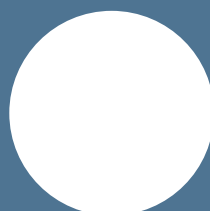




Annual Report 2014



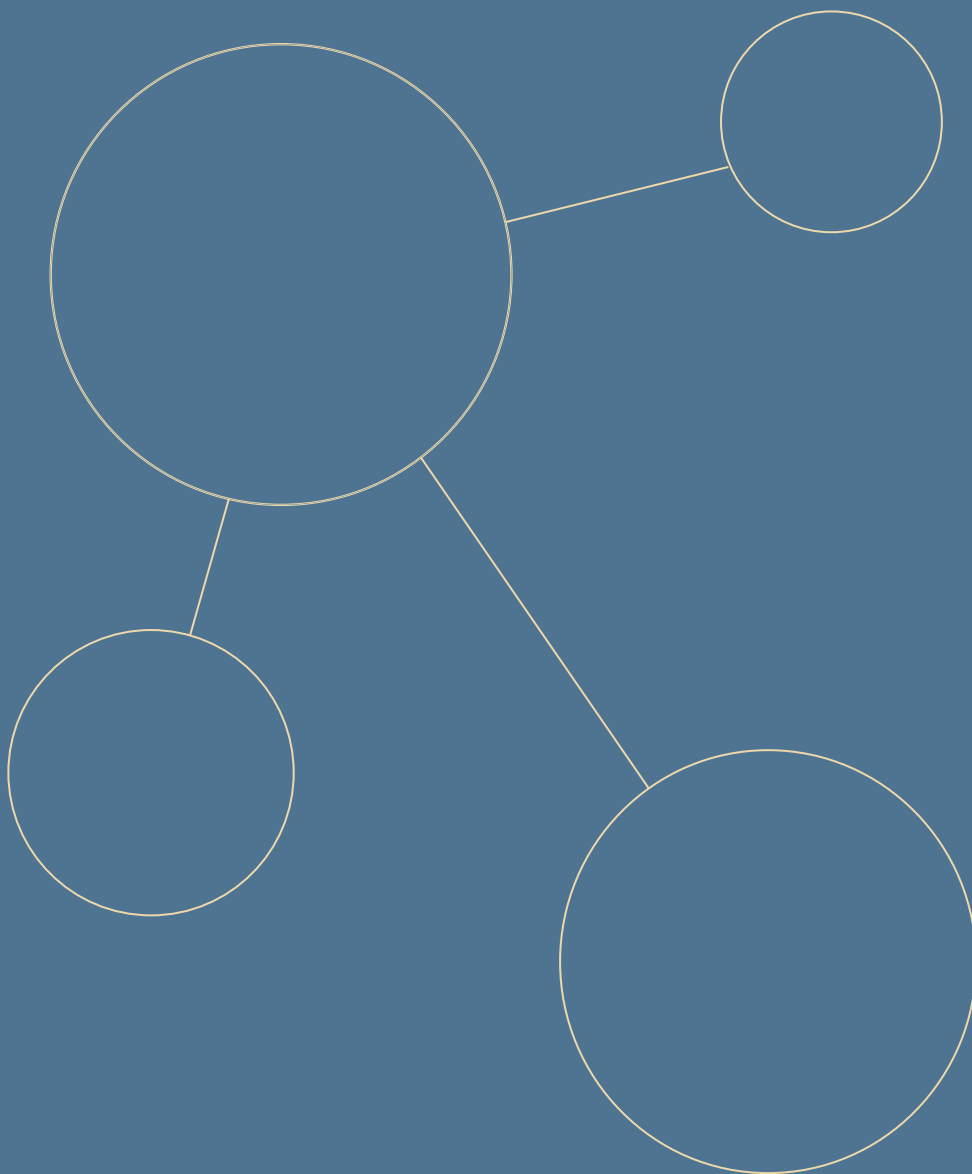
The
Point of Care
Foundation

About The Point of Care Foundation

The Point of Care Foundation is an independent charity working to improve patients' experience of care and increase support for the staff who work with them.

Our vision is radical improvement in the way we care and are cared for. We believe a truly patient-centred approach – focussed on listening, understanding and responding to the needs of the whole individual – is essential to the delivery of the best possible quality of care.

We deliver this vision by providing evidence and resources to support health and care staff in the difficult work of caring for patients.



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Registered charity name	The Point of Care Foundation
Charity number	1151628
Registered office	11-13 Cavendish Square London W1G 0AN
Trustees	Sir Adrian Montague (chairman) Dr Sean Elyan Sir Robert Francis QC Ceinwen Giles Rebecca Gray Professor Jill Maben
Director	Dr Jocelyn Cornwell
Management accountants	Ryecroft Glenton 32 Portland Terrace Newcastle upon Tyne NE2 1QP
Auditor	Hazlems Fenton LLP Chartered Accountants Palladium House 1 - 4 Argyll Street London W1F 7LD
Bankers	The Co-operative Bank plc PO Box 101 1 Balloon Street Manchester M60 4EP
Solicitors	RadcliffesLeBrasseur 5 Great College Street London SW1P 3SJ

Chairman's statement

On behalf of the trustees of The Point of Care Foundation, I am delighted to present our first annual report and audited accounts for the year ending 30 April, 2014 and confirm that they comply with the Foundation's constitution, the Charities Act 2011 and the Charities Statement of Recommended Practice (SORP) of 2005.

Signed on behalf of the trustees,

A handwritten signature in black ink, appearing to read 'Adrian Montague', with a stylized flourish at the end.

Sir Adrian Montague

Chairman

Dated: 4 August, 2014

Approved by the board on: 4 August, 2014

Statement from the director

This report provides a snapshot of the activities and plans of The Point of Care Foundation at the end of April, 2014. Specifically, it provides an overview of what we have achieved during our first year, how we have performed financially, and a summary of our plans for the future. But first I think it is important to put this work in context.

The Foundation grew out of the Point of Care programme at The King's Fund (2007-2013). That programme, which I led, published research and developed a number of products for healthcare organisations to use to improve the services they offered to patients and to their own staff. We tested and evaluated Experience Based Co-Design (EBCD), a widely used and respected method for redesigning and improving the quality of services in partnership with patients.

We developed a unique collaborative called Patient and Family Centred Care (PFCC), working directly with front-line clinical teams, teaching them how to improve the quality of care and patients' experience. And most importantly for this report, in 2009 The King's Fund enabled us to bring Schwartz Centre Rounds to the UK. Schwartz Rounds are a unique form of multidisciplinary reflective practice (see Section 4) which we initially tested and evaluated in two pilot sites.

We are grateful to The King's Fund not only for the scope they have given us to develop these projects further, but also for their initial and ongoing support to the Foundation.

However, the work of The Point of Care Foundation is part of a bigger movement to transform the experience of patients and service users.

The Francis Inquiry into Mid Staffordshire NHS Foundation (2013) highlighted serious failings in care that came about when too few staff were focusing on the things that matter most to patients – being treated with kindness and respect, being seen as a person as well as a patient, being clean and comfortable and knowing who is in charge of their care. Unfortunately, while

Mid Staffordshire may have been an extreme case, working conditions often make it hard for staff to care for patients in the way they would like because they are themselves often stressed and disengaged.

Looking over this report, the spread of the Schwartz Rounds programme has been our stand-out achievement in year one. We have gone from supporting 23 organisations to run Schwartz Rounds when we launched in April 2013 to supporting 65 by the end of the financial year. Funding from the Department of Health and Macmillan Cancer Support, as well as the passion and dedication of front-line staff, helped to make that happen.

Looking ahead, one of our greatest challenges will be to identify and promote new ways of working in healthcare, ways of working that have the power to bring about genuine improvements in care.

Our vision is radical improvement in the way we care and are cared for, to create a truly patient-centred approach. For this to happen we need to see genuine culture change, not just piecemeal improvement in some units and on some wards, but a genuine, unstoppable movement sweeping through healthcare. The Point of Care Foundation won't achieve this alone, but we are working with others to be part of the solution.

Jocelyn Cornwell

Director, The Point of Care Foundation



THE POINT OF CARE FOUNDATION

1 Aims and vision

The Foundation is an independent charity working to improve patients' experience of care and increase support for the staff who work with them.

Our vision is radical improvement in the way we care and are cared for. We believe a truly patient-centred approach – focussed on listening, understanding and responding to the needs of the whole individual – is essential to the delivery of the best possible quality of care. We deliver this vision by providing evidence and resources to support health and care staff in the difficult work of caring for patients.

2 Objectives for the public benefit

The Foundation's charitable objectives, as set out in our constitution, are:

- *The advancement of education of the public, in particular those working in health and social care, in methods and skills to improve patients' and service users' care experience and*
- *to promote research for the public benefit in all areas of that subject and*
- *to publish the useful results of such research with the object of improving health and social care outcomes for patients, service users and their families and carers.*

In the Activities and Achievements section below, we outline how we meet those objectives through training and support, information sharing and research.

3 Structure, governance and management

The Point of Care Foundation was established as a charitable incorporated organisation (CIO) registered with the Charity Commission on 12 April, 2013.

The governance of the charity is the responsibility of the board of trustees, which takes decisions on the strategic leadership of the organisation at quarterly meetings.

The Foundation was established by Dr Jocelyn Cornwell and grew out of the work of the Point of Care programme at The King's Fund (2007-2013). The Department of Health gave an initial grant to the Foundation to promote and support Schwartz Rounds across England, subsequently an additional two year grant came from Macmillan Cancer Support.

The day-to-day running of the Foundation's activities is the responsibility of the director, who at the end of the financial year had responsibility for a team of six.

Further information on the governance of the Foundation can be found on pages 18-20.

ACTIVITIES AND ACHIEVEMENTS

The Point of Care Foundation helps organisations and front-line staff to improve patients' experience of care. We do this by providing training and support, undertaking research and promoting understanding of effective methods for improvement.

The bulk of our activity in 2013/14 has been focussed on promoting the uptake of Schwartz Centre Rounds and supporting organisations to run Rounds effectively.

4 Schwartz Centre Rounds

In 2013/14, we provided training and support to 65 organisations to enable them to run Schwartz Centre Rounds (hereafter, 'Schwartz Rounds' or 'Rounds').

Schwartz Rounds are a simple tool, consisting of one-hour long, confidential meetings where staff from different professions and backgrounds regularly come together to discuss the non-clinical aspects of caring for patients, such as the emotional and social challenges associated with their work. In contrast to traditional medical rounds, the focus is on the human rather than the clinical dimensions of the care. Their aim is to be supportive, not problem solving. The Point of Care Foundation is the sole licensed provider of training and support to organisations wishing to run Schwartz Rounds in the UK.

Schwartz Rounds were originally developed by The Schwartz Center for Compassionate Healthcare in Boston, Massachusetts and named after Kenneth Schwartz, a man who died in his 40s and wanted healthcare professionals to know that the 'smallest acts of kindness' on their part could, for patients, make 'the unbearable bearable'. Rounds are currently running in over 300 organisations in the US.

Evidence suggests that Schwartz Rounds provide an important space for staff to share the highs and lows of their work and gain support and insights from colleagues. This in turn influences relationships both between colleagues and with patients and ultimately, the delivery of better patient care. In the US, staff involved in Schwartz Rounds reported an improved ability to deal with the psychosocial demands of the job, decreased stress, better team-working and a greater organisational focus on delivering patient-centred care.¹ In a small study of the two UK pilot hospitals, participants reported benefits for their day-to-day care of patients and a strengthening of teamwork.²

1. Lown, B & Manning, C (2010). "The Schwartz Center Rounds: Evaluation of an Interdisciplinary Approach to Enhancing Patient-Centred Communication, Teamwork, and Provider Support." *Academic Medicine*, vol 85, No 6: 1073-1081. <http://www.pointofcarefoundation.org.uk/Downloads/Schwartz-Center-Rounds-Evaluation-Study-2010.pdf>

2. Goodrich, J (2012). "Supporting hospital staff to provide compassionate care: Do Schwartz Center Rounds work in English hospitals?" *Journal of the Royal Society of Medicine*, 105: 177-122. <http://www.pointofcarefoundation.org.uk/Downloads/JRSM-Goodrich.pdf>

Achievements of the Schwartz Rounds programme

With grant money from the Department of Health, our initial aim was to spread the uptake of Schwartz Rounds to an additional 20 NHS trusts each year for two years (2013/14 and 2014/15), over and above the 15 trusts we inherited from The King's Fund (the grant does not cover the work with hospices) (see Table 1).

In fact, we set ourselves a 'stretch' target of thirty trusts in 2013/14, and another thirty in 2014/15. However, as the figures in Table 1 show, in our first year we exceeded our stretch target by securing 42 new contracts, of which 35 were NHS trusts. We were helped in this by obtaining a further grant from Macmillan Cancer Support.

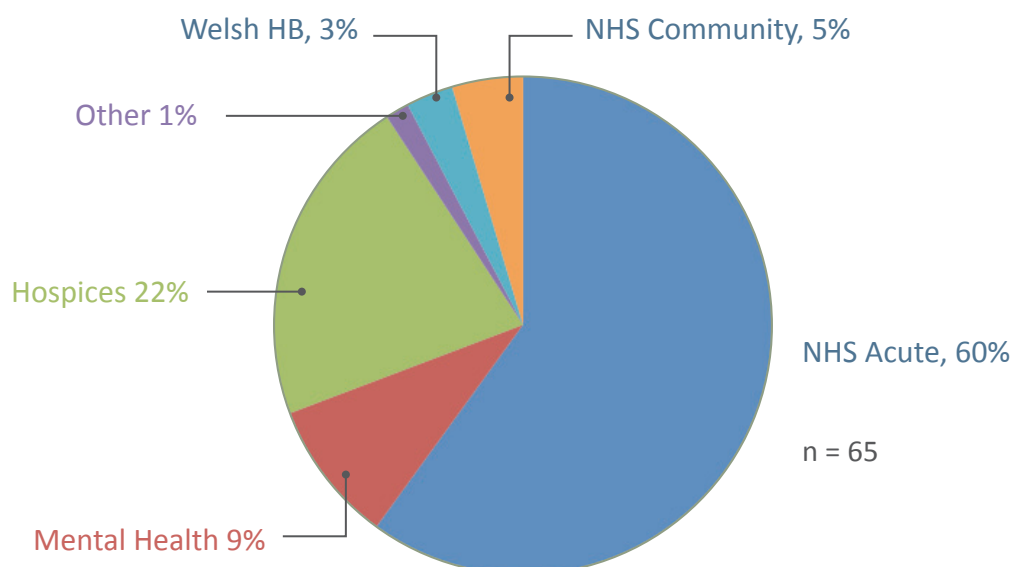
Table 1: Number of organisations contracted to run Schwartz Rounds

	Total number May 2013	Total number April 2014	Number of sites that signed up during 2013/14
NHS trusts	15*	50	35
Hospices	8*	14	6
Other		1	1
Total	23*	65	42

*Contracts with The King's Fund transferred to The Point of Care Foundation.

The types of organisations running Rounds are predominantly NHS acute hospital trusts, but increasingly other types of organisations are implementing Rounds. The chart below shows the breakdown by organisational type at the end of April 2014.

Chart 1: Organisations running Rounds by type, April 2014



We believe the rapid growth in the uptake of Schwartz Rounds during 2013/14 has been driven by a number of factors. Specifically:

- *Schwartz Rounds meet a previously unmet gap in the market. From early consultations with senior people in the NHS we learned that “people don’t know what to do to improve patient experience and enhance staff support.” Moreover, Rounds help to address an ongoing need – the need staff feel for mutual support.*
- *The wider NHS environment has been favourable. Since 2008, policy makers have recognised patients’ experience of care as a top priority. Personalised care was highlighted as being as important as safety and clinical quality in Lord Ara Darzi’s influential report High Quality Care for All: NHS Next Stage Review (2008). More recently, devastating and very public failures of care such as those at Mid Staffordshire NHS Foundation Trust and Winterbourne View have highlighted the importance of improving patient experience. Schwartz Rounds have also been commended in a number of important documents (including the Commission on Dignity’s report Delivering Dignity (2012), The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) and NHS England’s business plan for 2014/15 – 2016/17, Putting Patients First).*
- *Rounds are one of the few ways of supporting staff where there is objective evidence that they make a difference in terms of reducing stress and improving teamwork (Lown & Manning, 2010; Goodrich, 2012).*
- *Word of mouth recommendations along with the passion and enthusiasm of people who participate in them.*
- *Effective training, clear guidance and practical support provided by The Point of Care Foundation team to organisations setting up Rounds.*

We estimate that at the end of the 2013/14 financial year, approximately 1,360 people a month were attending Schwartz Rounds across the country, as compared with approximately 680 in May 2013. During the year, we trained 77 people in the Schwartz Round methodology (as facilitators and clinical leads), and increased the number of experienced Rounds facilitators trained to act as mentors to other organisations from two to 12.

In May 2014, the National Institute for Health Research Health Services and Delivery Research Programme (NIHR HS&DR) announced funding for a formal evaluation of Schwartz Rounds in the English NHS. We look forward to the results of this important evaluation due to be completed in 2016 and hope it will show that the spread of Schwartz Rounds is having a demonstrable and positive impact on culture (see subsection ‘Research and information sharing’ on page 16 for further information).



We are delighted that this [Schwartz Round] programme will enable us to further improve the experience of healthcare for people with cancer, their family and friends, as well as the staff who care for them. The people who treat and care for people affected by cancer are diverse – it's not just nurses and cancer specialists but dieticians, pharmacists, physiotherapists and many more. Getting communication right across all these groups can be a challenge, but working with the Foundation will no doubt help to make it better.

Jagtar S Dhanda, Head of Patient Experience, Macmillan Cancer Support

I think [Schwartz Rounds] allow us to be able to look at how working in the trust... has an impact on us as human beings and how we interact with the patients that we are caring for... We deal with the nuts and bolts of whether it should be this drug or that drug, this test or that test, but we don't often think about the human cost – the impact that (caring) has on us as clinicians but also the impact that we will have on our patients, their relatives, and so on.

Emma Husbands, Consultant in Palliative Medicine,
Gloucestershire Hospitals NHS Foundation Trust

They help us to) recognise the emotional work involved in care – ensuring it is acknowledged and processed.

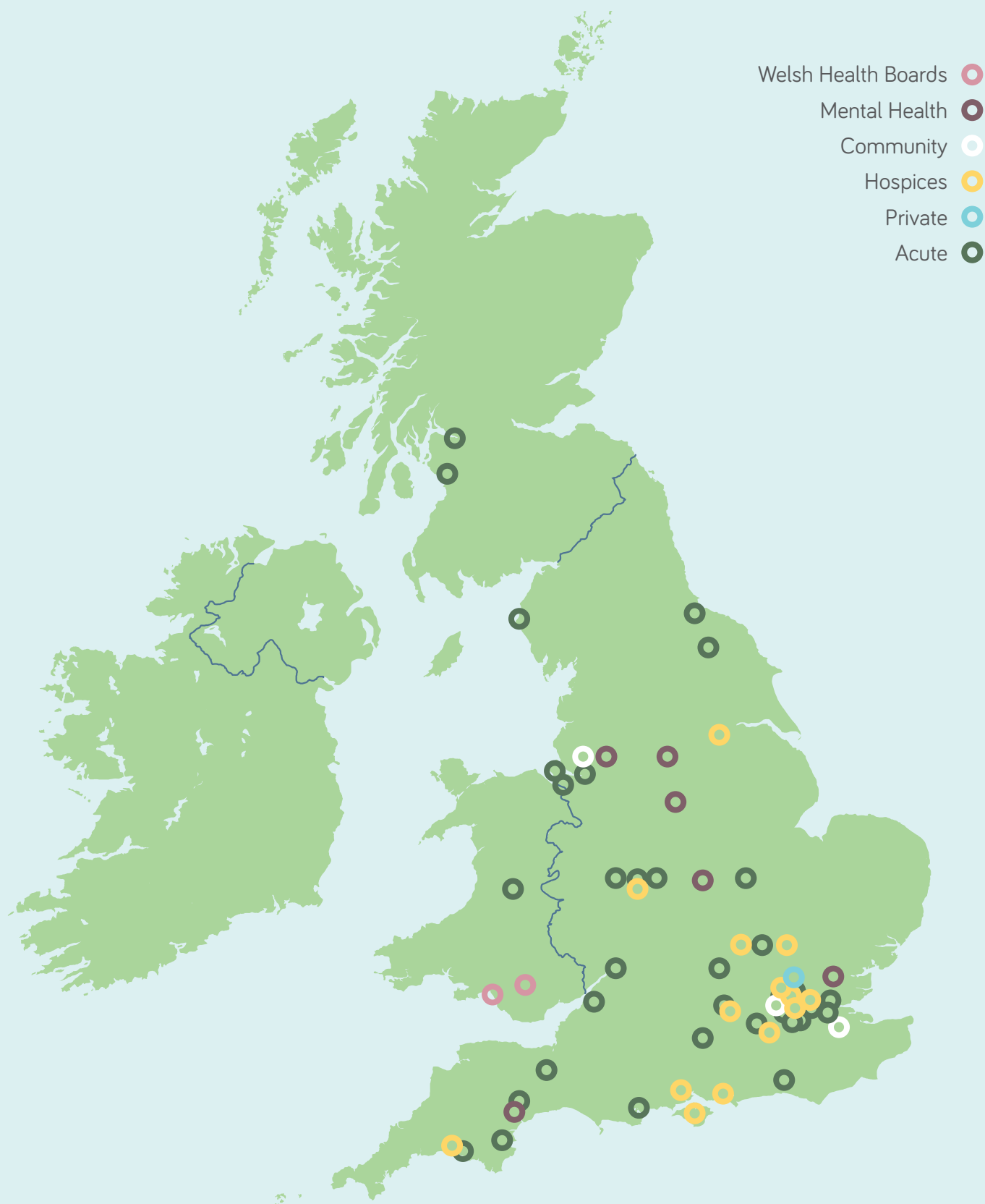
Anonymous Schwartz Round participant

(They) turn the focus from chasing poor practice and controlling people, to supporting and enabling staff to do what they want to do well.

Anonymous Schwartz Round Participant



Map of UK 65 sites contracted to run Schwartz Rounds, April 2014



5 Information sharing

The Foundation's objectives include sharing information and promoting understanding about how to improve the experience of patients and the staff who work with them. Communication is therefore an important part of our work.

During the 2013/14 financial year, we:

- spoke at 10 national events, including a fringe meeting at the Labour Party Conference, The King's Fund's 'Transforming Patient Experience' conference, the bi-annual Help the Hospices conference and NHS Employers' HR Directors Conference
- developed a website (www.pointofcarefoundation.org.uk) which, through the use of film, blogs and other content, explores aspects of best practice in relationship to patients and staff experience. The website was averaging around 1,000 unique visitors a month by the end of the financial year
- built our Twitter following to 1,600 (of which 1,150 followed @JocelynCornwell and the remainder @PointofCareFdn)
- influenced the development of national policy. Our concerns about the government's Friends and Family Test for measuring the performance of hospitals helped to shape its development as a local improvement metric (as opposed to a source of national benchmarking). Jocelyn Cornwell also sat on the expert group advising the Government on the revision of the NHS Constitution, which sets out the rights of patients and was published in March 2014.

Many of our key messages in relation to staff and patient engagement are outlined in our inaugural publication, **Staff Care: How to Engage Staff in the NHS and why it matters** (see below).

Staff care report

In January 2014, we published our first substantial piece of research, **Staff Care: How to engage staff in the NHS and why it matters**. The report, which drew on data from a wide range of sources, shows that the way healthcare staff feel about their work has a direct impact on the quality of patient care as well as on an organisation's efficiency and financial performance. It highlights that patient satisfaction is consistently higher in trusts with better rates of staff health and wellbeing, and also points out the link between higher staff satisfaction and lower rates of mortality and hospital-acquired infection.

The report promotes good practice through a series of case studies and identifies steps organisations can take to improve staff engagement, including:

- articulating values in plain English and showing how they translate into behaviours
- giving staff responsibility and authority to solve the problems they think affect patient care
- creating space for staff to reflect on the emotional challenges of caring for patients
- training line managers in people management skills – including the large number of clinicians who lead and supervise other staff but who don't think of themselves as managers.

The information contained in the report, if understood and acted upon, has the potential to positively influence the working lives of hundreds of thousands of healthcare staff and inspire the delivery of better care to the UK population and beyond.

The report and its findings were widely disseminated, specifically:

- *It was downloaded from the Foundation's website over 17,000 times.*
- *Publication of the report was promoted via social and traditional media, and received coverage in the Guardian online, the Postgraduate Medical Journal and Nursing Times.*
- *We posted hard copies of the report to the chief executive, chair and medical director of every English NHS trust and to key stakeholders from national organisations including NHS England, the Care Quality Commission and Healthwatch.*
- *We shared the findings from the report with 220 people, including NHS leaders, representatives from patient groups and health policy makers and advisors, at a launch event in January 2014.*

6 Research

In addition to the *Staff Care* report (see above), we commenced work on three further pieces of research during the 2013/14 financial year, all of which we anticipate completing in 2014/15.

Support for hospice staff

We were commissioned by the charity Help the Hospices in December 2013 to undertake a piece of research looking at support available to hospice staff, entitled "Supporting hospice staff and volunteers to provide high quality hospice care through periods of sustained change". The work was commissioned in response to the changing hospice care environment, which includes increased financial pressures, the need to care for more patients who are older and who have more complex needs, and the move to provide more hospice care in the community. These factors may contribute to stress experienced by staff and therefore may impact of the quality of patient care delivered. The report is due to be published in early 2015 and will provide a practical framework for senior leaders in hospices.

Schwartz Rounds outside acute hospital settings

A grant from the Department of Health is enabling us to conduct a piece of action research, entitled "Implementing Schwartz Centre Rounds in community and mental health services: How can processes of group reflection support health and social care staff?" The research will ask how Schwartz Rounds are being implemented in mental health, community and social care services and whether different contexts affect the model and process of Schwartz Rounds, and if so, how. We have appointed a researcher from Bath University to lead this work. She will be working with four NHS trusts and an advisory group with expertise across those sectors. The aim of action research is to identify and implement solutions as part of the process. It is hoped that by the end of the project, barriers to implementing Schwartz Rounds outside of hospital settings, as well as strategies to overcome those barriers, will have been identified.

Preferences for people with dementia and their carers

The Point of Care Foundation is undertaking a piece of work for Health Education North West London, scoping what is currently known about the needs and preferences of patients with dementia and their carers when it comes to how they receive care. This work is being undertaken to see whether there are implications for the way training and education is delivered to healthcare staff. Health Education England aim to ensure every NHS staff member is trained in caring for people with dementia by 2018.

7 Looking ahead

In 2014/15, we will be moving beyond the start-up phase, consolidating our position and developing the financial models that will allow us to scale up and sustain our support for improvements in staff and patient experience. Fundraising and income generation will be a strategic priority as the two year grant awarded to us by the Department of Health will conclude at the end of that financial year.

Training and support

The Foundation will continue to promote the growth of Schwartz Rounds and support those organisations already running Rounds. We will do this through our established channels of communication, training and support, and will be working collaboratively with other organisations. In particular, we will be working with Marie Curie Cancer Care and Health Education England's local health and education boards (LETBs) to promote the uptake of Rounds to their networks.

In 2014/15 we will also be launching a membership scheme for organisations running Schwartz Rounds. The membership scheme will bring together organisations committed to staff experience and provide them with on-going professional development opportunities.

We will also be launching a new training and support programme in 2014/15 with the help of funding from NHS England. Patients as Partners in Co-design is a six month training programme for organisations looking to improve services by working with patients to address the issues that matter most to them. The training is based on the Experienced Based Co-design toolkit (www.kingsfund.org.uk/projects/ebcd), developed by The King's Fund, for which the Foundation has a royalty free licence to develop further products.

Research and information sharing

The Foundation will continue to promote research and information sharing in relation to improving patient and staff experience through a range of communication channels, including publications, social media and speaking engagements.

In 2014/15 we will also be hosting our first conference, a joint event with The King's Fund, entitled Transforming Patient and Staff Experience: the power of stories, case histories and numbers. The conference will explore why patient and staff experience matter, different approaches to understanding them, and how organisations can harness information about experience to drive positive change.

We are also due to support the research evaluating Schwartz Rounds being led by researchers at the Florence Nightingale School of Nursing and Midwifery, part of King's College London (see page 11 for further information). The two-year study is the first large-scale academic evaluation of Schwartz

Rounds anywhere in the world. It aims to uncover to what extent participation in Schwartz Rounds affects staff wellbeing at work, improves relationships between staff and patients, and aids the provision of compassionate care in the UK.

As highlighted in Section 6 above, the Foundation will also complete three research projects during the 2014/15 financial year.

COMMENTARY ON THE FINANCIAL ACCOUNTS

8 Financial review

The Foundation's income during the year came from two sources – grants (62%) and income directly attributable to charitable activities (38%). Grant money of £300,000 was received from the Department of Health for the purpose of expanding Schwartz Rounds in England. A further, multi-year grant was received from Macmillan Cancer Support for the purpose of establishing Schwartz Rounds at 24 health and social care sites; £38,409 of this grant was recognised as income during the financial year.

Income from charitable activities totalled £205,131. Of this, £131,522 was income received from NHS Trusts and hospices (and two private hospitals) who undertook to conduct Rounds, while £55,775 was received from NHS England to design a training course and support package based on the Experience-Based Co-Design toolkit. A further £13,750 was received from the charity Help the Hospices, which represented the first phase of developing a report on promoting compassionate care in hospices.

Expenditure in the year has been on supporting the projects outlined in the Activities and Achievements section on pages 9-16. In particular, as well as the direct costs of advising individual sites on setting up and delivering Rounds, in line with our educational remit the Foundation has invested resources into communicating the benefits of Rounds and supporting staff, via both the publication of our *Staff Care* report and a comprehensive programme of speaking, writing, tweeting, blogging and e-newsletters.

The Foundation's bank balance at year end was £311,465, and our total assets were £398,362. The majority of these funds though, are earmarked for spending on continuing support for Schwartz sites. £276,809 of Schwartz income has been deferred into the next financial year, as most Schwartz sites (the exception being hospices) have signed up for a package of support that lasts two years. The net assets of the charity are £80,566; these have been designated as unrestricted funds.

The Trustees have considered the adoption of a reserves policy, but believe that it is too early in the charity's development to be able to decide on what might be most appropriate. At the moment, due to the fast pace of change neither the future pattern of income nor the ongoing cost structure are clear. A reserves policy will, however, be developed during the course of the next 12 months.

FURTHER GOVERNANCE INFORMATION

9 The Trustees – their recruitment, appointment and induction

Initially, three professionals from the healthcare sector who were familiar with the work of The King's Fund's Point of Care programme and who supported the establishment of the independent Foundation became our first charity trustees on 12 April 2013. These trustees and the director recommended the appointment of two further trustees who supported the cause and objectives of the organisation. They were formally appointed at a meeting in July 2013 (see below for details). The five trustees then appointed a further trustee as chairman at a meeting in September 2013. Trustees are appointed for either a three or four year term. The Constitution provides for a minimum of three trustees. There is no maximum number.

We are planning to advertise and recruit further trustees to strengthen the skills and experience base of the board in the next financial year. As part of the recruitment and induction process, as well as meeting with the director and chairman, all trustees receive background information on the Foundation's work, recent board papers and Charity Commission guidance on trustee responsibilities. We keep trustees informed of developments and promote good communications within the group.

The trustees who served the charity during the period were as follows:

- **Sir Adrian Montague**, chairman of the board, was appointed 26 September, 2013. Sir Adrian is non-executive chairman of both private equity group 3i and utilities company Anglian Water Group Ltd and has significant experience of the private sector and government affairs.
- **Professor Jill Maben** was appointed as one of our first charity trustees on 12 April, 2013. Jill is chair in nursing research and director of the National Nursing Research Unit, King's College London.
- **Dr Sean Elyan** was appointed on 12 April, 2013. Sean is a consultant oncologist and medical director at Gloucestershire Hospitals NHS Foundation Trust.
- **Rebecca Gray** was appointed on 12 April, 2013. Rebecca is director of communications and information at The King's Fund, where she has responsibility for that organisation's communications team and information and library services.
- **Sir Robert Francis QC** was appointed a trustee on 8 July, 2013. Sir Robert is a barrister specialising in clinical negligence. Robert chaired both the independent inquiry (2010) and the Public Inquiry into Mid Staffordshire NHS Foundation Trust (2013). He is currently leading an independent review of whistle-blowing in the NHS.
- **Ceinwen Giles** was appointed as a trustee on 8 July, 2013. Ceinwen has worked for a large number of international charities and agencies including the United Nations and the UN High Commissioner for Human Rights. She is also a founding trustee of Shine Cancer Support. Diagnosed with Stage 4 non-Hodgkin lymphoma in 2010, Ceinwen also brings a patient perspective to the board.

10 Responsibilities of the trustees

The trustees are responsible for preparing the Trustees' Report and Accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the Foundation and of the incoming resources and application of resources of the Foundation for that period.

In preparing these accounts, the trustees are required to:

- *select suitable accounting policies and then apply them consistently*
- *observe the methods and principles in the Charities SORP*
- *make judgements and estimates that are reasonable and prudent*
- *state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts, and*
- *prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.*

The trustees are responsible for keeping sufficient accounting records that disclose with reasonable accuracy at any time the financial position of the Foundation and enable them to ensure that the accounts comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

11 Risk management

The Point of Care Foundation maintains a risk register and regularly reviews and identifies appropriate preventative activities to minimise risks to the organisation. The risks are grouped according to governance, financial, operational and reputational risks. Trustees are confident that risks have been identified and appropriate risk management measures are in place.

12 Reference and administrative details

Reference and administrative details are shown in the schedule of members of the board and professional advisers on page 4.



“

...you don't feel quite so alone. I think sometimes when we're very stretched you feel it's just, you know, it's just you that's carrying this burden and then you realise that actually the whole team is around you and they're carrying it too.

Social worker, Princess Alice Hospice

”

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES OF THE POINT OF CARE FOUNDATION

We have audited the accounts of The Point of Care Foundation for the period ended 30 April 2014 set out on pages 24-30. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditors' 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 its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As explained more fully in the statement of trustees' responsibilities, the trustees are responsible for the preparation of accounts which give a true and fair view.

We have been appointed as auditors under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit and express an opinion on the accounts in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the accounts

An audit involves obtaining evidence about the amounts and disclosures in the accounts sufficient to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the accounts. In addition, we read all the financial and non-financial information in the Trustees' Annual Report to identify material inconsistencies with the audited accounts. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on accounts

In our opinion the accounts:

- *give a true and fair view of the state of the charity's affairs as at 30 April 2014 and of its incoming resources and application of resources, for the period 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 Charities Act 2011.*

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- *the information given in the Trustees' Report is inconsistent in any material respect with the accounts; or*
- *sufficient accounting records have not been kept; or*
- *the accounts are not in agreement with the accounting records and returns; or*
- *we have not received all the information and explanations we require for our audit.*

Hazlems Fenton LLP

Chartered Accountants

Statutory Auditor

Chartered Accountants

Palladium House

1-4 Argyll Street

London

W1F 7LD

Dated: 4 August, 2014

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

Statement of Financial Activities, including the Income and Expenditure Account, for the period ended 30 April 2014

		Unrestricted funds	Restricted funds	Total 2014
	Notes	£	£	£
<u>Incoming resources from generated funds</u>				
Voluntary income	2	-	338,409	338,409
Investment income	3	339	-	339
		339	338,409	338,748
Incoming resources from charitable activities	4	205,131	-	205,131
Total incoming resources		205,470	338,409	543,879
<u>Resources expended</u>				
	5-9			
Charitable activities				
Activities to deliver charitable objectives		-	339,454	339,454
Research activities		113,304	-	113,304
Total charitable expenditure		113,304	339,454	452,758
Governance costs		10,555	-	10,555
Total resources expended		123,859	339,454	463,313
Net income/(expenditure) for the period/				
Net movement in funds	10	81,611	(1,045)	80,566
Fund balances at 12 April 2013		-	-	-
Fund balances at 30 April 2014		81,611	(1,045)	80,566

The notes on pages 26 to 30 form part of these financial statements.

Balance Sheet as at 30 April 2014

	Notes	Total 2014 £
Fixed Assets		
Tangible assets	11	20,092
Current assets		
Debtors	12	86,897
Cash at bank and in hand		311,465
		<u>398,362</u>
Creditors: amounts falling due within one year	13-14	<u>(337,888)</u>
Net current assets		<u>60,474</u>
Total assets less current liabilities		<u><u>80,566</u></u>
Income funds	15	
Restricted funds	16	(1,045)
Unrestricted funds	17	81,611
		<u><u>80,566</u></u>

The accounts were approved by the Trustees on: 4 August, 2014

Sir Adrian Montague

Trustee

The notes on pages 26 to 30 form part of these financial statements.

Notes to the Accounts for the period ended 30 April 2014

1 Accounting policies

1.1 Basis of preparation

The accounts have been prepared under the historical cost convention.

The accounts have been prepared in accordance with applicable accounting standards, the Statement of Recommended Practice, "Accounting and Reporting by Charities", issued in March 2005 and the Charities Act 2011.

1.2 Incoming resources

Revenue grants and contributions received and receivable in respect of specific project expenditure are credited to deferred income and recognised in the income and expenditure account in the same period as the related expenditure.

The funding is received in accordance with the provisions and conditions as specified in the offer letters which regulate the way in which such funds may be spent.

1.3 Resources expended

This relates to the costs of carrying out the activities of the charity. Where there are costs common to both direct charitable and management expenditure judgement is applied on a time allocation basis.

1.4 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Website and Computer equipment	33 1/3% straight line
Office equipment	10% straight line

1.5 Fund accounting

Unrestricted funds represent funds which are expendable at the discretion of the trustees for the furtherance of the objects of the charity. Such funds may be held for the purposes of meeting the administration and operational costs of the charity.

Restricted funds represent grants which are allocated by the donor for specific purposes.

2	Voluntary income				2014 £
	Grants receivable for core activities				338,409
3	Investment income				2014 £
	Grants receivable for core activities				339
4	Incoming resources from charitable activities				2014 £
	Services from direct charitable activities				131,522
	Research activities				73,609
					205,131
5	Total resources expended				
		Staff costs	Depreciation	Other costs	Total 2014
		£	£	£	£
	Charitable activities				
	<u>Activities to deliver charitable objectives</u>				
	Activities undertaken directly	10,214	2,590	270,220	283,024
	Support costs	3,405	-	53,025	56,430
	Total	13,619	2,590	323,245	339,454
	<u>Research activities</u>				
	Activities undertaken directly	-	-	113,304	113,304
		13,619	2,590	436,549	452,758
	Governance costs	-	-	10,555	10,555
		13,619	2,590	447,104	463,313

Governance costs include payment to the auditors of £3,500 exclusive of Value Added Tax for audit fees.

6	Support costs	
		2014
		£
	Other costs	53,025
	Staff costs	3,405
		56,430
7	Employees	
	The average monthly number of employees during the period was:	
		2014
	Administrative staff	1
		2014
		£
	Wages and salaries	12,639
	Social security costs	980
		13,619

8 Related parties

Jocelyn Cornwell, the director of The Point of Care Foundation is also a director and 100% owner of Compassion in Healthcare Limited. During the period, £54,666, was paid to Compassion in Healthcare Limited for services rendered by Jocelyn Cornwell.

9 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the Foundation during the period.

10 Taxation

None of the trustees (or any persons connected with them) received any remuneration or benefits from the Foundation during the period.

11	Tangible fixed assets			
		Website and Computer equipment	Office equipment	Total
		£	£	£
	<u>Cost</u>			
	At 12 April 2013	-	-	-
	Additions	19,384	3,298	22,682
	At 30 April 2014	19,384	3,298	22,682
	<u>Depreciation</u>			
	At 12 April 2013	-	-	-
	Charge for the period	2,535	55	2,590
	At 30 April 2014	2,535	55	2,590
	Net book value			
	At 30 April 2014	16,849	3,243	20,092
12	Debtors			2014
				£
	Trade debtors			76,790
	Prepayments and accrued income			10,107
				86,897
13	Creditors: amounts falling due within one year			2014
				£
	Trade creditors			19,401
	Taxes and social security costs			17,269
	Accruals			24,409
	Deferred income			276,809
				337,888

14 Deferred income

Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the funder has specified that the income is to be used in a future accounting period.

15 Analysis of net assets between funds

	Unrestricted funds	Restricted funds	Total
	£	£	£
Fund balances at 30 April 2014 are represented by:			
Tangible fixed assets	20,092	-	20,092
Current assets	152,329	246,033	398,362
Creditors: amounts falling due within one year	(90,810)	(247,078)	(337,888)
	81,611	(1,045)	80,566

16 Restricted funds

	Movement in funds		Balance at 30 April 2014
	Incoming resources	Outgoing resources	
	£	£	£
Department of Health	300,000	(311,721)	(11,721)
MacMillan Cancer Support	38,409	(27,733)	10,676
	338,409	(339,454)	(1,045)

The deficit on the restricted funds arose due to timing and further restricted funds are available in the next accounting period to remedy this.

17 Commitments under operating leases

At 30 April 2014 the company had annual commitments under non-cancellable operating leases as follows:

	Land and buildings
	2014
	£
Expiry date:	
Between two and five years	24,732

To find out how The Point of Care Foundation can work with your organisation,
visit <http://www.pointofcarefoundation.org.uk>



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