alice Hospice for the purposes of the Companies Act 2006. There is a short biography of the Trustees on page 33. One of the Trustees usually serves as Vice Chair of the Board and Sean Watson took on this role in September 2018. Trustees are not paid. The Charity Commission has given permission for the Hospice to provide Trustee Indemnity Insurance cover.
New Trustees and Non-trustee Committee Members

We appointed two new trustees during the year: Karen Roberts, a senior Human Resources professional, joined the Board in April 2018 having served three years on the Clinical Strategy Committee as a committee member and Dr Heather Patel, a General Practitioner, joined the Board in December 2018 having also served three years as a committee member on the Clinical Strategy Committee.

The Board believes it is vital to get a mix of trustees with healthcare, legal, financial, investment, fundraising, commercial, digital 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 reappointed for up to two more four-year periods (up to a maximum of 10 years).

In addition to Trustees, the Board can invite people to become a non-trustee member of a Committee. This would typically be a person with relevant specialist expertise in the Committee's area of responsibility. These appointments are normally for an initial period of up to two years. During this time the person may be invited to become a Trustee or they may continue as a committee member. Their appointment can be renewed by mutual agreement and the Board can end the appointment at any time. During the year, there were eight 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. We are keen to provide opportunities for young career professionals with sought after skills, such as digital, to gain Board level experience by working with us in advisory roles.

Senior Management Team

The Hospice internal management structure is made up of six directorates, each led by one member of the Senior Management team.

These directorates are:

- Clinical services – responsible for in-patient care, community care, day services, therapies, social work and education
- Medical – responsible for healthcare professionals, including consultants
- Finance and Operations – responsible for finance, information and communication technology, facilities, health and safety, housekeeping and catering
- People and Communities – responsible for human resources, volunteering, community engagement, bereavement care and chaplaincy
- Fundraising, Marketing and Communications – responsible for all income generation and communication activities, apart from those derived from the NHS or retail activities
- Retail – covering all aspects of our shops

Remuneration Policy

The Hospice directly employs medical consultants, doctors, nurses and other allied professional healthcare staff, who are paid at a rate equivalent to the relevant national scale for their profession. We take into account people’s skills, knowledge, experience and commitment, as well as market forces when setting salaries for other roles. We benchmark against available information, such as comparable roles advertised locally and charity salary surveys. We take part in salary surveys ourselves and benchmark against a range of our peers.

Internal Control and Risk Management Processes

Through the Audit & Risk Committee the Board oversees the management of systems for internal control. These systems are designed to prevent, as far as possible, material mis-statement or loss. The Hospice has a five-year strategy supported by an annual business plan and budget which are approved by the Board. The Finance and General Purposes Committee reviews the annual budget in detail before recommending it to the Board for approval.

Internal control and risk management systems have been reviewed to ensure their effectiveness. The Board’s Audit & Risk Committee have been kept updated with the progress of these reviews.

Reserves

As noted earlier, a significant amount of the Hospice’s income comes from legacies and NHS grant income. The Board maintains scrutiny over the external environment and uncertainties related to these sources of income and has business continuity plans in place.

We carry out financial planning and produce a three-year projection of income and expenditure. This has identified the need to cut costs in 2019/20 in order to set a balanced operational budget in cash terms for the next three years. Please refer to the Chair and CEO's report on page 4.

The Trustees have set aside funds in a designated Running Costs Reserve to meet future charitable expenditure in the event of a significant short-term drop in income. This has a target of nine months’ (plus or minus three months’) budgeted charitable expenditure for the year ahead. During the current challenging economic climate for income generation the Board feels that the aim should be to maintain this reserve at around the mid-point of the target range. The balance on this reserve at the year-end represented eight months (2018 – seven months) of the Hospice’s budgeted charitable expenditure for 2019/20.

The Hospice also has a designated fund, the Strategic Development Reserve, to support the delivery of our five-year strategy 2017–2022. As part of the annual budget process, the Hospice reviews a schedule of costs related to proposed strategic initiatives, to be drawn down from this reserve during that year.

Note 5 to 7 of the Financial Statements provide more detail on these and other reserves.

The Trustees consider that the Hospice has sufficient readily available money in current bank and building society accounts and readily realisable investments to pay for ongoing operations during the coming year.

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 imposed by the Board is that there must be no direct investment in any securities issued by tobacco companies.

The Hospice’s investments are managed on a discretionary basis by Cazenove Capital Management, a firm of professional investment managers. As at 31 March 2019, the Investment Portfolio totalled £2,720,650 (2018 – £4,645,571).

To find out more about how we fundraise visit pah.org.uk/fundraising-approach

While legacy income for the year has exceeded expectations and is £1.6m higher than the previous year, the Hospice is still experiencing a delay in realising legacy cash. The property market continues to be slow, resulting in properties taking longer to sell, and there remain delays at the Probate Office. This is illustrated in note 13 to the accounts, with the legacy debtor increasing to £4,579,427 from £3,086,940 in the previous year. This, combined with drawdown from the Building Refurbishment Fund, to complete the refurbishment of the oldest part of the Hospice building, has made it necessary to realise cash from investments to provide working capital in the short term.

The Finance and General Purposes Committee and our investment managers regularly review the performance of the investments to ensure they meet the Hospice’s investment policy. The market value of the Investment Portfolio increased by £461 (2018: £40,369) during the year. More details about our investments are in Note 11 of the Financial Statements.

Retail

As part of the five-year strategy 2017–2022, our plan was to invest in retail and expand our chain of shops, but we have put this on hold due to the current economic conditions affecting the high street, which have seen the failure of several major retail chains in recent years. We have not opened any new shops in 2018/19.

Instead we have focused on optimising our existing portfolio, which has resulted in the closure of two shops where we had more than one store in the same town. We have also refurnished some of our older shops to improve the shopping experience for our customers and the working environment for our staff and volunteers. As can be seen from note 2 to the accounts, despite these efforts, the net contribution from retail has dropped to £514,653 from £723,841 last year. As with many high street retailers, the last year has proved challenging and this, coupled with the increase in the National Living Wage, are the main reasons for this decline. However, in addition to generating income, our shops are a way of connecting with our community, increasing public awareness about the importance of end of life care and bring many other benefits to the organisation through the commitment of our volunteers.
Employees
Our work is only possible because of the dedicated and highly skilled service that our staff provide and we would like to thank them for their hard work and commitment. In 2018/19 the Hospice employed more than 440 people, the equivalent of 338 full-time staff. The company employs 331 equivalent full-time staff in the previous year. Please refer to Chair and CEO's report on page 4.

Volunteers
We rely on the magnificent support of 1,415 volunteers who generously give their time across the full range of our activities. They provide enormous added benefit to the organisation and the people we help. Around 570 volunteers are involved, for example supporting the clinical teams, as compassionate neighbours, bereavement support volunteers or complementary therapists. Our volunteers work in key areas such as reception, coffee shop, supporting with administrative tasks, driving our day patients to and from the Hospice, maintaining our grounds and in fundraising. The Friends of the Hospice, through their networks, committees and community events that promote the Charity and raise vital funds.

Retail activity and our network of shops relies on the vital contribution of around 560 volunteers. This allows us to trade on six or seven days a week and provides vital administrative support in the retail head office in Molesey.

Volunteers are recruited through advertising. They take part in the Hospice’s induction programme and receive initial and ongoing 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. He has willingly taken part in activities that raise the profile of the importance of legacies to the Hospice.

Public Benefit
The Trustees give careful consideration to the Charity’s Commission’s guidance on public benefit when setting the Hospice’s aims and objectives and planning its activities. Access to our services is on the basis of need and open to anyone by referral from a healthcare professional, or in the case of bereavement support, self-referral. There is no charge to either patients or their families for any of our current care services. We are only partially funded by the NHS and over 78% of our income comes from our community in the form of donations, legacies, fundraising and retail activity.

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 income and expenditure for the financial year.

When preparing these financial statements, the Trustees must:
• ensure that suitable accounting policies and follow them consistently,
• keep to the methods and principles in the Charities’ Statement of Recommended Practice (FRS 102),
• 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 disclose 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 489(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 23 July 2019 and signed on its behalf by

Professor Fiona Ross CBE
Chair, Board of Trustees, Princess Alice Hospice

Fundraising Regulation
Princess Alice Hospice is registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. We review compliance through audit and monitoring feedback, and take corrective action where required.

Standards and monitoring
Princess Alice Hospice is committed to following the highest ethical standards and to ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits and call listening). This helps ensure all Hospice fundraisers and those who work on our behalf are aware of, and are adhering to, our high standards.

Some of our fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies. We also work with agencies to telephone existing supporters to talk about their donation and, on some occasions, to ask for a further donation. We work very closely with our agencies to make sure they represent our work and our organisation to the highest standards. None of our Fundraisers, whether employed by us or one of our agencies, are paid on a commission basis.

Complaints
We report our complaints on a calendar year basis to comply with the Fundraising Regulator’s requirements. The number of complaints received for the 12 months to 31 March 2019 regarding fundraising was zero.

Managing communications
Most people who donate to us want to know how their money is making a difference. We ask whether they would like us to keep in touch with them so we can update them on our work and how they’ve helped us. From time to time we ask supporters if they would like to support us further – for example, by increasing their donation or by taking part in a particular event. Sometimes, we need to share information with authorised people or organisations so they can deliver services. If this is the case, we only give them the information they need to deliver the service – and we always make sure that they will protect information with security and confidentiality processes equivalent to ours.

We ask supporters how they would prefer us to communicate with them. We give them the option to let us know if they prefer less contact or no longer wish to hear from us, and always respect their wishes.

We never share, swap, rent or sell our supporters’ details to any other charities or third parties for marketing purposes.

Our Fundraising Promise
We will commit to high standards.
We will be clear, honest and open.
We will be fair and reasonable.
We will be respectful.

You can read more about our fundraising promise at www.pah.org.uk/promise.

For further details please see our privacy policy at www.pah.org.uk/privacy.
The Audit and Risk Committee (A&RC) oversees the Hospice’s risk management and governance processes on behalf of the Board.

During the year under report, the committee undertook a piece of work to review the principal/main risks register for the Hospice together with the individual committee risk registers. The A&RC identified six major risk areas (or domains) that impact the Hospice. The individual committees review the specific risks relating to their responsibilities in the light of these six domains. This enables the A&RC to determine an overall risk rating for the domains informed by the assessment and scoring of the individual committees. A summary status of these main risks, and a commentary, is provided for each board meeting by the (Chair of A&RC).

The committee risk registers help us to prioritise risks in terms of the effect they might have and how likely they are to occur. The registers also identify the controls, systems and procedures in place for mitigation. Each committee reviews relevant risks at its meetings and informs the A&RC if their review impacts the overall assessment of one of the major risk areas. The A&RC and the Board formally review the risk domains and the committee risk registers annually.

The major risk areas (domains) before mitigation are:

- **Income** – inability to generate sufficient income to deliver our charitable activities. We have diversified our income streams, monitor our finances closely and have an appropriate level of reserves to withstand short term funding fluctuations. If we identify a longer term trend of falling income, our reserves will ensure continuity of service provision whilst we seek other sources of funding or implement an appropriate cost reduction programme.

- **People** – inability to recruit and retain the people with the right skills we need across the organisation. We carry out workforce planning and monitor supply and demand carefully, introducing new roles and diversifying skills and competencies to make scarce resource go further. We have implemented a talent and people strategy which supports effective recruitment, development and retention.

- **Culture/morale** – inability to align our culture with the changes that we need to make and that are being made in the environment within which we work. The Board and Senior Management Team recognise that our people are at the heart of all we do and that it is essential that our employees and volunteers understand what is important to us, our patients and families and the community that we work in. We are open and transparent in our communications, share our business decisions and rationale and take steps to ensure that the organisational strategy is known and understood throughout the organisation. We monitor the effectiveness of these steps by conducting regular employees and volunteer engagement surveys.

- **Health and Social Care Environment** – the risk that changes in the health and social care environment will impact on our NHS funding and/or our ability to continue to deliver palliative and end of life care and support. Senior colleagues work in partnership with health and care professionals and organisations across the local health economy, demonstrating the impact of the care that we deliver. As new structures emerge we take every opportunity to ensure that we have effective representation and continue to advocate for the needs of patients facing the end of life.

- **Reputation** – risk of reputational damage. As a sector leader our reputation is of vital importance. We have a comprehensive set of policies and procedures in place to ensure compliance with best practice and legislation. All comments and complaints are promptly responded to and investigated to ensure that lessons are learned for organisational improvement. This is supported by our communications strategy.

- **Business continuity** – risk of fire, flood or other environmental events that impact on our ability to operate. We have a comprehensive business continuity plan in place. This includes contingency plans for maintaining services and operations in the event that the Hospice building is out of use. We have an offsite disaster recovery server which can be brought online very quickly to ensure continued access to patient records and other business critical information. Staff receive regular training on dealing with emergency situations including evacuation of the premises if necessary. Elements of the plan are tested on a regular basis.

As part of the six major risk domains above, the Trustees are continuing to assess the business impact of the United Kingdom’s decision to leave the EU (Brexit). The severity of the impact will be dependent on whether the UK leaves with a deal or without one. In the case of a managed exit with an agreed deal, there will be a transitional period during which time the Trustees would hope that appropriate arrangements are put in place nationally to ensure no major impact on Hospice services. In the case of no deal, the risk of disruption to the supply chain and the labour market, plus general economic downturn, is much higher. Each Trustee Committee has Brexit on their risk register and the Audit and Risk Committee collates their views and presents an overview to the Board. Given the continued uncertainty, the impact cannot be fully quantified at this stage.
Opinion
We have audited the financial statements of Princess Alice Hospice (the ‘charity’) for the year ended 31 March 2019 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice). In our opinion, the financial statements:
- give a true and fair view of the state of the charity and the group’s affairs as at 31 March 2019 and of the group’s income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion
We conducted our audit in accordance with international standards on auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The impact of uncertainties due to Brexit exiting the European Union on our audit
The Trustees’ view on the impact of Brexit is disclosed on page 19.

The terms on which the United Kingdom may withdraw from the European Union are not clear, and it is therefore not currently possible to evaluate all the potential implications to the charity’s trade, customers, suppliers and the wider economy.

We considered the impact of Brexit on the charity as part of our audit procedures, applying a standard firm wide approach in response to the uncertainty associated with the charity’s future prospects and performance. However, an audit should be expected to predict the unknowable factors or all possible implications for the charity and this is particularly the case in relation to Brexit.

Conclusions relating to going concern
We have nothing to report in respect of the following matters in relation to which the ISAs (UK) requires us to report to you where:
- the trustees use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity’s ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:
- the information given in the Strategic Report and Trustees’ Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Trustees’ Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Strategic Report or the Trustees’ Report.

We have nothing to report in respect of the following matters in relation to which 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 specific by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees
As explained more fully in the Statement of Trustees’ responsibilities set out on page 18, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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

David Hoose
(Senior Statutory Auditor)
Chartered Accountants and Statutory Auditor
8 Times House, Throsley Way, Sutton, Surrey, SM1 4QZ
Date: 8 August 2019
Consolidated statement of financial activities
(INCLUDING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2019

## INCOME

<table>
<thead>
<tr>
<th>Unrestricted funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Endowment funds</th>
<th>Total funds 2019</th>
<th>Total funds 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and legacies</td>
<td>1.4 1,726,952</td>
<td>-</td>
<td>161,250</td>
<td>1,888,202</td>
<td>1,865,719</td>
</tr>
<tr>
<td>Legacies</td>
<td>1.4 5,065,031</td>
<td>-</td>
<td>-</td>
<td>5,065,031</td>
<td>3,416,801</td>
</tr>
<tr>
<td>NHS grants</td>
<td>1.4 1,973,896</td>
<td>-</td>
<td>-</td>
<td>1,973,896</td>
<td>1,994,499</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td></td>
<td></td>
<td></td>
<td>17,203,804</td>
<td>16,533,169</td>
</tr>
</tbody>
</table>

## EXPENDITURE

<table>
<thead>
<tr>
<th>Unrestricted funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Endowment funds</th>
<th>Total funds 2019</th>
<th>Total funds 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure on raising donations and legacies</td>
<td>4 928,312</td>
<td>53,398</td>
<td>-</td>
<td>981,710</td>
<td>899,696</td>
</tr>
<tr>
<td>Expenditure on other trading activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail shops</td>
<td>3 658,918</td>
<td>-</td>
<td>-</td>
<td>658,918</td>
<td>604,738</td>
</tr>
<tr>
<td>Fundraising events</td>
<td>1.4 745,758</td>
<td>-</td>
<td>-</td>
<td>745,758</td>
<td>686,847</td>
</tr>
<tr>
<td>Trading subsidiaries</td>
<td>3 956,146</td>
<td>-</td>
<td>-</td>
<td>956,146</td>
<td>934,416</td>
</tr>
<tr>
<td><strong>Total expenditure on raising funds</strong></td>
<td></td>
<td></td>
<td></td>
<td>6,252,307</td>
<td>5,926,197</td>
</tr>
<tr>
<td>Expenditure on charitable activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-patient care</td>
<td>4 5,090,496</td>
<td>1,511</td>
<td>3,640</td>
<td>6,049</td>
<td>5,101,742</td>
</tr>
<tr>
<td>Hospice at Home</td>
<td>4 3,576,606</td>
<td>110,751</td>
<td>79,672</td>
<td>-</td>
<td>3,767,029</td>
</tr>
<tr>
<td>Community engagement and support</td>
<td>4 432,611</td>
<td>6,735</td>
<td>107,236</td>
<td>-</td>
<td>546,582</td>
</tr>
<tr>
<td>Education</td>
<td>4 885,844</td>
<td>-</td>
<td>-</td>
<td>150</td>
<td>885,994</td>
</tr>
<tr>
<td><strong>Total expenditure on charitable activities</strong></td>
<td></td>
<td></td>
<td></td>
<td>9,855,557</td>
<td>9,826,197</td>
</tr>
</tbody>
</table>

## Reconciliation of funds

- **TOTAL INCOME** 17,203,804 - 161,250 6,245 17,371,299 15,533,169
- **TOTAL EXPENDITURE** 4 17,166,176 172,395 190,548 6,245 17,358,364 16,687,904

- **Net income/(expenditure) before gains/losses** 37,628 (172,395) (29,298) - (164,065) (1,154,735)
- **Net movements in funds** 308,997 195,425 (50,032) - (163,064) (1,114,366)
- **Net income/(expenditure) after gains/losses** 38,089 (172,395) (29,298) - (163,064) (1,114,366)

## Balance Sheets

**AS AT 31 MARCH 2019**

### Notes

<table>
<thead>
<tr>
<th>Notes</th>
<th>GROUP 2019</th>
<th>GROUP 2018</th>
<th>CHARITY 2019</th>
<th>CHARITY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>101,324</td>
<td>71,918</td>
<td>101,324</td>
<td>71,918</td>
</tr>
<tr>
<td>2</td>
<td>7,290,912</td>
<td>6,708,858</td>
<td>7,290,912</td>
<td>6,708,858</td>
</tr>
<tr>
<td>3</td>
<td>2,720,650</td>
<td>4,645,571</td>
<td>2,721,750</td>
<td>4,646,671</td>
</tr>
<tr>
<td>4</td>
<td>10,112,886</td>
<td>11,426,347</td>
<td>10,113,986</td>
<td>11,427,447</td>
</tr>
<tr>
<td>5</td>
<td>3,416,801</td>
<td>4,645,571</td>
<td>3,416,801</td>
<td>4,645,571</td>
</tr>
<tr>
<td>6</td>
<td>5,065,031</td>
<td>3,416,801</td>
<td>5,065,031</td>
<td>3,416,801</td>
</tr>
<tr>
<td>7</td>
<td>905,041</td>
<td>905,041</td>
<td>905,041</td>
<td>905,041</td>
</tr>
<tr>
<td>8</td>
<td>441,139</td>
<td>441,139</td>
<td>441,139</td>
<td>441,139</td>
</tr>
<tr>
<td>9</td>
<td>5,520,185</td>
<td>4,038,014</td>
<td>5,520,185</td>
<td>4,038,014</td>
</tr>
<tr>
<td>10</td>
<td>1,724,826</td>
<td>1,888,258</td>
<td>1,724,826</td>
<td>1,888,258</td>
</tr>
<tr>
<td>11</td>
<td>9,716,112</td>
<td>5,970,411</td>
<td>9,716,112</td>
<td>5,970,411</td>
</tr>
<tr>
<td>12</td>
<td>(1,583,770)</td>
<td>(1,402,614)</td>
<td>(1,583,770)</td>
<td>(1,402,614)</td>
</tr>
<tr>
<td>13</td>
<td>(99,000)</td>
<td>(99,000)</td>
<td>(99,000)</td>
<td>(99,000)</td>
</tr>
<tr>
<td>14</td>
<td>15,830,540</td>
<td>15,994,144</td>
<td>15,830,540</td>
<td>15,994,144</td>
</tr>
<tr>
<td>15</td>
<td>15,731,540</td>
<td>15,895,144</td>
<td>15,731,540</td>
<td>15,895,144</td>
</tr>
</tbody>
</table>

Approved by the Board of Trustees on 23 July 2019 and signed on its behalf by:

Professor F Ross CBE
Chair

D. Don-Wauchope
Honorary Treasurer

All the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. The comparative figures for each fund are shown in Note B. The Notes on pages 24 to 32 form part of these financial statements.
### Notes to the Financial Statements

#### FOR THE YEAR ENDED 31 MARCH 2019

#### 1. Accounting policies

These financial statements are prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their statements of financial activities. The Hospice is a charitable company, Princess Alice Hospice (the “Hospice”) meets the definition of a charitable company as per the Charities Act 2011. The consolidated financial statements are prepared in accordance with FRS 102 (The Charities SORP). The following disclosures, as per the Charities SORP, are intended to provide further information on the Hospice’s activities in the year ended 31 March 2019.

The consolidated financial statements were prepared in accordance with the Charities SORP (FRS 102) general volunteer time is not included as income in the statements as it is not possible to measure this reliably. However, the Hospice notes the contribution of volunteers and is very grateful for their time.

#### 1.4 Income

The Hospice has entered into various operating leases, the future financial commitment to which is set out in Note 11. Rent payable under these leases are charged on a straight-line basis over the term of the lease.

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 a defined benefit scheme that covers employees of NHS employers, General Practitioners 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 FRS102.

The employer contribution payable in the year to the NHS Pension Scheme was £375,050 (2018: £324,870).

#### 1.5 Donated goods and services

Donated goods are recognised as tangible fixed assets or expenditure incurred to receive and prepare donated items for use in the nature of an appeal. They are recognised as income when sold and included in income from normal activities.

#### 1.6 Expenditure

Direct costs of expenditure incurred during the year both directly and indirectly attributable to the activity concerned. Support costs include the cost of governance, human resource management, communication, finance and administration and depreciation of fixed assets. There are no donations of goods or services in the year ended 31 March 2019 (2018: £797,200).

#### 1.7 Legacies

Legacies are recognised as income when there is reasonable assurance that the Hospice will receive the proceeds. Legacies are recognised as income when it can reasonably be assumed that the Hospice will receive the proceeds of the legacy.

#### 1.8 Intangible and tangible fixed assets

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 buildings</td>
<td>4%</td>
</tr>
<tr>
<td>Leasehold buildings</td>
<td>10%</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>20%</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>25%</td>
</tr>
</tbody>
</table>
| Information and Communication Technology Equipment | 20%/

#### 1.9 Pension costs

The total employer pension contribution to all schemes for the year ended 31 March 2019 was £49,239 (2018: £49,442).

#### 1.10 Rent

Rent payable under these leases are charged on a straight-line basis over the term of the lease.

#### 1.11 Operating leases

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 11.
2. Retail shops results

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turnover</strong></td>
<td>£1,588,018</td>
<td>£1,547,019</td>
</tr>
<tr>
<td>Less cost of operations</td>
<td>(5,644,245)</td>
<td>(5,323,178)</td>
</tr>
<tr>
<td><strong>Net contribution</strong></td>
<td>£514,832</td>
<td>£723,841</td>
</tr>
</tbody>
</table>

*Turnover includes £1,944,564 (2018: £2,020,704) of donations and associated Gift Aid of £486,141 (2018: £505,176) from the retail Gift Aid scheme. The 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.

3. Trading subsidiaries

The Hospice has two wholly owned subsidiaries which are incorporated in the UK for the purposes of generating income for the Hospice's charitable purposes. The whole of their taxable profit is donated to the Hospice under a Deed of Covenant within nine months of the year end. 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, provides catering services for the benefit of the Hospice and external users and undertakes other sundry trading activities; PAH Lottery Limited – operates lotteries.

<table>
<thead>
<tr>
<th></th>
<th>PAH Trading Ltd</th>
<th>PAH Lottery Ltd</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Profit and loss accounts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>£339,500</td>
<td>£616,454</td>
<td>955,954</td>
<td>934,165</td>
</tr>
<tr>
<td>Interest received</td>
<td>-</td>
<td>191</td>
<td>191</td>
<td>251</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>£339,500</td>
<td>£616,645</td>
<td>956,145</td>
<td>934,416</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(193,556)</td>
<td>(107,520)</td>
<td>(301,076)</td>
<td>(283,005)</td>
</tr>
<tr>
<td>Direct overheads</td>
<td>(43,224)</td>
<td>(43,224)</td>
<td>(86,448)</td>
<td>(86,448)</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>(21,870)</td>
<td>(63,048)</td>
<td>(84,918)</td>
<td>(84,918)</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>(215,426)</td>
<td>(219,792)</td>
<td>(435,218)</td>
<td>(463,346)</td>
</tr>
<tr>
<td><strong>Net profit</strong></td>
<td>£124,074</td>
<td>£422,853</td>
<td>£546,927</td>
<td>£552,070</td>
</tr>
<tr>
<td>Amount covenanted to the Hospice</td>
<td>(124,074)</td>
<td>(422,853)</td>
<td>(546,927)</td>
<td>(552,070)</td>
</tr>
<tr>
<td><strong>Retained in subsidiary</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Previous year net profit (all covenanted to the Hospice)</strong></td>
<td>£130,144</td>
<td>£421,926</td>
<td>£552,070</td>
<td>-</td>
</tr>
<tr>
<td><strong>Shareholder's funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share capital (issued)</td>
<td>£13,826,085</td>
<td>£3,709,279</td>
<td>£17,535,364</td>
<td>£16,687,904</td>
</tr>
</tbody>
</table>

4. Total expenditure

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct costs</strong></td>
<td>£3,195,265</td>
<td>£1,906,477</td>
</tr>
<tr>
<td>In-patient care</td>
<td>£1,906,477</td>
<td>£1,510,742</td>
</tr>
<tr>
<td>Hospice at home</td>
<td>£1,906,477</td>
<td>£1,007,329</td>
</tr>
<tr>
<td>Community engagement and support</td>
<td>£165,636</td>
<td>£180,946</td>
</tr>
<tr>
<td>Education</td>
<td>£53,671</td>
<td>£42,604</td>
</tr>
<tr>
<td>Raising donations and legacies</td>
<td>£554,106</td>
<td>£885,904</td>
</tr>
<tr>
<td>Fundraising events</td>
<td>£22,650</td>
<td>-</td>
</tr>
<tr>
<td>Retail shops</td>
<td>£5,464,541</td>
<td>£5,644,265</td>
</tr>
<tr>
<td><strong>Retail shops total</strong></td>
<td>£13,440,693</td>
<td>£17,149,727</td>
</tr>
<tr>
<td>Trading subsidiaries</td>
<td>£185,392</td>
<td>£358,351</td>
</tr>
<tr>
<td></td>
<td>£13,826,085</td>
<td>£17,535,364</td>
</tr>
</tbody>
</table>

5. Designated funds

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 £611,460 (2018: £617,546) from unrestricted funds represents the difference between net capital expenditure and depreciation.

- **Running Costs Reserve** was established to meet the Hospice 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Strategic Development Reserve** has been established to support the delivery of the Hospice's five year strategy for 2017 - 2022. Expenditure of £153,508 (2018: £139,066) was incurred during the year on income generation and service delivery. There was no capital expenditure on retail shop development costs (2018: £36,017).

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.

- **Running Costs Reserve** was established to meet 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 3 months’ + 3 months’ budgeted charitable expenditure. A transfer of £390,000 has been made in form (2018: £363,000 out to) unrestricted funds. The balance on this fund at the year end is 8 months (2018: 7) of the Hospice's budgeted charitable expenditure for 2019/20.
### 6. Restricted funds

<table>
<thead>
<tr>
<th>Group and Hospice</th>
<th>Balance 2018</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers</th>
<th>Balance 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>19,776</td>
<td>17,012</td>
<td>(2,910)</td>
<td>(20,734)</td>
<td>13,144</td>
</tr>
<tr>
<td>Ward equipment fund</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>19,776</td>
</tr>
<tr>
<td>Children in Need project</td>
<td>39,625</td>
<td>-</td>
<td>(39,625)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community Choir</td>
<td>10,226</td>
<td>1,407</td>
<td>(10,133)</td>
<td>-</td>
<td>1,500</td>
</tr>
<tr>
<td>Renovation Service</td>
<td>6,118</td>
<td>18,700</td>
<td>(12,951)</td>
<td>-</td>
<td>11,867</td>
</tr>
<tr>
<td>Day Hospice</td>
<td>795</td>
<td>201</td>
<td>(426)</td>
<td>-</td>
<td>570</td>
</tr>
<tr>
<td>Hospice Neighbours</td>
<td>15,102</td>
<td>10,000</td>
<td>(25,102)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Enhanced support service</td>
<td>16,686</td>
<td>68,072</td>
<td>(77,301)</td>
<td>-</td>
<td>7,457</td>
</tr>
<tr>
<td>Carers support</td>
<td>10,000</td>
<td>-</td>
<td>(10,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Compassionate neighbours</td>
<td>5,082</td>
<td>5,000</td>
<td>(8,390)</td>
<td>-</td>
<td>1,692</td>
</tr>
<tr>
<td>Other Funds</td>
<td>91,209</td>
<td>161,250</td>
<td>(190,546)</td>
<td>(20,734)</td>
<td>41,177</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 2019.

### 7. Endowment funds

<table>
<thead>
<tr>
<th>Group and Hospice</th>
<th>Balance 2018</th>
<th>Income</th>
<th>Expenditure</th>
<th>Balance 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Edwin Stevens fund</td>
<td>40,000</td>
<td>276</td>
<td>(276)</td>
<td>40,000</td>
</tr>
<tr>
<td>The D.J. Squires “Love of Roses” fund</td>
<td>20,000</td>
<td>-</td>
<td>-</td>
<td>20,000</td>
</tr>
<tr>
<td>The June Daphne Allen fund</td>
<td>845,041</td>
<td>5,831</td>
<td>(5,831)</td>
<td>845,041</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>905,041</td>
<td>6,245</td>
<td>(6,245)</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. Comparative results for each group of funds

#### Year ended 31 March 2019

<table>
<thead>
<tr>
<th>Group and Hospice</th>
<th>Unrestricted funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Endowment funds</th>
<th>Total funds 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>1,701,950</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,701,950</td>
</tr>
<tr>
<td><strong>Expatriate</strong></td>
<td>3,416,801</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,416,801</td>
</tr>
<tr>
<td><strong>NHS grants</strong></td>
<td>1,904,499</td>
<td>-</td>
<td>-</td>
<td>1,904,499</td>
<td>1,904,499</td>
</tr>
<tr>
<td><strong>NHS service funding</strong></td>
<td>232,550</td>
<td>-</td>
<td>232,550</td>
<td>-</td>
<td>232,550</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>199,979</td>
<td>-</td>
<td>-</td>
<td>199,979</td>
<td>199,979</td>
</tr>
<tr>
<td><strong>Retail shops</strong></td>
<td>6,047,019</td>
<td>-</td>
<td>-</td>
<td>6,047,019</td>
<td>6,047,019</td>
</tr>
<tr>
<td><strong>Fundraising events</strong></td>
<td>686,847</td>
<td>-</td>
<td>-</td>
<td>686,847</td>
<td>686,847</td>
</tr>
<tr>
<td><strong>Trading subsidiaries</strong></td>
<td>934,416</td>
<td>-</td>
<td>934,416</td>
<td>-</td>
<td>934,416</td>
</tr>
<tr>
<td><strong>Investments</strong></td>
<td>130,056</td>
<td>-</td>
<td>4,978</td>
<td>135,034</td>
<td>130,056</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>20,304</td>
<td>-</td>
<td>-</td>
<td>20,304</td>
<td>20,304</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>15,364,421</td>
<td>-</td>
<td>4,978</td>
<td>15,533,169</td>
<td>15,533,169</td>
</tr>
</tbody>
</table>

#### Expenditure

<table>
<thead>
<tr>
<th>Group and Hospice</th>
<th>Unrestricted funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Endowment funds</th>
<th>Total funds 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>16,383,588</td>
<td>192,881</td>
<td>106,457</td>
<td>4,978</td>
<td>16,687,904</td>
</tr>
<tr>
<td><strong>Raising donations and legacies</strong></td>
<td>8,180,660</td>
<td>81,036</td>
<td>-</td>
<td>-</td>
<td>8,261,696</td>
</tr>
<tr>
<td><strong>Retail shops</strong></td>
<td>5,308,634</td>
<td>14,544</td>
<td>-</td>
<td>5,323,178</td>
<td>5,323,178</td>
</tr>
<tr>
<td><strong>Fundraising events</strong></td>
<td>244,669</td>
<td>-</td>
<td>244,669</td>
<td>-</td>
<td>244,669</td>
</tr>
<tr>
<td><strong>Trading subsidiaries</strong></td>
<td>358,351</td>
<td>-</td>
<td>358,351</td>
<td>-</td>
<td>358,351</td>
</tr>
<tr>
<td><strong>In-patient care</strong></td>
<td>4,905,987</td>
<td>50,333</td>
<td>6,816</td>
<td>4,828</td>
<td>5,027,964</td>
</tr>
<tr>
<td><strong>Hospice at home</strong></td>
<td>3,449,678</td>
<td>17,611</td>
<td>36,174</td>
<td>3,504,663</td>
<td>3,504,663</td>
</tr>
<tr>
<td><strong>Community engagement and support</strong></td>
<td>403,010</td>
<td>17,969</td>
<td>63,467</td>
<td>-</td>
<td>464,446</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>634,599</td>
<td>-</td>
<td>1,388</td>
<td>646,471</td>
<td>646,471</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>40,369</td>
<td>-</td>
<td>40,369</td>
<td>-</td>
<td>40,369</td>
</tr>
<tr>
<td><strong>Net (expenditure)/income</strong></td>
<td>(978,798)</td>
<td>(192,881)</td>
<td>57,313</td>
<td>-</td>
<td>(1,114,366)</td>
</tr>
<tr>
<td><strong>Transfer from designated funds</strong></td>
<td>95,841</td>
<td>(954,841)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Transfer from restricted funds</strong></td>
<td>13,685</td>
<td>-</td>
<td>(13,685)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net movement in Funds</strong></td>
<td>(10,272)</td>
<td>(1,147,722)</td>
<td>43,528</td>
<td>-</td>
<td>(1,114,366)</td>
</tr>
</tbody>
</table>

#### 9. Intangible assets

<table>
<thead>
<tr>
<th>Group and Hospice</th>
<th>Total 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost</strong></td>
<td>305,801</td>
</tr>
<tr>
<td><strong>Purchases</strong></td>
<td>69,516</td>
</tr>
<tr>
<td><strong>Amortisation</strong></td>
<td>173,917</td>
</tr>
<tr>
<td><strong>Charge for year</strong></td>
<td>233,883</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>273,933</td>
</tr>
<tr>
<td><strong>At 1 April 2018</strong></td>
<td>233,883</td>
</tr>
<tr>
<td><strong>At 31 March 2019</strong></td>
<td>273,933</td>
</tr>
<tr>
<td><strong>At 31 March 2018</strong></td>
<td>71,918</td>
</tr>
<tr>
<td><strong>At 31 March 2019</strong></td>
<td>71,918</td>
</tr>
</tbody>
</table>

#### 10. Tangible Fixed assets

<table>
<thead>
<tr>
<th>Group and Hospice</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Freehold land</strong></td>
<td>71,586</td>
</tr>
<tr>
<td><strong>Freehold buildings</strong></td>
<td>11,277,321</td>
</tr>
<tr>
<td><strong>Buildings in the course of construction</strong></td>
<td>144,314</td>
</tr>
<tr>
<td><strong>Leasehold buildings</strong></td>
<td>425,740</td>
</tr>
<tr>
<td><strong>Furniture, equipment and vehicles</strong></td>
<td>1,783,046</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16,687,904</td>
</tr>
<tr>
<td><strong>Cost or valuation at 1 April 2018</strong></td>
<td>71,586</td>
</tr>
<tr>
<td><strong>Purchases</strong></td>
<td>11,277,321</td>
</tr>
<tr>
<td><strong>Transfers on completion</strong></td>
<td>144,314</td>
</tr>
<tr>
<td><strong>Charge for year</strong></td>
<td>425,740</td>
</tr>
<tr>
<td><strong>Disposals</strong></td>
<td>1,783,046</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16,687,904</td>
</tr>
<tr>
<td><strong>Depreciation at 1 April 2018</strong></td>
<td>71,586</td>
</tr>
<tr>
<td><strong>Purchases</strong></td>
<td>11,277,321</td>
</tr>
<tr>
<td><strong>Disposals</strong></td>
<td>1,783,046</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16,687,904</td>
</tr>
<tr>
<td><strong>Net book value at 31 March 2018</strong></td>
<td>71,586</td>
</tr>
<tr>
<td><strong>Net book value at 31 March 2019</strong></td>
<td>71,586</td>
</tr>
<tr>
<td><strong>Freehold land</strong></td>
<td>71,586</td>
</tr>
<tr>
<td><strong>Freehold buildings</strong></td>
<td>6,254,181</td>
</tr>
<tr>
<td><strong>Buildings in the course of construction</strong></td>
<td>383,590</td>
</tr>
<tr>
<td><strong>Leasehold buildings</strong></td>
<td>581,555</td>
</tr>
<tr>
<td><strong>Furniture, equipment and vehicles</strong></td>
<td>7,290,912</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,290,912</td>
</tr>
</tbody>
</table>
### 11. Investments

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Investments</strong></td>
<td><strong>Group</strong></td>
<td><strong>Hospice</strong></td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>2,721,750</td>
<td>4,646,671</td>
</tr>
</tbody>
</table>

**Fixed Income**
- 199,597

**Other securities (absolute return funds, multi-asset funds, property funds, etc)**
- 987,952

**Equities**
- 1,376,642

**Cost at 31 March**
- 2,200,237

**Market value at 31 March**
- 2,720,650

**Net additions at cost**
- 434,313

**Marketable investments comprise:**
- £ £

**Disposals at market value**
- (2,359,695) (2,502,990)

**Market value at 1 April**
- 4,645,571

**Cost at 31 March**
- 2,721,750

**Net gain on revaluation/disposal**
- 461

**Total Investments**
- 2,721,750

### 13. Debtors

#### Group

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating debtors</strong></td>
<td>112,427</td>
<td>117,986</td>
</tr>
<tr>
<td><strong>Accruals/legacy income</strong></td>
<td>4,579,427</td>
<td>3,086,940</td>
</tr>
<tr>
<td><strong>Gift Aid receivable</strong></td>
<td>104,894</td>
<td>172,937</td>
</tr>
<tr>
<td><strong>Retail prepayments</strong></td>
<td>397,560</td>
<td>358,257</td>
</tr>
<tr>
<td><strong>Insurance prepayments</strong></td>
<td>91,960</td>
<td>79,364</td>
</tr>
<tr>
<td><strong>Other debtors and prepayments</strong></td>
<td>233,917</td>
<td>222,530</td>
</tr>
</tbody>
</table>

**Amounts due from subsidiaries**
- -

**Number of employees whose earnings fell into the bands below were:**
- No. No.

- The pay of the Chief Executive falls within this band.

*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 2019 they were not reimbursed for any expenses (2018: nil).

### 14. Creditors - Amounts falling due within one year

#### Group

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxation and social security costs</strong></td>
<td>252,053</td>
<td>228,316</td>
</tr>
<tr>
<td><strong>Salaries and holiday pay</strong></td>
<td>32,496</td>
<td>9,449</td>
</tr>
<tr>
<td><strong>Operating creditors</strong></td>
<td>349,704</td>
<td>364,701</td>
</tr>
<tr>
<td><strong>NHS grants paid in advance</strong></td>
<td>461,176</td>
<td>305,581</td>
</tr>
<tr>
<td><strong>Other creditors</strong></td>
<td>488,341</td>
<td>494,567</td>
</tr>
</tbody>
</table>

**Operating creditors**
- 349,704

**NHS grants paid in advance**
- 461,176

**Other creditors**
- 488,341

**Group**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxation and social security costs</strong></td>
<td>252,053</td>
<td>228,316</td>
</tr>
<tr>
<td><strong>Salaries and holiday pay</strong></td>
<td>32,496</td>
<td>9,449</td>
</tr>
<tr>
<td><strong>Operating creditors</strong></td>
<td>349,704</td>
<td>364,701</td>
</tr>
<tr>
<td><strong>NHS grants paid in advance</strong></td>
<td>461,176</td>
<td>305,581</td>
</tr>
<tr>
<td><strong>Other creditors</strong></td>
<td>488,341</td>
<td>494,567</td>
</tr>
</tbody>
</table>

### 15. Staff remuneration

#### Group

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries</strong></td>
<td>10,631,043</td>
<td>10,121,246</td>
</tr>
<tr>
<td><strong>Employee’s National Insurance</strong></td>
<td>924,261</td>
<td>875,841</td>
</tr>
<tr>
<td><strong>Pension costs</strong></td>
<td>605,771</td>
<td>573,192</td>
</tr>
<tr>
<td><strong>Apprenticeship Levy</strong></td>
<td>37,773</td>
<td>35,235</td>
</tr>
<tr>
<td><strong>Agency staff</strong></td>
<td>112,136</td>
<td>110,977</td>
</tr>
<tr>
<td><strong>Recruitment and training expenses</strong></td>
<td>131,222</td>
<td>129,535</td>
</tr>
<tr>
<td><strong>Subsidiary companies staff costs</strong></td>
<td>43,224</td>
<td>42,662</td>
</tr>
</tbody>
</table>

#### Hospice

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries</strong></td>
<td>67</td>
<td>55</td>
</tr>
<tr>
<td><strong>Hospice at Home</strong></td>
<td>54</td>
<td>44</td>
</tr>
<tr>
<td><strong>Day services</strong></td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Community engagement</strong></td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td><strong>Consultants and doctors</strong></td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td><strong>Clinical administration</strong></td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td><strong>Therapies</strong></td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td><strong>Housekeeping</strong></td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td><strong>Other support services</strong></td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td><strong>Marketing and communication</strong></td>
<td>230</td>
<td>214</td>
</tr>
<tr>
<td><strong>Fundraising</strong></td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td><strong>Retail</strong></td>
<td>181</td>
<td>124</td>
</tr>
<tr>
<td><strong>Executive and finance</strong></td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>547</td>
<td>438</td>
</tr>
</tbody>
</table>

**Average number of employees**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-patient unit</strong></td>
<td>67</td>
<td>55</td>
</tr>
<tr>
<td><strong>Hospice at Home</strong></td>
<td>54</td>
<td>44</td>
</tr>
<tr>
<td><strong>Day services</strong></td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Community engagement</strong></td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td><strong>Consultants and doctors</strong></td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td><strong>Clinical administration</strong></td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td><strong>Therapies</strong></td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td><strong>Housekeeping</strong></td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td><strong>Other support services</strong></td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

**Operating creditors**
- 349,704

**NHS grants paid in advance**
- 461,176

**Other creditors**
- 488,341

**Total Investments**
- 2,721,750

**Net additions at cost**
- 434,313

**Disposals at market value**
- (2,359,695) (2,502,990)

**Market value at 1 April**
- 4,645,571

**Cost at 31 March**
- 2,721,750

**Net gain on revaluation/disposal**
- 461

**Total Investments**
- 2,721,750

### 16. Related party transactions

During the year ended 31 March 2019, the Hospice employed PAH Trading Limited to prepare sandwiches to sell in the coffee shop. During the year ended 31 March 2019, the Hospice invoiced PAH Trading Limited for £8,446 (2018: £8,693) for the use of retail shop facilities to sell goods on behalf of supporters (Agency Sales) to the Hospice of £26,330 (2018: £77,769). There was a balance of £9,421 outstanding at 31 March 2019 (2018: £18,498).

Gail Cookson, Trustee, is International Director of WPN Chameleon, a company providing direct marketing services. During the reporting period WPN Chameleon provided direct marketing services to the Hospice of £601,871 (2018: £551,137).

During the year ended 31 March 2019, the Hospice employed medical consultants and doctors paid on NHS scales who are included in the numbers above.

The key management personnel of the Hospice are the Trustees and the Senior Management Team (“SMT”). The SMT comprises the Chief Executive, Medical Director, Director of Patient Care and Strategic Development, Director of Fundraising, Marketing and Communication, Director of Finance and Operations, Director of People and Communities and Retail Director. They are subject to the same terms and conditions as other members of staff and do not receive any additional employee benefits. They are only remunerated for expenses wholly and necessarily incurred for business purposes in accordance with Hospice policy. The total employee benefit (salary and employer’s pension contributions) received by the SMT was £601,871 (2018: £551,137).

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 2019 they were not reimbursed for any expenses (2018: nil).

In the year ending 31 March 2019, the Hospice received donations of £14,380 from Trustees and their immediate families, the SMT and their spouse/partner. The Trustees volunteer their time to attend internal and external meetings, provide support and advice to the SMT, attend Hospice events and represent the Hospice at external events. The Trustees estimate that during the year they donated over 2,000 hours of time in aggregate.

The Trustees are directors and members of the SMT at the date of this report. During the year ended 31 March 2019, 1 (2018: nil) employee died in service. An aggregate payment of £30,298 (2018: nil) was made to 3 (2018: nil) employees in respect of statutory redundancy pay.

During the year ended 31 March 2019 the Hospice received £8,446 (2018: £8,693) for the use of retail shop facilities to sell goods on behalf of supporters (Agency Sales) and £15,381 (2018: £15,303) for the preparation of sandwiches to sell in the coffee shop.
19. Simplified Income & Expenditure Statement

<table>
<thead>
<tr>
<th>Notes</th>
<th>Group 2019</th>
<th>Group 2018</th>
<th>Group 2019</th>
<th>Group 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCOME</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>NHS grants</td>
<td>1,273,896</td>
<td>1,268,007</td>
<td>3,228</td>
<td>25,540</td>
</tr>
<tr>
<td>Voluntary income</td>
<td>1,865,719</td>
<td>1,846,701</td>
<td>966,023</td>
<td>11%</td>
</tr>
<tr>
<td>Voluntary income</td>
<td>1,865,719</td>
<td>1,846,701</td>
<td>966,023</td>
<td>11%</td>
</tr>
<tr>
<td>Donations</td>
<td>3,416,801</td>
<td>3,327,165</td>
<td>423,108</td>
<td>5%</td>
</tr>
<tr>
<td>Voluntary income</td>
<td>1,865,719</td>
<td>1,846,701</td>
<td>966,023</td>
<td>11%</td>
</tr>
<tr>
<td>Cost of raising voluntary income</td>
<td>906,492</td>
<td>906,492</td>
<td>906,492</td>
<td>906,492</td>
</tr>
<tr>
<td>Cost of raising voluntary income</td>
<td>906,492</td>
<td>906,492</td>
<td>906,492</td>
<td>906,492</td>
</tr>
<tr>
<td>Fundraising events</td>
<td>686,847</td>
<td>686,847</td>
<td>686,847</td>
<td>686,847</td>
</tr>
<tr>
<td>Cost of fundraising events</td>
<td>686,847</td>
<td>686,847</td>
<td>686,847</td>
<td>686,847</td>
</tr>
<tr>
<td>Trading subsidies</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
</tr>
<tr>
<td>Cost of trading subsidies</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
</tr>
<tr>
<td>Retail income</td>
<td>6,470,019</td>
<td>6,470,019</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cost of retail</td>
<td>514,653</td>
<td>514,653</td>
<td>273,841</td>
<td>8%</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>723,841</td>
<td>723,841</td>
<td>723,841</td>
<td>723,841</td>
</tr>
<tr>
<td>Investment income</td>
<td>105,047</td>
<td>105,047</td>
<td>105,047</td>
<td>105,047</td>
</tr>
<tr>
<td>NHS service funding</td>
<td>232,550</td>
<td>232,550</td>
<td>232,550</td>
<td>232,550</td>
</tr>
<tr>
<td>Education</td>
<td>199,079</td>
<td>199,079</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Charitable activities</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
</tr>
<tr>
<td>Charitable activities</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
<td>934,416</td>
</tr>
<tr>
<td>Aggregate Net Income</td>
<td>10,137,282</td>
<td>10,137,282</td>
<td>9,707,276</td>
<td>100%</td>
</tr>
<tr>
<td>NET INCOME</td>
<td>10,137,282</td>
<td>10,137,282</td>
<td>9,707,276</td>
<td>100%</td>
</tr>
</tbody>
</table>

| EXPENDITURE | £          | £          | £          | £          |
| Charitable activities | 514,653 | 514,653 | 514,653 | 514,653 |
| Charitable activities | 514,653 | 514,653 | 514,653 | 514,653 |
| Aggregate TOTAL EXPENDITURE | 10,301,347 | 10,301,347 | 9,862,010 | 100%       |
| Operating Surplus/Deficit | 10,137,282 | 10,137,282 | 9,707,276 | 100%       |

**Trustees**

**Professor Fiona Ross CBE**
Chaired charity, Fiona has been a nurse, academic and manager. She was formally Dean at Kingston University and St George’s, University of London, she also is a Governor of Westminster University.

**Sean Watson**
Wes Chairman
Sean is a consultant to City law firm CMS Cameron McKenna, where he was until recently a partner. He is also a Non-Executive Director of Argus Media.

**Despina Don-Wauchoppe**
Honorary Treasurer
Despina is a Chartered Management Accountant and has more than 20 years’ experience. She currently works in the Retail sector.

**Gail Cookson**
With over 25 years’ experience in fundraising, Gail has been a director of WPN Chameleon for 12 years.

**Professor Sean Hilton**
Sean is Emeritus Professor at St George’s, University of London. He was a GP partner for 30 years in Kingston upon Thames.

**Jane Hogg**
Having previously worked in the charity sector, Jane is now Integration Director at Frimley Park Hospital NHS Foundation Trust.

**Andrew Jennings**
Andrew is retired following a career as a Chartered Accountant in the City where he spent nearly 30 years in International Law management.

**Who’s who**

Senior Management Team

**Trustees**

Professor Fiona Ross CBE  Chair
Fiona has been a nurse, academic and manager. She was formally Dean at Kingston University and St George’s, University of London, she also is a Governor of Westminster University.

Sean Watson  Wes Chairman
Sean is a consultant to City law firm CMS Cameron McKenna, where he was until recently a partner. He is also a Non-Executive Director of Argus Media.

Despina Don-Wauchoppe  Honorary Treasurer
Despina is a Chartered Management Accountant and has more than 20 years’ experience. She currently works in the Retail sector.

Gail Cookson  Chair
With over 25 years’ experience in fundraising, Gail has been a director of WPN Chameleon for 12 years.

Professor Sean Hilton  Chair
Sean is Emeritus Professor at St George’s, University of London. He was a GP partner for 30 years in Kingston upon Thames.

Jane Hogg  Vice-Chair
Having previously worked in the charity sector, Jane is now Integration Director at Frimley Park Hospital NHS Foundation Trust.

Andrew Jennings  Honorary President
Andrew is retired following a career as a Chartered Accountant in the City where he spent nearly 30 years in International Law management.

**Jeannine Nolan**
Jeannine runs her own independent communications consultancy, which has a strong bias towards the healthcare sector.

**Dr Heather Patel**
Heather is a GP with more than 30 years’ experience. She has also held several board level positions in local primary care organisations.

**Karen Roberts**
Karen has over 25 years’ experience of managing Human Resources in global companies, specialising in talent management and workforce planning.

**Christopher Roche**
Christopher is a retired Chartered Accountant with 20 years’ experience working in the City as a merchant/investment banker.

**Dr Peter West**
Peter is a health economist with over 40 years’ experience working for consulting groups, universities and government agencies across the world.

**Jane Formby**
Honorary President
Jane has been involved with the Hospice for over 30 years, both as an employee and a volunteer.

**Karen Roberts**
Karen has over 25 years’ experience of managing Human Resources in global companies, specialising in talent management and workforce planning.

**Christopher Roche**
Christopher is a retired Chartered Accountant with 20 years’ experience working in the City as a merchant/investment banker.

**Dr Peter West**
Peter is a health economist with over 40 years’ experience working for consulting groups, universities and government agencies across the world.

**Jane Formby**
Honorary President
Jane has been involved with the Hospice for over 30 years, both as an employee and a volunteer.

**Who’s who**

Senior Management Team

Nick Shaw  Chief Executive
Zoe Byrne  Director of People and Communities
Professor Craig Gannon  Medical Director
Phil Seal  Director of Retail
Nigel Seymour  Director of Fundraising, Marketing and Communication
Lesley Spencer  Director of Patient Care and Strategic Development
Diane Rickwood  Director of Finance and Operations and Company Secretary

**Advisors**

Cazenove Capital Management 1 London Wall Place, London EC2Y 5AU
Mazars LLP Times House, Throwley Way, Sutton, Surrey SM1 4AF
Barclays Corporate Ranger House, Walnut Tree Close, Guildford, Surrey GU1 4UL
You’ve made it happen...

It costs £10.3m each year for us to provide free, high quality care in our Hospice and in the community. We are immensely grateful to you, the trusts, foundations and Masonic Lodges, who have supported our work this year. As a hospice, unlike many other charities, we have patients and families in constant need of care and we are committed to delivering a positive experience for each and every one of them.

We need to keep paying the everyday costs that allow us to provide that care. To ensure the long-term sustainability of the organisation and to continue to provide excellent care and support for an ever growing population, we need increased financial support and resources from organisations such as yourselves. In today’s challenging and unpredictable economic climate, it is vital to protect every penny of our reserves for today and the years ahead.

Thank you.

Trusts
- The Albert Hunt Trust
- The Ann Jane Green Trust
- The Anonymous Donor Trust
- The Basil Samual Charitable Trust
- BBC Children In Need Nursing Association
- The Bothwell Charitable Trust
- The Bookhams, Fetcham & Effingham
- The Bothwell Charitable Trust
- The Bookhams, Fetcham & Effingham Nursing Association
- The Bothwell Charitable Trust
- The Britten Foundation
- The Brock Webb Trust
- The Cliff Richard Organisation
- David & Ruth Lewis Family Charitable Trust
- Diocese of Arundel & Brighton
- E K & D Wright Trust
- Edwin George Robinson Charitable Trust
- The Elizabeth Frankland Moore & Star Foundation
- The Erica Leonard Trust
- F G Roberts Charitable Trust
- Family Rich Charities Trust
- The February Foundation
- The Felicity UK Foundation
- The G E Rintoul Memorial Trust
- The Gerald Renton Charitable Trust
- The Gilder’s Company
- The Godalming Foundation Limited
- Grace Trust
- The Hall Charitable Trust
- Hampton Fuel Allotment Charity
- Hangrove Foundation for A Brighter Future
- Harareim Trust
- Hangrove Foundation For A Brighter Future
- Hambros Charity Limited
- Holloway Charitable Trust
- The Hospital Saturday Fund
- Ivasilia Charitable Trust
- Ian Maitaggart Trust
- The Ingram Trust
- Institute of Our Lady of Mercy
- Ian Trust
- John Lang Charitable Trust
- The Joseph Strong Frazier Trust
- Kingston Nursing Association
- Kibler Trust
- L. Messenger Charitable Trust
- London Aged Christian Society
- The Lynn Foundation
- The Michael & Anna Wix Charities Trust
- The Mildred Duveen Charitable Trust
- The Orr Mackintosh Foundation
- Pauline Pedent Charitable Trust
- The Ramore Charitable Trust
- Rest-Harrow Trust
- Richmond Parish Lands Charity
- Roger Vere Foundation
- The Rowan Rental Charitable Trust
- The Roxel Trust
- The Sandra Charitable Trust
- Santander UK Foundation Ltd
- Sharan Foundation
- The Shirey & Ian Watson Charitable Trust
- Sir Edward Lewis Foundation
- The Socier Charitable Trust
- SSP Foundation
- St. James’s Place Foundation
- Starke Benito Charitable Trust
- Surrey Provincial Charity Fund
- Sylvia and Leo Fidler Charitable Trust
- Tom & Sheila Springer Charitable Trust
- Toyota Head Office
- The Vodafone Foundation
- Walton on Thames Charity
- The William Allen Young Trust
- The William Henry Way Bequest Trust
- Wimbledon District Nursing & Midwifery Benevolent
- William Henry Way Bequest Trust

Masons
- Addlestone Lodge 5222
- Arabian Mile 882 Lodge
- Athelstan Lodge 14771
- The Cannon Lodge
- Chertsey Abbey Chapter
- Chingstone Lodge No 5542
- Claygate Lodge No 7930
- Egyptian Lodge
- Elbridge Lodge L5838
- Ernest Ethington Lodge 10266
- Excelsior & Dedication Lodge
- Lodge of St Mary Balkham
- Malines Lodge 8740
- Masonic Charitable Foundation
- Mid Sussex Lodge 3109
- Noel Chapter No 2444
- Old Strooders Lodge No 7803
- Palace Park Lodge
- Sir Charles Bright Chapter 1793
- St Clair Lodge 2902
- St Georges Esher Lodge
- St Peter’s Lodge No 7406
- Strooders Lodge No 2146
- The Oddfellows Mid-Surrey District Lodge 3713
- Torquay Lodge 47236
- United Amers Chapter No 30
- Waterfall Lodge 4139
- Wickham Lodge No 1924
- Willow Lodge

Gifts in Wills make up 50% of our income. All gifts of any size help us to care for people for years to come.

For more information about leaving a gift in your Will to Princess Alice Hospice visit pah.org.uk/wills or email supportercare@pah.org.uk or call 01372 461808.
Contact us
Princess Alice Hospice
West End Lane
Esher KT10 8NA
enquiries@pah.org.uk
01372 468811
pah.org.uk

2019 Trustees’ Annual Report

TAR | SEPTEMBER 2019

Princess Alice Hospice is a registered charity no: 1010930 and a company limited by guarantee in England and Wales no: 1599796. Registered as a US Tax Exempt charity under Section 501 (c) (3) IRC. © Princess Alice Hospice 2019

For Excellence. For Compassion. For People. For Living.