



Reports and Financial Statements

For the year ended 31 December 2017

**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 (resigned 17 October 2017) Professor Sir Cyril Chantler (appointed 23 January 2018) Howell James CBE (appointed 23 January 2018)
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

Trustees' Report

For the year ended 31 December 2017

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 2017. 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 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. The charity's Life President is Christopher Saunders, brother of Dame Cicely Saunders.

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. In 2017 two new trustees were approached and they were appointed in January 2018.

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.

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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:

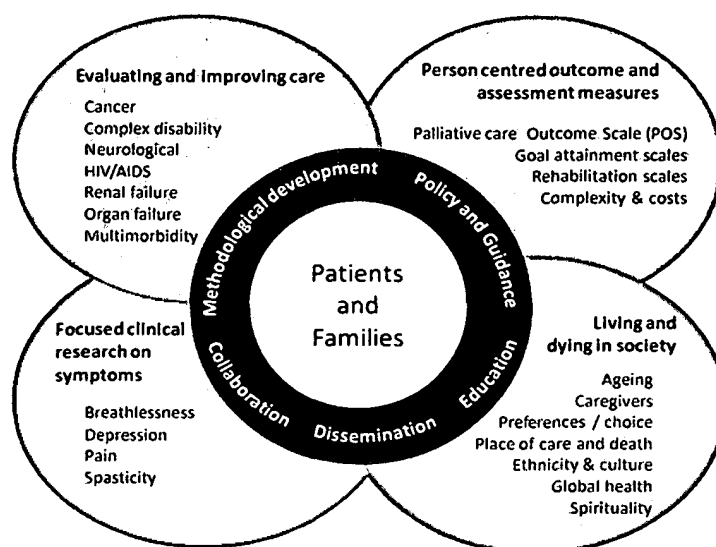
- Supporting world-class research in effective, person-centered and spiritually sympathetic forms of palliative care, and developing relevant and robust methods to set an international gold standard of palliative care research.
- Supporting the investigation and promotion of high-quality care for patients with cancer and non-cancer progressive illnesses, and from sections of society that 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.
- **Focused 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 families 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.

The initial work of 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 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,

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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.

Breathlessness Progress in specific 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 led by Professor Higginson, supported 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 August 2016 and has recruited 64 patients onto the trial. Dr Lovell is working on the Better-B trial as part of a PhD Clinical Training Fellowship and is conducting qualitative interviews 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. As part of his successful NIHR Career Development Fellowship award in 2017, Dr Matthew Maddocks is leading a project on developing 'frailty fit' pulmonary rehabilitation services for people with chronic obstructive pulmonary disease.

OPTBreathe: OPTBreathe aims to determine the most cost-effective models of breathlessness support services that are valued and accepted by older patients affected by refractory breathlessness and their family or carers. The first phase of the study is a survey with questionnaires among patients and their family/friends. The second phase will use this, and other available information to conduct economic modelling.

Recruitment started in July 2017 at King's College Hospital and has been recruiting participants. Many research units in other parts of England expressed interest through the NIHR Clinical Research Network and seven NHS trusts are currently recruiting participants. As of January 2018, 93 participants have completed the survey.

E-Breathe: An online platform dedicated to innovations in breathlessness management. Funded by the Health Foundation this online platform is aimed at clinicians, allied health professionals and management. The programme is based on findings from a randomised controlled trial into providing integrated palliative and respiratory care service for patients with advanced disease and refractory breathlessness.

The platform enables users to develop new skills through self-paced eLearning and exchange knowledge through an interactive forum. It provides clear guidance on non-pharmacological and pharmacological interventions in breathlessness and explains to clinicians how to support patients.

The platform provides:

- Assessment information about the physical and psychological reasons for breathlessness and its associated symptoms.
- A guide to the effectiveness of different pharmacological interventions on patients with breathlessness;

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- Practical guidance on a variety of techniques to teach patients to self-manage breathlessness (e.g. crisis and general management guidance, a hand-held fan or water spray, and a poem or short mantra to help breathing and relaxation during crises, home exercise/exercise DVD, positional techniques, distraction techniques and sleep hygiene).

Breathlessness programme accomplishments in 2017

Breathlessness affects over 2 million people in the UK every year. Holistic breathlessness services offer pharmacological and non-pharmacological treatments to manage this difficult symptom in an individually tailored manner, by involving staff from multiple specialities (e.g. palliative care, respiratory medicine) and providing tools and techniques to help people and their family members to self-manage.

Thirty-seven key stakeholders contributed in a collaborative consultation workshop at the Cicely Saunders Institute, to generate recommendations around the design, delivery, and evaluation of holistic services for people living with advanced disease with severe breathlessness. This event, commissioned as part of NIHR research, was hosted jointly by the CLAHRC South London palliative and end of life care theme and Northwest London CLAHRC breathlessness theme.

Together, clinicians, academics, and patient and carer representatives contributed to the delivery of an exciting and informative event, and collation of evidence-based recommendations from a wide range of stakeholders.

Development and Promotion:

Our event was planned jointly by researchers, clinicians, and service users, in close collaboration with the CLAHRC Northwest London breathlessness theme (led by Prof Derek Bell). We strategically targeted promotion to ensure all relevant stakeholders were represented, in terms of background (e.g. patient/carers, health professionals, researchers, commissioners) and field (e.g. respiratory, cardiology, oncology, general practice, palliative care).

Patient & Carer involvement:

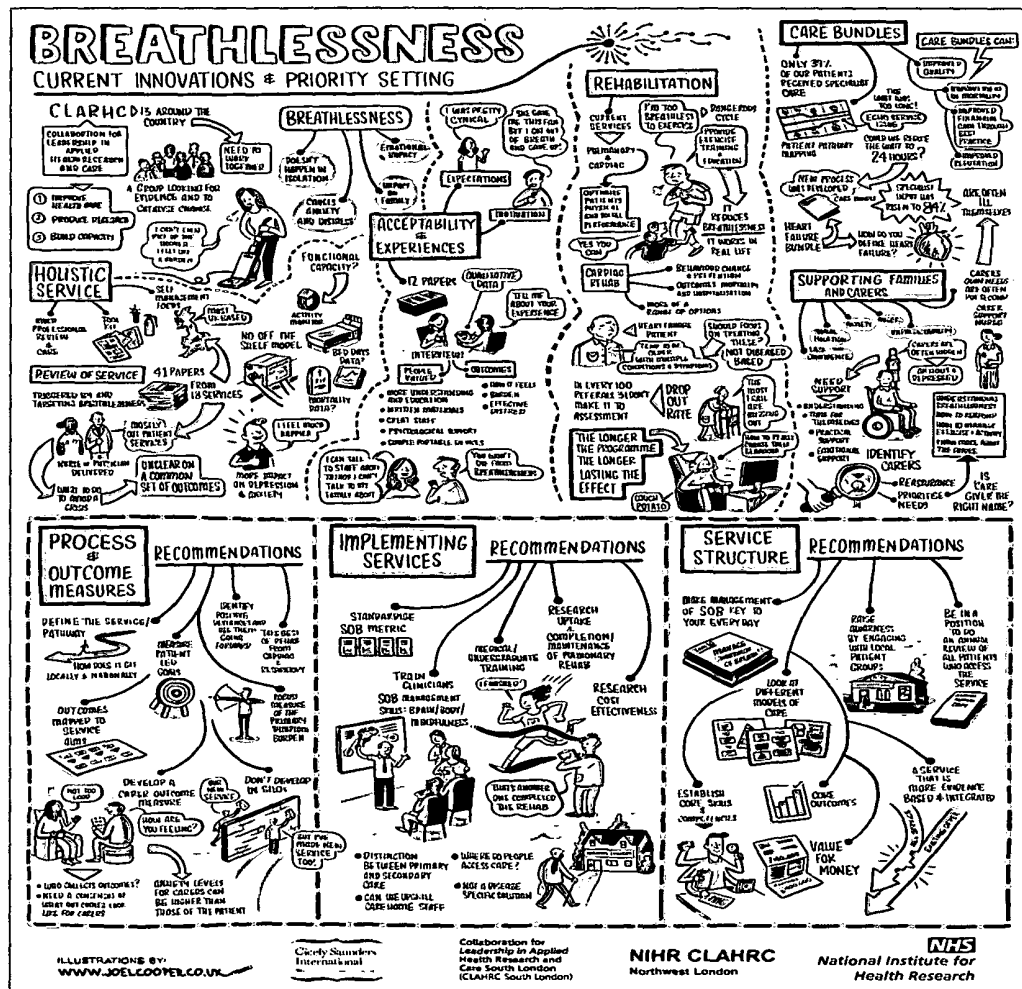
Patients and carers were involved in planning the event, particularly in suggesting key stakeholders to include and ensuring important aspects of holistic services were discussed in the groupwork component. They participated fully in the event and will continue to shape ongoing work and refine the generated recommendations.

Feedback from participants directly and on twitter has been highly positive and we have shared our positive experience across multiple online news platforms, for example:

- CLAHRC South London news: <https://tinyurl.com/BreathlessnessEvent>
- King's College London news: <https://tinyurl.com/breathlessnessKCLnews>
- CLAHRC Northwest London blog: <https://tinyurl.com/BreathlessnessCLAHRCnw1>

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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. Our plans for the establishment of a Professorship in Palliative Care to build capacity in this important and growing area are outlined on page 18.

Progress in specific project areas

OPTCare Elderly

OPTCare Elderly Scope and Objectives

OPTCare Elderly: optimising palliative care for older people in community settings; development and evaluation of a new short term integrated palliative and supportive care service.

The OPTCare Elderly study is a phase II trial of early palliative care for frail older people. It is a joint project between King's College London and Sussex Community NHS Foundation Trust, and has been funded by:

- HEE/NIHR Clinical Lectureship (Dr Catherine Evans, March 2011-February 2015);

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- NIHR Research for Patient Benefit (November 2013-May 2016); and
- CS International/The Atlantic Philanthropies (BuildCARE) (March 2015-April 2016).

OPTCare Elderly aimed to develop and evaluate the feasibility of short-term integrated palliative and supportive care service (SIPScare) for frail older people with non-malignant conditions, living at home or in a care home.

OPTCare Elderly Accomplishments in 2017

The results found SIPScare is a beneficial and acceptable way to re-configure community palliative care and primary care services to improve patient outcomes. The two main publications on developing SIPScare are published. The next steps are dissemination, increasing the impact of results on service provision and pursuit of research funding for definitive work.

SPACEtoolkit Scope and Objectives

SPACEtoolkit: Developing and evaluating a new tool, the Symptom and Psychological Assessment and Communication Evaluation (SPACE), to improve communication and palliative care for older people during uncertain recovery in community hospitals.

Community hospitals are important in providing care for older people. There are over 320 community hospitals in England providing care for 120,000 admissions per year. Most people admitted are aged 80 years or over, and around 40% have dementia/cognitive impairment. Admissions are often unplanned following marked decline from a seemingly minor health event, e.g. chest infection. Individuals are vulnerable to poor outcomes, and uncertainty often surrounds their recovery or continued decline leading eventually to end of life. The study focuses on improving communication and assessment of older people admitted to a community hospital to reduce anxiety and distress for them and their families. We focus on older people as we believe this represents an area of greatest need, and responds to national priorities for research on improving palliative care for all, training for staff to deliver and the assessment and treatment of discomfort.

The study aims to develop and evaluate the feasibility of the new SPACEtoolkit to reduce anxiety and distress for patients and families, by improving communication and palliative care across the care continuum from admission to discharge, or end of life.

The study has five stages:

1. Reviewing work already published, to confirm the best tools and how they work.
2. Analysing national data on community hospital admissions for older people for one year after their admissions (Hospital Episode Statistics), and death registrations, to understand mortality and place of death and the associated factors.
3. Interviews with 30 patients/families and 20 clinical staff to test out and improve the main components of the toolkit, how to use them in clinical practice, and what they think are the main benefits for patients/families.
4. Testing the feasibility of using the toolkit in four community hospital wards involving 80 patients, to explore patient/family benefits, processes for implementing in practice, patient participation and acceptability for patients and clinical staff.
5. Integrating all findings to have a clear idea of the content of the SPACEtoolkit, the best way to introduce and use it in practice and how to evaluate it for the future.

Our intention is for the work to be an important step forward in transforming the care in community hospitals by providing staff with evidence-based tools to improve care. It will also enhance our understanding of care for people in this neglected situation, and provide a solid foundation for a future study to test how the tools we develop may work nationally.

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Two important projects are: telehealth implementation and evaluation to improve monitoring and timely access to primary and community services for people with multi-morbidities in community settings (at home and care homes); and implementation and evaluation of an End of Life Care Hub providing 24/7 telephone access to palliative and end of life care services for patients, families and health and social care practitioners.

These service innovations are providing opportunities to increase the impact of our research work in clinical practice, and use service evaluation as a means to pilot novel research methods to inform a full research study. For example, in the telehealth study the outcome measures (e.g. IPOS), and patient experience measures, are administered to the patient and carer via the telehealth CarePortal at set-time points. The study also uses a central database (Artemis) comprising GP electronic patient records for participants' demographic data, data on the comparator patient group (e.g. unplanned hospital admission rates) and economic data on service use.

NIHR Clinician Scientist (Dementia) Programme

NIHR Clinician Scientist (Dementia) Programme Scope and Objectives

This prestigious award, one of only six made nationally and the first in palliative medicine, provides support for five years to explore the use of routinely collected clinical and administrative data to understand and improve end of life care in dementia. The Clinician Scientist was supported by CS International/The Atlantic Philanthropies (Project BuildCARE), and before that an NIHR Academic Clinical Lectureship in the preparation and development for this award.

Our research showing that Emergency Department attendance is increasing in dementia, was published in high impact journal *Alzheimer's and Dementia*, and received substantial media attention. In November 2017 we organised a Knowledge Exchange Seminar at the Cicely Saunders Institute on the subject of avoiding unplanned hospital admissions near the end of life. The event was attended by 70 people including clinicians, researchers, policy experts and commissioners.

The Clinician Scientist continues to be scientific advisor to the End of Life Care Coalition and represents Cicely Saunders International on this group. Activities this year include an analysis of inclusion of end of life care in Sustainability and Transformation Plans, publication of a briefing for Parliamentarians on end of life care (launched at the Knowledge Exchange Seminar), and an open letter to Jackie Doyle-Price, Minister responsible for end of life care, calling for more progress. <https://cicelysaundersinternational.org/open-letter-government-minister/>

African Programmes

Scope and Objectives

In 2017 we launched the Institute's new Centre for Global Health at the Cicely Saunders Institute. Through this initiative we are:

- Developing and testing services that address the urgent challenge of rapid ageing and increasingly complex multimorbidity in lower and middle income countries.
- Creating models of palliative care and outcome measures that respond to locally prevalent illness and conditions such as HIV, TB and certain cancers.
- Identifying emerging leaders and building their potential for local clinical and academic leadership.
- Providing demonstrable evidence that can be translated into policy, education and practice by advocates, NGOs and governments.

The work of the Centre for Global Health addresses the increasing need for palliative care, and the development of affordable health systems to meet that need. We are building capacity through education and training and translating POS (Palliative care Outcome Scale) into other languages. We carried out an evaluation of Hospice Africa Uganda's innovative use of water bottles to introduce oral morphine into home care and are working with partners in South Africa on palliative care needs of drug-resistant TB patients. We worked with the African Palliative Care Association to produce the world's first outcome measure specifically for children and young people, the C-POS. It is the first tool for use within children's palliative care, a vulnerable patient group. Our students are from India, Singapore, Mauritius, Ghana, China and Thailand.

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Progress in specific project areas

Within BuildCARE Africa, in 2017 we secured a new MSc African scholarship from the Sir Halley Stewart Trust (awarded to a female medical oncologist from Sudan). Within the Fellowships Consortium, for BuildCARE Africa in addition to our new Sudanese MSc Fellow, our MSc scholar has upgraded successfully to PhD and has completed data collection. Four grants have been awarded for primary research across Africa.

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 15th 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. Five papers have been published on 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; factors associated with participation; active refusals and reasons for not taking part in the survey; and a secondary analysis on the relationship between caregiving intensity and adverse bereavement outcomes. The study has been replicated in Northern Ireland (QUALYCARE-NI).

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 does 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. We re-ran the searches again in September 2017 and will submit the review update in 2018.

BuildCARE Programme

BuildCARE Scope and Objectives

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 International Access, Rights and Empowerment (IARE) study was a foundation international research project in BuildCARE. IARE aimed to better understand the needs of patients aged 65 and over who have received palliative care for cancer and non-cancer conditions, and their families. This knowledge will be used to help improve access to these valuable services for this group. BuildCARE also included the Dissemination, Engagement and Empowerment (DEE) programme, the Faculty Scholar and PhD Fellowship programmes.

BuildCARE Accomplishments in 2017

Overall, BuildCARE has supported five Faculty Scholars. We identified talented individuals and provided bridging funding, academic support and supervision, to enable them to complete essential work to win a more substantial award. All Faculty Scholars have successfully moved to senior posts, including a Professorship, an NIHR Clinician Scientist, an NIHR Clinical Senior Lectureship, and two leadership positions.

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Project BuildCARE formally drew to a close in 2016, however, Cicely Saunders International/The Atlantic Philanthropies agreed to allow an underspend to be carried forward, to support bridging funding for existing staff within the programme to develop their careers and develop major applications. The Faculty Scholars and other BuildCARE members are continuing to publish and disseminate high-quality evidence about the needs of older patients, and build on these findings in the IARE II study.

Palliative Care Clusters

Scope and Objectives

Funded by The Atlantic Philanthropies, comprising:

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

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 ageing 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** examines the preferences and care experiences of patients and families with chronic disease, who are not afforded access to specialist palliative care. The study focuses 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 complements the gains of the others in this cluster.

GlobalCARE

PACE and SPACE

Supported by The Atlantic Philanthropies GlobalCARE grant we are extending support for older patients in community settings through use of the SPACEToolkit (Symptom Psychological Assessment and Communication Evaluation toolkit), see earlier, **Improving Palliative Care for Older People**, building on the Institute'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

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symptoms and concerns, and communication with patients and families). The Atlantic Philanthropies funding has supported the development 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 focused 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.

Outcome Measures

Outcome Measures Scope and Objectives

The Palliative care Outcome Scale (POS) measures are a family of tools to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs. They are validated instruments that can be used in clinical care, audit, research and training. Since first launched, POS has been tested and improved by researchers around the world. A global network of researchers and clinicians continue to collaborate with researchers at the Institute to ensure that POS remains an outcome measure of choice.

Outcome Measures Accomplishments in 2017

Use of POS and IPOS continues to expand, both in clinical practice and in research studies. This expansion is occurring both nationally and internationally, and the POS development team continues to work with teams across the world to support uptake in the UK, and to encourage translation, cultural adaption, and validation of the different language versions across the world.

POS website

The POS website www.pos-pal.org is widely used for dissemination of the measures and related guidance and evidence. It provides free access to the complete family of POS and IPOS measures, although we ask users to register, so that we can better understand and support website use. There are now over 8,700 registered users of the POS website (Nov 2017 data), with more than 2,000 unique visits and 800 downloads of the measures each month. About a quarter of the unique visits and downloads are from the UK, and about a third from the USA, with the remainder spread over a diverse range of countries (126 countries in total).

POS Development Team

The POS Development Team continues to support and monitor the use of POS and IPOS internationally. There are 13 different translations of POS freely available at www.pos-pal.org – Chinese (original), Chinese Simplified, Dutch, French, German, Italian, Japanese, Norwegian, Portuguese, Portuguese (Brazilian), Punjabi, Spanish and Urdu. There are also five translations of IPOS now completed and available on www.pos-pal.org (German, Italian, Polish, Portuguese, and Swedish), with links to IPOS-specific webpages in the home country as appropriate (to support use of www.pos-pal.org by non-English speakers). A further 12 translations and cultural adaptations of IPOS are in process around the world.

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Disease-specific and other versions of POS and IPOS

- The development and validation of disease-specific versions of the POS family of measures continues to progress well. MyPOS (Myeloma Patient Outcome Scale) has now been refined and validated for patients with follicular lymphoma, and has become the first quality of life tool developed for this population.
- A version of IPOS for use in those with dementia, IPOS Dem, has also been developed.
- The version of IPOS for heart failure is still in development, but IPOS has been tested as part of a patient-centred intervention in a heart failure population.
- Preliminary validation of IPOS-Renal (a version of IPOS for patients with end-stage kidney disease) has been completed. A Spanish version of IPOS-Renal has also been translated and culturally adapted.
- We are also developing a virtual learning platform of the POS family of measures. CS International/The Atlantic Philanthropies (Project GlobalCARE) is supporting this work, which will ultimately be a comprehensive and free resource for clinicians, researchers and service planners.

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:

- **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.
- **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 supports the development and delivery of technical resources and training to assist fellows with these challenges.
- **Community Building:** The Fellowships Consortium facilitates 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.
- **International Engagement Action:** Fellows 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 assist fellows to highlight the issues in palliative and end of life care, and to provide evidence-based solutions.

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.
- Opening the study, with ethical approval, and recruiting participants in London and Dublin with

Trustees' Report

For the year ended 31 December 2017

around 25 participants so far recruited in each country. Our target sample size is 80 participants in each country.

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 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.

Other Training Fellowships

The Rob Buckman MSc Scholarship in Palliative Care

In 2014 we were provided with funds from the friends and family of the late Professor Rob Buckman to fund two scholarships for the MSc in Palliative Care. Students applying for these scholarships were required to have an interest in psychosocial issues and specifically those related to communication. The first scholar commenced in 2015 and graduated in 2017. The second scholar commenced the programme in 2016 and is due to graduate in 2018. The final payments out of these funds are expected to be due in 2018.

Kirby Laing MSc Scholarship in Palliative Care

We were awarded a grant for four scholarships from the Kirby Laing Foundation for students focusing their research project on stroke or dementia. The first scholar (dementia) has completed the course and will graduate in 2018. Three further scholars (2 stroke and 1 dementia) are continuing their studies and are expected to graduate in 2019. The restricted fund for this grant showed a deficit of £1,500 at the year end, however a further £24,800 was received in May 2018 to further support these scholarships.

The Sir Halley Stewart Trust African Scholar

In 2017 we were awarded a grant for a scholarship programme beginning in 2018, entitled Improving capacity for care for the dying in Africa through the vision of Dame Cicely Saunders: Sir Halley Stewart African Palliative Care Scholar.

Dissemination

The CS International Annual Lecture 2017

In October 2017 Professor David Kissane delivered the Cicely Saunders Annual Lecture: '*Integrating the Existential and Psychosocial into Palliative Medicine: Hope, Value and Meaning for Patients, Families and Care Teams*'

Trustees' Report

For the year ended 31 December 2017

Staff, students, researchers, clinical colleagues and funders were joined online by palliative care research teams in the UK, Italy, Ireland, Northern Ireland and USA.

Open Seminar Series

10 seminars were held in 2017 and were attended by 392 people.

25 January 2017

Professor Martin Vernon, National Clinical Director for Older People and Integrated Care at NHS England, Central Manchester University Hospitals NHS Foundation Trust

The challenges and opportunities for an ageing population living with frailty

22 February 2017

Professor David Clark, Sociologist at the University of Glasgow, School of Interdisciplinary Studies and leads the Glasgow End of Life Studies Group

A new biography of Cicely Saunders: goals, challenges and methods

22 March 2017

Professor Catherine Sackley, Head of Physiotherapy, Professor in Rehabilitation & Deputy Head of Division in Health and Social Care Research, King's College London

Unexpected results - rehabilitation trials demonstrating no benefit

26 April 2017

Jenny King, Associate Director of Research, Picker Institute Europe

Capturing the views of patients and carers about their experiences of care co-ordination

24 May 2017

Dr Matthew Maddocks, Lecturer & Specialist Physiotherapist, King's College London

Understanding symptoms as a threat to function

28 June 2017

Professor Dominic Wilkinson, Professor of Medical Ethics & Director of Medical Ethics, Oxford Uehiro Centre for Practical Ethics

Outcomes following treatment limitation discussions in newborn infants

26 July 2017

Professor Charles Normand, Edward Kennedy Professor of Health Policy and Management at Trinity College Dublin and Visiting Professor of Health Economics at the London School of Hygiene and Tropical Medicine

The effects on costs of palliative care teams in hospitals

27 September 2017

Lesley Wye, NIHR Knowledge Mobilisation Fellow, Senior Research Fellow, Centre for Academic Primary Care, University of Bristol

Evidence-based policy making and the role of researchers

Trustees' Report

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25 October 2017

Dr Libby Sallnow, Research Fellow and Doctorate Student, St Joseph's Hospice

Understanding a new public health approach to end of life care

22 November 2017

Professor Julia Downing, Honorary Professor Makerere University, Chief Executive International Children's Palliative Care Network

Prioritising global research opportunities for children's palliative care

Other Events in 2017

POS workshops (February 2017)

Patient, Family and Public Involvement (PPI) Workshops (April and November 2017)

Michal Galazka International Study Day (June 2017) Palliative Care in 20 Years Time: Future Predictions and Global Challenges

London Open House Event (September 2017)

Breathlessness: Current Innovations and Priority Setting (October 2017)

Knowledge Exchange Seminar (November 2017)

Visitors Programme

Supported by CS International/The Atlantic Philanthropies (Project GlobalCARE), the Visitors Programme continues to be very popular, and useful for knowledge exchange and to forge new partnerships and collaborations. In the past year we have hosted guests from Australia, China, Denmark, Germany, Indonesia, Israel, Italy, Japan, Singapore, South Africa, Sweden, Switzerland, Taiwan and the USA and UK.

CS International Newsletter

Four newsletters have been produced in 2017 – Spring, Summer, Autumn and Winter editions representing an increase since 2016 (two newsletters). The newsletters were distributed via postal mail (276 recipients) and via Mailchimp (460 email subscribers).

Cicely Saunders Centenary 2018

The Cicely Saunders Institute will be hosting a series of events in 2018 celebrating the centenary of our founder Dame Cicely Saunders who was born on 22 June 1918. Many organisations around the world will celebrate Dame Cicely's centenary with exhibitions, documentaries and other events to reflect on her importance as a pioneer of the hospice movement, and the work that became the foundation for the establishment and recognition of palliative care as a medical specialty. The Institute's event series will include workshops, exhibitions, talks and social media activity celebrating the centenary of Dame Cicely Saunders.

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.

Trustees' Report

For the year ended 31 December 2017

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 £807,829 was recognised (2016 - £1,662,471). 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 deficit of £38,695 (2016 – a surplus of £1,003,700).

CS International's net assets at 31 December 2017 were £3,754,883 (2016 - £3,793,578).

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 and designated 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 desirable level of general reserves should be a minimum of 18 months unrestricted charitable expenditure. In 2017 general reserves equated to 35 months charitable expenditure.

At 31 December 2017, free reserves were £148,626 (2016 - £171,175). 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.
- the implementation of procedures designed to minimise or manage any potential impact on the charity should those risks materialise.

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

Trustees' Report

For the year ended 31 December 2017

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

Principal funding sources

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

Key management personnel

The key management personnel of the charity are considered to be the board of trustees. The charity does not employ any staff directly, and all key decisions are made by the board. Trustees do not receive any remuneration for their role as trustees.

Fundraising

The charity does not undertake significant activities to raise funds from the public, and has not used any professional fundraisers during the year. The charity has not received any complaints about its fundraising activities.

Plans for the future

Main objectives for the year

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 and the capacity to build the specialty of palliative care. Plans for the establishment of an endowed Professorship in Palliative Care have progressed in 2017 with a match-funded pledge from the Kirby Laing Foundation for 50% of the amount needed. Fundraising plans in 2018 will include sourcing the remaining 50% funds for this professorship. Plans also include accessing support for our newly established Centre for Global Health to advance our aim of ensuring that everyone has access to the best palliative care, wherever they live and wherever they are cared for.

Aims and objectives for the future

The need for palliative care has never been greater and is growing rapidly. As the population lives longer due to reductions in acute disease, the prevalence of other health problems increases. Patterns of dying are changing as chronic and progressive diseases coexist, and the boundaries between being ill and dying become obscured and prolonged.

Trustees' Report

For the year ended 31 December 2017

The very oldest people often experience multiple chronic diseases, such as heart failure, respiratory failure and cancer. The dramatic increase in the older population and the multiple health and other problems of ageing will put great pressure on healthcare providers, and many more people will need palliative care and support to help them live as well as possible until they die.

The creation of a Professorship in Palliative Care will greatly expand research, clinical and teaching capacity at the Cicely Saunders Institute enabling us to:

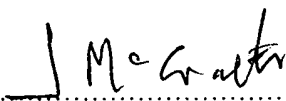
- Develop and trial new evidence-based models of care.
- Develop and trial scientifically robust new therapies for an older population with multiple co-morbidities.
- Better understand patient choice in order to ensure adequate resources are in place for a rapidly ageing population.
- Increase clinical, research and teaching capacity within the field to develop the palliative care leaders of the future.

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.

In preparing this report, the trustees have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

Approved by the Board on 10/7/18
and signed on its behalf by


John McGrath
Company Secretary

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

Opinion

We have audited the financial statements of Cicely Saunders International (the 'charity') for the year ended 31 December 2017 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2017 and of its income and expenditure for the year then ended.
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice.
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the 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.

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 in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specific by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the statement of trustees' responsibilities set out on pages 2 and 3, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

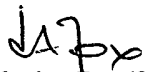
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee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

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

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

Use of the audit report

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.



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

Date: 23 July 2018

Cicely Saunders International

Statement of financial activities for the year ended 31 December 2017

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2017 £	Total funds 2016 £
Income and expenditure					
Income from:					
Donations and legacies		779,418	-	779,418	1,626,537
Investments		28,411	-	28,411	35,934
Total income		<u>807,829</u>	<u>-</u>	<u>807,829</u>	<u>1,662,471</u>
Expenditure on:					
Raising funds	2	3,275	5,399	8,674	8,295
Charitable activities	3	50,919	786,931	837,850	650,476
Total expenditure		<u>54,194</u>	<u>792,330</u>	<u>846,524</u>	<u>658,771</u>
Net income/(expenditure)		<u>753,635</u>	<u>(792,330)</u>	<u>(38,695)</u>	<u>1,003,700</u>
Reconciliation of funds					
Balance at 31 December 2016		<u>520,958</u>	<u>3,272,620</u>	<u>3,793,578</u>	<u>2,789,878</u>
Balance at 31 December 2017		<u>1,274,593</u>	<u>2,480,290</u>	<u>3,754,883</u>	<u>3,793,578</u>

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

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

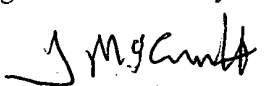
Cicely Saunders International

Balance sheet at 31 December 2017

	Notes	2017	2016
		£	£
Fixed assets			
Tangible fixed assets	7	-	-
Current assets			
Debtors	8	6,893	495,132
Cash at bank and in hand		4,022,150	3,572,128
		4,029,043	4,067,260
Creditors: Amounts falling due within one year	9	(274,160)	(273,682)
Net current assets		3,754,883	3,793,578
Net assets		3,754,883	3,793,578
Funds	10		
General funds		148,626	171,175
Designated funds		1,125,967	349,783
Restricted funds		2,480,290	3,272,620
		3,754,883	3,793,578

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 10/7/18
and signed on its behalf by


John McGrath
Trustee

Cicely Saunders International

Statement of cash flows for the year ended 31 December 2017

	Notes	2017 £	2016 £
Net cash provided by operating activities	11	418,230	350,913
Cash flows from investing activities:			
Interest received		31,792	35,934
Net cash provided by investing activities		<u>31,792</u>	<u>35,934</u>
Change in cash and cash equivalents in the year		450,022	386,847
Cash and equivalents bought forward		3,572,128	3,185,281
Cash and equivalents carried forward		<u><u>4,022,150</u></u>	<u><u>3,572,128</u></u>

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

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

All income is included in the Statement of Financial Activities when the charity is legally entitled to the income, receipt is probable, and the amount can be quantified with reasonable accuracy. For legacies, entitlement is the earlier of the charity being notified of an impending distribution or the legacy being received. Interest earned on fixed term deposits is accrued at the year end and included in debtors.

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 2017

1.7 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

There were no specific judgements, estimates and assumptions that were critical to the preparation of these financial statements.

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

2 Raising funds

	Unrestricted funds £	Restricted funds £	Total funds 2017 £	Total funds 2016 £
Materials	1,334	-	1,334	825
Support costs (see note 4)	1,941	5,399	7,340	7,470
	<u>3,275</u>	<u>5,399</u>	<u>8,674</u>	<u>8,295</u>

3 Charitable activities

	Unrestricted funds £	Restricted funds £	Total funds 2017 £	Total funds 2016 £
Direct programme costs	5,148	749,157	754,305	563,250
Scientific Director	17,500	-	17,500	20,000
Support costs (see note 4)	28,271	37,774	66,045	67,226
	<u>50,919</u>	<u>786,931</u>	<u>837,850</u>	<u>650,476</u>

4 Support costs

	Raising funds £	Charitable activities £	Total 2017 £	Total 2016 £
Administrator costs	4,002	36,017	40,019	55,138
Travel & subsistence	384	3,452	3,836	7,238
Printing, postage & stationery	645	5,802	6,447	3,559
Telephone	1	7	8	57
Depreciation	-	-	-	536
Audit fee	437	3,937	4,374	3,006
Accountancy	307	2,765	3,072	2,982
Company Secretarial	130	1,166	1,296	1,260
Professional & consultancy	583	5,244	5,827	-
Other expenses	851	7,655	8,506	920
	<u>7,340</u>	<u>66,045</u>	<u>73,385</u>	<u>74,696</u>

Support costs are allocated based on the staff time spent on each activity. Governance costs consisted of professional fees of £14,569 (2016: £7,248).

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

5 Net movement in funds

	Unrestricted funds 2017 £	Unrestricted funds 2016 £
Net income is stated after:		
Depreciation	-	536
Auditors' remuneration		
- Audit	4,374	3,006
- Accounting services	3,072	2,982
- Company secretarial	1,296	1,260
	<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 £223 during the year (2016: one trustee received £243).

7 Tangible fixed assets

	Computer equipment £
Cost	
At 1 January 2017	3,822
Additions	-
	<u> </u>
At 31 December 2017	3,822
	<u> </u>
Depreciation	
At 1 January 2017	3,822
Charge for the year	-
	<u> </u>
At 31 December 2017	3,822
	<u> </u>
Net book value	
At 31 December 2017	-
	<u> </u>
At 31 December 2016	-
	<u> </u>

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

8 Debtors

	2017	2016
	£	£
Prepayments and accrued income	<u>6,893</u>	<u>495,132</u>

9 Creditors: Amounts falling due within one year

	2017	2016
	£	£
Accruals and deferred income	<u>(274,160)</u>	<u>(273,682)</u>

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

10 Funds

	At 1 January 2017 £	Income £	Expenditure £	Transfers £	At 31 December 2017 £
General funds	171,175	807,829	(53,707)	(776,671)	148,626
Designated funds					
Cicely Saunders Institute Research	319,605	-	(487)	-	319,118
Other designated funds	30,178	-	-	-	30,178
International Palliative Care Research and International Development	-	-	-	776,671	776,671
Total designated funds	<u>349,783</u>	<u>-</u>	<u>(487)</u>	<u>776,671</u>	<u>1,125,967</u>
Total unrestricted funds	<u>520,958</u>	<u>807,829</u>	<u>(54,194)</u>	<u>-</u>	<u>1,274,593</u>
Restricted funds					
Breathlessness Programme	132,708	-	-	-	132,708
BuildCARE	703,934	-	(165,396)	-	538,538
Palliative Care Clusters	2,433,744	-	(625,434)	-	1,808,310
Support for MSc scholarships	1,007	-	-	-	1,007
Kirby Laing Scholarships	-	-	(1,500)	-	(1,500)
Gulbenkian Foundation	1,227	-	-	-	1,227
Total restricted funds	<u>3,272,620</u>	<u>-</u>	<u>(792,330)</u>	<u>-</u>	<u>2,480,290</u>
Total funds	<u>3,793,578</u>	<u>807,829</u>	<u>(846,524)</u>	<u>-</u>	<u>3,754,883</u>

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. The timescale for the use of these funds is under review pending the outcome of the current fundraising initiative for capacity building via the permanent establishment of a professorship.

Other designated funds: Other designated funds include £3,615 for administration costs, £15,000 for Scientific Director costs, and £11,067 for IT and other costs.

International Palliative Care Research and International Development:

Hospice Education Institute has provided funds for palliative care research and international development. The programme launched with a one-day international study day in June 2017 presenting research from international experts on future predictions and global challenges for palliative care. A 2nd international study day will take place in July 2018 to present the latest

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

10 Funds (continued)

scientific research in the use of technology in health care. It is anticipated that the remainder of the programme costs will begin to be incurred from 2019. The funds received were unrestricted. The board took the decision to transfer the funds to a designated fund to focus on international research and development.

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.

BuildCARE: This programme (commencing May 2011) is funded by The Atlantic Philanthropies to build capacity, and improve 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 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.

Kirby Laing Scholarships: The Kirby Laing Foundation has provided funds for four scholarships, two focusing on stroke, and two focusing on dementia. £24,800 was received from the Kirby Laing

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

Foundation in May 2018 which has eliminated the deficit shown on this fund.

10 Funds (continued)

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

All fund balances at 31 December 2017 were held within net current assets.

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

	2017 £	2016 £
Net (expenditure) / income for the year	(38,695)	1,003,700
Adjustments for:		
Depreciation	-	536
Interest receivable	(28,411)	(35,934)
Decrease in accrued interest	(3,381)	-
Decrease/(increase) in debtors	488,239	(490,849)
Increase/(decrease) in creditors	478	(126,540)
Net cash provided by operating activities	<u>418,230</u>	<u>350,913</u>

12 Financial instruments

	2017 £	2016 £
Financial assets measured at amortised cost	<u>6,893</u>	<u>495,132</u>
Financial liabilities measured at amortised cost	<u>274,160</u>	<u>273,682</u>

Cicely Saunders International

Notes to the financial statements for the year ended 31 December 2017

13 Comparative Statement of Financial Activities

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