

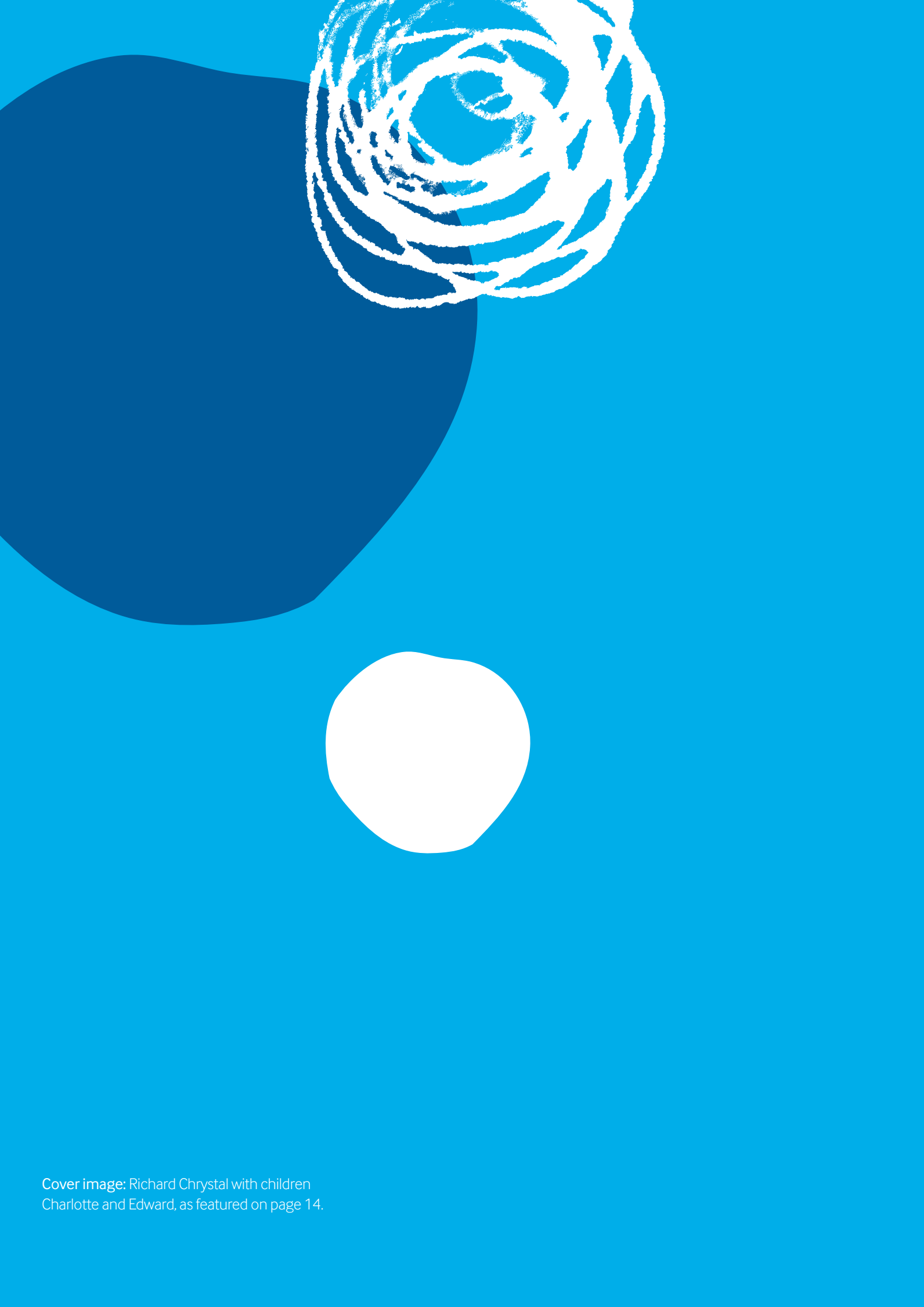
Sue Ryder

incredible hospice
and neurological care

“Thanks to Sue Ryder,
my wife’s days were filled
with laughter and love”



**Trustees' Annual Report
and Accounts 2013–14**
31 March 2014



Cover image: Richard Chrystal with children Charlotte and Edward, as featured on page 14.

Sue Ryder Trustees' Annual Report and Accounts 2013–14

Year ending 31 March 2014

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Why we exist

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.

Living with a life-changing illness is difficult and the pain of losing a loved one can seem unbearable.

Too many people remain unsupported or receive inadequate care. With your help, we can change that.

Our vision, mission and values

Vision

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

Mission

To provide incredible care for people with life-changing illness and end of life 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





“We had a sleepover
with Dad, sharing
laughs and tears”

Dawn Boddy and her sisters with their dad
Stuart at Wheatfields Hospice

Chairman and Chief Executive foreword

2013–14 was the first year of delivering our ambitious five year plan. Thanks to the hard work and efforts of our 3,200 staff and 12,000 volunteers, as well as the amazing support we've received from local communities across the country, we've taken some great strides towards achieving our goals. However, there is still much more to do.

Change in leadership

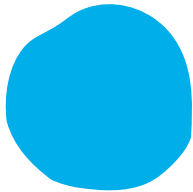
After seven years as Chief Executive Officer (CEO), Paul Woodward retired at the end of last year. After a competitive recruitment process, Heidi Travis was appointed as the new CEO and took over the operational day-to-day management from Paul on 30 September 2013. Heidi joined Sue Ryder in March 2010 as Director of Retail. Since then she has revolutionised our retail business, which now delivers more than £11.2 million contribution a year.

We also said goodbye to our Director of Health & Social Care, Steve Jenkin, in the summer of 2013 and our Director of Finance, Jeanette Wilkins, in Spring 2014. We said hello to Mike Smeeton, who joined Sue Ryder in March 2014 as our new Director of Health & Social Care. Phil Oldfield joined us as Interim Director of Finance in October 2013 and took on the permanent role in March 2014.

Our aim for the coming year and beyond is to grow and develop our range of services. We will achieve this by using our experience in neurological and palliative care services and by giving more ownership and control to our neurological care centres and hospices so they can maximise their local opportunities. We have restructured our Health & Social Care Leadership Team, replacing the Regional Manager roles with Assistant Directors for palliative, neurological and Scottish services. This will give us a structure that utilises sector, and health care economy expertise to enhance care delivery and development.

Incredible people

Our people – our staff and volunteers – are the driving force behind our care. We are proud of their dedication and continued achievements. We have grown our voluntary activities this year and are now supported by over 12,000 incredible volunteers.



“We said a fond farewell to Paul Woodward who retired in November after seven years as CEO. I was thrilled to be asked to take on from where Paul had left off, and am excited and proud to be CEO of Sue Ryder”

Sue Ryder CEO Heidi Travis with Roger Paffard, Chair of Trustees



Our five year plan

In our five year plan we've set out six key goals:

1. We will deliver an increased range of high-quality, flexible and responsive care services
2. We will use the experiences of our service users to develop our national voice and campaign to improve the lives of everyone living with end of life and complex conditions
3. We will support our international partners
4. We will develop and use our networks to inspire and engage our supporters to grow income
5. We will be a great place to work
6. We will ensure all our systems and processes are effective and efficient

1. We will deliver an increased range of high-quality, flexible and responsive care services

So that everyone gets the right care, our ambition is to increase our range of high quality, flexible, and responsive end of life care services. We want to offer new services and expand existing services into the communities to give our patients and carers more choice and control over how and where they are supported.

Statistics show that people's preferences as to where they would like to be cared for at the end of their life are not being met. For those who expressed a preference, the majority said they would prefer to die at home (71%). However, the most commonly recorded place of death was a hospital (53%). Throughout 2013–14, we have continued to develop our end of life care services across the country to enable people to have choice about where and how they'd like to be cared for in their last few years, months and days of life.

Building work on the new state-of-the-art hospice at Thorpe Hall is to start in September. This is momentous in Sue Ryder history as this is the first building of a hospice that we have embarked on and marks the new way forward for us. The announcement comes 15 months after the launch of the £6 million appeal to fund the work. We have already raised £2.5 million and it is important to keep this momentum going to raise the full £6 million.

Our Stirling Homecare received the best possible result from a recent inspection. The Care Inspectorate, the independent regulator of social care services in Scotland, grades services on six different areas after an inspection. Stirling Homecare was awarded a grade 6 – the highest score, representing 'excellent' – in every single one of the six areas, including service user involvement, workforce, and management and leadership.

Early in 2013 we received a grant of £1.2 million from the Department of Health (DH) to improve facilities at three of our hospices. With these funds we have been busy over the course of the year to complete the refurbishment of our day care facilities at our Leckhampton Court Hospice, to improve facilities at Duchess of Kent Hospice and to improve day care facilities at Thorpe Hall Hospice.

2. We will use the experiences of our service users to develop our national voice and campaign to improve the lives of everyone living with end of life and complex conditions

The knowledge and expertise we have comes from many years of supporting our service users. We listen to people, providing the care they tell us they want. All of this knowledge informs our campaigns, which will influence the development of services across the whole healthcare sector. We will use the experiences of our service users to push for personalised care to be available to everyone.

In June 2013 we launched our campaign, *Dying isn't Working* based on our experience as a provider of end of life care and evidence from two reports we produced with the think-tank, Demos.

Chairman and Chief Executive foreword

Sue Ryder actively participated in the Scottish Government's Quality Strategy, supporting and presenting at the official launch of The Person Centred Programme for NHS Scotland. As part of the third sector membership body, we contributed a detailed case study to a published document around service user experience which was presented to Scottish Ministers to influence the debate in government in supporting the person centred approach.

During 2013 we worked hard to raise key policy issues during the passing of the Care Bill with the support of parliamentarians. This included raising the need for local authorities to record the condition an individual has on assessment so that they are able to plan appropriate and specialist services, particularly for people with neurological conditions. We also worked to promote the importance of choice at the end of life and the need to ensure people have faster access to care. We were thrilled that the government accepted our argument and passed an amendment to fast track the means test for people who are at the end of life.

We were pleased to be invited by NHS England to represent service user voice and provide advice as part of the Leadership Alliance for Care of Dying People. The Alliance has worked hard to make sure there are guiding principles for clinicians that will improve end of life care following the removal of the Liverpool Care Pathway.

Our experience in providing neurological care means we can lead the way in the sector. We will showcase how personalised care can support people with very complex conditions to live their lives as they choose. By demonstrating what can be achieved, and sharing best practice with other providers and policy makers, we will change the future of neurological care for the better.

3. We will support our international partners

We work with independent partners who provide services in Malawi and Albania. We will support them to continue to provide care, and help them build their capacity to become self-reliant.

Over the past 12 months we have worked with our partners in Malawi and Albania to provide 6,832 vulnerable people with the specialist medical care they desperately needed and who without our regular care, would be likely to have gone without and needlessly suffered.

4. We will develop and use our networks to inspire and engage our supporters to grow income

Morrisons colleagues voted for Sue Ryder to be their new charity partner, and this partnership could last up to three years. Our ultimate aim for the partnership is for everyone to have access to the care they need at the end of their lives. The partnership could generate more than £7 million and has the potential to be transformational for both our fundraising and the expansion of our end of life care services.

We have continued to grow our profit in Retail, and build on the relationships we have with our customers. More people than ever shopped with us on the high street. Year on year, there was a 16% increase in sales of donated items and a 18% increase in sales of new goods.

In order to grow our income, we will develop and use our networks to inspire and engage our supporters. We'll secure more funding from corporate partners and build our challenge event fundraising. We will give people more opportunities to raise money for us in memory of their loved ones.

5. We will be a great place to work

Inspiring and engaging our supporters starts with inspiring and engaging our staff and volunteers, so we can all help to build understanding of the important work we do.

We have incredible people working for Sue Ryder. They are the driving force behind our care and we are proud of their dedication and continued achievements. We've grown our voluntary activities again this year and for the first time exceeded 12,000 volunteers, who have contributed, in terms of value, just short of £30 million. Our acclaimed Prisoner Volunteer Programme secured the Chartered Institute of Personnel and Development's (CIPD) Diversity Award.

The delivery of our People strategy continues at pace, and covers a wide range of activities but with a focus on embedding our values and behaviours at the heart of the organisation, and investment in building leadership and management capability and capacity. Key amongst this activity this year have been our first graduates from our successful Leadership Development Programme, and continued improvement in our overall engagement both with staff and volunteers.

Our bespoke Volunteer Voice engagement survey demonstrated a well engaged and informed volunteer workforce. And our annual engagement survey – Best Companies 'Not for Profit' index – showed a further increase of our engagement score for the fourth year in succession. We maintained 'One to Watch' status, and are on track and aspire to achieving a 1 star rating in 2014–15.

6. We will ensure all our systems and processes are effective and efficient

We will ensure all our systems and processes are effective and efficient, so that our staff can focus on what's really important. We will give people the tools they need to do their job, removing the duplication and inefficiency that can often get in the way.

In 2013–14 we delivered a successful remote working solution at two of our sites at Manorlands and Wheatfields and feedback from the initial pilot has just concluded. We are already planning a broader rollout going forward.

Looking ahead

We have developed a plan which both stretches and challenges us and this will really help the organisation to move forward and grow over the coming three to five years. There will be challenges for all the teams but Centre Directors have been proactive in discussing ways to increase income, particularly in our neurological centres, to ensure we are paid appropriately for the great care we provide.

Retail will focus on reaching and exceeding their targets for 2014–15 whilst managing costs wisely. Fundraising will look at embedding and driving business as usual income around our hospices with detailed activity plans, continuing the momentum of the Thorpe Hall Capital Appeal now we have started the build of the new hospice, and developing the partnership with Morrisons.

We are proud of our history, our people and the incredible care we provide. We need to continue to adapt to the changing environment we operate in, build greater collaboration across the charity and together we'll be able to improve the lives of everyone living with life-changing illnesses.

“I really enjoy coming to volunteer. I always feel valued when I come in because the managers show their appreciation by their enthusiasm. It really is a pleasant place to work.”

Sue Ryder volunteer



“Mum was no longer
just a patient:
she was back to
being my mum”

Vicki Neve, whose mum Jane was
cared for at a Sue Ryder hospice



Our incredible care

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.

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.

Did you know?

Last year, we supported over 16,000 people through our hospices, care centres, community-based services and in people's homes. And we provided much-needed emotional support to over 2,000 family members.

We have continued to invest in ensuring we deliver the highest quality care, focusing 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, see our annual Quality Accounts on our website.

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.

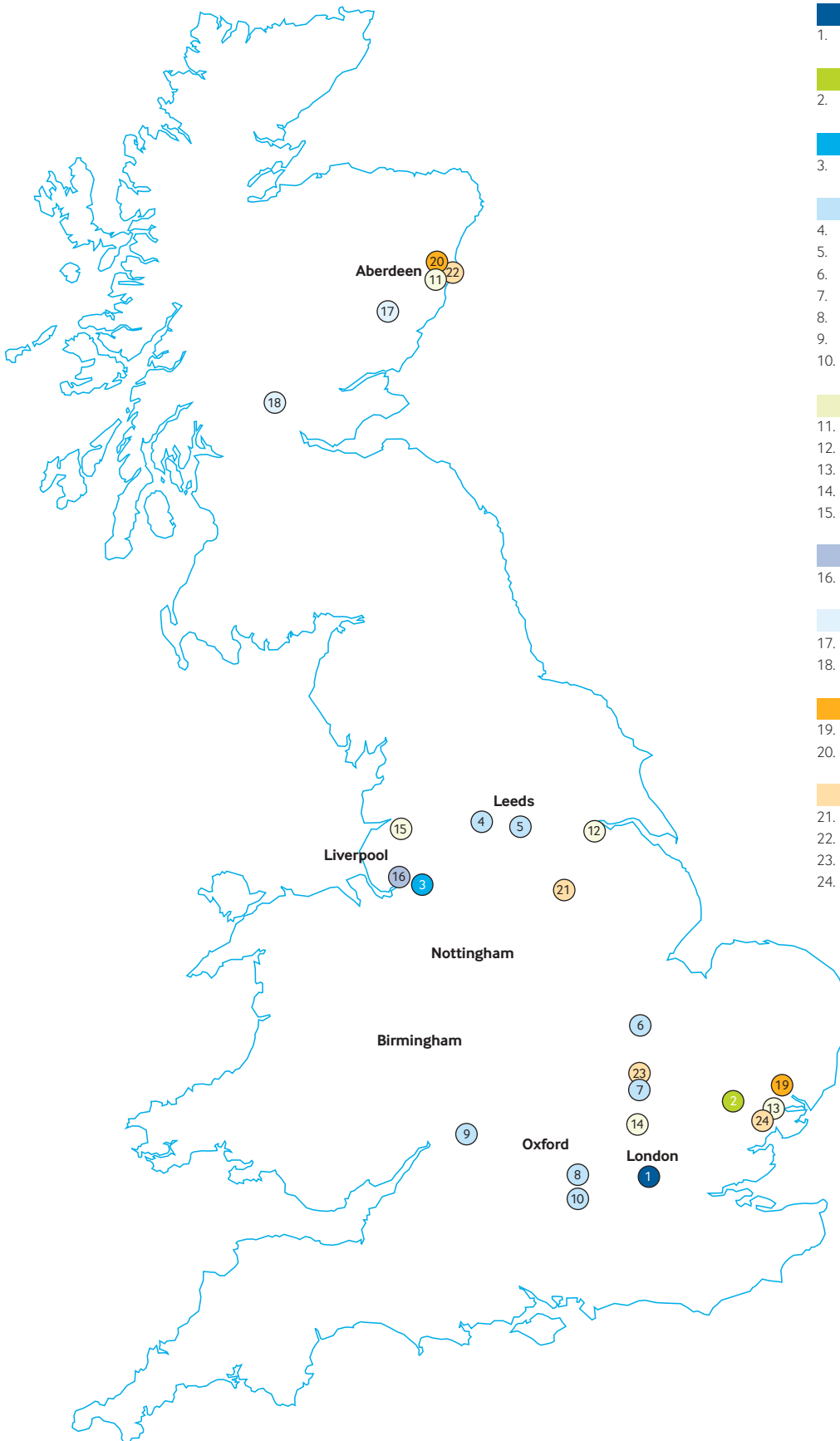
Did you know?

We campaign 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 are heard and they will have better access to the care that they want.

“Thank you, you made the last few days of her life an experience that we shall remember with great thankfulness. The loving care you gave to all of us meant so much.”

Family we supported at one of our hospices

Our service map



Head Office

1. Central Office, London

Registered Office

2. Sudbury Office, Sudbury

Extra Care

3. Sue Ryder – Heyeswood, Merseyside

Palliative Care

4. Sue Ryder – Manorlands Hospice, West Yorkshire
5. Sue Ryder – Wheatfields Hospice, West Yorkshire
6. Sue Ryder – Thorpe Hall Hospice, Peterborough
7. Sue Ryder – St John's Hospice, Bedfordshire
8. Sue Ryder – Nettlebed Hospice, Oxfordshire
9. Sue Ryder – Leckhampton Court Hospice, Cheltenham
10. Sue Ryder – Duchess of Kent Hospice, Reading

Complex neurological care

11. Sue Ryder – Dee View Court, Aberdeen
12. Sue Ryder – Holme Hall, East Yorkshire
13. Sue Ryder – The Chantry, Suffolk
14. Sue Ryder – Stagenhoe, Hertfordshire
15. Sue Ryder – Cuerden Hall, Lancashire

Elderly & dementia (residential care)

16. Sue Ryder – Birchley Hall, Lancashire

Homecare services (in Scotland)

17. Angus Homecare
18. Stirling Homecare

Supported living

19. Supported Living Unit, Suffolk
20. Supported Living Unit, Aberdeen

Other services

21. Befriending Schemes (Dementia & Volunteer), Doncaster
22. Befriending Scheme for Older People, Aberdeen
23. PEPS Service, Bedfordshire
24. Dementia Helpline, Suffolk

Richard's story

Jackie Chrystal's husband, Richard shares his experience of his wife's battle with cancer and the care she and the whole family received from Sue Ryder.

"Jackie had been diagnosed with terminal breast cancer at the age of 44. Six months later, she was in Sue Ryder St John's Hospice in Bedford. There, the staff helped Jackie prepare for death and our darling children, eight year old Charlotte and six year old Edward, to move forward with the rest of their lives.

"When St John's was mentioned, the word hospice struck fear into me. I had an image of a forbidding place where death lurked behind every door. Instead, smiling staff, attentive doctors and friendly volunteers greeted us.

"There was so much we weren't going to experience together and our sense of loss was a physical pain. But extraordinary as it sounds, Jackie's last days were filled with laughter and love. And that time in the hospice left me and the children with a legacy that has helped us to cope during the first raw weeks of grief.

"When she found a lump in her right breast, she assumed it was a blocked milk duct and didn't even tell me. But she saw the GP, who arranged for tests just to be on the safe side. When Jackie told me over dinner she was going for a mammogram and biopsy, I said I'd go along, too, but neither of us was concerned unduly because she was only 39.

"We were told to come back for the results a week later, at which point the doctor told Jackie: 'You've got breast cancer.' We cried and hugged each other in shock. Surgery was followed by chemotherapy and radiotherapy, then she was prescribed the drug Tamoxifen. We were told the prognosis was good and we settled back to family life.

"Three years later, a scan showed a tumour on the same breast, but it had not spread. Doctors said they were optimistic – so were we. Jackie had a double mastectomy.

"After celebrating Christmas, she complained about a sore shoulder. Later, I found her crying. She had looked up shoulder

pain and found it was a symptom of lung cancer. Jackie had a body scan and cancer hotspots had been found on her rib, spine and pelvis.

"She looked at me with tears in her eyes and said: 'It's really bad news, isn't it.' Days later, a scan revealed the cancer had spread to her liver and lungs. It was grade four – there is no grade five.

"The combination of pain and exhaustion placed a huge toll on us. We were struggling to cope with the children, and then Jackie couldn't even get up the stairs. Then one of her lungs collapsed because of the fluid from the cancer, and had to be drained in hospital. We were on our knees, until our oncology liaison nurse suggested Jackie go to St John's for a few days to enable doctors to stabilise her medication and help us rest.

"When we arrived I realised it was a place of life, not death. Smiling staff greeted us and volunteers came to give massages and do her hair and nails. It was like a wonderful pampering break. As Jackie lay back in her bed, I saw her relax.

"We sat outside in the garden drinking tea while our children played. Jackie was being cared for, but just as importantly, Jane Maxfield, a family liaison officer and bereavement counsellor, introduced herself to the children.

"Jane said to Charlotte and Edward: 'Run down the corridor and when you see the staff, ask for stickers.' The idea was that finding hidden smiley face stickers would help the children get to know the nurses and doctors and ask them any questions they wanted.

"Jane sat with Jackie for hours and helped her put the most meticulous of plans into place – the birthday cards and 30 sweet smiling faces, little messages of love and missives of support that are in the children's bedrooms today.

“Jane showed Jackie a special computer programme so she could make a video with details of her life. I can’t yet watch the video. But every on-screen smile and reminiscence that the children and I will share in the future is thanks to the wonderful hospice where Jackie spent her last eight days.

“I was so overwhelmed by the imminence of Jackie’s death that I found it hard to answer the children’s forthright questions. I battled to keep the emotion out of my voice and I would struggle to find the right words.

“But with her experience and innate wisdom, Jane knew the answers to everything they asked. They wanted to know what would happen to the body when their Mummy died. When Jackie became jaundiced, they whispered: ‘Why has Mummy turned yellow?’ Jane made sure the children knew what was happening. She would ask them gently: ‘Do you know what is going to happen next?’

“They could see that Mummy was getting worse – and so could I. After she’d been at the hospice for five days, Jackie told me: ‘It’s going to be soon. If people want to see me, get them in today.’ That afternoon, a stream of close friends and family came to say goodbye.

By Sunday night, Jackie told me: ‘I want to sleep forever.’ By Monday, her eyes were closed and she was not talking, but nurses told me she could still hear everything.

“Jane advised me that the children had to say goodbye, which they did. She said: ‘When they are teenagers, they will always look back and regret it if they don’t.’

“When she died, I was in her room with her parents. I went home to tell the children their Mummy was gone. Charlotte asked to see her. We came back to the hospice and she sat down and took her Mummy’s hand gently in her own.

“She asked: ‘Why is Mummy so cold?’ and cut some locks of hair so she could have something to keep. Before we left, she took a final look at Jackie – lying peacefully with flowers around her pillow – and whispered: ‘Goodbye, Mummy.’

“The children and I receive bereavement counselling, and it helps us all to talk about Mummy openly and honestly. Meanwhile, I’m making the best job I can of being Mum and Dad.”

Richard Chrystal with children Charlotte and Edward



Supporting people, and their families, at end of life

It's been a year of growth for our hospices and end of life care services. We've developed our incredible care to provide greater access and choice so that people's, and their families', individual preferences and needs at end of life can be supported.

For example, we have extended our Community Nursing service at Wheatfields, Leeds and Manorlands, Keighley to seven days a week, and we also offer a seven day service in West Berkshire from Duchess of Kent Hospice, Reading.

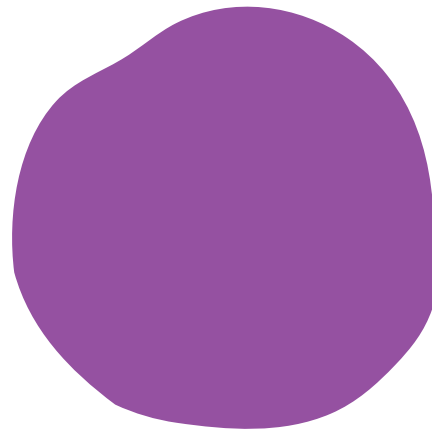
Our seven hospices support people in many different ways. We offer both inpatient facilities and day hospice services. We also support people by providing therapeutic recreational activities, respite care, outpatient clinics to help relieve symptoms and community-based services including care in people's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

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.

Did you know?

Not everyone who is referred to a hospice dies in a hospice. Around 60% of people who are referred to Sue Ryder hospices go home after receiving care to manage pain and other symptoms resulting from their illness. Our discharge processes operate in partnership with local authorities and the NHS to get the appropriate support in place at home to enable on-going care. The average length of stay in a hospice is eight days.



Achievements and performance at a glance

- We used grant money given to us by the Department of Health (DH) in April 2013 to improve facilities at three of our hospices. This included complete refurbishment of our day care facilities at Leckhampton Court Hospice in Cheltenham and Thorpe Hall Hospice in Peterborough, and improved facilities at Duchess of Kent Hospice in Reading.
- As a result of our response to, and progress in, implementing the recommendations of the Francis Report we had an exciting opportunity to work alongside the DH. Since August 2013, we have senior civil servants from the DH to undertake placements in our hospices. It's a chance for them to shadow our frontline care staff and see the excellent standards of care we provide. The visits were part of the government's 'connecting' initiative, which was designed to help DH staff become more connected to the real experiences of care. We were the first hospice provider, and the first charity, to offer placements of this kind to DH staff. In February 2014 we presented our experiences of being part of the programme at a national conference for the connecting programme.
- In Bedford, our 24 hour coordinated end of life care service, PEPS (Partnership for Excellence in Palliative Support), has gone from strength to strength. Throughout 2013, it supported 985 people. PEPS is an integrated partnership of 15 organisations from health, social care and voluntary sectors; each coming together to form a central coordination centre, hosted by Sue Ryder at St John's Hospice. As a result of PEPs we have managed to close gaps within the care system.
- In October we launched an end of life self-assessment care tool with Helen Sanderson Associates, 'Progress for Providers'. This tool enables health and social care teams to self-assess their own approach to providing personalised end of life care.

- £23.6 million spent
- 533 nurses and carers employed as of 31 March 2014
- 1,944 inpatient admissions
- 7,648 attendances at day care services
- 10,958 community nurse visits
- 2,385 face to face contacts for bereavement support
- 4,325 telephone calls for bereavement support
- 99%* of people using our hospices rate the service as good or excellent.

*The response rate to our survey is dependent upon those who are willing or able to complete the survey and therefore does not represent the experience of all.

Year ahead

With the money raised from our partnership with Morrisons, our ambition is to deliver an increased range of high quality, flexible, and responsive end of life care services. We want to offer new services and expand existing services into the communities to give our patients and carers more choice and control over how and where they are supported. Building work on the new state-of-the-art hospice at Thorpe Hall is to start in September. The announcement comes 15 months after the launch of the £6 million appeal to fund the work. We have already raised £2.5 million and it is important to keep this momentum going to raise the full £6 million.



Adam's story

Adam Gates is 25 years old, and has lived with Huntington's disease all his life. He's lived at Stagenhoe, one of Sue Ryder's neurological care centres, in Hitchin, for five years.

Adam's mum and aunt also had Huntington's disease (HD), a hereditary condition, until they sadly passed away in 2009. Adam was diagnosed with the degenerative condition at the age of 20, though he and his family knew he had the condition many years before. Adam said "There's no point in worrying, you've just got to get on with life."

Adam's bachelor pad

Since Adam was just four years old he has been visiting Stagenhoe, where his mum and aunt were both cared for. Five years ago, aged 20, Adam's care needs increased and his nan could no longer care for him at home, so he chose to move to Stagenhoe. He had a 'room-warming party in his bachelor-pad', and has settled in well, making friends with other residents and Sue Ryder staff. His nan and cousin visit him regularly.

Adam said, "Stagenhoe feels like home. I've got friends here. Also, my other friends come and visit and we watch TV. On a day to day basis, I like doing the activities and caring for the animals here. And, I like going on day trips though it can be difficult getting about in a wheelchair. I hope to go to the Tower of London soon. I used to like visiting castles."

Living with HD

Adam's HD affects him physically. He is unstable on his feet and wears head protection in case he falls. He can walk unaided for short distances but uses a wheelchair when needed. His speech is slurred and he prefers to communicate through texting on his mobile phone, which he wears on a lanyard around his neck. His muscles involuntarily spasm, causing his legs and hands to shake. When asked about what it's like living with HD, Adam replied, "I'm coping alright."

Adam's hobbies

Adam is like any other young person. He likes listening to rock and heavy metal music, hanging out with friends, watching Doctor Who, and going on holiday and day trips. We even held a music festival at the centre for Adam.

A favourite hobby of Adam's is horse-riding, a passion his mum also had. Adam explains why he likes horse-riding so much. "It makes me feel good in myself that I can do this activity with the condition that I have."

Staff at Stagenhoe support Adam to go horse riding once a week and he has been awarded a number of rosettes for his horse-riding skills. As for the future, Adam is keen to continue horse-riding 'for as long as I can and go on holidays and see all my friends'.

Sue Watson, activities supervisor at Stagenhoe, describes Adam as happy and contented, with a sunny nature. He has a great sense of humour, and is cheeky and caring. Sue said, "Adam has a great outlook on life and he is a great inspiration to me."

Adam Gates



Supporting people with long-term neurological conditions

We care for people with very complex neurological conditions. Our specialist centres are extraordinarily well equipped to care for people with these conditions, which bring complex physical and medical challenges and require specialist understanding and equipment. In addition, these conditions can bring a huge emotional strain to both the individual and their family.

Our neurological care centres offer residential services, day care, respite care, supported living and support in the community. We provide incredible care for some of the most challenging progressing neurological conditions like Huntington's disease, Parkinson's disease and multiple sclerosis.

Using technology to enhance incredible residential care

Cuerden Hall, our neurological care centre in Preston, was recognised in several categories at the Central Lancashire's Got Talent awards. These awards are organised by Lancashire County Council's commissioning team. We were the overall winner in the Technology category for two projects, FamilyStorit (a 'digital scrapbook' of memories with images and stories) and the use of iPads, which are used in a variety of ways to benefit residents with different needs.

FamilyStorit provides an opportunity to share photos, share stories and have some fun. Individuals have been able to create timelines of their lives. By looking into the past, at old photographs and by telling stories, FamilyStorit, has provided an opportunity to reminisce and create a prompt for conversation. They can also be shared with other residents, family and friends. FamilyStorit, has also created a bridge between the generations, our younger volunteers (who are more familiar with the technology) are supporting our older residents and are also learning more about our resident's individual needs.

Technology is an important tool for our individuals to communicate. One of our residents uses Skype to catch up with her grandchildren in Abu Dhabi, another uses Facebook to let her friends and family know what she's been up to. With support, individuals are using a variety of iPad apps which promote communication, social inclusion and independence. One of our residents used to use a Lightwriter to communicate, however she became discouraged by the slow process of having to type each word out and the sound of the automated voice. Having introduced her to the iPad and the Verbally app, she is now confident in using it, expressing herself with a more natural voice. The format is more user friendly with more preset phrases and suggestions on what she wants to say, allowing her to interact with more residents.

Another resident with restricted movement, who loves to read, now uses an app called Magic Reader, enabling her to independently turn pages by turning her head.

Extending our reach in Suffolk

We have extended our dementia telephone helpline in Suffolk to offer a 24-hour service. During office hours we can offer practical support and information about dementia, along with details of other services in the local area that can help. At all other times we offer a listening ear service.

Furthermore, we are extending our support for individuals with dementia and their carers through the rollout of Synergy Cafés. A Synergy Café provides a relaxed and safe environment where people with dementia and their family carers can attend together and have access to support, information and education about living with the condition and signposting to other sources of help. The service is grant funded and an extension to this has meant we are able to operate not only from The Chantry (The Stables), but from other external locations: Felixstowe, Haverhill, Hadleigh and Shotley.

A Synergy Café has also been set up from our Thorpe Hall Hospice. We are also working in partnership with Orbit Housing Association to provide cafés in the Brandon and Newmarket area of Suffolk.

Did you know?

Every person living with us in our care centres has a personalised care and support plan. This is more than just paperwork. The plans support our carers to really get to know each and every person and their individual preferences on how they'd like to live their life.

Achievements and performance at a glance

- Using our personalised approach to care planning to have in-depth discussions with residents at our Cuerden Hall Care Centre in Preston about what care they want and then acting upon what they say
- Successfully secured funding to launch a Huntington's disease advice and co-ordination service at our Cuerden Hall Care Centre from March 2014
- £14.2 million spent
- 407 nurses and carers employed as of 31 March 2014
- 234 people cared for
- 100%* of people with motor neurone disease (MND) supported by our MND co-ordinator agreed that they have the information and support needed to help them stay as well as they can.

*The response rate to our survey is dependent upon those who are willing or able to complete the survey and therefore does not represent the experience of all.

Year ahead

We will continue to progress our plans to develop a new care centre in Lancashire. In the next three years we will also progress plans to develop a further two purpose-built care centres.

Jane Binney and carer Frankie Dowie in the recreation room at The Chantry Neurological Care Centre



Providing incredible care and support for people in their own homes

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 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. These services deliver a high quality care with our team of well-trained and enthusiastic carers delivering care to approximately 400 people on a weekly basis.

Our service users are at the very heart of what we do and are involved in all aspects of our care.

In recent inspections the Care Inspectorate have been extremely impressed. Our Stirling service is known as a Centre of Excellence in Homecare having been awarded the top grade in all six quality themes, and our Angus Homecare receiving the top grade in five of the six quality themes.

Working in partnership

We work with health and social care professionals such as multi-disciplinary teams, specialist, district, and community nurses, Social Care Officers (SCOs), and the enablement team, to enable us to offer a fully complementary and comprehensive service. We also work with local societies and associations such as the Huntington's Association, and welcome new organisations to work with. The portfolio of organisations we work in partnership with in community settings is growing. We work with schools and colleges where we support service users within classroom settings, and provide a complementary service to community meals – offering feeding assistance once meals have been delivered.

“I am treated like a person, not just someone old and done and not rushed to get away to the next one.”

Comment from Sue Ryder Homecare service user

Personal assistants

The services we provide in Angus can work around any existing care and support arrangements that may be in place. If supported by a personal assistant, or working as a personal assistant, we can help by providing additional support when individual needs change, when an extra pair of hands is needed.

We offer a 24-hour service

There is always someone to take calls, even out-of-hours. The times we deliver care, will be part of our initial conversation with individuals and will be recorded in their care plan.

Achievements and performance at a glance

- £3.3 million spent
- 148 nurses and carers employed as of 31 March 2014
- 170,000 hours of care in Arbroath, Stirling and Heyeswood
- 94%* of people supported by our homecare services felt that staff were flexible in their approach and listened to their changing needs

*The response rate to our survey is dependent upon those who are willing or able to complete the survey and therefore does not represent the experience of all.

Year ahead

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

Our recent success, being seen as a centre of excellence in home care, has put us in a fantastic position as we move forward with the change in legislation regarding Self Directed Support (SDS) and the merger of Social Work and Health. We have been successful in our tender bid in Stirling for a four year contract with a possible two year extension to provide community-based services for older people and under 65s. And we're now entering the tender process for Angus Council and Perth & Kinross Council.

Stefan's story

Stefan* showed signs of challenging behaviour when out with his carer in the community. His care plan had been issued with 'socialising' as the only requirement. Through our work with Stefan and his family, school and the local authority, we identified triggers that made Stefan unhappy and were able to offer coordinated care that worked for everyone. Subsequently there have been 'no signs of challenging behaviour' and Stefan's care plans and needs are regularly reviewed.

* name changed

Scottish
Homecare
nurse



Supporting our international partners provide vital care

We work with our international partners to provide free healthcare to those in desperate need. Our work focuses on reaching people living in poverty who simply cannot access 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 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 6,832 vulnerable people with the specialist medical care they desperately needed and who without our regular care, would be likely to have gone without and needlessly suffered.

Achievements and performance at a glance

- £238,270 of grants were provided to our partners in Albania and Malawi, including funding from the Scottish Government's Malawi programme.
- All 617 Community Health Volunteers in Malawi received comprehensive training and health education, and continued to provide vital support to Sue Ryder medical staff and patients over the course of the year.
- 24 health and social care staff (including nurses, doctors, physiotherapists and social workers) and 22 support staff (including project managers, logistic assistants and volunteer coordinators) are employed in Albania and Malawi. All staff are from the countries where the programmes are based, ensuring knowledge and expertise stays within
- Refurbished laptops and cameras were donated in-kind to our partner in Malawi, building up their IT infrastructure. Medical equipment was donated in-kind from Sue Ryder care centres to our partner in Albania, enabling them to redirect their limited funds to frontline services.

Year ahead

In 2014–15 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.

Service user
from Malawi



Kaltrina's story

Sue Ryder provides end of life care in Albania where no one else will. One of our recent patients, 39 year old Kaltrina*, was diagnosed with breast cancer a few years ago.

She was a single mother and a survivor of domestic abuse from her ex-husband, who is now in prison. Kaltrina lived with her daughter Klea* in a very basic home without running water, and struggled to make ends meet. Kaltrina only had one sister, who also lives in difficult conditions far away, and so her sister rarely got the chance to visit them.

After being diagnosed with breast cancer she had two operations and received chemotherapy, but was told soon after that nothing more could be done for her. For the last six months Kaltrina had been receiving continuous pain-relieving care at her home from Sue Ryder nurses, and died peacefully with our team by her side.

The main worry for Kaltrina in her last few months was her nine year old daughter Klea*, who was entirely dependent on her mother. Klea is a hard-working girl and has been receiving good results at school despite her extremely challenging home environment.

As well as Sue Ryder's medical team, our social worker Juli had been visiting Kaltrina and Klea frequently to counsel the family. Juli also works closely with Klea's school to ensure she is well supported there. Our team in Albania has also been supporting both mother and daughter with food, clothing supplies and sometimes financial means to pay bills.

Kaltrina's only thought at the end of her life was her daughter. Seeing the relationship that Klea has made with our social worker, Juli, Kaltrina asked Juli to take temporary custody of Klea and entrusted Klea's future to her.

Sadly Kaltrina passed away in early January. Since then, Juli has been looking after Klea while the Sue Ryder team look for a permanent and stable home for Klea, where she will be as happy as possible.

* names changed



Kaltrina and Klea with care worker

Campaigning for better care

We want to use our experience as a provider of end of life and long-term neurological care to influence the level of personalised care that is available to everyone.

Dying isn't Working

In June 2013 we launched our campaign, *Dying isn't Working*. Too many people and their families remain unsupported at the end of their lives, and we want to change that.

We launched our campaign with a parliamentary event at the House of Commons. We were joined by Minister of State for Care and Support, Norman Lamb, who spoke passionately about the importance of getting end of life care right, as well as Labour's Shadow Secretary of State for Health Rt Hon Andy Burnham MP, who shared his personal experience on end of life care.

"The way we care for people at the end of life – there is nothing more important than this. Both in terms of our responsibility to the individual but also to the loved ones left behind. A bad death has a profound, life-long impact on those left behind. We have a real responsibility to improve end of life care for everyone as for too many people it is not good enough and we cannot allow that to continue."

Norman Lamb, Minister of State
for Care and Support

Our campaign is based on our own experience as a provider of end of life care and evidence from two reports we produced with think-tank, Demos. We were heartened to see that the end of life care sector, including other charities and government, agree that the quality of end of life care is more than just where you die.

The first report, *Ways and Means*, examined the barriers that prevent people from getting the care they want at the end of their lives. Our research identified the factors that lead to inequality in care, which includes a person's ethnicity, location, their illness, and their GP's skills in having conversations about the end of life.

A Time and a Place was the second report. In the past, government and policy makers have focused on where, rather than how, people want to die. We asked 2,038 people which elements of end of life care were most important to them. 63% of people said they wanted to die at home and 78% said pain relief was a top priority for them, but only 27% felt that home was a place where they could be pain-free during their final days. It's unacceptable that people should think they have to accept a painful death in order to die at home with their loved ones.

We've created a set of recommendations which would improve everyone's experience of end of life care if they're implemented by policy-makers. These include calls for a more integrated care system, better training around end of life care for healthcare professionals and improved support to help people make informed choices about their own end of life care.

We also worked to raise key policy issues during the passing of the Care Act. We worked with other charities to brief parliamentarians on the need for recording what conditions people have when they are assessed for social care in order to better plan services, including specialist neurological services. This was a continuation of our *Forgotten Millions* campaign that we started in 2012. The Care and Support Minister directly responded to our campaign. In addition, we supported Lord Warner's amendments to the Care Bill which raised the need for choices in end of life care, fast track access to social care at the end of life and free social care at the end of life. We were thrilled that the government accepted our argument for the need for fast-tracking for local authorities and saw merits in the rest of our suggestions including agreeing to host a roundtable on free social care at the end of life.

For more information on the recommendations laid out in our reports visit www.sueryder.org/About-us/Policy-and-campaigns

Did you know?

We were invited to be part of NHS England's Leadership Alliance for the Care of Dying People. The Alliance was set up in July 2013 to advise the government on its response to Baroness Neuberger's independent review of the end of life care framework, the Liverpool Care Pathway. The government's response is due to be issued in late spring 2014.

Achievements and performance at a glance

- We were invited to be on the Leadership Alliance for Care of Dying People (LACDP) which meant we could promote key messaging from *Dying isn't Working* such as the need for personalised care at the end of life
- We developed a personalisation toolkit for providers of palliative services
- Following on from *Dying isn't Working* we got wider sector acceptance that quality of care at the end of life goes beyond where people die.

Year ahead

We have a busy year ahead and will be publishing research on personalised care in residential care settings. In the summer of 2014, we will also be running our first public-facing campaign to improve end of life care.

"Wheatfields is a wonderful and caring place where all staff work together tirelessly to provide the best possible patient and family centred care possible."

Rob Lilley, nurse



Encouraging research

In 2013–14 we had our highest ever number of people taking part in research. The Research Governance Group (RGG) has made a clear commitment to improving the processes around research.

We have been successful in eight research projects being approved, after streamlining our processes to reduce approval times. Recruitment to the majority of these studies is ongoing. One of the studies recruited 270 patients in the West Berkshire area. This pharmaceutical study explored interactions between herbal supplements and conventional medicines and was led by the University of Reading Pharmaceutical Studies Department.

There has also been a focus on promoting research across various hospice and care centres. The RGG has been privileged to have the Associate Director of Research and Development from the local NHS research consortium in Gloucestershire involved, who has played an active role in providing external scrutiny to research presented. More work has been done to develop links with the Sue Ryder Centre for the Study of Supportive, Palliative and End of Life Care at Nottingham University.

We believe everyone should be able to choose the care that they want at the end of their life, but inequalities in accessing co-ordinated, personalised and quality care at the end of life still persist.





Liz McIver, patient
at St John's Hospice,
chatting with a nurse




Volunteer *Jue Ryder*

We couldn't do it without...

We are dependent on our retail and fundraising activities, and our volunteers who support both areas, to help pay for the care we provide. Increasingly we are also looking at ways in which our volunteers can support and enhance the personalised care that we provide.

“I don't think people really understand what volunteering at a charity shop can offer. This job has given me so much confidence, I have really come out of myself”

Clarice Warden, from Finchley, a volunteer at one of our shops

Our volunteers

We've had another year of amazing support from people across the country volunteering in aid of Sue Ryder. Year on year, an additional 1,000 people have joined us, taking the total of our army of invaluable volunteers up to a staggering 12,000.

The time and skills our volunteers have given us over the past year 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 however is immeasurable. We can't say thank you enough.

We offer over 400 different volunteering opportunities and even bespoke opportunities. People can choose from volunteering roles in our shops, support our fundraising teams, or to help provide incredible care in our hospices, care centres and the community. We aim to match our volunteers' interests and skills to suitable roles so that they also benefit.

Did you know?

We're the only charity to have a UK national programme in place to recruit prisoner volunteers. We launched the multi award winning programme in 2006 and are immensely proud of the positive impact it has had. The programme provides us with invaluable volunteers and supports prisoners' rehabilitation and reintegration into society.

“Good overall experience that makes me feel as though I have contributed to helping people with dementia and disabilities. I have also met a lot of characters from different walks of life that I probably wouldn't have had the privilege of meeting.”

Volunteer

Achievements and performance at a glance

- More young people than ever are volunteering for us (31% of Sue Ryder volunteers are under 25, an increase of 4% year on year)
- We believe volunteering is a valuable stepping stone to securing paid employment. One in five Sue Ryder volunteers (of working age) have gone on to paid employment.
- On average, a Sue Ryder volunteer supports us for more than one day per week
- The value of volunteering support to Sue Ryder is over £29 million (an increase of £1.2 million year on year)
- We launched our charity-wide Volunteer Awards in October, designed to celebrate the efforts of our volunteers and recognise outstanding contribution.
- Through our Prisoner Volunteer Programme, we've worked in partnership with over 50 prisons and placed over 700 prisoners (youth, male and female) as volunteers in 100 of our shops and offices.

- Our Prisoner Volunteer Programme has had another successful year on the awards-front too, including recognition from Her Majesty the Queen in the form of a Queen's Diamond Jubilee Volunteering Award and winning the CIPD award for diversity. Other awards included: runner-up in both The Big Lottery Fund Community award at the Social Justice Awards, and the Education and Training Award at the Charity Awards.
- Huge congratulations also to retail volunteers, Pam Campbell, Pete Beare and fundraising volunteer Joyce Burrows who picked up industry awards in recognition for their volunteering efforts.

Year ahead

We will focus on recruiting more people to support our shops and fundraising teams raise money to help pay for Sue Ryder's incredible hospice and neurological care. We will also continue to develop ways that our volunteers can support our hospices and care centres to provide personalised care.



"When I saw that they were advertising for volunteers at my local Sue Ryder shop I thought I'd give it a go. I had worked in a charity shop years ago and also worked at Selfridges so I thought it would keep me busy while I decided what I wanted to do.

"Being a volunteer you really have to want to learn, if you want to learn you can learn a lot here. And, if you want a career in retail a charity shop will give you the best experience and insight. You can get involved in every aspect from goods in, merchandising, marketing and selling. If you worked in a chain shop you really do just a standard role and wouldn't learn half as much.

"While I was unemployed for seven months, volunteering really fitted in well as I was studying so it was flexible. After a short while a paid volunteer role came up and then the shop manager job here.

"I really do urge anyone to try volunteering, we get lots of different people with different backgrounds and abilities. As there is so much to working in a charity shop people can really make the job their own and learn lots of new skills."

Mark Boswell, from East Finchley, London

Our shops and retail activities

It's also been another great year for our shops, which have delivered a net profit of over £11.2 million (20% growth year on year). This achievement was only possible thanks to the hard work and dedication of Sue Ryder's retail teams, staff and volunteers alike, and the continued support from local communities. Thank you to everybody who played their part.

Sue Ryder is one of the largest charity retailers in the UK and has a major high street presence of over 400 shops. By opening more new shops each year and expansion of our online activities, we are steadily increasing the amount we raise each year, which goes directly to fund our incredible care.

We offer a variety of unique new goods alongside donated items. We also run specialist shops including vintage and retro, boutique and furniture. And shoppers can buy new and second hand goods online, at our online shop or on eBay or Amazon.

Did you know?

We were the first charity retailer to introduce Gift Aid on donated items. Since we introduced the tax-efficient scheme in 2006, we have raised an extra £14 million. If you're a UK tax payer it's quick and easy to do, and raises an extra 25% on top of the value of your donated items.




Achievements and performance at a glance

- More people than ever shopped with us on the high street. Year on year, there was a 15% increase in retail sales.
 - We launched a dedicated website selling our new goods range and have had a fantastic response, recording sales of over £40,000 in one week
 - More people than ever shopped with us online, with sales more than double the previous year. On average we're processing 600 orders each week. Since the site was launched, our average order value has increased by 17%
 - We have re-used, recycled and re-sold over 15,000 tonnes of goods that otherwise would have ended up as landfill
 - We have 10,000 volunteers supporting our shops nationwide. Without our dedicated staff and volunteers, we couldn't open our doors each morning
 - The average value of a bag of donated items could pay for an hour's patient support through one of our Hospice at Home services
 - We opened 26 new shops, including seven temporary 'appeal shops', to help raise the £6 million needed to build our new hospice in Peterborough
- We launched our award-winning Wanted campaign to encourage more people to donate what they no longer wanted to our shops.
 - During the campaign months we received a fantastic 500,000 bags of donated items (an increase of 23% year on year)
 - We are partners with the London School of Fashion as part of which students up-cycled collections of clothes using donated garments

Year ahead

We will continue to open more shops and expand our retail presence online. We will focus on recruiting more volunteers as well as exploring further roles which people can take on to support us through volunteering.



“This has been the best thing that has happened to me in a long time. I never used to go out and was lacking confidence a lot. Coming here has given me the confidence I was missing and something to look forward to getting up to in a morning.”

Volunteer

Our fundraising activities

We can be proud of the successes we have had over the last 12 months in very competitive times. The growth of our fundraising is vitally important for the delivery of our strategy to expand our end of life care services and transform our neurological services.

Most areas across fundraising grew, resulting in an income of £13.2 million, an increase of 23% compared to 2012–13. Looking ahead there is every reason to be optimistic about more growth to come.

Achievements and performance at a glance

- Morrisons colleagues voted for Sue Ryder to be their new charity partner, and this partnership could last up to three years. Over this time this opportunity could generate more than £7 million and has the potential to be transformational for both the expansion of our end of life care services and our fundraising
- We see partnership with selected third party event organisers as key to growing income through running and challenge events. In March 2014 we were the official charity partner for the popular Reading Half Marathon event through which we raised more than £50,000.
- The Thorpe Hall Capital Appeal, through which we are seeking to raise £6 million to build a new hospice in the grounds of our Thorpe Hall hospice in Peterborough, has continued to gain momentum since its public launch in March 2013. In February 2014, we received an extraordinarily generous gift of £250,000 from the Garfield Weston Foundation. In March 2014 we launched a 12 month partnership with BBC Radio Cambridgeshire to support the appeal and HRH Duchess of Gloucester continues to play an active role as our Patron for the appeal. At the end of April 2014 we had surpassed the £2 million milestone.
- We were also delighted to be chosen as the recipient of the Daily Mail's Christmas appeal in November 2013. A total of £108,000 was raised and collectively the media coverage secured helped us reach over 46 million people. The appeal not only presented us with an opportunity to raise money, but also provided those who have experienced our care with an opportunity to share their stories in their own words. Only by listening to these experiences can we help to create a society in which nobody is left unsupported during their last few years, months and days of life.
- Launched in 2011, our partnership with London Luton Airport continues to grow. The initial aim of the partnership was to raise £80,000 by the end of 2013. During the initial two years of the partnership, teams across London Luton Airport united together and held fundraising events locally and internationally, raising more than £100,000, beating the target in the process. This partnership is continuing throughout 2014 and 2015, with the following two years promising to help deliver even more incredible care.



Year ahead

Our key priority for 2014–15 is to accelerate the growth of fundraised income in and around our hospices. This will be achieved through a combination of strong local leadership and effective collaboration across the charity, enabling us to exploit our strengths on both a local and national basis.

We will be seeking to further develop our partnership with Morrisons, maximising its potential across both organisations.

Building work on the new state-of-the-art hospice at Thorpe Hall is to start in September. The announcement comes 15 months after the launch of the appeal and we have already raised £2.5 million towards our £6 million target.

We will be testing new approaches to grow the number of supporters who give us a regular donation. We will also be looking to secure more new partnerships with selected corporates and event organisers.

We have made much progress in our fundraising in 2013–14, and we're confident we'll see a lot more growth in 2014–15.

£10 would pay for food for a day for a patient in one of our hospices, providing them with the nutrients they need to improve health and sense of wellbeing

£21 would pay for an hour's patient support through our Hospice at Home service. Working with other professionals, this service provides practical support from trained carers to help patients who want to be cared for at home.

£35 would provide one complementary therapy session, such as massage, aromatherapy and reiki. We use these therapies alongside other clinical treatments to help improve feelings of well-being and alleviate symptoms such as anxiety, breathlessness, pain and feeling sick. Families and friends also benefit from this relaxation, knowing that their loved one is comfortable.

£50 could provide one session of bereavement counselling for someone struggling to cope with the loss of a loved one.

£50 also ensures that care and support reaches out to the whole family. Families and carers can access help from our experienced social work teams who are here to listen, support and offer advice on everything from financial worries to future care.

£100 covers the cost of one visit from a highly trained Clinical Nurse Specialist visiting a patient in their home, or out in the community.

Clinical Nurse Specialists work closely with families, GPs and Community teams to ensure that patients receive expert care and support which is personalised to their own individual needs without needing to visit a hospice or hospital.

£580 would cover the cost of one of our befriending coordinators for a week. Befriending offers informal social support by forming a trusting and supportive relationship with a person who needs our help. This helps to reduce isolation, increases independence and builds confidence.

£1,000 could buy a syringe driver, enabling a cancer patient to effectively manage their own pain independently

“The centre has a lovely family feel, we are all in it together”

Alex Longmore, resident at Stagenhoe Neurological Care Centre





Financial summary

Net movement of funds after investment gains was a surplus of £0.9 million, compared with the previous year's surplus of £2.5 million. Despite the tough economic climate, the charity has delivered net incoming resources of £0.4 million.

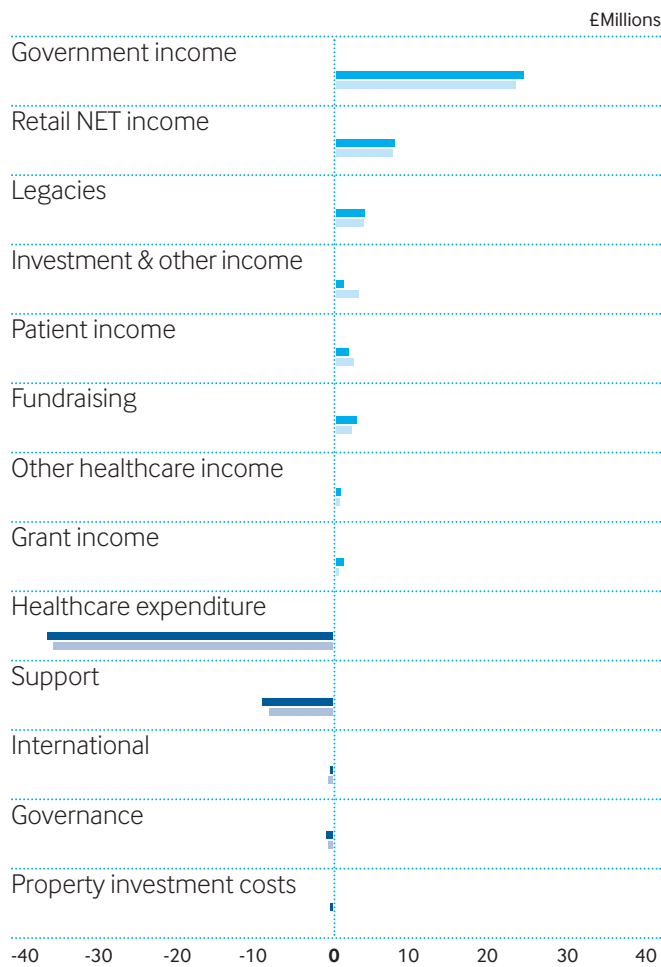
This financial performance is as a result of increased activities for generating funds of £49.3 million compared with the previous year of £43.3 million (see Note 3 in the Accounts) which is a result of our retail estate growth. Gains on disposal of assets are £0.3 million (compared with the previous year of £3.2 million) being profits from the sale and leaseback of retail shops as this program is now complete.

- Overall income has increased in the year by £6.7 million, driven mainly by an increase in retail income of £6.2 million as a result of opening more shops (see Notes 2–5 in the Accounts).
- Income from healthcare increased by £0.8 million from £26.1 million to £26.9 million.
- Income from retail operations increased by £6.2 million from £41.9 million to £48.1 million.
- Donations and other voluntary income increased from £5.7 million to £6.9 million as a result of the Thorpe Hall Appeal which has generated £1.1 million of additional voluntary donations in the year.
- Grant income increased from £0.1 million to £1.2 million due to the receipt of a grant from the Department of Health in the year for the refurbishment of our Thorpe Hall, Leckhampton and Duchess of Kent hospices.
- At the same time operating costs (resources expended) for the year increased by £7.6 million from £82.6 million to £90.2 million again largely due to operating more retail shops.
- Expenditure on care activities excluding support costs increased by £0.6 million from £35.5 million to £36.1 million driven by increased staff costs in our palliative care centres.
- Expenditure on direct retail activities increased by £5.8 million to £39.2 million in the financial year. This is due not only to the increased operational costs of our retail estate, which grew from 415 to 442 shops in the year, but also to an increase in the retail depreciation charge in the year of £2.5 million, compared to £0.7 million in the prior year.
- Support costs increased from £8.6 million to £9.2 million due to one-off restructuring costs of £0.6 million.
- Our cash position increased by £2.8 million from £4.8 million to £7.6 million, with £0.4 million of the increase resulting from the sale of retail freeholds, £4.5 million from the sale of Investments and a £4.0 million cash inflow from operating activities offset by a £6.3 million outflow being the net investment in our retail growth strategy.

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

Sources and applications of funds for 2013–14 and 2012–13

- Sources of funds 2013–14
- Sources of funds 2012–13
- Applications of funds 2013–14
- Applications of funds 2012–13



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 2014 its net contribution to the charity, after elimination of internal recharges, was £1.5 million (2012–13: £1.4 million). A summary of Sue Ryder Direct Limited’s results can be found in Note 25 of the Accounts.

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 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 was a fundraising charity for the Duchess of Kent Hospice and is now dormant.

Strategic report – Finance and risks

Financial summary

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.

Sue Ryder seeks to produce the best financial return from a medium level of risk.

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.

The total return on our portfolio over the financial year was 6.26%, which is 1.60% above the composite benchmark of 4.66% and 0.44% under the agreed benchmark index (WM) off 6.70%.

The current investment range and benchmarks 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

Investment restrictions

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

Reserves

During the year the Trustees have undertaken a risk based review of the organisation taking into account the diversified and stable nature of our income streams, levels of asset backing, current and future investment and borrowing projections, the growing demand for the services we provide, and the general and specific market conditions we operate within.

Considering all these factors the Trustees are of the opinion that an appropriate level of free reserves (held as cash and investments) would be £10 million. The Trustees constantly review and discuss the risks within the organisation and the markets it operates in and will seek to adjust this policy as conditions change.

At 31 March 2014, free reserves held by the charity amounted to £17.5 million of which £13.5 million is held as cash and investments. The excess of £3.5 million on the target of £10 million will be invested in the next couple of years as the neurological and end of life offerings are developed.

Principle risks and uncertainties

Risk management

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 who 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.

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. Regular audits are undertaken from a risk-based annual audit plan as approved by the Finance and Audit Sub-Committee. Audit reports are regularly presented to the Trustees, together with progress on the implementation of recommendations.

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 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 2014, the charity's planning and reporting processes were re-presented through the charity's five year rolling planning process which supports the charity's long-term strategic goals.



Structure, governance and management

Objects of the charity

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, poverty, 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) which have delegated powers from the main Council of Trustees.

These committees and their remits are:

- 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)

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 charity 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 independent 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 charity 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% (2012–13: 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 charity 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 retention 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 redeployment opportunities.

Employee and 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

BDO LLP were automatically reappointed as auditors of the charitable company.

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 (incorporating the Strategic Report) and the financial statements in accordance with applicable law and regulations.

Company law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the group and charity and of the incoming resources and application of resources, including the income and expenditure, of the group and charity for that period.

Governance

Structure, governance and management

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK 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.

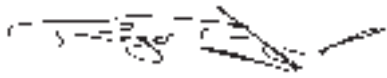
The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies 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 2013–14 have benefited the public, either directly or indirectly.

The Annual Report (incorporating the Strategic Report) was approved by the Council of Trustees in their capacity as Directors of the company on 17 July 2014 and is signed on their behalf by:



Roger Paffard
Chairman

Legal and administrative details

For the year ending 31 March 2014

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 2013 to the date of the Trustees' Report. Membership of Sub Committees and 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.

Governance

Legal and administrative details

Christina Edwards CBE

Vice Chair of Trustees

Chair of Health & Social Care Sub Committee

Christina Edwards has a wide experience in the NHS and Department of Health. She qualified and worked for many years as an Acute Nurse and then as a Health Visitor. 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. She worked part time as a Clinical Director at a London Hospice and is presently the Lay Vice Chairman of a Clinical Commissioning Group.

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 an Associate of the Centre for Innovation in Health Management at Leeds University Business School, a leadership coach and public service Organisational Development consultant.

Sub Committees/MAGs: Health and Social Care, Ethics, People, Nominations and Remuneration (and from September 2014: Finance & Audit, Commercial)

Keith Cameron

Chair Commercial Sub Committee 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, Finance and Audit (from 1st November 2013) Nominations, Remuneration, People

Murray Duncanson

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

Chair of Finance and Audit Sub Committee from October 2013

Director of Sue Ryder Direct Limited from 14th May 2013

Neil spent 10 years as Group MD, Chief Executive, Chairman and Chairman Emeritus of the Gala Coral Group, who were a major corporate sponsor of Sue Ryder. He stepped down from the company in 2014. 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. He is also 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

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 from private practice 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. She has a close personal interest in the health and social care sector.

Margaret is a governor of the Royal High School, Bath, which is a member of the Girls' Day School Trust. She has also volunteered for the past six years as a reading partner at an east London primary school, supporting year 4/5 children in weekly one on one reading sessions.

Sub Committees/MAGs: Health & Social Care, Finance and Audit, Commercial, Ethics, International.

Sam Nevin MA FCA (retired 27 October 2013)

Chair of Finance and Audit Sub Committee (until October 2013)

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

Governance

Legal and administrative details

Lucinda Riches

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 King & Wood Mallesons LLP (formerly SJ Berwin LLP).

Sub Committees/MAGs: Finance and Audit, Commercial

Giles Shedden (retired 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 Committees/MAGs: Finance and Audit, Commercial, Ethics

Reverend David Stoter MBE AKC JP

Spiritual advisor

Reverend David Stoter has had more than 40 years' experience as a clergyman. Thirty of these were spent as a whole time chaplain in the NHS 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 healthcare. David has lectured widely in the UK and Europe.

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

John Wythe BSc FRICS

John Wythe has over 35 years' experience in the property industry and spent the whole of his executive career with Prudential Corporation's property investment management subsidiary, PRUPIM, retiring from the Board and as Head of Fund Management in 2010.

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 by Norges Bank, CBRE Global Investors, DTZ, The Portman Estate and Pollen Estate and is an adviser to AIA.

Sub Committees/MAGs: Finance & Audit, Commercial

**The Executive
Leadership Team**

Chief Executive
Paul Woodward
(to October 2013)
Heidi Travis
(from October 2013)

**Company Secretary and Director of
Legal and International**
Helen Organ

Director of Finance
Jeanette Wilkins
(to September 2013)
Phil Oldfield
(from October 2013)

**Director of Health
and Social Care**
Steve Jenkin
(to June 2013)
Mike Smeeton
(from March 2014)

Director of People
Sally Smith

Director of Retail
Heidi Travis
(to October 2013)
Dana Curry
(interim from October 2013)
David Borrett
(from April 2014)

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 ended 31 March 2014 which comprise the Consolidated Statement of Financial Activities (incorporating the Consolidated Summary 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 Financial Reporting Council's (FRC'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 FRC's website at 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 2014 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, 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' report, which includes the strategic 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: 17 July 2014

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).



“Caring for our patients is such a privilege. I love being able to make a difference.”

Veloria Smith, nurse at Stagenhoe Neurological Care Centre



Image: Veloria Smith with Joanne Moore-Martin in the grounds of Stagenhoe

Accounts for year ending 31 March 2014



Consolidated Statement of Financial Activities

Incorporating Consolidated Income and Expenditure Account to 31 March 2014

	Note	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total 2013–14 £000s	Total 2012–13 £000s
Incoming resources						
Incoming resources from generated funds						
Voluntary income	2	9,870	3,332	–	13,202	10,761
Activities for generating funds	3	49,025	271	–	49,296	43,307
Investment income	4	385	1	–	386	341
Incoming resources from charitable activities	5	26,918	–	–	26,918	26,102
Other incoming resources						
Gains on disposal of assets	6	339	–	–	339	3,165
NHS contribution to pension costs	19	206	–	–	206	205
Total Incoming resources		86,743	3,604	–	90,347	83,881
Resources expended						
Cost of generating funds						
Fundraising		5,157	–	–	5,157	5,000
Shops' costs		42,589	86	–	42,675	36,440
Investment management costs		31	–	–	31	33
		47,777	86	–	47,863	41,473
Charitable activities						
End of life care		20,846	2,789	–	23,635	22,749
Long-term neurological care		14,125	81	–	14,206	14,295
Homecare		3,342	–	–	3,342	3,275
International	8	13	305	–	318	343
Campaigning for better services		100	–	–	100	122
Total expenditure on charitable activities		38,426	3,175	–	41,601	40,784
Governance costs		473	–	–	473	339
Total resources expended	7	86,676	3,261	–	89,937	82,596

Accounts for year ending 31 March 2014
Consolidated Statement of Financial Activities

	Note	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total 2013–14 £000s	Total 2012–13 £000s
Net incoming/(outgoing) resources before transfers		67	343	–	410	1,285
Other recognised gains						
Realised gains on investment assets		246	–	–	246	84
Net income/(expenditure) for the year		<u>313</u>	<u>343</u>	<u>–</u>	<u>656</u>	<u>1,369</u>
Unrealised gains on investment assets	12	205	–	–	205	1,176
Net movement of funds		<u>518</u>	<u>343</u>	<u>–</u>	<u>861</u>	<u>2,545</u>
Reconciliation of funds:						
Total funds brought forward		42,546	1,846	88	44,480	41,935
Net movement of funds		518	343	–	861	2,545
Total funds carried forward as at 31 March 2014		<u>43,064</u>	<u>2,189</u>	<u>88</u>	<u>45,341</u>	<u>44,480</u>

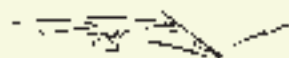
The Statement of Financial Activities includes all gains and losses recognised in the 12 month period. All amounts relate to continuing activities.

Balance Sheet as at 31 March 2014

Company registration number: 943228

	Note	Consolidated 31 March		Charity 31 March	
		2014 £000s	2013 £000s	2014 £000s	2013 £000s
Fixed assets					
Tangible assets	11	25,615	22,839	25,519	22,745
Investments	12	8,163	11,771	8,163	11,771
		<u>33,778</u>	<u>34,610</u>	<u>33,682</u>	<u>34,516</u>
Current assets					
Programme related investments – due in more than one year	13	700	700	700	700
Stock of properties		–	257	–	–
Stocks – new goods for resale		1,372	1,348	–	–
Debtors	14	11,597	11,006	13,205	12,490
Cash at bank and in hand		7,645	4,788	6,985	4,054
		<u>21,314</u>	<u>18,099</u>	<u>20,890</u>	<u>17,244</u>
Creditors: amounts falling due within one year	15	(9,751)	(8,229)	(9,644)	(7,855)
Net current assets		<u>11,563</u>	<u>9,870</u>	<u>11,246</u>	<u>9,389</u>
Total assets less current liabilities and net assets		<u>45,341</u>	<u>44,480</u>	<u>44,928</u>	<u>43,905</u>
Income funds					
Unrestricted funds:					
Capital reserve fund	16	25,600	22,810	25,519	22,745
Investment revaluation	16	2,450	3,604	2,450	3,604
Unrestricted general fund	16	15,014	16,132	15,119	16,239
		<u>43,064</u>	<u>42,546</u>	<u>43,088</u>	<u>42,588</u>
Restricted funds	17	2,189	1,846	1,840	1,317
Endowment fund	26	88	88	–	–
		<u>45,341</u>	<u>44,480</u>	<u>44,928</u>	<u>43,905</u>

Approved and authorised for issue by the council of trustees on 17 July 2014 and signed on its behalf by



Roger Paffard
Chairman

Consolidated cash flow statement to 31 March 2014

	Note	Consolidated	
		2013–14 £000s	2012–13 £000s
Net cash inflows from operating activities	23	4,243	1,741
Returns on investments and servicing of finance			
Interest received		25	15
Dividends received		240	326
Property investment income received		121	–
Net cash inflow from returns on investments and servicing of finance		386	341
Capital expenditure and financial investment			
Payments to acquire tangible fixed assets	11	(6,278)	(4,926)
Net receipts from sales of fixed assets/held for sale		447	4,730
Purchase of investments	12	(441)	(1,229)
Receipts from sale of investments		4,500	1,242
Net cash outflow from capital expenditure and financial investment		(1,773)	(183)
Increase in cash	24	2,857	1,899
Reconciliation of net cash flow to movement in net funds			
Increase in cash in the period		2,857	1,899
Opening net cash		4,788	2,889
Net cash at 31 March	24	7,645	4,788

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 £1,022,000. The subsidiaries' 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 any transfers between funds and any allocations to and from designated funds are approved by the trustees.

(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 is included under activities for generating funds. Income is accounted for on an accruals basis. New Goods income represents the value of new goods sold after trade discounts and net of value added tax.

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 and recognised when a constructive obligation arises.

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

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

- *Freehold buildings*
Building costs of care centres and shops built or acquired by Sue Ryder are depreciated on a straight line basis over 40 years.
- *Freehold land*
Freehold land is not depreciated.
- *Leasehold buildings*
Leasehold improvements are depreciation over the lesser of the term of the lease or the life of the asset in its current use.
- *Care Centres' fixtures and fittings*
10% – 25% of the reducing balance.
- *Motor vehicles*
25% of the reducing balance.
- *Computer equipment and software*
33.33% of the original cost.

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

Freehold and leasehold properties no longer being used are shown at 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.

Accounts for year ending 31 March 2014

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 and are shown in the statement of financial activities.

(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

	2013–14 £000s	2012–13 £000s
Legacies	5,144	4,953
Donations and other voluntary income	6,888	5,138
Net assets taken on with transfers into the Group (see below)	–	529
Grants	1,170	141
Total	13,202	10,761

Accounts for year ending 31 March 2014

Notes to the accounts

3. Activities for generating funds

	2013–14 £000s	2012–13 £000s
Income		
Fundraising events	1,192	1,365
Shop income from selling donated and bought in goods	48,094	41,929
Property letting and licensing	10	13
Total	49,296	43,307

4. Investment income

	2013–14 £000s	2012–13 £000s
Dividends	240	326
Bank interest received	25	15
Property investment income	121	–
Total	386	341

5. Income from charitable activities

	2013–14 £000s	2012–13 £000s
Provision of end of life care:		
NHS and local authorities	12,296	12,042
Private care	83	429
Other	351	263
Provision of long-term neurological care:		
NHS and local authorities	10,026	9,388
Private care	1,481	1,577
Other	101	74
Homecare:		
Local authorities and other commissioners	2,087	1,689
Private care	478	569
Other	15	71
Total	26,918	26,102

6. Disposal of fixed assets

During the period Sue Ryder disposed of one retail shop with gross proceeds of £395,000, yielding a net surplus of £381,177 after disposal costs.

7. Resources expended

	Activities Undertaken Directly £000s	Grant funding of activities £000s	Support Costs £000s	Total 2013–14 £000s	2012–13 £000s
Charitable activities					
End of life care	21,044	–	2,591	23,635	22,749
Long-term neurological care	12,524	–	1,683	14,207	14,295
Homecare	2,639	–	703	3,342	3,275
Support for International	66	239	13	318	343
Campaigning for better services	83	–	16	99	122
Total charitable activities	36,356	239	5,006	41,601	40,784
Cost of generating funds					
Fundraising	4,458	–	699	5,157	5,000
Retail shops	39,231	–	3,444	42,675	36,440
Investment management	31	–	–	31	33
Total cost of generating funds	43,720	–	4,143	47,863	41,473
Governance	418	–	55	473	339
Total resources expended	80,494	239	9,204	89,937	82,596

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 £3,953 (2012–13: £6,657) were reimbursed to Trustees. The charity also incurred expenditure of £4,240 in respect of Directors' and Officers' liability insurance for the period (2012–13: £4,240).

During the period 5 Trustees claimed expenses (2012–13: 6).

During the period £4,422 was reimbursed to the Chief Executive in expenses claimed (2012–13: £4,382).

Accounts for year ending 31 March 2014

Notes to the accounts

Analysis of support costs allocated

2013–14	Total £000s	Central Management and admin £000s	Finance £000s	Human Resources £000s	IT £000s	Legal and Property Services £000s	Marketing & Communi- cations £000s
Activity							
End of life care	2,591	424	521	427	352	534	333
Long-term neurological care	1,683	276	339	277	228	347	216
Homecare	703	114	142	116	96	145	90
Campaigning for better services	16	3	3	3	2	3	2
Retail shops	3,444	564	693	567	467	710	443
Fundraising	699	115	141	115	95	143	90
Support for international	13	2	3	2	2	2	2
Governance	55	10	11	9	7	11	7
Total support costs allocated 2013–14	9,204	1,508	1,853	1,516	1,249	1,895	1,183
Total support costs allocated 2012–13	8,629	1,247	708	1,414	1,260	2,914	1,086

Allocated support costs are proportionate to the gross salary costs of the supported activities

Resources expended included:

	2013–14 £000s	2012–13 £000s
Auditors remuneration		
Audit		
Charity	46	43
Trading subsidiary	14	10
Other	–	2
Other services		
Tax compliance	6	3
Tax advisory	6	12
Other	6	8
Depreciation	3,394	2,768
Operating Leases		
Land and buildings	8,179	7,252
Motor vehicles	418	409

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.

	2013–14 £000s	2012–13 £000s
Grants awarded		
Albania	94	78
Czech Republic	–	10
Malawi	145	180
Poland	–	–
Total grants	239	268
General support, monitoring and administration expenditure	79	75
Total international	318	343

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 £3,819,000 out of £5,388,000 incurred (2012–13: £3,502,000 out of £4,729,000) was recoverable. All VAT incurred by Sue Ryder Direct Ltd, the wholly owned subsidiary of the charity is fully recoverable.

10. Staff costs

	2013–14 £000s	2012–13 £000s
Wages and salaries	48,116	45,422
Social security costs	3,248	3,074
Pension costs	1,175	1,091
Total	52,539	49,587

Included within the wages and salaries figure above are the costs of £3,016,000 (2012–13: £2,886,000) for employing agency and contract staff. No remuneration was paid to any Trustee during the period (2012–13, Nil).

Accounts for year ending 31 March 2014

Notes to the accounts

During the period higher paid employees comprised the following:

	2013–14 No.	2012–13 No.
£60,001 – £70,000pa	10	9
£70,001 – £80,000pa	3	3
£80,001 – £90,000pa	5	1
£90,001 – £100,000pa	3	3
£100,001 – £110,000pa	2	–
£110,001 – £120,000pa	–	1
£120,001 – £130,000pa	1	–
£130,001 – £140,000pa	1	–

Contributions to pension schemes for these employees amounted to £83,154 (2012–13 £53,869).

The average number of employees during the period comprised the following:

	Total number of employees		Adjusted for full-time equivalent	
	2013–14 No.	2012–13 No.	2013–14 No.	2012–13 No.
Care services	1,594	1,587	1,053	1,049
Retail	1,436	1,333	992	918
Support services	210	216	195	199
Total	3,239	3,136	2,240	2,166

11. Tangible fixed assets

	Leasehold property £000s	Freehold property £000s	Fixtures fittings & equipment £000s	Motor vehicles £000s	Total £000s
Consolidated					
Cost					
At 1 April 2013	2,582	24,387	14,731	490	42,189
Additions	–	1,799	4,479	–	6,278
Disposals	–	(40)	(65)	–	(105)
Category transfer	–	–	25	–	25
At 31 March 2014	2,582	26,146	19,170	490	48,388
Depreciation					
At 1 April 2013	1,870	10,258	6,773	449	19,350
Charge for the year	155	591	2,639	9	3,394
Eliminated on disposal	–	(2)	(1)	–	(3)
Category transfer	–	–	32	–	32
At 31 March 2014	2,025	10,847	9,443	458	22,773

	Leasehold property £000s	Freehold property £000s	Fixtures fittings & equipment £000s	Motor vehicles £000s	Total £000s
NBV					
At 31 March 2014	557	15,299	9,727	32	25,615
At 31 March 2013	712	14,129	7,957	41	22,839

Of leasehold properties a net book value of £nil (31 March 2013: £nil) relates to property leases with more than 50 years to run.

	Leasehold property £000s	Freehold property £000s	Fixtures fittings & equipment £000s	Motor vehicles £000s	Total £000s
Charity					
Cost					
At 1 April 2013	2,581	24,387	14,449	490	41,907
Additions	–	1,799	4,419	–	6,218
Disposals	–	(40)	(65)	–	(105)
Category transfer	–	–	–	–	–
At 31 March 2014	2,581	26,146	18,803	490	48,020
Depreciation					
At 1 April 2013	1,870	10,258	6,584	449	19,161
Charge for the year	155	591	2,588	9	3,343
Eliminated on disposal	–	(2)	(1)	–	(3)
Category transfer	–	–	–	–	–
At 31 March 2014	2,025	10,847	9,171	458	22,501
NBV					
At 31 March 2014	556	15,299	9,632	32	25,519
At 31 March 2013	711	14,129	7,864	41	22,745

Included in Freehold properties is an amount of £664,000 (31 March 2013, £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.

Accounts for year ending 31 March 2014

Notes to the accounts

12. Investments

	Consolidated & Charity 31 March	
	2014 £000s	2013 £000s
Opening balance at 1 April	11,771	10,524
Less:		
Disposals at carrying value	(4,254)	(1,158)
Add:		
Acquisitions at cost	441	1,229
Unrealised net gains on revaluation at 31 March	205	1,176
Market value at 31 March	<u>8,163</u>	<u>11,771</u>

The investments are made up as follows:

	Consolidated & Charity 31 March	
	2014 £000s	2013 £000s
UK equities	3,234	4,650
Overseas equities	2,146	3,438
UK fixed interest and gilts	874	1,662
Overseas fixed interest and gilts	1,129	697
Others	780	1,324
Total	<u>8,163</u>	<u>11,771</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 £2,450,000 (31 March 2013: £3,604,000) is accounted for in an unrestricted designated fund as shown in Note 16.

No individual investment exceeded 5% of the total value at 31 March 2014 (31 March 2013: 1 investment of £603,865).

13. Programme related investments

	Consolidated & Charity 31 March	
	2013–14 £000s	2012–13 £000s
Due after one year		
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	
	2014 £000s	2013 £000s	2014 £000s	2013 £000s
Amounts owed by group undertakings	–	–	2,155	1,808
Debtors for care services	3,123	1,923	3,123	1,923
Accrued income – legacies	3,143	2,867	3,143	2,867
Other debtors	3,517	4,117	3,357	3,961
Prepayments	1,814	2,099	1,427	1,931
	11,597	11,006	13,205	12,490

In addition to the £3,143,000 of legacy accrued income, there were 19 (31 March 2013: 10) legacies that have been notified to the charity in the year that have not been valued due to the uncertainty of the amount due.

There were also 28 reversionary legacies notified to the charity valued at £4,624,000 which were not recognised in the financial statements due to life tenants.

Accounts for year ending 31 March 2014

Notes to the accounts

15. Creditors: amounts falling due within one year

	Consolidated		Charity	
	2014	31 March	2014	31 March
	£000s	£000s	£000s	£000s
Trade creditors	3,215	3,047	3,092	2,678
Other creditors	172	183	258	255
Accruals	5,483	4,150	5,413	4,073
Other taxes and social security	881	849	881	849
	<u>9,751</u>	<u>8,229</u>	<u>9,644</u>	<u>7,855</u>

16. Unrestricted funds

	Surplus/(deficit)			Balance at 31 March 2014 £000s
	Balance at 31 March 2013 £000s	for the period after investment gains £000s	Utilised/ transferred £000s	
Unrestricted funds				
Capital reserve fund				
Charity	22,745	–	2,774	25,519
Subsidiaries	65	–	16	81
Total capital reserve funds	<u>22,810</u>	<u>–</u>	<u>2,790</u>	<u>25,600</u>
General funds				
Investment revaluation reserve	3,604	205	(1,359)	2,450
Charity retained funds	16,237	177	(1,297)	15,117
Subsidiary's retained funds	(105)	136	(134)	(103)
Total General funds	<u>19,736</u>	<u>518</u>	<u>(2,790)</u>	<u>17,464</u>
Total unrestricted funds	<u>42,546</u>	<u>518</u>	<u>–</u>	<u>43,064</u>

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:

	Note	Balance at 31 March 2013 £000s	Movement in funds		Balance at 31 March 2014 £000s
			Incoming resources £000s	Expenditure & transfers £000s	
Funds held at care centres and centrally		1,246	1,961	(1,431)	1,776
Scottish Government – Malawi		–	91	(91)	–
Department of Health		51	1,170	(1,170)	51
Big Lottery Fund (5Rs project)		20	17	(24)	13
Big Lottery Fund (PVP project)		–	69	(69)	–
Charity		1,317	3,308	(2,785)	1,840
Duchess of Kent House Charity	25	529	296	(476)	349
Total group restricted funds		1,846	3,604	(3,261)	2,189

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 Leprosy in Malawi.

The Big Lottery Fund amounts received in the year were £16,668 for the 5Rs project and £68,716 for the England Prisoner Volunteer Programme. £23,200 has been spent against the 5Rs fund and £68,716 against the Prisoner Volunteer Programme. Any remaining balances in these funds will be spent in the beginning of the 2014–15 financial year.

Accounts for year ending 31 March 2014

Notes to the accounts

18. Analysis of net assets across funds

	Unrestricted funds £000s	Restricted funds £000s	Endowment funds £000s	Total funds £000s
Consolidated				
Fund balances at 31 March 2014 are represented by:				
Tangible fixed assets	25,600	15	–	25,615
Investments	8,163	–	–	8,163
Programme related investments	700	–	–	700
Current assets	18,349	2,178	88	20,614
Current liabilities	(9,748)	(4)	–	(9,751)
Total net assets	43,064	2,189	88	45,341
Unrealised gains included above				
On investments assets (see Note below)	2,450	–	–	2,450
Reconciliation of movements in unrealised gains on investment assets				
Unrealised gains at 31 March 2013	3,604	–	–	3,604
Add: On disposal of investments	(1,359)	–	–	(1,359)
Add: Net gains arising on revaluations in period	205	–	–	205
Unrealised gains at 31 March 2014	2,450	–	–	2,450
Charity				
Fund balances at 31 March 2014 are represented by:				
Tangible fixed assets	25,519	–	–	25,519
Investments	8,163	–	–	8,163
Programme related investments	700	–	–	700
Current assets	18,351	1,840	–	20,190
Current liabilities	(9,644)	–	–	(9,644)
Total net assets	43,088	1,840	–	44,928
Unrealised gains included above				
On investments assets	2,450	–	–	2,450
Reconciliation of movements in unrealised gains on investment assets				
Unrealised gains at 31 March 2013	3,604	–	–	3,604
Add: On disposal of investments	(1,359)	–	–	(1,359)
Add: Net gains arising on revaluations in period	205	–	–	205
Unrealised gains at 31 March 2014	2,450	–	–	2,450

The parent charity's gross income for the year was £86.5 million (2012–13, £79.6m) and its expenditure was £85.5 million (2012–13, £77.5 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.

From 1 August 2013, eligible Sue Ryder staff not already enrolled in a pension scheme were automatically enrolled into The People's Pension provided by B&CE. The charity pays a matched contribution into the scheme accordance with the auto-enrollment requirements.

(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 £206,408 (2012–13, £204,945) from the NHS as a contribution towards our NHS pension contributions.

20. Lease obligations

	31 March 2014 £000s	31 March 2013 £000s
Consolidated		
Operating leases:		
Land and buildings		
<i>Annual commitments which expire:</i>		
Within one year	697	202
In the second to fifth years inclusive	5,626	1,972
After more than five years	1,139	4,532
	<u>7,462</u>	<u>6,706</u>
Other		
<i>Annual commitments with expire:</i>		
Within one year	72	102
In the second to fifth years inclusive	214	430
	<u>286</u>	<u>532</u>
Total	<u>7,748</u>	<u>7,238</u>

Accounts for year ending 31 March 2014

Notes to the accounts

21. Capital and other commitments

Sue Ryder Direct Limited has outstanding foreign currency commitments of USD \$671,840 (31 March 2013, \$257,504) 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 and 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	
	2013-14 £000s	2012-13 £000s
Net income for the year	656	1,369
Depreciation (Note 11)	3,394	2,768
Gain on sale of assets	(339)	(3,165)
Gain on sales of investment assets	(246)	(84)
Decrease/(increase) in stocks	233	(340)
(Increase)/decrease in debtors	(591)	1,299
Increase in creditors	1,522	235
Investment income	(386)	(341)
Net cash inflow from operating activities	4,243	1,741

24. Analysis of changes in net funds

Consolidated	Cash Flows	
	2013-14 £000s	2012-13 £000s
Opening cash balances	4,788	2,889
Movement	2,857	1,899
Cash at bank and in hand at 31 March	7,645	4,788

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 year ended 31 March were:

	Sue Ryder Direct Ltd	
	2013–14	2012–13
	£000s	£000s
Turnover	6,006	5,180
Cost of sales	(3,436)	(2,932)
Gross profit	2,570	2,248
Other expenses	(2,172)	(1,825)
Net profit before covenant	398	423
Amount covenanted to Sue Ryder	(376)	(453)
Retained profit for the period	22	(30)
Tangible fixed assets	81	64
Net current assets/(liabilities)	(100)	(105)
Total Net Assets	(19)	(41)
Share capital (£5)	–	–
Profit and loss account	(19)	(41)
Shareholder's funds	(19)	(41)

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 profit of £nil (2012–13: loss of £3,524) during the period.

The company holds trading stock of £nil (2012–13: £256,937), current assets of £110,135 (2012–13: £nil) and an intercompany loan due to the charity of £113,658 (2012–13: £260,461). The company has net liabilities of £3,523 at 31 March 2014 (31 March 2013: net liabilities of £3,524).

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. At 31 March 2014 The Duchess of Kent House Charity had net assets of £348,770 (2012–13: £529,000) and an intercompany balance due to the Sue Ryder of £12,908 (2012–13: £nil). In the year the Charity had income of £291,172 and expenditure of £476,492.

26. Endowment fund

	Balance at 31 March 2013 £000s	Incoming resources £000s	Expenditure and transfers £000s	Balance at 31 March 2014 £000s
Consolidated and charity				
Endowment Fund (Consolidated only)	88	–	–	88

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:

Garfield Weston Foundation
Big Lottery Fund
Mr Darragh MacAnthony
The Burdett Trust for Nursing
Jimbo's Fund
The Liz and Terry Bramall Foundation
Mr & Mrs David & Mary Laing
The Robertson Trust
Porticus UK
Donald Forrester Trust
Gale Family Charity Trust
Mr Martin George & Mrs Gill van Geest
House of Industry Estate
Mr Bernard Lewis OBE
Mr & Mrs Peter & Jan Winslow
Mr & Mrs Neville & Marilyn Wright
The Wixamtree Trust
Smith Charitable Trust
Aleksandra Maria Helena Bialkiewicz Charitable Trust
The Burghley Family Trust
The Constance Travis Charitable Trust
Mr & Mrs Jon & Karen Gibbison
Mr Neil Goulden
The Green Hall Foundation
The Harpur Trust
The Hudson Foundation
The Jack Patston Charitable Trust

Mr Michael Pring
Robert Barr's Charitable Trust
The Rowlands Trust
The RS Macdonald Charitable Trust
The Spence Fund
The Steel Charitable Trust
The Summerfield Charitable Trust
Mr & Mrs John & Ria Sutcliffe
The Thomas J Horne Memorial Trust
Mr Richard Winfrey



“I look forward to them coming in twice a week and we always have a laugh. It is better than any tablets.”

Sue Ryder Homecare service user

Sue Ryder

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Chairman of Trustees

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