

**Cicely Saunders
International**

Better care at the end of life

Reports and Financial Statements

For the year ended 31 December 2016

**Cicely Saunders
International**

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Cicely Saunders International

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Cicely Saunders International

Charity information

Registered company number	4120060
Registered charity number	1087195
Trustees	John McGrath (Chairman) Dr. Kathleen Foley MD Sir Richard Giordano KBE Lady Sarah Riddell (resigned 28 February 2017) Sir Hugh Taylor Mrs Kate Kirk Dame Colette Bowe
Company secretary	John McGrath
Treasurer and Administrator	Sian Best
Contact address	Cicely Saunders Institute Bessemer Road London SE5 9PJ
Registered office	Times House Throwley Way Sutton Surrey SM1 4JQ
Independent auditor	Mazars LLP Times House Throwley Way Sutton Surrey SM1 4JQ
Banker	HSBC Bank plc 60 Queen Victoria Street London EC4N 4TR
Solicitor	Bates, Wells & Braithwaite Cheapside House 138 Cheapside London EC2V 6BB

Cicely Saunders International

Trustees' report For the year ended 31 December 2016

The trustees, who are also the directors of Cicely Saunders International ("CS International"), present their report and the financial statements for the year ended 31 December 2016. The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Structure and Governance

Governing documents

CS International is a company limited by guarantee governed by its Memorandum and Articles of Association dated 30 November 2000.

Guarantors

The liability of each of the members of CS International in the event of a winding-up is limited by guarantee to £1.

Organisation structure

The trustees are responsible for the direction of CS International. They are advised by the International Scientific Expert Panel which comprises five internationally recognised experts in palliative care research or related areas. Their role is to identify appropriate areas of research in collaboration with the Scientific Director, to review research proposals, to monitor progress and standards and to review findings, in terms of quality and rigour of any conclusions. ISEP accounts to CS International's Board of Trustees.

Professor Irene Higginson, Scientific Director of CS International, is a physician and Professor of Palliative Care, Policy and Rehabilitation at King's College London. She was appointed to the role following open competition and reports to the Board of Trustees. Professor Higginson is also a non-voting member of ISEP.

Methods for recruiting and appointment of new trustees

The election or appointment of trustees is set out in the Articles of Association of CS International. The minimum number is three and there is no maximum. The trustees are appointed by the members (who are also the directors) at the Annual General Meeting and re-appointed by rotation.

All new trustees meet with the Chairman and Scientific Director (in some instances, other trustees) before their appointment and early on in their activities. In addition, they are provided with aims, objectives and relevant reports. Training is then developed in a bespoke way, taking into account all trustees to date have considerable charitable and business acumen.

Trustees' responsibilities

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of CS International as at the balance sheet date and of its income and expenditure for the financial year. In preparing those financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and Statements of Recommended Practice 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 assume that the charity will continue in operation.

Cicely Saunders International

Trustees' report

For the year ended 31 December 2016

The trustees are responsible for maintaining proper accounting records that disclose with reasonable accuracy at any time the financial position of CS International and enable them to ensure that the financial statements comply with the Companies Act. They are also responsible for safeguarding the assets of CS International and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Objectives, activities, achievements and performance

CS International was established in 2002 in the name of Dame Cicely Saunders, a founder trustee and its President. Dame Cicely is widely acknowledged as the founder of the modern hospice movement and is credited with “mentoring some of the great world leaders in this field” (Professor Eduardo Bruera). Its mission is to promote research to improve the care and treatment of all patients with progressive illness and to make high-quality palliative care available to everyone who needs it – be it in hospice, hospital or home. Despite the fact that as many people die each year as are born research in palliative and end of life care is a relatively new and very neglected field. Improved research methods and capacity are urgently needed to discover better treatments and cost-effective care for all who are approaching the end of life. There is no other charity specifically concerned with carrying out work to identify and promote best practice in palliative care.

CS International pursues its mission by:

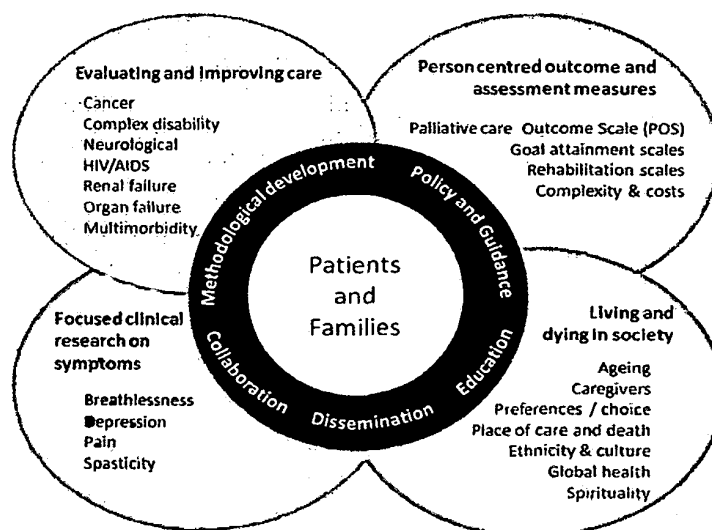
- Supporting world-class research in effective, person-centered and spiritually sympathetic forms of palliative care, and developing relevant and robust methods to set an international gold standard of palliative care research.
- Supporting the investigation and promotion of high-quality care for patients with cancer and non-cancer progressive illnesses, and from sections of society which miss out on the best in palliative care.
- Supporting the finest postgraduate and undergraduate education for doctors, nurses and other professionals in the field.
- Constantly promoting public understanding of palliative care, the available treatments and services, and contributing to the development of policy, nationally and internationally, to improve care towards the end of life.

RESEARCH PROGRAMMES

- **Evaluating and improving care** for people with cancer, respiratory disease, heart failure, liver, kidney and neurological disorders and increasingly with multimorbidity.
- **Focussed clinical research on symptoms** - Discovering new ways of controlling common distressing symptoms, especially breathlessness, but also pain, fatigue, depression and spasticity, and undertaking clinical trials into new treatments.
- **Person centred outcome and assessment measures** – Developing, refining and implementing robust patient-oriented measures of outcomes in palliative care and rehabilitation.
- **Living and dying in society** - Investigation of how we live and die is changing, including care for older people, support for caregivers, cultural issues.

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Education and training at the Institute

The Institute is an international centre for education in palliative care, developing strong programmes tailored for international visitors, doctors, nurses and others training in palliative care, as well as for undergraduate, postgraduate and research students. The Institute trains approximately 400 students per year, with postgraduates training a further 7,000 medics. We calculate that this training benefits around 70,000 patients a year as well as over 180,000 carers and families.

Clinical Services and Information Support Centre

On the ground floor, the Cicely Saunders Institute houses an Information and Support Centre, funded and managed by Macmillan Cancer Support, to provide accessible information for patients, families, professionals and the general public. The Centre holds information on clinical services, treatment choices and up-to-date research findings. Staffed by information officers, it also offers a drop-in service, outreach to local community organisations and cancer networks, and services specifically tailored to the different groups it serves.

RESEARCH PROGRAMMES

Breathlessness Programme

Scope and Objectives

The Breathlessness programme forms a key part of our work of focused clinical research on symptoms. Breathlessness is a common, distressing symptom in advanced disease, causing disability, anxiety and social isolation for patients and their family and caregivers. Breathlessness increases as disease progresses, is associated with shortened life expectancy, is frightening for patients and families, and often results in emergency visits and hospitalisation as shown by our service use data. Despite an increase in the understanding of the mechanisms of breathlessness, this has not translated into effective and widely utilised treatment options. Thus, clinicians too experience distress when faced with this symptom due to the lack of effective interventions.

Our initial work, supported by the CS International 'Improving Breathlessness' programme, described types and trajectories of breathlessness, compared experiences across different diagnoses and led systematic reviews of drug and non-drug treatments for the symptom. We have since examined promising treatments in clinical trials, either alone, e.g. the hand-held fan or neuromuscular electrical stimulation, or in combination as part of breathlessness support services. In particular we have trialled a joint palliative care and respiratory medicine

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Breathlessness Support Service (BSS) in London and, with others, a Cambridge based Breathlessness Intervention Service (CBIS). A key feature of our work is the multi-professional approach to this symptom, which acknowledges the importance of features outside of the lungs, for example the skeletal muscles and the brain. We have also led the way in understanding appropriate treatment targets for people with chronic refractory breathlessness; to improve their mastery and functioning whilst living with the symptom.

Progress in specific project areas

BETTER-B (BETter TreatmEnts for Refractory Breathlessness) aims to determine the feasibility of a randomised, placebo-controlled, double blind, multicentre trial of mirtazapine for refractory breathlessness. The trial is overseen by the Leeds Clinical Trials Research Unit, and is recruiting from three clinical sites: King's, Nottingham and Hull. Better-B opened to recruitment at King's on 17th August 2016 and has screened 15 potential participants and consented 3 into the trial. Better-B trial is part of a PhD Clinical Training Fellowship and is a qualitative interview study to understand the experience of patients invited to participate in, or participating in the trial. Interviews will explore reasons for acceptance or refusal into the trial, experience of trial processes, and participant expectations, and will inform the design and conduct of a future trial.

Frailty in COPD: In a prospective cohort study we asked what is the prevalence of frailty in stable COPD, and does frailty affect the completion and outcomes of pulmonary rehabilitation? We found that frailty affects one in every four patients with COPD entering pulmonary rehabilitation, is associated with favourable outcomes, but is also a strong risk factor for non-completion. This is the first characterization of the frailty phenotype in stable COPD and demonstrates that physical frailty is amenable to treatment with pulmonary rehabilitation. We are preparing an application to develop an approach to support frail people with COPD through existing pulmonary rehabilitation services. If feasible, the clinical and cost effectiveness of the approach could be determined with the primary purpose to prevent or delay disability.

Improving Palliative Care for Older People

Scope and Objectives

The programme aims to improve palliative care for older people by capacity building and undertaking research work on priority areas. Capacity building is through lectureships/senior lectureships and PhD studentships. The research work focuses on intervention studies to develop and evaluate new interventions/services to improve older people's access to palliative care and outcomes from service/intervention receipt, and population-based studies to inform policy and service provision. Additional information concerning our work with older adults is covered in the BuildCARE section.

Progress in specific project areas

OPTCare Elderly – *Optimising palliative care for older people in community settings; development and evaluation of a new short term integrated palliative and supportive service* (a joint project between King's College London and Sussex Community NHS Trust). Funders NIHR Clinical Lectureship (Dr Catherine Evans, March 2011-February 2015), NIHR Research for Patient Benefit (November 2013-May 2016) and BuildCARE CS International/The Atlantic Philanthropies (March 2015-April 2016).

OPTCare Elderly aims to develop and evaluate the feasibility of a new short-term integrated palliative and supportive service (SIPS) for frail elderly patients with non-malignant conditions, living at home or in a care home. The SIPS service is delivered through integrated professional working between specialist palliative care services and generalist community nursing and general practice, and collaborative working with geriatricians. SIPS is considered potentially cost effective because it relies on existing community services with an

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additional layer of support from specialist palliative care services at points of increasing vulnerability and uncertain outcome. The goal is ultimately to improve patients' and carers' outcomes of care via improving frail elderly people's access to specialist palliative care, if this service is found to be beneficial for this group.

Project outcomes are:

1. Improving management of breathlessness in the community
2. Imperative of a *skilled* key worker to coordinate timely care
3. Health professionals provide opportunities for patients to discuss future care and wishes.

Findings suggest that SIPS model is acceptable to patients, carers and health professionals, and deliverable by community palliative teams working with generalist community and primary care services. Findings also suggest that it is feasible to undertake an RCT on palliative care involving frail older people in community settings, including adults lacking capacity often excluded from research. We have shown that GPs can identify frail older people with advanced conditions and facilitate participation.

African Programmes

Scope and Objectives

During 2016 we have been developing a more strategic approach to our international work. Since our initial work in sub-Saharan Africa we have published data from Cuba, Argentina, Bangladesh and on South-East Asia. Our students are from India, Singapore, Mauritius, Ghana, China and Thailand.

Progress in specific project areas

In January 2016 we launched BuildCARE Africa in collaboration with the GlobalCARE programme. PhD and MSc scholars from Africa, Vietnam, Ghana, Singapore and Mauritius have enrolled and are working with new datasets validating outcome measures in their home countries. In terms of priorities for research, determining how the successful outcomes of TopCARE can be integrated and tested in new settings/models, and how to expand outcome measurement for children, are priority areas.

Project on Place of Death and Patients' Preferences

Scope and Objectives

This project aims to generate comprehensive and rigorous knowledge of place of death, taking into consideration individual, societal and healthcare implications. In its 14th year, the project takes forward a coherent programme of studies on place of death, with a focus on home death.

In the longer term, our aims are to generate an optimised home palliative care model; one that responds to the challenges of caring in ageing populations and that improves further outcomes for patients and their families, without raising costs. Progress has been made in the last year towards the project goals and in ensuring the performance of high quality research.

Progress in specific project areas

QUALYCARE

The QUALYCARE study aimed to examine variations in the care, costs, palliative outcomes and preferences associated with home death in cancer. Following publication of three papers (comparison of death in hospital and at home; quality of the home care provided by general practitioners, factors associated with intensity of end of life care), this year we published two further papers: 1) in PLOS ONE, a methodological paper on

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factors associated with participation, active refusals and reasons for not taking part in the survey; 2) in Psycho-Oncology, a secondary analysis on the relationship between caregiving intensity and adverse bereavement outcomes.

Cochrane review on the effectiveness and cost-effectiveness of home palliative care services

We published this important and original systematic review in 2013 and re-ran the searches at the end of 2015. We found six new studies, three of which were still in pilot phase. Only one (before-after study) reported on our primary outcome (with effect on home death, so it will not change the review findings). Based on this, we agreed with the Cochrane Pain, Palliative and Supportive Care Review Group (PaPaS) to wait for final findings from the on-going trials and update the review in 2017.

BuildCARE Programme

Scope and Objectives

Project BuildCARE continues to build capacity through PhD studentships, lectureships/senior faculty appointments, research into the needs of older people, and developing/evaluating new interventions/services to improve palliative care. The project is in year five and has funding until 2017.

BuildCARE (Building Capacity, Access, Rights and Empowerment) aims to create a 'sea change' in the way palliative and end-of-life care is regarded, implemented and prioritised internationally.

The four programme areas of BuildCARE are: the IARE study (International Access, Rights and Empowerment), the Faculty Scholar programme; the PhD programme and the DEE programme (Dissemination, Engagement and Empowerment).

BuildCARE has supported five Faculty Scholars to date. We identify talented individuals and provide bridging funding, academic support and supervision, to enable them to complete essential work to win a more substantial award. We are delighted that all of our Faculty Scholars have successfully moved to senior posts, including a Professorship, an NIHR Clinician Scientist, an NIHR Clinical Senior Lectureship, and two leadership positions.

Progress in specific project areas

As Project BuildCARE draws to a close, CS International continues to support bridging funding for existing staff within the programme to develop their careers and develop major applications.

DEE programme activity has been integrated into the routine work of the Institute.

Faculty Scholars and other BuildCARE members will continue to publish and disseminate high-quality evidence about the needs of older patients, and build on these findings in the IARE II study.

The BuildCARE PhD Fellows will submit their theses in the first half of 2017 and pursue clinical/academic careers in palliative care.

Palliative Care Clusters

Scope and Objectives

Funded by The Atlantic Philanthropies this programme comprises:

- Project GlobalCARE
- The Fellowships Consortium
- International Access, Rights and Empowerment Study (IARE II)

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Each project spans three years and will build upon existing international partnerships, particularly in Ireland and the United States.

The three programmes address the escalating need for palliative care both locally and globally as well as the issue of unequal and often poor access to palliative care services. Cicely Saunders Institute research estimates that although people are living longer, by 2030 the annual number of deaths will increase, with almost 50% of those dying aged over 85. This aging is associated with increased complexity, multi-morbidity and difficulty in predicting the course of illness. The future need for palliative care is estimated to be three or four times what is currently offered. The World Health Organization (WHO) passed a landmark resolution recommending integration and implementation of palliative care services at all levels of society into national health programmes.

Project GlobalCARE addresses these issues by developing and providing screening tools, and new models of integrated working that can be embedded into mainstream care to improve patient and family care. The project will change the way chronic health conditions are managed in the future, with earlier identification of problems, appropriate action and care that is orientated around individual needs rather than systems. It will improve the quality of life for millions and have significant fiscal impact.

The Fellowships Consortium programme responds to the WHO resolution by investing in human capital to develop the palliative care field's future leaders. The programme establishes international leaders who will ensure the development of high-quality care for growing numbers of people with chronic illness. Through their international networks and collaboration, these leaders will inform policy and practice in the long term (15-20 years) delivering much needed advances and sustainable mechanisms.

Phase One of the International Access, Rights and Empowerment (IARE I) study provided evidence from London, Dublin, New York and San Francisco, of the preferences and experiences of older adult patients who access palliative care. IARE II will examine the preferences and care experiences of patients and families with chronic disease, who are not afforded access to specialist palliative care. The study will focus on older people, so that results are directly relevant to the population of the future. Robust understanding of the inhibiting factors and the experiences of patients will provide vital evidence, drawn from a patient perspective. This will enable us to find ways to bring palliative and chronic care programmes together, to better support patients and families.

Each programme will complement and amplify the gains of the others in this cluster.

GlobalCARE

PACE and SPACE

Supported by The Atlantic Philanthropies GlobalCARE grant, we have developed two proposals for major further study with PACE (Psychosocial Assessment and Communication Evaluation), to make it more widely available.

To extend support for older patients in community settings, the SPACEtoolkit (Symptom Psychological Assessment and Communication Evaluation toolkit) also builds on the CSI's programme of work on developing and evaluating the use of the Integrated Palliative care Outcome Scale (IPOS) and PACE in routine clinical practice to support comprehensive assessment, management of symptoms and concerns, and communication with patients and families. The Atlantic Philanthropies funding has supported the development

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and evaluation of a wider toolkit for older people in community hospitals during clinical uncertainty as to recovery or continued deterioration.

CS International/The Atlantic Philanthropies (Project GlobalCARE) is supporting the development of the **POS Virtual Learning Platform**, which will ultimately be a comprehensive and free resource for clinicians, researchers and service planners. POS eLearning modules are being developed. Following the successful launch of MORECare eLearning, the POS Virtual Learning Platform will host:

- 3 general introductory modules about outcome measures and the POS
- 6 (or more) modules on specific disease or population specific POS variations
- 4 modules focussed on clinical and research implementation and utilisation of measures

Each of the modules will contain learning outcomes, an audio/visual presentation with 'talking heads' and slides, a reading list and a test. As the training will be hosted on the interactive Moodle platform, the modules will be accompanied by a user-forum, supporting a "community of practice" for clinicians, researchers and auditors. The training will be freely available and accredited for Continuing Professional Development (CPD) points from the Royal College of Physicians of the United Kingdom and other relevant bodies. Development of the POS Virtual Learning Platform responds to the oversubscription to our POS Workshops.

Fellowships Consortium

The Fellowships Consortium is an international multifaceted programme, supporting the learning of tomorrow's leaders in the field of palliative care. The Institute is partnered with collaborating organisations in the USA (National Palliative Care Research Center or 'NPCRC') and Ireland (Trinity College Dublin) to deliver four strands:

1. **Research Fellowships Programme:** CS International/The Atlantic Philanthropies grants directly fund MSc/PhD/Post-doctoral Fellowships across partner sites. As an incentive to attract additional funding for fellowships and scholarships, and to enhance the learning community, other components of the Fellowships Consortium programme are also offered to other fellows on an invitation basis.
2. **Research Technical Assistance:** Early-stage palliative care researchers face unusual challenges around study design, instrument development and analytic techniques. This is due to the complexity of the statistical methods and study designs required to conduct high-quality research in people with serious illness. The Fellowships Consortium will support the development and delivery of technical resources and training to assist fellows with these challenges.
3. **Community Building:** The Fellowships Consortium seeks to expand academic collaboration and learning, peer-to-peer support and international exchange, creating an international research community of leaders dedicated to ensuring delivery of high-quality care for growing numbers of people with chronic illness.
4. **International Engagement Action:** Fellows will engage with patient and public involvement (PPI) representatives, clinicians and relevant policy makers to disseminate findings, influence public debate and raise the profile of palliative care. Innovative use of new and traditional media platforms, development of accessible web-based information, and participation in community events will assist fellows to highlight the issues in palliative and end of life care, and to provide evidence-based solutions.

The Fellowships Consortium programme responds to the landmark 2014 World Health Assembly (WHA) resolution, which urged member states to strengthen integration and implementation of palliative care services, at all levels of society and into national health programmes. The programme recognises that the WHA resolution cannot be realised without investment in human capital; the clinicians and researchers working in the field of palliative care to develop and deliver evidence-based solutions. The Fellowships Consortium seeks

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to build capacity in the field and support early-career palliative care researchers.

IARE II

We have progressed the project outcomes including:

- Contributing to the information base on the care needs of those with chronic conditions – specifically dementia and heart failure.
- Fostering clinical-academic partnerships in projects, across various care settings, establishing new collaboration opportunities to raise awareness and increase capacity, as in the OPTCARE Elderly, POS-DemA and the Transforming End of Life Care project.
- Increasing awareness of the need to understand variation in global access to palliative care in the dissemination of IARE I findings, in parallel project work and in our PhD recruitment strategy.

Other Scientific Activity

The C-CHANGE project - Delivering quality and cost-effective care across the range of complexity for those with advanced conditions in the last year of life

The C-CHANGE Project is undertaking a programme of research developing complexity assessment, measuring outcomes and resource utilisation to determine the cost-effectiveness in different models of palliative care.

The overarching objectives of the C-CHANGE project are:

- To define and measure complexity, so that when a person needs palliative care we can consistently and clearly understand (and communicate) the complexity of their palliative care needs.
- To measure outcomes in relation to complexity, so we can understand and demonstrate what palliative care services are achieving, including adjustments for case-mix to enable bench-marking between services.
- To develop and validate a patient-centred case-mix classification for adult palliative care provisions in England. [A case-mix classification uses a small number of specific criteria (such as phase of illness, functional status and problem severity) to capture and reflect complexity, so that resources can be effectively allocated according to the level of complexity and need. This classification will be based on clinical complexity and extend across both cancer and non-cancer advanced conditions, across community, inpatient and outpatient settings.]
- To test cost-effectiveness of different models of palliative care.
- To use these findings to underpin new funding models for palliative care and link these to appropriate quality indicators and patient/family outcomes.

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Outcome Measures

Major achievements in outcomes

In 2016 we continued our extensive research into outcome measurement within palliative care.

- The POS family of measures have continued to grow as new disease modules and translations are validated. The POS development team continues to work with teams around the world.
- Our new and more refined measure – the Integrated Palliative care Outcome Scale (IPOS) – is proving extremely popular, and validation work has been rapidly advanced. This shows that IPOS is a valid, reliable and brief, and it has the huge advantage of being available as both a patient-reported and a proxy-reported outcome measure.
- IPOS is currently being used by services across the UK in all palliative care settings. The Palliative care Outcome Scale (POS) development team have continued to support and monitor the use of IPOS internationally. The IPOS is currently being translated and validated into ten languages across the world.
- Further developments for the POS family of measures include the creation of the booklet 'A Clinical Decision Support Tool for the use of POS in clinical practice' and to date internationally POS has been translated into 13 languages.
- Developments on disease specific tools include:
 - o MyPOS - the first myeloma-specific QOL questionnaire designed specifically for use in the clinical setting which is a brief, comprehensive and acceptable tool that is reliable and valid.
 - o POS-DemA – a modification of POS to develop an assessment and outcome measure in dementia – with a feasibility and implementation study underway in care homes.
 - o Further work on disease specific modular versions of IPOS are underway with validation work for both IPOS-Renal, IPOS-Neuro and IPOS-Cardiac.
 - o New translations and modular additions to the POS family of measures are available on <http://pos-pal.org>.

Other Training Fellowships

The Rob Buckman MSc Scholarship in Palliative Care

In the summer of 2014 we were fortunate to be provided with funds from the family of the late Professor Rob Buckman to fund two scholarships for the MSc in Palliative Care. Students applying for these scholarships are required to have an interest in psychosocial issues and specifically those related to communication. The first scholar commenced in 2015 and the second commenced the programme in 2016.

Kirby Laing MSc Scholarship in Palliative Care

We were awarded four scholarships from the Kirby Laing Foundation. Students applying for these scholarships are required to focus their research project on stroke or dementia. The first scholar commenced in 2016. A second scholar is due to commence in January 2017.

Dissemination

The CS International Annual Lecture 2016

In May 2016 Professor Ilora Finlay delivered the Cicely Saunders Annual Lecture: 'Unintended consequences of legislation at the end of life'.

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In her lecture, Baroness Finlay reviewed evidence on the effects of various types of 'assisted dying' legislation from around the world, as well as the consequences of The Health and Social Care Act (2012) on hospice and palliative care in England. The lecture highlighted how laws influence the provision of healthcare services. Inequities in access to palliative and hospice care services prompted Baroness Finlay to sponsor The Access to Palliative Care Bill. The Bill passed its 3rd reading in the House of Lords in February 2016 but has not received government support in the Commons.

The lecture was presented to over 200 people in 7 countries. Professor Sir Robert Lechler, Executive Director, King's Health Partners and Vice Principal for Health, King's College London, welcomed over 100 guests to the Cicely Saunders Institute in London, including representatives from the media, policy makers and service planners, academics, health care practitioners, patients and carers. Audiences from nine partner sites across the UK, Europe, the USA and Uganda also watched the lecture live. Partner sites included: University of California San Francisco (UCSF), USA, African Palliative Care Association (APCA), Uganda, Arcispedale Santa Maria Nuova IRCCS, Reggio Emilia, Italy, Our Lady's Hospice and Care Service and The All Ireland Institute of Hospice and Palliative Care (AIHPC), Dublin, Northern Ireland Hospice, Belfast, Cardiff University, Wales, Marymount University Hospital & Hospice, Cork, Sir Michael Sobell House Hospice, Oxford and St Catherine's Hospice, Preston.

The lecture received media coverage in The Daily Telegraph, in an article about the need for better end of life care in the UK: <http://www.telegraph.co.uk/news/2016/05/07/unacceptable-failures-in-end-of-life-care-at-nights-and-weekends/>

All CS International lectures are available to watch online at:

<http://www.kcl.ac.uk/lsm/research/divisions/cicelysaunders/newsevents/Annual-Lectures.aspx>

Open Seminar Series

12 monthly seminars were held in 2016, and were attended by over 400 people.

27 January 2016

Modelling the costs of caring for people with cancer at the end of life
Mr Jeff Round, Bristol University

24 February 2016

Assessment and management of pain in dementia
Dr Liz Sampson, Reader in the Marie Curie Palliative Care Research Department, Division of Psychiatry, University College London

17 March 2016

A mixed-methods research process to develop a complex intervention for weight loss and anorexia in advanced cancer: the Family Approach to Weight and Eating (FAWE)
Prof Jane Hopkinson, Professor of Nursing, Cardiff University

30 March 2016

"Then she won't miss me when I'm gone": Using an interactionist perspective to understand the experiences and behaviour of children with life limiting conditions and life threatening illnesses and their families
Prof Myra Bluebond-Langner, True Colours Chair in Palliative Care for Children and Young People, University College London

27 April 2016

The personal impact of English end-of-life care policy
Dr Erica Borgstrom, Research Fellow, London School of Hygiene and Tropical Medicine

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25 May 2016

Registry-based research and randomized controlled trials (R-RCTs) in Sweden
Magnus Ekström, Postdoctoral Research Fellow, Lund University/Flinders University

22 June 2016

What's the story? Patient and family carer experiences of living with a life limiting diagnosis
Dr Marilyn Kendall, Senior Research Fellow with the Primary Palliative Care Research Group, University of Edinburgh

27 July 2016

Work is an important – but neglected – issue in palliative care
Dr Gail Eva, Senior Lecturer in Occupational Therapy, Brunel University

24 August 2016

Assessment and management of pain in dementia
Dr Jane Hutton, Consultant Clinical Psychologist in Psychological Medicine, King's College Hospital

28 September 2016

Enhancing palliative and end-of-life care for LGBT people
Dr Richard Harding, Reader in Palliative Care, Cicely Saunders Institute, King's College London

19 October 2016

The Access to Opioid Medication in Europe (ATOME) project: benefits and challenges in working in an international context
Professor Sheila Payne, Emeritus Professor in Palliative Care, International Observatory on End of Life Care, Lancaster University

23 November 2016

Migrant mortality 1979-2013 & implications for the next generation: beating the odds?
Professor Seeromanie Harding, Professor of Social Epidemiology & Nutrition, King's College London

Other Events in 2016

Patient, Family and Public Involvement (PPI) Workshop 4 (1st February 2016)

POS workshops (11-12th February 2016)

Knowledge Exchange Seminar (3rd March 2016)

PhD Symposium (14th March 2016)

Quality of life in multiple myeloma: Recent international research and future developments. (31st March 2016)

Palliative care in Neurology conference (4th May 2016)

Patient, Family and Public Involvement (PPI) Workshop 5 (14th June 2016)

Visitors Programme

Supported by CS International/The Atlantic Philanthropies (Project GlobalCARE), the Visitors Programme continues to be very popular and a useful way for our teams to exchange knowledge and forge potential new partnerships and collaborations. In 2016 we hosted 13 visitors from Europe, USA, Canada, China, Taiwan, Australia and Brazil.

CS International Newsletter

Spring (April) and Autumn (September) editions were distributed via postal mail (276 recipients) and via Mailchimp (460 email subscribers). The following articles were included:

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April 2016 issue

- End of Life Care Coalition latest developments
- Cicely Saunders Archives project announcement
- MSc Alumni Event report
- New MSc Scholars
- Announcement of Annual Lecture
- Clinician Scientist Award
- Better Care for Eastern Europe – European Palliative Care Academy
- Better Care for Renal Patients

September 2016 issue

- UK Government's response to the Choice Review
- Report on the Annual Lecture given by Baroness Finlay in May 2016
- Research News – Frailty can be reversed
- Launch of new Patient and Public Involvement online forum
- Cicely Saunders Archives – catalogue now available online
- Breathlessness research most cited in The Lancet
- New Clinical Training Fellowships

The Cicely Saunders Institute of Palliative Care

A key objective of CS International has been to fully fund and establish the world's first institute of palliative care, a centre of excellence housing research, education, information provision and clinical care. This was achieved in January 2010 with the official opening in May 2010 of the Institute on the Denmark Hill campus of King's College London, after 20 months of construction and at a cost of just under £10 million. Since opening it has become a major hub for palliative care and its impact is already being felt in both the UK and internationally. Situated adjacent to King's College Hospital, which provides high-quality palliative care for patients in South East London and the surrounding area, the Institute integrates this care with teaching and research, creating a multi-professional environment examining every aspect of palliative care. Bringing together academics, healthcare professionals, community organisations, patients and carers in one centre, the Institute acts as the focal point for a network of international research.

King's College London, our academic partner at the Institute, is the largest provider of healthcare education in Europe and has an international portfolio of research. King's College London's Department of Palliative Care, Policy and Rehabilitation, now based in the Institute, has an international reputation for teaching and research.

Public benefit

The Trustees have complied with their duty per the Charities Act 2011 to have due regard to Public Benefit guidance published by the Charity Commission.

Financial review

Review of transactions and financial position

During the year, income of £1,662,471 (2015 - £1,122,110) was received. This income was applied to the objects of CS International.

The net movement in funds for the year, as shown in the Statement of Financial Activities, amounted to a

Cicely Saunders International

Trustees' report For the year ended 31 December 2016

surplus of £1,003,700 (2015 - £377,477).

CS International's net assets at 31 December 2016 were £3,793,578 (2015 - £2,789,878).

Reserves

CS International's policy is to maintain general reserves to give financial stability to the charity and to its activities. General reserves exclude restricted funds and they allow CS International to manage the risks that it faces and to fund future work to achieve its aims. Trustees have considered the range and risk level of the charity's various income sources and expenditure levels, and consider the level of general reserves should be in the range of four to six months' charitable expenditure.

A target of achieving start up funds of £250,000 was set in the business plan for establishing CS International. At 31 December 2016, free reserves were £171,175 (2015: £171,757). These funds will be used to finance CS International's charitable objectives and to meet the ongoing expenses of operating the organisation.

CS International has succeeded in raising all funds necessary for the construction and completion of The Cicely Saunders Institute of Palliative Care.

Risk management

The trustees have a risk management strategy which comprises:

- an annual review of the principal risks and uncertainties that the charity faces;
- the establishment of policies, systems and procedures to mitigate those risks identified in the annual review; and
- the implementation of procedures designed to minimise or manage any potential impact on the charity should those risks materialise.

The principal risks faced by CS International lie in the performance of investments and operational risks from ineffective grant making and the capacity of the Charity to make effective grants.

Financial sustainability is a financial risk for the Charity. A key element in the management of financial risk is a regular review of available liquid funds to settle debts as they fall due, regular liaison with the bank, and active management of trade debtors and creditors balances to ensure sufficient working capital by the Charity.

The operational risk from research and student grant awards that are ineffective in advancing knowledge and practice in palliative and end of life care is managed by retaining trustees of sufficient skill and expertise and recruiting International Scientific Expert Panel members to review research outputs annually. By retaining international experts active in the field we are assured that their knowledge is up to date and that they have the depth of insight to effectively review and evaluate research. The process of reporting and review assists us, and those we support, in keeping track of how research and knowledge is developing. This review process retains our focus on the public benefit derived from our funding of research.

King's College London is the sponsor for all research funded by CS International and therefore research processes, ethics approvals and contractual matters are covered by the standard or bespoke terms and conditions and sub-contract agreements for research undertaken by King's College London.

Investment policy

Any surplus funds expected to be required in the short to medium term to meet existing commitments are held

Cicely Saunders International

Trustees' report For the year ended 31 December 2016

on deposit with the Charity's bankers or invested in highly rated money market funds.

Principal funding sources

We are very grateful to our principal funders (The Wolfson Foundation, The Garfield Weston Foundation, The Atlantic Philanthropies, PF Fleming Trust, Macmillan Cancer Support, Mr S Khoury, the Dunhill Medical Trust, The Big Lottery Fund, The Dinwoodie Settlement, The Kirby Laing Foundation, The Department of Health, Hospice Education Institute, The Rayne Foundation, The Samuel Sebba Charitable Trust, King's College Hospital Charity, Guy's & St Thomas' Charitable Trust and The Diana, Princess of Wales Memorial Fund) whose support has enabled CS International to undertake work in its key areas as set out in its mission statement.

Plans for the future

Main objectives for the year

In the coming year the main objectives for CS International will be to raise new funds and continue to work on its established research programmes in accordance with its objectives.

Aims and objectives for the future


The aims of CS International for the coming year include: developing a consistent funding stream for research projects in addition to covering operating costs; and maintaining administrative overheads at a target level not exceeding five per cent. CS International is now in the process of developing its long term strategy to secure funding for the gold standard research that will be undertaken at The Cicely Saunders Institute of Palliative Care.

Statement of disclosure to the auditors

- a) So far as the trustees are aware, there is no relevant audit information of which the charity's auditors are unaware; and
- b) They have taken all the steps 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.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

Approved by the Board on
and signed on its behalf by


.....
John McGrath
Company Secretary

Independent auditor's report to the Trustees of Cicely Saunders International

We have audited the financial statements of Cicely Saunders International for the year ended 31 December 2016 which comprise the Statement of Financial Activities, the Statement of Comprehensive Income, the Balance Sheet, the Statement of Cashflows, 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) including FRS102, "The Financial Reporting Standard in the UK and Republic of Ireland".

Respective responsibilities of trustees and auditors

As explained more fully in the Trustees' Responsibilities Statement set out on pages 2 and 3, the trustees (who are also the directors of the charity for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors. This report is made solely to the charity's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

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

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2016, and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' Report has been prepared in accordance with applicable legal requirements.

Independent auditor's report to the Trustees of Cicely Saunders International

Matters on which we are required to report by exception

In light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

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

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Report.

N J Wakefield

Nicola Wakefield (Senior Statutory Auditor)
For and on behalf of Mazars LLP,
Chartered Accountants and Statutory Auditor
Times House, Throwley Way, Sutton, Surrey, SM1 4JQ

Date: 2nd August 2017

Cicely Saunders International

Statement of financial activities for the year ended 31 December 2016

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2016 £	Total funds 2015 (as restated) £
Income and expenditure					
Income from:					
Donations and legacies		3,852	1,622,685	1,626,537	1,113,678
Investments		35,934	-	35,934	8,432
Total income		<u>39,786</u>	<u>1,622,685</u>	<u>1,662,471</u>	<u>1,122,110</u>
Expenditure on:					
Raising funds	2	2,781	5,514	8,295	13,926
Charitable activities	3	38,123	612,353	650,476	730,707
Total expenditure		<u>40,904</u>	<u>617,867</u>	<u>658,771</u>	<u>744,633</u>
Net (expenditure) / income		<u>(1,118)</u>	<u>1,004,818</u>	<u>1,003,700</u>	<u>377,477</u>
Reconciliation of funds					
Balance at 31 December 2015 (as restated)	12	<u>522,076</u>	<u>2,267,802</u>	<u>2,789,878</u>	<u>2,412,401</u>
Balance at 31 December 2016		<u><u>520,958</u></u>	<u><u>3,272,620</u></u>	<u><u>3,793,578</u></u>	<u><u>2,789,878</u></u>

All of the charity's activities are derived from continuing operations.

A comparative statement of financial activities is provided in note 13.

Cicely Saunders International

Statement of comprehensive income for the year ended 31 December 2016

		2016	2015
	Note	£	As restated £
Net income for the year		1,003,700	377,477
Total comprehensive income relating to the year		1,003,700	377,477
Prior year adjustment	12	(37,017)	
Total comprehensive income since last financial statements		966,683	

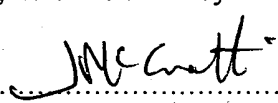
Cicely Saunders International

Balance sheet at 31 December 2016

	Notes	2016	2015 (as restated)
		£	£
Fixed assets			
Tangible fixed assets	7	-	536
		<u> </u>	<u> </u>
Current assets			
Debtors	8	495,132	4,283
Cash at bank and in hand		3,572,128	3,185,281
		<u> </u>	<u> </u>
		4,067,260	3,189,564
Creditors: Amounts falling due within one year	9	(273,682)	(400,222)
		<u> </u>	<u> </u>
Net current assets		3,793,578	2,789,342
		<u> </u>	<u> </u>
Net assets		3,793,578	2,789,878
		<u> </u>	<u> </u>
Funds	10		
General funds		171,175	172,293
Designated funds		349,783	349,783
Restricted funds		3,272,620	2,267,802
		<u> </u>	<u> </u>
		3,793,578	2,789,878
		<u> </u>	<u> </u>

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

Approved by the Board on 18th July 2017
and signed on its behalf by


John McGrath
Trustee

Cicely Saunders International

Statement of cash flows for the year ended 31 December 2016

	Notes	2016 £	2015 £
Net cash provided by operating activities	11	350,913	604,759
Cash flows from investing activities:			
Interest received		35,934	8,432
Purchase of property, plant and equipment		-	(572)
Net cash provided by investing activities		<u>35,934</u>	<u>7,860</u>
Change in cash and cash equivalents in the year		386,847	612,619
Cash and equivalents bought forward		3,185,281	2,572, 662
Cash and equivalents carried forward		<u><u>3,572,128</u></u>	<u><u>3,185,281</u></u>

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

1 Accounting policies

1.1 Basis of accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

These financial statements have been prepared on the going concern basis. The charity has significant net current assets, and the trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern.

1.2 Income

Donations are credited to the Statement of Financial Activities in the year in which they are receivable.

1.4 Expenditure

Costs of raising funds include costs incurred in encouraging others to make contributions to the charity.

Charitable expenditure comprises costs incurred in furtherance of the charity's objects, and includes research costs, and support costs.

1.5 Tangible fixed assets

Tangible fixed assets with a value exceeding £1,000 are recognised in the balance sheet at cost less depreciation. Depreciation is calculated at rates intended to write off the excess of the cost over the anticipated residual value of the assets on a straight line basis over their estimated useful economic lives. The rate used is as follows:

Computer equipment – 25% per annum

1.6 Fund accounting

Unrestricted funds comprise those monies which may be used towards meeting the charitable objects of the charity at the discretion of the trustees.

Designated funds relate to monies set aside by the trustees for a particular purpose or project from unrestricted funds.

Restricted funds comprise monies given for particular restricted purposes or projects.

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

2 Raising funds

	Unrestricted funds £	Restricted funds £	Total funds 2016 £	Total funds 2015 £
Materials	825	-	825	2,048
Support costs (see note 4)	1,956	5,514	7,470	11,878
	<u>2,781</u>	<u>5,514</u>	<u>8,295</u>	<u>13,926</u>

3 Charitable activities

	Unrestricted funds £	Restricted funds £	Total funds 2016 £	Total funds 2015 (as restated) £
Direct programme costs	521	562,729	563,250	603,813
Scientific Director	20,000	-	20,000	20,000
Support costs (see note 4)	17,602	49,624	67,226	106,894
	<u>38,123</u>	<u>612,353</u>	<u>650,476</u>	<u>730,707</u>

4 Support costs

	Raising funds £	Charitable activities £	Total 2016 £	Total 2015 £
Administrator costs	5,514	49,624	55,138	86,530
Travel & subsistence	724	6,514	7,238	1,338
Printing, postage & stationery	356	3,203	3,559	2,313
Telephone	6	51	57	717
Depreciation	54	482	536	955
Audit fee	301	2,705	3,006	4,326
Accountancy	298	2,684	2,982	2,920
Company Secretarial	126	1,134	1,260	1,250
Corporation tax compliance	-	-	-	950
Other expenses	91	829	920	17,473
	<u>7,470</u>	<u>67,226</u>	<u>74,696</u>	<u>118,772</u>

Support costs are allocated based on the staff time spent on each activity. Governance costs consisted of professional fees of £7,248 (2015: £9,446).

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

5 Net movement in funds

	Unrestricted funds 2016 £	Unrestricted funds 2015 £
Net income is stated after:		
Depreciation	536	955
Auditors' remuneration		
- Audit	3,006	4,326
- Accounting services	2,982	2,920
- Company secretarial	1,260	1,250
- Corporation tax compliance	-	950
	<u> </u>	<u> </u>

6 Staff costs and trustees' remuneration

The charity does not directly employ any members of staff. Costs relating to the Scientific Director and Administrator are shown in notes 3 and 4. These costs are recharged from King's College London.

The trustees received no remuneration in respect of their services to CS International during either year. Mrs Kate Kirk received reimbursement of expenses of £243 during the year (2015: one trustee received £162).

7 Tangible fixed assets

	Computer equipment £
Cost	
At 1 January 2016	3,822
Additions	-
	<u> </u>
At 31 December 2016	3,822
	<u> </u>
Depreciation	
At 1 January 2016	3,286
Charge for the year	536
	<u> </u>
At 31 December 2016	3,822
	<u> </u>
Net book value	
At 31 December 2016	-
	<u> </u>
At 31 December 2015	536
	<u> </u>

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

8 Debtors

	2016	2015
	£	£
Prepayments and accrued income	495,132	4,283
	<u> </u>	<u> </u>

9 Creditors: Amounts falling due within one year

	2016	2015
	£	£
Accruals and deferred income	(273,682)	(400,222)
	<u> </u>	<u> </u>

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

10 Funds

	At 1 January 2016 (as restated) £	Income £	Expenditure £	At 31 December 2016 £
General funds	172,293	39,786	(40,904)	171,175
Designated funds				
Cicely Saunders Institute Research	319,605	-	-	319,605
Other designated funds	30,178	-	-	30,178
Total designated funds	349,783	-	-	349,783
Total unrestricted funds	522,076	39,786	(40,904)	520,958
Restricted funds				
Breathlessness Programme	141,306	-	(8,598)	132,708
Samuel Sebba Scholarships	4,283	-	(4,283)	-
BuildCARE	1,013,100	-	(309,166)	703,934
Palliative Care Clusters	1,090,755	1,615,485	(272,496)	2,433,744
Support for MSc scholarships	9,507	-	(8,500)	1,007
Gulbenkian Foundation	8,851	-	(7,624)	1,227
Kirby Laing Scholarships	-	7,200	(7,200)	-
Total restricted funds	2,267,802	1,622,685	(617,867)	3,272,620
Total funds	2,789,878	1,662,471	(658,771)	3,793,578

Cicely Saunders Institute Research: Funding for the construction of the Cicely Saunders Institute was not fully used after matched funding so it was agreed with Atlantic Philanthropies that the excess would be put to research at the Institute.

Other designated funds: Other designated funds include £3,615 for administration costs, £15,000 for Scientific Director costs, and £11,563 for IT and other costs.

Breathlessness Programme: Breathlessness and breathing difficulties are among the most common and distressing symptoms for several progressive illnesses, especially towards the end of life. CS International is working with the Department of Palliative Care, Policy and Rehabilitation at King's College London to establish a multi-centre research collaboration on breathlessness.

Samuel Sebba Scholarships: Funded by Samuel Sebba Charitable Trust, these are four scholarships to undertake the MSc in Palliative Care and Pain Management at King's College London.

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

10 Funds (continued)

BuildCARE: This is a four-year programme which started in May 2011 and is funded by The Atlantic Philanthropies aimed at building capacity, access, rights and empowerment. The project has four components: The Cicely Saunders International PhD Studentship Programme; Cicely Saunders International Faculty Scholars; the International Access, Rights and Empowerment Study (IARE); and the Dissemination, Engagement and Empowerment Programme (DEE). Via these four streams of activity we aim to identify, recruit and develop future academic and clinical stars in the field of palliative care; disseminate expertise and research developed by staff at the Institute across the globe; compare palliative care experiences in London, Dublin and New York City; engage our communities in our work; empower patients and improve their access to care.

Palliative Care Clusters: There are three elements to this three-year programme which was awarded to CS International by The Atlantic Philanthropies in October 2014.

- **Project GlobalCARE :** the purpose of this grant is to improve how chronic conditions are managed for millions of people by supporting the development of palliative care tools, resources and training programmes that support health care professionals to identify problems earlier, assess patients' and families' needs, and respond with more appropriate and cost effective models of care.
- **Fellowships Consortium:** the purpose of this grant is to improve global access for the growing numbers of people in need of palliative care, and to embed palliative care into international policy and practice, by developing a global Fellowship Programme that supports international collaboration, community building and leadership development. Collaborators in this programme are based in London, Dublin, New York, Northern Ireland and Vietnam).
- **International Access Rights and Empowerment Study (IARE II):** building on the IARE component of the BuildCARE programme (see above), the purpose of this grant is to influence policy, funding and practice and to integrate palliative care into chronic care settings by supporting Phase II of an international comparative study (London, Dublin and New York).

Support for MSc scholarships: Funding has been provided in memory of Professor Rob Buckman for two scholarships and by Grunenthal Limited to support MSc scholarships in palliative care at King's College London.

Gulbenkian Foundation: Gulbenkian Foundation has funded the setting up of the Clinical Academic Forum of Palliative Care of the north region of Portugal.

Kirby Laing Scholarships: We were awarded four scholarships from the Kirby Laing Foundation. Students applying for these scholarships are required to focus their research project on stroke or dementia. The first scholar commenced in 2016. A second scholar is due to commence in January 2017.

All fund balances at 31 December 2016 were held within net current assets.

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

11 Reconciliation of net income to net cash provided by operating activities

	2016	2015
	£	£
Net income for the year	1,003,700	377,477
Adjustments for:		
Depreciation	536	955
Interest received	(35,934)	(8,432)
(Increase) in debtors	(490,849)	(1,036)
(Decrease)/increase in creditors	(126,540)	235,795
Net cash provided by operating activities	<u>350,913</u>	<u>604,759</u>

12 Prior year adjustments

Recognition of accruals

During the year two invoices were received which included costs relating to 2015. These costs had not been accrued in the financial statements for the year ended 31 December 2015. An adjustment has been made to increase prior year accruals by £37,017.

Restricted funds

Prior to 31 December 2015 administrator costs totalling £45,531 were incurred in evaluating and monitoring the Palliative Care Clusters programmes. These costs are allowable under the terms of the grants, but had been classified in the financial statements as unrestricted expenditure. The opening balance on this fund has been reduced by £45,531.

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2016

13 Comparative statement of financial activities (as restated)

	Unrestricted funds £	Restricted funds £	Total funds 2015 £
Income and expenditure			
Income from:			
Donations and legacies	922	1,112,756	1,113,678
Investments	8,432	-	8,432
Total income	<u>9,354</u>	<u>1,112,756</u>	<u>1,122,110</u>
Expenditure on:			
Raising funds	13,926	-	13,926
Charitable activities	73,859	656,848	730,707
Total expenditure	<u>87,785</u>	<u>656,848</u>	<u>744,633</u>
Net (expenditure)/income	<u>(78,431)</u>	<u>455,908</u>	<u>377,477</u>
Reconciliation of funds			
Balance at 31 December 2014	<u>600,507</u>	<u>1,811,894</u>	<u>2,412,401</u>
Balance at 31 December 2015	<u>522,076</u>	<u>2,267,802</u>	<u>2,789,878</u>