

St Andrew's Hospice Limited
(A Company Limited by Guarantee)

Annual Report and Financial Statements
For the year ended 31 March 2025.



Company Number: 02710865

Charity Number: 1011117

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For the year ended 31 March 2025

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ACKNOWLEDGEMENTS

The Trustees sincerely thank St Andrew's Hospice's partners, supporters and donors for their ongoing support, and their efforts and generosity through the last year.

Members of the public who donate and raise funds for St Andrew's Hospice, whether through taking on fundraising challenges, leaving a gift in their will or by donating directly, provide a vital source of income for our work for which we are truly grateful. The Hospice simply could not provide the valuable care and support to our service users and their families.

We are also most grateful to our corporate partners who similarly support us in a wide variety of ways including donations, corporate volunteering and fundraising activities.

We would like to thank all the charitable trusts, foundations and grant funders whose support has also been invaluable in enabling us to fund projects that we might not ordinarily have been able to, and improved the experiences of so many of our service users and families.

We thank our Vice-Presidents for their ongoing commitment to St Andrew's Hospice.

Finally, we must thank our staff and volunteers who continue to demonstrate the kindness, care and expertise that make our Hospice services happen. You contribute so much to ensure that as many people as possible get the high-quality end of life care and personal support that they deserve.

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CHARITY INFORMATION

Company number
02710865

Charity number
1011117

Registered Office
St Andrew's Hospice
Peaks Lane
Grimsby
DN32 9RP

Vice Presidents
Mr I Davey
Mr H Greenwood

Directors
Ms R Harvey Chair
Mr I Hargreaves Vice Chair
Mr N Tranter
Mrs J Bake
Mr A Millson (Resigned 31st January 2025)
Ms P Spaight
Mr M Wade (Resigned 31st December 2024)
Mr D Laing
Mr P Wisher (Appointed 1st July 2025)
Dr N Sigauke (Appointed 22nd July 2025)
Mr J Beach (Appointed 1st September 2025)

Senior Management Team

Michelle Rollinson
Lesley Charlesworth-Browne
Karen Higgins
Shelley Burrows
Jacqui Hall
Soraya Jenney
Marcus Hassall

Chief Executive
Deputy Chief Executive
Director of Clinical Services
Director of Governance & Quality
Director of People and Operations
Head of IT and Digital Transformation
Director of Finance

Solicitors

Wilkin Chapman Grange
New Oxford House
Town Hall Square
Grimsby
DN31 1HE

Auditors

BHP LLP
Rievaulx House
1 St Mary's Court
York
YO24 1AH

STATEMENT FROM THE CHAIR OF TRUSTEES

Welcome to St Andrew's Hospice's Annual Report for 2024-25. I am proud to say that this has been another year of progress for the Hospice, despite the significant challenges facing the health and care sector, and hospices in particular.

St Andrew's is an independent Hospice charity that delivers its service and activity to NHS patients in our local area, without charge. We are funded principally by the enormous generosity of our local community, supported by NHS Humber and North Yorkshire, and NHS Lincolnshire Integrated Care Boards. The support St Andrew's has received through donations, gifts and legacies in the past year has been fundamental in the progress that we have made.

This Annual Report demonstrates how, building on the successes of previous years, we have continued to develop and improve the care that we deliver, and the support we provide to meet the needs of the community, with our patients and their families at the very centre of all we do. Every year, there are new challenges to be faced, but also new opportunities to develop our teams, our facilities, and the care and support that we give.

The wider picture across the UK demonstrates the challenges facing the Hospice sector, with increasing staff costs in a competitive market, and continuing pressure on running costs. In addition, statutory funding from government has remained restricted, and the wider cost of living challenges facing our communities has made for a difficult environment for raising funds. However, St Andrew's has in 2024-25 received so much support from the local community that it has been able to take forward service developments, even as other Hospices have been forced to make reductions in their services.

We have been able to take forward the next steps in building our clinical teams, with a comprehensive programme of reviews, which were designed to ensure that our staff could maximise the contribution they make to patients and families, and building into our plans a commitment to training, development and career pathways at all levels. By developing every person in our teams, we provide improvements to the care we offer.

This has been the first year of delivery for our new 5-year strategy. The key aims of the strategy are to maintain a key place for the Hospice in the local health and care system to advocate for, and support improved Palliative and End of Life Care, to continually improve the effectiveness of all of our services, and to increase our engagement and impact within our local communities. Through the progress made this year, our communities continued to access high quality, compassionate, effective, responsive care and support, when they, or a loved one, have been diagnosed with a life-limiting illness. That remains the driving force behind everything we do.

From a financial perspective 2024-25 was a successful year for St Andrew's. Despite forecasting a significant deficit for the year, St Andrew's benefitted from the incredible generosity of our communities, particularly in terms of legacies, where a number of exceptionally generous individuals were kind enough to remember us in their wills. The final full year surplus for the Hospice was £564,565 – building reserves for further investment in the design and development of services, and helping secure the future sustainability of our hospice.

Our total of donations, gifts and legacies for 2024-25 was £2,507,357, more than double the value in 2023-24. Such an exceptional total is unlikely to be matched in 2025-26.

Our Trading Company produced income of £2,609,945, an increase of £351,645 on 2023-24, and continuing the established trend of year-on-year improvement. The retail team of staff and volunteers are continuing to develop new ideas into additional support for the Hospice, and have further ambitious developments planned for 2025-26 and beyond. All of our customers and retail donors have made a tremendous contribution to the Hospice this past year. To aid the reader, these figures comprise "Income from Retail Operations" for the Trading Company plus "Retail Donations and Gift Aid". Adding these elements together shows the full picture and contribution of our Trading Company, and highlights its ongoing importance to the Hospice.

Our Grant fundraising has enabled us to undertake additional developments, expenditure and projects. In the year to 31st March 2025, we have accounted for £355,198 of funds from these sources, some of which

STATEMENT FROM THE CHAIR OF TRUSTEES

will sustain multi-year projects. This included the first 25% of a specific government grant for capital expenditure, which will exceed £350k of support once the final 75% is received in 2025-26.


Nevertheless, the underlying position remains challenging going into 2025-26, with continuing pressures on pay costs in particular, and an underlying deficit of almost £750k per year – a position common across the hospice sector. The Grant support provided by the DHSC is non-recurrent, and as yet there is no agreement on appropriate statutory funding arrangements for hospices.

The financial challenges for Hospices are likely to exist for a number of years, given the evolution of the care system and reducing public funding. We remain committed to getting the best value from all funding streams to ensure the quality of our care meets the needs of our patients, their families and carers. We aim to do this by looking forward, improving and innovating to ensure that the Hospice has a sustainable future.

There is so much to celebrate from 2024-25, and so much to look forward to in terms of further improvements to respond to the needs of our community - expanding, professionalising, and continuing to develop our organisation.

I would like to thank my fellow Board members and our committed staff and volunteers for their hard work and determination in keeping St Andrew's Hospice thriving and for continuing to deliver high standards of care and support for our patients and community, and the generosity of the community – without their support, St. Andrew's Hospice could not provide the amazing care and support that it does.

I am so very proud to be the Chair of such a compassionate and caring organisation, and I look forward to seeing the further improvements that we are making in 2025-26. Our dedicated and passionate staff and volunteers provide excellent care for every person who comes into contact with our charity – they are the heart of St Andrew's Hospice.



Signer ID: TNSPEARLCM...

.....
Rachel Harvey
Chair, St Andrew's Hospice

REPORT FROM THE TRUSTEES

Strategic Report

The Trustees present their annual report, strategic report and the audited consolidated financial statements of the charity and its subsidiary for the year ended 31 March 2025. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" in preparing the annual report and financial statements of the charity.

The financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice, which applies to charities preparing their accounts in accordance with the Financial Reporting Standard (FRS 102).

Company Status

The charity is constituted as a company limited by guarantee and is therefore governed by its Articles of Association. The liability of the members in the event of the company being wound up is limited to £1. The company is a registered charity and acts entirely as a non-profit making organisation.

Objectives and Activities

The charity was registered in 1980, after the formation of a group of dedicated local people in 1979, their inspiration being prompted by a national conference on the growth of the Hospice movement. They all felt that if there was a better way to respond to the needs of the terminally ill and their families, then every effort should be made, however daunting the challenge. As early as 1980, day care was offered once a week in 'borrowed' premises. A property was purchased in 1983, and by December 1986 both in-patient and day care for adults was operational. It wasn't until 1999 that the need for care of children and young people was identified, and the children's unit opened in 2001. In 2014/15 significant redevelopment took place on our site in Peaks Lane, to provide improved purpose-built facilities for our patients, encompassing all services for both adults and children under one roof.

How Our Activities Deliver Public Benefit

The main areas of our charitable activities are caring for people of all ages with a progressive life-limiting illness and also supporting their families and carers. All care is offered without charge to patients.

Information included in the other sections of the Annual Report identifies, in more detail, the public benefit that the Hospice provides. Much of it is taken from our Quality Accounts which are prepared annually for NHS England, and which are also available on our website, for others to read.

In setting objectives and planning for activities, the Trustees have, as is their duty under legislation, given due consideration to general guidance published by the Charity Commission relating to public benefit, including the guidance "Public benefit: running a charity (PB2)".

In particular, we consider how our planned activities will contribute to the aims and objectives we have set, delivering care and support to our service users, their families and other carers.

Our Primary Aim

"To promote the relief of sickness by such charitable means as the Company shall from time-to-time think fit" (from the Articles of Association of the Charitable Company).

St Andrew's Hospice provides specialist palliative and end of life care for babies, children, young people and adults who have a progressive life-limiting or life-threatening illness.

Specialist palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

REPORT FROM THE TRUSTEES

Palliative Care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Will enhance quality of life and may also positively influence the course of illness;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Criteria for Care

Anyone, of any age, with a progressive life-limiting illness can access the services offered at St Andrew's Hospice.

Driving Force

There are currently many local people not accessing hospice care due to their lack of understanding regarding the care that hospices deliver.

We want to change peoples' perceptions regarding hospice care. We can offer our expert services to benefit many more local people.

Regulation

The care and support services are registered and monitored by the Care Quality Commission (CQC). The most recent inspection of St Andrew's Hospice, Adult and Children's Services took place on 31st October 2023.

The Hospice retained its 'Good' rating, with 'Outstanding' for Responding to Patients' Needs.

Any significant incidents, complaints, or accidents are brought to the attention of the CQC, which allows us to work closely together to maintain safe, effective, responsive, caring and well led services.

Other regulators to which we are registered are the Charities Commission, the Fundraising regulator, and the Gambling Commission (for the St Andrew's Hospice Lottery). The Gambling Commission carried out an inspection seven years ago and no material issues were identified.

Fundraising

In the years since the 2015 Etherington report, the world of charity fundraising has seen increased scrutiny around some of its practices. The subsequent introduction of the Code of Fundraising Practice (the code) by the Fundraising Regulator is a means by which charities can voluntarily register and demonstrate their commitment to good practice. St Andrew's Hospice has chosen to voluntarily register with the Fundraising Regulator and is compliant with the code. The Hospice uses the code to support and guide our fundraising work and, its provisions are woven into our operational / campaign / event planning approaches, and our audits; this includes training for fundraising staff.

The Hospice also has a policy and procedure infrastructure which includes (amongst other things) a Vulnerable Persons Policy and a Fundraising Policy; these policies reflect the requirements of the code and wider regulation (for example the Lottery and the Gambling Act) and are audited to ensure that our practices are in alignment.

REPORT FROM THE TRUSTEES

The code and the Hospice's overall policy infrastructure guide our Marketing, Communications and Promotional activities, some of which informs how the public might engage with our campaigns, participate in raising funds or, donate to the Hospice. Such media (digital, online and offline) reflects the code and includes things, as appropriate, such as the use of Fundraising Regulator logos, organisational / charity information, how funds will be used and the distinction between "in aid of" and "on behalf of" activities.

St Andrew's Hospice engages only thoroughly vetted 3rd party commercial participators for the purposes of fundraising; (for example, our lottery is managed by an External Lottery Manager (ELM)) and monitors their activity routinely, collaboratively and as part of our quality and assurance infrastructure (e.g. audits).

The Hospice has a complaints policy and procedure and established approaches regarding the management of complaints and feedback and the resulting lessons learned. This sits as a part of our quality and assurance infrastructure which is overseen at Board level. No complaints have been received in 2024/25 in respect of our fundraising practices under the code; feedback and comments that fall short of formal complaints are recorded and resolved with lessons learned as part of our usual processes and day to day activities.

Volunteers

Despite the uncertainty of recent years, we are fortunate to have retained many of our volunteers and we are now seeing an increase in applicants offering their support. Our volunteers remain the largest group of people undertaking roles right across our organisation.

Through our volunteer coordination team, we have continued to promote a variety of roles we offer and showcase the real impact our volunteers have on the lives of our patients and their families, holding volunteer recruitment and engagement events.

We currently have over 400 committed volunteers who generously give their time to St Andrew's Hospice. They are involved in a wide range of supporting roles, from helping in our retail shops, coffee shop, supporting our patients, driving, undertaking administrative duties, or working hard to maintain our beautiful gardens in all weathers.

Our volunteers are all much respected and play an integral part of the workforce at St Andrew's Hospice. We are enormously grateful to each one for their time, dedication, and commitment to our Hospice.

Relationships

We are committed to working collaboratively with our colleagues both within the statutory and the voluntary sector, to ensure a seamless service for patients and their families and to prevent duplication of services, thereby delivering care in the most cost effective and efficient way possible.

We have continued to focus on collaborative and partnership working across North East Lincolnshire Health Care Partnership and the wider Humber and North Yorkshire Integrated Care Board. We have also developed our relationship with Lincolnshire ICB, and other service partners across greater Lincolnshire. Nationally driven changes in health and social care structures do create barriers to be overcome, but the focus on engagement and collaboration remains critical.

Local health and care partners continue to work together in a more integrated way, to form new solutions to respond to the increasing demand for care and support as well as other complex issues facing us collectively. We have also developed our working relationships across Humber and North Yorkshire and Northern Lincolnshire footprints, focussing on palliative and end of life, and hospice care services. This collaboration will help improve the experiences of people with a palliative diagnosis and those who care for them.

REPORT FROM THE TRUSTEES

Our Mission, Vision, and Values

Our vision is of a community where people can openly discuss death and dying; making each day count; and die with dignity and respect, in the place they choose, knowing their loved ones are supported.

Our mission is to provide individualised, high-quality holistic care and support, advocating for personal choice, for those affected by a life-limiting illness.

Our values

*Care, compassion and respect for all.
Work together and value difference.
Be positive, proud and professional.
Innovate and strive for excellence.*



As custodians, we strive to preserve and enhance the reputation and brand of St Andrew's Hospice for the future, ensuring we are always advocates for our values and purpose.

We will achieve these by:

- Demonstrating concern for the holistic care of the patient, and to offer support not only to the patient, but also to those who care for them, both during illness and into bereavement.
- Communicating and liaising with all involved in the care of the patient, ensuring an integrated, seamless service is provided.
- Valuing the dignity and individuality of all patients and their rights to self-determination.
- Providing a flexible approach to care, wherever possible, in a manner and place of the patient's choosing: support in the early stages, in-patient and wellbeing service, clinics and support at home.
- Generating commitment and teamwork, bringing together the expertise and skills of a multidisciplinary team to meet the highest possible standards, addressing the patients' medical, nursing, social, emotional and spiritual needs, thereby enhancing the quality of life of the patient, and supporting those who care for them.
- Providing continuing education and training opportunities for all staff in order to develop commitment, expertise, specialism, innovation and the sharing of knowledge.
- Developing St Andrew's Hospice as an education, training and research unit offering placements to students from all disciplines.
- Ensuring the quality and standard of service is of a consistently high level, undertaking regular audit and responding to changing needs.
- Providing the most effective care in the most cost-efficient manner.
- Being respected by health care professionals for the excellence of our service; to be respected by the public for our open and ethical behaviour, and for our dedication to the highest possible standards of care.

REPORT FROM THE TRUSTEES

St Andrew's Hospice Strategy 2024 - 2029

Our strategy sets the strategic direction of the hospice through to the financial year 2029/30.

This strategy guides the range and quality of services we provide, ensuring we continue to make a significant contribution to the integrated care systems of North East Lincolnshire and Humber and North Yorkshire. As part of the integrated care system, we are committed to delivering the six ambitions of the National Palliative and End of Life Care Partnership:

1. Each person is seen as an individual;
2. Each person gets fair access to care;
3. Maximising comfort and wellbeing;
4. Care is coordinated;
5. All staff are prepared to care;
6. Each Community is prepared to help.

It is important to us that we share our strategy with our partners and community, and that we use it to guide the services we deliver, and collaborate on, to align our approaches to meet the needs of our community.

Our Strategic Priorities

Strategic Priority 1 – Inform and Influence

As the system lead for All Age Palliative and End of Life Care, we will extend our influence across the community to improve the care and support for all those affected by a life limiting illness.

Strategic Priority 2 – Increase our Impact

We will continue to develop services within the hospice and in the community to meet the growing needs of all patients, their families, and carers.

Strategic Priority 3 – Involve and Integrate

We will work in partnership with our community to help and equip them better to understand and support each other through life-limiting illnesses, as a compassionate community.

REPORT FROM THE TRUSTEES

Our Services

The care and support teams at St Andrew's Hospice consists of professionals with expertise and training in palliative care. As well as having access to Palliative Care Consultants for both adults and children, Specialist Doctors and Nurses, a wide range of therapists and allied healthcare professionals are employed, such as Physiotherapist, Palliative Care Social Workers, Bereavement Counsellors, Spiritual Lead, Lymphoedema Specialists, Complementary Therapists, and a Therapeutic Activities Co-ordinator, making up the multidisciplinary team. The care and support teams are fully integrated with the administrative staff, and closely supported by volunteers in all departments.

Patients accessing either the Adult or Children's services have access to a comprehensive range of facilities and care, including emotional and social support, sensory equipment, gym, quiet reflective gardens, memory making activities, friendships and peer support, therapeutic activities, cinema, and so the list goes on.

Families and carers can access emotional, social and bereavement support as well as Carers and Children and Young Peoples Groups. Parent and Patient/Carer Forums are established and are working well, ensuring that service delivery planning and facility design is coproduced by patients and carers.

Adult Service

We are proud to offer individualised, compassionate holistic care to everyone, in our local community who needs us. We support our patients and their families through their entire journey; from the moment they receive a life-limiting diagnosis through to inpatient stays and even ongoing bereavement support.

Inpatient Care

The adult inpatient unit at St Andrew's Hospice is a welcoming, homely environment where patients can receive round-the-clock care and support. We provide symptom control, respite, rehabilitation, and end-of-life care for people over the age of 18, with a life-limiting illness.

Our inpatient unit has 12 single, ensuite rooms, all of a high standard and with views and access into beautiful gardens.

Wellbeing Services

Our Wellbeing Support Services help people to live well by being in control of their condition as much as possible and, where appropriate, achieve the things that are important to them.

Patient needs are assessed, and a programme of care is developed to meet their individual needs through one to one or group work e.g., physiotherapy, complementary therapy, arts and crafts, gardening.

Family Support and Bereavement Care

Support for patients and families is provided through our social work and bereavement teams as needed.

Andy's Children's Services

Care is provided for children and young adults who have a progressive life-limiting or life-threatening condition. We help families to "make each day count" and enable every child to live life to the fullest, creating lasting memories and leaving their mark on the world.

Andy's provides palliative care to children living in Northeast Lincolnshire, North Lincolnshire, Lincolnshire, Hull and the East Riding, both at our specialist purpose-built Hospice and in the child's own home. We welcome children from birth to the age of 25 years, when we support them to transition to our adult services at St Andrew's Hospice, or other adult services within their local area.

REPORT FROM THE TRUSTEES

Care is provided through our Hospice at Home and Community services, our Wellbeing services, and our inpatient unit. Each of these services supports respite, rehabilitation, symptom control and end of life care. There are also therapeutic activity groups organised using themes.

Butterfly Suite

The Children's Service supports the care pathway for children or young people with a life-limiting or life-threatening condition and their families from diagnosis, throughout the illness journey, at the time of death and into bereavement. This includes the care of the child or young person after death with the attention to personal care, and extends to the use of the Butterfly suite.

The Butterfly suite is a designated cool room where a child/young person may lay following death, until the funeral if the family so wish. This enables the families to spend time with the child/young person and for the hospice staff to support them during this very difficult time. Emerging evidence in caring for the child or young person after death suggests that families who use the cooled room can find it immensely valuable although research is limited in this area.

Access to the use of the Butterfly suite is open to all children and young people who have accessed the hospice. However, this is not restrictive, and Children's Services do take referrals from any child who has been known to any Children's Health and Care Services, Neonatal deaths, transfers from other hospital units i.e. paediatric intensive care, cardiac or high dependency units and similar environments.

The room can also be used for adult patients where there is a need to maintain the patient's body at the Hospice for a prolonged period of time. This could be following the death of a young mum with children needing time for significant support, where the preference is to visit a beautiful bedroom, rather than visiting an undertaker. This also allows supporting visits to a patient from family or close others living away from the local area. Each situation is assessed on individual needs with involvement of the patient and their family.

REPORT FROM THE TRUSTEES

Achievements in 2024-25

This section of our report reviews some of the achievements we have celebrated over the last year, outlines our key priorities for improvement to services for patients and their families, and communicates the excellent work of our hospice teams.

Developing Effective Transition Between Children's and Adult Services

Transition remains a key priority for us in supporting young people as they move from Child to Adult Services. After receiving funding last year for a dedicated post to support this work, it took a little longer than expected to fill this role, but we are pleased to say that a Senior Transition Lead was appointed and started in April 2025.

As a hospice, we have been proactive in developing transition, but having this dedicated role will enable us to move at pace and give dedicated time to move transition forward across all our catchment areas supporting our young people to integrate into their local communities, organisations and activities. It is still early days for this role, but it is developing rapidly with a programme of work planned to build relationships, develop a clear transition pathway and a directory of services, and initiatives such as family transition days.

During the period prior to appointment, the Director of Clinical Services and the Head of Children's Services met with hospice leads in our neighbouring adult hospices to discuss transition and how we can work with them to put a plan in place and support successful transition for young adults accessing Andy's but who live in their areas. This has been positively received. The new Senior Transition Lead has now picked up this work and is leading on developing relationships and working closely with professionals across both local and wider regions to assess the needs of our young people and their families ahead of transition.

Significant gaps were identified in services for young people post-education in the areas we cover. To address this, the Senior Transition Lead has prioritised engaging with various organisations to explore what support is available and ensure both parents and young people are informed of their options.

At St Andrew's we launched our young adult wellbeing group, the Circle Club, last year, supporting and empowering young people in taking their first steps toward independence in adulthood. This has proven very successful and has given a base to share with other hospices. Recently, with the support of our Wellbeing Service and Adult Inpatient Unit, two of our young adults at Andy's have begun our in-house transition process, which includes participation in Circle Club and overnight stays in the adult inpatient unit.

Along with regular transition meetings with the adult hospice and most recently inviting outside agencies to join regarding patients that we have in common to enhance the care provision that we provide locally through the multi-disciplinary meeting.

Developing Our Relationship with Martin House

Over the past year, our relationship with Martin House Children's Hospice has continued to develop. With the support of their training and education team, working with our Head of Education and Training, we have been able to upskill our children's team in a number of different clinical skills/scenarios, giving them the skills and knowledge to better support our children, young people and families in the community. The Head of Training and Education has also supported additional SIM's (simulation) training with the team and worked with Martin House to deliver a number of external sessions to other professionals.

With the support of the palliative care consultants, we can now offer clinic/ telephone/virtual appointments enabling families to discuss any symptom management concerns and for these to be acted upon. This contact also gives staff 24/7 access to discuss any complex issues and manage symptoms and end of life care in the community seven-days-a-week. We hold weekly multi-disciplinary team meetings where all new referrals and any complex situations are discussed ensuring the right level of support is offered. Over the past year, we have also seen an increase in the number of referrals to Andy's, in particular from Peri-natal and Oncology colleagues and an increase in the number of advance care planning conversations and plans being put in place.

REPORT FROM THE TRUSTEES

This has been a really positive move, and we are pleased that we are able to offer specialist palliative and end of life care to children, young people and their families.

North East Lincolnshire Palliative and End of Life Accountable Care Partnership

As part of Humber and North Yorkshire Integrated Care Board's (HNY ICB) All Age Palliative and End of Life Care (PEoLC) governance framework, emphasis and focus is placed on Place and its delivery of services at a neighbourhood health team level.

The framework specifically for adult palliative care, has seen a sub-system across Northern Lincolnshire, with both North and North East Lincolnshire Places working together. Over recent years, it has become evident that due to the emphasis on Place and the needs of our local populations and structural differences within service delivery, it has been important to have an Accountable Care Partnership within North East Lincolnshire, to directly align with the North East Lincolnshire Health Care Partnership.

As an Accountable Care Partnership, we involve different organisations from the health and care system and by working together we can improve the health of our local population by integrating services and tackling the causes of ill health or poor patient experience. This is a different way of working for the NHS – the emphasis is on local populations, and systems rather than organisations.

The North East Lincolnshire PEoLC Accountable Care Team is now established and through bimonthly meetings, chaired by the CEO of St Andrew's Hospice, engages with professionals across the system in North East Lincolnshire. We have used the forum to identify good practice as well as areas that can be improved. Any risks to patient care are also highlighted, with local solutions being agreed and implemented, and where wider system improvements are needed, these are escalated through to an ICB level.

Through the use of case studies, the patient and carers voice and experience are central to all discussions, providing the focus and guidance on how services can further be developed, ensuring personalisation is central to describing what good, person- centric, personalised care and support looks like from the point of view of the people themselves.

St Andrew's Hospice Adopts the Dying to Work Charter

St Andrew's Hospice is proud to adopt the Dying to Work charter, showing our commitment and support to employees in the event of a terminal diagnosis. The charter, part of a campaign led by the Trades Union Congress (TUC), pledges to give a staff member options about how they want to proceed; whether they want to continue at work for as long as they can, or prefer to spend time with family and friends.

Whatever that choice, we, as their employer, are committed to supporting our staff when they need it most. Signing the charter was Rachel Harvey, Chair of the Board of Trustees at St Andrew's Hospice. She said: "Our teams and our people are the most important part of the hospice, and caring for others at the most difficult times. This charter really sets the standard for the way we want to support our staff with their own circumstances, as well as caring for others."

Rachel was joined by Melanie Onn, MP for Great Grimsby and Cleethorpes, who has been involved in the Dying to Work campaign since its initiation. "This started in the Trade Union movement, where it was recognised that people who were living with a terminal illness were being treated really poorly when it came to work, and there were no protections from their employers terminating their jobs early. It's about raising awareness and asking employers to commit to that support, recognising there is still worth in the experience of these individuals.

"I'm so delighted that St Andrew's has recognised it and adopted the charter. It's a huge step forward and incredibly progressive. It's really positive for the organisation, but for individuals too. It recognises there are still lots of pressures such as paying bills, even if you have got a terminal illness, so helps keep an element of normality and stability by having the support you need from your employer."

REPORT FROM THE TRUSTEES

Building on International Relationships - Kerala, India

In June last year, the Director of Clinical Services returned together with the Head of Education and Training (first time) to Kerala and met with the palliative care team.

During this visit, time was spent out in the community with the palliative care nursing team, experiencing how palliative care is delivered in Kerala and witnessing different treatments/interventions delivered in the patients' homes. Visits to several health/care establishments also took place showing the breadth of different care environments that had been developed over the past few years responding to the changing demographics of their population.

Training is an important part of their staff development and, during the visit, attendance at a monthly, mandatory training session was included enabling the Director of Clinical Services and the Head of Education and Training to see how they deliver their training and feed into it.

At the end of the week, the Director of Clinical Services and the Head of Education and Training delivered two days of training and sharing of experience, protocols and resources with over 40 delegates. This was a hugely humbling experience and made us appreciate the amazing facilities and resources we have to hand here in the UK.

Following on from our previous visits and the ongoing work around training and education we have been supporting virtually, with the palliative care team, two of the doctors who are leading on palliative and end of life care for the state of Kerala, visited St Andrew's Hospice in May 2025 to experience first-hand how we deliver palliative and end of life care services and to explore further training opportunities.

During their time with us they met with staff from different teams to understand the different types of services we offer, gaining knowledge and appreciation of the benefits these services bring to patients and families. The work we have been undertaking with them has helped them in developing new working practices and exploring new clinical resources. This is ground-breaking work for us to be leading on, and we will carry on building on this relationship to continue to learn from each other, supporting development in different areas including training and education.

St Andrew's Hospice Lead the Fight for Fairer Funding for the Sector

We were proud to lead the fight for fairer funding for the hospice sector, shining a light on the inequalities faced on a national stage.

CEO Michelle Rollinson spoke on Sky News about the need for a long-term Government strategy, whilst local MP Martin Vickers spoke out in Parliament before hosting members of the leadership team at Westminster. He praised the "absolutely superb care" provided by St Andrew's Hospice as he supported the sector's fight for sustainable funding at a House of Commons debate.

Mr Vickers, MP for Brigg and Immingham, was speaking at a general debate on hospice palliative care, which allowed MPs to emphasise the urgent need to addressing challenges in access to sustainable palliative end of life care.

Responding on behalf of the government, Minister of Care Stephen Kinnock MP outlined its ambition for every person to receive holistic, high-quality and patient-centred palliative and end of life care from diagnosis until the end of their lives.

Speaking during the debate, Mr Vickers said one of his aims was to "praise his local hospices", voicing "particular affection" for St Andrew's Hospice. "My father passed away in its care, and my mother actually died on the day she was supposed to move in," he continued. "That was more than 30 years ago; I have seen how they have developed in the years since, and they continue to provide absolutely superb care."

REPORT FROM THE TRUSTEES

Identified Priorities for 2025-26

Adult Palliative Care Consultant

As part of the hospice five-year strategy (2024 -2029) we have identified that as the system lead for All Age Palliative and End of Life Care, we will extend our influence across the community to provide the care and support for all those affected by a life-limiting illness and we will continue to develop services within the hospice and community to meet the growing needs of all the patients, their families and carers. To support this, the hospice considered how we might be best placed to achieve these outcomes.

Currently in North East Lincolnshire we have one 0.5WTE Palliative Care Consultant who predominately provides support in the community with some in reach into the acute trust but does not provide support to the hospice and does not have capacity to do so.

To meet the national requirements of the Palliative and End of Life Care Service Specification and the growing needs of patients it has been identified and agreed that a hospice palliative care consultant would support collaborative working and this strategic intent.

As well as supporting our five-year strategy, this role will bring a number of additional benefits to the organisation and the community:

- Provide Clinical Leadership both within the hospice and when representing in external meetings;
- Provide Medical led leadership to support our medical team and influence and support the direction of travel that we need to go in;
- Provide training and education to both internal and external staff teams;
- Build relationships with other medical leads/consultants to improve working relationships and increase in MDT working;
- Support system wide work on the Palliative and End of Life Care agenda;
- See an increase in referrals.

We have seen the benefits that having a consultant brings through the work in Andy's where we are seeing an increase in referrals with the biggest increase being Perinatal and Oncology which we rarely received before and are excited by the prospect of what an Adult Palliative Care Consultant can bring to the organisation and the community.

Children's Community Services Including Community Hubs

Andy's Children's Hospice cares for children, young people and their families across North and North East Lincolnshire, Lincolnshire County and Hull and East Riding and as a children's hospice recognise the challenges that families face in accessing our services due to the large catchment area we cover.

Through a review of our model of care delivery and recognising the increase in the number of children and young people who would benefit from our support, our aim is to build relationships with key professionals who provide care and support to children and young people with complex health needs and their families highlighting the specialist care and support that Andy's can offer alongside and how we can all work together to support the families.

Our community services led by our team of Senior Palliative Care Nurses will in reach into the acute hospitals, attend ward rounds and work with the clinical teams to recognise and understand the role Andy's can play. They will work with the children's community nursing teams to support symptom management and end of life care for children, young people and their families in their homes, by supporting an on call alongside the community teams. Hospital appointments can also be supported.

Community Hubs - Recognising that caring for a seriously ill child with complex medical needs and disabilities is both financially and practically challenging, we aim to create community hubs to offer hospice services to those who live further afield. These will work alongside our Hospice at Home and community services and be supported by Senior Palliative Care Nurses. Placing community hubs in selected areas

REPORT FROM THE TRUSTEES

will enable Andy's children, young people and their families to have easier access to our services.

The community hubs will improve access for children, young people and their families to specialist palliative care medical support delivered by our Senior Palliative Care nurses in partnership with the palliative care medical team, family support, spiritual care, therapeutic activities, music therapy teams, providing therapeutic, practical, emotional, financial and spiritual support on their doorstep. The hubs will also give Andy's patients and families the opportunity to access a range of services, offer support and advice, education and activities to meet their needs which will improve their wellbeing and act as a central point for community engagement and activity.

Work with health and care organisations in our different localities is being undertaken to highlight the care and support Andy's offers. Through this work it is anticipated that suitable premises can be identified to host the hubs and further strengthen and support the development of relationships with other professionals.

Specialist Palliative Care Education

As part of the 5-year strategy, SAH wants to lead on the creation and delivery of specialist palliative care education. To inform and influence system-wide working that seeks to improve palliative care provision and enhance the patient and carer experience. To increase our impact and visibility and improve the skills and confidence of the wider workforce across North East Lincolnshire. Meeting Strategic Priority 1, 2 and 3.

Course One: The creation of a palliative and end of life care education course, led by and hosted by SAH, in collaboration with Care Plus Group specialist palliative care team, with contribution invited from specialist providers from other agencies across NE Lincs

The invitation of multi-agency specialist guest speakers is intended to build a recognised and robust quality to the course and content.

It is intended that the course is run in individual modules, on a rolling programme. The learner is expected to build a complete palliative care certificate by attaining each module in the programme. The course is aimed at SAH clinical staff and will be open to specialist and generalist providers of palliative and end of life care across NE Lincolnshire, extending our influence and knowledge across the community to improve the skills and care and support for all those affected by a life limiting illness.

Course Two: Care of the person with Motor Neurone disease [MND]

The format is a study day intended to deliver specialised knowledge in the care of the person with MND. SAH will lead on the creation and content build and host the day. Content will be constructed in collaboration with invited specialist therapists, nurses and medical input from wider providers in NE Lincs. The learner audience is intended to be SAH and CPG clinical staff, with the expectation to deliver to a wider audience across NE Lincs healthcare, including the NHS Trusts and community care providers including care homes.

The beneficial impact of joint NE Lincs palliative care training includes the following key points:

- Upskilling SAH and the wider workforce, extending palliative care knowledge beyond the hospice environment;
- Expanding the reach of SAH, sharing knowledge and expertise;
- Supporting outreach and influences the hospice role a knowledge hub and leaders in best practice;
- Consistency in the training message, promotes common language and understanding;
- A unified approach improves the support to families who often interact with multiple services;
- Improving communication and collaboration skills, break down silos between sectors;
- Collaborating in the build and delivery of the training course will influence co-ordination of care delivery, clearer communication between hospice staff, community nurses, care homes and hospitals;

REPORT FROM THE TRUSTEES

- By understanding each other's roles, promoting earlier identification of issues and ability to signpost earlier;
- Learners gain a broader perspective of how different providers work together;
- Increased professional respect and understanding, promotes joint accountability;
- Multi-agency specialist guest speakers may in turn pave the way for inter- agency placement and learning opportunities;
- Potential to increase the referral to specialist palliative care, and earlier;
- Encouraging and influencing a person – centred approach across services;
- Enhancing confidence for staff to deliver sensitive conversations;
- Reducing duplication in service delivery.

Apprenticeships

SAH has been successful in the recruitment of one Level 2 Health Care Support Work [HCSW] Apprentice, to the adult unit. More recently recruiting via internal staff progression, two Level 3 HCSW, one from adult and one from children's services.

Work to support the apprentices over the duration of the course will include building strong relationships with the course provider college and creating opportunities to meet learning objectives. Additionally, education and a conduit for communication is required for SAH staff, including SAH course mentors, to enable a team approach to support the apprenticeships+, and ensure their successful outcome.

Building on workforce development plans already embedded in SAH, investigations into an Associate Nurse apprenticeship are in the early stages. Consideration of availability of courses and providers, and the scrutiny of course content relative to the evolving needs of SAH delivery of palliative care are required. Funding options and financial implications will be explored, as well as organisational consideration of appropriate cohort timing to ensure safe working capacity of clinical staff - Meeting Strategic Priority 1, 2 and 3.

The beneficial impact of SAH apprenticeships is:

- Tailors SAH workforce development, in line with our own values and strategic aims;
- Skills are developed 'on the job' meaning they are directly relevant to operational needs;
- Helps to embed a culture of continuous learning and professional development;
- Improves staff retention - staff who are invested in training and can see progression opportunities are more likely to feel valued, motivated and loyal;
- Future proofs the skills in the workforce;
- Facilitates workforce resilience;
- Funding contribution from Levy transfer, support effective use of hospice financial resources;
- Career progression boosts organisation reputation;
- Integrating learners into local colleges expands the reach of the hospice brand, and knowledge of hospice purpose, values and activity;
- Potential to inspire future recruitment from other learners.

SystemOne Optimisation, Leading to Improved Data and Metrics

In line with our 2nd strategic priority – Increase our Impact; the hospice has made significant digital improvements which will support us reaching our plans to achieve digital maturity.

Working together with relevant stakeholders and team members we have continued to enhance our clinical workflows and, efficiencies at the hospice. The clinical system that is used at the hospice is used in other health & care organisations in the region and nationally.

REPORT FROM TRUSTEES

The clinical system optimisation work we undertake at the hospice supports other health professionals accessing information to support their patients. Subsequently, as the hospice supports sharing information with health providers, work is underway to improve information received in relation to our mutually shared patients. The effect of these changes has improved our: workforce satisfaction, operational efficiencies, increased time with patients and their families, and therefore improving the quality of care provided.

Further to the patient and workforce benefits, the changes have improved the hospice data quality and collection. Each one of these impacts will support our reporting capabilities and provide further insights and impacts to the services and care we provide.

Working to share and receive patient information with our local health and care providers improves the care for our patients and their families outside of the hospice. It also helps to improve our relationships with those providers, reduces duplication, improves communication and supports partnership working.

As a result of the continuous improvements, further doors of opportunities have been identified to support our clinical workforce out on community and home-based visits. This is currently under review with a promising direction.

As the demand for data and analytics continues to grow, St Andrew's Hospice is becoming flexible and adaptable to these requirements. As technology is developed and implemented across the hospice, we can provide information with ease and accuracy.

REPORT FROM TRUSTEES

Financial Review

Overall Financial Position

In 2024/25, the Hospice Group recorded an overall surplus of £564,565, inclusive of investment gains of £23,127, compared to a deficit of £735,658 with £243,166 of investment gains in 2023/24. The shift in financial performance was primarily driven by improved income levels, though in large part these improvements are likely to be non-recurrent.

Despite the headline surplus in 2024-25, the underlying financial position, excluding exceptional income, remains in significant deficit, a result of sustained cost increases, especially staffing cost inflation, in the years since the pandemic. This position matches the state of the wider hospice sector, as evidenced through Hospice UK's benchmarking information.

As a result of achieving an in-year surplus, the Trustees and senior management have been able to set aside additional funds for potential future development. In addition, the level of reserves held at the end of March 2025 is sufficient to maintain services in the immediate future, despite the prospect of further deficits going forward.

The financial improvement actions set out by management at the start of 2024/25 have all been progressed:

- A concerted effort to secure an appropriate and equitable settlement as regards statutory funding;
- An internal programme to further develop other existing or new income streams;
- A full review of establishments across the organisation to ensure they deliver effective and safe clinical services and support functions;
- Maintaining tight control of non-pay spending, both revenue and capital.

The expansion of retail operations, the development of fundraising support, and cost control measures have been and will continue to be vital. However, longer term sustainability can only be achieved through an appropriate and equitable system for allocating statutory income received from the NHS.

Income

In 2024/25 our total income was £7,314,510, higher than the previous year by £2,022,959 (38.2%). However, this increase is in large part due to exceptional legacy income, and is likely to be non-recurrent.

The Directors wish to again thank all our supporters for their continued work and generosity. Donations, legacies and gift aid receipts increased by £1,457,396, demonstrating incredible support from local communities to the Hospice. St Andrew's Hospice is, as ever, extremely grateful to those who generously gave donations, or remembered us in their will. The care and support we are able to give to our service users and their families is their lasting legacy.

Direct funding for clinical services increased by 6.8%, (£78,528), in large part due to the funding of Lymphoedema services by Humber and North Yorkshire ICB. Generally, as in previous years, the rate of inflation increase has fallen significantly below real inflation pressures facing Hospice services, and previous non-recurrent funds for Children's services were withdrawn.

Retail income, including donations and gift aid received through retail activities, increased by 14.9%, to £2,677,948. This is now the largest single income stream supporting our services. The development of retail, through the Hospice's wholly-owned Trading Company, saw significant development in 2024/25, and continues into 2025/26. All who donate to or spend in our shops are critical in supporting the Hospice.

Fundraising and lottery income slipped back by £28,700 (7.4%). Work to increase lottery participation was again disrupted, but continues into 2025/26.

However, significant progress was made on securing grants income, which increased by 97.6% to £355,198 as a result of additional focused developments on the part of the Fundraising team.

REPORT FROM THE TRUSTEES

Expenditure

Total expenditure for the year totalled £6,773,072 – an increase of £497,640 (7.9%) on 2023/24, though the rate of increase was reduced compared to the previous year.

Of this increase, £382,605 related to pay. Pay cost increases reflected the increases to National Living Wage, increases in National Insurance Contributions and the final year of the three-year modernisation plan for pay rates. This has been essential in delivering a stable workforce, with rates of pay competitive enough to attract staff into both clinical and non-clinical roles. This has also allowed the development of establishments for clinical services, continuing the post-pandemic recovery, and supporting increased levels of care and support provided to patients and families.

Though non-pay pressures did ease slightly, inflationary pressures are still evident in critical areas such as services, building materials, and food. A programme of cost reviews commenced in 2024/25, and continues into 2025/26, to ensure that best value is being delivered, and our supporters' funds are being wisely and effectively spent.

Within the expenditure numbers, a significant value (£290,233) was attached to expenditure in 2024/25 against grant income received in previous years, as projects that had been funded up-front progressed.

Maintaining strong expenditure control, while still committed to investing in both patient care and in building sustainable income streams, continues to be a central focus of the Board.

Total Funds Carried Forward

At 31st March 2025 we carried forward funds to the value of £10,337,043 (31st March 2024: £9,772,478). Of these carried forward funds, £85,682 were restricted (31st March 2024: £338,659) and £10,251,361 unrestricted (31st March 2024: £9,433,819).

Setting aside the funds linked to the Hospice's fixed assets (£4,827,279), unrestricted free and designated funds total £5,424,082 (2024: £4,520,443).

Pay Policy for Senior Staff

Remuneration of senior staff is decided by a Board committee comprising the Chair, the Vice Chair and members of the Board. This is benchmarked against a range of other Hospices and Public Sector bodies.

Principal Risks and Uncertainties

Risk Management

We have identified the following as the principal strategic risks facing the Hospice:

- Real-terms reductions in statutory funding;
- Challenges with recruitment and retention of employees and volunteers;
- The difficulties in engaging with changing and pressured NHS and Social Care partners;
- Challenges in recording, collating and reporting performance information;
- Risks related to cyber security.

We have identified these actions as the principal mitigations for these risks:

- Maintain and improve income streams, particularly with respect to statutory funding;
- Establishment review, recruitment, retention and succession planning, including skills mix and loss of key staff, particularly those directly delivering clinical services;
- Further improving volunteer recruitment, retention and engagement across the organisation;
- Improving systems, hardware and management reporting to meet the requirements of the organisation, and other stakeholders;
- Engaging closely with the remodelled and evolving NHS and social care sector.

REPORT FROM THE TRUSTEES

Underlying strategic risks are recorded on our strategic risk register, which identifies mitigating measures and which is reviewed by the Board at each Board Meeting. There is a detailed Business Continuity and Resilience plan which addresses identified risks, providing action cards for continuing to run the Hospice in a range of situations.

The Hospice Governance Framework identifies areas of risk and linked compliance across the organisation. It is the responsibility of the Board to ensure that those areas identified are monitored on a regular basis to give assurance that our controls and mitigation measures are effective.

Reserves

The term 'reserves' is used to describe our income funds that are freely available to help the Hospice deliver its objectives.

The Board now annually updates its Reserves Policy, to assess the level of reserves available, and appropriate designation of reserves for specific purposes. This is based upon a risk assessment approach.

Under this approach:

- The reserves policy will assist in the activities of strategic and associated operational planning, risk assessment and the budgetary process and it will form a part of the annual statutory accounts preparation and audit;
- The amount held in reserves will be monitored throughout the year as part of the general reporting cycles;
- The reserves review will be included in the business of the Board and be part of its calendar of work and review of progress against the strategic commitments.

At the start of the financial year (more frequently in exceptional circumstances, at the discretion of the Trustee Directors) a risk-based assessment will be undertaken which will determine the target level or range of hospice reserves to be set for the following financial period.

The annual assessment will include:

The identification of risks concerning future income streams;

- The review of areas of expenditure that may be subject to material changes;
- General cash flow considerations and timings of income and expenditure and the consideration of future commitments/plans/projects/designations;
- Awareness of the nature of the funds held by the charity (restricted, unrestricted, designated, functional assets etc.);
- An appraisal of how key organisational risks, as identified on the strategic risk register, might impact upon the financial position;
- The calculation of the cost of closure;
- The determination of a target level or range of free reserves to be held, based on the analysis and risk assessment;
- Outlining the reserves policy within the annual report (CC19 4.1) - the duty to publish will be met through the inclusion of a suitable statement in the annual report, with the policy also being made available to funders and other stakeholders upon request.

St Andrew's Hospice Limited
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REPORT FROM THE TRUSTEES

Reserves Assessment Outcome:

For the 2025/26 financial year the determined reserves breakdown agreed by the Trustees was:

£2.667m: This equates to 5 months expenditure coverage, and is constituted by designated funds for financial risk and closure costs set out below.

Designated Funds:

£1.361m for Financial Risk: coverage of worst-case scenario in-year cash outflows

£1.306m for Closure Costs: coverage estimated for an orderly closure of the Charity

£1.950m for the development of St Andrew's Strategic Priorities

Remaining Free Reserves: £0.383m

Board Review will be triggered where cash outflow in-year is forecast to exceed: £0.500m

As the review of reserves took place prior to the construction of the final accounts, there are some differences between this breakdown and that finalised in Note 15 to the Accounts:

Original Reserves (as above): Free Reserves: £0.383m

Adjusted Reserves (Note 15): Free Reserves: £0.807m

As the Revaluation Reserve is backed by the valuation of the Charity's investment portfolio, it should be considered sufficiently realisable to be used for development if required, the change in structure of reserves for the purposes of the Accounts should not be considered a barrier to implementation of the Trustees' original agreed usage of reserves. Therefore, it is shown above merged with the Free Reserve.

Investment Policy

The charity's Articles of Association gives the Directors power to invest monies of the charity in or on such investments, securities or property as may be thought fit, subject nevertheless to such conditions (if any) and such consents (if any) as may from time to time be imposed or required by law.

The current investments (including cash deposits and listed investments held under management) are with:

- The Co-operative Bank Plc;
- Flagstone;
- Funds under management by Evelyn.

Funds held in operational bank accounts totalled £237,363 as at 31st March 2025 (£191,517 as at 31st March 2024).

Funds held in Flagstone accounts at the 31st March 2025 were £1,027,740, (£1,327,953 as at 31st March 2024). The in-year reduction included £370,000 withdrawn to support operational cashflow, and £69,787 of net interest earned.

REPORT FROM THE TRUSTEES

At 31st March 2025, Funds under management by Evelyn totalled £3,823,022 (£3,256,478 as at 31st March 2024). The growth in value comprised of £500,000 additional funds transferred into the portfolio by the Hospice, and £66,306 of net growth in investment value. This figure reflects the total value of the portfolio at the start and end of the year, and includes not only the revaluation gain of £23,127, but also the net value of cash proceeds of investments utilised to increase holdings within the portfolio of £43,179.

The Board of Trustees takes a balanced risk attitude towards investment. Additional investment into the Evelyn portfolio of £500,000 delivered a significant additional return over and above cash interest rates available. Management of cash balances via Flagstone accounts, which combine instant access, term and notice accounts delivering interest, has also been successful in delivering income, assisting in the tighter management of operational bank accounts, and delivering increased FSCS protection in the event of default or failure.

With monthly reporting to the Board, Trustees have oversight of the management of reserve balances. The Board have also agreed that at least every 3 years a full review of cost effectiveness of banking and investment arrangements is undertaken, to ensure best value.

REPORT FROM THE TRUSTEES

Structure, Governance & Management

Structure and Decision-Making Process

The Board of Trustees is the governing body of St Andrew's Hospice, which currently comprises eight members and meets twelve times a year. These meetings currently take place mostly face to face. Trustees are elected for a three year period and may be re-elected for a further term. The Chief Executive attends Board meetings, accompanied by senior managers. Other staff attend as required. Authority for management of the Hospice is delegated to the Chief Executive and Senior Management Team (who are not Trustees of St Andrew's Hospice Limited).

Trustees' Induction and Training

New Trustees are appointed after interview with the Chair, Trustees and the Chief Executive. An Enhanced Disclosure and Barring Check is also conducted, and two references are taken up. Trustees also declare they are fit and willing to undertake the responsibilities and duties of a charity trustee and complete the HMRC Fit and Proper Persons' Test.

They are given a Trustee Induction Pack which includes documents relating to the operational framework of the Hospice, Memorandum and Articles and financial reports, in addition to pertinent documents from the Charity Commission. They are appointed by a fellow Trustee who acts as a mentor. Additionally, new Trustees are invited to attend a meeting with the Senior Management Team and attend the various committees.

When any training requirements are identified, Trustees attend training courses and conferences.

Internal Financial Controls

We, the Trustees, confirm that internal control procedures are in place in order to provide assurance against material misstatement or loss. They include:

- Comprehensive system of annual budgets, approved by the Trustees, and monthly financial reporting of actual results against budget.
- Financial policies and procedures which are kept under constant review.
- External audit

Subsidiary

The charity's wholly owned trading subsidiary, St Andrew's Hospice (Trading) Limited, carries out trading activities on behalf of the charity, and makes gift aid payments of its total profits to the charity over the course of the year.

Trustees' Responsibilities in Relation to the Financial Statements

The trustees (who are also directors of St Andrews Hospice Limited for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

St Andrew's Hospice Limited
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In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently.
- observe the methods and principles in the Charities SORP 2019 (FRS 102).
- make judgements and estimates that are reasonable and prudent.
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Statement as to Disclosure to Our Auditors

In so far as the trustees are aware:

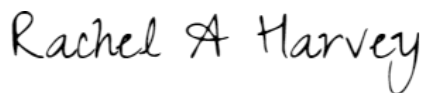
- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Auditors

BHP LLP were appointed during the year ending March 2021 and in accordance with section 487(2) of the Companies Act 2006 are deemed to be re-appointed annually.

In approving the Trustees' Annual Report, we also approve the Strategic Report included therein, in our capacity as company directors.

The Trustees' Report was approved by the Board of Trustees and signed on its behalf by:



Signer ID: TNSPEARLCM...

.....
Rachel Harvey
Chair, St Andrew's Hospice
Date: 9th October 2025

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ST ANDREW'S HOPICE LIMITED

Opinion

We have audited the financial statements of St Andrew's Hospice Limited (the "parent charitable company") and its subsidiary (the "group") for the year ended 31 March 2025 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 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 group's and parent charitable company's affairs as at 31 March 2025, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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 responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company 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

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. 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.

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 course of 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 this gives rise to a material misstatement in the financial statements themselves.

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.

We have nothing to report in this regard.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ST ANDREW'S HOPICE LIMITED

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, which includes the strategic report and the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within 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 specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of the Trustees

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, 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 group and parent charitable company'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 group or charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ST ANDREW'S HOPICE LIMITED

- we identified the laws and regulations applicable to the parent charitable company through discussions with directors and other management, and from our commercial knowledge and experiences of the charity's sector;
- we focussed on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Charities Act 2011, Companies Act 2006, taxation legislation and data protection, employment, health and safety legislation (including CQC documentation) and requirements of the Gambling Commission;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence throughout;
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the charity's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by;

- Making enquiries of management and trustees as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud.
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risks of fraud through management bias and override controls we:

- Performed analytical procedures to identify any unusual or unexpected variances.
- Tested journal entries to identify unusual transactions.
- Assessed whether judgments and assumptions made in determining the accounting estimates set out in note 1e were indicative of potential bias.
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statement disclosures to underlying supporting documentation.
- Reading the minutes of meetings of those charged with governance.
- Enquiring of management as to actual and potential litigation and claims

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/library/standards-codes-policy/audit-assurance-and-ethics/auditors-responsibilities-for-the-audit>. This description forms part of our auditor's report.

St Andrew's Hospice Limited
(A Company Limited by Guarantee)

Annual Report and Financial Statements
For the year ended 31 March 2025

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ST ANDREW'S HOPICE LIMITED

Use of our report

This report is made solely to the charitable company'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 charitable company'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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Signer ID: CRZCVPKXXZ...

Laura Mashed (Senior statutory auditor)

For and on behalf of

Date ^{26/11/2025 GMT}.....

BHP LLP

Chartered Accountants

Statutory Auditors

Rievaulx House,

1 St Mary's Court,

Blossom Street,

York, YO24 1AH

St Andrew's Hospice Limited
(A Company Limited by Guarantee)

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For the year ended 31 March 2025

Consolidated Statement of Financial Activities for the Year Ended 31 March 2025

		2025 Unrestricted Funds	2025 Restricted Funds	2025 Total Funds	2024 Unrestricted Funds	2024 Restricted Funds	2024 Total Funds
	Note	£	£	£	£	£	£
Income							
Donations, Gifts and Gift Aid		546,484	163,085	709,569	398,818	138,321	537,139
Legacies		1,764,167	33,621	1,797,788	330,865	181,957	512,822
Grants		133,000	222,198	355,198	20,000	159,797	179,797
Income from charitable activities							
Department of Health - Children's Unit		-	362,000	362,000	-	353,186	353,186
ICB Funding		833,592	-	833,592	660,001	111,310	771,311
Provision of Care		45,783	-	45,783	38,350	-	38,350
NHSE COVID funding		-	-	-	-	-	-
Other trading activities							
Income from Retail Operations	5	1,861,247	-	1,861,247	1,944,421	-	1,944,421
Retail Donations and Gift Aid		816,701	-	816,701	387,235	-	387,235
Fundraising Events and Lottery	4	276,769	82,439	359,208	297,520	90,388	387,908
Income from Interest and Investments	3	138,933	-	138,933	128,287	-	128,287
Other Income		34,491		34,491	51,095	-	51,095
Total Income		6,451,167	863,343	7,314,510	4,256,592	1,034,959	5,291,551
Expenditure							
Expenditure on Charitable Activities							
Adult Services		1,772,652	132,265	1,904,917	1,802,385	90,662	1,893,047
Children's Services		444,399	809,545	1,253,944	555,118	781,799	1,336,917
Lymphoedema Services		151,412	-	151,412	120,030	-	120,030
Wellbeing and Family Support Services		761,397	-	761,397	516,240	165,638	681,878
Total Expenditure on Charitable Activities		3,129,860	941,810	4,071,670	2,993,773	1,038,099	4,031,872
Expenditure on Raising funds							
Investment Management Fees		25,733	-	25,733	24,468	-	24,468
Retail Activities		1,924,415	-	1,924,415	1,821,072	-	1,821,072
Fundraising Activities		751,254	-	751,254	398,020	-	398,020
Total Expenditure	6	5,831,262	941,810	6,773,072	5,237,333	1,038,099	6,275,432
(Taxation)/Tax Refund on Trading Profit		-	-	-	5,057	-	5,057
Net Income before net gain/(loss) on investments		619,905	(78,467)	541,438	(975,684)	(3,140)	(978,824)
Net Gain/(Loss) on Investments	10	23,127	-	23,127	243,166	-	243,166
Net Income/(Expenditure) Before Transfers		643,032	(78,467)	564,565	(732,518)	(3,140)	(735,658)
Transfers Between Funds	15	174,510	(174,510)	-	52,842	(52,842)	-
Net Movement in Funds for the Year		817,542	(252,977)	564,565	(679,676)	(55,982)	(735,658)
Funds Brought Forward at 1st April 2024	15	9,433,819	338,659	9,772,478	10,113,495	394,641	10,508,136
Funds Carried Forward at 31st March 2025	15	10,251,361	85,682	10,337,043	9,433,819	338,659	9,772,478

The Consolidated Statement of Financial Activities complies with the requirements for an income and expenditure account under the Companies Act 2006 and includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

St Andrew's Hospice Limited
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Annual Report and Financial Statements
For the year ended 31 March 2025

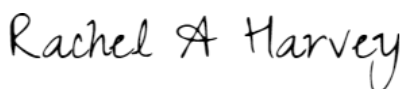
Consolidated and Charity Balance Sheets for the Year Ended 31 March 2025

	Note	Group 2025 £	Charity 2025 £	Group 2024 £	Charity 2024 £
Fixed Assets					
Tangible Assets	8	4,827,279	4,759,585	4,913,376	4,913,376
Intangible Assets	9	-	-	-	-
Investments	10	3,823,022	3,828,022	3,256,478	3,261,478
		8,650,301	8,587,607	8,169,854	8,174,854
Current Assets					
Debtors	11	790,802	883,345	442,718	468,568
Stock	11	25,000	-	-	-
Current Asset Investments	12	887,000	887,000	918,783	918,783
Cash on Deposit, at Bank and in Hand	12	385,811	336,088	652,295	566,608
		2,088,613	2,106,433	2,013,796	1,953,959
Creditors: Amounts Falling Due Within One Year	13	401,871	356,997	411,173	356,336
Net Current Assets		1,686,742	1,749,436	1,602,624	1,597,624
Total Net Assets		10,337,043	10,337,043	9,772,478	9,772,478
Charity Funds					
Restricted Funds		85,682	85,682	338,659	338,659
Designated Funds		9,444,279	9,444,279	8,960,376	8,960,376
General Funds		469,287	469,287	158,775	158,775
Investment Revaluation Reserve		337,795	337,795	314,668	314,668
Total Funds	15	10,337,043	10,337,043	9,772,478	9,772,478

As permitted by s408 Companies Act 2006, the Charitable Company has not presented its own profit and loss accounts and related notes. The charitable company's profit for the year was £564,565 (2024: loss of £735,658) after the full transfer of the annual profit balance from the trading company.

The notes on pages 33 to 48 form part of these financial statements.

These financial statements were approved by the Board of Trustees on 6th November 2025 and were authorised for issue and signed on its behalf by:



Signer ID: TNSPEARLCM...

Ms Rachel Harvey
Chair of the Trustees



Signer ID: DOSGH0D9NO...

Mr Ian Hargreaves
Vice Chair of Trustees

St Andrew's Hospice Limited
(A Company Limited by Guarantee)

Annual Report and Financial Statements
For the year ended 31 March 2025

Consolidated Cash Flow Statement for the Year Ended 31 March 2025

		2025	2024
	Note	£	£
Net Cash inflow/(Outflow) from Operating Activities		297,976	(660,573)
Tax (Paid)/Refunded		-	5,057
Net Cash Provided by Operating Activities		297,976	(655,516)
Cash Flows from Investing Activities:			
Interest Received		138,933	128,287
Purchase of Tangible Fixed Assets	8	(191,760)	(71,886)
Purchase of Investments	10	(1,199,236)	(1,502,282)
Proceeds on Disposal of Investments	10	657,159	1,002,282
Net Cash Used in Investing Activities		(594,904)	(443,599)
Change in Cash and Cash Equivalents in Year		(296,928)	(1,099,115)
Cash and Cash Equivalents at the Beginning of the Year		1,582,973	2,682,088
Cash and Cash Equivalents at the End of the Year	12	1,286,045	1,582,973
Reconciliation of Net Income/(Expenditure) to Net Cash Flow from Operating Activities:			
		2025	2024
		£	£
Net Income/(Expenditure) for the Year		564,565	(735,658)
(Gain)/Loss on Investments		(23,127)	(243,166)
Taxation Paid/(Refunded) on Trading Profit		-	(5,057)
Depreciation Charge		277,857	383,158
(Profit)/Loss on Disposal of Assets		-	28,486
Amortisation Charge		-	-
Interest and Investment Income Received		(138,933)	(128,287)
Loss on Disposal of Fixed Assets		-	-
(Increase)/Decrease in Stock		(25,000)	-
(Increase)/Decrease in Debtors		(348,084)	11,514
Increase/(Decrease) in Creditors		(9,302)	28,437
Net Cash Inflow/(Outflow) from Operating Activities		297,976	(660,573)

NOTES TO THE FINANCIAL STATEMENTS

1 Accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

Company Information

St Andrews Hospice Limited is a company limited by guarantee, the liability of the Directors is limited to one pound, and a charity registered in England and Wales. The registered office is St Andrews Hospice, Peaks Lane, Grimsby, DN32 9RP.

Accounting Convention

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 issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

St Andrews Hospice Limited constitutes a public benefit entity as defined by FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £.

The Consolidated Statement of Financial Activities (SOFA) and Consolidated Balance Sheet consolidate the financial statements of the Company and its Trading Company subsidiary undertaking. The results of the subsidiary are consolidated on a line-by-line basis.

The Charitable Company has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of financial activities in these financial statements.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

Going Concern

The Charitable Company meets its daily working capital requirements through its cash balances and current asset investments of £1.22m, and also holds an investment portfolio valued at £3.83m at 31st March 2025. Given the charitable company's level of unrestricted reserves available at year end, robust fundraising record, and forward planning and projections undertaken by the management team, the Directors consider that the charitable company has adequate resources to continue in operational existence for the foreseeable future. The financial statements have therefore been prepared on a going concern basis.

Fund Accounting

Unrestricted funds are available for use at the discretion of the Directors in furtherance of the objectives of the charity. They may also be designated for particular current or future purposes.

NOTES TO THE FINANCIAL STATEMENTS (Continued)

1 Accounting Policies (continued)

Restricted funds can only be used for particular restricted purposes within the objectives of the charity. These arise when funds are subject to specific restrictive conditions imposed by funders/donors or by the purpose of the grant. The purpose and use of the restricted funds are set out in note 15.

Income

All income is recognised once the Charitable Company has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Grants are included in the consolidated statement of financial activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the balance sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

Legacies

Pecuniary and residuary legacies are recognised when there is sufficient evidence of entitlement to the legacy, receipt is probable and it can be measured with sufficient reliability.

Gifts in Kind and Volunteers' Contributions

St Andrew's benefits greatly from a variety of gifts in kind and voluntary contributions. Gifts donated for resale are included as income when they are sold. Fixed assets donated to the charity are included as donation income at market value at the time of receipt. Consumables and small items donated for fundraising activities are not recognised in the financial statements. No amounts are included in the financial statements for services donated by volunteers.

Expenditure and Irrecoverable VAT

Expenditure is included in the Statement of Financial Activities on an accruals basis inclusive of any VAT that cannot be recovered. Expenditure is allocated directly to a particular activity where costs relate directly to that activity.

Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of the resources.

Cost of Generating Funds

These include the salaries, direct expenditure and overhead costs of the fundraising team as well as lottery and event costs, investment management costs and the cost of our retail operations.

Charitable Activity Costs

These include the salaries, direct expenditure and overhead costs of the care and support team.

NOTES TO THE FINANCIAL STATEMENTS (Continued)

1 Accounting Policies (continued)

Operating Leases

Rentals applicable to operating leases are charged to the Statement of Financial Activities on a straight-line basis over the term of the lease.

Pensions

The charitable Company operates a defined contribution scheme for the employees of both the Charitable Company and its Trading Company subsidiary. Contributions are charged as an expense to the Statement of Financial Activities in the period in which they fall due.

Staff Costs

The costs of short-term employee benefits are recognised as a liability and an expense. The costs of any payments due to bank staff, for unsocial hours enhancements, for on call payments, or for hours worked in excess of contract are recognised in the period in which they were worked by the employee at the rates under relevant employment contracts. The costs of payments for unused holiday entitlement are recognised in the period in which payment is agreed.

Termination benefits are recognised as an expense at the point that the company is demonstrably committed to terminate the employment of an employee, or to provide termination benefits.

Investments

Investments (other than investments in subsidiaries) are stated at market value as at the balance sheet date.

The investment portfolio managed by Evelyn (see note 10) is held to generate returns and gains for the group and accordingly is designated as fair value through profit and loss ("FVTPL"). Under this designation the portfolio is revalued at each period end to its fair value, as determined by reference to quoted market prices with any gains or losses going through the Statement of Financial Activities.

Investments in subsidiaries are stated at cost. The Directors review the carrying value annually for indications of impairment.

Depreciation and Tangible Assets

Depreciation policies have been set according to management's experience of the useful lives and residual values of the assets in each category, something which is reviewed annually.

The Charitable Company and Trading Company incur expenditure on creating tangible fixed assets for use, with costs being incurred over a number of months.

Costs are capitalised where expenditure results in either:

- The acquisition of an asset with a purchase value exceeding the Fixed Asset Threshold (currently £5,000);
- A development project with a combined cost exceeding the threshold increasing the value of any existing asset by at least that value;
- A project with a combined cost exceeding the threshold resulting in the creation of a defined grouped asset of at least that value.

NOTES TO THE FINANCIAL STATEMENTS (Continued)

1 Accounting Policies (continued)

Fixed Asset Threshold

As of 1st December 2023, fixed assets are recognised where expenditure on a single asset, related group of assets or capitalisable project exceeds £5,000. This replaced the previous threshold of £1,000.

Fixed Assets and Depreciation

Fixed assets are stated at cost. Depreciation is provided to write off the cost less the estimated residual value of fixed assets by equal instalments over their useful economic lives as follows:

Freehold property 2% straight line
Leasehold property 33% straight line
Fixtures, fittings and equipment 20%-33% straight line
Motor vehicles 20% straight line

Assets under the course of construction are not depreciated until brought into use.

Projects commenced but remaining ongoing are not depreciated until projects are completed.

Freehold land is not depreciated.

Intangible Fixed Assets Other Than Goodwill

Intangible assets are recognised at cost and are subsequently measured at cost less accumulated amortisation and accumulated impairment losses.

Amortisation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Software Shorter of the life of the license or 3 years.

Impairment Policy

Assets not measured at fair value are reviewed for any indication that the asset may be impaired at each balance sheet date. If such indication exists, the recoverable amount of the asset or the asset's cash generating utility is estimated and compared to the carrying amount. Where the carrying amount exceeds the estimate, an impairment loss is recognised in profit or loss, unless the asset is carried at a revalued amount where the impairment loss is a revaluation decrease.

Stocks

Donated items of stock for resale are not included in the financial statements until they are sold as the Directors consider it impractical to assess the amount of donated stock held as there is no system in place to record these items or value them until they are sold. The value of these goods to the charity is instead recognised when they are sold in the shops.

Supplies purchased for clinical and other activities are treated as an expense when purchased, with no stock balance or adjustments applied to the Financial Statements.

Expenses related to purchased goods for resale are treated as an expense when sold, with stock balance adjustments applied to the Financial Statements.

NOTES TO THE FINANCIAL STATEMENTS (Continued)

1 Accounting Policies (continued)

Tax

St Andrew's Hospice Limited is a registered charity and as such is a charity within the meaning of schedule 6 of the Finance Act 2010. Accordingly, the Hospice is potentially entitled to tax exemption under part 11 of the Corporation Tax Act 2010 or section 256 of the Taxation of Chargeable Gains Act 1992 in respect of income and gains arising to the extent that such income or gains are applied exclusively to charitable purposes.

The Trading Company subsidiary is liable to corporation tax on any chargeable profits. Current tax is provided at amounts expected to be paid (or recovered) using the tax rates and laws that have been enacted or substantially enacted at the balance sheet date.

Financial Instruments

The group has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Cash at Bank and in Hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity held for working capital.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid.

Financial assets, other than those held at fair value through profit and loss, are assessed for indicators of impairment at each reporting end date. Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected. The impairment loss is recognised in the income and expenditure account.

Creditors, Loans and Provisions

Creditors, loans and provisions are recognised where the group has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors, loans and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

Financial liabilities are recognised when, and only when, the group's obligations are discharged, cancelled or they expire.

Amounts recognised as provisions are best estimates of the consideration required to settle the present obligation at the reporting end date, taking into account the risks and uncertainties surrounding the obligation.

NOTES TO THE FINANCIAL STATEMENTS (Continued)

1 Accounting Policies (continued)

Critical Accounting Estimates and Judgements

In the application of the group's accounting policies, the Directors 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 associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects only that period, or in the period of the revision and future periods. If the revision affects both current and future periods.

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

Provision for Potential Dilapidation Dispute – Retail Shops

From 2023, disputes over potential repair and insurance liabilities have arisen regarding the Grimsby Furniture Store, Grimsby West St Mary Gate and Hull Prince's Quay shops. At this point, no firm assessments are available of the potential costs involved.

Legal advice and evidence support the position that no liability falls on St Andrew's. However, a pragmatic approach to maintain effective relationships with landlords may require some compromise to be reached. A commitment of up to £26.5k is therefore provided for in the 2024/25 statements.

Service Costing and Allocation of Support Costs

Following changes made in 2023/24, support costs are allocated to services based on clear apportionment bases. Additionally, a clear schedule of support staff time allocated to the Trading Company was established and charged to the Trading Company.

These arrangements have been continued into 2024/25, with updated information based on the full financial year used to generate support department apportionments.

This revised model has been used to produce the cost breakdowns by service shown in Note 6.

St Andrew's Hospice Limited
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Annual Report and Financial Statements
For the year ended 31 March 2025

NOTES TO THE FINANCIAL STATEMENTS (Continued)

2 Net Income

	2025	2024
	£	£
Net income/(expenditure) is stated after charging:		
Depreciation of Tangible Fixed Assets	277,857	383,158
Amortisation of Intangible Fixed Assets	-	-
Loss on Disposal of Fixed Assets	-	28,486
Auditor's Remuneration - Audit of Charity and Subsidiary Company Accounts	21,187	18,690
Auditor's Remuneration - Non Audit Services	2,808	1,410

3 Income from Investments

	Unrestricted	Unrestricted
	2025	2024
	£	£
Investment Dividends and Interest	67,289	58,359
Interest from Building Societies and Banks	71,644	69,928
	138,933	128,287

4 Fundraising Events and Lottery

	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	2025	£	£	2024
	£	£	£	£	£	£
Events	7,545	105	7,650	18,165	-	18,165
Lottery	269,224	82,334	351,558	279,355	90,388	369,743
	276,769	82,439	359,208	297,520	90,388	387,908

5 Income from Retail Operations

	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	2025	£	£	2024
	£	£	£	£	£	£
Trading Company	1,793,244	-	1,793,244	1,871,065	-	1,871,065
Charity Retail	68,003	-	68,003	73,356	-	73,356
	1,861,247	-	1,861,247	1,944,421	-	1,944,421

St Andrew's Hospice Limited
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Annual Report and Financial Statements
For the year ended 31 March 2025

NOTES TO THE FINANCIAL STATEMENTS (Continued)

6 Total Expenditure

Year to 31 March 2025	Adult Services	Children's Services	Lymphoedema Services	Wellbeing and Family Support Services	Retail Activities	Fundraising Activities	Investment Activities	Total 2025
	£	£	£	£	£	£	£	£
Directly Allocated Costs								
Staff Costs	897,998	642,707	79,300	418,882	1,152,026	158,261	-	3,349,174
Clinical Supplies and Services	166,604	113,524	22,934	70,541	-	-	-	373,603
Goods for Resale	-	-	-	-	62,459	-	-	62,459
Professional Fees	-	-	-	-	53,055	46,033	25,733	124,821
Lottery Prizes	-	-	-	-	-	47,780	-	47,780
Other Non Staff Costs	11,731	27,402	1,188	11,306	542,074	72,564	-	666,265
Support Costs								
Management	136,168	99,138	13,084	63,348	38,511	139,814	-	490,063
Communications and PR	33,522	24,406	3,221	15,595	-	34,420	-	111,164
Human Resources	96,909	69,753	3,479	45,165	19,143	96,316	-	330,765
Site Costs and Catering	328,756	107,210	10,029	48,554	-	52,304	-	546,853
Finance IT and Communications	101,058	73,576	9,710	47,014	57,147	103,762	-	392,267
Depreciation and Asset Costs	132,171	96,228	8,467	40,992	-	-	-	277,858
Total Expenditure	1,904,917	1,253,944	151,412	761,397	1,924,415	751,254	25,733	6,773,072

Year to 31 March 2024	Adult Services	Children's Services	Lymphoedema Services	Wellbeing and Family Support Services	Retail Activities	Fundraising Activities	Investment Activities	Total 2024
	£	£	£	£	£	£	£	£
Directly Allocated Costs								
Staff Costs	720,354	564,717	67,504	395,048	938,424	86,079	-	2,772,126
Clinical Supplies	254,116	128,010	370	1,289	-	-	-	383,785
Training	-	-	-	-	71,592	-	-	71,592
Goods for Resale	-	-	-	-	-	47,339	24,468	71,807
Professional Fees	-	-	-	-	-	76,600	-	76,600
Lottery Prizes	14,174	20,239	3,535	8,643	547,308	73,672	-	667,571
Support Costs								
Premises	218,333	159,410	17,227	98,140	47,025	32,009	-	572,144
IT and Communications	40,543	29,238	2,928	16,608	3,140	8,493	-	100,950
PR and Marketing	57,463	44,626	6,521	37,698	24,034	10,188	-	180,530
Management and Finance	292,414	177,467	7,449	42,247	84,564	21,603	-	625,744
Vehicles and Travel	105,712	76,235	7,635	43,303	85,911	22,143	-	340,939
Depreciation and Amortisation	189,938	136,975	6,861	38,902	19,074	19,894	-	411,644
Total Expenditure	1,893,047	1,336,917	120,030	681,878	1,821,072	398,020	24,468	6,275,432

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7 Staff Numbers and Costs

The average number of staff employed by the charitable group, based on payroll data, not including vacancies, was as follows:

	Average		Average	
	Average FTE	Headcount	Average FTE	Headcount
	2025	2025	2024	2024
	No.	No.	No.	No.
Charitable Activities	65	80	61	76
Fundraising and Shops	40	50	38	48
Management and Administration	22	25	19	23
	127	155	118	147

The aggregate payroll costs of these persons was as follows:

	2025	2024
	£	£
Wages and salaries	3,798,210	3,495,043
Social security costs	303,304	254,857
Other pension costs	261,573	230,582
	<u>4,363,087</u>	<u>3,980,482</u>

The number of higher paid employees is disclosed below.

	2025	2024
	No.	No.
£60,000 to £69,999	2	2
£70,000 to £79,999	1	1
£80,000 to £89,999	-	1
£90,000 to £99,999	1	-

Employer contributions into a money purchase scheme for these individuals were £37,340 (2024: £37,062).

The key management personnel of the charity (and group) comprise the Directors and the senior management team which comprises 7 individuals (2024: 8). The total remuneration of the key management personnel employed by the charity (and group) were £505,436 inclusive of employer social security and pension scheme contributions (2024: £506,748).

Pension contributions of £32,967 were outstanding at 31st March 2025 (2024: £27,284).

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8 Tangible Fixed Assets

Group

	Leasehold Property £	Freehold Property £	Fixtures and Fittings £	Clinical Equipment £	Other Equipment £	Motor Vehicles £	Total £
Cost							
At 1 April 2024	57,891	7,756,401	685,794	102,297	6,812	-	8,609,195
Disposals	-	-	-	-	-	-	-
Additions	-	-	107,022	14,750	18,042	51,946	191,760
At 31 March 2025	57,891	7,756,401	792,816	117,047	24,854	51,946	8,800,955
Depreciation							
At 1 April 2024	57,891	3,211,156	367,343	56,969	2,460	-	3,695,819
Disposals	-	-	-	-	-	-	-
Provided for in the Year	-	137,854	97,440	27,233	2,271	13,059	277,857
At 31 March 2025	57,891	3,349,010	464,783	84,202	4,731	13,059	3,973,676
Net book amount							
At 31 March 2025	-	4,407,391	328,033	32,845	20,123	38,887	4,827,279
At 31 March 2024	0	4,545,245	318,451	45,328	4,352	-	4,913,376

Freehold Land with a value of £170,000 (2024: £170,000) is not depreciated.

Charity

	Leasehold Property £	Freehold Property £	Fixtures and Fittings £	Clinical Equipment £	Other Equipment £	Motor Vehicles £	Total £
Cost							
At 1 April 2024	-	7,756,401	685,794	102,297	6,812	-	8,551,304
Disposals	-	-	-	-	-	-	-
Additions	-	-	57,370	14,750	-	39,546	111,666
At 31 March 2025	-	7,756,401	743,164	117,047	6,812	39,546	8,662,970
Depreciation							
At 1 April 2024	-	3,211,156	367,343	56,969	2,460	-	3,637,928
Disposals	-	-	-	-	-	-	-
Provided for in the Year	-	137,854	97,440	27,233	2,271	659	265,457
At 31 March 2025	-	3,349,010	464,783	84,202	4,731	659	3,903,385
Net book amount							
At 31 March 2025	-	4,407,391	278,381	32,845	2,081	38,887	4,759,585
At 31 March 2024	-	4,545,245	318,451	45,328	4,352	-	4,913,376

Freehold Land with a value of £170,000 (2024: £170,000) is not depreciated.

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9 Intangible Fixed Assets

Group and Charity

	Software	Total
	£	£
Cost		
At April 2024	-	-
Disposals	-	-
Additions	-	-
At 31 March 2025	-	-
Amortisation		
At April 2024	-	-
Disposals	-	-
Provided for in the Year	-	-
At 31 March 2025	-	-
Net book amount		
At 31 March 2025	-	-
At 31 March 2024	-	-

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10 Investments

Group	Other investments £	Listed investments £	Total £
Valuation			
At 1 April 2024	-	3,244,583	3,244,583
Additions	-	1,199,236	1,199,236
Disposals	-	(657,159)	(657,159)
Revaluation Gain/(Loss)	-	23,127	23,127
Market Value at 31 March 2025	-	3,809,787	3,809,787
Cash Held in Investment Portfolio (Note 12)	-	13,235	13,235
Total at 31 March 2025	-	3,823,022	3,823,022

Charity	Investment in subsidiary companies £	Other investments £	Listed investments £	Total £
Valuation				
At 1 April 2024	5,000	-	3,244,583	3,249,583
Additions	-	-	1,199,236	1,199,236
Disposals	-	-	(657,159)	(657,159)
Revaluation Gain/(Loss)	-	-	23,127	23,127
At 31 March 2025	5,000	-	3,809,787	3,814,787
Cash Held in Investment Portfolio (Note 12)	-	-	13,235	13,235
Total at 31 March 2025	5,000	-	3,823,022	3,828,022

The historical cost of listed investments as at 31 March 2025 was £3,525,514 (2024: £2,922,162).

Principal Subsidiaries

The company owns 100% of the issued share capital of St Andrew's Hospice (Trading) Limited, incorporated in England and Wales.

Details relating to the subsidiary, and financial results for the year are shown below:

Company Number	02775647
Registered office	St. Andrew's Hospice, Peaks Lane, Grimsby, DN32 9RP
Principal activity	Sale of donated goods

	31st March 2025	31st March 2024
Income	£1,793,810	£1,874,960
Expenditure	(£1,297,282)	(£1,710,662)
Profit/(Loss) for the year	£496,528	£164,298
Total Assets	£268,193	£212,675
Total Liabilities	(£263,193)	(£207,675)
Net Assets	£5,000	£5,000

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11 Debtors and Stock

	Group		Charity	
	Due within one year 2025 £	Due within one year 2024 £	Due within one year 2025 £	Due within one year 2024 £
Trade Debtors	40,439	45,468	17,432	19,311
Prepayments & Accrued Income	699,249	357,261	617,420	271,977
Other Debtors	2,404	741	2,404	424
VAT Receivable	48,709	39,248	27,770	24,018
Amounts Due from Subsidiary Undertakings	-	-	218,319	152,838
Total Debtors	790,802	442,718	883,345	468,568
Stock	25,000	-	-	-

12 Cash at Bank, in Hand and on Deposit

	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
Interest Bearing Bank and Deposits	383,996	649,987	335,365	565,395
Cash in Hand	1,815	2,308	723	1,213
Subtotal - Total Cash	385,811	652,295	336,088	566,608
Current Asset Investments	887,000	918,783	887,000	918,783
Cash Held in Investment Portfolio	13,234	11,895	13,234	11,895
	1,286,045	1,582,973	1,236,322	1,497,286

13 Creditors: Amounts Falling Due Within One Year

	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
Trade Creditors	130,112	182,247	106,941	140,952
Taxation and Social Security	76,001	58,817	76,001	58,817
Accruals and Deferred Income	97,694	53,585	75,991	40,043
Other Creditors	33,211	39,404	33,211	39,404
Advanced Lottery Receipts	64,853	77,120	64,853	77,120
	401,871	411,173	356,997	356,336

14 Commitments

Total commitments under non-cancellable leases are as follows:

Group and Charity	Land and Buildings		Other	
	2025 £	2025 £	2024 £	2024 £
Within One Year	163,328	25,341	137,796	19,284
More Than One Year and Less Than 5 Years	299,433	13,466	198,236	30,775
In More Than 5 Years	1,667	-	-	-
	464,428	38,807	336,032	50,059

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

15 Statement of Funds

Group

	As at 01 April 2024 £	Income £	Expenditure £	Changes in Market Value £	Transfers £	As at 31 March 2025 £
Unrestricted Funds:						
General Funds	158,775	6,451,167	(5,831,262)	-	(309,393)	469,287
Fixed Assets	4,913,376	-	-	-	(86,097)	4,827,279
Designated Funds - Financial Risk	1,909,000	-	-	-	(548,000)	1,361,000
Designated Funds - Closure	1,388,000	-	-	-	(82,000)	1,306,000
Designated Funds - Development	750,000	-	-	-	1,200,000	1,950,000
Subtotal - Designated Funds	8,960,376	-	-	-	483,903	9,444,279
Revaluation Reserve	314,668	-	-	23,127	-	337,795
Total Unrestricted Funds	9,433,819	6,451,167	(5,831,262)	23,127	174,510	10,251,361
Restricted Funds:						
Children's Services	-	639,540	(639,540)	-	-	-
Adult Services	-	1,605	(1,605)	-	-	-
The National Lottery Community Fund	69,571	-	(69,571)	-	-	-
Southampton Hospitals Charity	158,540	-	(123,168)	-	(29,738)	5,634
Personalisation Project (HNY ICB)	100,954	-	(60,309)	-	-	40,645
BBC Children in Need	-	40,000	(23,539)	-	-	16,461
Together for Short Lives	-	39,503	(150)	-	(39,353)	-
Alan Boswell Charitable Trust	-	14,995	(245)	-	(14,750)	-
Rugby Group Benevolent Fund	-	10,000	(10,000)	-	-	-
DHSC/Hospice UK Capital Grant	-	92,589	-	-	(90,669)	1,920
Other Restricted Funds	9,594	25,111	(13,683)	-	-	21,022
Total Restricted Funds	338,659	863,343	(941,810)	-	(174,510)	85,682
Total Funds	9,772,478	7,314,510	(6,773,072)	23,127	-	10,337,043

15 Statement of Funds - Prior Year

Group

	As at 01 April 2023 £	Income £	Expenditure £	Changes in Market Value £	Transfers £	As at 31 March 2024 £
Unrestricted Funds:						
General Funds	8,341,993	4,261,649	(5,237,333)	-	(7,207,534)	158,775
Fixed Assets	-	-	-	-	4,913,376	4,913,376
Designated Funds - Financial Risk	-	-	-	-	1,909,000	1,909,000
Designated Funds - Closure	-	-	-	-	1,388,000	1,388,000
Designated Funds - Development	1,700,000	-	-	-	(950,000)	750,000
Subtotal - Designated Funds	1,700,000	-	-	-	7,260,376	8,960,376
Revaluation Reserve	71,502	-	-	243,166	-	314,668
Total Unrestricted Funds	10,113,495	4,261,649	(5,237,333)	243,166	52,842	9,433,819
Restricted Funds:						
Children's Services	-	709,296	(709,296)	-	-	-
Adult Services	713	228	(941)	-	-	-
The National Lottery Community Fund	152,543	-	(82,972)	-	-	69,571
Southampton Hospitals Charity	239,034	-	(69,811)	-	(10,683)	158,540
Legacy - Mr Harrison (End of Life Care)	-	165,638	(165,638)	-	-	-
Personalisation Project (HNY ICB)	-	102,585	(1,631)	-	-	100,954
Other Restricted Funds	2,351	57,212	(7,810)	-	(42,159)	9,594
Total Restricted Funds	394,641	1,034,959	(1,038,099)	-	(52,842)	338,659
Total Funds	10,508,136	5,296,608	(6,275,432)	243,166	-	9,772,478

NOTES TO THE FINANCIAL STATEMENTS (Continued)

15 Statement of Funds (continued)

Funds Structure:

General funds represent the free reserves of the charity that are not designated or restricted for particular purposes.

Fixed Asset funds represent funds linked to the fixed asset base of the Charity.

Designated Funds are funds allocated by the Trustees for specific purposes, currently across the following headers:

Financial Risk - these funds are designated by the Trustees to provide coverage for a financial worst case position in year;
Closure - these funds are designated by the Trustees to provide coverage for the orderly closure of the Charity if required;
Development - these funds are designated by the Trustees to provide for further development of the Charity and its assets and services.

Restricted funds represent grants or other donations held but not yet spent which have a specific purpose formally set by the donor on confirming the donation or grant award.

Current Restricted Funds are described as follows:

Children's Unit - Donations and income received in 2024/25 restricted for use on services for children.
Adult Unit - Donations and income received in 2024/25 restricted for use on services for adults.
The National Lottery Community Fund - Grants received in 2021/22 for use on an ongoing volunteer coordination and support project.
Southampton Hospitals Charity - Grants received in 2022/23 for use on Hospice at Home services, Clinical Educator development, improvements to children's bereavement services, and memory making projects.
Legacy - Mr Harrison - A legacy received in 2023/24 restricted for use on services for adult end of life patients' support outside beyond inpatient care.
Personalisation Project - A Humber and North Yorkshire ICB grant transferred to St Andrew's in 2023/24 from St Catherine's to fund an ongoing project to improve personalised care for end of life patients inside and outside hospices, and to support leadership input from Hospices across the ICB.
BBC Children in Need - Funds received in 2024/25 to support the appointment of a specialist child bereavement counsellor.
Together for Short Lives - Funds received in 2024/25 to purchase and equip a specialised vehicle for transporting children with mobility or other special clinical equipment.
Alan Boswell Charitable Trust - Funds received in 2024/25 to purchase a new Cuddle Bed.
Rugby Group Benevolent Fund - Funds received in 2024/25 to support salary costs of the children's Hospice at Home service.
DHSC/Hospice UK Capital Fund - Government Grant Funds received in 2024/25 through a national scheme to support Hospice Capital Expenditure.
Other Restricted Funds - Other grants donations and legacies received with specified expenditure restriction expressed by the donating person or body.

Transfers:

Transfers between funds have been made to restructure the funds according to the Reserves Policy adopted by the Trustees in April 2025, in line with existing procedures, as discussed prior to year end with Trustees.

There have been no transfers between unrestricted and restricted funds in year, aside from the transfer required from restricted funds to cover capital expenditure incurred by the Charity linked to delivery of restricted fund objectives of £174,510 (2024: £52,842).

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

16 Analysis of Net Assets Between Funds

Fund balances at 31 March 2025 are represented by:

Group	Fixed Assets	Investments	Net Current Assets	Total
	£	£	£	£
Restricted Funds	-	-	85,682	85,682
Unrestricted Funds	4,827,279	3,823,022	1,601,060	10,251,361
	4,827,279	3,823,022	1,686,742	10,337,043

Fund balances at 31 March 2024 are represented by:

Group	Fixed Assets	Investments	Net Current Assets	Total
	£	£	£	£
Restricted Funds	-	-	338,658	338,658
Unrestricted Funds	4,913,376	3,256,478	1,263,966	9,433,820
	4,913,376	3,256,478	1,602,624	9,772,478

17 Analysis of Net Cash Funds

Group	At Beginning of Year	Cashflow	At End of Year
	£	£	£
Cash in Hand	2,308	(493)	1,815
Cash on Short Term Deposit	649,987	(265,991)	383,996
Net cash funds	652,295	(266,484)	385,811

The group had no debt in the current or previous year.

18 Contingent Liabilities

The group has no contingent liabilities at 31 March 2025 or at March 2024.

19 Capital Commitments

The group has capital commitments at 31 March 2025 of £nil (2024: £nil).

20 Related Parties

St Andrew's Hospice (Trading) Limited is a wholly owned subsidiary of St Andrew's Hospice Limited. The two entities also have some common directors. At the year end, amounts owed to the Charity by St Andrew's Hospice (Trading) Limited were £218,319 (2024: £152,838). During the year the charity recharged direct salary costs of £490,707 (2024: £940,233), shared salary costs of £110,939 and other expenses of £3,861 (2024: £114,774) relating to other support costs. The salary recharge was reduced for 2024/25 due to the application of a recharge reduction of £658,575 to offset the income transfer to the Charity of gift aided donated goods sales, and maintain a true and fair view of operations in each entity within the Group. Insurance cost relating to Trading buildings and vehicles of £31,188 were also recharged (2024: £34,920). The subsidiary acted as agent with respect to donations falling under the retail gift aid scheme of £658,575 (2024: £310,710).

During the year, Trustee expenses of £nil (2024: £273) were incurred.

Amounts of £40,139 inclusive of employer's social security and pension contributions (2024: £35,785) were paid to the daughters of members of the key management team in relation to work within Children's Services. No amounts were outstanding as at year end.

One contractor, owned by the ex-spouse and son of one member of the key management team, was engaged by the Site team to undertake works with a total value of £2,863 excluding VAT. The engagement was undertaken in accordance with normal procurement procedures, and the related member of the management team was not involved in the procurement.

There were no other disclosable related party transactions during the current or previous year.

21 Control

The Directors are of the opinion the Charity has no ultimate controlling party.