

# Trustees' Report and Accounts 2012/13

Year ending 31 March 2013



Sue Ryder

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1 in 4 of us is living with  
a life-changing illness.

That's 18 million people  
in the UK today.

We all hope it won't touch  
us personally. The sad reality  
is that one day it could.

Sue Ryder provides incredible care for people with life-changing illness. Whether it's bringing comfort to someone's final days or enabling them to make the most of their life, we are here for them and their loved ones.



## Our care

Whatever the illness, whether it's cancer, brain injury, Parkinson's or Huntington's disease, our aim remains the same. Not just to provide specialist medical care to ease pain and discomfort, but also to offer people and their families real emotional support that can help with the difficult and often distressing effects of these illnesses.

We treat everyone in our care as an individual, taking the time to see the person not the condition. We enable people to live the life they want, and do everything we can to ensure their time with us is the best it can be. We do this in our seven hospices, in our six neurological care centres, in local communities and in people's homes.

We also work with partners to provide care internationally in Malawi and Albania, providing thousands of people every year with healthcare they wouldn't otherwise receive.

Personalised care demands specialist knowledge of the conditions we treat and a great deal of nursing time. But care like ours comes at a cost which is becoming increasingly difficult to afford. Living with a life-changing illness isn't easy and the pain of losing a loved one can seem unbearable. An ageing population and hard-hitting government cuts mean that we need your support more than ever to continue to deliver care that makes a real difference.

# Chairman and Chief Executive joint statement

This year is a special one: it's our 60th anniversary of providing incredible care. Over the past six decades we've been expert in providing care that makes a tangible difference to quality of life for people living with life-changing illness.

Person-centred care remains at the heart of everything we do, both in our care and within our organisation. Our 60 years of care have been made possible by the complete dedication of our 3,000 staff, 11,000 volunteers and innumerable supporters, with whom we celebrate our history and what's to come.

Over the past 12 months, we've provided care for over 16,000 people at our hospices, neurological care centres and in the community. 2012/13 has seen some exciting developments. In March, we launched our £6 million capital appeal for a new purpose-built Thorpe Hall Hospice in the grounds of the existing site in Peterborough. We also announced our plans to move Nettlebed Hospice to be part of the Townlands Community Hospital redevelopment in Henley. Both new developments will provide state-of-the-art end of life care. In neurological care, we've confirmed plans to build a specialist neurological care centre in Preston to serve the north west of England.

Despite the tough economic climate, this has been a financially strong year for Sue Ryder. We achieved a surplus of £2.5 million compared to 2011/12's deficit of £3.1 million. This is largely due to unrealised gains on our investments, the transfer of net assets from the Duchess of Kent House Charity, a significant increase in income raised by our retail activities, and profits raised from the sale and leaseback of a number of our shops. We know we have a challenging few years ahead in which we will need to borrow money to deliver our ambitious plans but we are forecast to achieve a break-even position by 2015.

In health and social care, our income fell by £1.9 million from £28 million to £26.1 million. This decrease is partially due to our 2011 exit from the English homecare market and also to the closure of our Hickleton Hall care centre in Doncaster. It was offset by the increased income from our hospices. We also secured increased income for our neurological care year on year. However, a significant funding gap for these services still remains.

## **60 years of incredible care**

We've continued to invest in personalising the care we provide; asking people how we can support them to live their lives in the way that they want. We had in-depth discussions with residents and their families at our care centre in Doncaster, and re-provided care in line with what they told us they wanted; to be closer to their families and local amenities. This involved closing Hickleton Hall in September 2012 and supporting the 27 residents to move to alternative services, some of whom moved to Sue Ryder's Holme Hall care centre near York which we expanded by three beds.

## **Campaigning for better services**

Over the past 12 months we've taken great strides forward with our policy and campaigning activities to influence the level of personalised care that is available to everyone. This included our *Forgotten Millions* report which involved research on the commissioning of neurological services. It made a series of recommendations that would significantly improve access to person-centred neurological care and support.

Our VAT campaign highlighted the tax inequalities between NHS and charitable providers of healthcare. The campaign reached a significant milestone in March 2013 and helped secure an amendment being passed in the Health and Social Care Act 2012. This led the Government to commission Monitor, an independent regulator, to launch the Fair Playing Field Review to explore the issue further. Monitor published their report this year, recommending the Government consider extending VAT rebates to services provided by the charitable sector and should report back to the sector by the Budget 2014. We continue to work with the government to ensure Monitor's recommendation, and a fairer system, is implemented.



# Chairman and Chief Executive joint statement

## Challenges and opportunities ahead

Funding to continue to pay for and develop our care services presents many challenges ahead. The largest NHS restructure in its history, which came into force in April 2013, has changed the commissioning landscape and increased competition for health and social care providers. The ongoing economic situation also means public sector budgets are under significant pressure. More than ever, we need to clearly demonstrate the benefit of our care to the people we aim to support, and innovate services in line with what people want.

There is a huge opportunity ahead to really change people's lives through greater access to personalised care. The revision of the NHS Constitution in 2012 to include end of life care as a priority is hugely encouraging. And we welcomed the second inquiry report into the poor care at Mid-Staffordshire hospital, led by the inquiry Chairman, Robert Francis QC, and published in February. The report not only looked at the failings of care at the hospital but at the wider failings of the NHS, and laid out recommendations to reduce the risk of such poor care from happening again. We will continue to work closely with our NHS colleagues and other healthcare professionals and organisations to increase knowledge and skills in end of life care. Through training and sharing of expertise we can make a real difference to the quality of end of life care that people receive.

## Our five year plan

2012/13 has been a strong year because we've made decisions that will enable us to ensure the longevity of Sue Ryder and to provide more care. As part of our strategic planning process, we looked at our vision, mission and goals and thought about what it is that makes our care different, what we ultimately want to achieve, and how we'd go about achieving it. We looked at what our financial position needs to be to support our ambitions and have budgeted to deliver a deficit for the next two years reaching a break-even position by 2015.

Our vision is a world in which everyone has access to personalised and compassionate care. If we really aspire to offer personalised care, we have to offer an increased breadth of services so that people have more choice and control over

where and how they receive their care. Our five year plan is about providing a snapshot of what incredible care looks like in the future and meeting the currently unmet needs of people both living with complex neurological conditions and those at the end of life. Our demonstration of what's possible should work as a lever for informing wider healthcare policy. Demonstration of real success would be not only providing personalised care to people through our services, but to also influence the level of personalised care that is available to everyone.

The strategic pillars outlined in our 2011/12 annual report (develop our range of services, grow in more locations, ensure a long-term future for the charity and increase public affection for Sue Ryder) have been built on and developed into long-term strategic goals which are embraced within our five year plan (2013/2018). These are:

1. We will deliver an increased range of high-quality and responsive care services and give those we care for more choice and control over how and where they are supported.
2. We will use the experiences of people who are touched by our care to develop our national voice and campaign to improve the lives of everyone living with end of life and long-term neurological conditions.
3. We will support our international partners to continue their care provision and build their capacity to become self-reliant.
4. We will develop and use our networks to inspire and engage our supporters to grow our income so that we can meet the aspirations of Sue Ryder.
5. We will be a great place to work with an environment in which our people can flourish, live our values and deliver our strategy.
6. We will ensure all our systems and processes are effective and efficient to support the delivery of our strategy.



We were delighted to have been awarded the Queen's Diamond Jubilee Volunteering Award in December 2012. We were hand-picked to receive the award by Her Majesty the Queen in recognition of our involvement in volunteering in the UK.

### Incredible people

Our people, our staff and volunteers, are the driving force behind our care. We're proud of their dedication and continued achievements. We've grown our voluntary activities and we're now supported by an enormous 11,000 volunteers. We're one of 60 charities to have been recognised in this way as part of the Diamond Jubilee celebrations.

Our annual People Pulse staff engagement survey showed further improvement with an increased engagement score from 703 to 722 and we've also been awarded The Times Best Companies 'One to Watch' accreditation for 2013. Again, this is a real demonstration of the progress made by our People team in our efforts to make Sue Ryder a great place to work for all our people, staff and volunteers.

### Looking ahead

This is an exciting time for the charity. The clear articulation of our vision, mission and strategic goals has given us an ambitious foundation on which to build.

We're very positive about the future. We closed 2012/13 in a strong strategic and financial position. It is our absolute privilege to work alongside so many talented and dedicated people, and meet such wonderful supporters. Thank you to everybody who has helped Sue Ryder build and grow, and above all provide quality care to people who need it most.



Following the approval of the 2013/18 plans, **Paul Woodward**, our Chief Executive, has decided to retire from his role after seven years. He will hand over to a new Chief Executive by the end of the next financial year, March 2014.

Over the past seven years, Sue Ryder has grown in stability and strength and we're now in a strong position to continue to provide incredible care to those we care for and their families.



Paul Woodward,  
*Chief Executive*

Roger Paffard,  
*Chairman*



# incredible



today I'd like to...

Alex's story...

Care  
Serv's

Government

Retail

Gov

Growth

Fundraising

CSR

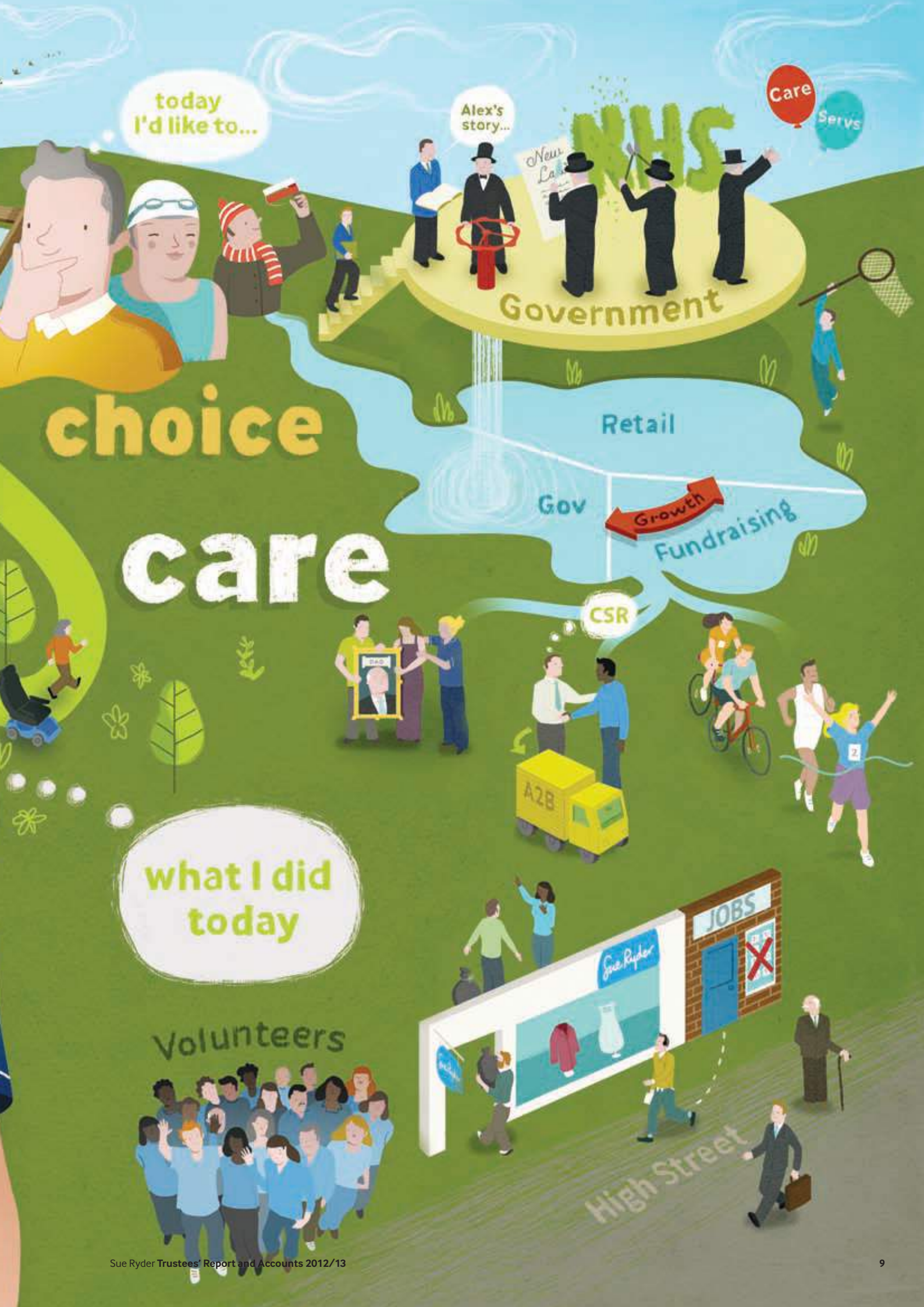
# choice care

what I did  
today

Volunteers

JOBS

High Street



## **Vision**

We aspire to create a world where everyone has access to personalised and compassionate care

## **Mission**

To provide incredible care for people with incurable illness and palliative care needs, and to campaign to improve the lives of everyone living with these conditions

## Our values

At Sue Ryder we're passionate about giving people the care they want. That's why we:

- push the boundaries
- do the right thing
- make the future together



# Charitable activities

Last year, we supported over 16,000 people and provided more than three million hours of care through our hospices, neurological care centres, community-based services and in people's homes.

We cared for almost 2,000 people living with long-term neurological illnesses and over 14,000 people living with end of life needs.

Internationally, we worked with partners to provide healthcare in Malawi and Albania to thousands of people who wouldn't otherwise have received the care they need.

We also campaigned on behalf of people who are approaching the end of their lives or are living with a long-term life-changing illness, so that their voices were heard and they will have better access to the care that they want.





## Overview of our health and social care

We offer a wide range of services through our hospices, care centres, in local communities and in people's homes. We provide the flexibility and freedom people need to make choices about the way they live. And when the time comes, the way they die. We support the whole family too.

The effects of life-changing illnesses can be hugely difficult and distressing for both the person and their family. We provide much-needed emotional and practical support for the whole family through counselling, carer support groups, bereavement support and specialist support for children. This support can help people cope with loss, and deal with frightening emotions including depression, anger and guilt. It can enable carers to have some vital time for themselves and a support network to lean on when needed. Our four stage model of care is called 'Supporting Me' which reflects the standards which people using our services and their carers would expect to see when personalisation of care is working well.

Our primary health and social care objective over the next five years is to deliver an increased range of high-quality and responsive care services. We want the people we care for to have more choice and control over how and where they are supported. We will continue to put personalised care at the forefront of our services. We will take a proactive approach to growth and expansion in our end of life care provision, and increase and develop our menu of services in end of life care across all of our hospices. Our focus will be on moving our services further into the community to enable more people to die in their place of choice.

In neurological care, we want to meet the needs of a growing population with younger and more complex diagnoses, whilst ensuring the sustainability of our services. We will open two new specialist neurological care centres to define the way in which we, and other providers, can deliver truly personalised care to people with very complex conditions. We will focus on delivering personalised services, using assistive technology and research to promote more independent living, even for people living with the most complex conditions. We will use our experiences to influence policy to ensure everyone has access to personalised and compassionate care.

Over the past 12 months we've seen both the health and social care landscape change radically, and significant cuts made to public sector budgets. In response to this, we have started to forge relationships with new commissioners of care (Clinical

Commissioning Groups – CCGs – who are now in charge of £65 billion of the NHS budget, and Local Authorities and Health and Wellbeing Boards). Throughout 2012/13 we continued to invest in really getting to know what the people who access our care really want, and personalised our care services in response. We have continued to invest in ensuring we deliver the highest quality of care, focussing specifically on people's experiences of our care, effectiveness of our care and patient safety. (For more information about our commitment to quality of care, our annual Quality Accounts are accessible to all on our website. [www.sueryder.org/qualityaccount](http://www.sueryder.org/qualityaccount))

*"In a strange way it felt like a home from home; we knew the staff were there to help the family in any way they could too."*

Amanda, woman whose family were supported at a Sue Ryder Hospice







## End of life care

Our seven hospices support people in many different ways. We offer both in-patient facilities and day hospice services. We also support people through therapeutic recreational activities, respite care, outpatient clinics to help relieve symptoms and community-based services including care in people's homes.

Our hospices are centres of excellence in providing holistic and personalised end of life care. Our care is not just about pain management, it's also about providing a listening ear and emotional support for people and their families. This quality time and support is what makes all the difference, and is a world away from treatment in hospital environments where resources are often overstretched.

Our specialist doctors, nurses and carers also provide advice and education for people, their families and other health and social care providers on end of life issues.

*"You made such a huge difference to the last months of my dad's life and enabled him to be as brave as he was."*

Family we supported in one of our hospices

In our 2011/12 report:

**We said we would** continue to develop our end of life care services and expand day care, hospice at home, respite care and partnership working. We also said we would continue to monitor the progress of our Partnership for Excellence and Palliative Support (PEPS) service – a 24-hours end of life care service in Bedford

- Following a successful pilot year for our PEPS service, in January 2013 we secured funding to continue delivering the service. The service, led by Sue Ryder and NHS Bedfordshire, has brought together 15 organisations in the local area to improve the experience and continuity of care for people in their last 12 months of life. The service co-ordinates all end of life care 24-hours a day, 365 days a year using a shared electronic record system. The benefits of the service include greater consistency of care, more people receiving care how and where they'd like, and fewer avoidable emergency hospital admissions. In October 2012, PEPS was featured within the Department of Health's fourth annual report on End of Life Care as an example of good practice, and the service was also a finalist in the Patient Centred Care, Health Service Journal awards.

*"The time I had left with him, I was able to be his wife, not his carer."*

Woman supported as part of the PEPS service

### We support people in many different ways

- We have put in place a *Hospice at Home* service in Cheltenham run from our Leckhampton Court Hospice. For many people at the end of their lives, quality time and support at home is what makes all the difference. Our service provides practical support from our trained carers to help people who want to stay at home, working in partnership with other health and social care professionals and supporting the district nurse who is the individual's key carer.

**Did you know...** we launched a Volunteer Befriending Scheme in Reading, paid for entirely through charitable funds? It supports more than 40 isolated individuals with serious health needs to reconnect with their local community, increase their self confidence and emotional wellbeing, whilst also enabling their carers to have a break.

*"Due to my family predicament, I stayed in a lot and lost my confidence, felt lonely and isolated. The service has increased my confidence, made me feel more comfortable and I now go out."*

Quote from someone supported by our Volunteer Befriending Service

### We said we would have transferred our care from Nettlebed Hospice to the new 'health zone' in Henley (Townlands) Community Hospital

- Preparations to transfer care have been in progress over the past year and Sue Ryder is fully committed to providing a 12-bed purpose-built hospice in the Townlands Community Hospital redevelopment in Henley. The project was delayed due to the re-structure of the NHS but construction is now due to start imminently, in the summer of 2013, and the new health zone in Henley is set to open in the spring of 2015.

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# 99%

of people who have experienced our end of life care rated it as good or excellent

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# 99%

felt they were treated with respect and dignity

#### Achievements and performance at a glance:

- £22.7 million spent (£21.6 million in 2011/12)
- 548 nurses and carers employed as of 31 March 2013 (544 employed in 2011/12)
- 2,095 inpatient admissions (2,110 in 2011/12)
- 6,980 attendances at day care services (6,560 in 2011/12)
- 10,595 community nurse visits (8,960 in 2011/12)
- 3,050 face to face contacts for bereavement support (2,810 in 2011/12)
- 4,440 telephone calls for bereavement support (4,040 in 2011/12)
- Finalist in the HSJ awards for our PEPS service
- 99% of people who have experienced our end of life care rated it as good or excellent, and 99% felt they were treated with respect and dignity
- We received 17 formal complaints (20 in 2011/12), all of which were acknowledged within three days

#### The year ahead:

We will continue to develop end of life services aligned to people's needs including; a new purpose-built hospice in Peterborough, transfer of our care from Nettlebed Hospice to a state of art 'health zone' redevelopment in Henley, refurbishment and renovation work at three of our hospices using the £1.2 million grant awarded to us from the Department of Health in April 2013, and investigate replicating our successful PEPS service in Bedford in other parts of the country. We will also continue to review the recommendations laid out in the Francis Report following the Mid-Staffordshire NHS Foundation Trust Public Inquiry.

#### Tess' story

Despite being diagnosed with breast cancer on her 33rd birthday and secondary cancer four years later, Tess lived life to the full – travelling the world and organising activities to support other people with breast and secondary cancers. She was also determined to try and help her husband and children through the difficult times that she knew lay ahead and contacted Jane, the bereavement co-ordinator at Thorpe Hall Hospice for support.

As her condition deteriorated, Tess made regular visits to Thorpe Hall when she needed additional care and pain relief, and also to give her husband Rob a break. The family visited whenever they wanted and always found the atmosphere soothing and welcoming.

Tess died at Thorpe Hall a few hours after nurses there had helped her hold a small celebration for daughter Emily's 12th birthday. Since then, Rob and the family have benefited greatly from the Thorpe Hall bereavement service – including regular visits and counselling from Jane, the bereavement co-ordinator Tess had entrusted her family's care to.



## Long-term neurological care

Our neurological centres offer residential services, day care, respite care, and support in the community.

We provide care for some of the most challenging complex neurological conditions like Huntington's disease, Parkinson's disease and multiple sclerosis.

Our specialist centres are equipped to care for people with these conditions which bring complex physical and medical challenges and require specialist understanding and equipment. These conditions can bring a huge emotional strain and can affect quality of life for both the individual and their family.

*"It's a very nice place to be, I feel secure. It's like being part of a large family."*

Joyce, resident at one of our neurological centres

In our 2011/12 report:

### We said we would develop and improve our long-term neurological services

#### Choice and control

- We have significantly enhanced the facilities at our Stagenhoe care centre in Hertfordshire to give our residents more choice around the care they would like. Over the past 18 months we have introduced a day service, spa-bathing facilities, a sensory garden and sensory room, hair and beauty salon, expanded our physiotherapy gym and are planning to create a cinema room.

**Did you know...** our Stagenhoe care centre has a 'Come Dine With Me' area in which residents can entertain family and friends privately?

- We established a **befriending service in Aberdeen** in January. Our new service, designed by the partners of Aberdeen City Befriending Partnership with Aberdeen Council of Voluntary Organisations (ACVO), aims to help older people (55 plus years) achieve a good quality of life and give them the added confidence they need to remain independent in their own home. The relationship built can help to reduce isolation, promote an individual's wellbeing, welfare and personal development whilst also providing them with a new friendship and support.

#### Partnership working

- We have launched a **Dementia Helpline**. Working in partnership with Age UK Suffolk, and Suffolk Family Carers, we successfully gained funding to develop services for people with dementia and their family carers. In Suffolk, there is a high proportion of older people with dementia, many of whom live alone or in isolated rural areas. In the case of the latter, many of these people are cared for by their partner or an older relative, which makes living with dementia more difficult for everyone concerned. In September 2012, we launched our dedicated helpline, advisor service and localised projects.

*"It is so helpful to talk, you have been amazing. It's wonderful just to know you are there."*

Comment from Dementia Helpline caller



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We conduct regular surveys with people in our care to gather their feedback and thoughts on the care we provide. This information is included within our annual Quality Account which is available on our website.

**We said we would** focus on fully embedding personalised care in our care centres

- We worked with people in our care to redesign the care and support plans we use in our neurological care centres – the paperwork that relates to the care each individual receives. The new, person-centred care and support plans are much more than pieces of paper. They're the tools that will help everyone to fully understand an individual. Whether they want a cup of tea, or they have a decision to make about their future, the care and support plans will enable staff to put the person, and their choices, first. The parents of a resident at one of our centres summed up the change in our approach to care and support plans. They said, "We used to look at the paperwork and see our son's care. Now we look at the care and support plan and we see our son."

**Did you know...** all our residents have a Sue Ryder designed hospital passport which contains information about the person to enable their care and support to continue in a new setting? It means hospital staff can see them as a person, in the same way that we do. It's also made hospital admission safer for people in our care who can't communicate verbally.

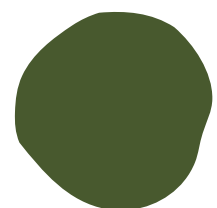
- 'Hear me' – Our Dee View Court care centre in Aberdeen undertook a project entitled 'hear me'. The aim of the project was to improve people in our care's involvement at the centre, allowing the residents to be part of the decision-making process which affects their care. We consulted with the residents and as a consequence the residents' meetings were altered to be focused on resident issues – 'no decision made about me, without me' (NHS principle).

**We said we would** determine how to show the impact our care has on people and their families

- We conduct regular surveys with people in our care to gather their feedback and thoughts on the care we provide. This information is included within our annual Quality Account which is available on our website. For the first time ever, we have published a dedicated 'Outcome Report' which focuses entirely on the impact our care has on people and their families.

**We said we would** develop our advice and education offering

- In February we held a training conference at our Stagenhoe care centre in Hertfordshire to share our expertise and knowledge of caring for people living with long-term neurological conditions with local NHS health professionals. The conference conveyed information on the complexities of supporting somebody with a progressive neurological condition to live well and when the time comes, to have a dignified and pain free death. Professor Tom Warner headed the line-up of speakers including Sue Ryder staff and the local Macmillan nursing team. A carer also spoke about their experience and frustrations of caring for a loved one living with Huntington's disease. Due to the success of the conference it will now be an annual event. We're exploring hosting similar events in other localities across the country.



## Long-term neurological care

90%

of people who have experienced our neurological care rated it as good or excellent

93%

felt they were treated with respect and dignity

### **We said we would** re-provide services at Cuerden Hall and Hickleton Hall in line with the needs and aspirations of the people that live at these care centres

- In September 2012, we closed our Hickleton Hall care centre in Doncaster after successfully finding alternative accommodation and care arrangements for its 27 residents. The decision to close the care centre was taken after personal care plans developed for each resident showed a clear desire to be closer to their families and amenities. This coupled with no referrals from local commissioners for some time clearly showed that Hickleton Hall was not best suited to providing care that its residents and the local population wanted. Over a period of 12 months Sue Ryder had in-depth discussions with residents and their families and loved ones, as well as commissioners and staff, about what models of care would best suit individual needs. Some of the residents took the opportunity to move to localities closer to their loved ones and some moved to Sue Ryder's Holme Hall care centre near York, which was expanded by three beds. All of the care centre's residents have been successfully accommodated in alternative services.
- We are currently having in-depth discussions with residents, and their families, at our Cuerden care centre in Preston. What they tell us will help inform re-provision of care including planning of a purpose-built and state-of-the-art 60-bed care centre to replace Cuerden Hall.

### **Achievements and performance at a glance:**

- £14.3 million spent (£15.2 million spent in 2011/12)
- 418 nurses and carers employed as of 31 March 2013 (458 in 2011/12)
- 236 people cared for (262 in 2011/12)
- Dee View Court in Aberdeen were finalists in the Brain Injury Rehabilitation category of the Independent Specialist Care Awards
- Secured funding to develop a Huntington's disease helpline in Hertfordshire
- Successful closure of Hickleton Hall and re-provision of care for all 27 residents
- 90% of people who have experienced our neurological care rated it as good or excellent, and 93% felt they were treated with respect and dignity
- We received three formal complaints (eight in 2011/12), all of which were acknowledged within three days.

### **The year ahead:**

We will continue to develop our services to provide personalised care, including: re-providing care to residents at our Cuerden Hall care centre and having in-depth discussions with residents at our Stagenhoe care centre about what care they want and then acting upon what they say. We have successfully secured funding to launch a Huntington's disease advice and co-ordination service at our Stagenhoe care centre from September 2013. We will ensure that we use the voices and experiences of our service users to improve our services.

### **Karen's story**

Karen Morgan's world fell apart when, in 2003, she suffered a stroke. Aged only 41, this left her barely able to speak, confined to a wheelchair and just a shadow of the woman she had been.

After two years in rehabilitation, it was believed nothing more could be done for her. Effectively written off, Karen was transferred to the Sue Ryder long-term neurological care centre at Cuerden Hall in 2005. With unending patience, the staff began to give Karen her life back. She was given an electric wheelchair and started speech therapy and physiotherapy. Her communication improved dramatically and she even started learning to walk again.

Proud of her achievements, Karen says "My own determination and the persuasion of the team at Sue Ryder kept me going. Staff would say 'Go on Karen; you can do it'." Now the future is looking bright as Sue Ryder are looking to place Karen in a supported living bungalow – giving her back the independence and freedom most of us take for granted.



### **Charlie's story**

Charlie\* has visited Stagenhoe for respite care for the last six months. He has complex medical needs on top of his neurological condition. He lives at home with his wife, who is his primary carer. Speaking with Charlie and his wife it was clear, the main thing that Charlie needed to help him remain independent at home was access to suitable bathing facilities once a week. This led us to introduce our day service to enable people like Charlie to access parts of our residential service when they need them. Charlie comes to the centre each week, with his rubber duck, candles and rose petals and whilst he is having a relaxing spa bath, his wife takes advantage of the facilities in our visitor's lounge to read a book and have a coffee.

\* name has been changed



## Homecare and supported living

We know that most people would prefer to live in their own homes for as long as possible; retaining independence and being close to family and loved ones. That's why we're developing more supported living arrangements and services that provide care in people's homes.

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

In our 2011/12 report:

**We said we would continue to develop partnerships with housing associations, and look at the future housing and support needs of the people we currently provide care for**

- We have developed a supported living residence close to our Dee View Court care centre in Aberdeen. The residence supports two people to live independently with the reassurance that care and support is available when needed. Its two residents moved-in in March.

**We said we would continue to develop our homecare services in Scotland**

- Over the past 12 months we have developed our homecare services in Angus and Stirling to support a wider range of people, aged from four to 97 years old with differing needs and conditions. Our services provide 24-hour support to people living with long-term neurological conditions and end of life care needs. We provide care to a total of 360 people in Angus and Stirling each week; supporting independence, providing personal assistance, increasing social interaction and providing respite to carers.

**Achievements and performance at a glance:**

- £3.3 million spent (£6.4 million in 2011/12)
- 144 nurses and carers employed as of 31 March 2013 (183 in 2011/12)
- 157,000 hours of care in Angus, Stirling and Heyeswood (316,000 in 2011/12 which included homecare across England and Scotland)
- 93% of people who have experienced our homecare rated it as good or excellent, and 96% felt they were treated with respect and dignity
- We received four formal complaints (eight in 2011/12), all of which were acknowledged within three days

**The year ahead:**

We will continue to expand our homecare services in Scotland, and look for opportunities to provide supported living across the country.







93%

of people who have experienced our homecare rated it as good or excellent

96%

felt they were treated with respect and dignity

### Janet and Jane's story

Retired nurse, Janet Stanley (75) cared for her daughter Jane (50), who lives with multiple sclerosis, for eight years in the family's home. Finding it increasingly difficult to care for Jane 24-hours a day, Janet encouraged Jane's decision to move into Sue Ryder's supported living residence in Suffolk.

Janet says: "Jane was diagnosed with multiple sclerosis when she was 42 after a gradual deterioration of physical movement and increasing fatigue over 10 to 15 years. As years went by I felt the strain of caring for Jane at home more and more. My husband and I were also becoming increasingly worried about who would support Jane if anything happened to either of us.

"We talked through our concerns with Sue Ryder who offered advice. After discussing all options with Jane, as a family we were able to make a planned choice about ongoing care rather than subject Jane to an emergency and unsettling move."

Janet said: "Jane is really happy (at Sue Ryder) and it is a huge comfort and weight off my mind knowing that my daughter is getting excellent care. Living close by I visit Jane regularly and cherish our time together, which is now spent having fun, catching up and chatting about our lives."

Former teacher and mother of three sons, Jane (50), said: "It's like home. Me and my fellow housemates have our evening meal together and share the household chores such as cooking, gardening and cleaning. We have regular meetings each week in which we discuss house rules, and family and friends come and visit whenever they like.

"Living with multiple sclerosis means living each day at a time as I never know when and how the condition may affect me. I have a half-full rather than half-empty attitude though, and there is much in my life to be happy about."

## Sue Ryder International

Sue Ryder was originally set up as an international charity to help people in need after World War II. Although we focus on providing care across the UK, we also work with independent Sue Ryder charities in Malawi and Albania to provide incredible care for people with life-changing conditions where no-one else will.

We provide free healthcare to those in desperate need. Our work focuses on reaching people living in poverty who simply cannot get medical care. We do this in Malawi for children and adults with epilepsy, asthma and physical disabilities, and in Albania for people living with terminal cancer.

Access to healthcare in Malawi and Albania is limited, and if you are poor the chances of getting the medical care you need are near impossible. The life-changing conditions we focus our support on are also largely sidelined in these countries as their Governments focus their limited resources on other areas of healthcare.

Over the past 12 months we have worked with our partners in Malawi and Albania to provide over 6,000 vulnerable people with the specialist medical care they needed and who without Sue Ryder, would have likely gone without any healthcare at all. We have also fulfilled our promise of providing our final grant to Sue Ryder in the Czech Republic so they can become fully financially independent and continue to provide specialist care to around 200 elderly people every year.

### Achievements and performance at a glance:

- £268,000 of grants made to our partners in Albania, Malawi and Czech Republic, including project grants from the UK's Department for International Development, the Scottish Government's Malawi Programme and a key corporate donor
- A total of 6,157 children and adults in Malawi and Albania directly benefited from Sue Ryder's care. Without us, most would have simply gone without any medical care at all
- 46 healthcare staff employed in Albania and Malawi (including specialist nurses, doctors, physiotherapists and social workers)
- Equipment such as four refurbished laptops and syringe drivers were donated in-kind from Sue Ryder to our partners in Malawi and Albania, allowing them to redirect more funds to frontline services.



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# 6,157

A total of 6,157 children and adults in Malawi and Albania directly benefited from Sue Ryder's care

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# 5,689

In total, we provided 5,689 vulnerable adults and children with the specialist healthcare they need to manage their chronic conditions

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# 6,369

Our specialist nurses made a total of 6,369 home visits

## In Malawi

- Last year in Malawi we ran 88 mobile health clinics every four to six weeks, helping between 20 and 250 people at each clinic
- In total, we provided 5,689 vulnerable adults and children with the specialist healthcare they need to manage their chronic conditions. This includes reaching 5,225 people with asthma and epilepsy through our mobile clinics, providing them with vital medication and support to manage their conditions. 464 people with physical disabilities, mainly young children, also received physical rehabilitation support and medical equipment through our home-based service and permanent Rehabilitation Centre
- 590 Community Health Volunteers continued to provide vital support to our healthcare programmes
- 5,641 people were reached through our health education talks on epilepsy, asthma, disability and malaria at village meetings, schools and clinics. Raising community awareness, breaking taboos and improving good health practices are critical for long-term changes in attitudes and behaviour.

## In Albania

- Last year, our Sue Ryder medical teams provided 468 people with terminal cancer with pain relief and end of life care in their homes. Without this help, all of these people would have gone without any medical care at all
- Our specialist nurses made a total of 6,369 home visits and our specialist doctors made 2,991 visits. This includes 429 out-of-hours emergency home visits by our medical teams to ensure patients' final days and hours were comfortable and dignified
- Sue Ryder in Albania continued to advocate for change by leading on the development of the country's first ever Palliative Care Law in close collaboration with Albania's Ministry of Health

- Great strides were made by our partner in Albania to ensure that end of life care is integrated into training for health professionals in Albania for the first time. Sue Ryder continued to lead the initiative to create the first ever post-graduate course in Palliative Care in collaboration with Tirana Public University and include an end of life care module in undergraduate programmes at the Faculty of Medicine and Faculty of Nursing in Albania.

## The year ahead:

In 2013/14 we will continue to provide support to independent Sue Ryder charities in Albania and Malawi through financial assistance and technical expertise, helping them to care for over 6,000 people in desperate need. Our key priorities will be to continue to raise awareness of Sue Ryder's international work, to develop our fundraising by increasing our regular supporters in the UK, and to continue to build the capacity of our overseas partners so they are closer to long-term sustainability. As part of this we will develop our child sponsorship initiative for Malawi and launch a nurse sponsorship scheme for Albania.



## Sue Ryder International

### Alazira's story

Alazira is 20 years old and married. She first started having epilepsy seizures when she was eight years old. Her family didn't know what was causing the seizures and thought that someone had bewitched her. They took her to the hospital where they were told nothing could be done, so they sought out traditional healers.

For nine years, Alazira went without effective medication and experienced at least three seizures a month. Because of her condition, Alazira stopped going to school full time when she was eleven.

Three years ago a family friend approached Alazira's mother and told her that the condition could be epilepsy, advising her to check with a Sue Ryder community volunteer in the village. Alazira attended the next Sue Ryder clinic and since then has been receiving free medication and her seizures have fallen dramatically in number. At each clinic the medical teams monitor her progress and seizures and distribute enough medication until their next visit.

Alazira was worried at first that her husband would not love her because of her condition, but he couldn't be more supportive.

"My husband has been very supportive. He understands my condition such that when I am unable to stay near the fire because I feel I might have a seizure, he comes in and prepares meals for both of us... Thanks to Sue Ryder's continued help I can now do more farming which is good for my whole family".

Thanks to Sue Ryder's regular clinics, Alazira is able to control her condition, and has been able to get married and lead a more productive life.





### Erald's story

Erald is 20 years old and lives in Durres in Albania. He is an avid fan of AC Milan and loves technology. He started a degree in IT over a year ago.

Only three months into his course, Erald was diagnosed with bone cancer. His family were advised by doctors to travel to Italy for treatment as there weren't the facilities to treat him in Albania.

Unfortunately Erald's treatment didn't work, and his family moved back to Durres so that Erald could die at home with his family and friends around him.

Erald used to be upbeat but now his condition has deteriorated and he has become withdrawn and depressed. The situation has also had a major impact on his family, with his mother moving out as she can't bear to see her son so ill. His family have tried everything to make their son better, and it has brought them to the brink of bankruptcy.

Nurse Lutfi and Dr Christo from Sue Ryder visit Erald every day. They treat him with essential pain-relieving drugs as well as anti-depressants, so that he can spend his last weeks and days living as comfortably as possible.

The Sue Ryder care team have struck an emotional bond with Erald and his family. They visit him during the night if he needs them, and spend extra time talking to his father about his concerns and making sure he feels supported.

Without Sue Ryder, Erald would not have received any end-of-life care, and would have been left to die in agony and distress.



## Campaigning for better care

We have continued to invest in our campaigning for better care, and have pledged our commitment to continuing to invest in this area by highlighting it as one of our priority long-term goals. Over the past 12 months we focussed on two key areas.

### Forgotten millions

Around one in six people in the UK will develop a neurological condition in their lifetime (Neurological Alliance, March 2013) yet there is little being done to support them, and their families. In addition, an aging population means the number of people who will develop complex conditions that require help with daily living is going to increase. Out of concern for the future of care services for people living with neurological conditions we issued a FOI (Freedom of Information) request to Local Authorities in England asking them how they commissioned neurological care. The FOI revealed:

- Only 5% of responding Local Authorities know how many individuals living with any neurological condition they care for
- Despite necessitating different care requirements, only 6% categorise all specific neurological conditions (conditions include motor neurone disease, Parkinson's, multiple sclerosis and cerebral palsy)
- Only 10% have an agreed local commissioning strategy for people with neurological conditions.

People living with neurological conditions – from motor neurone disease to Parkinson's – need specialist care that takes the complexity of their condition into account. Our FOI research revealed a data and strategy 'black hole' at just the level entrusted to ensure that people living with neurological conditions are properly identified.

This information vacuum means errors are being made that could condemn a 36 year old with cerebral palsy to life in an old people's home with no specialist care for her condition. There is a real, human cost to this information gap, not to mention the financial cost of people re-entering the NHS system in lieu of appropriate care.

Changes to commissioning structures and the roll-out of personal budgets mean Local Authorities are now responsible for shaping the care services market for their local populations. Our *Forgotten Millions* report, published in November 2012, called on councils to tackle the information

gap to ensure that future services meet the needs of people with neurological conditions and that they are properly cared for.

Our *Forgotten Millions* blueprint for reform is the first and only to set out practical recommendations for councils that will prevent a postcode lottery of care and improve quality of life for the millions of people living with neurological conditions nationwide. Since publication of the report, we've been working with Government and parliamentarians to highlight the recommendations laid down and ensure they are taken forward.

You can read the full report here:  
[www.sueryder.org/forgottenmillions](http://www.sueryder.org/forgottenmillions)



## VAT

We have continued to campaign for a fair playing field for charities and the NHS, including equal rights on VAT recovery. And, we're delighted to say that our campaigning on the issue over the past two years bore fruit with the production of health watchdog Monitor's Fair Playing Review in March 2013. The report follows our victory in securing an amendment to the Health and Social Care Bill last year. The amendment, which was laid by Lord Patel of Bradford, required the Government to review all matters affecting charities' ability to provide NHS services, including higher running costs being incurred due to charities' inability to recover tax and VAT.

### Lord Patel of Bradford said:

*"Sue Ryder's campaign has been the key driver in raising awareness about the problem of irrecoverable VAT for charities providing healthcare services. They rightly identified and highlighted the risks to Government, that the charitable sector, and those individuals who give their hard-earned money to charities, were in effect subsidising essential care. The charitable sector and Government need to work together to ensure that voluntary organisations and services are provided with the same tax benefits given to the NHS, so that funds raised by charities can go where they are most needed – towards front line care delivery."*

It is estimated that 250,000 people every year within the UK already rely upon charity-run hospice services to provide end of life care. With the Government's NHS and public service reforms, it is expected that more charities will deliver more health and public services in the future.

You can read Monitor's Fair Playing Review here: [www.monitor-nhsft.gov.uk/fpfr](http://www.monitor-nhsft.gov.uk/fpfr)

"The charitable sector and Government need to work together to ensure that voluntary organisations and services are provided with the same tax benefits given to the NHS, so that funds raised by charities can go where they are most needed – towards front line care delivery."

Our *Forgotten Millions* report and campaigning activity to ensure a fair playing field for charities on delivering NHS services are examples of how we are using the experiences of people who are touched by our care to improve the lives of everyone living with end of life and long-term neurological conditions (one of our strategic long-term goals for the next five years).

### The year ahead:

There is still much more to be done in providing people with choice and control on how and where they'd like to be supported at end of life. The 2010 Demos report, *Dying for Change*, found that of the 500,000 people who die each year in the UK, only 18% die at home despite 60% of people surveyed saying that they would want to. By 2030 more people will die in hospital (65%) and fewer people will die at home, just one in 10 people. In the year ahead we are working with think tank Demos on two research projects relating to end of life issues that will be published in 2013.



## Funding and encouraging research

Research is essential to continue to develop care that can improve quality of life for people living with a life-changing illness. Our doctors, nurses and carers are expert in what they do, and we are passionate about supporting them to develop their own research ideas to the benefit of the people we provide care for.

To support them to do this, we have established a 'Research Governance Group' which provides guidance and advice when needed.

In our 2011/12 report:

**We said we would** focus on nurse-led initiatives exploring people's experiences of care, as well as medically-led research including pharmacological innovations

Research projects over the past 12 months have included pharmaceutical research on painkillers and acupuncture wristbands to help reduce feelings of sickness.

**We said we would** collaborate with Nottingham University to identify research to increase better understanding of long-term neurological care

We have had a workshop with Nottingham University to identify how we can conduct research more effectively, and are currently considering the right research projects that will make the most impact to improve care for people living with long-term neurological conditions.

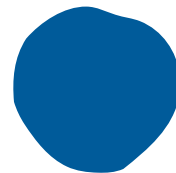
**We said we would** collaborate with Nottingham University to evaluate our PEPS service in Bedfordshire

Our PEPS service in its first 12 months showed that it is supporting people to die in their preferred place of care, which for most is at home. Further details of the impact the service has had on people with end of life care needs are included in the end of life care section of this report.

Due to a change of focus of the evaluation (more economic) we collaborated with The University of Sheffield's School of Health and Related Research (SchARR) instead of Nottingham University

### The year ahead:

In the next 12 months we will continue to work closely with other organisations to identify and progress relevant research projects that can support people to have a better quality of life whilst living with a life-changing illness.







# Supporting our charitable activities

We are dependent on our retail and fundraising activities, and our volunteers who support both areas, to help pay for the care we provide.

In the following section you can read more about our charitable activities.





# Volunteering

It has been another outstanding year for volunteering with a sustained growth in people supporting us. We have over 11,000 volunteers taking on a wide range of roles and providing 99,000 hours of support each week.

Our volunteers support us in many different ways; in our shops, helping our fundraising teams, and increasingly helping provide care in our hospices and care centres. The work that our volunteers do is valued at just over half a million pounds a week. The value of their support to the people we care for and their families is immeasurable.

Trends in volunteering continue to evolve not only in response to the economic climate but because it is a credible and proven experience that can lead to paid employment. One in four Sue Ryder volunteers go on to paid employment.

We have seen an increase in volunteering across all our age groups except people aged 55 and upwards, where we have seen a 20% decline. Reasons for this are thought to be later retirement and grandparents supporting their children to remain in work by baby-sitting/child-minding. However, they still make up over 40% of our volunteers. The largest increase in groups of people volunteering for us is 14-16 year-olds, where we have seen a 100% increase over the past year (from 308 to 636 volunteers). The popularity of the Duke of Edinburgh Award within which volunteering is an activity, and schools' work experience are the main reasons for this.

*"What I enjoyed most about volunteering at Sue Ryder was working with others and seeing what life was like as a retailer"*

16 year old volunteer

Retail continues to receive the most of our voluntary support with around 9,000 volunteers regularly giving their time. And we have seen a huge growth in volunteering in our hospices as a result of having dedicated voluntary services coordinators based in our hospices working closely with our care teams. Volunteering roles include befriending which provides vital support to people in their own homes (see section on our end of life care for more information).

We also hosted a competition encouraging volunteers to express in a creative way why they volunteer for Sue Ryder. 'What Volunteering Means to Me' attracted outstanding contributions of art, creative writing, music and film which culminated in an awards ceremony at the Wellcome Trust in October. To see a collection of the entries visit: <http://pinterest.com/suerydercharity/get-creative-competition-entries/>





11,000

volunteers across  
the charity

1,000

We awarded over 1,000  
volunteers Long Service  
Awards for support  
between five and 30 years

### Prison Volunteer Programme

Our Prison Volunteer Programme has enjoyed another successful year with The Big Lottery awarding us funding securing the future of the English Programme for the next three years. It's also been a year of awards and recognition for the programme, winning Business in the Community (Eastern Region)'s Breaking Down Barriers to Work Award, Scottish Charity's Partnership Award for working with Prisons, the prestigious Queen's Diamond Jubilee Volunteering Award, and a short-listing for The Charity Awards 2013. An overwhelmingly positive independent evaluation of the programme was carried out by Inclusion and funded by the Bromley Trust. You can read the report here: [www.sueryder.org/get-involved/volunteering](http://www.sueryder.org/get-involved/volunteering)

In December, Baroness Masham hosted an event to showcase our award-winning programme at the House of Lords. The event was attended by members of the prison service, partnership organisations, The National Offender Management Service, Ministry of Justice and currently serving and ex-offenders. Jeremy Wright, Prisons Minister, delivered a speech outlining the valuable work we do in supporting the reduction of re-offending.

*"I was pleased to speak at your launch event last year in support of the work that you do. I am also pleased to hear that you are exploring more work in prison opportunities as this makes up an important part of our policy. I hope that we are successful in working together on this wider range of potential initiatives."*

Jeremy Wright MP

### Achievements and performance at a glance:

- 11,000 volunteers across the charity
- Average 8.7 hours per week commitment
- Value of support to Sue Ryder is over £27 million (over £20 million in 2012/13)
- We awarded over 1,000 volunteers Long Service Awards for support between five and 30 years
- We were awarded the Queen's Diamond Jubilee award for our Prison Volunteer Programme
- Our Prison Volunteer Programme is currently working with 50 prisons and 300 prisoner volunteers in 100 Sue Ryder shops as well as the charity's offices and care centres
- We have a workshop at Send Prison in which prisoners up-cycle and make minor repairs to donated clothing to our shops as well as help 'sort' donated stock to our shops.

### The year ahead:

The year ahead for volunteering will focus on supporting our neurological care services to provide personalised care. We will continue to focus on recruiting volunteers to support our fundraising activities and expanding retail chain. We will also work with our volunteers to equip them to be informed advocates for the charity.

## Retail

It has been another excellent year for our retail activities, delivering a net profit of over £8.6 million (a 13% growth year on year). Sales of donated items are up by 17% year on year, with sales of our new goods also up year on year (by 4%). We've also seen increasing amounts of stock being donated to us, and another year of fantastic volunteer support.

The success of our retail activities is attributed to our shops establishing themselves in the heart of local communities and providing a wide range of good quality and affordable donated and new goods. In addition, we have seen more people shopping with us which could be an indicator of the economic environment squeezing people's disposable income.

We've continued to expand our shop portfolio and have invested £3 million to open a further 46 shops over the past 12 months, taking our total to 415. This investment has already delivered an 80% return. We have been targeted about where we open new shops including in out-of-town locations where we have opened large format shops, which have been very profitable and successful, and shops located in communities where we provide care. Our charity 'superstore' in Kings Lynn which opened in April is almost 3,000 sq ft and took more than £2,100 on its first day of trading.

Sales of our new goods were up by 4% year on year, with sales of our dolls houses continuing to do very well and exceed expectations, and an uplift in sales of our musical instruments due to more shops selling them.

Our eBay shop has done particularly well over the past 12 months driven by our 'New Goods that do Good' campaign which increased sales threefold.

Over the past year, 1.7 million bags of unwanted items have been generously donated to us. This was supported by regular targeted stock generation campaigns which we ran nationally for the first time throughout October 2011 to October 2012 asking people to donate the best of what they no longer need. It was a great success and delivered an uplift of 18% of donated items to our shops nationally year on year. To build on this success we have recruited a dedicated retail role who will drive increased donated stock nationally, with the aim of securing a 25% increase year on year.

### Achievements and performance at a glance:

- 9,000 volunteers support our retail activities
- 46 new shops opened during 2012/13
- £10 million raised from Gift Aid on donated items since it was set up in 2006
- 17% increase in sales of donated items
- 4% increase in sales of new goods
- eBay sales increased 294%

### The year ahead:

We will expand our retail presence further; both on the high street and online. We will continue growing our retail chain in 2013/14 and diversify our offering, for example, large format shops that can sell larger items such as furniture, and incorporate cafés. We will continue to develop our eBay offering and our new Sue Ryder Amazon channel, as well as explore further e-commerce opportunities including using social media to talk to our shoppers and supporters locally.





## Fundraising and Marketing

Despite the pressures of the economic climate and unprecedented competition for charities, 2012/13 has proven to be an encouraging year for fundraising at Sue Ryder.

Net contribution to the charity from our fundraising activities for 2012/13 was £2.3 million (excluding legacies, the Duchess of Kent House Charity transfer and before allocation of support costs) which has arrested a steady decline in recent years. This growth has been achieved through a combination of careful cost management and income growth in key areas. A huge thank you to our supporters who have helped us achieve this. We have also been building the foundations for longer term, sustainable growth, having now established the right people doing the right jobs supported by the right tools, systems and processes. These tools include our fundraising proposition 'incredible care for incurable illness', which is proving very popular with our supporters.

There is still much more to do though. The need for care like ours is acute. With public sector funding being squeezed, we know we have to work harder to secure more voluntary income and donations to pay for it.

In March 2013 we entered into the public stage of a £6 million capital appeal to fund a purpose-built, state-of-the-art hospice in the grounds of our hospice at Thorpe Hall, Peterborough. The appeal has got off to a great start with £1 million pledged at time of launch, which was marked by an event attended by our Appeal Patron, HRH the Duchess of Gloucester and David Laing, Chair of our Appeal Board. We are delighted with the response of the local community and grateful for the strong media support we are receiving in the region.

In January we celebrated the launch of our 60th anniversary and have begun a year-long fundraising campaign which includes an array of 60th inspired fundraising activities such as vintage tea parties.

In order to achieve our ambitious goals we need to establish greater public understanding of what we do and why we do it. We want to ensure that the voices of people we provide care for play a prominent role in making this happen. In March we were featured on Channel 4's Dispatches programme, in which we talked about the end of life care framework the Liverpool Care Pathway. We have also increased our profile in the national press via newspapers like The Times in which we talked about our Forgotten Millions report (see Campaigning for Better Care section). We've also refreshed our website and started to invest in social media to talk to our supporters and people who have experienced or may need our care. We continue to use our retail presence as an opportunity to showcase our brand, the work that we do and the voices of our service users.





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# 1million

Raised more than £1 million through our In Memoriam fundraising

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# £100,000

London Marathon runners raised largest combined amount ever for Sue Ryder, over £100,000

#### Achievements and performance at a glance:

- Raised £1 million towards our £6 million Thorpe Hall Hospice capital appeal to build a new hospice in Peterborough
- Secured a significant legacy in excess of £1.5 million
- Raised more than £1 million through our In Memoriam fundraising
- Our local Women of Achievement Awards in Oxon and Leeds were as popular and successful as ever and raised a combined £93,325 gross
- London Marathon runners raised largest combined amount ever for Sue Ryder, over £100,000
- Secured Gold Partner Status for the Great North Run for 2013 (are able to buy 160 runner places versus 80 places)

#### Year ahead:

With the right foundations in place and the momentum built through the growth in our fundraising, despite the difficult environment for fundraising, we can look forward to the year ahead with renewed confidence. Fundraising has a critical role to play in the delivery of our ambitions and we are in a strong position to grow across key areas. 2013/14 will be a big year for the Thorpe Hall Appeal for which we aim to raise an additional £2 million. We will also launch a £3 million appeal in Berkshire, Buckinghamshire and Oxfordshire to develop more end of life care to support people in their local community and in their own homes. In marketing, we will be seeking to boost understanding of our brand with a particular emphasis on the use of our retail network to convey key messages and tell the stories of people who experience our care. We have created a bank of these stories and they will increasingly be used in all of our communications across print and broadcast media, social media, our website and our shops.

**£12.90** gives someone with multiple sclerosis 30 minutes of physiotherapy

**£100** buys a nebuliser to help someone breathe

**£465** pays for 24-hour expert nursing in a neurological care centre

**£750** pays for special equipment to help a cancer patient manage their pain



## What our supporters say about us

“When my husband passed away at Manorlands, I thought it would be the end of my relationship with them. It was only the beginning.”

A supporter

“We are delighted to be working with Sue Ryder as the London Luton Airport Charity partner 2012-2014. Our partnership with Sue Ryder goes beyond just providing financial support. It means a lot to our staff to be able to work alongside a vibrant national charity which has such a strong local focus.”

London Luton Airport

“Sue Ryder gave me and my family the strength to keep going because someone was always beside us; sometimes nothing was said but we felt the care and compassion. They go the extra mile and they care deeply.”

Woman whose partner was cared for and died at a Sue Ryder hospice

“Sue Ryder is one of the best placements, it provides realistic work experience and there are real jobs on offer.”

Prison officer talking about Sue Ryder's Prison Volunteer Programme

“My whole attitude has changed since I’ve been with Sue Ryder and I’m a lot more positive.”

Prison volunteer

“My husband was cared for at Leckhampton Court Hospice in his final illness. Of course it has been satisfying to give something back but volunteering has provided so much more. It’s been part of the bedrock of a new life that has to be built after a death and it’s allowed me to share in the fantastic and generous purpose for which Sue Ryder exists. It has also brought me friendship and laughter.”

Fundraising volunteer

“Thank you very much for a superbly managed event and as it is the 3rd year in a row that I have run for Sue Ryder, I am well positioned to say it simply gets better and better. The crowds were bigger and louder, the Sue Ryder cheering points unforgettable and the warm reception at the finish line together with the allocated pub where we could get some food and a celebratory massage/beer were excellent.”

Marathon runner and supporter of Sue Ryder

Friend of a man cared for at a Sue Ryder hospice explained why he left Sue Ryder a gift in his Will “He was very impressed and grateful for the help and support he received from Manorlands staff when he spent a short time in the hospice two or three years ago.”

# Financial summary

Net movement of funds after investment gains was a surplus of £2.5 million, compared with the previous year's deficit of £3.1 million. Despite the tough economic climate, this has been a strong year as the charity has delivered net incoming resources of £1.3 million, which includes the benefit of bringing on board the Duchess of Kent House Charity, of £0.5 million.

The underlying net incoming resources before the Duchess of Kent House Charity is £0.8 million compared to the previous year outgoing resources of £3.2 million.

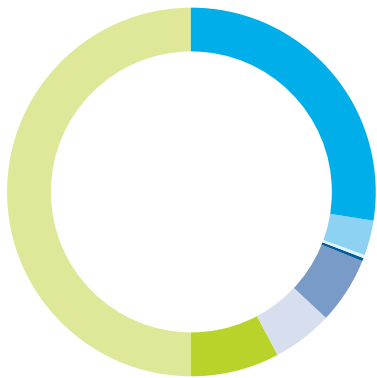
This turnaround in financial performance is as a result of increased activities for generating funds of £43.3 million compared with the previous year of £38.1 million (see note 3 in the Accounts). This is a result of our retail estate growth, and gains on disposal of assets of £3.2 million compared with the previous year of £1 million being profits from the sale and leaseback of retail shops.

- Overall income has increased in the year by £5.2 million, driven mainly by retail income £5.3 million. This was offset by a decline in Healthcare income of £1.9 million, and Legacies and Fundraising of £0.9 million (see notes 2-5 in the Accounts)
- Healthcare income fell by £1.9 million from £28 million to £26.1 million. This decrease is due to our exit from the homecare market in England, and the closure of our Hickleton neurological centre, offset by the increased income from our end of life care centres
- The charity is continuing to reduce its reliance on Government funding as retail income continues to grow. Income from retail operations increased by £5.3 million from £36.6 million to £41.9 million
- Legacies decreased from £5.3 million to £5 million.
- Donations and other voluntary income increased from £5.6 million to £5.7 million. Included here are the net assets taken on with transfers into the group of Duchess of Kent House Charity £0.5 million so there is an underline decrease of £0.4 million
- Fundraising event income decreased from £1.5 million to £1.4 million
- At the same time operating costs (resources expended) for the year increased by £0.7 million from £81.9 million to £82.6 million.

- Expenditure on care activities excluding support costs decreased by £2.5 million from £38.0 million to £35.5 million, driven by the closure of our neurological centre at Hickleton and the full year effect of the closure of our homecare services in England last summer
- Expenditure on retail activities excluding support costs increased by £4.3 million from £29.1 million to £33.4 million as our retail estate grew from 392 to 415 shops in the financial year
- Support costs reduced slightly from £8.8 million to £8.6 million
- Our cash position increased by £1.9 million from £2.9 million to £4.8 million, with £4.7 million of the increase resulting from the sale of retail freeholds, and a £1.7 million cash inflow from operating activities offset by a £4.9 million outflow being the net investment in our retail growth strategy.

Due to our retail capital expansion, free reserve levels have increased slightly, amounting to three months' worth of spending. The free reserves of the charity have increased by £1.8 million, from £17.9 million to £19.7 million.

**Income** – The charity’s income is received from the following sources:



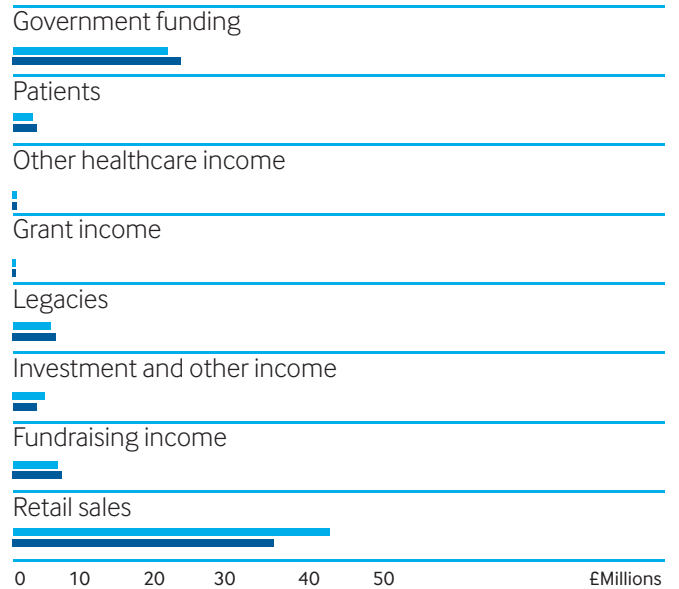
**Charity income 2012/13 (£83.9million)**

● Government funding	23.1
● Patients	2.6
● Other healthcare income	0.4
● Grant income	0.1
● Legacies	5.0
● Investment and other income	4.3
● Fundraising income	6.5
● Retail sales	41.9

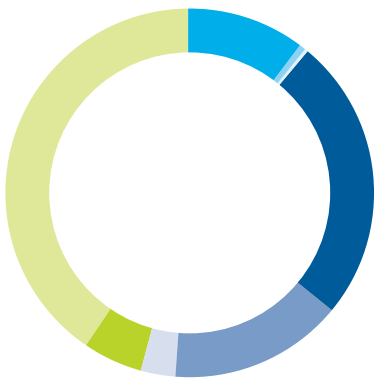
The table below shows our income compared to the previous year.

**Charity income 2012/13 (£Millions)**

● 2012/13 ● 2011/12



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



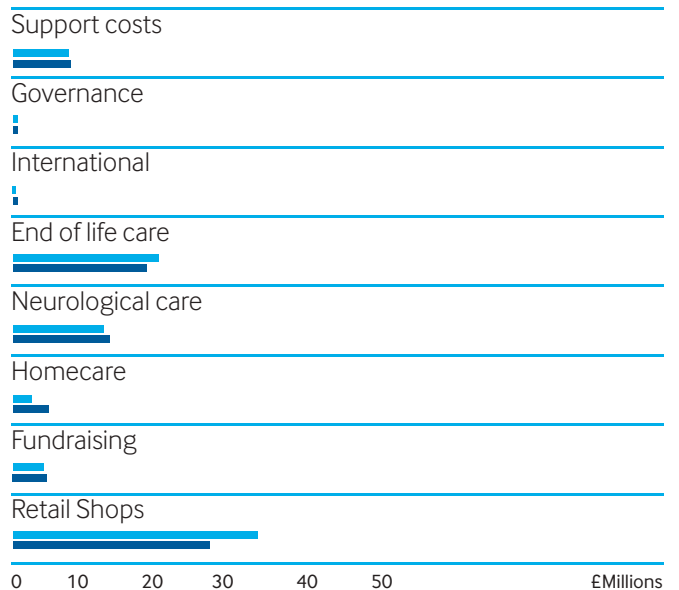
**Charity expenditure 2012/13 (£82.6million)**

● Support costs	8.6
● Governance	0.4
● International	0.3
● End of life care	20.3
● Neurological care	12.6
● Homecare	2.6
● Fundraising	4.4
● Retail Shops	33.4

The table below shows our costs compared to the previous year.

**Charity expenditure 2012/13 (£Millions)**

● 2012/13 ● 2011/12

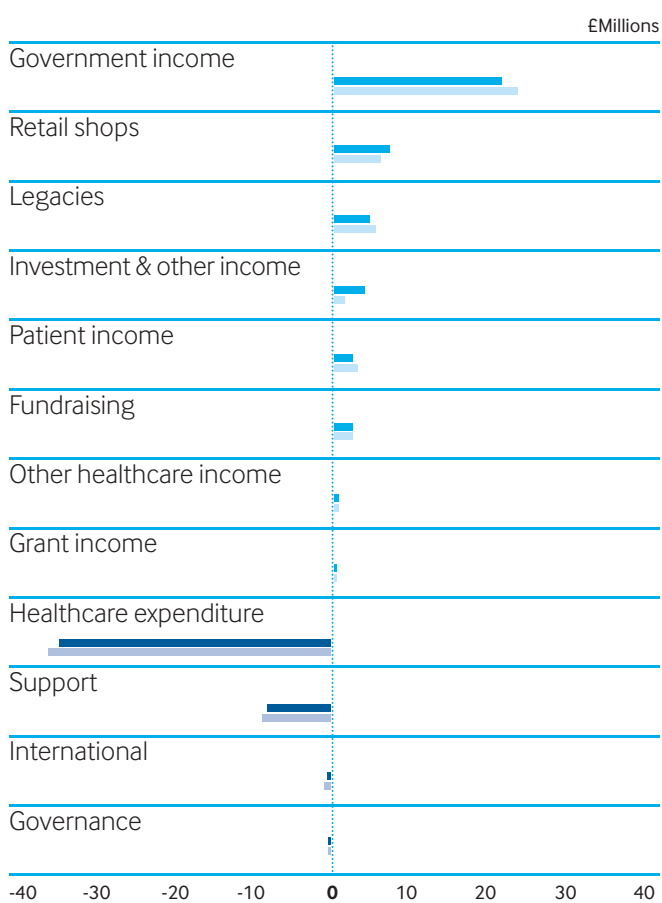


# Financial summary

The chart below shows our sources and applications of funds compared to the previous year.

## Sources and applications of funds for 2012/13 and 2011/12

- Sources of funds 2012/13
- Sources of funds 2011/12
- Applications of funds 2012/13
- Applications of funds 2011/12



## Subsidiary undertakings

Sue Ryder has four subsidiary undertakings:

- Sue Ryder Direct Limited
- Sue Ryder Care (Chantry)
- Woburn Property Investment Company Ltd
- Duchess of Kent House Charity

**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 2013 its net contribution to the charity was £1.4 million (2011/12: £1.3 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.

**Woburn Property Investment Company Ltd** was set up in 2012 as a vehicle for the purchase, sale and leaseback of Sue Ryder charity shops.

**Duchess of Kent House Charity** became a subsidiary of Sue Ryder on 4 March 2013. This charity is a fundraising charity for the Duchess of Kent House hospice.

## 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.

## 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 to be 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 £19.7 million at 31 March 2013.

This represents three months of expenditure which adheres to the free reserves policy of maintaining three months expenditure as free reserves.

Current investment range and benchmark are as follows:

Asset Class	Investment Range (%)	Benchmark (%)
• UK and Overseas Equities	50 – 70%	42.5% FTSE All-Share 17.5% World Index (ex UK)
• Fixed Income	15 – 30%	24% FTSE All-Stock
• Hedge Funds	5 – 25%	15% LIBID 7 Day Deposit
• Cash	Balance	1% LIBID 7 Day Deposit

# Structure, governance and management

## The charity's objectives are:

1. To provide or assist in the provision of care for persons suffering from any serious or permanent disability, incapacity or illness.
2. To relieve the needs of those people potentially excluded from society by reason of old age, ill health (physical or mental), disability, or criminal history, and to assist their integration into society for the public benefit.
3. To relieve the consequences of old age through the provision of facilities of any kind for the care of the elderly.
4. To provide education relating to the causes of and the means of relief of ill-health, disability and old age.

## 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. This committee also oversees risk, other than clinical risk.
- Health and Social Care Sub Committee (quarterly) – supports and develops a sustainable healthcare strategy and oversees clinical risk.
- Commercial Sub Committee (quarterly) – oversees fundraising strategy; reviews and approves major property acquisitions and developments; and reviews the strategic development of retail and business cases.
- 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.

### 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 (for example, 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 are reported on quarterly to Trustees.

### **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 2013, the charity's planning and reporting processes were represented through the charity's five year rolling planning process which supports the charity's long-term strategic 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.

# Structure, governance and management

## Management and policies

### Grant making

Sue Ryder currently awards grants to support the ongoing work of independent Sue Ryder organisations in Malawi and Albania. The grants are monitored by the International team which includes reporting and monitoring visits.

Awards made by Sue Ryder take account of the wider financial position of Sue Ryder and the charity's ability to raise 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% (2012: 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.

## Employee/volunteer 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).

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.

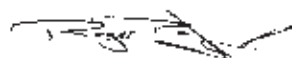
Financial statements are published on the charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The Trustees' responsibility also extends to the ongoing integrity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

### **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 2012–13 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 2013

### Status

Sue Ryder is a charitable company limited by guarantee, incorporated on 28 November 1968 (last amended on 12 September 2012) 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 2012 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*

*Director of Duchess of Kent House Charity*

*(appointed 15 April 2013)*

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 non-executive Vice-Chair for Newark & Sherwood NHS Clinical Commissioning Group.

**Sub Committees/MAGs:** Health and Social Care, Nominations, Commercial, Remuneration, and International

**Christina Edwards CBE**

*Vice Chair of Trustees*

*Chair of Health and 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. She moved into management in the 1980s 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. She has served as a Director in the NHS on other Trusts, Health Authorities and led a Scrutiny into unnecessary bureaucracy for the Department of Health.

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 DH. For five years until 2010 she led multidisciplinary teams to help, support and drive through improvement in challenged NHS organisations. Since then she has worked as an independent consultant leading enquiries or projects mainly in health-related organisations.

*Sub Committees/MAGs:* Health and Social Care

**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, Nominations and Remuneration

**Keith Cameron**

*Chair Commercial Sub Committee (in rotation)*

*Chair Remuneration Sub Committee*

*Director of Sue Ryder Direct Limited*

*Director of Woburn Property Investments Ltd*

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 Officer 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, and Imperial War Museum Trading Co Ltd.

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

# Legal and administrative details

## 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 Elizabeth 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 Committees/MAGs:* Health and Social Care, International, People

## Neil Goulden

*(appointed 1 January 2013)*

*Chair of FASC from October 2013*

*Director of Sue Ryder Direct Limited from 14th May 2013*

Neil spent 10 years as Group MD, Chief Executive and Chairman of the Gala Coral Group, who were a major corporate sponsor of Sue Ryder. He stepped down from the board and became Chairman Emeritus in 2011. He still provides consultancy services to the Gala Coral Group through Neil Goulden Consulting Limited where he focuses on external and industry affairs. Neil was formerly Chief Executive of Allied Leisure plc and has also held board positions at Compass Group and Ladbrokes.

Neil spent 13 years (1997-2010) as Chair of various NHS Trusts (acute hospital and ambulance service) and his key interests are Health, Housing and Social Care. He is the Chairman of Affinity Sutton Housing Association, a member of the Low Pay Commission and a Non-Executive Director at Marston's plc. He also chairs the Responsible Gambling Trust, a gambling industry charity, and is a Companion of the Institute of Management. Recently he became Chairman of Access Sport, a charity dedicated to transforming young people's lives in deprived areas through sport in the community.

*Sub Committees/MAGs:* Commercial, Finance and Audit

### **Margaret Moore**

*(appointed 1 January 2013)*

*Director of Duchess of Kent House Charity*

*(appointed 15 April 2013)*

Margaret Moore was a partner at city law firm Travers Smith LLP for 22 years, retiring as a partner in 2012, although she continues to do consultancy work. Margaret qualified as a solicitor in 1984 and joined Travers Smith two years later. During her time there, she established, and became Head of the Commercial and Competition Departments, responsible for the management, strategic planning and development of the businesses. Alongside her legal practice, Margaret was very involved in mentoring, coaching and recruitment at Travers Smith, working particularly with the trainee solicitors. Margaret has a close personal interest in the health and social care sector. She also volunteers as a reading partner at an east London primary school.

*Sub Committees/MAGs: Commercial, Finance and Audit*

### **Sam Nevin MA FCA (retires 27 October 2013)**

*Chair of Finance and Audit Sub Committee*

*Director and Chair of Sue Ryder Direct Limited*

*(resigned 17 May 2012)*

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*

### **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 the Board of The British Standards Institution. She is also a non executive member of the Partnership Board of SJ Berwin LLP.

*Sub Committee/MAG: Finance and Audit, Commercial*

### **Giles Shedden**

*(retires 27 October 2013)*

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*

# Legal and administrative details

## 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 where 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 Committee/MAGs:* Health and Social Care, Ethics, International

## 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 Committee/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 Committee/MAGs:* Commercial



**The Executive  
Leadership Team**

Chief Executive  
Paul Woodward

Company Secretary  
and Director of Legal  
and 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

Medical Director  
Dr John Hughes

**Auditors**

BDO LLP,  
2 City Place,  
Beehive Ring Road,  
Gatwick,  
West Sussex RH6 0PA

**Bankers**

Lloyds TSB plc,  
Cornhill,  
Ipswich IP1 1DG

**Solicitors**

Eversheds,  
Bridgewater Place,  
Water Lane,  
Leeds LS11 5DR

Willans,  
28 Imperial Square,  
Cheltenham,  
Gloucestershire, GL50 1RH

**Investment Advisers**

Cazenove Capital,  
12 Moorgate,  
London EC2R 6DA

# Independent auditors report to the members and trustees of Sue Ryder

We have audited the financial statements of Sue Ryder for the year ending 31 March 2013 which comprise the Consolidated Statement of Financial Activities (incorporating the Consolidated Income and Expenditure Account, the Group and Parent Charitable Company Balance Sheets, the Group 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 Statement of Trustees' Responsibilities, 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 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 Financial Reporting Council's website at [www.frc.org.uk/auditscopeukprivate](http://www.frc.org.uk/auditscopeukprivate).

## **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 2013 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
- have been prepared in accordance with the requirements of 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 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  
Gatwick  
United Kingdom

Date: 23 July 2013

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



Accounts for  
year ending  
31 March 2013



# Consolidated Statement of Financial Activities

## Incorporating Consolidated Income and Expenditure Account to 31 March 2013

	Note	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total 2012/13 £000s	Total 2011/12 £000s
<b>Incoming resources</b>						
<b>Incoming resources from generated funds</b>						
Continuing activities						
Voluntary income	2	7,886	2,875	–	10,761	10,985
Activities for generating funds	3	43,307	–	–	43,307	38,124
Investment income	4	340	1	–	341	350
<b>Incoming resources from charitable activities</b>						
Continuing activities						
	5	26,102	–	–	26,102	25,796
Discontinued activities						
	5	–	–	–	–	2,184
<b>Other incoming resources</b>						
Gains on disposal of assets						
	6	3,165	–	–	3,165	1,049
NHS contribution to pension costs						
	19	205	–	–	205	201
<b>Total Incoming resources</b>		<b>81,005</b>	<b>2,876</b>	<b>–</b>	<b>83,881</b>	<b>78,689</b>
<b>Resources expended</b>						
<b>Cost of generating funds</b>						
Continuing activities						
Fundraising						
		5,000	–	–	5,000	5,589
Shops' costs						
		36,440	–	–	36,440	31,799
Investment management costs						
		33	–	–	33	37
		<b>41,473</b>	<b>–</b>	<b>–</b>	<b>41,473</b>	<b>37,425</b>
<b>Charitable activities</b>						
<b>Continuing activities</b>						
End of life care						
		20,662	2,087	–	22,749	21,591
Long-term neurological care						
		13,952	343	–	14,295	15,247
Homecare						
		3,275	–	–	3,275	2,889
International	8	27	316	–	343	737
Funding and encouraging research						
		–	–	–	–	–
Campaigning for better services						
		122	–	–	122	107
<b>Discontinued activities</b>						
Homecare						
		–	–	–	–	3,544
<b>Total expenditure on charitable activities</b>		<b>38,038</b>	<b>2,746</b>	<b>–</b>	<b>40,784</b>	<b>44,115</b>

	Note	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total 2012/13 £000s	Total 2011/12 £000s
Governance costs		339	–	–	339	353
Total resources expended	7	<u>79,850</u>	<u>2,746</u>	<u>–</u>	<u>82,596</u>	<u>81,893</u>
Net incoming/(outgoing) resources before transfers		1,155	130	–	1,285	(3,204)
<b>Other recognised gains</b>						
Realised gains on investment assets		84	–	–	84	45
Net income/(expenditure) for the year		<u>1,239</u>	<u>130</u>	<u>–</u>	<u>1,369</u>	<u>(3,159)</u>
Unrealised gains on investment assets	12	1,176	–	–	1,176	35
Net movement of funds		<u>2,415</u>	<u>130</u>	<u>–</u>	<u>2,545</u>	<u>(3,124)</u>
<b>Reconciliation of funds:</b>						
<b>Total funds brought forward</b>						
Opening balance		40,131	1,716	88	41,935	45,059
Net movement of funds		2,415	130	–	2,545	(3,124)
Total funds carried forward as at 31 March 2013		<u>42,546</u>	<u>1,846</u>	<u>88</u>	<u>44,480</u>	<u>41,935</u>

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

# Balance Sheet as at 31 March 2013

Company registration number: 943228

	Note	Consolidated		Charity	
		2013 £000s	2012 £000s	2013 £000s	2012 £000s
<b>Fixed assets</b>					
Tangible assets	11	22,839	22,246	22,745	22,144
Investments	12	11,771	10,524	11,771	10,524
		<u>34,610</u>	<u>32,770</u>	<u>34,516</u>	<u>32,668</u>
<b>Current assets</b>					
Programme related investments					
Due in more than one year	13	700	700	700	700
Freehold properties held for resale		–	–	–	–
Stock of properties		257	–	–	–
Stocks – new goods for resale		1,348	1,265	–	–
Debtors	14	11,006	12,305	12,490	13,457
Cash at bank and in hand		4,788	2,889	4,054	2,884
		<u>18,099</u>	<u>17,159</u>	<u>17,244</u>	<u>17,041</u>
Creditors: amounts falling due within one year	15	(8,229)	(7,994)	(7,855)	(7,851)
Net current assets		<u>9,870</u>	<u>9,165</u>	<u>9,389</u>	<u>9,190</u>
Total assets less current liabilities and net assets		<u>44,480</u>	<u>41,935</u>	<u>43,905</u>	<u>41,858</u>
<b>Income funds</b>					
Unrestricted funds:					
Capital reserve fund	16	22,810	22,246	22,745	22,144
Investment revaluation	16	3,604	2,710	3,604	2,710
Unrestricted general fund	16	16,132	15,175	16,239	15,288
		<u>42,546</u>	<u>40,131</u>	<u>42,588</u>	<u>40,142</u>
Restricted funds	17	1,846	1,716	1,317	1,716
Endowment fund	26	88	88	–	–
		<u>44,480</u>	<u>41,935</u>	<u>43,905</u>	<u>41,858</u>

Approved and authorised for issue by the Council of Trustees on 17 July 2013 and signed on its behalf by



Roger Paffard  
Chairman



# Consolidated cash flow statement to 31 March 2013

		<b>Consolidated</b>	
	Note	2011/12 £000s	2011/12 £000s
Net cash inflows/(outflows) from operating activities	23	1,741	(2,572)
<b>Returns on investments and servicing of finance</b>			
Interest received		15	24
Dividends received		326	326
Net cash inflow from returns on investments and servicing of finance		341	350
<b>Capital expenditure and financial investment</b>			
Payments to acquire tangible fixed assets	11	(4,926)	(4,465)
Net receipts from sales of fixed assets/held for sale		4,730	158
Purchase of investments	12	(1,229)	(2,617)
Receipts from sale of investments		1,242	4,697
Net cash outflow from capital expenditure and financial investment		(183)	(2,227)
Increase/(decrease) in cash	24	1,899	(4,449)
<b>Reconciliation of net cash flow to movement in net funds</b>			
Increase/(decrease) in cash in the period		1,899	(4,449)
Opening net funds		2,889	7,338
Net funds at 31 March	24	4,788	2,889

# Notes to the accounts

## 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 subsidiaries, Sue Ryder Direct Limited and Woburn Property Investment Company Ltd and subsidiary charities Sue Ryder Care (Chantry) and Duchess of Kent House Charity. 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 surplus for the financial period is £2,047,000. 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 subsidiaries are 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 and property trading activities and the costs of managing the investment portfolio.

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 one 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 depreciated 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 net book values 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.

# Notes to the accounts

## (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, one of the charity's trading subsidiaries 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. Woburn Property Investment Company Limited, the charity's other trading subsidiary was registered for VAT under a separate registration after the balance sheet date for which all input VAT 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 or other lease incentives received 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.

### (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

	2012/13 £000s	2011/12 £000s
Legacies	4,953	5,286
Donations and other voluntary income	5,138	5,563
Net assets taken on with transfers into the Group (see below)	529	0
Grants	141	136
<b>Total</b>	<b>10,761</b>	<b>10,985</b>

On 4 March 2013, the members of Duchess of Kent House Charity passed a special resolution to amend the governing document appointing Sue Ryder as sole member. Net assets of £528,666 were acquired, made up of:

	£000s
Tangible assets	29
Stock	4
Debtors	8
Cash at bank and in hand	707
Creditors: amounts falling due within one year	(219)
	<u>529</u>

## 3. Activities for generating funds

	2012/13 £000s	2011/12 £000s
<b>Income</b>		
Fundraising events	1,365	1,507
Shop income from selling donated and bought in goods	41,929	36,613
Property letting and licensing	13	4
<b>Total</b>	<b>43,307</b>	<b>38,124</b>

# Notes to the accounts

## 4. Investment income

	2012/13 £000s	2011/12 £000s
Dividends	326	326
Bank interest received	15	24
<b>Total</b>	<b>341</b>	<b>350</b>

## 5. Income from charitable activities

	2012/13 £000s	2011/12 £000s
<b>Provision of end of life care:</b>		
NHS and Local Authorities	12,042	11,205
Private care	429	394
Other	263	245
<b>Provision of long term neurological care:</b>		
NHS and Local Authorities	9,388	10,061
Private care	1,577	1,599
Other	74	59
<b>Provision of homecare:</b>		
<i>Continuing:</i>		
Local Authorities and other commissioners	1,689	1,587
Private care	569	627
Other	71	19
<i>Discontinued:</i>		
Local Authorities and other commissioners	0	1,787
Private care	0	352
Other	0	45
<b>Total</b>	<b>26,102</b>	<b>27,980</b>

## 6. Disposal of fixed assets

During the period Sue Ryder disposed of assets including 18 retail shops, with gross proceeds of £4,887,000, yielding a net surplus of £3,164,614 after disposal costs.

## 7. Resources expended

	Activities Undertaken Directly £000s	Grant funding of activities £000s	Support Costs £000s	Total 2012/13 £000s	Total 2011/12 £000s
<b>Charitable activities</b>					
End of life care	20,291	–	2,458	22,749	21,591
Long term neurological care	12,634	–	1,661	14,295	15,247
Homecare	2,607	–	668	3,275	6,433
Support for International	65	268	10	343	737
Funding and encouraging research	–	–	–	–	–
Campaigning for better services	102	–	20	122	107
<b>Total charitable activities</b>	<b>35,699</b>	<b>268</b>	<b>4,817</b>	<b>40,784</b>	<b>44,115</b>
<b>Cost of generating funds</b>					
Fundraising	4,327	–	673	5,000	5,589
Retail shops	33,342	–	3,098	36,440	31,799
Investment management	33	–	–	33	37
<b>Total cost of generating funds</b>	<b>37,702</b>	<b>–</b>	<b>3,771</b>	<b>41,473</b>	<b>37,425</b>
Governance	298	–	41	339	353
<b>Total resources expended</b>	<b>73,699</b>	<b>268</b>	<b>8,629</b>	<b>82,596</b>	<b>81,893</b>

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 £6,657 (2011/12: £6,097) were reimbursed to Trustees. The charity also incurred expenditure of £4,240 in respect of Directors' and Officers' liability insurance for the period (2011/12: £4,240).

During the period, 6 Trustees (2011/12: 4) claimed expenses.

During the period £4,382 was reimbursed to the Chief Executive in expenses claimed (2011/12: £2,713).

# Notes to the accounts

## Analysis of support costs allocated

2012/13	Total £000s	Central Management and admin £000s	Finance £000s	Human Resources £000s	IT £000s	Legal and Property Services £000s	Marketing & Communi- cations £000s
<b>Activity</b>							
End of life care	2,458	355	202	403	359	830	309
Long-term neurological care	1,661	240	136	272	243	561	209
Homecare	668	95	55	110	98	226	84
Campaigning for better services	20	2	2	3	3	7	3
Retail shops	3,098	449	254	507	452	1,046	390
Fundraising	673	98	55	110	98	227	85
Support for international	10	2	1	2	1	3	1
Governance	41	6	3	7	6	14	5
<b>Total support costs allocated 2012/13</b>	<b>8,629</b>	<b>1,247</b>	<b>708</b>	<b>1,414</b>	<b>1,260</b>	<b>2,914</b>	<b>1,086</b>
<b>Total support costs allocated 2011/12</b>	<b>8,814</b>	<b>1,438</b>	<b>698</b>	<b>1,411</b>	<b>1,625</b>	<b>2,483</b>	<b>1,159</b>

Proportionate to the gross salary costs of the supported activities

## Resources expended included:

	2012/13 £000s	2011/12 £000s
<b>Auditors remuneration</b>		
<i>Audit</i>		
Charity	43	52
Trading subsidiary	10	10
Other	2	–
<i>Other services</i>		
Tax compliance	3	6
Tax advisory	12	13
Other	8	–
<b>Depreciation</b>	<b>2,768</b>	<b>1,865</b>
<b>Other consultancy services</b>		
<i>Operating Leases</i>		
Land and buildings	7,252	5,853
Motor vehicles	409	456



## 8. International grant expenditure

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

	2012/13 £000s	2011/12 £000s
<b>Grants awarded</b>		
Albania	78	85
Czech Republic	10	15
Malawi	180	273
Poland	–	219
Other	–	–
<b>Total grants</b>	<b>268</b>	<b>592</b>
General support, monitoring and administration expenditure	75	145
<b>Total international</b>	<b>343</b>	<b>737</b>

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

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

## 9. Taxation

The charity is registered for VAT and £3,502,000 out of £4,729,000 incurred (2011/12: £3,186,000 out of £4,527,000) was recoverable. All VAT incurred by Sue Ryder Direct Ltd, the wholly owned subsidiary of the charity is fully recoverable.

## 10. Staff costs

	2012/13 £000s	2011/12 £000s
Wages and salaries	45,422	46,472
Social security costs	3,074	3,233
Pension costs	1,091	1,063
<b>Total</b>	<b>49,587</b>	<b>50,768</b>

Included within the wages and salaries figure above are the costs of £2,886,000 (2011/12: £2,948,000) for employing agency and contract staff. No remuneration was paid to any Trustee during the period (2011/12, Nil).

# Notes to the accounts

During the period higher paid employees comprised the following:

	2012/13 No	2011/12 No
£60,001 – £70,000pa	9	6
£70,001 – £80,000pa	3	3
£80,001 – £90,000pa	1	1
£90,001 – £100,000pa	3	2
£100,001 – £110,000pa	–	–
£110,001 – £120,000pa	1	1

Contributions to pension schemes for these employees amounted to £53,869 (2011/12 £26,104).

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

	2012/13 No	2011/12 No
Care services	1,049	1,156
Retail	918	817
Support services	199	213
<b>Total</b>	<b>2,166</b>	<b>2,186</b>

## 11. Tangible fixed assets

	Leasehold property £'000s	Freehold property £'000s	Fixtures fittings & equipment £'000s	Motor vehicles £'000s	Total £'000s
<b>Consolidated</b>					
<b>Cost</b>					
At 1 April 2012	2,641	25,870	10,315	562	39,388
Additions	–	68	4,827	31	4,926
Disposals	(59)	(1,551)	(411)	(103)	(2,125)
<b>At 31 March 2013</b>	<b>2,582</b>	<b>24,387</b>	<b>14,731</b>	<b>490</b>	<b>42,189</b>
<b>Depreciation</b>					
At 1 April 2012	1,724	9,811	5,101	506	17,142
Charge for the year	161	583	1,990	34	2,768
Eliminated on disposal	(15)	(136)	(318)	(91)	(560)
<b>At 31 March 2013</b>	<b>1,870</b>	<b>10,258</b>	<b>6,773</b>	<b>449</b>	<b>19,350</b>
<b>NBV</b>					
At 31 March 2013	712	14,129	7,957	41	22,839
At 31 March 2012	917	16,059	5,214	56	22,246

Of leasehold properties a net book value of £nil (31 March 2012: £44,000) 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
<b>Charity</b>					
<b>Cost</b>					
At 1 April 2012	2,640	25,870	10,063	562	39,135
Additions	–	68	4,797	31	4,896
Disposals	(59)	(1,551)	(411)	(103)	(2,125)
At 31 March 2013	2,581	24,387	14,449	490	41,906
<b>Depreciation</b>					
At 1 April 2012	1,724	9,811	4,950	506	16,991
Charge for the year	161	583	1,952	34	2,730
Eliminated on disposal	(15)	(136)	(318)	(91)	(560)
At 31 March 2013	1,870	10,258	6,584	449	19,161
<b>NBV</b>					
At 31 March 2013	711	14,129	7,864	41	22,745
At 31 March 2012	916	16,059	5,113	56	22,144

Included in Freehold properties is an amount of £664,000 (31 March 2012, £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 & Charity 31 March	
	2013 £000s	2012 £000s
Opening balance at 1 April	10,524	12,524
<b>Less:</b>		
Disposals at carrying value	(1,158)	(2,652)
Withdrawals	0	(2,000)
<b>Add:</b>		
Acquisitions at cost	1,229	2,617
Unrealised net gains/(losses) on revaluation at 31 March	1,176	35
Market value at 31 March	<u>11,771</u>	<u>10,524</u>

The investments are made up as follows:

	Consolidated & Charity 31 March	
	2013 £000s	2012 £000s
UK equities	4,650	4,312
Overseas equities	3,438	2,906
UK fixed interest and gilts	1,662	1,953
Overseas fixed interest and gilts	697	356
Others	1,324	997
<b>Total</b>	<u>11,771</u>	<u>10,524</u>

The investment shown above includes an investment of £5 held by the charity in its subsidiary undertaking Sue Ryder Direct Ltd, and £1 held by the charity in its subsidiary undertaking Woburn Property Investment Company Ltd.

The excess of market value over cost of £3,604,000 (31 March 2012: £2,710,000) is accounted for in an unrestricted designated fund as shown in note 16.

One individual investment exceeded 5% of the total value as at 31 March 2013 being an International Equity–Findlay Park FDS American USD£603,865 (31 March 2012: None).

### 13. Programme related investments

	Consolidated & Charity 31 March	
	2012/13 £000s	2011/12 £000s
<b>Due after one year</b>		
Due from The Sue Ryder Foundation (Ireland) Limited (interest free, secured)	700	700

#### 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		Charity 31 March	
	2013 £000s	2012 £000s	2013 £000s	2012 £000s
Amounts owed by group undertakings	–	–	1,808	1,495
Debtors for care services	1,923	2,044	1,923	2,044
Accrued income – legacies	2,867	3,506	2,867	3,506
Other debtors	4,117	4,407	3,961	4,292
Prepayments	2,099	2,348	1,931	2,120
	<b>11,006</b>	<b>12,305</b>	<b>12,490</b>	<b>13,457</b>

In addition to the £2,867,000 of legacy accrued income, there were 10 (31 March 2012: 41) 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		Charity 31 March	
	2013 £000s	2012 £000s	2013 £000s	2012 £000s
Trade creditors	3,047	3,095	2,678	2,973
Other creditors	183	150	255	238
Accruals	4,150	3,827	4,073	3,718
Other taxes and social security	849	922	849	922
	<b>8,229</b>	<b>7,994</b>	<b>7,855</b>	<b>7,851</b>

# Notes to the accounts

## 16. Unrestricted funds

	Balance at 31 March 2012 £000s	Surplus/(deficit) for the period after transfers & investment gains £000s	Utilised/ realised £000s	Balance at 31 March 2013 £000s
<b>Unrestricted funds</b>				
<b>Capital reserve fund</b>				
Charity	22,144	–	601	22,745
Subsidiaries	102	–	(37)	65
<b>Total capital reserve funds</b>	<b>22,246</b>	<b>–</b>	<b>564</b>	<b>22,810</b>
<b>General funds</b>				
Investment revaluation reserve	2,710	1,176	(282)	3,604
Charity retained funds	15,287	1,269	(318)	16,237
Subsidiary's retained funds	(112)	(30)	36	(105)
<b>Total General funds</b>	<b>17,885</b>	<b>2,415</b>	<b>(564)</b>	<b>19,736</b>
<b>Total unrestricted funds</b>	<b>40,131</b>	<b>2,415</b>	<b>–</b>	<b>42,546</b>

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 group and charity include restricted funds comprising the following:

	Balance at 31 March 2012 £000s	Movement in funds		Balance at 31 March 2013 £000s
		Incoming resources £000s	Expenditure & transfers £000s	
Funds held at care centres and centrally	1,643	2,282	(2,679)	1,246
Department for International Development	–	33	(33)	–
Department of Health	62	–	(11)	51
Big Lottery Fund (5R's project)	11	32	(23)	20
Charity	1,716	2,346	(2,745)	1,317
Duchess of Kent House Charity (note 25)	–	529	0	529
<b>Total group restricted funds</b>	<b>1,716</b>	<b>2,876</b>	<b>(2,746)</b>	<b>1,846</b>

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 £32,311. £23,714 has been spent against this fund, with the remaining balance to be spent in the beginning of the 2013/14 financial year.

# Notes to the accounts

## 18. Analysis of net assets across funds

	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total funds £000s
<b>Consolidated</b>				
Fund balances at 31 March 2013 are represented by:				
Tangible fixed assets	22,810	29	–	22,839
Investments	11,771	–	–	11,771
Programme related investments	700	–	–	700
Current assets	15,275	2,036	88	17,399
Current liabilities	(8,010)	(219)	–	(8,229)
<b>Total net assets</b>	<b>42,546</b>	<b>1,846</b>	<b>88</b>	<b>44,480</b>
Unrealised gains included above				
On investments assets (see note below)	3,604	–	–	3,604
Reconciliation of movements in unrealised gains on investment assets				
Unrealised gains at 31 March 2012	2,710	–	–	2,710
Add: On disposal of investments	(282)	–	–	(282)
Add: Net gains arising on revaluations in period	1,176	–	–	1,176
Unrealised gains at 31 March 2013	3,604	–	–	3,604

	Unrestricted funds £000s	Restricted funds £000s	Total funds £000s
<b>Charity</b>			
Fund balances at 31 March 2013 are represented by:			
Tangible fixed assets	22,745	–	22,745
Investments	11,771	–	11,771
Programme related investments	700	–	700
Current assets	15,227	1,317	16,544
Current liabilities	(7,855)	–	(7,855)
<b>Total net assets</b>	<b>42,588</b>	<b>1,317</b>	<b>43,905</b>
Unrealised gains included above			
On investments assets	3,604	–	3,604
Reconciliation of movements in unrealised gains on investment assets			
Unrealised gains at 31 March 2012	2,710	–	2,710
Add: On disposal of investments	(282)	–	(282)
Add: Net gains arising on revaluations in period	1,176	–	1,176
Unrealised gains at 31 March 2013	3,604	–	3,604

The parent charity's gross income for the year was £79.6 million (2011/12, £75.0m) and its expenditure was £77.5 million (2011/12, £78.1 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 £204,945 (2011/12, £200,570) from the NHS as a contribution towards our NHS pension contributions.

## 20. Lease obligations

	31 March 2013 £000's	31 March 2012 £000's
<b>Consolidated operating leases:</b>		
Land and buildings		
<i>Annual commitments which expire:</i>		
Within one year	202	566
In the second to fifth years inclusive	1,972	4,262
After more than five years	4,532	837
	<u>6,706</u>	<u>5,665</u>
<b>Other</b>		
<i>Annual commitments with expire:</i>		
Within one year	102	3
In the second to fifth years inclusive	430	494
	<u>532</u>	<u>497</u>
<b>Total</b>	<u>7,238</u>	<u>6,162</u>

# Notes to the accounts

## 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 £0 (2011/12: £120,000).

Sue Ryder Direct Limited has outstanding foreign currency commitments of USD \$257,504 (31 March 2012, \$133,716) which are due to mature within 12 months.

## 22. Related party disclosures

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 companies, Sue Ryder Direct Limited, and Woburn Property Investments Limited, and subsidiary charity Duchess of Kent House Charity. Exemption has therefore been claimed under FRS 8 not to disclose transactions between the charity and its subsidiaries.

## 23. Reconciliation of surplus/(deficit) to net cash outflow from operating activities

	Consolidated	
	2012/13 £000s	2011/12 £000s
Net income/(expenditure) for the year	1,369	(3,159)
Depreciation (note 11)	2,768	1,865
Gain on sale of assets	(3,165)	(1,049)
Gain on sales of investment assets	(84)	(45)
(Increase)/decrease in stocks	(340)	(289)
Decrease/(increase) in debtors	1,299	460
Increase/(decrease) in creditors	235	(5)
Investment income	(341)	(350)
Net cash inflow/(outflow) from operating activities	<u>1,741</u>	<u>(2,572)</u>

## 24 Analysis of changes in net funds

Consolidated	Cash Flows	
	2012/13 £000s	2011/12 £000s
Opening cash balances	2,889	7,338
Movement	1,899	(4,449)
Cash at bank and in hand at 31 March	<u>4,788</u>	<u>2,889</u>

## 25. Net Income from trading activities of subsidiary

Sue Ryder has four wholly owned subsidiaries which are 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:

	2012/13 £000s	2011/12 £000s
Turnover	5,180	4,983
Cost of sales	(2,932)	(2,752)
<b>Gross profit</b>	<b>2,248</b>	<b>2,231</b>
Other expenses	(1,825)	(1,769)
Net profit before covenant	423	462
Amount covenanted to Sue Ryder	(453)	(491)
<b>Retained profit for the period</b>	<b>(30)</b>	<b>(29)</b>
Tangible fixed assets	64	102
Net current assets/(liabilities)	(105)	(112)
<b>Total Net Assets</b>	<b>(41)</b>	<b>(10)</b>
Share capital (£5)	–	–
<b>Profit and loss account</b>	<b>(41)</b>	<b>(10)</b>
<b>Shareholder's funds</b>	<b>(41)</b>	<b>(10)</b>

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.

Woburn Property Investment Company Ltd was incorporated on 1 November 2012. The principal activity of the company is that of property trading. The company made a loss of £3,524 during the period since incorporation which related solely to interest payable on a loan made from the charity. The loan is repayable on demand and incurs interest at a rate of 7%. The company holds trading stock of £256,937 and an intercompany loan due to the charity of £260,461.

The company has net liabilities of £3,524 at 31 March 2013.

Duchess of Kent House Charity became a subsidiary of Sue Ryder on 4 March 2013. This charity is a fundraising charity for the Duchess of Kent House hospice.

## 26. Endowment fund

	Balance at 31 March 2012 £000s	Incoming resources £000s	Expenditure and transfers £000s	Balance at 31 March 2013 £000s
Consolidated and charity Endowment Fund (Consolidated only)	88	–	–	101



# Thank you

We can only go on making a difference to people's lives because of the generosity of the thousands of people and organisations who give their money, time and support. Although it's not possible to mention every single person or organisation that has supported us over the past year, we'd like to give our particular thanks to:

Abbey House Settlement,  
Aberdeen City Voluntary Organisation,  
Albert Hunt Trust,  
AM Pilkington Charitable Trust,  
Anne, Duchess of Westminster's Charity,  
Arnold James Burton CT,  
Asda Foundation,  
Astor of Hever Trust,  
Baron Davenport's Charity,  
Baroness Masham of Ilton DL,  
Bartlett Taylor Charitable Trust,  
Big Lottery Fund,  
Bowland Charitable Trust,  
Bromley Trust,  
Burghley Family Trust,  
CAF America,  
Charles Brotherton CT,  
Charles Irving Charitable Trust,  
Chelsea Square Trust,  
Children In Need,  
Childwick Trust,  
Christopher Laing Foundation,  
Clayton Le Woods Parish Council,  
Cornwell Charitable Trust,  
Coston Education Trust,  
Coutts Charitable trust,  
D C Leggat's Trust,  
D W Greenwood Charitable Settlement,  
Daniels and Houghtons Charity,  
Deirdre Palk Charitable Trust,  
Department of Health,  
Dilys Joyce Coleman Charitable Trust,  
Dimbleby Memorial Trust,  
DLM Charitable trust,  
Doris Field Charitable Trust,  
Duchy of Lancaster Benevolent Fund,  
Duke of Devonshire's Charitable Trust,

Edgar E Lawley Foundation,  
Edward Binks' Discretionary Settlement,  
Charity of Elizabeth Jane Piggott,  
Florence Saunders Relief in  
Sickness Charity,  
Freemasons' Grand Charity,  
G C Armitage Charitable Trust,  
G E Birtwistle Memorial Trust,  
Gannochy Trust,  
Ganzoni Charitable Trust,  
Gerald Bentall Charitable Trust,  
Gilbert Lane Trust,  
Grimwade Charitable Trust,  
Gwyneth Forrester Trust,  
H J Charitable Trust,  
Harpur Trust,  
Harry Cuerton Trust,  
Help for Health,  
HMPS,  
Howbery Charitable Trust,  
Hugh Fraser Foundation,  
Ibbett Trust (The),  
IBC Employees Charity Committee,  
J R Rudd Charitable Trust,  
Jack Patston Charitable Trust,  
Jean S Innes Charitable Trust,  
Jeremy Wright MP,  
Leeds Convalescent Society,  
London Luton Airport,  
Lord Belstead Charitable Settlement,  
Lord Patel of Bradford OBE,  
Louis Baylis Trust,  
Manorlands Challenge Committee and  
Manorlands Fundraising Groups,  
Maria Holland and St Joseph's Charity,  
Martin Connell Charitable Trust,  
Meadow House Trust,

MEB Charitable Trust,  
Morningfield Association,  
Mr & Mrs Pye's Charitable Settlement,  
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Nancy Bateman Charitable Trust,  
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Norman Collinson CT,  
Notgrove Trust,  
Ogilvie Charities (The),  
One3One,  
Peterborough Telegraph,  
P F Charitable Trust,  
Pilkington Charitable Trust,  
Plowright Trust,  
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The Cayo Foundation,  
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The FAF Charitable Trust,  
The Gale Family Charity Trust,  
The Gannett Foundation,  
The Geoffrey Burton Charitable Trust,  
The Greenwood Charitable Settlement,  
The Hedley Foundation,

The Hudson Trust,  
The James Wood Bequest Fund,  
The Jean Burrows Charitable Trust,  
The Langtree Trust,  
The MacDonald -Buchanan  
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The Manchester Guardian Society,  
The Mason Bibby 1981 Trust,  
The N and P Hartley Memorial Trust,  
The Neighbourly Charitable Trust,  
The Newstead Charity,  
The Peacock Charitable Trust,  
The Peter and Sheila Gosden  
Charitable Trust,  
The Phylis Morley Trust,

The Proven Family Trust,  
The Red Rose Charitable Trust,  
The Robertson Trust,  
The Shears Foundation,  
The Smith Charitable Trust,  
Thomas J Horne Memorial Trust,  
Thomas Kirke Charity aka Kirke Charity,  
Viscount Mountgarret Charitable Trust,  
W L Pratt Charitable Trust,  
William Gerrard Trust,  
Wixamtree Trust,  
Zurich Community Trust.



## **Sue Ryder**

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