

Sue Ryder



Trustees' Annual Report
and Accounts 2011–12

Year ended 31 March 2012

www.sueryder.org



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500,000

people die each year in England, many of whom need end of life or specialist palliative care. 60% of those people die in hospital. Over two thirds of us would prefer to die at home.*

Approximately

10,000,000

people across the UK are living with a neurological condition.

350,000

of them will need help with daily living.**

* Dying Matters, April 2011, www.dyingmatters.org

** Department of Health, April 2011, www.dh.gov.uk





Living through life's challenges

We provide compassionate and person-centred care for complex and end of life needs. This includes people with long-term conditions such as Acquired Brain Injury, Multiple Sclerosis (MS), Huntington's disease, Motor Neurone Disease, and other life limiting conditions such as cancer and, increasingly, associated dementia.

Many people believe that once you have a life changing illness there's little left. We don't. We believe in giving people choice and control over the care they receive, even in the face of very challenging conditions. We help people to live a better quality of life and to achieve their aspirations. Our care gives people choice and dignity in both life and in death.

We operate from our seven registered hospices, seven neurological care centres and also in the community. In addition, we support independent Sue Ryder charities in Poland, the Czech Republic, Albania and Malawi. We are supported by 9,019 volunteers, 3,136 staff and 392 shops.

Chairman and Chief Executive joint statement

Sue Ryder is passionate about giving people the care that they want, that's our vision. Throughout the year we focused on how we could make a difference to the lives of the people we care for locally, nationally and internationally. Person-centred care is at the centre of everything we do, which goes for those of us who provide care directly and those of us who don't. We work together and we're very proud of the dedication of our staff and volunteers.

Throughout 2011/12, we've delivered over 100,000 days of long-term residential care for complex conditions and we've further established ourselves as one of the largest providers of palliative care in the UK. In August, we exited the English homecare market to concentrate on our specialist services. We continue to provide homecare in Scotland, where we offer specialist services to a wide community, very much in line with our strategy.

It has been a tough year financially as our level of fundraising and legacy income fell. The pressures of the economic environment have made it increasingly challenging to generate funds across a range of fundraising activities. Despite loyal support, our fundraising income missed target by around £3.5 million and it was a particularly disappointing year for legacies. We have considerably strengthened our senior management team within fundraising during the year.

Despite the overall economic conditions, it has been a good year for our Retail Division. Growth in like for like sales of donated goods were up 5% compared with 2010/11. We are also delivering our ambitious shop expansion programme and have opened 46 stores in 2011/12. The contribution from Retail has also grown from the opening of new shops and this has given us confidence in our ability to locate and open profitable shops.

Our cash position decreased by £4.4 million, with £2.6 million of the deterioration from operating activities, and the rest from net investment in our retail growth strategy. The next eighteen months will be financially challenging, pending the turn around in our fundraising and the return on our retail investment. We have limited resources and have prioritised the most essential works and projects. We are committed to reducing the cost base of the charity and have budgeted our support costs to be lower in 2012/13 compared to 2011/12.

Our strategic pillars remain the same:

1. Develop our range of services
2. Grow in more locations
3. Ensure a long-term future for the charity
4. Increase public affection for Sue Ryder



Chairman and Chief Executive joint statement

Develop our range of services

We've made considerable progress towards meeting these challenges and 2011/12 was a year for embedding change. We've followed our strategic direction towards more community based care and we're developing a greater range of services and local care offerings. In Doncaster, we launched the Dementia befriending service, a two hour programme supporting people living with dementia, their carers and their families. And, in March 2011, we opened our Synergy Café in The Chantry, which provides education, information and advice to support people with dementia.

We have been piloting new and innovative ways of working, such as our new Bedfordshire Partnership for Excellence in Palliative Support (PEPS), a service supporting patients, families and health and social care professionals through the coordination of palliative care services across Bedfordshire. The new Health and Social Care Strategic Delivery Plan, 'Supporting Me' was launched in March 2012. The plan explores delivering a four stage model of care and support. The new model of care helps us to prioritise person-centred care, giving those we support more choice and control over their care, expanding our services into the community.

Grow in more locations

On the first day of the financial year in 2011, we became the sole provider of Berkshire West Primary Care Trust's inpatient specialist palliative care services, based at the Duchess of Kent House, Reading. This included the TUPE transfer of 96 NHS staff and the transfer was a landmark achievement for Sue Ryder, putting us at the heart of the Department of Health's Transforming Community Services initiative. The transfer directly represents our strategy in action – new services in new places. We hope to use the transfer as a template of success and we hope to offer our care services to other commissioners in the future.

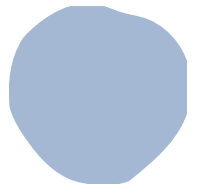
Ensure a long-term future for the charity

Given the pressure on statutory funding, our priority has been to expand our self-generated income streams. Throughout the year we've continued the growth of our Retail chain and have opened a further 46 shops. At the end of the year we had 392 shops in our Retail estate. It is so important that we also start to grow our fundraising income. In addition, 2011/12 saw the launch of the £6 million capital appeal to support the re-provision of Thorpe Hall Hospice. We began the private stage of the appeal with an event hosted by Lady Victoria Leatham.

We want Sue Ryder to set the standards for complex neurological care and specialist palliative care, ensuring that we're providing care in sustainable facilities in the long term. That is why we're delighted that we gained successful planning permission for development projects in three of our hospices. We recognise that in order to make change happen – so that Sue Ryder can achieve its objectives – we must make sure that we're at the forefront of innovation in order to secure our services for the foreseeable future.

Increase public affection for Sue Ryder

We've continued to implement our visual identity with the re-branding of our shop portfolio and the signage at our care centres. We have focused on building a national brand and a family of local brands. We deliver care in local communities and so our brand needs to embrace both our national presence, and our local presence around our care centres. Shops that sit within a 20 mile radius of a centre will be branded using their local centre identity because we want to increase support from our local communities and help them better understand our services. We'll be continuing to re-brand over this financial year.



Nationally, we are developing our voice. In October we launched Tailor Made, a report that we commissioned with Demos, a think-tank focused on power and politics. The report has helped us to explore the future of personalisation at a time of radical reform in health and social care. You can view the full report online at www.sue Ryder.org/demos

We enjoyed significant success with our campaign to change government policy on tax relief for charities providing hospice care. After winning the vote in the House of Lords, our focus is now on working and negotiating with the government to make sure they accept our changes to the bill. We want to find a workable, sustainable and affordable solution to the unfair tax burden on charitable hospice providers.

Our people

Not only do we want to put personalisation at the heart of our care provision, but it's also at the heart of our organisation, in our people, and in what we do. Each one of our people is different. In 2010, we launched our first annual opinion survey – People Pulse – because we wanted to give our staff and volunteers an individual voice, a say on how we run and govern Sue Ryder. Our engagement score then was 686 out of a maximum 1,000. We have now received the findings from our 2011 survey and our new engagement score is 703, with improvements made across 31 of 40 factors. This is a real demonstration of the progress made by our People team in our efforts to improve our culture. This is an area that we're committed to getting right at Sue Ryder. We want to ensure that this is a great place to work for our people, each and every one of them.

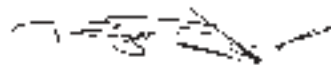
We commissioned New Philanthropy Capital to carry out an in-depth review, to identify what we're doing well and what we can improve on. We received a very positive report in which we were called 'a very well-run and progressive charity with great ambition'. The analysis commented that our mix of services is complex and whilst our staff 'embrace this complexity, a further challenge is the move away from centrally-delivered

services to more personalised care'. You can view the full report online at <http://bit.ly/OWw5wT>

This year we have seen a substantial growth in volunteering. We now have 9,019 volunteers participating in regular activities supporting Sue Ryder. Our volunteers are worth an enormous financial value to us and play a crucial part in supporting the charity, including our fundraising events and initiatives.

2011/12 has been a year in which we made decisions that prioritise the longevity of Sue Ryder. It's been a year in which we've really begun to grapple with personalisation and we've committed ourselves to embedding it across the charity. It has been a difficult year financially and socially, and we've been operating in a time of massive change in our society. Death rates are at an all time low in the UK and so we must be ready to support the increased number of people living with complex conditions and end of life needs in a fast moving health and social care market.

We're very excited about the future of Sue Ryder. The work and effort we invest in now will bring benefits to the people we care for in the future. Throughout Sue Ryder, we touch thousands of people. Sometimes those are the happiest of experiences, sometimes they are very sad, but we believe our work can improve the lives of those people we care for, regardless of the circumstances. Thank you to all of our staff, volunteers and supporters for their contribution this year.



Roger Paffard
Chairman



Paul Woodward
CEO

Trustees' report

Our vision, mission and values

Vision

- Passionate about giving people the care they want

Mission

- We provide high quality support and individual care to those we care for and are innovating new ways of providing care through a clear understanding of what matters
- We campaign on behalf people with complex care needs so they have increased access to better quality care
- We enable more people to die with dignity in their place of choice

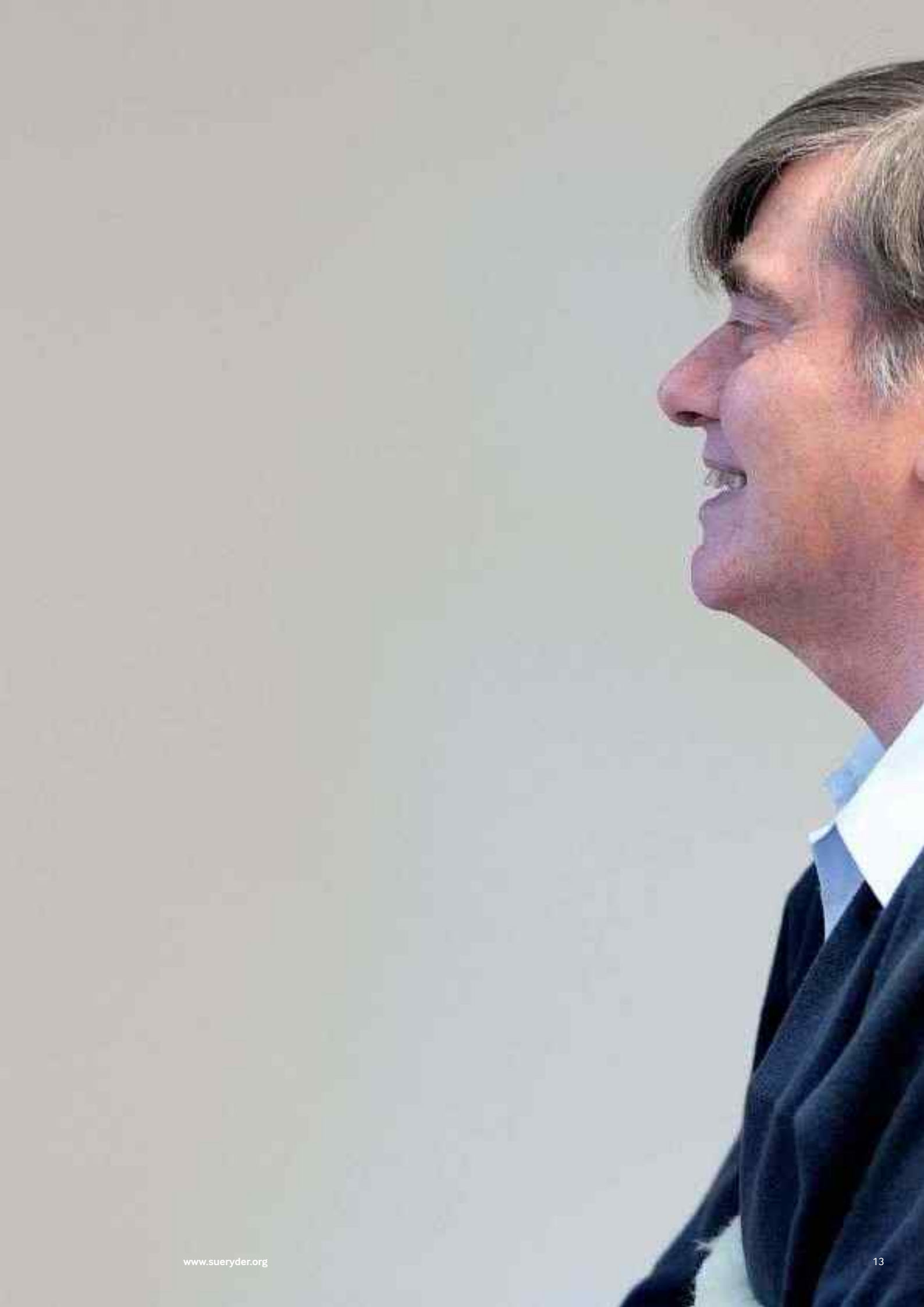
Values

- Do the right thing
- Push the boundaries
- Make the future together





Charitable activities



Charitable activities

Sue Ryder undertakes a number of activities for the public benefit. These activities across all service areas can broadly be described as:

Care and support for complex, end of life and specialist palliative needs

Our new health and social care strategy, which was launched in March 2012, describes our core purpose and articulates and celebrates the broad range of care services that we offer. We've recognised the need to better define our care offering, including palliative, neurological and dementia care, and our new strategy provides a cohesive plan which embraces our current and future direction.

Our model of care is called 'Supporting Me' and it reflects the standards which service users and carers would expect to see when personalisation is working well in an organisation.

The 'Supporting Me' model has four stages. The model helps us understand what our contribution is, at each stage, within the wider health and social care community.

We want to maintain and improve our person-centred services. This means we fit services to people, not people to services. We treat each one of our service users as an individual case. Many people like Tony have varied needs that don't result from just one disease area.

The Sue Ryder report published by the think tank Demos, Tailor Made, explored personalisation working for those who need it most. The report advised that 'people articulate their needs, preferences and aspirations not in neat service silos, but rather in broad outcomes which, by their nature, require multiple services if they are to be achieved... When we asked what was important in life, people we spoke to often replied that maintaining their independence and family and friendships were most important to them, which can only be achieved when several services work together'.



Tony's story

Tony is 46 and has advanced Huntington's disease. He is one of five siblings, three of whom have the disease. He is supported at our purpose built neurological centre in Aberdeen. His care needs mean he needs a registered nursing service within a centre setting. His two affected siblings (who live independently) and mother visit him regularly. His disease progression and subsequent challenging behaviour associated with Huntington's acquired dementia, outlines that a multidisciplinary approach is required and three monthly review meetings occur within the care setting. We work with him to ensure his reviews have input from the local Speech and

Language Therapist, the specialist nurse (Huntington's disease), Head of Care (Sue Ryder) and GP. We use the Gold Standard Framework tool for capturing end of life preferences, recording decisions for resuscitation preferences and capturing anticipatory prescribing needs within the centre. We work with the local specialist nurse to provide advice, education and support for his siblings. His siblings have expressed an interest in Sue Ryder providing their care as their condition deteriorates. We have also supported Tony's mother to practice relaxation techniques with Tony.





End of life and specialist palliative care



End of life and specialist palliative care

End of life and specialist palliative care

End of life and specialist palliative care is the total active care for people with conditions that are no longer curable. We provide end of life and specialist multi-disciplinary care to support people to live as well as possible with the effects of their illness. We deliver our palliative care from our seven hospices. We also provide hospice at home care, day care therapy, outpatient clinics and end of life care in the community.

We also deliver educational programmes to healthcare professionals and have recently launched a new palliative care education programme in collaboration with the University of West London.

In our 2010/11 Trustees' report:

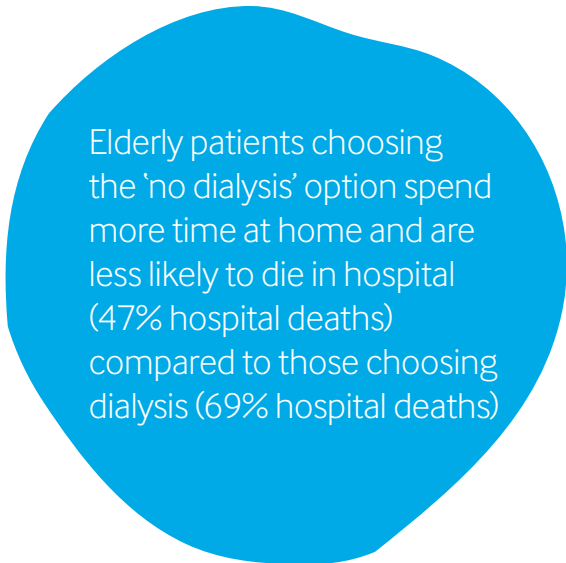
We said we would plan to provide care from newer buildings that are both more suited to modern palliative care and less costly to run. The aim is to provide improved facilities and to reduce the level of our assets that are tied up in buildings.

- ✓ In 2011/12 we received successful planning permission on plans for a replacement 20-bed hospice in the existing grounds of our Thorpe Hall Hospice. Our proposed facility will provide 20 single, en-suite bedrooms set within one part of the walled garden, adjacent to the front of the Hall.
- ✓ We have been offered the opportunity to partner Oxfordshire Primary Care Trust in the development of a 'health zone', including a new 12-bed hospice in the grounds of Henley Townlands Community Hospital. This move will mean a transfer from our current services at Nettlebed Hospice into a purpose built facility, more suited to end of life and specialist palliative care.

We said we would develop and expand our palliative care services.

- ✓ In December 2011, we launched a 12 month pilot service coordinating 24 hour specialist palliative care and end of life support throughout Bedfordshire. Our Bedfordshire Partnership for Excellence in Palliative Support (PEPS) service works in partnership with local health and social care organisations and offers a single point of contact for support, advice and assessment. Five months into the pilot over 400 patients have had their care co-ordinated by us.
- ✓ At our Wheatfields Hospice, we have developed a pioneering renal service. The service provides a 'no dialysis' option and numbers choosing this alternative have grown from 2% to 25% of the clinic. We now have 120 renal patients regularly reviewed by the clinic.

- ✓ Evidence suggested that end of life and palliative care services were not reaching local minority communities. We're focusing on community development by offering vocational training and a programme of information dissemination to the Black Minority Ethnic community to raise awareness of end of life care. Manorlands Hospice Apprenticeship project has developed a calendar to promote cultural and religious awareness.



Elderly patients choosing the 'no dialysis' option spend more time at home and are less likely to die in hospital (47% hospital deaths) compared to those choosing dialysis (69% hospital deaths)

We said we would become the sole provider of Berkshire West Primary Care Trust's (PCT) inpatient specialist palliative care services.

- ✓ On 1 April 2011 all specialist palliative care services in NHS Berkshire West successfully transferred to us, with care based at Duchess of Kent House, Reading. This put us at the heart of a landmark transfer of palliative care services. 96 staff were successfully transferred from the NHS Berkshire West PCT under Transfer Undertaking Protection of Employment (TUPE) arrangements.

We said we would complete a review of our hospices, which will shape the future direction of our community based services that we offer from these centres.

- ✓ During 2011/12 we reviewed each of our hospices and we have now developed individual operational plans for these centres. We will use these plans to shape our progress and development of the delivery of future services.

Palliative care – the year ahead

During 2012/13 we want to continue to develop our palliative care offering. We want to expand day care, hospice at home, respite care and partnership working. In 2013 we will have transferred our care from Nettlebed Hospice to the new 'health zone' in Henley (Townlands) Community Hospital. We are confident that we can use this project as a model for re-providing other palliative care centres. Our new health and social care strategy, 'Supporting me', supports integrated and partnership working. Our care at the new site in Henley will form part of an integrated specialist palliative care service that will deliver choice to people requiring complex palliative care at home or in the hospice.

We will continue to monitor the progress of PEPS. We are working with SchARR (Sheffield University School of Health) to assess the economic impact of our PEPS service. We will also collate qualitative data to assess patient and carer experience.

Palliative care achievements and performance

Input

- £21.6m spent (£17.7m)
- 544 nurses and carers employed (448)

Activity

- Inpatient care Gloucestershire, West Yorkshire x2, Oxfordshire, Bedfordshire, Cambridgeshire
- Day care attendances
- Community nurse visits
- Bereavement counselling

Output

- 1,865 inpatient admissions (1,750)
- 3,670 attendances at palliative day care (3,500)
- 6,330 Community nurse visits (5,400)
- 2,340 face to face contacts (2,300)
- 3,630 telephone calls for bereavement (3,400)

Outcome and impact

- 99% of service users rated the overall care they received as good or excellent (99%)
- 98% of service users felt that overall they were treated with respect and dignity (99%)
- 99% of service users who would recommend the service to family and friends (100%)
- 20 formal complaints (10)
- 90% of formal complaints acknowledged within target of three days (90%)
- 75% of formal complaints responded to in writing within target of twenty days (88%)





Long-term neurological care

Long-term neurological care

We support people with complex neurological conditions to live as well and as independently as possible, supporting them at different stages throughout their journey. We provide 24 hour specialist care at our seven neurological care centres, where we encourage self-directed support, giving people choice and control over how their care is provided.

In our 2010/11 Trustees' report:

We said we would start to focus on providing high quality, person-centred care.

Following on from a previously successful year, we are pleased that majority of residents and patients still enjoy a good or excellent experience. We continue to set ourselves very high standards and it is reassuring that the expectations of those who use our services is equally high. Although our performance was slightly down on last year's, we remain robust in our attention to detail. The desire to move towards more personalised care and support will bring about challenges to the way we operate and we continue to respond proactively to these. The number of complaints received increased slightly in terms of numbers and their complexity. We will be looking to improve our response times in the coming year.

In addition, throughout the 2011 summer we ran 'Planning Live!' workshops, designed by Helen Sanderson Associates, at a number of our neurological centres. Planning Live! is a three day course for service users and their families, designed to develop their personal support plan and budget. The workshops helped our residents to think about how they want to live and what they need in order to make that happen. Those aspirations are in our 2012/13 plans.

We said we would form working partnerships with a number of housing associations, to start looking at the future housing and support needs for some of the people we currently support.

Sue Ryder will be taking the opportunity to move from Hickleton Hall to a more sustainable and

personalised model of care. We will not be maintaining a residential service in Hickleton, but we still want to provide appropriate and personal care for our existing clients. Those who need, or want, residential care will be offered the opportunity to move to Holme Hall, where we will be expanding by three beds over the next six to nine months.

We have also formed a project group to start work on re-providing our service at Cuerden Hall. We provide excellent neurological services at Cuerden and we'll be developing our care by providing supported living housing near to the existing site, in addition to maintaining a residential service.

We said we would look at providing more care choices and a variety of support for people living with neurological conditions.

We now have a motor neurone disease (MND) coordinator for north Bedfordshire based at St. John's Hospice. The MND service supports individuals through the illness, working in partnership with GPs and other services in Bedfordshire. We are looking to expand this service into south Bedfordshire.

Our Continuing Health Care (CHC) service in Doncaster offers care and support for people with continuing healthcare needs in their own homes. Our nurse-led service started in August 2011 and we are fully funded by NHS Doncaster. We provide personalised, specialist care for people with complex needs and conditions, such as multiple sclerosis, MND and acquired brain injury, allowing people to maintain independence in their own homes.

We said we would expand our national service user group, Acorns, into regional forums.

Whilst we have invested in video conferencing technology in order to help widen the opportunities for service user engagement, we are still exploring different and appropriate ways to engage with our residents.

Colin's story

Colin Knight, from Turvey in Bedfordshire, has lived with MND for nearly four years. He is a patient and user group representative and was involved in the recruitment of Sue Ryder's MND coordinator.

'MND is such a lonely disease – even when you are surrounded with family and friends and doctors and nurses who are absolutely brilliant, you can still feel alone. Having someone on hand to talk to who really understands what the illness means and how it will develop and affect my life is really helpful.

'Sometimes you just want someone to be there who can advise on the practicalities of living with MND, who can understand what's coming at me in the future and put forward my point of view on the care I want.

'When things aren't going so well, it will be nice to have someone down to earth to rely on as a day-to-day support mechanism to talk about what's happening to me and to give me the encouragement I need to keep living with a long-term illness.'

Long-term neurological care – the year ahead

In line with our strategic delivery plan, 'Supporting Me', we will look to develop and improve our long-term neurological services in 2012/13. We will be focusing on fully embedding personalised care into our registered residential services. In order to develop a long-term future for the charity we must ensure that we respond to external factors. One of these factors is the drive for increased personalisation of services. We have set up the Person Centred Support Implementation Group. This group has been established to ensure that the policy theory on how to create more personalised services is translated into an action plan for service delivery in practice. We will also focus on how we might measure outcomes of our success.

We will start to focus on developing and delivering our new model of care – 'Supporting Me'. We want to develop our offering against the information and advice element of Supporting Me, this will apply across the range of our services.

Long-term neurological care achievements and performance

Input

- £15.2m spent (£15.0m)
- 458 nurses and carers employed (454)

Activity

- Long-term nursing & respite care
- Seven care centres and supported living units in; Aberdeenshire, Yorkshire x 2, Lancashire x 2, Suffolk, Hertfordshire

Output

- 262 people cared for (260)

Outcome and impact

- 84% of service users rated the overall care they received as good or excellent (87%)
- 88% of service users felt that overall they were treated with respect and dignity (91%)
- 91% of service users who would recommend the service to family and friends (95%)
- 8 formal complaints (7)
- 88% of formal complaints acknowledged within target of three days (86%)
- 50% of formal complaints responded to in writing within target of twenty days (83%)



Homecare and supported living



Homecare and supported living

There has been a recognition that we need to build on our increasing reputation as a leading organisation for delivering person-centred services. As a provider, our goal is to help people achieve their aspirations in life and we recognise that the future direction of health and social care is moving towards smaller, more person-centred support that empowers people to live healthy and inclusive lives in their own homes in the community. Under UK government and integrated plans in Scotland, the health and social care market is focused on delivering more care in the community thus reducing dependence and expenditure on acute hospital care.

We provide homecare in Scotland, supported living in Ipswich and a variety of services supporting people in the community and in their own homes.

In our 2010/11 Trustees' report:

We said we made the strategic decision to exit the social homecare market in England after nearly 20 years.

- ✓ In August 2011 we exited the English homecare market to concentrate on our specialist services. We continue to provide homecare in Scotland. Our Scottish homecare services operate very differently to the English ones, offering specialist services to a much wider community.
- ✓ In 2011 we acquired Avondale in Stirling as part of our existing homecare provision in the area. We acquired 700 hours of care and the Stirling homecare service now provides over 1,900 hours of care every week.

We said we would concentrate on providing more specialist services in the community.

- ✓ We launched our volunteer dementia befriending service in September 2011. The service supports people living with dementia, as well as their carers and their family, by offering an experienced befriender for two hours every fortnight. The

volunteer service allows us to build on our existing befriending scheme which was launched in March 2011.

We said we would start to focus on providing person-centred care though supported living facilities.

- ✓ Our current supported living service in Ipswich received very positive responses from the 2011 review of the service. Tenants felt well supported and listened to. Our tenants felt the bungalow was their home and they had control over how they lived in it.

We said we would aim to win an extra-care scheme during the year.

- ✗ Unfortunately, we were unsuccessful in our bids for an extra-care scheme. However, we were successful in winning the dementia befriending service in Doncaster and the PEPS service in Bedfordshire. We will continue to focus on developing our care services in the community.

Homecare and supported living – the year ahead

We will continue to form working partnerships with housing associations, to look at the future housing and support needs of those people we currently care for. By 2015, we want to be a leading provider of personalised services. During 2012/13 we will be focusing on delivering these person-centred services by re-providing both Cuerden Hall and Hickleton Hall to deliver supported living services for our existing residents in addition to our portfolio of services.

We will continue to develop our homecare services in Scotland and to focus on expanding our community care offering. We will be exploring a greater range of person-centred services including hospice at home and day hospice services.

Holly's story

When we started to care for Holly*, she had an out of the ordinary sleep pattern which meant most of her day was spent sleeping. She had no money for shopping and very little food in the house, and was struggling to pay her bills. Our carers started by voluntarily buying her basic food items. We asked for a review on Holly's behalf with her care manager to highlight the difficulties. No checks had been made to make sure she had money, that her bills were paid or that she was even able to look after herself. Through the support we provide her bills are now paid on time, she has enough food to keep her going during the week and she enjoys going to the shops and on outings with her carers.

* Name has been changed for confidentiality

Helen's story

Helen Warnock has been working as a befriender in Doncaster. Dementia affects about 3,500 people in Doncaster and this number is expected to double over the next 25 years. Helen says that befriending is very rewarding: 'I meet such a variety of interesting people. Many people have lived fascinating lives and no longer have anyone prepared to listen to them. For some people, I am often the only service going into their home.'

Joyce Sisson, 84, suffers from a mild form of dementia and lives in her own bungalow with the constant support of her granddaughter, who is also her carer, and help from the befriending service.

'I like going out when Helen comes to visit me, she always makes sure we go somewhere nice: to the local garden centre, for a coffee, or just for a ride in the car.'

Her granddaughter Tracey added, 'I come to see my grandma every day to make sure she is eating properly and taking her medication. I love looking after her, but at times it may be really tiring to try to juggle my job, life at home, and looking after my grandma. When Helen is around, I know Joyce is safe and has some companionship. It gives me peace of mind.'

Homecare and supported living achievements and performance

Input

- £6.4m spent (£11.5m)
- 183 nurses and carers employed (730)

Activity

- Dorset, Lincolnshire, West Midlands, Staffordshire, Greater Manchester, Cheshire, Merseyside, South Yorkshire, Angus (Scotland), Stirling (Scotland)

Output

- 316,000 hours of care (643,200)

Outcome and impact

- 84% of service users rated the overall care they received as good or excellent (83%)
- 99% of service users felt that overall they were treated with respect and dignity (94%)
- 97% of service users who would recommend the service to family and friends (88%)
- 8 formal complaints (104)
- 100% of formal complaints acknowledged within target of three days (66%)
- 100% of formal complaints responded to in writing within target of twenty days (61%)





International activities

International activities

Historically, Sue Ryder was very much an international charity. As times have changed, we have concentrated more and more on delivering an exceptional core service in the UK. However, the needs of people overseas remain important. We continue to provide grants and capacity building to independent Sue Ryder charities in Albania, Czech Republic and Malawi for health and social care projects, and we transfer restricted donor payments to Poland.

Our work in Albania supports medical teams who visit people with terminal illnesses in their own homes, providing end-of-life care including pain relief and emotional support to families. We also provide bereavement counselling for children, supporting them at their most vulnerable time after the loss of a loved one.

In the Czech Republic, we provide salary support and hence support residential care for the elderly as well as homecare services in Prague. Similarly to our services in the UK, the Sue Ryder charity in the Czech Republic also provides daily activity workshops for people with dementia.

In Malawi we support mobile clinics which are held every five weeks in around 90 rural communities, providing medication to people with asthma and epilepsy. We also provide medical rehabilitation services to children and adults with physical disabilities.



Alek and Diellza's story (Albania)

In Spring 2011, 70-year-old Alek was diagnosed with terminal lung cancer. Despite his illness the Albanian government was unable to provide him with any pain-relieving medication. Alek lived in agony until the Sue Ryder team first visited him. Dr Ali and Liliana, a 'Sue Ryder in Albania' doctor and nurse, now provide Alek with pain-relieving medication and he is much more comfortable.

Alek's wife Diellza was his principal carer, until she was diagnosed with terminal ovarian cancer a few months later. Dr Ali and Liliana began to care for both Alek and Diellza during their visits.

Diellza's cancer advanced quickly, and, in early November 2011, she sadly passed away.

Alek's family are very grateful to Sue Ryder in Albania. Dr Ali and Liliana made Diellza's last few weeks and months as comfortable as possible and continue to provide Alek with pain-relieving medicine and emotional support.

Similarly to our services in the UK, we also provide daily activity workshops for people with dementia.



International – the year ahead

In 2012/13 we will continue to provide financial support to independent Sue Ryder charities in Albania, Czech Republic and Malawi, who between them care for over 8,000 children and adults every year. There will also be a strong emphasis on skills exchange and increased communication between all teams.

Fundraising is our biggest priority for 2012/13, with a particular focus on gaining new donors to support the work in Albania. We are also launching a child sponsorship initiative for Malawi, and will continue to fundraise from statutory bodies, trusts, individuals, community groups and companies.

Kwende's story (Malawi)

Kwende is a cheeky four-year-old with a huge smile. He loves running around and playing with his friends. But when Sue Ryder in Malawi met Kwende two years ago, he could hardly move.

Kwende was born with cerebral palsy, a condition which affects his movement and left him in a lot of pain. He could not sit up, or even hold his head up, as his muscles were too weak. But regular physiotherapy sessions with Sue Ryder, which are followed up by his mum, mean that Kwende is doing really well. He runs up to meet the Sue Ryder staff when they visit and he is always excited to see them.

International achievements and performance

Input

- £375,000 grants made, including at £135,000 donation from the Department for International Development (DFID) for Malawi
- 82 healthcare staff employed in Albania, Czech Republic and Malawi (Nurses, physiotherapists, social workers and doctors)
- 680 volunteers employed – mainly in Malawi

Output

- 7,500 beneficiaries of healthcare in Malawi
- 6,200 home visits to over 400 terminally ill patients in Albania
- 99 patients receiving full-time care and around 70 patients receiving home visits in the Czech Republic

Outcome and impact

- Around 90 mobile clinics take place every five weeks in Malawi, with an average of 72 patients at each clinic
- Physical rehabilitation services are delivered at people's homes as well as at the Sue Ryder Rehabilitation Centre in Malawi, around 1,000 children and adults receive this service every year.
- General health and well being is invaluable to anyone undertaking daily tasks without hindrance. Those who receive treatment and care enjoy improved health and can take part in education and income-generating opportunities.
- Multidisciplinary medical teams in Albania supported around 400 patients with pain relief and end of life care, as well as emotional support to their family members and provide bereavement counselling for 60 children. We aim to ensure each person's final moments are comfortable and dignified.

Campaigning for better services

Last year the New Philanthropy Capital identified developing our policy as a potential growth area for the charity. Throughout the course of the year we worked to develop our voice in policy development and campaigning.

We focused on two key areas.

Personalisation

Firstly, we supported the publication of a report by the think tank Demos on personalisation. This is a key issue for our service users and for the sector as a whole. The book, published last October, looks at all aspects of personalisation, from personal budgets to the importance of staff training and the need to create person centred structures in residential care.

We didn't just want to talk about these issues, we wanted to act on them. So we set up the Person Centred Support Implementation Group. We will explore how we implement some of the policy recommendations for providers to ensure that we continue to improve our services.

We have weaved the messages from the document into all of our policy positions and will continue to campaign for better personalisation of care services throughout next year.

You can read the full report online at www.sueyder.org/demos

VAT

Another area of focus was a parliamentary campaign on VAT. When an NHS service is transferred into the charity sector, there is a VAT gap that needs to be filled by charitable funds. This is because the NHS is able to recover VAT on some things that charities can't. We are an ambitious charity and want to take on delivery of NHS services where we can add value. We don't think VAT should act as a barrier to this.

To this end, we campaigned in parliament for a fair playing field for charities and the NHS in VAT recovery.



'The charity may find developing its policy agenda to be as rewarding as expanding its direct services.'

[New Philanthropy Capital Charity Assessment of Sue Ryder, April 2011](#)

The campaign received great traction and our supportive MPs ensured it was on the agenda of the prime minister, chancellor and other key ministers. An amendment tabled to the Health and Social Care Bill was passed, inflicting a major defeat for the government. We were delighted that this amendment was expanded and we now look forward to the production of a report on all matters that impede charities' ability to provide NHS services.

We will continue to build our campaigning voice over the next year. There are many MPs and Peers who support the charity, and we want to give them something to shout about.

Funding and encouraging research

Research in Sue Ryder has largely been focused on medically-led projects. In January 2010 the Sue Ryder Research Policy was revised, setting out the internal governance arrangements for Health and Social Care. At that time, our 'Evidence Based Practice Group' (EBPG) was renamed as the 'Research Governance Group'.

In addition to the development of research activity, our Research Governance Group has clarified the management of indemnity and risk. It has worked in collaboration with legal services and human resources to manage legal contracts and appropriate personnel contracts.

Throughout the course of 2011/12 we have worked to develop our research activity and we've focused on some key areas:

Quality of Life

We have been supporting an external research project which aims to develop a conceptual model of Quality of Life (QoL) from the perspectives of people with MS living in care homes, and a measure of QoL based on this model. Six of our neurological care centres have agreed to participate in this study.

Research at Leckhampton

Five studies are in progress at our Leckhampton Court Hospice and are successfully recruiting participants. At Leckhampton, we were also successful in a bid to the National Council of Hospices and Specialist Palliative Care to lead a Social Care Framework Project. The project aims to facilitate a series of free workshops to mentor social care workers in end of life care and to disseminate best practise.


Funding and encouraging research – the year ahead

There is huge scope for research within Sue Ryder because of the broad range of services that we offer. We are looking to focus on nurse-led qualitative studies exploring patient experience as well as medically-led research, particularly around pharmacological innovations.

Long-term complex neurological care is an under-researched area where models of care tend not to be evidenced based. We have the potential to lead and contribute significantly to a better understanding of these issues.

In collaboration with Nottingham University, we are looking to run a conference day in September 2012 to consider the development of a collaborative project between us and the university. Nottingham University are also currently advising on the evaluation of the Bedfordshire PEPS project based at our St. John's Hospice.

As the charity embarks on a significant change programme, specifically in long-term complex care, there is a considerable opportunity to investigate the impact of different care models, especially around person-centred care.



We are looking to focus on nurse led qualitative studies exploring patient experience as well as medically-led research, particularly around pharmacological innovations.

Supporting our charitable activities

Our volunteers

It has been a remarkable year with substantial growth in volunteering. We now have a staggering 9,019 volunteers participating in regular activities supporting Sue Ryder. Our volunteers are worth an enormous financial value to us and play a crucial part in supporting the charity, including our fundraising events and initiatives. We estimate the financial value to Sue Ryder from our volunteers to be in excess of £22 million in 2011/12.

Unsurprisingly, the economic landscape has affected the trends in volunteering and we're seeing a substantial growth in the number of volunteers within the 18-24 age bracket. With unemployment figures at a high, especially among the young, volunteering is seen as a credible way of gaining the experience needed to seek employment. One in five working aged volunteers goes on to paid employment after volunteering with us.

Our Prison Volunteer Programme now works with over 30 prisons nationally and has placements in over 100 locations. We've received external recognition for our work with the prison community and have won three prestigious awards in 2011/12: Active Citizen of Europe for our work in Scotland, Business in the Community Right Step Award for the Eastern Region and Personnel Today 2011 CSR National Award.



Jack, volunteer gardener at Stagenhoe



Joan is a volunteer at The Chantry

We're tremendously proud of the value of our PVP programme, both for the worth it offers Sue Ryder and the opportunity it offers for the volunteer.

At a glance

- 9019 volunteers across the charity
- average 9.1 hours per week commitment
- value of volunteer contribution to Sue Ryder is over £20 million per year
- 600 PVP volunteers over the past five years
- 5 % of PVP volunteers go on to gain employment within Sue Ryder
- PVP won Personnel Today CSR category Award 2011
- PVP won BITC East of England Right Step Award 2011
- PVP Scotland won Volunteurope - Active Citizens of Europe 2011

The year ahead

Stemming from our organisational objectives for 2012/13, volunteering growth will also focus on personalisation and exploring the difference our volunteers can make to the lives of those within our care. We also want to make sure that our volunteers get the experience that they want from us. We want to be able to distinguish our charitable give and what sets us apart from any other care provider in terms of our volunteering opportunities.



Retail

It has been an excellent year for our Retail division with the operation generating a net profit of £7.6 million before support costs. Growth in like for like sales of donated goods were up 5% compared with the 2010/11 period. Including our new shops, donated sales were up by 11% and the new stock generation programme delivered increased levels of stock supporting both new and existing shops. By re-tendering our rag contracts, we've increased our income in this area by 11%.

We've also continued with our ambitious shop expansion programme and have opened 46 new shops in 2011/12. We have been carefully monitoring our income from individual shops and we've closed seven that we either wanted to relocate or were not sufficiently profitable. We now have 392 shops in our Retail estate.

We've had a fantastic year in terms of our Gift Aid contribution. Despite the decrease in the reclaimable amount of Gift Aid from 28p to 25p, our contribution grew to £3 million, an amazing increase of 17% comparable to the 2010/11 period.

At a glance

- 7,340 volunteers support our Retail provision
- 46 new Sue Ryder shops opened during 2011/12
- 17% increase in gift aid compared to 2010/11
- 11% increase in donated sales compared to 2010/11

The year ahead

We will continue to focus on our shop expansion programme and will look to grow by a further 40 shops year on year. The existing new shop sales have made us confident that we will grow our Retail profit by £4.1 million by 2015.

We will continue to focus on our stock generation strategy to support our new shops, and those store which require additional stock to support sales. We will look to maintain our growth in Gift Aid sales, including the additional Gift Aid income from our new shops.





- £20 could cover the cost of a bereavement counselling session in one of our hospices
- £50 is the cost of providing a day care session to somebody with dementia
- £1,000 is the overall weekly cost of providing a clinical nurse specialist in the community
- £7,100 could cover the average daily cost of running one of our hospices
- £1,000,000 is the annual cost of preparing food for all the residents and patients in our care centres and hospices

Fundraising

The environment for fundraising has proved particularly difficult in 2011/12. The pressures of the economic environment have made it increasingly difficult to generate funds across a range of fundraising activities. We're fortunate to possess very strong links with local communities, in particular around our hospices, and this loyal and local supporter base remains the bedrock of our fundraising. However, despite this loyal support, our fundraising income missed target by around £3.5 million and it was a particularly difficult year for our legacy income. However, we have considerably strengthened our senior management team within Fundraising during the course of 2011/12 and, with a new strategy, are ambitious about future prospects for growth.

2011/12 saw the launch of the £6 million capital appeal to support the re-provision of Thorpe Hall Hospice. Following the news that we'd successfully received planning permission to build a new, purpose built hospice in the existing Thorpe grounds, we began the private stage of the appeal with an event hosted by Lady Victoria Leatham, which took place at Burleigh House on 25 January 2012. More than 40 people with the means to support the appeal attended and we're now well underway towards establishing an appeal board.

Our largest single fundraising event, Midnight Walks, has undergone a complete revamp. Over the last few years, Midnight Walks were generating less income, and competition – mainly from local, independent hospices – has increased. We needed to change to stand out from our competitors, and to make people associate the events more closely with Sue Ryder. Moving away from the pink visual identity will stop people confusing the walks with events for breast cancer charities. Opening the walks up to men as well as women reflects the inclusivity that's so important to us as a charity. That's why we've re-launched this event as Starlight Hikes with the ambition to generate £1 million per annum in the next three years.



The year ahead

We've had a major review of how Fundraising works with the rest of the organisation, in particular Health and Social Care, because we wanted to equip the whole organisation to fundraise more effectively as one team. With a new fundraising strategy in place we will concentrate on our long-term aims and the activities we'll need in order to meet our objectives.

- Grow cash in a sustainable manner
- Provide investment for services innovation
- Recruit new supporters
- Provide the best supporter experience in the sector
- Leverage the strength of our regional fundraising to grow income within national teams
- Develop the best products in sector

Achievements

- We've doubled our income from Running and Challenge events vs 2010/11
- We've significantly increased the number of regular givers who support through direct debits
- We successfully launched our first ever overseas challenge event which raised around £75k
- We became Charity of the Year for London Luton Airport

Review of finances

We planned for 2011/12 to be an investment year as we grow the number of retail shops. We budgeted to make a deficit in the year with increased depreciation from fit-out capital expenditure in our new shops. In addition, the impact of operating in a harsh economic environment with pressures on our statutory funding and voluntary income resulted in the charity delivering an operating deficit of £3.2 million, compared with the previous year's surplus of £1.5 million. Total movement on funds after investment gains was a deficit of £3.1 million, compared with the previous year's surplus of £2 million.

The key drivers of the operating deficit were a significant decrease in voluntary income and grant income combined with slightly higher support costs.

Financial summary

- Overall income has decreased in the year by £1.4 million, driven mainly by lower voluntary, statutory and grant income of £4.6 million, offset by retail income growth of £3.2 million.
- Grant income decreased from £1.7 million to £0.1 million due to the non-recurrence of Department of Health hospice refurbishment grants.

- Healthcare income fell by £0.7 million from £28.7 million to £28 million. This decrease is due to our exit from the Homecare market in England, offset by the increased income from becoming the sole provider of Berkshire West Primary Care Trust's inpatient specialist palliative care services at the Duchess of Kent House.
- We are continuing to reduce our reliance on government funding as retail income continues to grow. Income from retail operations increased by £3.2 million from £33.4 million to £36.6 million.
- Legacies decreased from £7 million to £5.3 million.

- Donations and other voluntary income decreased from £5.9 million to £5.6 million.
- Fundraising event income stayed at the same level of £1.5 million.
- At the same time operating costs (resources expended) for the year increased by £3.3 million from £78.6 million to £81.9 million.

- Expenditure on care activities decreased by £1 million from £44.3 million to £43.3 million. Expenditure on palliative care and neurological care increased by £3.9 million and £0.3 million respectively. The increase in palliative care expenditure is due to our becoming the sole provider of Berkshire West Primary Care Trust's inpatient specialist palliative care services at the Duchess of Kent House. Expenditure on Homecare fell by £5.2 million due to our exit from the English Homecare market.

- Expenditure on retail activities increased by £2.9 million from £28.9 million to £31.8 million.
- The growth of support costs from £8.1 million to £8.8 million has strengthened our resources for organisational development and infrastructure.
- Our cash position decreased by £4.4 million, from £7.3 million to £2.9 million, with £2.6 million of the deterioration from operating activities and the rest from net investment in our retail growth strategy

Due to our operating deficit and our retail capital expansion, free reserve levels have decreased, amounting to 2.6 months worth of spending. The free reserves of the charity have declined by £6.0 million, from £23.9 million to £17.9 million.

Review of finances

Income – Income is received from the following sources:



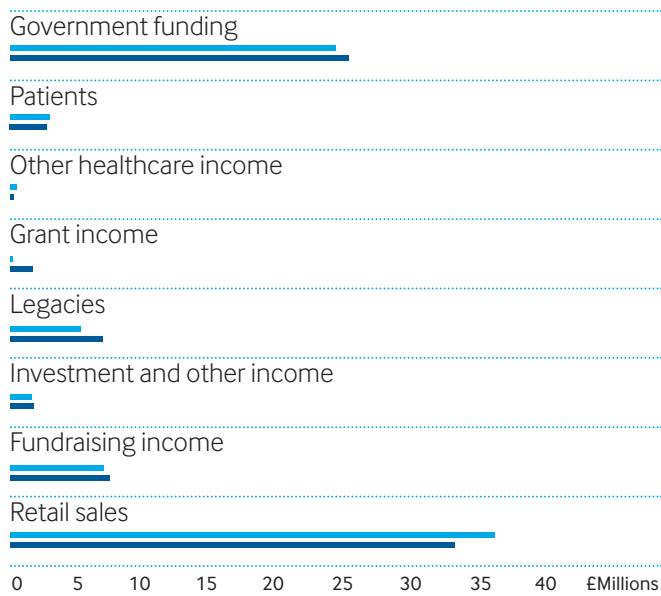
Charity income 2011/12 (£Millions)

Government funding	24.6
Patients	3.0
Other healthcare income	0.4
Grant income	0.1
Legacies	5.3
Investment and other income	1.6
Fundraising income	7.1
Retail sales	36.6
Total	78.7

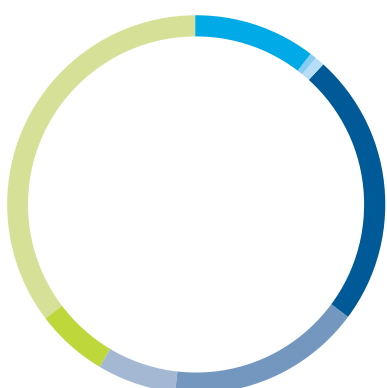
The table below shows our income compared to previous year.

Charity income 2011/12 (£Millions)

● 2011/12 ● 2010/11



Expenditure – The Charity's resources were expended on the following activities:



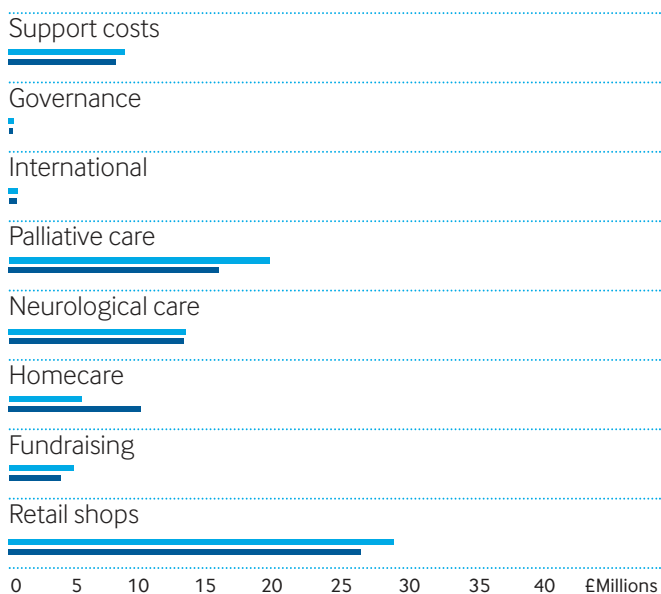
Charity expenditure for 2011/12 (£Millions)

Support costs	8.8
Governance	0.4
International	0.7
Palliative care	19.7
Neurological care	13.4
Homecare	5.5
Fundraising	4.9
Retail shops	29.1
Total	81.9

The table below shows our income compared to previous year.

Overall operating expenditure for 2011/12 (£Millions)

● 2011/12 ● 2010/11



Financial Goals for 2012/13

- Deliver a break even budget before depreciation and net sale of assets.
- Produce and regularly review a robust finance risk register to ensure finance risk is monitored across the Charity.
- Work with the health and social care teams to agree a clinical and financially sustainable model of complex needs including personalisation.
- Establish timelines and regularly review the financial progress of any re-provision plans at our care centres

Subsidiary Undertakings

Sue Ryder has two subsidiary undertakings:

- Sue Ryder Direct Limited
- Sue Ryder Care (Chantry).

Sue Ryder Direct Limited is the charity's trading arm for new goods sold in the shops and via the internet to raise funds for Sue Ryder. Over the trading period to 31 March 2012 its net contribution to the charity was £1.3 million (2010/11: £1.1 million).

Sue Ryder Care (Chantry) was set up in 2000 as a subsidiary linked charity with the same charity number as Sue Ryder (1052076). The purpose of this charity is to hold money from a defunct Suffolk charity that closed in 2000. This is referred to in Note 26 of the audited accounts.

Investments

The Council of Trustees sets the overall performance and ethical parameters under which our investment managers operate.

The investment managers report regularly to the finance and audit sub- committee and meet at least annually to review performance and outlook.

The primary objectives of our investment portfolio are:

- Generate long-term income
- Provide capital growth to fund new activities

Maintain an appropriate balance between equities, bonds, other investments and cash in order to spread and manage risk.

Current investment range and benchmark are as follows:

	Range	Benchmark
UK Equities	31 – 44%	37.5%
Overseas Equities	9 – 16%	12.5%
Bonds	12.5 – 27.5%	20%
Other options (e.g. hedge funds)	5 – 25%	15%
Cash	Balance	15%
Total	100%	100%

Investment restrictions

The Trustees have declared that the charity will not invest in armaments, tobacco or pornography.

Reserves

The Trustees annually review the level of reserves held by the charity to ensure they are adequate.

Free reserves of the charity, which it considers to be its unrestricted funds not represented by tangible fixed assets, were £17.9 million at 31 March 2012.

The free reserves policy is to endeavour to maintain three months of expenditure. The level of free reserves is slightly less than three months at the year end. The Trustees plan to increase the reserves by investing in our Retail chain and Fundraising teams to create sustainable, future surpluses for the Charity.

Structure, governance and management





Structure, governance and management

Objects of the charity

Sue Ryder is an international charity whose objectives are to:

- relieve poverty
- relieve sickness and any form of mental disability of individual persons
- relieve the consequences of old age through the provision of facilities of any kind for the care of the elderly
- provide education relating to the causes of and the means of relief of poverty, sickness, physical or mental disability and old age
- promote religious teaching and in particular the beliefs and principles of the Christian faith while recognising and serving the spiritual needs of all whatever their religious beliefs
- care for any person who has become a refugee within or without his or her country of birth because of aggression, oppression or natural disaster and who thereby is in need
- to preserve for the public benefit buildings of aesthetic, historic, architectural, structural or scientific interest and importance.

While the charitable objectives provide the framework for the work the charity is permitted to conduct and the beneficiaries of that work under its charitable status, it is not incumbent upon the charity to engage in activities related to all the objectives concurrently. Rather, the objectives provide a clear set of parameters for the work it may choose to engage in, not what it must do.

Hence, the Trustees believe that the charity should focus on:

- relieving sickness and any form of mental disability of individual persons
- relieving the consequences of old age through the provision of facilities of any kind for the care of the elderly
- providing education relating to the causes of and the means of relief of sickness, physical or mental disability and old age.

While the preservation of buildings is not a primary objective of the charity, significant sums are spent on maintaining the charity's estate.

Council of Trustees

The Council of Trustees, a minimum of seven and a maximum of 12 persons (plus Chairman), is responsible for the overall governance of Sue Ryder. Trustees are appointed by Council for three years and can be reappointed for further terms of three years up to a maximum of nine years.

Responsibility for the day to day running of the charity is delegated to the Chief Executive. The Chief Executive is supported by a group of executives and senior managers. The Chief Executive attends all Council meetings and other executives attend as required.

New Trustees are recruited through national advertisements and personal contacts so as to maintain a balance of skills and experience appropriate to the charity's activities. An induction programme is offered to all new trustees to ensure they are briefed on the charity's objects, strategy and activities. Trustees are also offered training if a need is identified.

The Trustees, in Council, meet four times a year to review the performance of the charity both financially and in meeting its charitable objectives. To discharge its governance responsibilities effectively, Council has created a number of Sub Committees (Trustees form the membership with managers in attendance). These committees and their remits are:

Sub Committees of Council

These committees have delegated powers from the main Council of Trustees.

- Finance and Audit Sub Committee (quarterly) — reviews and approves financial results, budgets and other financial governance matters
- Integrated Governance Sub Committee (quarterly) — ensures that the charity complies with the appropriate legislation and monitors non financial risk within the charity
- Property Sub Committee (quarterly) — reviews and approves major acquisitions and developments on property matters
- Health and Social Care Sub Committee (quarterly) — supports and develops a sustainable healthcare strategy
- Retail Sub Committee (quarterly) — reviews the strategic development of retail and reviews business cases
- Fundraising Sub Committee (quarterly) oversees fundraising strategy.
- Nominations Sub Committee (as required) — selects new members of Council
- Remuneration Sub Committee (as required) — reviews and agrees changes to terms and conditions of executive management team
- Ethics Sub Committee (as required) — considers ethical issues.

From April 2012, the six standing sub-committees will change to three as follows:

- Finance and Audit Sub Committee will also oversee risk, other than clinical risk.
- Health and Social Care Sub Committee will include clinical risk.
- Commercial Sub Committee will include Fundraising, Retail and Property.

The ad-hoc committees will continue as before.

Management Advisory Groups

Management Advisory Groups have been set up to enable Trustees to offer their skills and expertise to managers in the day to day delivery and organisation of services.

- People (quarterly)
- Sue Ryder International (quarterly)

Governance, risk management and internal controls

The Trustees regularly review the risks faced by the Charity to develop proportionate controls and deliver on the Charity's strategic aims.

The main risks being monitored include:

- Delivery of safe, effective and personalised care to the people we support;
- Financial sustainability, especially in the context of the current economic climate;
- Capital expenditure programme to be responsive to the needs of the Charity's key clients (eg re-provisioning, shops portfolio).

Trustees receive regular performance information by way of financial reports and analysis, cash flow forecasts and key performance indicators.

Trustees receive assurance from internal assurance providers which have been assessed as fit for purpose. These are the Clinical Quality team, which reports to the Healthcare Governance Committee, and Internal Audit which reports to the Finance and Audit Sub Committee. Regular audits are undertaken from a risk-based annual audit plan as approved by sub committee. Progress on audit and risk activity and implementation of management action plans is reported on quarterly to Trustees.

The sub-committees are being streamlined from April 2012.

Structure, governance and management

Financial risk management

Internal controls over all forms of income, assets, commitment and expenditure continue to be refined to improve efficiency. Performance is monitored and appropriate management information is prepared and reviewed regularly together with proposed corrective actions by both the Chief Executive and the Trustees.

The charity currently produces an annual budget and reports monthly against that budget, requiring senior management to comment on variances and outline corrective action. Updated financial forecasting is undertaken during the year to reflect changes in the operating environment and their impact on income and expenditure.

During the period to 31 March 2012, the Trustees continued to require the charity's planning and reporting processes to be represented through ten, three and one year plans that support the charity's strategic objectives. These encompassed both financial and non financial goals.

Internal Audit

The Internal Audit service has been operating since November 2010 and carries out a programme of internal audits to cover the major risks identified by the Trustees and management. The Finance and Audit Sub Committee has approved the internal audit plan. Audit reports are regularly presented to the Finance and Audit Sub Committee, together with progress on the implementation of recommendations.

Management and Policies

Grant making

Sue Ryder awards grants to support the work of independent Sue Ryder organisations in Africa and Europe. All organisations bearing Sue Ryder's name are eligible, although we focus on those where we already have a relationship and can be assured of their standard of care.

Grants are awarded on the basis of written budget submissions received from Sue Ryder organisations. These submissions are approved via the normal budget authorisation process, the detail having been agreed within the International Management Advisory Group.

All Sue Ryder organisations seeking a grant from Sue Ryder must demonstrate that they are operating with clear objectives and with a proven track record of service delivery and financial management.

Priority is given to Sue Ryder services being delivered in resource poor countries where there is little or no prospect of obtaining funds nationally. Additionally, capacity building grants may be available where it is felt there will be a significant impact.

Exceptionally, Sue Ryder will also award capacity building grants to Sue Ryder organisations operating in wealthier countries where there is a clear case for investment, notably in developing fundraising and retail income.

Awards made by Sue Ryder take account of the wider financial position of Sue Ryder and the charity's ability to allocate funds for international work.

Sue Ryder also applies for and administers funding from external organisations, public and private, for Sue Ryder organisations overseas, and ensures in these cases that controls and reporting frameworks are as robust as is the case with our own grant making.

Foreign exchange

The charity's trading subsidiary, Sue Ryder Direct Limited, purchases new goods from overseas suppliers that require payment in US Dollars. These US Dollars are purchased at the spot rate to satisfy short term contractual commitments.

Policy and practice on the payment of creditors

The company complies with best practice and always endeavours to meet the payment terms agreed with suppliers through our procurement and tendering process. The ratio of amounts owed to trade creditors at the year end to purchases during the year was 10%.

Pensions

Sue Ryder operates the following pension schemes:

- The Sue Ryder Care Pension Scheme (1992)
This defined contribution group pension scheme with Equitable Life is now closed to new members and Sue Ryder no longer makes contributions to this scheme.
- Group personal pension plan
Sue Ryder contributes to individual personal pension plans, under a group personal pension plan, operated by Zurich

Sue Ryder also contributes to a defined benefit contributory pension scheme on behalf of certain former National Health Service Employees. As it is not possible to identify the surpluses or deficits that relate to Sue Ryder, this scheme is treated as a defined contribution scheme under FRS 17.

Employment of disabled persons

The company is committed to a policy of recruitment and promotion on the basis of aptitude and ability without negative discrimination of any kind. Management actively pursues both the employment of disabled persons whenever a suitable vacancy arises and the continued employment and retaining of employees who become disabled whilst employed by the charity.

Where a current employee or volunteer becomes disabled due to illness or injury the charity, wherever possible and reasonable, will provide assistance with rehabilitation, adaptation to premises, modification of equipment, provision of special aids, job restructuring, retraining and/or redeployment opportunities.

Employees/volunteers involvement

Information about aims and activities is disseminated to all staff and volunteers through management briefings, extended use of our intranet, email and printed publications.

Auditors

A resolution proposing that BDO LLP be reappointed as auditors of the charitable company was passed at the annual general meeting.

The Trustees confirm that, so far as they are aware, there is no relevant audit information of which the charity's auditors are unaware. They have taken all the steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Trustees' responsibilities

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with the Companies Act 2006 and for being satisfied that the financial statements give a true and fair view. The Trustees are also responsible for preparing the financial statements in accordance with United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Structure, governance and management

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

- select suitable accounting policies and then apply them consistently;
- make judgments 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 the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustees are responsible for keeping adequate accounting records that show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity, and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

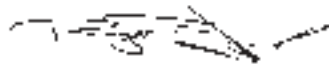
Financial statements are published on the charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The Trustees' responsibility also extends to the ongoing integrity of the financial statements contained therein. The maintenance and integrity of the group's website is the responsibility of the Trustees.

Public benefit

The Council of Trustees has given regard to the legislative and regulatory requirements for disclosing how its charitable objectives have provided benefit to the public. The Council of Trustees has complied with the duties set out in section 4 of the Charities Act 2006 (and under the equivalent Charities regulatory regime in Scotland). This report outlines how our achievements during 2011/12 have benefited the public, either directly or indirectly.

Approved on behalf of the Council of Trustees

Signed



Roger Paffard
Chairman

Legal and administrative details

For the year ended 31 March 2012

Status

Sue Ryder is a charitable company limited by guarantee, incorporated on 28 November 1968 (last amended on 28 July 2009) and registered as a charity in England and Wales on 17 January 1996 and in Scotland on 14 May 2008.

Governing document

Sue Ryder was established under a memorandum of association and is governed under its articles of association, which establish the objects and powers of the organisation.

Company number 943228

Charity number 1052076

Scottish charity number SC039578

Registered office

King's House, King Street, Sudbury, Suffolk CO10 2ED

Principal office

16 Upper Woburn Place, London WC1H 0AF

Royal patron

Her Majesty The Queen

Council of Trustees

Unless otherwise indicated the Trustees below were in post from 1 April 2011 to the date of the Trustees' Report. Membership of Sub Committees and/or Management Advisory Groups (MAG) is also indicated.

Roger Paffard

Chair of Trustees

Chair of Nominations Sub Committee

Roger Paffard's career has spanned the business, public and voluntary sectors in a variety of chief executive and non-executive roles. He has been a chief executive of Alberto toiletries, Staples office superstores and Thornton's chocolates. In the last decade he has worked in the public and voluntary sectors - initially as chief executive of Remploy and then as chief executive of United Lincolnshire NHS Trust. Over this period Roger has also been a trustee and policy advisor for Marie Curie Cancer Care, a trustee for WRVS, a strategy consultant and trustee for a number of educational and funding charities.

Roger has recently become the Non-Executive Chair of Newark and Sherwood Clinical Commissioning Group.

Sub Committees/MAGs: Health and Social Care; Nominations; Finance and Audit (co-opted); Remuneration, International

Legal and administrative details

Christina Edwards CBE

Vice Chair of Trustees

Chair of Health & Social Care Sub Committee

Christina Edwards has a wide experience in the NHS and Department of Health. She qualified and worked for many years as an Acute Nurse and then as a Health Visitor, having previously worked in Morocco after a varied career in administration. She moved into management in 1980 and worked in various areas of the NHS including Acute, Community and Learning Disabilities, becoming a Director of Business Development and Nursing for a trust in North Essex in 1992.

Christina was formerly a Regional Director of Training, Education and Nursing, working closely with deaneries, universities and trusts to develop training and development for all health staff across the Northern and Yorkshire Region of the Department of Health. For the past five years Christina has worked with organisations to help, support and drive through improvement, leading multi disciplinary teams to assist very diverse trusts and PCTs.

Sub Committees/MAGs: Health and Social Care

Sam Nevin MA FCA

Chair of Finance and Audit Sub Committee

Sam Nevin spent his career at KPMG, the international accountancy firm, where he was a partner for over 15 years. He acted as auditor and advisor to a wide range of corporate clients in the UK but also in the USA, Europe, the Middle East and Far East and most recently concentrated his activities in the retail sector.

Sam is a Church Treasurer and Trustee of a church related charity. He also has strong personal and family connections with neurology and physiotherapy.

Sub Committees/MAGs: Finance and Audit

Michael Attwood

Mike has spent over 25 years as an NHS leader. He took on the leadership of the Total Place Programme for Coventry Solihull and Warwickshire in December 2009 and from there was asked to lead the wider collaborative "better for less" transformation programme across 15 public sector organisations on the patch. Mike joined Coventry PCT as Joint Chief Executive in June 2005 and was previously Chief Executive at Slough Teaching Primary Care Trust from 2001 to 2005. At Coventry PCT Mike took the organisation through financial turn around and worked closely with Coventry City Council to establish a newly funded, innovative Health Improvement Partnership as well as agreement on plans for a major city centre health facility.

Mike is also a Trustee of the Myton Hospices in the West Midlands, a leadership coach and public service Organisational Development consultant

Sub Committees/MAGs: Health and Social Care, Ethics, People

Keith Cameron

Chair Commercial Sub Committee (in rotation)

Chair Remuneration Sub Committee

Director of Sue Ryder Direct Limited.

Keith Cameron brings a wealth of experience in high level, high street retail management to the Council of Trustees. Keith has previously been the chief operating office for The Burton Group plc/Arcadia Group plc and latterly HR Director for Marks and Spencer plc.

Keith is currently a non executive director of Work Group plc, Affinity Trust Ltd, Imperial War Museum Trading Co Ltd and Chairman of Nickleby & Co Ltd.

Sub Committees/MAGs: Commercial, Nominations, Remuneration, People

Murray Duncanson

Murray Duncanson began his NHS career in the late 1970s as a fast track graduate trainee with spells in London teaching hospitals followed by further management posts in London and Essex. In 2007 Murray left the NHS after 30 years' service. For the previous 16 years, Murray had been Chief Executive of three different Trusts in Colchester, Barnet and latterly Lothian in Scotland, with a year at the Department of Health on a Prison Health Task Force. Outside of the NHS he was a Trustee of Fitzroy Support, a national charity for people with learning disabilities, for over seven years.

Murray currently runs his own coaching and consultancy company based in North Berwick in Scotland and is Vice Chairman of NHS Education Scotland as well as Chairman of a UK trade association, the Company of Chemists Association Limited.

Sub Committee/MAG: Finance and Audit, Health and Social Care, International

Lucinda Riches

Chair Commercial Sub Committee (in rotation)

Lucinda Riches was formerly an investment banker, beginning her career at Chase Manhattan Bank. Lucinda worked at UBS and its predecessor firms for 21 years. At UBS, she was a Managing Director, Global Head of Equity Capital Markets and a member of the Board of the Investment Bank.

Lucinda is currently a non executive director of UK Financial Investments Limited, The Diverse Income Trust plc, The Graphite Enterprise Trust PLC and SJ Berwin LLP, and an Advisor to the Board of The British Standards Institution.

Sub Committee/MAG: Finance and Audit, Commercial

Giles Shedden

Giles Shedden qualified as a solicitor with honours in 1967. His early years of practice covered a wide spectrum of legal work, following which he concentrated on, and specialised in, the fields of commercial, land and trust law, with significant charity work.

Giles was successively a partner in, the senior partner of and a consultant to Charsley Harrison in Windsor. He has now retired from the firm but continues in practice as a Notary Public. He was previously a Trustee of the Thames Valley Hospice (now Thames Hospicecare) in Windsor.

Sub Committee/MAGs: Finance and Audit, Commercial, Ethics

Reverend David Stoter MBE AKC JP

Spiritual advisor

Reverend David Stoter has had more than 40 years' experience as a clergyman. Thirty of these were spent as a whole time chaplain in the NHS. He managed a large team of chaplains and volunteers. David set up the first comprehensive bereavement service in the hospital world and the first hospital multi-faith centre.

David is the author of two books, and a contributor to a number of books relating to health care. David has lectured widely in the UK and Europe.

Sub Committees/MAGs: Health & Social Care, Ethics, International

Legal and administrative details

Dr Diana Walford CBE

Dr Diana Walford was Principal of Mansfield College, Oxford University, from 2002 to 2011. After qualifying in medicine in 1968, Diana trained as a clinical haematologist before moving to the Department of Health in 1976. Diana has been an Honorary Consultant Haematologist to the Central Middlesex Hospital and was appointed Deputy Chief Medical Officer for England and Director of Healthcare on the NHS Management Executive in 1989. In 1993 she took up the post of Director (CEO) of the Public Health Laboratory Service, a non departmental public body with responsibility for the surveillance and prevention of infections in England and Wales.

Diana is Deputy Chairman of the Council of the London School of Hygiene and Tropical Medicine; a Non-Executive Director of University College London Hospitals NHS Foundation Trust; a member of the State Honours Committee; a Governor of the Ditchley Foundation, a Member of the Advisory Board of ESRC Genomics Policy and Research Forum; an Honorary Fellow of Mansfield College and Fellow of the RSA, RCP, RCPATH and FPH.

Sub Committees/MAGs: Health and Social Care, Ethics

John Wythe BSc FRICS

Chair Commercial Sub Committee (in rotation)

John Wythe has over 30 years' experience in the property industry and spent the whole of his executive career with Prudential Corporation's property investment management subsidiary, PRUPIM. During this time he filled a number of roles covering investment in and the management and development of commercial property both in the UK and overseas. On his retirement in December 2010, he was a member of PRUPIM's Board and Head of Fund Management. In this role he led the team of fund and investment managers responsible for the strategies and investment decisions for the entire £15.5bn of PRUPIM's 17 managed funds globally. He was Chairman of PRUPIM's Investment Committees in London and Singapore.

In 2007, John was appointed as a Church Commissioner and continues to serve on the Board of Governors, the Assets Committee and as Chairman of the Property Group. More recently he has been appointed to serve on Boards or Committees for Norges Bank, Prudential/M&G, CBRE Global Investors, DTZ, The Portman Estate and Pollen Estate.

Sub Committees/MAGs: Commercial

Caroline Stockmann FCA DchA (resigned 17 April 2011)

Director of Sue Ryder Direct Limited

Caroline Stockmann has previously held posts as the Finance and Commercial Director at Southbank Centre, London, Head of Global Business Planning for Novartis Pharma AG, CFO/CIO of Unilever in Thailand and VP Finance/Controller for Unilever Bestfoods Europe.

Prior roles in finance include CFO for Bestfoods Benelux, as well as other roles within Bestfoods, Granada plc and Cadbury Schweppes. Before training and qualifying as a Chartered Accountant with KPMG (1990-1994), Caroline was a professional musician, as well as working in the youth training and development area.

The Executive

Chief Executive
Paul Woodward

Company Secretary & Director
of Legal & International
Helen Organ

Director of Finance
Jeanette Wilkins

Director of Health and Social
Care
Steve Jenkin

Director of People
Sally Smith

Director of Retail
Heidi Travis

Director of Property
Stephen Brimfield

Director of Fundraising and
Marketing
Jason Suckley (from June 2011)

Group Medical Director
John Hughes

Auditors

BDO LLP,
Emerald House,
East Street,
Epsom,
Surrey
KT17 1HS

Bankers

Lloyds TSB plc,
Cornhill,
Ipswich
IP1 1DG

Solicitors

Eversheds,
Cloth Hall Court,
Infirmary Street,
Leeds
LS1 2JB

Charles Russell,
Compass House,
Lypiatt Road,
Cheltenham,
Gloucestershire
GL50 2QJ

Investment Advisers

Cazenove Capital,
12 Moorgate,
London
EC2R 6DA

Independent Auditor's Report to the Members and Trustees of Sue Ryder

We have audited the financial statements of Sue Ryder for the year ended 31 March 2012 which comprise the Consolidated Statement of Financial Activities (incorporating Consolidated Income and Expenditure Account), the Consolidated and Parent Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees and members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charity's trustees and members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees and members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement (set out on page 34), the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the APB's website at www.frc.org.uk/apb/scope/private.cfm.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2012 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006

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

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion: the parent charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or the parent charitable company's financial statements are not in agreement with the accounting records or returns; or certain disclosures of trustees' remuneration specified by law are not made; or we have not received all the information and explanations we require for our audit.

Don Bawtree

Senior Statutory Auditor

for and on behalf of BDO LLP, Statutory Auditor

Epsom

United Kingdom

Date: 31 July 2012

BDO LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).



Financial statements



Consolidated Statement of Financial Activities

Incorporating Consolidated Income and Expenditure Account to 31 March 2012

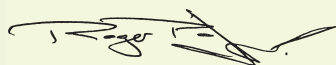
Note	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total 2011/12 £000s	Total 2010/11 £000s	
Incoming resources						
Incoming resources from generated funds						
Continuing activities						
Voluntary income	2	4,401	6,584	-	10,985	14,625
Activities for generating funds	3	38,124	-	-	38,124	34,982
Investment income	4	349	-	1	350	349
Incoming resources from charitable activities						
Continuing activities	5	25,796	-	-	25,796	20,882
Discontinued activities	5	2,184	-	-	2,184	7,809
Other incoming resources						
Gains on disposal of assets	6	1,049	-	-	1,049	1,210
NHS contribution to pension costs	19	201	-	-	201	206
Total Incoming resources		72,104	6,584	1	78,689	80,063
Resources expended						
Cost of generating funds						
Continuing activities						
Fundraising		5,589	-	-	5,589	4,406
Shops' costs		31,799	-	-	31,799	28,946
Investment management costs		37	-	-	37	37
		37,425	-	-	37,425	33,389
Charitable activities						
Continuing activities						
Palliative care		16,258	5,333	-	21,591	17,710
long-term neurological care		15,136	110	1	15,247	14,953
Homecare		2,889	-	-	2,889	1,384
International	8	243	494	-	737	590
Funding and encouraging research		-	-	-	-	5
Campaigning for better services		107	-	-	107	42
Discontinued activities						
Homecare		3,544	-	-	3,544	10,200
Total expenditure on charitable activities		38,177	5,937	1	44,115	44,884
Governance costs		353	-	-	353	300
Total resources expended	7	75,955	5,937	1	81,893	78,573
Net incoming/(outgoing) resources before transfers		(3,851)	647	-	(3,204)	1,490
Other recognised gains						
Realised gains on investment assets		45	-	-	45	36
Net income/(expenditure) for the year		(3,806)	647	-	(3,159)	1,526
Unrealised gains on investment assets	12	35	-	-	35	500
Net movement of funds		(3,771)	647	-	(3,124)	2,026
Reconciliation of funds:						
Total funds brought forward						
Opening balance		43,902	1,069	88	45,059	43,033
Net movement of funds		(3,771)	647	-	(3,124)	2,026
Total funds carried forward as at 31 March 2012		40,131	1,716	88	41,935	45,059

The Statement of Financial Activities includes all gains and losses recognised in the 12 month period.

Balance Sheet as at 31 March 2012

	Note	Consolidated		Charity	
		2012 £000s	2011 £000s	2012 £000s	2011 £000s
Fixed assets					
Tangible assets	11	22,246	19,975	22,144	19,835
Investments	12	10,524	12,524	10,524	12,524
		<u>32,770</u>	<u>32,499</u>	<u>32,668</u>	<u>32,359</u>
Current assets					
Programme related investments					
Due in more than one year	13	700	700	700	700
Stocks – new goods for resale		1,265	976	-	-
Debtors	14	12,305	11,545	13,457	12,279
Cash at bank and in hand		2,889	7,338	2,884	7,261
		<u>17,159</u>	<u>20,559</u>	<u>17,041</u>	<u>20,240</u>
Creditors: amounts falling due within one year	15	(7,994)	(7,999)	(7,851)	(7,648)
Net current assets		<u>9,165</u>	<u>12,560</u>	<u>9,190</u>	<u>12,592</u>
Total assets less current liabilities and net assets		<u>41,935</u>	<u>45,059</u>	<u>41,858</u>	<u>44,951</u>
Income funds					
Unrestricted funds:					
Capital reserve fund	16	22,246	19,975	22,144	19,835
Investment revaluation	16	2,710	3,122	2,710	3,122
Unrestricted general fund	16	15,175	20,805	15,288	20,925
		<u>40,131</u>	<u>43,902</u>	<u>40,142</u>	<u>43,882</u>
Restricted funds	17	1,716	1,069	1,716	1,069
Endowment fund	26	88	88	-	-
		<u>41,935</u>	<u>45,059</u>	<u>41,858</u>	<u>44,951</u>

Approved and authorised for issue by the council of trustees on 31 July 2012 and signed on its behalf by



Roger Paffard
Chairman

Company Registration Number: 943228

Balance Sheet as at 31 March 2012

Consolidated cash flow statement to 31 March 2011

	Note	2011/12 £000s	Consolidated 2010/11 £000s
Net cash (outflows)/inflows from operating activities	23	<u>(2,572)</u>	<u>3,267</u>
Returns on investments and servicing of finance			
Interest received		24	75
Dividends received		326	274
Net cash inflow from returns on investments and servicing of finance		<u>350</u>	<u>349</u>
Capital expenditure and financial investment			
Payments to acquire tangible fixed assets	11	(4,465)	(2,281)
Net receipts from sales of fixed assets/held for sale		158	1,210
Purchase of investments	12	(2,617)	(1,455)
Receipts from sale of investments		4,697	1,523
Net cash outflow from capital expenditure and financial investment		<u>(2,227)</u>	<u>(1,003)</u>
(Decrease)/increase in cash	24	<u>(4,449)</u>	<u>2,613</u>
Reconciliation of net cash flow to movement in net funds			
(Decrease)/increase in cash in the period		(4,449)	2,613
Opening net funds		<u>7,338</u>	<u>4,725</u>
Net funds at 31 March	24	<u>2,889</u>	<u>7,338</u>

1. Accounting policies

(a) Basis of preparation

The financial statements have been prepared under the historical cost convention, with the exception of listed investments which are included at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" 2005, applicable accounting standards and the Companies Act 2006.

(b) Consolidated financial statements

Consolidated financial statements have been prepared in respect of Sue Ryder, its wholly owned trading subsidiary, Sue Ryder Direct Limited and Sue Ryder Care (Chantry). No charity Statement of Financial Activity is presented as permitted by section 408 of the Companies Act 2006 and by the SORP paragraph 397. All members of the group have been consolidated using the acquisition method of accounting. The charity's deficit for the financial period is £3,093,000. The subsidiary's profits are remitted to the charity under Gift Aid regulations.

(c) Restricted funds

Restricted funds are those which are subject to specific conditions imposed by donors or grant making organisations.

(d) Designated funds

Designated funds are those which have been set aside at the discretion of the Trustees for specific purposes, the Capital Fund being equivalent to the net book value of fixed assets.

(e) Unrestricted General Fund

The General Fund is comprised of accumulated surpluses and deficits in the Statement of Financial Activities after transfers to and from the Designated Funds and transfers to Restricted Funds.

(f) Income

Income for the provision of care services, principally from Primary Care Trusts and Local Authorities, is recorded on a receivable basis.

Interest receivable is accrued on a day to day basis, and other investment income is recognised on receipt.

Voluntary income and legacies are included in the financial statements when the charity is legally entitled to the income and the amount can be quantified with reasonable certainty. Unless there is evidence of uncertainty of receipt, residuary legacies are recognised from the date of probate where a reliable estimate can be made. Income from will or reversionary trusts is not recognised until the life interest has passed away. Income from pecuniary legacies is recognised upon notification.

Income from the charity's wholly owned subsidiary is included under activities for generating funds. Income is accounted for on an accruals basis.

Tax rebates under Gift Aid are accrued for in accordance with the appropriate Gift Aid rules.

Gifts donated for resale are included as income when they are sold. No amounts are included in the financial statements for services donated by volunteers.

(g) Expenditure

All expenditure is accounted for on an accruals basis.

Costs are allocated to the Cost of Generating Funds, Charitable Activities and Governance on the basis of direct allocation and apportionment of support costs as detailed in note 7.

Costs of Generating Funds include fundraising, all retail activities and the costs of managing the investment portfolio.

Notes to the accounts

1. Accounting policies (continued)

Charitable Activities include the costs of care provided, grants to the independent Sue Ryder charities abroad and funding for research and service improvement.

Governance costs include those costs associated with regulatory compliance.

(h) Fixed assets

Tangible fixed assets are included in the financial statements at cost less depreciation.

Items with a value of £1,000 or more and with a useful life of more than 1 year are capitalised. Where assets are valued at less than £1,000 but form part of a group of assets (e.g. a computer network) which totals more than £1,000 they are capitalised.

Depreciation is provided to write off assets over their estimated useful lives at the following annual rates:

— *Freehold buildings*

Building costs of care centres and shops built or acquired by Sue Ryder are depreciated on a straight line basis over 40 years.

— *Freehold land*

Freehold land is not depreciated.

— *Leasehold buildings*

Leasehold improvements are depreciation over the lesser of the term of the lease or the life of the asset in its current use.

— *Care Centres' fixtures and fittings*

10% – 25% of the reducing balance.

— *Motor vehicles*

25% of the reducing balance.

— *Computer equipment and software*

33.33% of the original cost.

Profits or losses on disposal of fixed assets are calculated as proceeds after any legal and other associated costs less the net book value at time of disposal.

Freehold and leasehold properties no longer being used are shown at NBV or realisable value, whichever is the lower, at the point the decision was made to dispose of the asset. Any properties that are on the market at the year end are transferred to current assets.

(i) Stocks – new goods for resale

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

No value is attributed in the balance sheet to stocks of goods for sale acquired by gift.

(j) Pension costs

A defined contribution scheme is available to eligible employees with contributions payable by both Sue Ryder and the members. The contributions are charged to expenditure in the year they are payable to the scheme.

Sue Ryder contributes to defined benefit contributory pension schemes on behalf of certain former National Health Service employees.

These contributions are fixed by reference to quinquennial valuations by the Government actuary. The contributions are charged to expenditure

on the basis of ensuring a level charge over the remaining service lives of employees. Information is not available to identify the surpluses or deficits that relate to Sue Ryder, and as a result of this, the scheme is treated as a defined contribution scheme under FRS 17.

(k) VAT

Sue Ryder bears Value Added Tax to the extent that there is no recovery in respect of the Care Centres' expenditure of a revenue or capital nature and only partial recovery in respect of administrative expenditure. Irrecoverable VAT is allocated across the expenses that give rise to the tax.

Sue Ryder Direct Limited, the charity's trading subsidiary was registered for VAT under a separate registration number until 31 December 2008, from 1 January 2009 a new VAT Group registration became effective including Sue Ryder Direct Limited and the Sue Ryder charity. All input VAT incurred by Sue Ryder Direct Limited is recoverable.

(l) Investments

Investments are stated at market value at the Balance Sheet date. Unrealised surpluses are credited to a revaluation reserve. Realised profits or losses are calculated based on the market value at which the investments were recorded in the financial statements.

(m) Leasing

Plant and machinery/fixtures and fittings

Rentals paid under operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to expenditure as incurred.

Property

Rentals paid under operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to expenditure as incurred.

Property lease premiums are expensed over the primary period of the lease.

The effect of any rent free period is spread over the primary period of the lease.

Rent received under operating leases where substantially all of the benefits and risks of ownership remain with the lessee are recognised as income when due.

(n) Taxation

The company is a charity within the meaning of Section 506(1) of the Taxes Act 1988. Accordingly the company is potentially exempt from taxation in respect of income or capital gains within categories covered by Section 505 of the Taxes Act 1988 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

No tax provision is made on behalf of the charity's trading subsidiary Sue Ryder Direct Limited as it Gift Aids all its taxable profit to the charity.

Notes to the accounts

1. Accounting policies (continued)

(o) Grants

Grant income

Grants are recognised on a receivable basis. The charity receives both government and 3rd party grants.

Grant expenditure

Sue Ryder awards grants to support the work of Sue Ryder organisations overseas. Expenditure is accrued for as soon as a legal or constructive liability exists.

(p) Foreign currency transactions

Charity

The charity accounts for foreign currency at the rate prevailing at the time the currency is purchased.

(q) Deferred tax

No provision for deferred tax is made in the subsidiary's accounts, as in the view of the trustees the subsidiary will never pay tax as it Gift Aids its taxable profits to the charity.

2. Voluntary income

	2011/12 £000s	2010/11 £000s
Legacies	5,286	7,019
Donations and other voluntary income	5,563	5,928
Grants	136	1,678
Total	10,985	14,625

3. Activities for generating funds

	2011/12 £000s	2010/11 £000s
Income		
Fundraising events	1,507	1,533
Shop income from selling donated and bought in goods	36,613	33,440
Property letting and licensing	4	9
Total	38,124	34,982

4. Investment income

	2011/12 £000s	2010/11 £000s
Dividends	326	274
Bank interest received	24	75
Total	350	349

5. Income from charitable activities

	2011/12 £000s	2010/11 £000s
Provision of palliative care:		
NHS and local authorities	11,205	7,383
Private care	394	21
Other	245	202
Provision of long-term neurological care:		
NHS and local authorities	10,061	10,486
Private care	1,599	1,666
Other	59	44
Homecare:		
Continuing:		
Local authorities and other commissioners	1,587	587
Private care	627	493
Other	19	-
Discontinued:		
Local authorities and other commissioners	1,787	7,150
Private care	352	656
Other	45	3
Total	27,980	28,691

6. Disposal of fixed assets

During the period Sue Ryder disposed of 6 retail shops, with gross proceeds of £1,429,000, yielding a net surplus of £1,049,399 after disposal costs.

7. Resources expended

	Activities Undertaken Directly £000s	Grant funding of activities £000s	Support Costs £000s	Total 2011/12 £000s	2010/11 £000s
Charitable activities					
Palliative care	19,106	-	2,485	21,591	17,710
long-term neurological care	13,359	-	1,888	15,247	14,953
Homecare	5,507	-	926	6,433	11,584
Support for International	128	592	17	737	590
Funding and encouraging research	-	-	-	-	5
Campaigning for better services	90	-	17	107	42
Total charitable activities	38,190	592	5,333	44,115	44,884
Cost of generating funds					
Fundraising	4,899	-	690	5,589	4,406
Retail shops	29,051	-	2,748	31,799	28,946
Investment management	37	-	-	37	37
Total cost of generating funds	33,987	-	3,438	37,425	33,389
Governance	310	-	43	353	300
Total resources expended	72,487	592	8,814	81,893	78,573

No emoluments are payable to any Trustee in their capacity as a Trustee and only directly incurred travel expenses are reimbursed. During the period, travel expenses of £6,097 (2010/11: £1,899) were reimbursed to Trustees. The charity also incurred expenditure of £4,240 in respect of Directors' and Officers' liability insurance for the period (2010/11: £4,200).

During the period, 4 Trustees (2010/11: 4) claimed expenses.

During the period £2,713 was paid to the Chief Executive in expenses claimed (2010/11: £2,440).

Analysis of support costs allocated

2011/12	Total £000s	Central Management & admin £000s	Finance £000s	Human Resources £000s	IT £000s	Legal and Property Services £000s	Marketing & Communi- cations £000s
Activity							
Palliative care	2,485	405	197	398	458	700	327
long-term neurological care	1,888	308	150	302	348	532	248
Homecare	926	151	73	148	171	261	122
Campaigning for better services	17	3	1	3	3	5	2
Retail shops	2,748	448	218	440	507	774	361
Fundraising	690	113	55	110	127	194	91
Support for international	17	3	1	3	3	5	2
Governance	43	7	3	7	8	12	6
Total support costs allocated 2011/12	8,814	1,438	698	1,411	1,625	2,483	1,159
Total support costs allocated 2010/11	8,054	1,211	703	1,180	1,335	2,400	1,225

Proportionate to the gross salary costs of the supported activities

Resources expended included:

	2011/12 £000s	2010/11 £000s
Auditors remuneration		
<i>Audit</i>		
Charity	52	53
Trading subsidiary	10	10
<i>Other services</i>		
Tax	19	21
Depreciation	1,865	1,340
<i>Operating Leases:</i>		
Land and buildings	5,853	5,308
Motor vehicles	456	514

Notes to the accounts

8. International grant expenditure

An independent Sue Ryder charity operates in each of the countries shown below. The programmes are independent of Sue Ryder but bear the name Sue Ryder.

	2011/12 £000s	2010/11 £000s
Grants awarded		
Albania	85	95
Czech Republic	15	15
Malawi	273	307
Poland	219	–
Other	–	–
Total grants	592	417
General support, monitoring and administration expenditure	145	173
Total international	737	590

Grants made to Albania, Kosovo and Malawi represent grants in respect of service provision only. The grants to the Czech Republic represent local administrative support.

Grants to Poland in 2011/12 related to legacy income transferred to Poland.

Grants are notified to prospective recipient programmes in March of each year.

9. Taxation

The charity is registered for VAT and £3,186,000 out of £4,527,000 incurred (2010/11: £1,345,000 out of £2,688,000) was recoverable. All VAT incurred by Sue Ryder Direct Ltd, the wholly owned subsidiary of the charity is fully recoverable.

10. Staff costs

	2011/12 £000s	2010/11 £000s
Wages and salaries	46,472	45,692
Social security costs	3,233	3,197
Pension costs	1,063	785
Total	50,768	49,674

Included within the wages and salaries figure above are the costs of £2,948,000 (2010/11: £3,414,000) for employing agency and contract staff. No remuneration was paid to any Trustee during the period (2010/11, Nil).

During the period higher paid employees comprised the following:

	2011/12 No.	2010/11 No.
£60,001 – £70,000pa	6	3
£70,001 – £80,000pa	3	2
£80,001 – £90,000pa	1	1
£90,001 – £100,000pa	2	2
£100,001 – £110,000pa	0	1
£110,001 – £120,000pa	1	1

Contributions to pension schemes for these employees amounted to £26,104 (2010/11 £27,019).

The average number of employees during the period, as adjusted to reflect full-time equivalents, comprised the following:

	2011/12 No.	2010/11 No.
Care services	1,156	1,230
Retail	817	764
Support services	213	197
Total	2,186	2,191

Notes to the accounts

11. Tangible fixed assets

	Leasehold property £'000s	Freehold property £'000s	Fixtures fittings & equipment £'000s	Motor vehicles £'000s	Total £'000s
Consolidated					
Cost					
At 1 April 2011	2,542	25,874	6,273	602	35,291
Additions	99	324	4,075	-	4,498
Disposals	-	(328)	(33)	(40)	(401)
At 31 March 2012	<u>2,641</u>	<u>25,870</u>	<u>10,315</u>	<u>562</u>	<u>39,388</u>
Depreciation					
At 1 April 2011	1,563	9,212	4,026	515	15,316
Charge for the year	161	599	1,075	30	1,865
Eliminated on disposal	-	-	-	(39)	(39)
At 31 March 2012	<u>1,724</u>	<u>9,811</u>	<u>5,101</u>	<u>506</u>	<u>17,142</u>
NBV					
At 31 March 2012	<u>917</u>	<u>16,059</u>	<u>5,214</u>	<u>56</u>	<u>22,246</u>
At 31 March 2011	<u>979</u>	<u>16,662</u>	<u>2,247</u>	<u>87</u>	<u>19,975</u>

Of leasehold properties a net book value of £44,000 (31 March 2011: £516,000) relates to property leases with more than 50 years to run.

	Leasehold property £'000s	Freehold property £'000s	Fixtures fittings & equipment £'000s	Motor vehicles £'000s	Total £'000s
Charity					
Cost					
At 1 April 2011	2,541	25,874	6,021	602	35,038
Additions	99	324	4,075	-	4,498
Disposals	-	(328)	(33)	(40)	(401)
At 31 March 2012	<u>2,640</u>	<u>25,870</u>	<u>10,063</u>	<u>562</u>	<u>39,135</u>
Depreciation					
At 1 April 2011	1,563	9,212	3,913	515	15,203
Charge for the year	161	599	1,037	30	1,827
Eliminated on disposal	-	-	-	(39)	(39)
At 31 March 2012	<u>1,724</u>	<u>9,811</u>	<u>4,950</u>	<u>506</u>	<u>16,991</u>
NBV					
At 31 March 2012	<u>916</u>	<u>16,059</u>	<u>5,113</u>	<u>56</u>	<u>22,144</u>
At 31 March 2011	<u>978</u>	<u>16,662</u>	<u>2,108</u>	<u>87</u>	<u>19,835</u>

Included in Freehold properties is an amount of £664,000 (31 March 2011, £664,000) relating to freehold land.

The charity rents out surplus accommodation at its freehold and rented properties, mainly accommodation above retail shops. It is not possible to separate the values out from the main asset and in the opinion of the Trustees the value is unlikely to be significant.

Notes to the accounts

12. Investments

	Consolidated 31 March 2012 £000s	Charity 31 March 2011 £000s	2012 £000s	2011 £000s
Opening balance at 1 April	12,524	12,056	12,524	12,056
Less:				
Disposals at book value	(2,652)	(1,487)	(2,652)	(1,487)
Withdrawals	(2,000)	–	(2,000)	–
Add:				
Acquisitions at cost	2,617	1,455	2,617	1,455
Unrealised net gains/(losses) on revaluation at 31 March	35	500	35	500
Market value at 31 March	<u>10,524</u>	<u>12,524</u>	<u>10,524</u>	<u>12,524</u>

The investments are made up as follows:

	Consolidated 31 March 2012 £000s	Charity 31 March 2011 £000s	2012 £000s	2011 £000s
UK equities	4,312	5,142	4,312	5,142
Overseas equities	2,906	2,893	2,906	2,893
UK fixed interest and gilts	1,953	1,725	1,953	1,725
Overseas fixed interest and gilts	356	1,428	356	1,428
Others	997	1,336	997	1,336
Total	<u>10,524</u>	<u>12,524</u>	<u>10,524</u>	<u>12,524</u>

The investment shown above includes an investment of £5 held by the charity in its subsidiary undertaking.

The excess of market value over cost of £2,710,000 (31 March 2011: £3,122,000) is accounted for in an unrestricted designated fund as shown in note 16.

No individual investment exceeded 5% of the total value as at 31 March 2012 (31 March 2011: None).

13. Programme related investments

	Consolidated 2011/12 £000s	Charity 2010/11 £000s	2011/12 £000s	2010/11 £000s
Due after one year				
Due from The Sue Ryder Foundation (Ireland) Limited (interest free, secured)	<u>700</u>	<u>700</u>	<u>700</u>	<u>700</u>

Sue Ryder Foundation (Ireland)

The balance of £700,000 is due on 31 December 2015. The full amount of the loan is secured against one of their freehold properties.

14. Debtors

	Consolidated 31 March 2012 £000s	Charity 31 March 2011 £000s	2012 £000s	2011 £000s
Amounts owed by group undertakings	-	-	1,495	921
Debtors for care services	2,044	2,349	2,044	2,349
Accrued income - legacies	3,506	4,800	3,506	4,800
Other debtors	4,407	2,697	4,292	2,653
Prepayments	2,348	1,699	2,120	1,556
	<u>12,305</u>	<u>11,545</u>	<u>13,457</u>	<u>12,279</u>

In addition to the £3,797,000 of legacy accrued income, there were 41 (31 March 2011: 59) legacies that have been notified to the charity that have not been valued due to the uncertainty of the amount due.

15. Creditors: amounts falling due within one year

	Consolidated 31 March 2012 £000s	Charity 31 March 2011 £000s	2012 £000s	2011 £000s
Trade creditors	3,095	4,062	2,973	3,826
Other creditors	150	98	238	197
Accruals	3,827	2,934	3,718	2,720
Other taxes and social security	922	905	922	905
	<u>7,994</u>	<u>7,999</u>	<u>7,851</u>	<u>7,648</u>

Notes to the accounts

16. Unrestricted funds

	Balance at 31 March £000s	Surplus/ (deficit) for the period after transfers and investment gains £000s	Utilised/ realised £000s	Balance at 31 March £000s
Unrestricted funds				
Capital reserve fund				
Charity	19,835	-	2,309	22,144
Subsidiary	140	-	(38)	102
Total capital reserves funds	19,975	-	2,271	22,246
General funds				
Investment revaluation reserve	3,122	35	(447)	2,710
Charity retained funds	20,927	(3,778)	(1,862)	15,287
Subsidiary's retained funds	(122)	(28)	38	(112)
Total General funds	23,927	(3,771)	(2,271)	17,885
Total unrestricted funds	43,902	(3,771)	-	40,131

The capital reserve fund represents the net book value of the fixed assets of the charity. These are designated for replacing existing assets and expanding the charity's investments.

17. Restricted funds

The income funds of the charity include restricted funds comprising the following:

	Balance at 31 March 2011 £000s	Movement in funds		Balance at 31 March 2012 £000s
		Incoming resources £000s	Expenditure and transfers £000s	
Funds held at care centres and centrally	1,007	6,412	(5,776)	1,643
Department for International Development	-	136	(136)	-
Department of Health	62	-	-	62
Big Lottery Fund (5R's project)	-	31	(20)	11
Suffolk County Council	-	5	(5)	-
	1,069	6,584	(5,937)	1,716

The funds held at Care Centres and Centrally comprise the unexpended balances of donations and grants held on trust for specific projects.

The Department for International Development fund represents the project for Empowering People with Epilepsy in Malawi. The Big Lottery Fund full amount received in the year was £31,310. £19,960 has been spent against this fund, with the remaining balance to be spent in the beginning of the 2012/13 financial year.

18. Analysis of net assets across funds

	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total funds £000s
Consolidated				
Fund balances at 31 March 2012 are represented by:				
Tangible fixed assets	22,246	-	-	22,246
Investments	10,524	-	-	10,524
Programme related investments	700	-	-	700
Current assets	14,655	1,716	88	16,459
Current liabilities	(7,994)	-	-	(7,994)
Total net assets	40,131	1,716	88	41,935

Unrealised gains included above

On investments assets (see note below)	2,710	-	-	2,710
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Reconciliation of movements in unrealised gains on investment assets

Unrealised gains at 31 March 2011	3,122	-	-	3,122
Add: On disposal of investments	(447)	-	-	(447)
Add: Net gains arising on revaluations in period	35	-	-	35

Unrealised gains at 31 March 2012

2,710	-	-	2,710
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Charity

Fund balances at 31 March 2012 are represented by:

	Unrestricted funds £000s	Restricted funds £000s	Total funds £000s
Tangible fixed assets	22,144	-	22,144
Investments	10,524	-	10,524
Programme related investments	700	-	700
Current assets	14,625	1,716	16,341
Current liabilities	(7,851)	-	(7,851)
Total net assets	40,142	1,716	41,858

Unrealised gains included above

On investments assets	2,710	-	2,710
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Reconciliation of movements in unrealised gains on investment assets

Unrealised gains at 31 March 2011	3,122	-	3,122
Add: On disposal of investments	(447)	-	(447)
Add: Net gains arising on revaluations in period	35	-	35

Unrealised gains at 31 March 2012

2,710	-	2,710
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The parent charity's gross income for the year was £75.0 million (2010/11, £76.1m) and its expenditure was £78.1 million (2010/11, £74.6 million).

19. Pension costs

(a) Defined contribution schemes of Sue Ryder

A defined contribution group pension scheme was introduced with effect from 1 December 1992, administered by Equitable Life. This scheme is now closed although some members have opted to leave their benefits with Equitable Life.

Following the closure of the Equitable Life scheme in October 2001, personal pension plan facilities were arranged with pension providers, currently Zurich, into which the charity pays matched contributions up to a maximum of 5% of pensionable pay for eligible employees who choose to join.

(b) National Health Service pension scheme

Sue Ryder also contributes to a defined benefit contributory pension scheme on behalf of certain former National Health Service employees. These contributions are fixed by reference to quinquennial valuations by the Government actuary which is currently 14% of earnings. The latest available report relates to the period from 1994 – 1999.

It is not possible to identify the surpluses or deficits that relate to Sue Ryder and therefore this scheme is treated as a defined contribution scheme under FRS 17, with costs recognised in accordance with contributions payable.

The charity received £200,570 (2010/11, £205,726) from the NHS as a contribution towards our NHS pension contributions.

20. Lease Obligations

	31 March	
	2012	2011
	£000's	£000's
Consolidated Operating leases:		
Land and buildings		
<i>Annual commitments which expire:</i>		
Within one year	566	656
In the second to fifth years inclusive	4,262	2,874
After more than five years	837	834
	<u>5,665</u>	<u>4,364</u>
Other		
<i>Annual commitments which expire:</i>		
Within one year	3	28
In the second to fifth years inclusive	494	261
	<u>497</u>	<u>289</u>
Total	<u>6,162</u>	<u>4,653</u>

21. Capital and other commitments

Capital expenditure for the Thorpe Hall refurbishment, authorised and contracted for which has not been provided for in the financial statements amounted to £120,000 (2011/12: Enil). These costs are due to be paid within the 2012/13 financial year.

Sue Ryder Direct Limited has outstanding foreign currency commitments of USD \$133,716 (31 March 2011, \$109,231) which are due to mature within 12 months.

22. Related party disclosures

The company has a wholly owned subsidiary, Sue Ryder Direct Limited, incorporated in the UK, as disclosed in Note 25 to these financial statements.

There are a number of independent foundations operating in various countries and which share the main objectives of Sue Ryder. The charity awards grants to these entities as shown in Note 8.

The financial statements of the group consolidate the results of its 100% subsidiary company, Sue Ryder Direct Limited, and exemption has therefore been claimed under FRS 8 not to disclose transactions between the charity and the subsidiary company.

23. Reconciliation of deficit to net cash outflow from operating activities

	Consolidated	
	2011/12 £000s	2010/11 £000s
Changes in resources before revaluations	(3,159)	1,526
Depreciation (note 11)	1,865	1,340
Gain on sale of assets	(1,049)	(1,210)
Gain on sales of investment assets	(45)	(36)
(Increase)/decrease in stocks	(289)	133
Decrease/(increase) in debtors	460	(410)
Increase/(decrease) in creditors	(5)	2,273
Investment income	(350)	(349)
Net cash outflow from operating activities	(2,572)	3,267

24. Analysis of changes in net funds

Consolidated	Cash Flows	
	2011/12 £000s	2010/11 £000s
Opening cash balances	7,338	4,725
Movement	(4,449)	2,613
Cash at bank and in hand at 31 March	2,889	7,338

Notes to the accounts

25. Net Income from trading activities of subsidiary

Sue Ryder has one wholly owned subsidiary which is incorporated in the UK. The principal activities of the subsidiary, Sue Ryder Direct Limited, are the sale of new goods and the running of the donated goods gift aid scheme. The company gifts its taxable profits to Sue Ryder.

The results for the periods ended 31 March were:

	2011/12 £000s	2010/11 £000s
Turnover	4,983	5,084
Cost of sales	<u>(2,752)</u>	<u>(2,995)</u>
Gross profit	<u>2,231</u>	<u>2,089</u>
Other expenses	<u>(1,769)</u>	<u>(2,099)</u>
Net profit before covenant	<u>462</u>	<u>(10)</u>
Amount covenanted to Sue Ryder	<u>(491)</u>	<u>(13)</u>
Retained profit for the period	<u>(29)</u>	<u>(23)</u>
Tangible fixed assets	102	141
Net current assets/(liabilities)	<u>(112)</u>	<u>(122)</u>
Total Net Assets	<u>(10)</u>	<u>19</u>
Share capital (£5)	-	-
Profit and loss account	<u>(10)</u>	<u>19</u>
Shareholder's funds	<u>(10)</u>	<u>19</u>

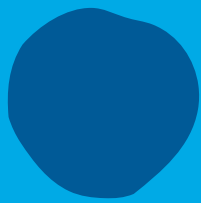
A subsidiary charity exists, Sue Ryder Care (Chantry), to administer a permanent endowment passed to Sue Ryder by the Charity Commission as disclosed in Note 26.

26. Endowment fund

	Balance at 31 March 2011 £000s	Incoming resources £000s	Expenditure and transfers £000s	Balance at 31 March 2012 £000s
Consolidated and charity				
Endowment Fund (Consolidated only)	88	1	(1)	88

Thank you

Achurch Charitable Trust
AM Pilkington Charitable Trust
Amelia Chadwick Charitable Trust
Annie Tranmer Charitable Trust
Benedictine Community Trust
Big Lottery
CAF (America)
Charles Brotherton Trust
Charles Irving Trust
Chelsea Square Trust
Children In Need
CHK Charities
Christine Hall Trust
Cinema and Television Benevolent Fund
D and H E W Gaunt Charitable Settlement
D C Leggat Charitable Trust
D W Greenwood Charitable Settlement
David and Patricia Gibbons Charitable Trust
David Thomas Charitable Trust
Denis Alan Yardy Charitable Trust
Department of Health
Doris Field Charitable Trust
DW Greenwood Charitable Settlement
Edgar E Lawley Foundation
Elizabeth Jane Pigott Trust
Evan Cornish Foundation
F A F Charitable Trust
Freemasons' Grand Charity
G C Armitage Charitable Trust
Gale Family Charity Trust
Geoffrey Burton Charitable Trust
George Gibson Charitable Trust
George Mason Charitable Trust
Gerald Bentall Charitable Trust
H J Charitable Trust
Harrison and Potter Trust
Henry and Dora Needler Trust
Hospice Aid
Hull and East Riding Trust
IBC Employees Charitable Trust
Ilkley Charitable Trust
J S Innes Charitable Trust
James Pyper Trust
JE Posnansky Charitable Trust
John Eddleston's Charity
John Parkhouse Trust
John Paul Getty Jnr Charitable Trust
John Slater Foundation
JS & EC Rymer Trust
Kirke's Charity
Leeds Building Society Foundation
Linden Charitable Trust
Lloyds TSB Foundation
Lord Provost's Charitable Trust
Louis Bayliss Charitable Trust
Macquarie Group Foundation
Madeline Mabely Trust
Martin Connell Charitable Trust
MEB Charity Trust
Mercers' Charitable Foundation
Michael and Anna Wix Charitable Trust
Mr and Mrs J Pye's Charitable Trust
Mrs Jean Burrows Trust
Mrs Jean S Innes Charitable Trust
Natwest Community Force
Newstead Charity
Notgrove Trust
P and G Charitable Trust
R B Gray Trust
Ravensdale Trust
Robert and Margaret Moss Charitable Trust
Rothschild
S & D Lloyd Charitable Trust
Simplyhealth
Sir James Reckitt Charitable Trust
Smith Charitable Trust
Steel Charitable Trust
Suffolk County Council – Innovation Grant
Sylvia Adams Charitable Trust
Talteg Ltd
Tanner Trust
Thames Wharf Charity
The A M Fenton Charitable Trust
The Albert Hunt Trust
The Alec-Smith Family Trust
The Arnold Burton 1998 Trust
The Balmain Charitable Trust
The Barrack Trust
The Bramhope Trust
The Brian Wilson Trust
The Burdett Trust
The C Charitable Trust
The Christadelphian Samaritan Charity
The Clover Trust
The Colston Education Trust
The Constance Green Foundation
The Co-op Foundation
The Coulthurst Trust
The Deirdre Palk Charitable Trust
The Dove Trust
The Dudley and Geoffrey Cox Charitable Trust
The E T Mowle Charitable Trust
The Florance Reiss Trust for Old People
The Fred Towler Charity
The Gannochy Trust
The Ganzoni Charitable Trust
The George Crombie Trust
The Helena Charitable Foundation
The Hemby Trust
The Highfield Trust
The Hospital Saturday Fund
The J R Rudd Foundation
The John Slater Trust
The Joseph and Annie Cattle Trust
The Langtree Trust
The Lesley Mary Carter Charitable Trust
The Leslie Bibby Trust
The MacDonald Buchanan Charitable Settlement
The Mason Bibby 1981 Trust
The N and P Hartley Memorial Trust
The Neighbourly Trust
The Norman Collinson Charitable Trust
The P & D Shepherd Trust
The Pilgrim Trust
The Rainford Trust
The Robertson Trust
The Russell Trust
The Scouloudi Foundation
The Skelton Bounty
The Smith Trust
The Split Infinitive Trust
The Tony Bramall Trust
The Wixamtree Trust
The WL Pratt Charitable Trust
Thomas J Horne Memorial Trust
Veolia Water Community Fund
Viscount Mountgarret Trust
William Gerrard Trust
Yorkshire Building Society Foundation
Zurich Community Trust



For more information

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Living through life's challenges

Sue Ryder Care is a charity registered in England and Wales (1052076) and in Scotland (SC039578).
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