

HIGH PEAK HOSPICECARE

England & Wales · Charity number 1031192

Details

Other names	BLYTHE HOUSE, BLYTHE HOUSE HOSPICE
Status	Registered
Legal form	Charitable company
Company number	02880281
Registered	1994-01-10
Register	View on the Charity Commission register

Contact

Address	Blythe House Eccles Fold Chapel-en-le-Frith High Peak SK23 9TJ
Phone	01298816990
Email	shane.oreilly@blythehouse.co.uk
Website	www.blythehousehospice.org.uk

Activities

Objects: TO PROMOTE THE RELIEF OF SICKNESS AND RELIEF IN NEED OF PERSONS RESIDENT IN THE COUNTIES OF DERBYSHIRE, , SHEFFIELD, CHESHIRE AND STAFFORDSHIRE AND THE SURROUNDING AREAS BY SUCH CHARITABLE MEANS AS THE COMPANY SHALL FROM TIME TO TIME THINK FIT

Activities: Specialist Palliative Care - Day Hospice

Classification

- **How:** Provides Services, Provides Advocacy/advice/information
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, Elderly/old People, The General Public/mankind

Geography

- **Area of benefit:** DERBYSHIRE CHESHIRE AND STAFFORDSHIRE
- Cheshire East
- Cheshire West & Chester
- Derbyshire
- Staffordshire

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£2,739,000	£2,672,000	£3,142,000	45
2024-03-31	£2,392,000	£2,453,000	£3,075,000	44
2023-03-31	£2,161,000	£2,246,000	£3,136,000	39
2022-03-31	£2,465,000	£2,060,000	£3,170,000	39
2021-03-31	£2,299,000	£1,844,000	£2,765,000	37

Trustees

Name	Role	Appointed
ALASTAIR WATSON		2026-04-22
Anne Cawthorn		2021-11-08
Antony Graham King		2023-05-15
DELIA BUTLER		2015-11-09
DR Michael Hardman		2017-11-06
Dr Sarah Margaret Parnacott		2018-11-12
James Butler		2026-04-22
Jill De Nardo		2026-04-22
Paul Matthew Stuart Rooney		2023-05-15
Rajesh Modi		2024-11-25
Ruth Brown		2021-11-08
Tyrone Fredrick Glover		2024-11-25

HIGH PEAK HOSPICECARE

England & Wales - Charity number 1031192

Accounts

HIGH PEAK HOSPICECARE

(A company limited by guarantee)

Directors and Trustees Report and Accounts

For The Year Ended 31 March 2025

Company number 2880281

Registered Charity number 1031192



**Contents of the Financial Statements
for The Year Ended 31 March 2025**

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High Peak Hospicecare Trustee Report 24/25



Chairman's Report

This year has seen demand for our services continue with expenditure on charitable activities of £1.84 million up from £1.74 million in 2024. Despite a reduction of £53,000 in CHC funding, our fundraising and retail operations have had a record year resulting in an additional £150,000. It has also been a good year for donations and legacies although in the case of large legacies these continue to be viewed as “one off” as they cannot be relied on as a guaranteed income stream. Details of all our services, role of volunteers and how we are funded can be found in our annual review which this year for the first time is included here as part of the Trustees Report. UK hospices are facing unprecedented times; the increase to National Insurance, rising costs of living, statutory funding reducing in real terms and increasing numbers of patients requiring hospice services. Like many UK hospices we have to balance the increasing demand against significant rising costs and static government funding. I am therefore, pleased to report that due to our history of strong financial management, a focus on diversifying income streams and the continued support of our communities, our financial position at the year end was a surplus of £67,000.

The Board of Trustees continues to regularly review reserve levels against current and future financial requirements. In the Boards view; given the continuing uncertainty around short and medium-term levels of statutory funding, the UK economy, political and demographical challenges, it remains justifiable and prudent to hold the level of reserves shown in these accounts. Whilst I am pleased to be able to report that the hospice continues to have a level of reserves sufficient to meet its charitable obligations and current service levels, like many hospices our statutory income from NHS England has not increased in line with inflation. As a result, income generation remains one of the most challenging areas for the hospice.

The Board of Trustees meets quarterly to review clinical activity, management, HR and finance against our strategic objectives and goals; Services, Environment, Workforce and Finance, and that we continue to meet our Mission Statement, Vision and Values. Trustees also support all areas of the hospice; meeting staff and volunteers, visiting shops and attending fundraising and inhouse events. As a Board, we remain committed to effective leadership, strong governance, regulatory compliance and fulfilling our legal, custodial and morale responsibilities as Trustees. We regularly cover other areas including board development, training, risk and strategic planning.

The AGM in November 2024 saw the following changes to trustees: Sarah Rowland retired from the Board of Trustees after serving 4 years as a Trustee and Company Secretary. Sarah had previously served as a Trustee of Helens Trust for 6 years and joined the Board following the merger with Helens Trust in 2020. On behalf of the Board, I extend our sincere thanks and wish Sarah all the best in the future. Rajesh Modi and Ty Glover were welcomed to the Board of Trustees and will support the Board in the areas of business development and clinical governance.

In closing my report, I come to what I consider the most important part for me as Chair and that is to express how immensely proud I am of the achievements of Blythe House Hospice and to take this opportunity to thank and acknowledge the commitment and professionalism of our inspirational team lead by Shane O'Reilly CEO; managers, staff, our many loyal and dedicated volunteers, individuals, donors, and the growing network of business and corporate supporters. We are forever indebted to you all and continue to be both fortunate and privileged to have experienced and shared with you your belief in the vision and values of Blythe House Hospice throughout this year.

Timothy J Mourné

Chair, Board of Trustees

Activities and achievements

Blythe House Hospice

ANNUAL REVIEW

2024/25



**BLYTHE
HOUSE
HOSPICE**

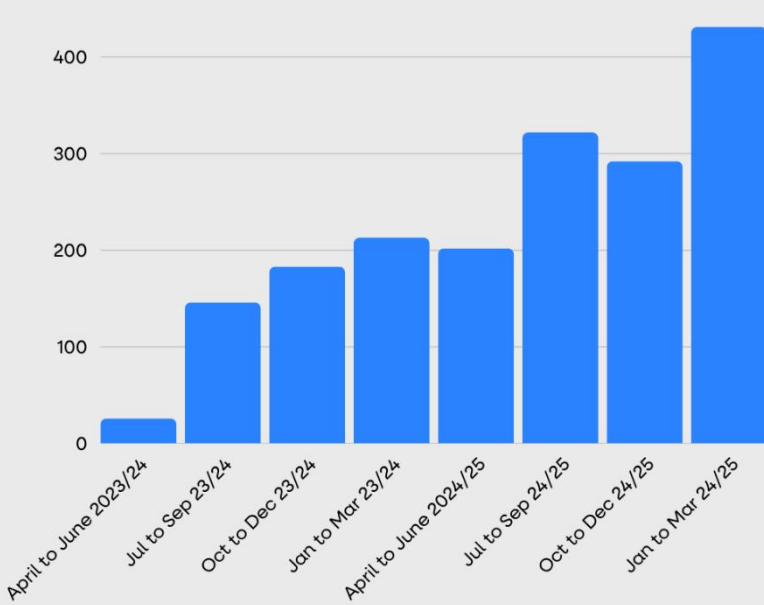
Roaming Car service

For people who wish to receive care at home, our Roaming Car service is a vital lifeline – especially overnight, when symptoms can worsen, and families can feel alone and unsure where to turn.

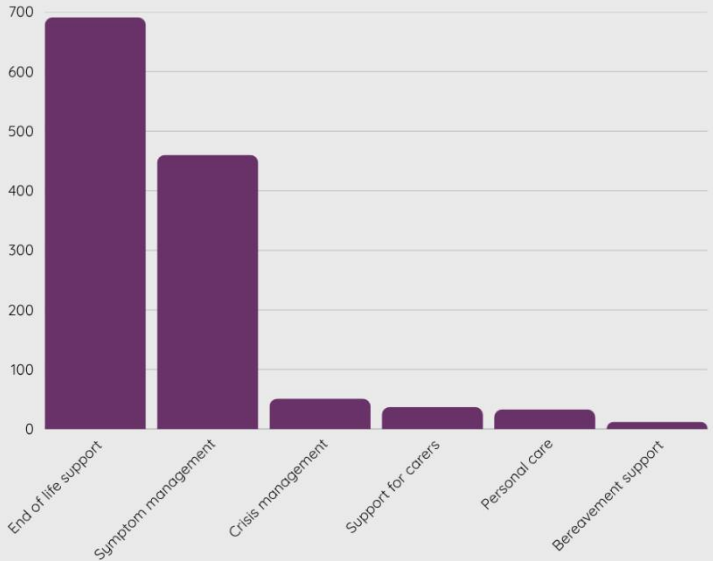
Last year, our nurses and healthcare assistants travelled over **30,000** miles, often in challenging weather conditions. Thanks to support from Peak 4x4 Response, we were able to reach patients even in the most extreme conditions.

One family wrote to us following such a visit: ‘I wanted to say thank you to the excellent nurses who came through a blizzard to help my late husband before he passed away in January. They were amazing.’

Following feedback from families about the difficulties in accessing healthcare support overnight, we extended our service hours in January. The Roaming Car now operates from 8pm to 8am, seven days a week, 365 days a year. This expansion allows us to support more people and reduce the need for calls to 111 or 999, or delays while waiting for GP or community nursing services to reopen.



4 Number of referrals to the Roaming Car service



Reasons for referral

Hospice at Home

Our Hospice at Home service provides compassionate, high-quality care to patients in the final months, weeks, or days of life, supporting them to remain at home if that is their choice.

Delivered by experienced healthcare assistants and supported by our wider specialist team, the service ensures people can receive personal, dignified care in familiar surroundings, close to their loved ones. Support is tailored to individual needs and can include personal care, emotional support, and help for families and carers.

The team works closely with local GPs, district nurses and other services to offer joined-up care, often stepping in when needs increase or other support becomes limited. Hospice at Home helps ease pressure on hospital and community services, and provides vital comfort at a time when it's most needed. The service is available 24 hours a day, seven days a week, across the whole of North Derbyshire.



223 new referrals and **341** patients cared for throughout the year

10,250 hours of care provided

67% of families said they would have struggled to care for their loved one at home without our help

98% of families said having Hospice at Home reduced their worries about looking after their loved one

90% of patients died where they wished to be

19 postcode areas across North Derbyshire

98% of people felt the team was able to support them in the way they needed



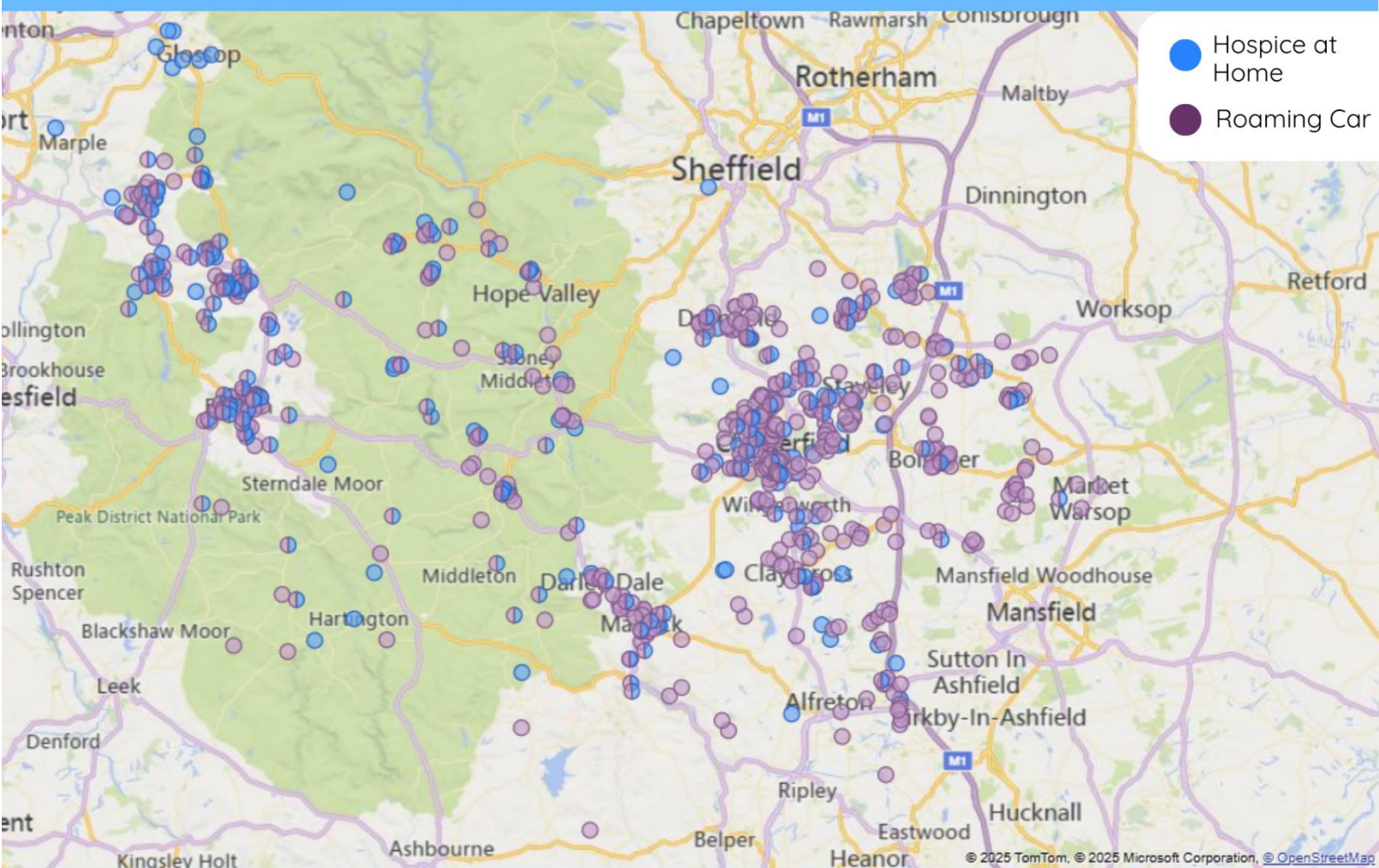
Find out more about
Hospice at Home



The Roaming Car
service



Map of the area covered by our Roaming Car and Hospice at Home teams:



Jim died peacefully at home with support from both the Hospice at Home and Roaming Car services.

His son, Lee, said:

‘Dad really wanted to be cared for at home, so he could spend his final time of life surrounded by his comforts. Blythe House Hospice allowed Dad to pass away peacefully at home with Mum and I by his side, which is more than any of us could ever ask for. The team just made the most difficult times of our lives more manageable. What they have done for my family cannot be overstated.’



Community Hub

Our Community Hub is a welcoming and supportive space where patients and their families can access expert, person-centred care. Our multi-disciplinary team, including nurses, therapists and other professionals, work together to offer a range of day services tailored to the individual needs of those living with a life-limiting illness and their loved ones.

Whether it's managing physical symptoms, navigating emotional challenges, or accessing practical advice and equipment, we're here to help people maintain their independence and quality of life. With a focus on compassion, dignity and support, the Community Hub plays a vital role in helping people feel more in control, informed and empowered throughout their journey.

1,189 referrals for **653** people and **4,912** appointments including:
1,116 physiotherapy and occupational therapy, **1,605** nurse and family support worker, **366** complementary therapy, **1,343** counselling and bereavement support
482 attendees at groups including Wellbeing Wednesday and FAB



97% of people felt supported in the way they wanted

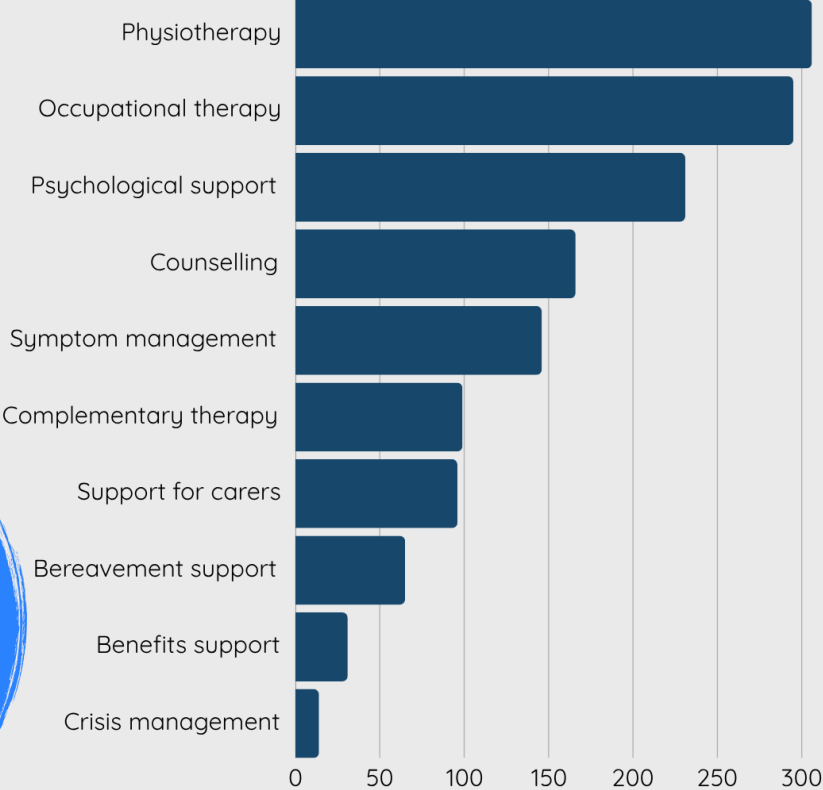


100% said they would recommend our services

We've cared for people from age 6 to 92

100% of people felt listened to

Reasons for referral:



Wellbeing Wednesday group

'All the skills, experiences, and friendships I have gained through Wellbeing Wednesday will stay with me forever.'

Wellbeing Wednesdays offer a supportive space for Community Hub patients to explore ways to improve wellbeing, manage symptoms and cope with serious illness.

The programme includes a four-week Building Resilience course, mindfulness and relaxation sessions, emotional and practical support, and gentle movement activities such as yoga and Qigong to support physical and mental health.



Katie attended following her melanoma diagnosis:

'It's where we make friends and share our experiences. Whatever question you ask, others have experienced or are experiencing it. No matter how you think you sound, these questions and fears are extremely real to all who attend.'

FAB (fatigue, anxiety and breathlessness) group

Our FAB seven-week programme supported 33 patients throughout the year who were experiencing two or more of these symptoms.

Led by the hospice team, it provides self-management strategies and a supportive space to build confidence and improve daily life.

Mal has a weakened heart following a heart attack:



'If you can't breathe, anxiety kicks in - there is nothing worse than when you can't breathe, it feels like you are drowning. FAB without a doubt has been absolutely brilliant. I would recommend it to absolutely anybody and the healthcare professionals just go above and beyond; they are so attentive and caring. Every one of them was brilliant from the very first day.'

Find out more about our
Community Hub services
including peer support groups



Counselling and bereavement support

At Blythe House Hospice, our counselling and bereavement service provides compassionate, specialist support to individuals and families navigating the emotional challenges of life-limiting illness and death. Over the past year, we have supported **107** adults and **65** children and young people through tailored counselling, play therapy and emotional support.

Our counselling and bereavement team goes the extra mile to tailor support to each patient and their family. Over the past year, we have:

- Visited patients at home when they were too unwell to travel to the hospice
- Partnered with schools and teachers to guide and support bereaved pupils
- Helped children, young people and adults create precious memories with their loved ones — moments that bring comfort, and help them remember and feel close to them, after someone has died
- Encouraged self-expression through art and creativity when words were too hard to find
- Provided counselling across our community — spanning from New Mills to Matlock
- Increased our student counsellor placements, supporting four students to complete their training hours while enhancing our capacity to provide care.

Our experienced team is committed to creating a safe, supportive space where people of all ages can express their feelings, build resilience, and find comfort during difficult times.



Bernard accessed counselling following his wife, Rhian's diagnosis with cancer:

'[The sessions] have given me a better focus on what's going on and helped me to process everything. I knew the ins and outs of what was happening, but the sessions have allowed me to get my thoughts and worries under control; they have really helped me to think through how to deal with my anxiety. I still refer to the processes and practices that Kate gently guided me through, and I have been working on them continuously ever since.'

Empowering wellbeing through therapy

Our Complementary Therapy team has continued to explore ways to empower patients and their families, helping them understand what's happening in both body and mind during difficult times.

Alongside therapeutic hands-on treatments, the team supports individuals in building a practical and achievable toolbox of techniques to promote self-care and wellbeing. These are delivered through one-to-one sessions, group workshops and structured courses, both at the hospice and in people's homes.

This year, we successfully secured a grant to support the redesign of our therapy room, with the aim of creating a more calming environment and enhancing accessibility for patients who find it difficult to lie down due to health conditions. Feedback has been overwhelmingly positive, emphasising the value and impact of these improvements.

The newly revamped therapy room



Liz Ebelthite, Physiotherapy-based Pilates instructor during a Wellbeing Wednesday Motion is Lotion session



An educational workshop for our staff delivered by Dr Peter Mackereth, for 'Chemotherapy Induced Peripheral Neuropathy - an Introduction to AcuReflex©'



Forging community links and enhancing patient care

Our Palliative and Cancer Care Coordinators play a vital role in strengthening links between local GP surgeries in the High Peak and across North Derbyshire, ensuring that patients diagnosed with cancer or a life-limiting illness can access the care and support they need.

They provide 3-month and 12-month cancer care reviews as well as palliative care reviews which offer an opportunity to check in with patients - asking how they're coping physically and emotionally, and whether they have support around them. Patients are signposted to local services, including here at Blythe House Hospice. Referrals can be made for patients or family members needing further support.



Real stories of support:

A journey of choice and reconnection: After a routine three-month cancer care review, we spoke with a patient about the support available through Blythe House Hospice. At the time, they chose not to pursue a referral, feeling they didn't need additional help. Weeks later, the patient returned to the hospice of their own accord, having remembered our conversation. They self-referred and are now receiving ongoing support from one of our Community Hub nurses — a testament to the value of open dialogue and letting people seek help in their own time.

Enabling comfort and independence at home: A local GP asked us to contact a patient identified as being in their final year of life. After sensitive conversations with both the patient and their carer, we made referrals to our Hospice at Home team, as well as our Physiotherapy and Occupational Therapy services.

With the introduction of mobility aids and home adaptations, the patient was better able to move safely and comfortably around their home. Our Hospice at Home team also provided vital personal care, giving the carer much-needed respite and helping the patient maintain their independence and dignity.

Sharing knowledge and strengthening connections

We launched the Observe and Act feedback tool, used widely in healthcare settings to enhance patient experience. By observing, reflecting and acting on real experiences, we can make meaningful improvements to our services.

Our Last Days Matter training has expanded significantly, with a 'train the trainer' approach enabling delivery across Derbyshire, ensuring a consistent, county-wide approach.

We've delivered dementia awareness training to staff and are reviewing our environment to become more dementia-friendly.

To find out more or book a talk for your community group, contact Sarah Sewell, Community Engagement Officer, on: sarah.sewell@blythehouse.co.uk



Sarah, our Community Engagement Officer, has travelled across North Derbyshire and beyond

We have also worked towards the Carer Friendly Employer Quality Award through the Derbyshire All Age Carers Support Service, and in February 2025, we were proud to achieve Derbyshire LGBT+ Accreditation.

In January 2025, we launched Talking Tours, a new initiative for the public to visit the hospice, meet our team and learn about the support we offer.

Visit the hospice for
a Talking Tour



Book your place on free
Last Days Matter training





Patient and family feedback:

'The team showed enormous compassion and sensitivity to my mum and provided excellent support to me. Having a contact number to call day and night was fabulous and gave me confidence to look after my mum at home. Blythe House deserve all the recognition and acknowledgment of a truly irreplaceable and valuable service in the community.'

'You very quickly offered support for me and my children following the death of my husband. It was extremely difficult understanding how to help my children but the team went above and beyond, and have been very patient and very supportive. I don't think I would have been able to navigate this difficult time without you all.'

'I have talked to you about things I have never said to anyone else, that's because you care.'



A community of kindness

Our volunteers

We would like to extend our heartfelt thanks to each and every one of our dedicated volunteers who give their time, energy, and compassion to Blythe House Hospice.

Whether supporting patients directly, helping in our shops, lending a hand with admin, fundraising in the community, or serving on our Board of Trustees – their commitment is truly at the heart of everything we do.

Our volunteers bring compassion and a shared sense of purpose that helps us deliver care to local people and their families, every single day.

'Blythe House has brought light back into my life. It's a place full of warmth, comfort, and kindness, and I'm so grateful to be part of it.'

Annie



Annie attends our volunteer-led Patient Peer Support Group following her diagnosis with COPD:

'It's such a welcoming and comforting space. There have been times when I've needed help with other things. One weekend, a lovely volunteer drove me to hospital

to attend an appointment. On another occasion, someone helped me sort out my printer! It's the little things that make all the difference. The people here genuinely care, and it makes me feel like I have someone looking out for me.'

Charlie, one of our dedicated volunteers since 2020, said:

'It sounds corny, but it really is good to put something back. The more you do, the more you get out of it. That is really the bottom line. If you go out feeling a bit low, chances are you will come home feeling better. [The volunteer support team] is fantastic: if you come across a situation you haven't come across before and don't know exactly how to deal with it, they are there to offer support and guidance.'



1,157 visits in the community – including home visits, shopping, practical support, transport and spiritual care support

721 support sessions such as the Patient Peer Support Group, and the Walking Group

41 trained volunteers provided **2,900** hours over the year to directly support patients, carers and their families

1,200 hours volunteered at fundraising events

Over **3,800** hours donated by our Board of Trustees, and hospice-based volunteers including admin, front of house, gardening and maintenance

Find out more
about volunteering
opportunities



How we're funded

It costs over £2.3 million every year to keep services at Blythe House Hospice running. Did you know that 70% of our income comes from the generous support of our community through donations, events, our charity shops and gifts in Wills? Throughout 2024/25:

Eight events organised by the hospice, including a sell-out Chatsworth 10k and Jingle Bell Jog raised
£165,423

Our first overseas trek to the Sahara Desert raised a sand-sational
£46,774

Monthly givers collectively donated over
£45,826

Team of players at our Sickleholme Golf Day



Snowdogs Discover Buxton raised a paw-some
£61,193

Buxton FC players with 'Classic' outside Buxton Opera House

Emily from HURST used her work volunteer day to support our Treecycle

Incredible local businesses and their employees supported us by sponsoring, fundraising and donating to the value of
£105,297

TF Jackson sponsored our 35th anniversary Gala Ball

We were able to claim **£53,219** in Gift Aid thanks to you ticking the box when eligible!



Pennies made pounds in our collection pots which provided **£11,895**



Volunteers collecting at Buxton Carnival

Individuals and groups in our community put the 'fun' into fundraising and raised a fantastic **£88,243**



Loved ones were remembered, and donations in their memory totalled **£83,275**



Our first winter raffle provided **£18,427**

Georgie Goode took part in Stride for Blythe in memory of her Dad



Legacy gifts totalled **£213,050** as supporters remembered the hospice in their Will

To find out more about how you can get involved in raising the money Blythe House Hospice needs to continue providing its vital care to patients and their families, please call: 01298 875 089, or scan the QR code:



Did you know? If you're a UK tax payer, your monetary donations and the items that you donate to our shops could be worth 25% more with Gift Aid, a government scheme which is open to all charity supporters who pay UK Income and Capital Gains tax. By signing up to Gift Aid, every time you donate, your charity can reclaim the tax you have paid based on the value of the donation you have made. So, a £10 donation, or an item donated by you which is sold for £10 in our shops, enables Blythe House Hospice to reclaim £2.50.



How we're funded

Our shops have enjoyed another successful year, thanks to the incredible generosity of our local communities. Every donation, purchase, and hour volunteered helps fund vital care for local patients and families. We're deeply grateful for this continued support and always welcome new donations and volunteers to help us build on this success.



483 new retail Gift Aid donors this year



£658,702 hospice income generated by our high street shops and online stores this year



131 retail volunteers gave **41,100** hours to support our charity shops



We opened our sixth high street shop in Matlock with Jason Knighton, the Mayor of Matlock, in August 2024.



£12,279 extra for hospice services generated through Gift Aid

17



Visit our hospice shops

Find out more about becoming a retail volunteer



Charitable Purpose

To promote the relief of sickness and relief of people in need living in Derbyshire, Cheshire and Staffordshire.

Our Purpose

To support, look after and care for every person that needs us.

Our Vision

To provide tailored care and support to people with life-limiting illness so that they and their family can fulfil what matters most to them.

Our Mission

We will show compassion and listen to people's needs. We will keep our enthusiasm and be our best in any situation.

Our Values

Be kind. We always look out for one another. We care for our community and everyone within it.

Inspire people. We believe in what we do and what we are able to achieve. We share our enthusiasm and compassion with everyone we meet.

Think ahead. We're resourceful, creative and forward-thinking. We learn from our experiences and always make plans for the future.

Be the best. We're all a key part of our jigsaw. We need each other to improve and grow. We always go the extra mile.

Objectives

Our Services

- Evolve the services to meet the needs of our local population as they change over time by engaging with the wider community to understand their needs, in particular, recognising and engaging with under-represented groups.
- Increase the number of people using our services (across a range of life-limiting illnesses) by making services accessible, equitable and inclusive.
- Develop and maintain close working relationships with Health and Social Care partners to enable collaborative working.
- Ensure our staff are well trained and deliver care that is safe and effective.
- Develop an Education and Training offer for our Health and Social Care colleagues which enables the learning and development of palliative care skills and knowledge across Derbyshire and our bordering local neighbours.
- Utilise a national patient recording system (SystemOne) that enables effective recording of patient interactions and allows us to be part of the Shared Care Records for Derbyshire.
- Systematically collect and analyse data on services to ensure effectiveness.

Finance

- Maintain long term financial plans to ensure a sustainable approach to the use of the Charity's resources.
- Ensure resources are being used effectively to deliver our Charitable Purpose.
- Develop processes to maximise our relationships with existing donors and to grow the supporter database.
- Evaluate fundraising activities to ensure we are maximising return on investment.

- Strengthen financial processes and budgetary accountability.
- Enable innovative use of resource to deliver organisational objectives.
- Build upon our existing retail and ecommerce platforms to develop a presence across the footprint where we provide services.

Staff

- Develop our staff to build a skilled and competent workforce that are able to meet the demands of our growing service.
- Offer rewarding careers with opportunities to grow within the organisation through embedding a structured performance and development process.
- Embed a culture of inclusivity, open communication and organisational learning.
- Develop our digital capability including our clinical services platform and governance processes.
- Ensure the buildings and facilities across the organisation are fit for purpose.

Community

- Build strong links with professionals and organisations in our local health and social care environment.
- Maintain and develop our links with our voluntary sector colleagues.
- Provide a range of well supported volunteer roles that enhance the work of the Charity.
- Reduce the environmental impact of our service, fundraising and facilities.
- Effectively promote and adapt the services we provide to our all communities across North Derbyshire.

Financial Review

This year has seen a rise of £347,000 in the Charity's income with a total of £2.739m. Income from charitable activities dropped due to a reduction in Continuing Healthcare funding from the NHS. The level of charitable activity remained the same, but funding came from fundraising and trading activities. The fundraising team had an extraordinary year with the Snow Dog Trail. This was an additional activity on previous years and saw a substantial rise in community income.

Expenditure has risen this year by an additional £219,000. The costs of raising funds were significantly increased by the investment required in the Snow Dog Trail and a new shop in Matlock, however, this is offset by the additional income raised and the future potential from the shop. An additional £103,000 was spent on providing care which saw an additional 359 patients compared to the previous year, an increase of 25%.

Spending on charitable activities as a percentage of income fell slightly to 69% as a result of the additional increase in the cost of raising funds. Our Hospice at Home and Roaming Car Service saw 930 patients, an increase of over 200 patients, spending £1.048m on meeting these patient needs.

The Charity recorded a surplus of £67,000 which was impacted by the decision of the government to give Hospices grants for capital expenditure, which happened in the last financial quarter.

The Charity carries forward funds of £3.142m. £1.071m of these are held in fixed assets. These leaves £2.070m of reserves with £799,000 designated for Hospice at Home and Roaming Car services.

General reserves are held to enable the Charity to continue its work effectively and seamlessly if income levels fall, to fund capital projects, to contribute to general expenditure in times of growth and change and to give flexibility to respond quickly to new demand and take on innovative projects. The reserves policy is to hold general reserves of 6 months of budgeted unrestricted expenditure.

The principal funding sources for the year were

- Donations and Legacies – 32.8%
- Income from charitable activities – 27.6%
- Income from trading activities – 37.1%
- Investment Income - 2.5%

The main financial risks are

- Funding Competition
- Reduction in Fundraising income
- Short term NHS contracts which don't keep pace with inflation
- Increased costs particularly with inflationary pressures
- Reduction in trading income
- Loss or reduction in statutory income

Reference and Administrative Details

Name of the Charity High Peak Hospicecare

Working Name Blythe House Hospice

Company Number 2880281

Charity Number 1031192

Registered Office Blythe House
Eccles Fold
Chapel-en-le-Frith
High Peak
SK23 9TJ

Auditors DJH Audit Limited
St George's House
56 Peter Street
Manchester
M2 3NQ

Bankers Virgin Money
34 Prince's Street
Stockport
SK1 1RE

Directors and Trustees

The directors of the charitable company (the Charity) are its Trustees for the purpose of charity law. The Trustees and officers serving during the year and since the year end were as follows:

Timothy Mourné - Chairman

Delia Butler - Treasurer

Michael Hardman

Anne Cawthorn

Sarah Parnacott

Ruth Brown

Pamela Booth (Resigned 18/08/2025)

Antony King

Jacquelin King-Owen

Paul Rooney

Tyronne Glover (appointed 25/11/2024)

Rajesh Modi (appointed 25/11/2024)

Chief Executive Officer (CEO)

Shane O'Reilly

Senior Management Team

Laura Savile (HR Manager)

Clare Walker (Clinical Services Manager)

Karen Petford (Finance Manager)

Rebecca Gregory (Fundraising Manager)

Marie Brown (Senior Retail Manager)

Structure, Governance and Management

Governing Document

High Peak Hospicecare is a company limited by guarantee governed by its Memorandum and Articles of Association dated 16 October 2006. It is registered as a charity with the Charity Commission.

Appointment of Trustees

New Trustees are identified through targeted recruitment, personal recommendation and existing volunteer roles. Trustees are appointed at the Annual General Meeting in November.

Trustee Induction and Training

All Trustees undergo a programme of induction which covers awareness of their legal obligations and responsibilities under charity and company law, the structure, governance and management of Blythe House Hospice including the role of the Board of Trustees and committees, understanding of the aims and objectives of Blythe House Hospice and a tailored induction day at Blythe House, meeting with senior staff and observing day to day activities. On an ongoing basis, the board as a whole undertakes formal training and development sessions throughout the year.

Organisation

The board of Trustees, which can have up to fourteen members, administers and has overall responsibility for the Charity. The board normally meets quarterly and there are sub-committees covering clinical, finance, income generation and remuneration. The CEO is appointed by the Trustees to manage the day-to-day operations of the Charity.

Related Parties

None of our Trustees receive remuneration or other benefit from their work with the charity. Any connection between a Trustee or senior manager and any supplier must be disclosed in full to the board of Trustees. In the current year no such related party transactions were disclosed. The charity's wholly owned subsidiary, High Peak Hospicecare Trading Co Ltd, is established to operate our shops. It gifts all its profits to the charity.

Pay Policy for Senior Staff

The CEO and SMT comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis.

The pay of senior staff is reviewed annually and normally increased in line with industry standards.

Report of the Trustees for the year ended 31 March 2025

Trustees' Responsibilities in Relation to the Financial Statements

The Trustees (who are also the directors of High Peak Hospicecare for the purposes of company law) are responsible for preparing a Trustees' annual report and 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 year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing the financial statements the Trustees are required to:

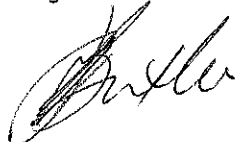
- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed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

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

Statement as to Disclosure to Auditors

In so far as the Trustees are aware at the time of approving our Trustees' annual report: there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and The Trustees, having made enquiries of fellow Directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

By order of the Board of Trustees



Delia Butler
Treasurer
24/11/2025

High Peak Hospicecare

Independent auditor's report

To the members of High Peak Hospicecare

Opinion

We have audited the financial statements of High Peak Hospicecare (the 'charitable company') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the consolidated and parent charitable company statement of financial position, the consolidated and parent charitable company 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 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's 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 group's and 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 annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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.

High Peak Hospicecare

Independent auditor's report (continued)

To the members of High Peak Hospicecare

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report for the financial year for which the financial statements are prepared, which includes the directors' report prepared for the purposes of company law, is consistent with the financial statements; 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charitable company for the purpose 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's 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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

High Peak Hospicecare

Independent auditor's report (continued)

To the members of High Peak Hospicecare

In preparation for our audit we identified areas of laws and regulations which we considered could have a material effect on the financial statements. This information was obtained via discussions with management and from our general commercial and sector experience. The directors also provide us with written representation of all the key and fundamental industry specific laws and regulations which they are required to adhere to. These were then communicated to the whole of the audit team at our audit planning meeting.

As a charitable company, providing palliative care and support to people with life limiting illnesses, non-compliance with the Care Quality Commission Regulation 2009, the Health and Social Care Act 2012 and the Charities Act 2011 and Companies Act 2006 were assessed to be most relevant.

Our audit procedures to respond to these risks included:

- Enquiries with management;
- Inspection of regulatory records, inspection reports, submissions and other correspondence;
- Challenging of management assumptions and judgements in relation to accounting estimates.
- Review of journals entered throughout the year;
- Substantive transaction testing.

Despite appropriate planning and performing our work in accordance with International Auditing Standards, there are always inherent limitations that could lead to non-compliance not being detected. Non-compliance with laws and regulations is often further removed from the events and transactions reflected in the financial statements and material misstatements due to fraud can be deliberately concealed from auditors, for example through misrepresentation, forgery or collusion.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

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.



Christopher Abbott FCA (Senior Statutory Auditor)

For and on behalf of DJH Audit Limited, Statutory Auditor

Accountants and registered auditors

St George's House

56 Peter Street

Manchester

M2 3NQ

Date: 5/12/2025

High Peak Hospicecare

Consolidated statement of financial activities

Including income and expenditure account

For the year ended 31 March 2025

		Unrestricted funds general 2025 £'000	Unrestricted funds designated 2025 £'000	Restricted funds 2025 £'000	Total 2025 £'000	Total 2024 £
	Notes					
Income from:						
Donations and legacies	4	894	-	6	900	657
Charitable activities	5	362	393	-	755	808
Other trading activities	6	1,015	-	-	1,015	865
Investments	7	69	-	-	69	62
Total income		<u>2,340</u>	<u>393</u>	<u>6</u>	<u>2,739</u>	<u>2,392</u>
Expenditure on:						
Raising funds	8	829	-	-	829	713
Charitable activities	9	778	1,048	17	1,843	1,740
Total expenditure		<u>1,607</u>	<u>1,048</u>	<u>17</u>	<u>2,672</u>	<u>2,453</u>
Net income/(expenditure)		733	(655)	(11)	67	(61)
Transfers between funds		(308)	298	10	-	-
Net movement in funds	12	425	(357)	(1)	67	(61)
Reconciliation of funds:						
Fund balances at 1 April 2024		991	2,083	1	3,075	3,136
Fund balances at 31 March 2025		<u>1,416</u>	<u>1,726</u>	<u>-</u>	<u>3,142</u>	<u>3,075</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

High Peak Hospicecare

Consolidated statement of financial position

As at 31 March 2025

		Group 2025	Group 2024	Charity 2025	Charity 2024
	Notes	£'000	£'000	£'000	£'000
Fixed assets					
Tangible assets	15	740	734	737	732
Investment property	17	331	331	331	331
Investments	16	-	-	1	1
		<u>1,071</u>	<u>1,065</u>	<u>1,069</u>	<u>1,064</u>
Current assets					
Stocks	18	7	7	6	7
Debtors	19	192	104	198	121
Investments	20	1,545	1,436	1,545	1,436
Cash at bank and in hand		<u>432</u>	<u>578</u>	<u>408</u>	<u>540</u>
		<u>2,176</u>	<u>2,125</u>	<u>2,157</u>	<u>2,104</u>
Creditors: amounts falling due within one year	21	<u>(105)</u>	<u>(115)</u>	<u>(90)</u>	<u>(99)</u>
Net current assets		<u>2,071</u>	<u>2,010</u>	<u>2,067</u>	<u>2,005</u>
Total assets less current liabilities		<u>3,142</u>	<u>3,075</u>	<u>3,136</u>	<u>3,069</u>
The funds of the charity					
Restricted income funds	24	-	1	-	1
Unrestricted funds - general	23	1,416	991	1,412	987
Unrestricted funds - designated	25	<u>1,726</u>	<u>2,083</u>	<u>1,724</u>	<u>2,081</u>
		<u>3,142</u>	<u>3,075</u>	<u>3,136</u>	<u>3,069</u>

The financial statements were approved by the trustees on

24th November 2025

.....
Mr J J Mourne
Chairman

Company registration number 2880281 (England and Wales)

High Peak Hospicecare

Consolidated statement of cash flows

For the year ended 31 March 2025

		Group 2025 £'000	Group 2024 £'000	Charity 2025 £'000	Charity 2024 £'000
	Notes				
Cash flows from operating activities					
Cash (absorbed by)/generated from operations	3	(53)	(2)	(41)	3
Investing activities					
Purchase of tangible fixed assets		(53)	(36)	(51)	(36)
Proceeds from disposal of investments		(109)	(170)	(109)	(170)
Investment income received		69	62	69	62
Net cash used in investing activities		(93)	(144)	(91)	(144)
Net cash used in financing activities		-	-	-	-
Net decrease in cash and cash equivalents		(146)	(146)	(132)	(141)
Cash and cash equivalents at beginning of year		578	724	540	681
Cash and cash equivalents at end of year		432	578	408	540

High Peak Hospicecare

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies

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

Charity information

High Peak Hospicecare is a company limited by guarantee and has no share capital. The liability of each member in the event of a winding-up is limited to £1.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and the Charities SORP "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £'000.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern

The Trustees are of the view that given the level of available cash and investments the immediate future is secure and that on that basis the charity is a going concern.

The major uncertainty that we face is that approximately 30% of our income comes from a contract with Derbyshire ICB. This income is awarded on an annual basis and the charity remains in regular contact with the ICB to secure their ongoing financial support.

1.3 Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Designated funds are restricted funds of the charity which the Trustees have decided at their discretion to set aside to use for a specific purpose.

Restricted funds are subject to specific conditions by donors or grantors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

1 Accounting policies

1.4 Income

Income is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether capital or revenue, is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

For legacies entitlement is taken as the earlier of the date on which either the charity is aware that probate has been granted, the estate has been finalised and notification has been made to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executors intention to make a distribution. When legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as contingent asset and disclosed if material.

Income received in advance of fundraising events or other specified service is deferred until the criteria for income recognition are met (see note 22).

Donated services and facilities

Donated goods are only recognised when the economic benefit can be measured reliably, which is considered to be when the donated item is sold.

General volunteer time is not recognised. Please refer to the Trustees annual report for more information about their contribution.

Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably; that is normally upon notification of the interest payable by the bank.

1.5 Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is classified under the following headings:

- Costs of raising funds comprise the costs of commercial trading including our shops
- Expenditure on charitable activities includes the cost of providing our services to clients

Most VAT is recoverable. Any amounts which are not recoverable are included within support costs.

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

1 Accounting policies

Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's service delivery and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 11.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and depreciated over their estimated useful economic lives on a straight line basis as follows:

Land	Not depreciated
Building	2% - 5%
Fixtures and fittings and computers	20%
Motor vehicles	20%

1.7 Investment property

Investment properties are measured initially at cost and subsequently at fair value at the reporting date. Depreciation is not provided.

1.8 Debtors

Trade and other debtors are recognised at the settlement amount. Prepayments are valued at the amount prepaid.

1.9 Stocks

Stocks are stated at the lower of cost and net realisable value using a first in, first out basis.

Net realisable value is the estimated selling price less all estimated costs of completion and costs to be incurred in marketing, selling and distribution.

1.10 Cash and cash equivalents

Cash and cash equivalents include cash in hand and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

1.11 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.12 Pensions

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

1 Accounting policies

Some employees are members of the NHS Pension Scheme which is funded by contributions from employee and employer or alternatively they may have opted to join, or been auto-enrolled in, the group money purchase defined contribution scheme operated by Aviva.

The employer contributions made to the NHS Pension Scheme in the year were £75k (2024: £66k) with an employer contribution rate of 14.3% and employee rates varying between 5.6% and 13.5% of pensionable pay. The scheme is an unfunded defined benefit scheme that covers NHS employers and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employees joining the money purchase pension scheme operated by Aviva contract directly with that company. The charity makes a contribution of 4% (where auto-enrolled), or 6% and acts as an agent in collecting and paying over employee pension contributions. The contributions made for the accounting period and treated as an expense were £51k (2024:£47k).

1.13 Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co Limited on a line-by-line basis. A separate Statement of Financial Activities and income and expenditure account for the charity has not been presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and 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 where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3 Financial performance of the charity

The consolidated statement of financial activities includes the results of the charity's wholly owned subsidiary which operates our charity shops.

The summary financial performance of the charity alone is:

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

3 Financial performance of the charity

	2025 £'000	2024 £'000
Income	2,126	1,797
Gift aid from subsidiary company	158	172
	<u>2,284</u>	<u>1,969</u>
Expenditure	(2,217)	(2,029)
Net income	67	(60)
Transfer from reserves	-	-
Movement on revaluation	-	51
	<u>3,069</u>	<u>3,129</u>
Total funds brought forward	3,069	3,129
Total funds carried forward	<u>3,136</u>	<u>3,069</u>
Represented by:		
Restricted income funds	-	1
Unrestricted income funds	3,136	3,068
	<u>3,136</u>	<u>3,069</u>

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

4 Income from donations and legacies

	2025 £'000	2024 £'000
Legacies	213	113
Grants	92	91
Donations	595	453
	<u>900</u>	<u>657</u>

Of the income from donations and legacies £894k was unrestricted (2024: £651k) and £6k restricted (2024: £6k).

	2025 £'000	2024 £'000
Hospice UK	40	-
Albert Hunt	15	15
Vernon Robert Bowmer Trust	10	-
Duke of Devonshire	5	-
CCG System one	6	6
Other grants	16	43
Macmillan	-	10
DWP	-	8
Charities Trust	-	4
HSBC	-	5
	<u>92</u>	<u>91</u>

The charity benefits greatly from the involvement and enthusiastic support of its many volunteers, details of which are given in our annual report. In accordance with FRS102 and the Charities SORP (FRS102), the economic contribution of volunteers are not recognised in the accounts.

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

5 Income from charitable activities

	Unrestricted funds 2025 £'000	Restricted funds 2025 £'000	Total funds 2025 £'000	Total funds 2024 £'000
CHC income	233	-	233	169
Outpatient clinics	5	-	5	5
ICB contracts and other income for palliative care	517	-	517	634
	<u>755</u>	<u>-</u>	<u>755</u>	<u>808</u>

6 Income from other trading activities

	Unrestricted funds 2025 £'000	Restricted funds 2025 £'000	Total funds 2025 £'000	Total funds 2024 £'000
Fundraising events	379	-	379	246
Commercial trading operations	636	-	636	619
	<u>1,015</u>	<u>-</u>	<u>1,015</u>	<u>865</u>

The primary component of commercial trading operations comprises our charity shops which are operated by the wholly owned trading subsidiary High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom (company number 3002849) and pays most of its profits to the charity under the gift aid scheme.

The summary financial performance of the subsidiary alone is:

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

6 Income from other trading activities

	2025	2024
	£'000	£'000
Turnover	613	595
Cost of sales and administrative expenses	(455)	(423)
Net profit	158	172
Amount gift aided to the charity	(158)	(172)
Retained in subsidiary	-	-
The assets and liabilities of the subsidiary were:		
Fixed assets	2	2
Current assets	58	63
Current liabilities	(55)	(60)
Total net assets	5	5
Aggregate share capital and reserves	5	5

7 Income from investments

All the group's investment income of £69k (2024: £62k) arises from money held in interest bearing deposit accounts or from bonds with a maturity date of one year or less.

8 Expenditure on raising funds

	Unrestricted	Restricted	Total	Total
	funds	funds	funds	funds
	2025	2025	2025	2024
	£'000	£'000	£'000	£'000
Commercial trading operations	455	-	455	423
Costs of fundraising events	122	-	122	96
Other fundraising costs	252	-	252	194
	<u>829</u>	<u>-</u>	<u>829</u>	<u>713</u>

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

9 Expenditure on charitable activities

	Activities undertaken directly 2025 £'000	Support costs 2025 £'000	Total 2025 £'000
Community Hub	565	230	795
Hospice at Home	395	177	572
Roaming Car Service	343	133	476
	<u>1,303</u>	<u>540</u>	<u>1,843</u>

Expenditure on charitable activities was £1,843k (2024: £1,740k) of which £1,826k (2024: £1,724k) was unrestricted and £17k (2024: £16k) was restricted.

10 Summary analysis of expenditure and related income for charitable activities

This table shows the cost of the three main charitable activities and the sources of income directly to support those activities:

	Community Hub 2025 £'000	Hospice at Home 2025 £'000	Roaming Car Service 2025 £'000	Total 2025 £'000
Costs	795	572	476	1,843
Direct grant support and recharges	(362)	(233)	(160)	(755)
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Net cost funded from other income	<u>433</u>	<u>339</u>	<u>316</u>	<u>1,088</u>

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

11 Support costs allocated to activities

The charity identifies the costs of its governance and support functions which are then apportioned between the three key charitable activities undertaken (see note 9) in the year in proportion to direct salaries.

	Community Hub	Hospice at Home	Roaming Car Service
	2025	2025	2025
	£'000	£'000	£'000
HR and administration	83	62	41
Facilities and maintenance	72	26	26
Finance	17	58	35
Marketing and communications	32	22	22
Depreciation	26	9	9
	<u>230</u>	<u>177</u>	<u>133</u>

12 Net movement in funds

2025	2024
£'000	£'000

The net movement in funds is stated after charging/(crediting):

Fees payable to the charity's auditor:

- for the audit of the charity's financial statements

- for other financial services

Depreciation of owned tangible fixed assets

14	14
4	4
<u>47</u>	<u>35</u>

13 Employees

The average monthly number of full-time equivalent employees (including casual and part-time staff) during the year was as follows:

	2025	2024
	Number	Number
Services to clients	27.0	25.7
Fundraising and commercial trading	12.2	11.8
Administration and support	6.2	6.3
Total	<u>45.4</u>	<u>43.8</u>

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

13 Employees

Employment costs	2025 £'000	2024 £'000
Wages and salaries	1,715	1,618
Social security costs	142	132
Other pension costs	126	113
	<u>1,983</u>	<u>1,863</u>

The number of employees with employee benefits excluding employer pension contributions:

	2025 Number	2024 Number
£60,000 - £70,000	2	1
£80,000 - £90,000	-	1
£90,000 - £100,000	1	-

Three employees received benefits in excess of £60,000 (2024: 2). Pension costs are allocated to activities with related staffing costs. Trustees are not paid nor did they receive any benefits from the charity or its subsidiary in the year or prior year, neither were they reimbursed expenses during the year or prior year. No trustee received payment for professional or other services supplied during the year or prior year. The key management personnel of the charity and the group comprise the Trustees and the CEO. The total employee benefits of the key management personnel were £99k (2024: £86k).

14 Taxation

The charity is exempt from taxation on its activities because all its income is applied for charitable purposes.

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

15 Tangible fixed assets - group

	Building	Fixtures and fittings and computers	Motor vehicles	Total
	£'000	£'000	£'000	£'000
Cost				
At 1 April 2024	929	158	31	1,118
Additions	-	44	9	53
Disposals	-	-	-	-
Revaluation	-	-	-	-
	<u>929</u>	<u>202</u>	<u>40</u>	<u>1,171</u>
At 31 March 2025	929	202	40	1,171
Depreciation and impairment				
At 1 April 2024	233	146	5	384
Depreciation charged in the year	24	15	8	47
	<u>257</u>	<u>162</u>	<u>13</u>	<u>431</u>
At 31 March 2025	257	162	13	431
Carrying amount				
At 31 March 2025	<u>673</u>	<u>40</u>	<u>27</u>	<u>740</u>
At 31 March 2024	<u>697</u>	<u>12</u>	<u>26</u>	<u>734</u>

£27,000 of the net book value of land and buildings represents the cost of land.

Tangible fixed assets - charity

	Building	Fixtures and fittings and computers	Motor vehicles	Total
	£'000	£'000	£'000	£'000
At 1 April 2024	929	142	31	1,102
Additions	-	42	9	51
	<u>929</u>	<u>184</u>	<u>40</u>	<u>1,153</u>
At 31 March 2025	929	184	40	1,153
Depreciation and impairment				
At 1 April 2024	233	132	5	370
Depreciation charged in the year	24	14	8	46
	<u>257</u>	<u>146</u>	<u>13</u>	<u>416</u>
At 31 March 2025	257	146	13	416
Carrying amount				
At 31 March 2025	<u>672</u>	<u>38</u>	<u>27</u>	<u>737</u>
At 31 March 2024	<u>696</u>	<u>10</u>	<u>26</u>	<u>732</u>

£27,000 of the net book value of land and buildings represents the cost of land.

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

16 Fixed asset investments

The charity holds 1,000 shares of £1 each in its wholly owned trading subsidiary company High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom. These are the only shares allotted, called up and fully paid. The activities and results of this company are summarised in note 6.

17 Investment property

2025
£'000

Fair value

At 1 April 2024 and 31 March 2025

331

The charity owns a commercial property on high Street in Chapel-en-le-Frith, which was purchased in 2022 for £74k. A valuation of this property was undertaken in November 2022 by Jonathan V Davies Chartered Surveyors which determined the open market value to be £86k.

A valuation of the property on Appleton Drive, Glossop was undertaken by Sutherland Reay qualified surveyors and valuers in March 2023. The open market value was determined to be £245k.

If investment properties were stated on an historical cost basis rather than a fair value basis, the amounts would have been included as follows:

	2025 £'000	2024 £'000
Cost	224	224
Accumulated depreciation	-	-
Carrying amount	<u>224</u>	<u>224</u>

18 Stocks

	Group 2025 £'000	Group 2024 £'000	Charity 2025 £'000	Charity 2024 £'000
Goods for resale	<u>7</u>	<u>7</u>	<u>6</u>	<u>7</u>

19 Debtors

	Group 2025 £'000	Group 2024 £'000	Charity 2025 £'000	Charity 2024 £'000
Trade debtors	17	29	17	30
Amounts owed by subsidiary	-	-	39	42
Other debtors	69	18	50	8
Prepayments and accrued income	<u>106</u>	<u>57</u>	<u>92</u>	<u>41</u>
	<u>192</u>	<u>104</u>	<u>198</u>	<u>121</u>

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

20 Current asset investments

	Group and Charity 2025 £'000	Group and Charity 2024 £'000
Investments: bonds with less than 12 months to maturity	1,545	1,436

21 Creditors: amounts falling due within one year

	Notes	Group 2025 £'000	Group 2024 £'000	Charity 2025 £'000	Charity 2024 £'000
Deferred income	22	20	33	20	33
Other creditors and accruals		85	82	70	66
		<u>105</u>	<u>115</u>	<u>90</u>	<u>99</u>

22 Deferred income

Deferred income comprises amounts received in advance of fundraising events of £20k.

	Group and Charity 2025 £'000
Deferred income at 1 April 2024	33
Amounts released to income earned from other activities	(33)
Amounts deferred in the year	<u>20</u>
Deferred income at 31 March 2025	<u>20</u>

23 Unrestricted funds

Analysis of movements in unrestricted funds - group

	At 1 April 2024 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Gains and losses £'000	At 31 March 2025 £'000
General funds	991	2,340	(1,607)	(308)	-	1,416
	<u>991</u>	<u>2,340</u>	<u>(1,607)</u>	<u>(308)</u>	<u>-</u>	<u>1,416</u>

Analysis of movements in unrestricted funds - charity

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

23 Unrestricted funds

	At 1 April 2024 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Gains and losses £'000	At 31 March 2025 £'000
General funds	987	1,885	(1,152)	(308)	-	1,412
	<u>987</u>	<u>1,885</u>	<u>(1,152)</u>	<u>(308)</u>	<u>-</u>	<u>1,412</u>

Name of unrestricted fund	Description, nature and purpose of the fund
General fund	The "free reserves" after allowing for all designated funds.

24 Restricted funds

The restricted funds of the charity comprise the unexpended balances of donations and grants held on trust subject to specific conditions by donors as to how they may be used.

	At 1 April 2024 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Gains and losses £'000	At 31 March 2025 £'000
CCG	-	6	(16)	10	-	-
Barclays 100 x 100 fund	1	-	(1)	-	-	-
	<u>1</u>	<u>6</u>	<u>(17)</u>	<u>10</u>	<u>-</u>	<u>-</u>

Name of unrestricted fund	Description, nature and purpose of the fund
CCG Barclays 100 x 100 fund	Software Support & Community Engagement Project Community Volunteers Programme Hospice at Home and delivery of equipment and PPE.

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

25 Unrestricted funds - designated

These are unrestricted funds which are material to the charity's activities.

Analysis of movements in designated funds - group

	At 1 April 2024 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Gains and losses £'000	At 31 March 2025 £'000
Designated Hospice at Home fund	684	233	(572)	(6)	-	339
Designated Roaming Car fund	334	160	(476)	298	-	316
Designated tangible fixed asset fund	1,065	-	-	6	-	1,071
	<u>2,083</u>	<u>393</u>	<u>(1,048)</u>	<u>298</u>	<u>-</u>	<u>1,726</u>

Analysis of movements in designated funds - charity

	At 1 April 2024 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Gains and losses £'000	At 31 March 2025 £'000
Designated Hospice at Home fund	684	233	(572)	(6)	-	339
Designated Roaming Car fund	334	160	(476)	298	-	316
Designated tangible fixed asset fund	1,063	-	-	6	-	1,069
	<u>2,081</u>	<u>393</u>	<u>(1,048)</u>	<u>298</u>	<u>-</u>	<u>1,724</u>

Name of designated fund

Description, nature and purpose of the fund

Designated Hospice at Home fund

An amount set aside to fund the core costs of our Hospice at Home service.

Designated Roaming Car fund

An amount set aside to fund the core costs of our Roaming Car service.

Designated tangible fixed assets fund

An amount equal to the tangible fixed assets owned and used by the charity on an ongoing basis which are essential for its charitable activities.

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

26 Analysis of net assets between funds

	Unrestricted funds general 2025 £'000	Unrestricted funds designated 2025 £'000	Restricted funds 2025 £'000	Total 2025 £'000
At 31 March 2025:				
Tangible assets	-	740	-	740
Investment properties	-	331	-	331
Current assets/(liabilities)	1,416	655	-	2,071
	<u>1,416</u>	<u>1,726</u>	<u>-</u>	<u>3,142</u>
	Unrestricted funds general 2024 £'000	Unrestricted funds designated 2024 £'000	Restricted funds 2024 £'000	Total 2024 £'000
At 31 March 2024:				
Tangible assets	-	734	-	734
Investment properties	-	331	-	331
Current assets/(liabilities)	2,081	(72)	1	2,010
	<u>2,081</u>	<u>993</u>	<u>1</u>	<u>3,075</u>

27 Operating lease commitments

Lessee

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2025 £'000	2024 £'000
Within one year	91	65
Between two and five years	98	107
In over five years	100	-
	<u>289</u>	<u>172</u>

High Peak Hospicecare

Notes to the financial statements (continued)

For the year ended 31 March 2025

28 Related party transactions

In 2025 the following transactions took place between the charity and its wholly owned subsidiary, High Peak Hospicecare Trading Co. Ltd:

- The transfer under gift aid of the trading profits of the subsidiary to the charity of £158k (2024: £172k)
- At 31 March 2025 £40k (2024: £42k) was due to the charity.

High Peak Hospicecare has Trustees in common with a connected charity Helen's Trust which is dormant following a merger with High Peak Hospicecare in September 2020. At the balance sheet date, Helen's Trust owed £50k to the charity.

29 Contingent assets

At 31 March 2025, the charity had been notified as the beneficiary of 8 wills which are currently undergoing estate administration. All legacies are for a residual share of the estates, The charity has not been provided with any interim estate accounts or any indication of the executor's intention to make a distribution and this the potential value of incoming resources is not considered probable and cannot be reliably measured. As a result, no income has been recognised in the financial statements.

29 Cash absorbed by operations	Group 2025 £'000	Group 2024 £'000	Charity 2025 £'000	Charity 2024 £'000
(Deficit)/surplus for the year	67	(61)	67	(61)
Adjustments for:				
Investment income recognised in statement of financial activities	(69)	(62)	(69)	(62)
Depreciation and impairment of tangible fixed assets	46	36	46	35
Movements in working capital:				
(Increase)/decrease in stocks	1	(3)	1	(4)
Decrease/(increase) in debtors	(88)	205	(77)	221
(Decrease) in creditors	(10)	(117)	(9)	(126)
Cash absorbed by operations	<u>(53)</u>	<u>(2)</u>	<u>(41)</u>	<u>3</u>

31 Analysis of changes in net funds

The charity had no material debt during the year.

Accounts



**BLYTHE
HOUSE
HOSPICE**

High Peak Hospicecare

(A company limited by guarantee)

DIRECTORS AND TRUSTEES REPORT AND ACCOUNTS

For The Year Ended 31 March 2024

.....

Company number 2880281

Registered Charity number 1031192

Contents of the Financial Statements for The Year Ended 31 March 2024

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Report of the Trustees for the year ended 31 March 2024

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Chairman's Report

This year has seen the hospice build on and further establish its position as a leading provider of bespoke end of life care and palliative care across North Derbyshire. Since the launch of our Hospice at Home service in 2016, we have built a reputation for delivering the highest standards of patient care and support, and have become an integral stakeholder in meeting the healthcare needs of the communities we serve. To this end, in September 2023, we officially launched our Roaming Car Service, providing access to specialist nurses, 365 days a year. Further details of the Roaming Car Service and all our other services are included in the Trustees Report. Like many UK hospices we have to balance increasing demand against decreasing funding in real terms. I am therefore, pleased to report that due to strong financial management, a focus on diversifying income streams and the continued support of our communities, our financial position at the year end was better than expected.

The Board of Trustees continues to regularly review reserve levels against current and future financial requirements. In the Boards view; given the continuing uncertainty around short and medium-term levels of statutory funding, the UK economy, political and demographical challenges, it remains justifiable and prudent to hold the level of reserves shown in these accounts. Whilst I am pleased to be able to report that the hospice continues to have a level of reserves sufficient to meet its charitable obligations and current service levels, like many hospices our statutory income from NHS England has not increased in line with inflation. As a result, income generation remains one of the most challenging areas for the hospice.

The Board of Trustees meets quarterly to review clinical activity, management, HR and finance against our strategic objectives and goals; Services, Environment, Workforce and Finance, and that we continue to meet our Mission Statement, Vision and Values. Trustees also support all areas of the hospice; meeting staff and volunteers, visiting shops and attending fundraising and inhouse events. As a Board, we remain committed to effective leadership, strong governance, regulatory compliance and fulfilling our legal, custodial and morale responsibilities as Trustees. We regularly cover other areas including board development, training, risk and strategic planning.

The AGM in November 2023 saw a number of changes to trustees: James Dunlop MBE retired from the Board of Trustees after 8 years, James brought a wealth of experience; business and governance, having previously served on the board of a NHS Trust. Dr Natalie Capper GP retired after 6 years along with Sarah Rowland who joined following the merger with Helens Trust and served as the Company Secretary. On behalf of the Board, I extend our sincere thanks and wish them all the best in the future. I was delighted to welcome to the Board of Trustees; Pam Booth, Antony King, Jacqueline King-Owen and Paul Rooney, strengthening the Board in the areas of management, law and clinical governance.



Report of the Trustees for the year ended 31 March 2024

It was with deep sadness we learned that Dr Louise Jordan, Founder and Chair of Helens Trust had died peacefully at home on 23 December 2023, after being diagnosed with primary lateral sclerosis (a rare form of motor neurone disease). Following the diagnosis in 2021, Louise bravely took on this debilitating disease with the determination and stoicism that she will be remembered for. In recognition of her outstanding contribution to the care and wellbeing of others and to palliative care, Lousie leaves a legacy that will live on in memory to her.

In closing my report, I come to an important part for me as Chair and that is to express how immensely proud I am of the achievements of Blythe House Hospice and to take this opportunity to thank and acknowledge the commitment and professionalism of our inspirational team lead by Shane O'Reilly CEO; managers, staff, our many loyal and dedicated volunteers, individuals, donors, and the growing network of business and corporate supporters. We are forever indebted to you all and continue to be both fortunate and privileged to have experienced and shared with you your belief in the vision and values of Blythe House Hospice throughout this year.

Timothy J Mournie

Chair, Board of Trustees

High Peak Hospicecare

Report of the Trustees for the year ended 31 March 2024

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Charitable Purpose

To promote the relief of sickness and relief of people in need living in Derbyshire, Cheshire and Staffordshire

Our Purpose

To support, look after and care for every person that needs us.

Our Vision

To provide tailored care and support to people with life-limiting illness so that they and their family can fulfil what matters most to them.

Our Mission

We will show compassion and listen to people's needs. We will keep our enthusiasm and be our best in any situation

Our Values

Be kind; We always look out for one another. We care for our community and everyone within it.

Inspire people; We believe in what we do and what we are able to achieve. We share our enthusiasm and compassion with everyone we meet.

Think ahead; We're resourceful, creative and forward-thinking. We learn from our experiences and always make plans for the future.

Be the best; We're all a key part of our jigsaw. We need each other to improve and grow. We always go the extra mile.

Objectives

Our Services

- Evolve the services to meet the needs of our local population as they change over time by engaging with the wider community to understand their needs, in particular recognising and engaging with under-represented groups.
- Increase the number of people using our services (across a range of life-limiting illnesses) by making services accessible, equitable and inclusive.
- Develop close working relationships with Health and Social Care partners to enable collaborative working.
- Ensure our staff are well trained and deliver care that is safe and effective.
- Develop an Education and Training offer for our Health and Social Care colleagues which enables the learning and development of palliative care skills and knowledge across Derbyshire and our bordering local neighbours.
- Utilise a national patient recording system (SystemOne) that enables effective recording of patient interactions and allows us to be part of the Shared Care Records for Derbyshire.
- Systematically collect and analyse data on services to ensure effectiveness.

Finance

- Establish long term financial plans to ensure a sustainable approach to the use of the charity's resources.
- Develop processes to maximise our relationships with existing donors and to grow the supporter database.

Report of the Trustees for the year ended 31 March 2024

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- Evaluate fundraising activities to ensure we are maximising return on investment.
- Strengthen financial processes and budgetary accountability.
- Enable innovative use of resource to deliver organisational objectives.
- Build upon our existing retail and ecommerce platforms to develop a presence across the footprint where we provide services.

Staff

- Develop our staff to build a skilled and competent workforce that are able to meet the demands of our growing service.
- Offer rewarding careers with opportunities to grow within the organisation through embedding a structured performance and development process.
- Embed a culture of inclusivity, open communication and organisational learning.
- Develop our digital capability including our clinical services platform and governance processes.
- Ensure the buildings and facilities across the organisation are fit for purpose.

Community

- Build strong links with professionals and organisations in our local health and social care environment.
- Maintain and develop our links with our voluntary sector colleagues.
- Provide a range of well supported volunteer roles that support the work of the Hospice.
- Reduce the environmental impact of our service, fundraising and facilities.
- Effectively promote and adapt the services we provide to our all communities across North Derbyshire.

Activities and Achievements

We are proud to be celebrating 35 years of Blythe House throughout 2024. The Hospice was founded in 1989 by Reverend Betty Packham, after she was bequeathed a £1,000 legacy in the Will of Stan Blythe. The Hospice has grown from these humble beginnings to now support people across North Derbyshire with a variety of high quality services. The Hospice team is committed to being there for all those who need us over the next 35 years.

Our Services

Roaming Car Service

We were thrilled to officially launch our brand-new Roaming Car service this year, and the enormous benefits to local patients are plain to see.

The service runs from 10pm until 7am, seven days a week, 365 days a year, enabling a nurse and a healthcare assistant to visit patients' homes to provide nursing care; symptom management; psychological and emotional support; personal and catheter care; and verification of an expected death.

Since the service started, the team has supported hundreds of patients to avoid the need for ambulance call outs, A&E department input, or hospital admission; keeping patients where they wish to be: in the comfort of their own home with their loved ones beside them.

The Roaming Car team works collaboratively with health and social care providers including GPs, nursing and community services, as well as night-time service providers such as NHS 111, ensuring that patients get seen by the team best placed to help them, as quickly as possible.



High Peak Hospicecare

Report of the Trustees for the year ended 31 March 2024

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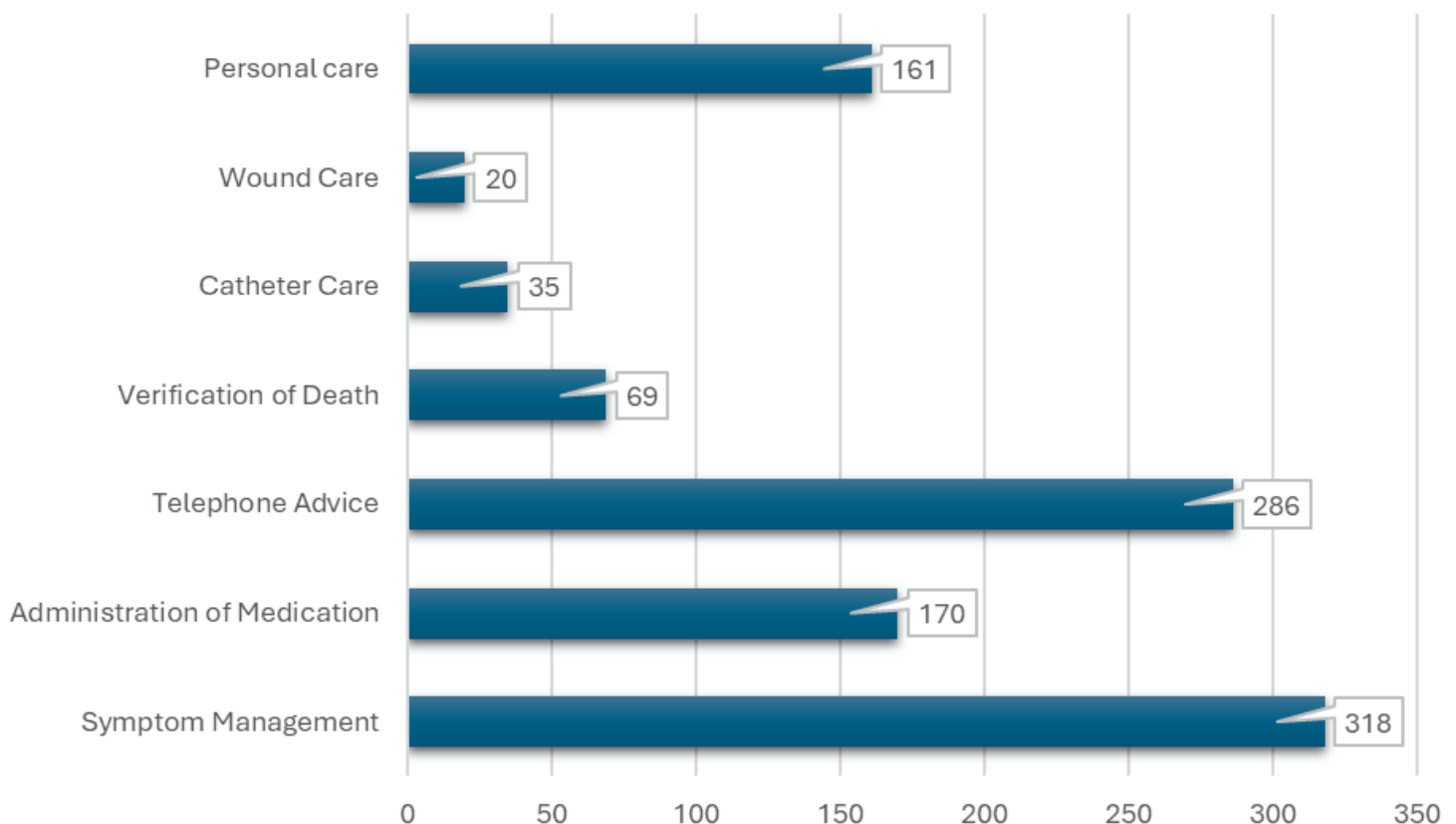
The other key responsibility of the Roaming Car is to support families when their loved one has died by verifying the death and enabling the family to start making arrangements. Doing this in a timely manner is important because waiting for many hours can cause unnecessary distress for the family at what is an already difficult time.

Roaming Car Data

Number of Patients – 352

Number of Referrals – 542

Roaming Car Care Provided



Roaming Car impact

Robert was cared for in the comfort of his Chapel-en-le-Frith home for two nights, before he died in August 2023. Sheila, Robert's wife, said: 'The service is a wonderful thing. It was so reassuring and gave us peace of mind to know that the team was there through the night and that they could help you. If that ever stopped, I don't know how people would cope. If I'd have been on my own, I'd never have coped and Robert would have been in agony and ended up



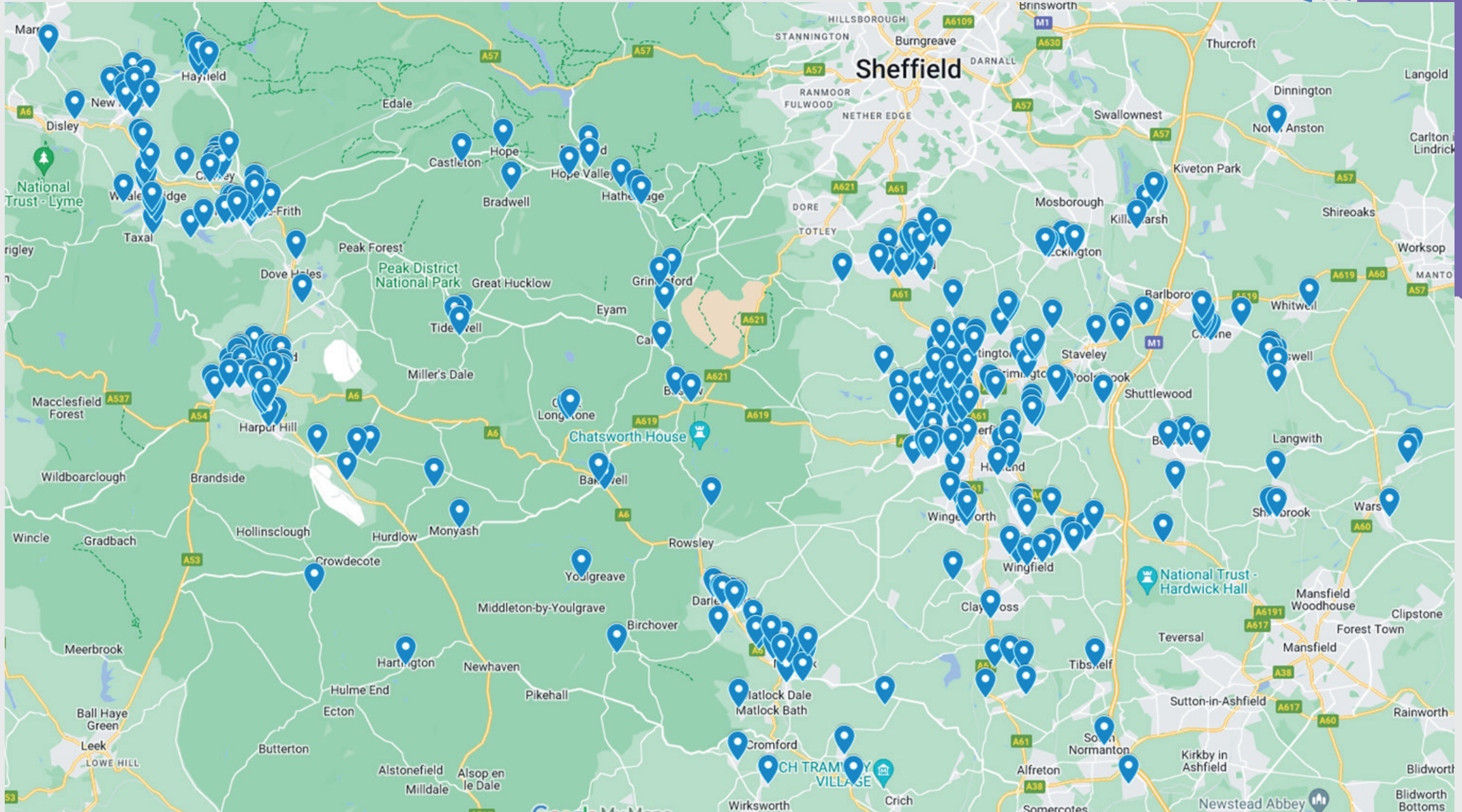
Report of the Trustees for the year ended 31 March 2024

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having to go into hospital, something he really didn't want.'

Linda was able to die at home in February 2024, with support from the Roaming Car service. Christopher, Linda's son, explained: 'Mum preferred to be at home due to its familiar nature and comforts. If we didn't know about the Roaming Car and couldn't utilise its service, we would have had to call an ambulance after Mum had promptly deteriorated, but we were conscious that we wanted to fulfil Mum's wishes of not going back to hospital for the final period of her life.'

Map of Roaming Car Visits



High Peak Hospicecare

Report of the Trustees for the year ended 31 March 2024

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Hospice at Home

Our Hospice at Home team continues to provide an essential service to patients within the last 12 months of their life across rural North Derbyshire.

Our experienced healthcare assistants provide daytime and overnight sits to offer the chance for carers to have a night's sleep, go to work, shop, undertake essential tasks, or to rest. Led by experienced nurses the team has the knowledge and skills to make sure every patient receives the care that is suited to their individual needs.

Hospice at Home Data

Number of patients cared for - 338

Number of Referrals - 216

No of Visits - 2,938

Hours of Care provided - 13,246

Patients who achieved their preferred place of death - 98%

Hospice at Home Impact

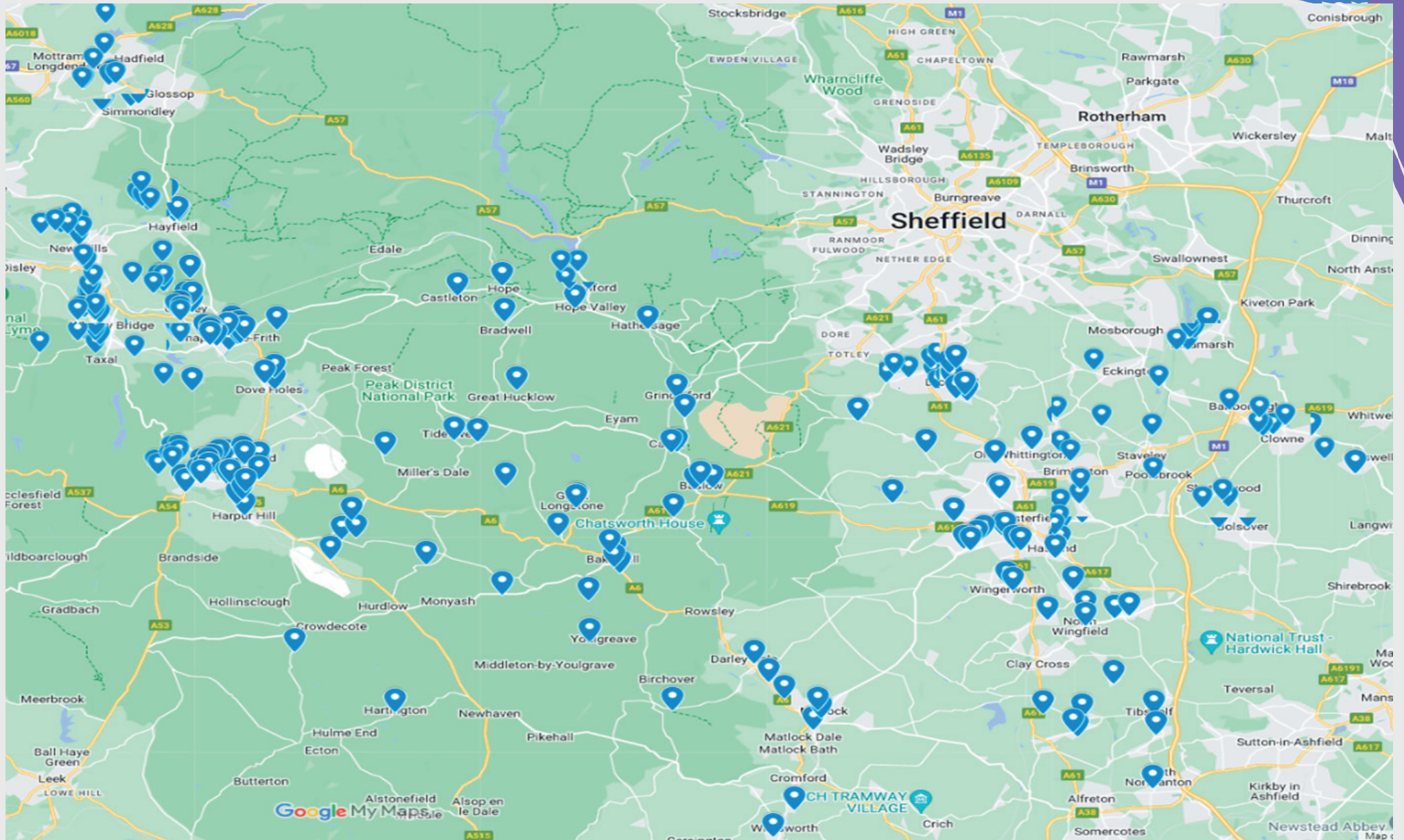
Tyrone and his partner of 12 years, Barbara, accessed Hospice at Home support following Barbara's diagnosis with ovarian cancer, before she died in September 2023.

Tyrone, from Tideswell, explained: 'Barbara wanted to stay at home for as long as possible as her health deteriorated, and it was here that the Hospice at Home service stepped in to support us. At this point I was caring for Barbara 24/7 and so their input was absolutely massive.

'It's rare in life that you can trust someone 100%, especially with a partner who is dying, but I knew I could with the Hospice staff. If there is such a thing as angels on earth, I don't doubt that some of them are working at Blythe House. That was the strength of the support we received. It might sound corny, but that's the difference they made, and I shall be forever grateful to them.



Map of Hospice at Home Visits



Report of the Trustees for the year ended 31 March 2024

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Community Hub

Our expert Community Hub team provides a range of care and support services to local patients and their loved ones.

The Hub itself, based at the Hospice building on Eccles Fold in Chapel-en-le-Frith, is a welcoming friendly space for individuals and families to access care including:

- One to one symptom management and psychological support with our expert nurses
- Group information and support sessions covering a range of topics such as coping with uncertainty, planning for the future and conversations with loved ones
- Physiotherapy and Occupational Therapy
- End of Life Care Coordinator
- Community Engagement
- Spiritual care
- Complementary therapies
- FAB group for patients with symptoms of fatigue, anxiety and breathlessness
- Breast Friends breast cancer support group
- Prostate cancer support group

Community Hub Data

Number of Referrals – 795

Nursing Appointments – 1,464

Physiotherapy and Occupational Therapy Appointments – 779

Group sessions – 218

Complementary Therapy – 575 Appointments

Community Hub Developments

Empowered Living Team

This innovative new service was launched at Blythe House in February 2024.

Supported by funding from Foundation Derbyshire, it was inspired by a similar project seen by staff during a visit to St Joseph's Hospice in London.

The service sees our physical therapy team work alongside Hospice volunteers to support patients to be able to do what matters most to them.

Angela Sailsbury, Hospice physiotherapist, said: 'We noticed our amazing volunteers helping patients at home with activities that were similar to the patient's therapeutic goals. As we are a small team, this level of support given by our volunteers in the comfort of patients' homes was perfectly suited to the Empowered Living Team model; reflecting our Community Hub ethos of enabling patients to take back control and manage their own health and wellbeing.'

Volunteers undergo detailed training on communication, recognising changes, and practical ways to help with mobility and symptoms.

Miriam Haddock, Hospice occupational therapist, explained: 'Patients are referred to myself and Angela and we're able to carry out an assessment before creating an empowerment plan focused on their personal goals. Empowered Living volunteers then work specifically to support this plan, on a weekly basis for six to 12 weeks. We are so pleased with the



Report of the Trustees for the year ended 31 March 2024

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outcomes so far and have received really positive feedback from both patients, and the volunteers who are supporting them.'

Short walking group

In September 2023, our short walking group was launched to support local patients to improve strength, balance and stamina.

Participants are assessed before being referred, and then supported to set goals to reach throughout a six-week period.

Community Hub impact

Teacher and mum-of-two, Kelly from New Mills came for support after her diagnosis with breast cancer: 'When you're first diagnosed with cancer, you feel so isolated. I felt totally on my own and plunged into a whole new world; one that I did not want to be a part of, but I had no choice. The Hospice gave me the opportunity to be with people in similar situations, who understand a little more about this world. The Hospice made me feel a little bit less scared and worried.'

Lynne and her husband, Les from Peak Dale accessed support after Les was diagnosed with liver cancer. Lynne said: 'We were able to talk through our worries and concerns without fear or judgement. It was horrendous at first; having these conversations about death and dying, but we came round to talking about it. If we hadn't had these conversations, I wouldn't have been able to fulfil Les's wishes, but having these discussions made sure that Les got what he wanted and we gave him the send-off he deserved.'

Ann, who lived in Buxton, contacted us after her diagnosis with nasal cancer and several other health issues that followed: 'I wasn't suicidal, but I wanted to go to sleep and not wake up. Getting back to "normal" hasn't been easy, but thanks to Blythe House I have been able to do so. I am in a much better place now. I don't think anyone at Blythe House realises the true impact that they have on people. I genuinely don't think I'd be here if it wasn't for Blythe House; it saved my life.'

Counselling and bereavement support

We offer a counselling service for Hospice patients and carers who are experiencing emotional distress as a result of their own life-limiting illness or the illness of someone significant to them, as well as bereavement support for loved ones following a patient's death.

We also have a service open to children aged from 4 to 18 years old if:

- Their relative is accessing, or has accessed, support from the Hospice
- They have a parent or sibling that has a life-limiting illness
- They have a parent or sibling who has died

Children and young people usually work with their counsellor for an hour a week over a period of time, offering them a chance to express their feelings through talking but more often through play, toys, games, craft materials and creative activities.



Report of the Trustees for the year ended 31 March 2024

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Counselling Data

We supported 90 Adults and 52 children and young people
1,250 hours of counselling

Counselling Impact

Brenda from Whaley Bridge accessed counselling support after her husband of 50 years, Harry, sadly died. She explained: 'When Harry died, I withdrew and just wanted to be on my own, with my memories. I didn't want anyone to visit or to support me.

'I went to the doctors and explained how I felt; they suggested anti-depressants, but I really didn't want to take these. They offered to refer me to counselling at the Hospice.

'The feeling that you can relax and have no fear of opening up your inner most thoughts, because you know you are in a safe, caring place with someone who cares and can see that you are hurting inside, makes so much difference.

'I hate to think where I'd be without counselling from the Hospice. I don't think I would've got over Harry's death as well as I have done.'

Community Engagement

As well as providing vital care and services to local people who need them, our team plays a really important role in raising awareness of the Hospice across North Derbyshire, to help fund our services for the future, and to ensure that everyone who needs our care is aware of it and can access it as soon as they need it.

This year, we welcomed a new community engagement officer role to the Hospice, to help us to spread the word about our work across our local communities. Since she started in November 2023, Sarah Sewell has made important links across our local community and beyond including with:

- Cancer care coordinator for prostate cancer at Stepping Hill Hospital
- Derbyshire Carers Association
- GPs and community matrons in Bakewell, Baslow, Buxton, Chapel-en-le-Frith, Hartington, Hope, New Mills and Tideswell
- Greater Manchester Cancer Alliance
- Specialist nursing teams at Stepping Hill Hospital
- High Peak Alzheimer's support worker
- Palliative care leads for both the High Peak and Derbyshire Dales Primary Care Networks
- Pharmacists
- Sharing skills, knowledge and best practice with neighbouring Hospices in Derbyshire and Cheshire, and further afield including St Clare's Hospice in Essex and St Catherine's Hospice in Preston
- Social prescribers
- Tameside and Glossop Macmillan Information and Support Service
- Team Up Derbyshire
- The Farming Life Centre at Bakewell Agricultural Business Centre



Report of the Trustees for the year ended 31 March 2024

Volunteer Services

Our incredible, dedicated team of over 250 volunteers really enable the Hospice to be as effective as possible.

We rely on volunteer support in four key areas: patient services at the Community Hub; patient services across our local community; retail, and fundraising.

We believe in matching the knowledge and skills of our volunteers to the range of volunteer roles we have. This gives the most rewarding volunteer experience and maximises the benefit for the local community.

Our volunteers donate their time for a range of personal reasons, including but not limited to: gaining valuable experience, developing skills or learning new ones, giving something back to their community, learning a new language, providing expertise from their career, or to meet new people.

We are pleased to offer many other advantages to volunteering here at the Hospice including:

- Support from the outset including induction training and role specific guidance
- Regular updates and check-ins with the volunteer team
- Regular training opportunities and support meetings
- Self-care and mindfulness sessions
- Mental health first aider support
- Social gatherings in the summer and at Christmas
- Charity volunteer discounts including for travel, finance, insurance, cinema, theatre tickets and shopping

Our Thursday afternoon peer support group has become a firm weekly date in our patients' diaries. The Stronger Together group is facilitated exclusively by a team of volunteers who bring a range of skills and experience to provide a friendly, holistic and welcoming environment for patients who are experiencing particularly tough times during their illness and treatment.

The group offers a chance for patients to come together to meet likeminded people, form friendships and share advice and support, as well as enjoy therapeutic and relaxing activities hosted by our volunteers including arts and crafts, music, games, activities and complementary therapies.

Volunteer Data

Hours of time volunteered overall – over 44,600 hours

Number of visits to patients' homes – nearly 1,300 visits

630 support sessions through groups – such as the Peer Support session, the walking group and phone support

Hours volunteered to support patients –2,500

Hours of time volunteered at fundraising events – over 1,200 hours in the year

Hours of time volunteered at the shops – approx. 39,000 over the year. Our team of 128 volunteers bring a wealth of skills, talents, and experience to the role in retail.

Trustees, Admin & Front of house Volunteers – approx. 2,200 hours per year



Report of the Trustees for the year ended 31 March 2024

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Volunteer Impact

Community volunteer, Pat supported Christine at her Chapel-en-le-Frith home with everyday tasks and took Christine on trips to local cafes and shops for over two years.

In August 2023, Christine shared her story about the support she'd received from Pat and the wider Hospice team following her diagnosis with lung and brain tumours: 'Pat and I get on so well. We have a nice time and really enjoy each other's company. It has been lovely to get out of the house. It feels like I'm on holiday and it takes my mind off everyday things. The times with Pat just bring a bit of normality, and they make me feel like I'm not ill.

'I don't know what I would've done without the Hospice; all the team are like family, and I am surrounded by good people. You can tell they're doing their job because they want to, not because they have to. Their visits have increased my quality of life and helped me to continue living my life despite my illness. I will be forever grateful to everyone.' Christine sadly died in February 2024. We have shared her story posthumously with the permission of her loving family.

Financial Review

This year has seen a rise of £231,000 in the Charities income with a total of £2.392m. All main income streams grew across the year, but the most substantial increase was related to the charitable activities. This is attributable to the start of the Roaming Car service and the additional funding agreed with Derbyshire and Derby ICB.

Expenditure has risen this year by an additional £207,000. There are two major contributing factors to this increase. Firstly, the implementation of the Roaming Car service and secondly wage growth following the decision to continue to mirror the Agenda for Change pay scale.

Expenditure on charitable activities rose by 10.9% whilst expenditure on fundraising activities rose by 5.3%. Spending on charitable activities as a percentage of income remained at 73%. Our Hospice at Home and Roaming Car Service saw 700 patients, spending £1.014m on meeting these patient needs. The Community Hub cost £726k and saw a rise of nearly 300 additional referrals compared to last year.

The Charity recorded a loss for the second year running. This year's deficit (£61K) was lower than the previous year at £85k. We have plans in place to continue to reduce this deficit over the coming 3 years, whilst still maintaining the quality of the services we provide.

The Charity carries forward funds of £3.075m. £1.065m of these are held in fixed assets. These leaves £2.009m of reserves with £684k designated for Hospice at Home and £334k designated for Roaming Car services. The remaining general reserves are £991k. General reserves are held to enable the charity to continue its work effectively and seamlessly if income levels fall, to fund capital projects, to contribute to general expenditure in times of growth and change and to give flexibility to respond quickly to new demand and take on innovative projects. The reserves policy is to hold general reserves of 6 months of budgeted unrestricted expenditure.



High Peak Hospicecare

Report of the Trustees for the year ended 31 March 2024

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The principal funding sources for the year were

- Donations and Legacies - 27.5%
- Income from charitable activities - 33.8%
- Income from trading activities - 36.2%
- Investment Income - 2.5%

The main financial risks are

- Funding Competition
- Reduction in Fundraising income
- Short term NHS contracts which don't keep pace with inflation
- Increased costs particularly with inflationary pressures
- Reduction in trading income
- Loss or reduction in statutory income

High Peak Hospicecare

Report of the Trustees for the year ended 31 March 2024

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Reference and Administrative Details

Name of the Charity	High Peak Hospicecare
Working Name	Blythe House Hospice
Company Number	2880281
Charity Number	1031192
Registered Office	Blythe House Eccles Fold Chapel-en-le-Frith High Peak SK23 9TJ
Auditors	DJH Audit Limited St George's House 56 Peter Street Manchester M2 3NQ

Report of the Trustees for the year ended 31 March 2024

Bankers	Virgin Money 34 Prince's Street Stockport SK1 1RE
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Directors and Trustees

The Directors of the charitable company (the charity) are its Trustees for the purpose of charity law. The Trustees and officers serving during the year and since the year end were as follows:

- TJ Mourné FCCA - Chairman
- DM Butler BSc (Econ), FCA
- JS Dunlop (Resigned 13/11/2023)
- M Hardman
- N Capper (Resigned 13/11/2023)
- A Cawthorn
- S Parnacott
- S Rowland (Resigned 11/03/2024)
- R Brown
- P Booth
- A King
- J King-Owen
- P Rooney



High Peak Hospicecare

Report of the Trustees for the year ended 31 March 2024

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Company Secretary	S Rowland (Resigned 11/03/2024)
Chief Executive Officer (CEO)	S O'Reilly
Senior Management Team	A Laing (Income Generation Manager) Left Post 17/08/2023 L Savile (HR Advisor) C Walker (Clinical Services Manager) K Petford (Finance Manager) R Gregory (Fundraising Manager) Appointed 14/08/2023 M Brown (Senior Retail Manager) Appointed 14/08/2023

Structure, Governance and Management

Governing Document

High Peak Hospicecare is a company limited by guarantee governed by its Memorandum and Articles of Association dated 16 October 2006. It is registered as a charity with the Charity Commission.

Appointment of Trustees

New Trustees are identified through targeted recruitment, personal recommendation and existing volunteer roles. Trustees are appointed at the annual general meeting in November.

Trustee Induction and Training

All Trustees undergo a programme of induction which covers awareness of their legal obligations and responsibilities under charity and company law, the structure, governance and management of Blythe House Hospice including the role of the Board of Trustees and committees, understanding of the aims and objectives of Blythe House Hospice and a tailored induction day at Blythe House, meeting with senior staff and observing day to day activities. On an ongoing basis, the Board as a whole undertakes formal training and development sessions throughout the year.



Report of the Trustees for the year ended 31 March 2024

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Organisation

The Board of Trustees, which can have up to fourteen members, administers and has overall responsibility for the charity. The Board normally meets quarterly and there are sub-committees covering clinical, finance, income generation and remuneration. The CEO is appointed by the Trustees to manage the day-to-day operations of the charity.

Related Parties

None of our Trustees receive remuneration or other benefit from their work with the charity. Any connection between a trustee or senior manager and any supplier must be disclosed in full to the Board of Trustees. In the current year no such related party transactions were disclosed. The charity's wholly owned subsidiary, High Peak Hospicecare Trading Co Ltd, is established to operate our shops. It gifts all its profits to the charity.

Pay Policy for Senior Staff

The Directors consider that the Board, who are the charity's Trustees, and the CEO comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All Directors give their time freely and no director received any remuneration or expenses in the year.

The pay of senior staff is reviewed annually and normally increased in line with NHS Agenda for Change guidelines.

Trustees Responsibilities in Relation to the Financial Statements

The charity Trustees (who are also the Directors of High Peak Hospicecare for the purposes of company law) are responsible for preparing a Trustees annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the charity Trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing the financial statements the Trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- 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 a going concern basis unless it is inappropriate to presume that the charity will continue in business.

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



High Peak Hospicecare

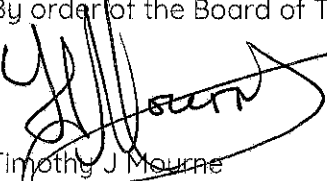
Report of the Trustees for the year ended 31 March 2024

Statement as to Disclosure to Auditors

In so far as the Trustees are aware at the time of approving our Trustees' Annual Report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- The Trustees, having made enquiries of fellow Directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

By order of the Board of Trustees



Timothy J Mourne
Chairman

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2024

Opinion

We have audited the financial statements of High Peak Hospicecare (the 'charitable company') for the year ended 31 March 2024 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Statement of Cash Flows and the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion the financial statements:

- give a true and fair view of the state of the group and the parent charitable company's affairs as at 31 March 2024 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; 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 Auditors' 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 group's and 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 annual report, including the Trustees' report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report.

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.

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2024

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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.

Opinion on other matters prescribed by the Companies Act 2006.

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

- the information given in the Trustees' Annual Report, which includes 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.
- The Trustees' Annual 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report.

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

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

Responsibilities of Trustees

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a Report of the Independent Auditors

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2024

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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:

In preparation for our audit we identified areas of laws and regulations which we considered could have a material effect on the financial statements. This information was obtained via discussions with management and from our general commercial and sector experience. The Directors also provide us with written representation of all the key and fundamental industry specific laws and regulations with they are required to adhere to. These were then communicated to the whole of the audit team at our audit planning meeting.

As a charitable company, providing palliative care and support to people with life limiting illnesses, non-compliance with the Care Quality Commission Regulations 2009, the Health and Social Care Act 2012 and the Charities Act 2011 and Companies Act 2006 were assessed to be most relevant. Our audit procedures to respond to these risks included:

- Enquiries with management;
- Inspection of Board minutes, legal invoices and other correspondence;
- Challenging of management assumptions and judgements in relation to accounting estimates.
- Review of journals entered throughout the year;
- Substantive transaction testing.

Despite appropriate planning and performing our work in accordance with International Auditing Standards, there are always inherent limitations that non-compliance is not detected. Non-compliance with laws and regulations is often further removed from the events and transactions reflected in the financial statements and material misstatements due to fraud can be deliberately concealed from auditors, for example through misrepresentation, forgery or collusion.

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

Use of our report

This report is made solely to the charitable company's Trustees, 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 Trustees those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than the charitable company and the charitable company's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2024



Christopher Abbott FCA, Senior Statutory Auditor

For and on behalf of
DJH Audit Limited, Statutory Auditor

St George's House56
Peter Street
Manchester
M2 3NQ

10/12/2024

High Peak Hospicecare

Consolidated Statement of Financial Activities (including consolidated income and expenditure account) for the year ended 31 March 2024

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Total Funds 2024 £'000	Total Funds 2023 £'000
Income					
Donations and legacies	4	651	6	657	621
Charitable activities	5	808	-	808	664
Other trading activities	6	865	-	865	855
Investments	7	62	-	62	21
Total income		2,386	6	2,392	2,161
Expenditure					
Costs of raising funds	8	712	1	713	677
Charitable activities	9	1,724	16	1,740	1,569
Total expenditure		2,436	17	2,453	2,246
Net income/(expenditure)		(50)	(11)	(61)	(85)
Other recognised gains					
Gain/loss on revaluation of investment property		-	-	-	51
Transfer between funds		21	(21)	-	-
Net movement in funds for the year		(29)	(32)	(61)	(34)
Reconciliation of funds					
Total funds brought forward		3,103	33	3,136	3,170
Total funds carried forward		3,074	1	3,075	3,136

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

High Peak Hospicecare

Consolidated and Company Balance Sheet as at 31 March 2024

	Note	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Fixed assets					
Tangible assets	16	734	734	732	731
Investments	17	-	-	1	1
Investment property	18	331	331	331	331
Total fixed assets		1,065	1,065	1,064	1,063
Current assets					
Stock	19	7	4	7	3
Debtors	20	104	309	121	340
Investments: bonds with less than 12 months to maturity		1,436	1,266	1,436	1,266
Cash at bank and in hand		578	724	540	681
Total current assets		2,125	2,303	2,104	2,291
Liabilities					
Creditors falling due within one year	21	(115)	(232)	(99)	(225)
Net current assets		2,010	2,071	2,005	2,066
Net assets		3,075	3,136	3,069	3,129
The funds of the charity:					
Unrestricted	23	3,074	3,103	3,068	3,096
Income funds					
Restricted Income funds	23	1	33	1	33
Total charity funds		3,075	3,136	3,069	3,129

The Trustees have prepared group accounts in accordance with section 398 of the Companies Act 2006 and section 138 of the Charities Act 2011. These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act relating to small companies and constitute the annual accounts required by the Companies Act 2006 and are for circulation to members of the company.

The notes on pages 19 to 32 form part of these accounts.

Signed: T J Mourne

Name: TIMOTHY JOHN MOURNE, Chair of Trustees on behalf of the Trustees

Approved by the Trustees on 18th November 2024

High Peak Hospicecare

Statement of Cash Flows and Consolidated Statement of Cash Flows for the year ending 31 March 2024

	Note	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Cash generated in operating activities	25	(2)	168	3	147
Cash flows from investing activities					
Interest income		62	21	62	21
Purchase of tangible fixed assets		(36)	(82)	(36)	(82)
Purchase of investment property		-	(75)	-	(75)
Sale of <u>short term</u> investments		(170)	(397)	(170)	(397)
Cash provided by (used in) investing activities		(144)	(533)	(144)	(533)
Increase(decrease) in cash and cash equivalents in the year		(146)	(365)	(141)	(386)
Cash and cash equivalents at the beginning of the year		724	1,089	681	1,067
Total cash and cash equivalents at the end of the year		578	724	540	681

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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1 - Accounting Policies

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

1.1 - Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

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

1.2 - Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co Limited on a line-by-line- basis. A separate Statement of Financial Activities and income and expenditure account for the charity has not been presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

1.3 - Preparation of the accounts on a going concern basis

The Trustees are of the view that given the level of available cash and investments the immediate future is secure and that on that basis the charity is a going concern.

The major uncertainty that we face is that approximately 30.0% of our income comes from a contract with North Derbyshire CCG. This income is awarded on an annual basis and the charity remains in regular contact with the CCG to secure their ongoing financial support.

1.4 - Stocks

Stocks are valued at the lower of cost or net realisable value using a first in, first out basis.

1.5 - Tangible fixed assets

All tangible fixed assets are capitalised at cost and depreciated over their estimated useful economic lives on a straight line basis as follows:

Fixtures and equipment - 20%

Computer equipment - 20%

Motor vehicles - 20%

Building - 2%

Land - Not depreciated

1.6 - Investment Properties

Investment properties are measured initially at cost and subsequently at fair value at the reporting date. Depreciation is not provided.

1.7 - Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the Trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for specific areas of the charity's work or for specific projects being undertaken by the charity.

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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1.8 - Income

Income is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether capital or revenue, is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

For legacies entitlement is taken as the earlier of the date on which either the charity is aware that probate has been granted, the estate has been finalised and notification has been made to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executors intention to make a distribution. When legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as contingent asset and disclosed if material.

Income received in advance of fundraising events or other specified service is deferred until the criteria for income recognition are met (see note 22).

1.9 - Donated services and facilities

Donated goods are only recognised when the economic benefit can be measured reliably, which is considered to be when the donated item is sold.

General volunteer time is not recognised. Please refer to the Trustees annual report for more information about their contribution.

1.10 - Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably; that is normally upon notification of the interest payable by the bank.

1.11 - Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably.

Expenditure is classified under the following headings:

- Costs of raising funds comprise the costs of commercial trading including our shops
- Expenditure on charitable activities includes the cost of providing our services to clients

Most VAT is recoverable. Any amounts which are not recoverable are included within support costs.

1.12 - Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's service delivery and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 11.

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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1.13 - Operating leases

The charity classifies the lease of printing equipment as operating leases: the title to the equipment remains with the lessor. Rental charges are charged on a straight line basis over the term of the lease.

1.14 - Debtors

Trade and other debtors are recognised at the settlement amount. Prepayments are valued at the amount prepaid.

1.15 - 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 of three months or less from the date of acquisition or opening of the deposit or similar account.

1.16 - Creditors and provisions

Creditors and provisions are recognised when the charity 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 and provisions are normally recognised at their settlement amount.

1.17 - Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.18 - Pensions

Some employees are members of the NHS Pension Scheme which is funded by contributions from employee and employer or alternatively they may have opted to join, or been auto-enrolled in, the group money purchase defined contribution scheme operated by Aviva.

The employer contributions made to the NHS Pension Scheme in the year were £66k (2023: £58k) with an employer contribution rate of 14.3% and employee rates varying between 5.6% and 13.5% of pensionable pay. The scheme is an unfunded defined benefit scheme that covers NHS employers and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employees joining the money purchase pension scheme operated by Aviva contract directly with that company. The charity makes a contribution of 4% (where auto-enrolled), or 6% and acts as an agent in collecting and paying over employee pension contributions. The contributions made for the accounting period and treated as an expense were £47k (2023:£36k).

2 - Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of a winding-up is limited to £1.

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

.....

3 - Financial performance of the charity

The consolidated statement of financial activities includes the results of the charity's wholly owned subsidiary which operates our charity shops.

The summary financial performance of the charity alone is:

	2024	2023
	£'000	£'000
Income	1,797	1,576
Gift aid from subsidiary company	172	230
	1,969	1,806
Expenditure	(2,029)	(1,894)
Net income	(60)	(88)
Transfer from reserves	-	-
Movement on revaluation	-	51
Total funds brought forward	3,129	3,166
Total funds carried forward	3,069	3,129
Represented by:		
Restricted income funds	1	33
Unrestricted income funds	3,068	3,096
	3,069	3,129

4 - Income from donations and legacies

	2024	2023
	£'000	£'000
Donations	453	565
Legacies	113	52
Grants	91	6
	657	621

Of the income from donations and legacies £651k was unrestricted (2023: £603k) and £6k restricted (2023: £18k).

	2024	2023
	£'000	£'000
Coronavirus Job Retention Scheme	-	-
Other Grants	6	6
Total Grants	6	6

The charity benefits greatly from the involvement and enthusiastic support of its many volunteers, details of which are given in our annual report. In accordance with FRS102 and the Charities SORP (FRS102), the economic contribution of volunteers are not recognised in the accounts.

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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5 - Income from charitable activities

	Unrestricted funds 2024 £'000	Restricted funds 2024 £'000	Total funds 2024 £'000	Total funds 2023 £'000
ICB contracts and other income for palliative care	634	-	634	499
CHC Income	169	-	169	163
Outpatient clinics	5	-	5	2
	808	-	808	664

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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6 - Income from other trading activities

	Unrestricted funds	Restricted funds	Total funds	Total funds
	2024	2024	2024	2023
	£'000	£'000	£'000	£'000
Commercial trading operations	619	-	619	599
Fundraising events	246	-	246	256
	865	-	865	855

The primary component of commercial trading operations comprises our charity shops which are operated by the wholly owned trading subsidiary High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom (company number 3002849) and pays most of its profits to the charity under the gift aid scheme.

The summary financial performance of the subsidiary alone is:

	2024	2023
	£'000	£'000
Turnover	595	586
Cost of sales and administrative expenses	(423)	(355)
Net profit	172	231
Amount gift aided to the charity	(172)	(230)
Retained in subsidiary	-	1

The assets and liabilities of the subsidiary were:

Fixed assets	2	2
Current assets	63	75
Current liabilities	(60)	(73)
Total net assets	5	5
Aggregate share capital and reserves	5	5

7 - Investment income

All the group's investment income of £62k (2023: £21k) arises from money held in interest bearing deposit accounts or from bonds with a maturity date of one year or less.

8 - Analysis of expenditure of cost of raising funds

	Unrestricted funds	Restricted funds	Total funds	Total funds
	2024	2024	2024	2023
				£'000
Commercial trading operations	423	-	423	325
Costs of fundraising events	96	-	96	-
Other costs of raising funds	193	1	194	352
	712	1	713	677

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

.....

9 - Analysis of expenditure on charitable activities

	Activities undertaken directly £'000	Support costs (Note 11) £'000	Total £'000
Community Hub	502	224	726
Hospice at Home	724	290	1,014
	1,226	514	1,740

Expenditure on charitable activities was £1,740k (2023: £1,569k) of which £1,724k was unrestricted (2023: £1,543k) and £16k was restricted (2023: £26k)

10 - Summary analysis of expenditure and related income for charitable activities

This table shows the cost of the two main charitable activities and the sources of income directly to support those activities

	Community Hub £'000	Hospice at home £'000	Total £'000
Costs	726	1,014	1,740
Direct grant support and recharges	(478)	(330)	(808)
Net cost funded from other income	248	684	932

11 - Analysis of governance and support costs

The charity identifies the costs of its governance and support functions which are then apportioned between the two key charitable activities undertaken (see note 9) in the year in proportion to direct salaries.

	Community Hub £'000	Hospice at home £'000
HR and Administration	80	99
Facilities and Maintenance	86	63
Finance	15	82
Marketing and Communications	24	32
Depreciation	19	14
	224	290

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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12 - Net income/(expenditure) for the year

This is stated after charging:	2024 £'000	2023 £'000
Depreciation	36	35
Auditor's remuneration: audit fees	14	9
Auditor's remuneration: non-audit fees	4	8

13 - Analysis of staff costs, trustee remuneration and expenses and the cost of key management personnel

	2024 £'000	2023 £'000
Salaries and wages	1,618	1,352
Social security costs	132	108
Pension costs	113	94
	1,863	1,554

Number of employees with employee benefits excluding employer pension contributions:

• £60,000-£70,000	1	-
• £70,000-£80,000	-	1
• £80,000-£90,000	1	-

Two employees received benefits in excess of £60,000 (2023:1). Pension costs are allocated to activities with related staffing costs. Trustees are not paid nor did they receive any benefits from the charity or its subsidiary in the year or prior year, neither were they reimbursed expenses during the year or prior year. No trustee received payment for professional or other services supplied during the year or prior year. The key management personnel of the charity and the group comprise the Trustees and the CEO. The total employee benefits of the key management personnel were £86k. (2023:£89k).

14 - Staff numbers

The average monthly number of full-time equivalent employees (including casual and part-time staff) during the year were as follows:

	2024 Number	2023 Number
Services to clients	25.7	21.7
Fundraising and commercial trading	11.8	11.6
Administration and support	6.3	5.3
	43.8	38.6

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

.....

15 - Corporation tax

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applicable to its charitable objects.

16 - Tangible fixed assets - group

	Land and buildings £'000	Fixtures and equipment £'000	Motor vehicles £'000	Total £'000
Cost:				
As at 1 April 2023	930	153	-	1,083
Additions	-	5	31	36
Disposals	-	-	-	-
As at 31 March 2024	930	158	31	1,119
Depreciation:				
As at 1 April 2023	209	140	-	349
Charge for the year	24	12	-	36
On disposals	-	-	-	-
As at 31 March 2024	233	152	-	385
Net book value				
As at 1 April 2023	721	13	-	734
As at 31 March 2024	697	6	31	734

£27,000 of the net book value of land and buildings represents the cost of land.

Tangible fixed assets – charity	Land and buildings £'000	Fixtures and equipment £'000	Motor vehicles £'000	Total £'000
Cost:				
As at 1 April 2023	930	136	-	1,066
Additions	-	5	31	36
As at 31 March 2024	930	141	31	1,102
Depreciation:				
As at 1 April 2023	209	126	-	335
Charge for the year	24	11	-	35
As at 31 March 2024	233	137	-	370
Net book value				
As at 1 April 2023	721	10	-	731
As at 31 March 2024	697	4	31	732

£27,000 of the net book value of land and buildings represents the cost of land.

17 - Fixed asset investments

The charity holds 1,000 shares of £1 each in its wholly owned trading subsidiary company High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom. These are the only shares allotted, called up and fully paid. The activities and results of this company are summarised in note 6.

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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18. - Investment Property

The charity owns a commercial property on High Street in Chapel-en-le-Frith, which was purchased in 2022 for £74k. A valuation of this property was undertaken in November 2022 by Jonathan V Davies Chartered Surveyors which determined the open market value to be £86k.

A valuation of the property on Appleton Drive, Glossop was undertaken by Sutherland Reay qualified surveyors and valuers in March 2023. The open market value was determined to be £245k.

Cost or valuation at 31 March 2024 is represented by:

**Investment
Property
£
£'000**

Balance at 1 April 2023 and 31 March 2024

331

On the historical cost basis using a fair value policy, the property would have been included in the accounts as follows:

**£
£'000**

Cost at 1 April 2023 and 31 March 2024

224

19 - Stocks

	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Goods for resale	7	4	7	4
	7	4	7	4

20 - Debtors

	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Amounts due from subsidiary	-	-	42	64
Prepayments and accrued income	57	85	41	61
Trade debtors	30	17	30	17
Other debtors	17	207	8	198
	104	309	121	340

21 - Creditors: amounts falling due within one year

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Other creditors and accruals	82	198	66	191
Deferred income	33	34	33	34
	115	232	99	225

22 - Deferred income

Deferred income comprises amounts received in advance of fundraising events of £27k and £6k of restricted grant income for which the performance and entitlement conditions had not been met at the balance sheet date.

	Group and Charity £'000
Balance as <u>at</u> 1 April 2023	34
Amount released to income earned from charitable activities	-
Amount released to income earned from other activities	24
Amount deferred in year	(25)
Balance as <u>at</u> 31 March 2024	33

23 - Analysis of charitable funds

Analysis of movements in unrestricted funds - group

	Balance 1 April 2023 £'000	Incoming resources £'000	Resources expended £'000	Transfers/ Gains/losses £'000	Funds 31 March 2024 £'000
General fund	1,319	2,057	(1,386)	(999)	991
Designated Hospice at Home fund	720	329	(1,014)	649	684
Designated Roaming Car fund	-	-	-	334	334
Designated tangible fixed assets fund	958	-	(36)	143	1,065
Fair value fund	106	-	-	(106)	-
Total	3,103	2,386	(2,436)	21	3,074

Analysis of movements in unrestricted funds - charity

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

.....

	Balance 1 April 2023 £'000	Incoming resources £'000	Resources expended £'000	Transfers/ Gains/losses £'000	Funds 31 March 2024 £'000
General fund	1,314	1,634	(962)	(999)	987
Designated Hospice at Home fund	720	329	(1,014)	649	684
Designated Roaming Car fund	-	-	-	334	334
Designated tangible fixed assets fund	956	-	(36)	143	1,063
Fair value fund	106	-	-	(106)	-
Total	3,096	1,963	(2,012)	21	3,068

Name of unrestricted fund

General fund

Description, nature and purpose of the fund

The "free reserves" after allowing for all designated funds

Designated Hospice at Home Fund

An amount set aside to fund the core costs of our Hospice at Home service

Designated Roaming Car fund

An amount set aside to fund the core costs of our Roaming Car service

Designated tangible fixed assets fund

An amount equal to the tangible fixed assets owned and used by the charity on an ongoing basis which are essential for its charitable activities

Fair value fund

Fair value adjustment for revaluation of investment properties

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

.....

Analysis of movements in restricted funds

	Balance 1 April 2023 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Funds 31 March 2024 £'000
CCG	-	6	(17)	11	-
Barclays 100 x100 fund	33	-	-	(32)	1
Total	33	6	(17)	(21)	1

Name of restricted fund	Description, nature and purpose of the fund
CCG	Software Support & Community Engagement Project
Barclays	Community Volunteers Programme, Hospice at Home and delivery of equipment and PPE.

24. Analysis of group net assets between funds

	General fund £'000	Designated funds £'000	Restricted funds £'000	Total £'000
Tangible fixed assets	-	1,065	-	1,065
Cash at bank, in hand and cash investments	1,682	325	7	2,014
Other net current assets (liabilities)	2	-	(6)	(4)
Total	1,684	1,390	1	3,075

25. Reconciliation of net movement in funds to net cash flow from operating activities

	Group 2024 £'000	Group 2023 £'000	Charity 2024 £'000	Charity 2023 £'000
Net movement in funds	(61)	(34)	(61)	(35)
Gain on revaluation of invested properties	-	(52)	-	(52)
Add back depreciation charge	36	35	35	34
Deduct interest income shown in investing activities	(62)	(21)	(62)	(21)
Decrease (increase) in stock	(3)	-	(4)	(1)
Decrease (increase) in debtors	205	110	219	92
Increase (decrease) in creditors	(117)	130	(126)	130
Net cash from operating activities	(2)	168	3	147

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2024

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26. Operating lease commitments

At the reporting end date the company had outstanding commitments for future minimum lease payments under non-cancellable operating lease, as follows:

	Group 2024	Group 2023
	£'000	£'000
Future minimum operating lease payments		
Within one year	65	49
Between two to five years	107	122
In over five years	-	-
	172	171

27 - Related party note

In 2024 the following transactions took place between the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co. Ltd:

- The transfer under gift aid of the trading profits of the subsidiary to the charity of £172k (2023: £230k)
- At 31 March 2024 £42k (2023: £64k) was due to the charity.

High Peak Hospicecare has Trustees in common with a connected charity Helen's Trust which is dormant following a merger with High Peak Hospicecare in September 2020. At the balance sheet date Helen's Trust owed £8k to the charity.

28 - Contingent assets

At 31 March 2024, the charity had been notified as the beneficiary of 4 wills which are currently undergoing estate administration. All legacies are for a residual share of the estates. The charity has not been provided with any interim estate accounts or any indication of the executor's intention to make a distribution and thus the potential value of incoming resources is not considered probable and cannot be reliably measured. As a result, no income has been recognised in the financial statements.

Accounts

HIGH PEAK HOSPICECARE

(A company limited by guarantee)

Directors and Trustees Report and Accounts

For The Year Ended 31 March 2023

Company number 2880281

Registered Charity number 1031192



High Peak Hospicecare
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For The Year Ended 31 March 2023

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High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023

Chairman's Report

As the hospice continues to adapt to the post Covid landscape of service delivery and our income generation activities were able to operate unrestricted, this year brought its own challenges given the turmoil in the UK economy and political uncertainty. The cost-of-living crisis, rising inflation and interest rates would potentially have a direct impact on our retail operations and fundraising. I am however, pleased to report that because of well-established and diverse income streams and the continued support of our communities, the effect on our finances was better than expected and although our accounts show a deficit this is considerably less than budgeted for. The senior management team again provided strong effective leadership and innovative solutions that enabled support and care to continue throughout the year. A detailed overview of all the hospices services and departments can be found in our annual review.

The Board of Trustees continues to regularly review reserve levels against current and future financial requirements. In the Boards view; given the continuing uncertainty around long term levels of core commissioning, the UK economy and an expansion of our Hospice at Home service, it remains justifiable and prudent to hold the level of reserves shown in these accounts. I am once again, pleased to report that the hospice has sufficient reserves to continue to meet its charitable obligations and remains financially sustainable.

The Board of Trustees meets quarterly to review clinical activity, management, HR and finance against our strategic aims and goals; Services, Environment, Workforce and Finance, and that we continue to meet our Mission Statement. Trustees also support all areas of the hospice; meeting staff and volunteers, visiting shops and attending fundraising and inhouse events. As a Board, we remain committed to effective leadership, strong governance, regulatory compliance and fulfilling our legal, custodial and morale responsibilities as Trustees. We regularly cover other areas including board development, training, risk and strategic planning.

At the AGM in November 2022, we sadly marked the death of our founder Reverend Elizabeth Packham. Reverend Packham, who after caring for a local parishioner, Stan Blythe, was bequeathed a £1,000 by him and with that she started the hospice 34 years ago. The AGM also saw the retirement of Dr Louise Jordan, who joined the board in 2020 following the merger with Helens Trust. Dr Louise Jordan, a local GP, started Helens Trust in 2001 and held the position of Chair of the Board of Trustees. In recognition of the outstanding contribution to the respective charities and to palliative care Reverend Packham and Dr Louise Jordan, were both granted the honorary positions of Founder Patrons.

Finally, this year saw a change of CEO; Janet Dunphy retired in April 2022, after a long and distinguished nursing career in end of life and palliative care. Janet oversaw huge organisational change, remodelling of services, starting hospice at home and gained the hospice local and regional recognition. We wish Janet all the best for her retirement. Following a rigorous recruitment process, I am delighted that Shane O'Reilly was appointed as the new CEO, having previously held the position of Clinical Services Manager. Shane took up the CEO position with effect from May 2022. I am immensely proud and grateful to everyone involved with Blythe House Hospicecare and Helen's Trust for their support and loyalty throughout the past year. I wish to thank an outstanding team lead by Shane CEO, senior managers, staff, our many loyal and dedicated volunteers, supporters, donors and corporate sponsors. We continue to be both extremely fortunate and privileged to have experienced your unwavering commitment and belief in the values of Blythe House Hospicecare and Helen's Trust throughout this year.

Timothy J Mourné
Chair, Board of Trustees

High Peak Hospicecare

Purpose

To promote the relief of sickness and relief of people in need living in Derbyshire, Cheshire and Staffordshire

Organisational Aim

The principal activities are the provision of palliative care and support to people affected by cancer and other life limiting illnesses, this support extends to families and carers

Mission Statement

To provide supportive palliative care for those with a life limiting illness, supporting their families, carers and the bereaved

Objectives

Blythe House Hospicecare has set strategic objectives for the period 2022-2025. These are split across 4 key areas

Services

- Evolve the services to meet the needs of our local population as they change over time by engaging with the wider community to understand their needs, in particular recognising and engaging with under-represented groups.
- Increase the number of people using our services (across a range of life-limiting illnesses) by making services accessible, equitable and inclusive
- Develop close working relationships with Health and Social Care partners to enable collaborative working
- Ensure our staff are well trained and deliver care that is safe and effective.
- Develop an Education and Training offer for our Health and Social Care colleagues which enables the learning and development of palliative care skills and knowledge across Derbyshire and our bordering local neighbours
- Utilise a national patient recording system (SystemOne) that enables effective recording of patient interactions and allows us to be part of the Shared Care Records for Derbyshire
- Systematically collect and analyse data on services to ensure effectiveness

Finance

- Develop processes to maximise our relationships with existing donors and to grow the supporter database
- Evaluate fundraising activities to ensure we are maximising return on investment
- Strengthen financial processes and budgetary accountability
- Enable innovative use of resource to deliver organisational objectives
- Build upon our existing retail and ecommerce platforms to develop a presence across the footprint where we provide services

Staff

- Map the training and skills needs for all positions across the organisation
- Develop our staff to build a skilled and competent workforce that are able to meet the demands of our growing service
- Offer rewarding careers with opportunities to grow within the organisation through embedding a structured performance and development process

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023

- Embed a culture of inclusivity, open communication and organisational learning
- Develop our digital capability including our clinical services platform and governance processes
- Ensure the buildings and facilities across the organisation are fit for purpose

Community

- Build strong links with professionals and organisations in our local health and social care environment
- Maintain and develop our links with our voluntary sector colleagues
- Provide a range of well supported volunteer roles that support the work of the Hospice
- Contribute to the regional strategy and development of Palliative and End of Life Care
- Reduce the environmental impact of our service, fundraising and facilities
- Effectively promote and adapt the services we provide to our all communities across North Derbyshire

We have work plans in place across the organisation to enable us to deliver on our strategic objectives.

Activities and Achievements

Blythe House Hospicecare and Helen's Trust provide a range of healthcare services to people with life limiting illness and their families.

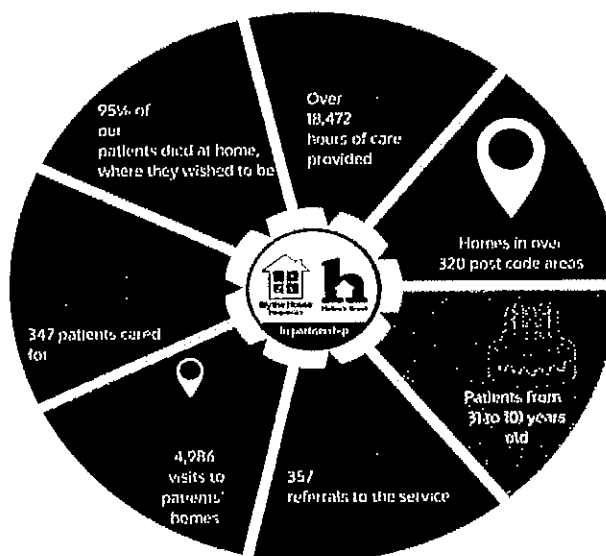
These services are provided using the latest evidence base and guidance available. Services are routinely evaluated to ensure effectiveness and patient / carer satisfaction. They are designed to meet the range of needs that people may have and are planned in conjunction with the NHS and other providers. This leads to better service integration and an improved experience for patients and carers.

Hospice at Home – Our Hospice at Home service celebrated its sixth anniversary this year, and since its launch in 2016, the total hours of care provided per year has increased by almost 180%.

This service covers all North Derbyshire providing day and night care for patients. We support local patients whose preference is to die in the comforting and safe surroundings of their own home, with their loved ones beside them.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023



Since the Covid-19 pandemic, the need for Hospice at Home care has never been more apparent. GP surgeries and hospital services are busier than ever, and many more people wish to be cared for in the sanctuary of their home.

This increased demand means we have to build upon the service to ensure we can respond quickly to all those who need our support. This year, we launched a fundraising appeal for a brand-new roaming car service to complement the hugely successful Hospice at Home team.

We have started the planning and recruitment for this service and in 2023, we will be launching our roaming car service, which will see expert palliative care nurses and healthcare assistants support patients across North Derbyshire from 10pm to 7am, to administer medication, manage symptoms and provide nursing care; keeping patients at home, and out of hospital.

This means that if a local patient experiences a decline in their circumstances and needs nursing support anytime during the night, they will have access to the Hospice at Home team, even when they don't have an overnight hospice care package planned.

Community Hub – The community hub is where we provide our outpatient care. The Hub is based in Chapel-en-le-Frith and is open to patients from High Peak and Derbyshire Dales to access. We also undertake home visits for patients in the High Peak. We have seen an increasing demand for services and have adapted our services to meet that need.

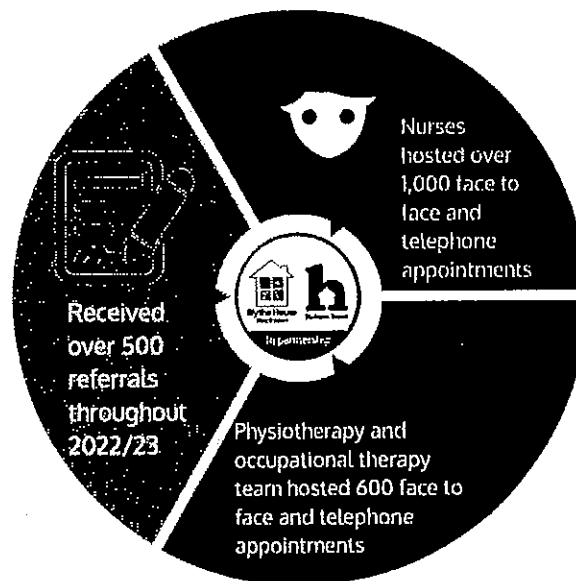
Our specialist nurses see patients and carers for 1:1 appointments to provide help with managing symptoms and psychological support, referrals to finances and benefits advice, practical help or spiritual needs, and end of life care planning.

Our in-house therapy team continue to make a huge and empowering difference to local patients who are struggling with their mobility as a result of their illness, or from treatment and medication side effects.

Our team of eight counsellors has supported 89 adults and children throughout this year, helping them to deal with issues and emotions caused by the diagnosis of a life-limiting illness, or the death of a loved one.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023



Our expert team hosted brand-new courses on building self-resilience and well-being for people diagnosed with a life-limiting illness, aimed at helping them to manage stress, anxiety, and to deal with uncertainty. Our support groups are open to anyone who is affected by breast cancer, prostate cancer, bereavement, or who is caring for a loved one with a life-limiting illness.

We developed the hospice's first ever end of life care coordinator in August 2022, playing a very important role in providing a link between the hospice and local GP surgeries to coordinate hospice care and support for patients as close to, or in, the comfort of their own home.

More than 160 local healthcare professionals developed their skills and learning thanks to hospice-organised education events.

We facilitated presentations to increase knowledge and understanding of key health issues with external partners including special training sessions:

- On brain and spinal tumours and patient rehabilitation in October 2022 with allied healthcare professionals from The Christie NHS Foundation Trust
- During Pancreatic Cancer Awareness Month in November 2022 with members of the Hepato-Pancreato-Biliary service at Stepping Hill Hospital
- During Heart Failure Awareness Month in February 2023 with Debbie Sutherland, heart failure specialist nurse at Derbyshire Community Health Services NHS Foundation Trust

We continue to offer a range of complementary therapies to patients and their relatives to give them an opportunity to truly relax and rest during periods of their life that can be extremely distressing and fearful. Our skilled and experienced therapists have been able to offer a variety of

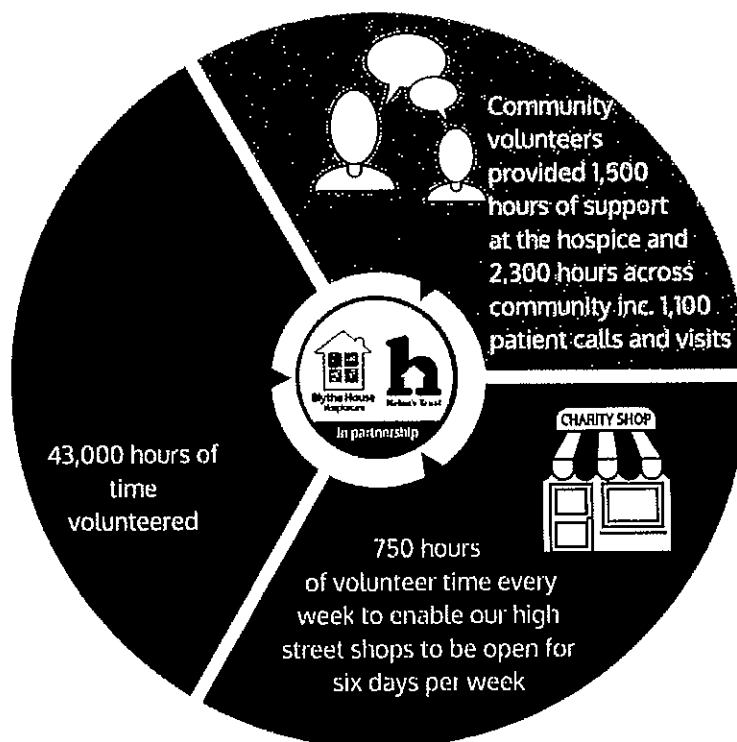
Volunteers - We're very fortunate and proud to have an amazing team of volunteers supporting the hospice every single day. They play an integral and vital role at Blythe House and Helen's Trust, and their support means that we can spend the maximum amount of money directly on care for our patients and their families.

All our Trustees are volunteers, bringing their expertise to the governance and strategic direction of the charity. There are a further four key areas that we rely on the support of volunteers in delivering our objectives.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023

Patient services at the Community Hub	Patient services in our local community	Retail	Fundraising
Roles include:			
• Administration • Companionship • Complementary therapy • Gardening • Maintenance • Managing reception • Transport	• Carer breaks • Companionship visits • Creative art • Dog walking • Gardening • Outings • Running errands • Shopping • Spiritual care support • Transport	• Accepting donations • Assisting collections and deliveries • Creating displays • Pricing items • Serving customers • Sorting stock • Using the till	• Assisting with planning and organisation of events • Distributing posters and leaflets • Managing community collection pots • Supporting donor communications • Supporting fundraising events on the day



We value our volunteer team, and provide ongoing support including training, orientation, role-specific inductions and ongoing reassurance including reflective, peer support sessions.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023

Financial Review

This year the charity's income fell from £2,465,000 to £2,161,000 a decrease of £301,000. This was predominantly due to the cessation of grant and sustainability monies related to the pandemic. Our expenditure rose from £2,060,000 to £2,246,000, an increase of 9.2%. Underlying this continued demand for our Hospice at home service as well as planning for our new Roaming Car service. The hospice had a deficit of £85,000 at the end of year.

Of the £2,161,000 income the hospice spent £1,569,000 (73%) on delivering its charitable objectives. The Hospice at Home service spent £894,000 caring for 347 patients, supporting 95% of them to die at home surrounded by their families and loved ones.

The Community Hub services spent £675,000 and received over 500 referrals delivering over 2000 appointments.

The Charity has total funds of £3,136,000 at the end of the financial year of which £33,000 are restricted funds, £1,319,000 are unrestricted funds and £1,784,000 are designated funds.

The principal funding sources for the year were

- Donations and Legacies – 29%
- CCG Contracts - 31%
- Trading Activities – 39%
- Other – 1%

The main financial risks are

- Funding Competition
- Reduction in Fundraising income
- Increased costs particularly with inflationary pressures
- Reduction in trading income
- Loss or reduction in statutory income

The cost of living challenges that people are facing undoubtedly means that people have less money available to support charities. This means we face a number of risks around income. We have seen trusts and grants pivot from healthcare to supporting cost of living, meaning there is more competition for a smaller number of grants that we are eligible for. There are also risks around donations to our shops as people hold on to items for longer or choose to sell themselves. This has the potential to impact our trading income.

General reserves are held to enable the charity to continue its work effectively and seamlessly if income levels fall, to fund capital projects, to contribute to general expenditure in times of growth and change and to give flexibility to respond quickly to new demand and take on innovative projects. The reserves policy is to hold general reserves of 12 months of budgeted unrestricted expenditure.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023

Reference and Administrative Details

Name of the Charity	High Peak Hospicecare
Working Name	Blythe House Hospice
Company Number	2880281
Charity Number	1031192
Registered Office	Blythe House Eccles Fold Chapel-en-le-Frith High Peak SK23 9TJ
Auditors	DJH Mitten Clarke Audit Limited 2 nd Floor St George's House 56 Peter Street Manchester M2 3NQ
Bankers	Virgin Money 34 Prince's Street Stockport SK1 1RE

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023

Directors and Trustees

The directors of the charitable company (the charity) are its trustees for the purpose of charity law. The trustees and officers serving during the year and since the year end were as follows:

TJ Mourné FCCA - Chairman
DM Butler BSc (Econ), FCA
JS Dunlop
M Hardman
N Capper
A Cawthorn
E Przychodzki (resigned 26/06/23)
S Parnacott
S Rowland
R Brown
W Brown (resigned 31/01/23)
P Booth (appointed 15/05/23)
A King (appointed 15/05/23)
J King-Owen (appointed 15/05/23)
P Rooney (appointed 15/05/23)

Company Secretary

S Rowland

Chief Executive Officer (CEO)

J Dunphy RGN, MA, BSc, Cert Ed, Dip Palliative Care (retired 30 April 2022)
S O'Reilly (appointed 1 May 2022)

Senior Management Team

Alistair Laing (Income Generation Manager)
Laura Saville (HR Advisor)
Clare Walker (Clinical Services Manager)
Karen Petford (Finance Manager)

Structure, Governance and Management

Governing Document

High Peak Hospicecare is a company limited by guarantee governed by its Memorandum and Articles of Association dated 16 October 2006. It is registered as a charity with the Charity Commission.

Appointment of Trustees

New trustees are identified through targeted recruitment, personal recommendation and existing volunteer roles. Trustees are appointed at the annual general meeting in November.

Trustee Induction and Training

All Trustees undergo a programme of induction which covers awareness of their legal obligations and responsibilities under charity and company law, the structure, governance and management of Blythe House Hospice including the role of the Board of Trustees and committees, understanding of the aims and objectives of Blythe House Hospice and a tailored induction day at Blythe House, meeting with senior staff and observing day to day activities. On an ongoing basis, the board as a whole undertakes formal training and development sessions throughout the year.

Organisation

The board of trustees, which can have up to fourteen members, administers and has overall responsibility for the charity. The board normally meets quarterly and there are sub-committees covering clinical, finance, income generation and remuneration. The CEO is appointed by the trustees to manage the day-to-day operations of the charity.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2023

Related Parties

None of our trustees receive remuneration or other benefit from their work with the charity. Any connection between a trustee or senior manager and any supplier must be disclosed in full to the board of trustees. In the current year no such related party transactions were disclosed. The charity's wholly owned subsidiary, High Peak Hospicecare Trading Co Ltd, is established to operate our shops. It gift aids the majority of its profits to the charity.

Pay Policy for Senior Staff

The directors consider that the board, who are the charity's trustees, and the CEO comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All directors give their time freely and no director received any remuneration or expenses in the year.

The pay of senior staff is reviewed annually and normally increased in line with NHS Agenda for Change guidelines.

Trustees Responsibilities in Relation to the Financial Statements

The charity trustees (who are also the directors of High Peak Hospicecare for the purposes of company law) are responsible for preparing a trustees annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the charity trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing the financial statements the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- 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 a going concern basis unless it is inappropriate to presume that the charity will continue in business.

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

High Peak Hospicecare

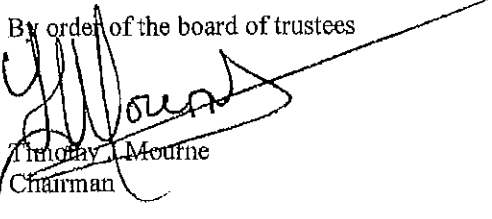
Report of the trustees for the year ended 31 March 2023

Statement as to Disclosure to Auditors

In so far as the trustees are aware at the time of approving our trustee's annual report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- The trustees, having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

By order of the board of trustees



Timothy J. Mounie
Chairman

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2023

Opinion

We have audited the financial statements of High Peak Hospicecare for the year ended 31 March 2023 (which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Statement of Cash Flows and Consolidated Statement of Cash Flows and the related notes) on pages 16 to 32. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including Financial Reporting Standard 102, "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2023, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- and have been properly prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

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 Auditors 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 group 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 groups and parent 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 trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2023

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

We have nothing to report in this regard.

Opinion on other matter 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' Annual Report, which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements;
- the Trustees' Annual 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the Trustee's Responsibilities Statement (set out on page 10), the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2023

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under Section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 a Report of the Independent Auditors 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:

In preparation for our audit we identified areas of laws and regulations which we considered could have a material effect on the financial statements. This information was obtained via discussions with management and from our general commercial and sector experience. The directors also provide us with written representation of all the key and fundamental industry specific laws and regulations which they are required to adhere to. These were then communicated to the whole of the audit team at our audit planning meeting.

As a charitable company, providing palliative care and support to people with life limiting illnesses, non-compliance with the Care Quality Commission Regulation 2009, the Health and Social Care Act 2012 and the Charities Act 2011 and Companies Act 2006 were assessed to be most relevant.

Our audit procedures to respond to these risks included:

- Enquiries with management;
- Inspection of regulatory records, inspection reports, submissions and other correspondence;
- Challenging of management assumptions and judgements in relation to accounting estimates.
- Review of journals entered throughout the year;
- Substantive transaction testing.

Despite appropriate planning and performing our work in accordance with International Auditing Standards, there are always inherent limitations that could lead to non-compliance not being detected. Non-compliance with laws and regulations is often further removed from the events and transactions reflected in the financial statements and material misstatements due to fraud can be deliberately concealed from auditors, for example through misrepresentation, forgery or collusion.

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

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2023

Use of our report

This report is made solely to the charitable company's trustees, as a body, in accordance with Section 144 of the Charities Act 2011 and regulations made under Section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's trustees 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 any responsibility to anyone other than the charitable company and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

DJH Mitten Clarke Audit Limited

DJH Mitten Clarke Audit Limited
Chartered Accountants and Statutory Auditors
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
St George's House, 56 Peter Street, Manchester M2 3NQ

Date: 28 November 2023

High Peak Hospicecare

Consolidated Statement of Financial Activities (including consolidated income and expenditure account) for the year ended 31 March 2023

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Total Funds 2023 £'000	Total Funds 2022 £'000
Income					
Donations and legacies	4	603	18	621	613
Income from charitable activities: operation of Blythe House Hospice	5	664	-	664	1,157
Income from other trading activities	6	855	-	855	683
Investment income	7	21	-	21	12
Total income		2,143	18	2,161	2,465
Expenditure					
Costs of raising funds	8	677	-	677	605
Expenditure on charitable activities: operation of Blythe House Hospice	9	1,543	26	1,569	1,455
Total expenditure		2,220	26	2,246	2,060
Net income/(expenditure)		(77)	(8)	(85)	405
Other recognised gains					
Gain/loss on revaluation of investment property		51	-	51	-
Transfer between funds		10	(10)	-	-
Net movement in funds for the year		(16)	(18)	(34)	405
Reconciliation of funds		3,119	51	3,170	2,765
Total funds brought forward		3,103	33	3,136	3,170
Total funds carried forward					

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

High Peak Hospicecare

Consolidated and Company Balance Sheet As at 31 March 2023

	Note	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Fixed assets					
Tangible assets	16	734	687	731	685
Investments	17	-	-	1	1
Investment property	18	331	205	331	205
Total fixed assets		1,065	892	1,063	891
Current assets					
Stock	19	4	4	4	3
Debtors	20	309	419	340	432
Investments: bonds with less than 12 months to maturity		1,266	868	1,266	868
Cash at bank and in hand		724	1,089	681	1,067
Total current assets		2,303	2,380	2,291	2,370
Liabilities					
Creditors falling due within one year	21	(232)	(102)	(225)	(95)
Net current assets		2,071	2,278	2,066	2,275
Net assets		3,136	3,170	3,129	3,166
The funds of the charity:					
Unrestricted income funds	23	3,103	3,119	3,096	3,115
Restricted income funds	23	33	51	33	51
Total charity funds		3,136	3,170	3,129	3,166

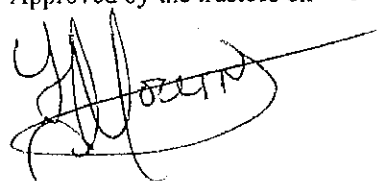
The trustees have prepared group accounts in accordance with section 398 of the Companies Act 2006 and section 138 of the Charities Act 2011. These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act relating to small companies and constitute the annual accounts required by the Companies Act 2006 and are for circulation to members of the company.

The notes on pages 19 to 32 form part of these accounts.

Signed: T J Mourne

Name: TIMOTHY JOHN MOURNE, Chair of trustees on behalf of the trustees

Approved by the trustees on 28 November 2023



High Peak Hospicecare

Statement of Cash Flows and Consolidated Statement of Cash Flows for the year ending 31 March 2023

	Note	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Cash generated in operating activities	25	168	460	147	486
Cash flows from investing activities					
Interest income		21	12	21	12
Purchase of tangible fixed assets		(82)	(8)	(82)	(6)
Purchase of investment property		(75)	-	(75)	-
Sale of short term investments		(397)	(107)	(397)	(107)
Cash provided by (used in) investing activities		(533)	(103)	(533)	(101)
Increase(decrease) in cash and cash equivalents in the year		(365)	357	(386)	385
Cash and cash equivalents at the beginning of the year		1,089	732	1,067	682
Total cash and cash equivalents at the end of the year		724	1,089	681	1,067

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2023

1. Accounting Policies

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

1.1 Basis of preparation

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

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

1.2 Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co Limited on a line-by-line- basis. A separate Statement of Financial Activities and income and expenditure account for the charity has not been presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

1.3 Preparation of the accounts on a going concern basis

The trustees are of the view that given the level of available cash and investments the immediate future is secure and that on that basis the charity is a going concern.

The major uncertainty that we face is that approximately 30.0% of our income comes from a contract with North Derbyshire CCG. This income is awarded on an annual basis and the charity remains in regular contact with the CCG to secure their ongoing financial support.

1.4 Stocks

Stocks are valued at the lower of cost or net realisable value using a first in, first out basis.

1.5 Tangible fixed assets

All tangible fixed assets are capitalised at cost and depreciated over their estimated useful economic lives on a straight line basis as follows:

Fixtures and equipment	-	20%
Computer equipment	-	20%
Building	-	2%
Land	-	Not depreciated

1.6 Investment Properties

Investment properties are measured initially at cost and subsequently at fair value at the reporting date. Depreciation is not provided.

1.7 Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for specific areas of the charity's work or for specific projects being undertaken by the charity.

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

1.8 Income

Income is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether capital or revenue, is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

For legacies entitlement is taken as the earlier of the date on which either the charity is aware that probate has been granted, the estate has been finalised and notification has been made to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executors intention to make a distribution. When legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as contingent asset and disclosed if material.

Income received in advance of fundraising events or other specified service is deferred until the criteria for income recognition are met (see note 22).

1.9 Donated services and facilities

Donated goods are only recognised when the economic benefit can be measured reliably, which is considered to be when the donated item is sold.

General volunteer time is not recognised. Please refer to the trustees annual report for more information about their contribution.

1.10 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably; that is normally upon notification of the interest payable by the bank.

1.11 Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is classified under the following headings:

- Costs of raising funds comprise the costs of commercial trading including our shops
- Expenditure on charitable activities includes the cost of providing our services to clients

Most VAT is recoverable. Any amounts which are not recoverable are included within support costs.

1.12 Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's service delivery and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 11.

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2023

1.13 Operating leases

The charity classifies the lease of printing equipment as operating leases: the title to the equipment remains with the lessor. Rental charges are charged on a straight line basis over the term of the lease.

1.14 Debtors

Trade and other debtors are recognised at the settlement amount. Prepayments are valued at the amount prepaid.

1.15 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 of three months or less from the date of acquisition or opening of the deposit or similar account.

1.16 Creditors and provisions

Creditors and provisions are recognised when the charity 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 and provisions are normally recognised at their settlement amount.

1.17 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.18 Pensions

Some employees are members of the NHS Pension Scheme which is funded by contributions from employee and employer or alternatively they may have opted to join, or been auto-enrolled in, the group money purchase defined contribution scheme operated by Aviva.

The employer contributions made to the NHS Pension Scheme in the year were £58k (2022: £66k) with an employer contribution rate of 14.3% and employee rates varying between 5.6% and 13.5% of pensionable pay. The scheme is an unfunded defined benefit scheme that covers NHS employers and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employees joining the money purchase pension scheme operated by Aviva contract directly with that company. The charity makes a contribution of 4% (where auto-enrolled), or 6% and acts as an agent in collecting and paying over employee pension contributions. The contributions made for the accounting period and treated as an expense were £36k (2022:£33k).

2. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of a winding-up is limited to £1.

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2023

3. Financial performance of the charity

The consolidated statement of financial activities includes the results of the charity's wholly owned subsidiary which operates our charity shops.

The summary financial performance of the charity alone is:

	2023 £'000	2022 £'000
Income	1,576	1,950
Gift aid from subsidiary company	230	220
	1,806	2,170
Expenditure	(1,894)	(1,767)
Net income	(88)	403
Transfer from reserves	-	-
Movement on revaluation	51	-
Total funds brought forward	3,166	2,763
Total funds carried forward	3,129	3,166
Represented by:		
Restricted income funds	33	51
Unrestricted income funds	3,096	3,115
	3,129	3,166

4. Income from donations and legacies

	2023 £'000	2022 £'000
Donations	565	459
Legacies	52	90
Grants	6	64
	621	613

Of the income from donations and legacies £603k was unrestricted (2022: £533k) and £18k restricted (2022: £80k).

	2023 £'000	2022 £'000
Coronavirus Job Retention Scheme	-	4
Other Grants	6	60
Total Grants	6	64

The charity benefits greatly from the involvement and enthusiastic support of its many volunteers, details of which are given in our annual report. In accordance with FRS102 and the Charities SORP (FRS102), the economic contribution of volunteers are not recognised in the accounts.

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

5. Income from charitable activities

	Unrestricted funds 2023 £'000	Restricted funds 2023 £'000	Total funds 2023 £'000	Total funds 2022 £'000
ICB contracts and other income for palliative care	499	-	499	945
CHC Income	163	-	163	197
Information and support	-	-	-	15
Outpatient clinics	2	-	2	-
	664	-	664	1,157

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2023

6. Income from other trading activities

	Unrestricted funds 2023 £'000	Restricted funds 2023 £'000	Total funds 2023 £'000	Total funds 2022 £'000
Commercial trading operations	599	-	599	565
Fundraising events	256	-	256	118
	855	-	855	683

The primary component of commercial trading operations comprises our charity shops which are operated by the wholly owned trading subsidiary High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom (company number 3002849) and pays most of its profits to the charity under the gift aid scheme.

The summary financial performance of the subsidiary alone is:

	2023 £'000	2022 £'000
Turnover	586	515
Cost of sales and administrative expenses	(355)	(293)
Net profit	231	222
Amount gift aided to the charity	(230)	(220)
Retained in subsidiary	1	2

The assets and liabilities of the subsidiary were:

Fixed assets	2	2
Current assets	75	32
Current liabilities	(73)	(30)
Total net assets	5	4
Aggregate share capital and reserves	5	4

7. Investment income

All the group's investment income of £21k (2022: £12k) arises from money held in interest bearing deposit accounts or from bonds with a maturity date of one year or less.

8. Analysis of expenditure of cost of raising funds

	Unrestricted funds 2023	Restricted funds 2023	Total funds 2023	Total funds 2022 £'000
Commercial trading operations	325	-	325	322
Fundraising expenses	352	-	352	283
	677	-	677	605

High Peak Hospicecare

Notes to the Financial statements For the Year Ended 31 March 2023

9. Analysis of expenditure on charitable activities

	Activities undertaken directly £'000	Support costs (Note 11) £'000	Total £'000
Community Hub	442	233	675
Hospice at Home	607	287	894
	1,049	520	1,569

Expenditure on charitable activities was £1,569k (2022: £1,455k) of which £1,543k was unrestricted (2022: £867k) and £26k was restricted (2022: £588k)

10. Summary analysis of expenditure and related income for charitable activities

This table shows the cost of the two main charitable activities and the sources of income directly to support those activities

	Community Hub £'000	Hospice at home £'000	Total £'000
Costs	675	894	1,569
Direct grant support and recharges	(312)	(352)	(664)
Net cost funded from other income	363	542	905

11. Analysis of governance and support costs

The charity identifies the costs of its governance and support functions which are then apportioned between the two key charitable activities undertaken (see note 9) in the year in proportion to direct salaries.

	Community Hub £'000	Hospice at home £'000
HR and Administration	76	95
Facilities and Maintenance	99	73
Finance	14	72
Marketing and Communications	25	33
Depreciation	19	14
	233	287

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

12. Net income/(expenditure) for the year

This is stated after charging:	2023 £'000	2022 £'000
Depreciation	35	41
Auditor's remuneration: audit fees	9	11
Auditor's remuneration: non-audit fees	8	7

13. Analysis of staff costs, trustee remuneration and expenses and the cost of key management personnel

	2023 £'000	2022 £'000
Salaries and wages	1,352	1,316
Social security costs	108	103
Pension costs	94	99
	1,554	1,518

Number of employees with employee benefits excluding employer pension contributions:

• £70,000-£80,000	1	-
• £90,000-£100,000	-	1

One employee received benefits in excess of £60,000 (2022:1). Pension costs are allocated to activities with related staffing costs. Trustees are not paid nor did they receive any benefits from the charity or its subsidiary in the year or prior year, neither were they reimbursed expenses during the year or prior year. No trustee received payment for professional or other services supplied during the year or prior year. The key management personnel of the charity and the group comprise the trustees and two CEOs who served in the year. The total employee benefits of the key management personnel were £89k. (2022:£97k).

14. Staff numbers

The average monthly number of full-time equivalent employees (including casual and part-time staff) during the year were as follows:

	2023 Number	2022 Number
Services to clients	21.7	20.1
Fundraising and commercial trading	11.6	12.3
Administration and support	5.3	6.9
	38.6	39.3

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

15 Corporation tax

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applicable to its charitable objects.

16 Tangible fixed assets – group

	Land and buildings	Fixtures and equipment	Total
	£'000	£'000	£'000
Cost:			
As at 1 April 2022	852	150	1,002
Additions	78	3	81
Disposals	-	-	-
As at 31 March 2023	930	153	1,083
Depreciation:			
As at 1 April 2022	187	128	315
Charge for the year	22	12	34
On disposals	-	-	-
As at 31 March 2023	209	140	349
Net book value			
As at 1 April 2022	665	22	687
As at 31 March 2023	721	13	734

£27,000 of the net book value of land and buildings represents the cost of land.

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

Tangible fixed assets – charity

	Land and buildings £'000	Fixtures and equipment £'000	Total £'000
Cost:			
As at 1 April 2022	852	134	986
Additions	78	2	80
Disposals	-	-	-
As at 31 March 2023	<u>930</u>	<u>136</u>	<u>1,066</u>
Depreciation:			
As at 1 April 2022	187	114	301
Charge for the year	22	12	34
On disposals	-	-	-
As at 31 March 2023	<u>209</u>	<u>126</u>	<u>335</u>
Net book value			
As at 1 April 2022	<u>665</u>	<u>20</u>	<u>685</u>
As at 31 March 2023	<u>721</u>	<u>10</u>	<u>731</u>

£27,000 of the net book value of land and buildings represents the cost of land.

17. Fixed asset investments

The charity holds 1,000 shares of £1 each in its wholly owned trading subsidiary company High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom. These are the only shares allotted, called up and fully paid. The activities and results of this company are summarised in note 6.

18. Investment Property

During the year, the charity purchased a new commercial property on High Street in Chapel-en-le-Frith for £74k. A valuation of this property was undertaken in November 2022 by Jonathan V Davies Chartered Surveyors which determined the open market value to be £86k.

A valuation of the property on Appleton Drive, Glossop was undertaken by Sutherland Reay qualified surveyors and valuers in March 2023. The open market value was determined to be £245k.

Cost or valuation at 31 March 2023 is represented by:

	Investment Property £ £'000
Balance at 1 April 2022	205
Additions 2023	74
Valuation 2023	52
Balance at 31 March 2023	<u>331</u>

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

On the historical cost basis using a fair value policy, the property would have been included in the accounts as follows:

	£
	£'000
Cost at 1 April 2022	150
Additions 2023	74
Cost at 31 March 2023	<u>224</u>

19. Stocks

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Goods for resale	4	4	4	3
	<u>4</u>	<u>4</u>	<u>4</u>	<u>3</u>

20. Debtors

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Amounts due from subsidiary	-	-	64	23
Prepayments and accrued income	85	373	61	373
Trade debtors	17	36	17	36
Other debtors	207	10	198	-
	<u>309</u>	<u>419</u>	<u>340</u>	<u>432</u>

21. Creditors: amounts falling due within one year

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Other creditors and accruals	198	66	191	59
Deferred income	34	36	34	36
	<u>232</u>	<u>102</u>	<u>225</u>	<u>95</u>

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

22. Deferred income

Deferred income comprises amounts received in advance of fundraising events of £22k and £12k of restricted grant income for which the performance and entitlement conditions had not been met at the balance sheet date.

	Group and Charity £'000
Balance as at 1 April 2022	36
Amount released to income earned from charitable activities	-
Amount released to income earned from other activities	(34)
Amount deferred in year	32
Balance as at 31 March 2023	<u>34</u>

23. Analysis of charitable funds

Analysis of movements in unrestricted funds - group

	Balance 1 April 2022	Incoming resources	Resources expended	Transfers/ Gains/losses	Funds 31 March 2023
	£'000	£'000	£'000	£'000	£'000
General fund	1,727	1,791	(1,579)	(620)	1,319
Designated Hospice at Home fund	500	352	(607)	475	720
Designated tangible fixed assets fund	837	-	(34)	155	958
Fair value fund	55	-	-	51	106
Total	<u>3,119</u>	<u>2,143</u>	<u>(2,220)</u>	<u>61</u>	<u>3,103</u>

Analysis of movements in unrestricted funds - charity

	Balance 1 April 2022	Incoming resources	Resources expended	Transfers/ Gains/losses	Funds 31 March 2023
	£'000	£'000	£'000	£'000	£'000
General fund	1,725	1,436	(1,227)	(620)	1,314
Designated Hospice at Home fund	500	352	(607)	475	720
Designated tangible fixed assets fund	835	-	(34)	155	956
Fair value fund	55	-	-	51	106
Total	<u>3,115</u>	<u>1,788</u>	<u>(1,868)</u>	<u>61</u>	<u>3,096</u>

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

Name of unrestricted fund	Description, nature and purpose of the fund
General fund	The "free reserves" after allowing for all designated funds
Designated Hospice at Home Fund	An amount set aside to fund the core costs of our Hospice at Home service
Designated tangible fixed assets fund	An amount equal to the tangible fixed assets owned and used by the charity on an ongoing basis which are essential for its charitable activities
Fair value fund	Fair value adjustment for revaluation of investment properties

Analysis of movements in restricted funds

	Balance 1 April 2022 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Funds 31 March 2023 £'000
CCG	-	6	(11)	5	-
Other funds	18	12	(15)	(15)	-
Barclays 100 x100 fund	33	-	-	-	33
Total	51	18	(26)	(10)	33

Name of restricted fund	Description, nature and purpose of the fund
CCG	Software Support & Community Engagement Project
Other funds	Mainly the funding of support groups
Barclays	Community Volunteers Programme, Hospice at Home and delivery of equipment and PPE.

24. Analysis of group net assets between funds

	General fund £'000	Designated funds £'000	Restricted funds £'000	Total £'000
Tangible fixed assets	-	1,065	-	1,065
Cash at bank, in hand and cash investments	1,214	719	57	1,990
Other net current assets (liabilities)	105	-	(24)	81
Total	1,319	1,784	33	3,136

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2023

25. Reconciliation of net movement in funds to net cash flow from operating activities

	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Net movement in funds	(34)	405	(35)	403
Gain on revaluation of invested properties	(52)	-	(52)	-
Add back depreciation charge	35	41	34	40
Deduct interest income shown in investing activities	(21)	(12)	(21)	(12)
Decrease (increase) in stock	-	(2)	(1)	(1)
Decrease (increase) in debtors	110	64	92	98
Increase (decrease) in creditors	130	(36)	130	(42)
Net cash from operating activities	168	460	147	486

26. Operating lease commitments

At the reporting end date the company had outstanding commitments for future minimum lease payments under non-cancellable operating lease, as follows:

	Group 2023 £'000	Group 2022 £'000
Future minimum operating lease payments	£'000	£'000
Within one year	49	49
Between two to five years	122	170
In over five years	-	-
	171	219

27. Related party note

In 2023 the following transactions took place between the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co. Ltd:

- The transfer under gift aid of the trading profits of the subsidiary to the charity of £230k (2022: £220k)
- At 31 March 2023 £64k (2022: £23k) was due to the charity.

High Peak Hospicecare has trustees in common with a connected charity Helen's Trust which is dormant following a merger with High Peak Hospicecare in September 2020. At the balance sheet date Helen's Trust owed £197k to the charity.

28. Contingent assets

At 31 March 2023, the charity had been notified as the beneficiary of 4 wills which are currently undergoing estate administration. All legacies are for a residual share of the estates. The charity has not been provided with any interim estate accounts or any indication of the executor's intention to make a distribution and thus the potential value of incoming resources is not considered probable and cannot be reliably measured. As a result, no income has been recognised in the financial statements.

Accounts

HIGH PEAK HOSPICECARE

(A company limited by guarantee)

Directors and Trustees Report and Accounts

For The Year Ended 31 March 2022

Company number 2880281

Registered Charity number 1031192



Blythe House
Hospicecare

High Peak Hospicecare

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High Peak Hospicecare

Report of the trustees for the year ended 31 March 2022

Our Purpose

The purpose of the charity is to promote the relief of sickness and relief of people in need living in Derbyshire, Cheshire and Staffordshire.

Organisational Aim

The principal activities are the provision of palliative care and support to people affected by cancer and other life limiting illnesses, this support extends to families and carers.

Mission Statement

Blythe House Hospicecare has a clear mission statement which provides overarching guidance on the purpose of the organisation as follows:

Blythe House Hospicecare provides the highest levels of care and support for people with cancer and other life limiting illnesses.

Strategic Objectives

High Peak Hospicecare (Blythe House) exists to provide support and palliative care in the community of the High Peak, Derbyshire Dales and North East Derbyshire for people with cancer and other life limiting illnesses and to offer support to their families, carers and those who have been bereaved.

Values

The strategic plan Blythe House Hospicecare was reviewed 2019 and it details clear values for the workforce of being: Caring, Aspirational and Professional. The strategic aims of the organisation are to:

- Deliver services which support all life limiting illnesses.
- Maintain high professional standards and organisational cohesiveness.
- Support people and their families to die at home, if that is their wish.
- Increase community resilience and connectivity by developing our volunteer workforce and clinical partnerships.
- Further develop a range of income streams.
- Build community relationships to increase financial and clinical efficiency.

New clinical and income generation strategies have been drafted and the organisational strategy is to be reviewed summer 2022.

Current Climate and Challenges: COVID-19 changed the clinical and economic landscape and the impact has continued during this financial year. Increased deaths and increased anxiety directly correlate with an increased volume of care delivery.

The Hospice at Home services have doubled their clinical output since the pandemic began. Reaching out to the community and developing further resilience has never been more important. Demand for this service continues to grow and the merger with Helen's Trust has seen this service extend successfully into North East Derbyshire to provide Hospice at Home. Blythe House and Helen's Trust are the only organisations providing Hospice at Home in North Derbyshire. The development is hugely successful in a climate of increasing need and the fiscal impact is monitored closely on a monthly basis by the Chair, Treasurer and CEO.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2022

Digital support became an everyday practice for all healthcare professionals' during the pandemic, since Public Health infection control guidance eased the organisation has adopted a hybrid model of communication and supportive flexible modes of working for the workforce. The emphasis is on encouraging face to face appointments and facilitating digital communication when requested or needed. Early intervention and face to face contact is particularly important for children and young people.

Blythe House Hospicecare's Community Volunteers services continue the Here to help – Here to Stay campaign by maintaining telephone contact and often to visit people in their own home.

The retail sector recommenced trading April 21st 2021, digital fundraising continued from April 1st 2021 to late summer when physical fundraising events recommenced, this allowed time for public confidence to grow in terms of attending public gatherings.

Funds from central government for Personal Protective Equipment have continued and additional government funds are ringfenced for the new database and have covered the cost of extending the volunteer community service into the new area of operation the Derbyshire Dales. Funds were also brokered by Hospice UK from central government to support hospices until- March 2022.

The grants received during the COVID pandemic ensures that as a small charity relying on 79% public funding we have avoided a deficit budget.

One of the greatest challenges post Brexit and pandemic is recruitment. Blythe House Hospicecare ensures that professional development and organisational scrutiny ameliorate problems relating to workforce retention.

It is relevant to note that there were as many as 110,192 vacancies across the NHS in England as of December 2021, an increase of more than 20,000 from 89,144 the year before, according to NHS Digital statistics published yesterday. (4 Mar 2022).

The pandemic also negatively affected volunteer recruitment. Most hospice volunteers are over retirement age and less likely to want to mix in public places. It hoped that with the ongoing recruitment campaign focussed on all age groups and sectors that more people will come forward to volunteer for their local charity.

The clinical and economic future remains uncertain. Healthcare remains a dynamic environment, funds will need to be raised differently, as an organisation Blythe House Hospicecare has become more digitalised and remodelled their services in preparation for a different future.

Blythe House Hospicecare operates within a competitive funding environment which has now moved back into austerity measures. NHS reforms have seen Clinical Commissioning Groups replaced by Integrated Care Systems.

Approximately 1% of an area's population will die each year, in Derbyshire this equates to approximately 7,500 individuals. Research suggests that 75% of deaths would benefit from end of life care. Three-quarters of people would prefer to die at home, but across England, the majority often die in hospital. In addition, people have an average of 3½ hospital admissions in the last year of their life. However, 2020 and 2021 has seen the level of non covid deaths rise to the level anticipated for 2030 reaffirming the need to increase community capacity by providing the services of hospice at home and community volunteers.

The NICE Quality Standards on End of Life Care defines that people are 'approaching the end of life' when they are likely to die within the next 12 months. Currently, a number of services are commissioned that support individuals at the end of their life, and these include specialist end of life care services, general health and social care services and voluntary sector services. People at the end

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2022

of life have special needs that are often poorly met, especially out of normal surgery hours (two thirds of the week), or while on an acute busy medical ward.

Care should be arranged around the needs of the patient rather than the needs of the service and care should be delivered by carers who have a good level of knowledge, care and compassion for end of life care. Patients and their families should be able to identify and contact those who deliver their care and care should be delivered with continuity. The Hospice at Home service commenced 2016 has been to provide these services and meet the needs outlined, this service continues to develop in both scope and impact.

Service users can access different services according to their needs at every stage of their illness. The comprehensive services at Blythe House Hospicecare provide a continuity of care which is vital for people suffering the effects of the diagnosis of a life limiting illness and the impact of disease.

The national cancer registry reports that 3 million people living with cancer in the UK. And by 2025 they estimate there will be a further increase of 500,000 bringing the total to 3.5 million. And the figure is likely to grow to 4,000,000 by 2030.

Services

Blythe House Hospicecare offers supports and specialist clinical care from pre-diagnosis through to bereavement. The main activities of Blythe House Hospicecare are:

- Clinical hub delivering structured programmes of clinical care
- Clinical outreach services
- Hospice at Home
- Medical services. A consultant palliative medicine clinic is provided by Dr Sarah Parnacott on a weekly basis in line with standards from National Institute Clinical Excellence.
- Information and support
- Counselling for adults and children Pre and Post bereavement.
- Support groups for life limiting disease, including cancer, and neurological diseases.
- Bereavement support groups
- Carer's support clinic and group.
- Family support events
- Out- patient clinics
- Internal and external programmes of education, including workshops.
- Mindfulness groups.
- A wide range of complementary therapies
- Spiritual care support.

The clinical services have been designed and are delivered to meet the needs of people affected by life limiting illness. Evidence from relevant Clinical Commissioning Groups and Integrated Care Systems has been analysed to shape services which meet the needs according to the disease profiles of the demographic. The range of problems for those affected by life limiting illness is wide; the wide range of services delivered reflects this.

Clinical Governance

The quality initiatives aim to improve the structure, process and outcomes of healthcare. They are not a set of targets or mandatory indicators for performance management. Healthcare is needs driven and commissioners require level of activity to design and plan care.

Numerous clinical tools are in place to measure the impact of the services.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2022

The clinical tools and quality initiatives used are:

- Integrated patient outcomes scale (IPOS)
- Evaluations which record the service user's views on the timeliness of response, quality of care, the impact of care on levels of satisfaction, anxiety and fatigue.
- Electronic tools which collect data to demonstrate whether the patient's preferred place of death has been achieved and which phase of illness each patient is in at the time of referral and review.
- Hospital anxiety depressions tool (HADS)
- Sheffield profile for assessment and referral for care. (SPARC)
- Measure yourself concerns and wellbeing (MYCAW)

Outcome based clinical activity

A new clinical database – SytemOne will be fully operational this summer. This will facilitate accurate data collection and reports, improve monitoring caseloads and identify areas of need and clinical trends. Accurate data collection and outcome-based commissioning is pivotal to the relationship with the Derbyshire Integrated Care System – known as Joined Up Derbyshire.

Updating the clinical database will increase connectivity with other service providers and demonstrate the level of activity, clinical impact and social value of all services. Reports containing this information are produced quarterly for the Board of Trustees, and the commissioners Joined Up Derbyshire and at inspection for the Care Quality Commission (CQC). Joined Up Derbyshire carries out a quality review quarterly. The last CQC inspection took place June 2021. This report states that Blythe House Hospicecare is performing to high standards in all areas.

Organisational processes are structured to ensure good governance and include setting and measuring against clear quality markers set by National Institute of Clinical Excellence., namely:

- Provide information at the time of need for patients and their loved ones.
- Improve quality of life.
- Reduce hospital admissions by providing care which avoids crisis admissions.
- Expedite referrals home from hospital by supporting discharges,
- Support carers to support their loved ones in times of crisis
- Reduce the need for GP visits and prescriptions by providing clinical support and improving self-reliance.
- Support people to have their care and death in the place of their choice in line with national strategy.

Clinical Impact.

In house clinical services provided 2,964 contacts to service users.

Hospice at Home delivered 19,652 hours of care

Robust data collection, reporting and analysis are integrated into all organisational clinical procedures which enables the trustees of Blythe House Hospice to consider and measure the impact that is has on its beneficiaries. Evidence of quality is required to prove patient satisfaction, i.e., .80% increasing year on year to increase annually by 5% to an upper threshold of 90%

Social Value The management team of Blythe House Hospicecare closely engages with all other service providers to strengthen the connection between local services to maximise the impact of the community they serve. This level of engagement ensures that the workforce of Blythe House Hospicecare maintains a high level of understanding of the wider context in which the organisation operates.

Partnerships, clinical and community liaison impact greatly on increasing the social value of the services provided. Blythe House Hospicecare communicates, openly and clearly to the community it serves.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2022

Volunteers

The level of engagement is demonstrated by the recruitment of 300 volunteers who support all areas of activity.

Blythe House Hospice recognises and rewards the skills and commitment of the volunteers' workforce. An open culture of communication fosters strong community links and deep levels of understanding with regard to organisational aims and activities and the money raised from the community is spent on meeting the needs of the community.

The Community Volunteer service which was launched May 2018 to recruit and train volunteers to work alongside other professionals in their homes continues to be much appreciated post pandemic. The High Peak and Derbyshire Dales has a higher than average over 85 population. (ONS 2021) There are 46 active volunteers to date. The evaluations from service users and volunteers have been excellent. This service addresses the problems which often fall between the criteria of health and social care services and provide invaluable support which increasing community resilience. Since the merger it has been extended into the Derbyshire Dales.

During the year April 2021 – March 2022, over 2000 hours were delivered by Community Volunteers who made 3623 contacts to those in need in the community.

Supporting the Workforce

Educational programmes are designed to ensure the workforce are supported and trained to a high standard, in line with the Care and Quality Commission. Robust recruitment procedures are in place and staff are monitored and appraised in order to ensure professional development, maintain standards and reach organisational strategic aims and objectives.

Staff satisfaction surveys take place annually and consistently demonstrate the highest levels of satisfaction.

The Human Resources Advisor ensures all policies and procedures are updated, relevant, accessible and clearly communicated to support the workforce.

Short Term Objectives

- Increase engagement with the local healthcare systems during the transition to the Integrated Care System using a hybrid approach to contact methods.
- Embed new clinical database across the organisation utilising the improved functionality to measure and evidence outcomes.
- Monitor workforce development and recruitment and maintain standards to ensure that Blythe House Hospicecare has a reputation as the employer of choice in a challenging and increasingly competitive environment.
- Continue organisational representation at regional and local levels to assure appropriate clinical pathways and commissioning continues within new NHS commissioning framework.

Long Term Objectives

- Ensure strong provider profile and excellent reputation within new health social care systems.
- Secure higher level of core commissioning for services, particularly hospice at home and revised service specifications/contracts.
- Further develop collaboration with Glossop and provide services in partnership where needed and sustainable.
- Continue to be a major contributor and strong influencer to increasing community capacity for end of life care.
- Uphold local charity values alongside NHS reforms in line with charitable objectives.

High Peak Hospicecare

➤ Report of the trustees for the year ended 31 March 2022

- Continue to support the workforce in terms of competencies and rewarding careers.
- Further utilise technology and increase digitalisation across the whole organisation in particular income generation.

Financial Review

The trustees consider the financial position at the year-end to be robust as the charity has significant reserves, cash and investments. This enables us to plan for the future with confidence.

During the year we have 405k surplus. The result for the year was better than expected due to income from central government via Hospice UK in response to the negative effects of the pandemic, from the CCG after organisational appeal for financial support to meet the growing numbers of people supported to die at home. The retail sector and fundraising have been able to trade and run events normally for most of the year. Both areas of income generation finished the year ahead of budget, retail 3%, fundraising 35%.

Our principal funding sources for the year were donations and legacies 22%; CCG contract 31%; grants 18%; trading activities 28% and other amounts 1%. All of these amounts were used to support the delivery of services to patients.

The principal risks and uncertainties facing the charity are the funding climate within healthcare which remains challenging both because of the lack of agreed long term contribution to funding from the CCG; the changing priorities of the NHS which we have to support; and securing continuing funding for our Hospice at Home service. As detailed above evidence of the efficacy of our services is supplied to the CCG to help ensure continued commitment to funding. It is anticipated that the level of funding and length of contract will be increased 2023/2024.

Total funds held at the end of the period were £3,170k of which general reserves were £1,727k and restricted reserves £51k Designated reserves of £892k are held to support the tangible fixed assets which are essential for our charitable activities and £500k for Hospice at Home.. The trustees in conjunction with the reserves policy may consider designating a further amount of from general reserves to Hospice at Home. The tangible fixed asset designated fund of £892k. can only be realised by the disposal of tangible fixed assets.

General reserves are held to enable the charity to continue its work effectively and seamlessly if income levels fall, to fund capital projects, to contribute to general expenditure in times of growth and change and to give flexibility to respond quickly to new demands and take on innovative projects. The reserves policy is to hold general reserves of 12 months of budgeted unrestricted expenditure. This level is considered prudent post Covid.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2022

Reference and Administrative Details

Name of the Charity High Peak Hospicecare

Working Name Blythe House Hospice

Company Number 2880281

Charity Number 1031192

Registered Office Blythe House
Eccles Fold
Chapel-en-le-Frith
High Peak
SK23 9TJ

Auditors Mitten Clarke Audit Limited
2nd Floor
St George's House
56 Peter Street
Manchester
M2 3NQ

Bankers Yorkshire Bank
15 Market Place
Macclesfield
SK10 1AG

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2022

Directors and Trustees

The directors of the charitable company (the charity) are its trustees for the purpose of charity law. The trustees and officers serving during the year and since the year end were as follows:

TJ Mourne FCCA - Chairman
DM Butler BSc (Econ), FCA
JS Dunlop
M Hardman
B McGee (Resigned 9/11/21)
N Capper
A Cawthorn
E Przychodzki
S Parnacott
R Eccleston (resigned 2/6/21)
L Jordan (Resigned 19/3/22)
S Rowland
R Brown (appointed 8/11/21)
W Brown (appointed 8/11/21)

Company Secretary

S Rowland

Chief Executive Officer (CEO)

J Dunphy RGN, MA, BSs, Cert Ed, Dip Palliative Care (retired 30 April 2022)
S O'Reilly (appointed 1 May 2022)

Senior Management Team

Alistair Laing (Income Generation Manager)
Laura Saville (HR Advisor)
Clare Walker (Clinical Services Manager)
Karen Petford (Finance Manager)

Structure, Governance and Management

Governing Document

High Peak Hospicecare is a company limited by guarantee governed by its Memorandum and Articles of Association dated 16 October 2006. It is registered as a charity with the Charity Commission.

Appointment of Trustees

New trustees are identified through targeted recruitment, personal recommendation and existing volunteer roles. Trustees are appointed at the annual general meeting in November.

Trustee Induction and Training

All Trustees undergo a programme of induction which covers awareness of their legal obligations and responsibilities under charity and company law, the structure, governance and management of Blythe House Hospice including the role of the Board of Trustees and committees, understanding of the aims and objectives of Blythe House Hospice and a tailored induction day at Blythe House, meeting with senior staff and observing day to day activities. On an ongoing basis, the board as a whole undertakes formal training and development sessions throughout the year.

Organisation

The board of trustees, which can have up to fourteen members, administers and has overall responsibility for the charity. The board normally meets quarterly and there are sub-committees covering clinical, finance, income generation and remuneration. The CEO is appointed by the trustees to manage the day-to-day operations of the charity.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Related Parties

None of our trustees receive remuneration or other benefit from their work with the charity. Any connection between a trustee or senior manager and any supplier must be disclosed in full to the board of trustees. In the current year no such related party transactions were disclosed. The charity's wholly owned subsidiary, High Peak Hospicecare Trading Co Ltd, is established to operate our shops. It gift aids the majority of its profits to the charity.

Pay Policy for Senior Staff

The directors consider that the board, who are the charity's trustees, and the CEO comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All directors give their time freely and no director received any remuneration or expenses in the year.

The pay of senior staff is reviewed annually and normally increased in line with NHS Agenda for Change guidelines.

Trustees Responsibilities in Relation to the Financial Statements

The charity trustees (who are also the directors of High Peak Hospicecare for the purposes of company law) are responsible for preparing a trustees annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the charity trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing the financial statements the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- 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 a going concern basis unless it is inappropriate to presume that the charity will continue in business.

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

High Peak Hospicecare

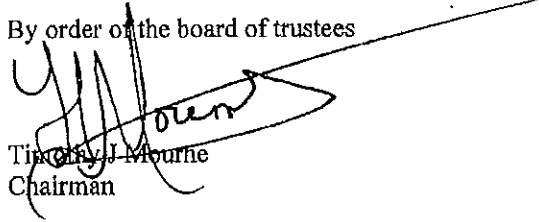
Report of the trustees for the year ended 31 March 2022

Statement as to Disclosure to Auditors

In so far as the trustees are aware at the time of approving our trustee's annual report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- The trustees, having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

By order of the board of trustees



Timothy J. Mourie
Chairman

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2022

Opinion

We have audited the financial statements of High Peak Hospicecare for the year ended 31 March 2021 (which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Statement of Cash Flows and Consolidated Statement of Cash Flows and the related notes) on pages 15 to 30. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including Financial Reporting Standard 102, "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2021, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- and have been properly prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

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 Auditors 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 group 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 trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2022

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

We have nothing to report in this regard.

Opinion on other matter 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' Annual Report, which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements;
- the Trustees' Annual 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the Trustee's Responsibilities Statement (set out on page 10), the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2022

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under Section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 a Report of the Independent Auditors 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:

In preparation for our audit we identified areas of laws and regulations which we considered could have a material effect on the financial statements. This information was obtained via discussions with management and from our general commercial and sector experience. The directors also provide us with written representation of all the key and fundamental industry specific laws and regulations which they are required to adhere to. These were then communicated to the whole of the audit team at our audit planning meeting.

As a charitable company, providing palliative care and support to people with life limiting illnesses, non-compliance with the Care Quality Commission Regulation 2009, the Health and Social Care Act 2012 and the Charities Act 2011 and Companies Act 2006 were assessed to be most relevant.

Our audit procedures to respond to these risks included:

- Enquiries with management;
- Inspection of regulatory records, inspection reports, submissions and other correspondence;
- Challenging of management assumptions and judgements in relation to accounting estimates.
- Review of journals entered throughout the year;
- Substantive transaction testing.

Despite appropriate planning and performing our work in accordance with International Auditing Standards, there are always inherent limitations that could lead to non-compliance not being detected. Non-compliance with laws and regulations is often further removed from the events and transactions reflected in the financial statements and material misstatements due to fraud can be deliberately concealed from auditors, for example through misrepresentation, forgery or collusion.

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

High Peak Hospicecare

Report of the Independent Auditors to the Trustees of High Peak Hospicecare for the year ended 31 March 2022

Use of our report

This report is made solely to the charitable company's trustees, as a body, in accordance with Section 144 of the Charities Act 2011 and regulations made under Section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's trustees 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 any responsibility to anyone other than the charitable company and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Mitten Clarke Audit Limited

Mitten Clarke Audit Limited

Chartered Accountants and Statutory Auditors

Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006

St George's House, 56 Peter Street, Manchester M2 3NQ

Date: 7 December 2022

High Peak Hospicecare

Consolidated Statement of Financial Activities (including consolidated income and expenditure account) for the year ended 31 March 2022

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Total Funds 2022 £'000	Total Funds 2021 £'000
Income					
Donations and legacies	4	533	463	996	1,064
Income from charitable activities: operation of Blythe House Hospice	5	774	-	774	625
Income from other trading activities	6	683	-	683	335
Transfer from Helen's Trust		-	-	-	259
Investment income	7	12	-	12	16
Total income		2,002	463	2,465	2,299
Expenditure					
Costs of raising funds	8	605	-	605	449
Expenditure on charitable activities: operation of Blythe House Hospice	9	867	588	1,455	1,395
Total expenditure		1,472	588	2,060	1,844
Net income/(expenditure)		530	(125)	405	455
Other recognised gains					
Movement on revaluation of investment property		-	-	-	55
Net movement in funds for the year		530	(125)	405	510
Reconciliation of funds					
Total funds brought forward		2,589	176	2,765	2,255
Total funds carried forward		3,119	51	3,170	2,765

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

High Peak Hospicecare

Consolidated and Company Balance Sheet As at 31 March 2022

	Note	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Fixed assets					
Tangible assets	16	687	721	685	719
Investments	17	-	-	1	1
Investment property	18	205	205	205	205
Total fixed assets		892	926	891	925
Current assets					
Stock	19	4	2	3	2
Debtors	20	419	483	432	530
Investments: bonds with less than 12 months to maturity		868	761	868	761
Cash at bank and in hand		1,089	732	1,067	682
Total current assets		2,380	1,978	2,370	1,975
Liabilities					
Creditors falling due within one year	21	(102)	(139)	(95)	(137)
Net current assets		2,278	1,839	2,275	1,838
Net assets		3,170	2,765	3,166	2,763
The funds of the charity:					
Unrestricted income funds	23	3,119	2,589	3,115	2,587
Restricted income funds	23	51	176	51	176
Total charity funds		3,170	2,765	3,166	2,763

The trustees have prepared group accounts in accordance with section 398 of the Companies Act 2006 and section 138 of the Charities Act 2011. These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act relating to small companies and constitute the annual accounts required by the Companies Act 2006 and are for circulation to members of the company.

The notes on pages 18 to 30 form part of these accounts

Signed: T J Mourné

Name: TIMOTHY JOHN MOURNE, Chair of trustees on behalf of the trustees

Approved by the trustees on 21st November 2022

High Peak Hospicecare

Statement of Cash Flows and Consolidated Statement of Cash Flows for the year ending 31 March 2022

	Note	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Cash generated in operating activities	25	460	308	486	295
Cash flows from investing activities					
Interest income		12	16	12	16
Purchase of tangible fixed assets		(8)	(34)	(6)	(33)
Sale of short term investments		(107)	(77)	(107)	(77)
Cash provided by (used in) investing activities		(103)	(95)	(101)	(94)
Increase(decrease) in cash and cash equivalents in the year		357	213	385	201
Cash and cash equivalents at the beginning of the year		732	519	682	481
Total cash and cash equivalents at the end of the year		1,089	732	1,067	682

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2022

1. Accounting Policies

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

1.1 Basis of preparation

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

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

1.2 Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co Limited on a line-by-line basis. A separate Statement of Financial Activities and income and expenditure account for the charity has not been presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

1.3 Preparation of the accounts on a going concern basis

The trustees are of the view that given the level of available cash and investments the immediate future is secure and that on that basis the charity is a going concern.

The major uncertainty that we face is that approximately 34.50% of our income comes from a contract with North Derbyshire CCG. This income is awarded on an annual basis and the charity remains in regular contact with the CCG to secure their ongoing financial support.

1.4 Stocks

Stocks are valued at the lower of cost or net realisable value using a first in, first out basis.

1.5 Tangible fixed assets

All tangible fixed assets are capitalised at cost and depreciated over their estimated useful economic lives on a straight line basis as follows:

Fixtures and equipment	-	20%
Computer equipment	-	20%
Building	-	2%
Land	-	Not depreciated

1.6 Investment Properties

Investment properties are measured initially at cost and subsequently at fair value at the reporting date. Depreciation is not provided.

1.7 Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for specific areas of the charity's work or for specific projects being undertaken by the charity.

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2022

1.8 Income

Income is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether capital or revenue, is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

For legacies entitlement is taken as the earlier of the date on which either the charity is aware that probate has been granted, the estate has been finalised and notification has been made to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executors intention to make a distribution. When legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as contingent asset and disclosed if material.

Income received in advance of fundraising events or other specified service is deferred until the criteria for income recognition are met (see note 22).

1.9 Donated services and facilities

Donated goods are only recognised when the economic benefit can be measured reliably, which is considered to be when the donated item is sold.

General volunteer time is not recognised. Please refer to the trustees annual report for more information about their contribution.

1.10 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably; that is normally upon notification of the interest payable by the bank.

1.11 Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is classified under the following headings:

- Costs of raising funds comprise the costs of commercial trading including our shops
- Expenditure on charitable activities includes the cost of providing our services to clients

Most VAT is recoverable. Any amounts which are not recoverable are included within support costs.

1.12 Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's service delivery and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 11.

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2022

1.13 Operating leases

The charity classifies the lease of printing equipment as operating leases: the title to the equipment remains with the lessor. Rental charges are charged on a straight line basis over the term of the lease.

1.14 Debtors

Trade and other debtors are recognised at the settlement amount. Prepayments are valued at the amount prepaid.

1.15 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 of three months or less from the date of acquisition or opening of the deposit or similar account.

1.16 Creditors and provisions

Creditors and provisions are recognised when the charity 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 and provisions are normally recognised at their settlement amount.

1.17 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.18 Pensions

Some employees are members of the NHS Pension Scheme which is funded by contributions from employee and employer or alternatively they may have opted to join, or been auto-enrolled in, the group money purchase defined contribution scheme operated by The Pensions Trust called The Ethical Fund. From October the charity switched the group's money purchase defined contribution scheme to Aviva. A small number of employees have private money purchase arrangements to which the employer contributes.

The employer contributions made to the NHS Pension Scheme in the year were £66k (2021:£46k) with an employer contribution rate of 14.3% and employee rates varying between 5.6% and 13.5% of pensionable pay. The scheme is an unfunded defined benefit scheme that covers NHS employers and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employees joining the money purchase pension scheme operated by The Pensions Trust and Aviva from October 2020 contract directly with that company. The charity makes a contribution of 4% (where auto-enrolled), or 6% and acts as an agent in collecting and paying over employee pension contributions. The contributions made for the accounting period and treated as an expense were £33k (2021:£31k).

2. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of a winding-up is limited to £1.

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2022

3. Financial performance of the charity

The consolidated statement of financial activities includes the results of the charity's wholly owned subsidiary which operates our charity shops.

The summary financial performance of the charity alone is:

	2022 £'000	2021 £'000
Income	1,950	2,120
Gift aid from subsidiary company	220	58
	<u>2,170</u>	<u>2,178</u>
Expenditure	(1,767)	(1,669)
Net income	<u>403</u>	<u>509</u>
Transfer from reserves	-	-
Total funds brought forward	<u>2,763</u>	<u>2,254</u>
Total funds carried forward	<u>3,166</u>	<u>2,763</u>
Represented by:		
Restricted income funds	51	176
Unrestricted income funds	3,115	2,587
	<u>3,166</u>	<u>2,763</u>

4. Income from donations and legacies

	2022 £'000	2021 £'000
Donations	459	333
Legacies	90	82
Grants	447	649
	<u>996</u>	<u>1,064</u>

Of the income from donations and legacies £533k was unrestricted (2021: £987k) and £463k restricted (2021: £77).

	2022 £'000	2021 £'000
Coronavirus Job Retention Scheme	4	66
Hospice UK Covid support	383	493
Other Grants	60	90
Total Grants	<u>447</u>	<u>649</u>

The charity benefits greatly from the involvement and enthusiastic support of its many volunteers, details of which are given in our annual report. In accordance with FRS102 and the Charities SORP (FRS102), the economic contribution of volunteers are not recognised in the accounts.

High Peak Hospicecare

5. Income from charitable activities

	Unrestricted funds 2022 £'000	Restricted funds 2022 £'000	Total funds 2022 £'000	Total funds 2021 £'000
CCG contracts and other income for palliative care	562	-	562	395
CHC Income	197	-	197	219
Information and support	15	-	15	11
Outpatient clinics				
	774	-	774	625

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2022

6. Income from other trading activities

	Unrestricted funds 2022 £'000	Restricted funds 2022 £'000	Total funds 2022 £'000	Total funds 2021 £'000
Commercial trading operations	565	-	565	258
Fundraising events	118	-	118	77
	683	-	683	335

The primary component of commercial trading operations comprises our charity shops which are operated by the wholly owned trading subsidiary High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom (company number 3002849) and pays most of its profits to the charity under the gift aid scheme.

The summary financial performance of the subsidiary alone is:

	2022 £'000	2021 £'000
Turnover	515	234
Cost of sales and administrative expenses	(293)	(176)
Net profit	222	58
Amount gift aided to the charity	(220)	(57)
Retained in subsidiary	2	1

The assets and liabilities of the subsidiary were:

Fixed assets	2	1
Current assets	32	61
Current liabilities	(30)	(60)
Total net assets	4	2
Aggregate share capital and reserves	4	2

7. Investment income

All the group's investment income of £12k (2021: £16k) arises from money held in interest bearing deposit accounts or from bonds with a maturity date of one year or less.

8. Analysis of expenditure of cost of raising funds

	Unrestricted funds 2022	Restricted funds 2022	Total funds 2022	Total funds 2021 £'000
Commercial trading operations	322	-	322	196
Fundraising expenses	283	-	283	253
	605	-	605	449

High Peak Hospicecare

Notes to the Financial statements For the Year Ended 31 March 2022

9. Analysis of expenditure on charitable activities

	Activities undertaken directly	Support costs	Total
	£'000	£'000	£'000
Community Hub	469	172	641
Hospice at Home	502	189	691
Support groups	13	5	18
Information and support	72	28	100
Outpatient clinics	4	1	5
	1,060	395	1,455

Expenditure on charitable activities was £1,455k (2021: £1,395k) of which £867k was unrestricted (2021: £1,280k) and £588k was restricted (2021: £115k)

10. Summary analysis of expenditure and related income for charitable activities

This table shows the cost of the four main charitable activities and the sources of income directly to support those activities

	Community Hub	Hospice at home	Support groups	Information & support	Outpatient clinics	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Costs	641	691	18	100	5	1,455
Direct grant support and recharges	242	517	-	15	-	774
Net cost funded from other income	399	174	18	85	5	681

11. Analysis of governance and support costs

The charity identifies the costs of its governance and support functions which are then apportioned between the four key charitable activities undertaken (see note 9) in the year in proportion to direct salaries.

	Community Hub	Hospice at home	Support group	Information and support	Outpatient clinics
	£'000	£'000	£'000	£'000	
Salaries wages and related costs	85	106	3	13	1
General office costs	32	41	1	5	-1
Maintenance and utilities	33	13	1	6	-
Depreciation	14	18	-	2	-
Audit fees and insurance	6	8	-	1	-
Governance	2	3	-	1	-
	172	189	5	28	1

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2022

12. Net income/(expenditure) for the year

This is stated after charging:	2022 £'000	2021 £'000
Depreciation	41	40
Auditor's remuneration: audit fees	11	9
Auditor's remuneration: non-audit fees	7	7

13. Analysis of staff costs, trustee remuneration and expenses and the cost of key management personnel

	2022 £'000	2021 £'000
Salaries and wages	1,245	1,084
Social security costs	99	84
Pension costs	174	131
	1,518	1,299

Number of employees with employee benefits excluding employer pension contributions:

• £80,000-£90,000	-	1
• £90,000-£100,000	1	-

One employee received benefits in excess of £60,000 (2021:1). Pension costs are allocated to activities with related staffing costs. Trustees are not paid nor did they receive any benefits from the charity or its subsidiary in the year or prior year, neither were they reimbursed expenses during the year or prior year. No trustee received payment for professional or other services supplied during the year or prior year. The key management personnel of the charity and the group comprise the trustees and the CEO. The total employee benefits of the key management personnel were £97k. (2021:£88k).

14. Staff numbers

The average monthly number of full-time equivalent employees (including casual and part-time staff) during the year were as follows:

	2022 Number	2021 Number
Services to clients	20.1	22.8
Fundraising and commercial trading	12.3	8.9
Administration and support	6.9	5.6
	39.3	37.3

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2022

15 Corporation tax

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applicable to its charitable objects.

16 Tangible fixed assets – group

	Land and buildings	Fixtures and equipment	Total
	£'000	£'000	£'000
Cost:			
As at 1 April 2021	852	142	994
Additions	-	8	8
Disposals	-	-	-
As at 31 March 2022	852	150	1,002
Depreciation:			
As at 1 April 2021	165	108	273
Charge for the year	22	20	42
On disposals	-	-	-
As at 31 March 2022	187	128	315
Net book value			
As at 1 April 2021	687	34	721
As at 31 March 2022	665	22	687

£27,000 of the net book value of land and buildings represents the cost of land.

High Peak Hospicecare
Notes to the Financial Statements
For the Year Ended 31 March 2022

Tangible fixed assets – charity

	Land and buildings	Fixtures and equipment	Total
	£'000	£'000	£'000
Cost:			
As at 1 April 2021	852	128	980
Additions	-	6	6
Disposals	-	-	-
As at 31 March 2022	<u>852</u>	<u>134</u>	<u>986</u>
Depreciation:			
As at 1 April 2021	165	96	261
Charge for the year	22	18	40
On disposals	-	-	-
As at 31 March 2022	<u>187</u>	<u>114</u>	<u>301</u>
Net book value			
As at 1 April 2021	687	32	719
As at 31 March 2022	<u>665</u>	<u>20</u>	<u>685</u>

£27,000 of the net book value of land and buildings represents the cost of land.

17. Fixed asset investments

The charity holds 1,000 shares of £1 each in its wholly owned trading subsidiary company High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom. These are the only shares allotted, called up and fully paid. The activities and results of this company are summarised in note 6.

18 Investment Property

During the previous year a residential property was bequeathed to the charity. A decision was made by trustees to hold this property for capital appreciation purposes and to secure rental income.

A valuation of the property was undertaken by Croft Lettings qualified surveyors and valuers in 2021. The open market value was determined to be £205,000.

Cost or valuation at 31 March 2022 is represented by:

	Investment Property
	£
	£'000
Balance at 1 April 2021	205
Valuation 2022	-
Balance at 31 March 2022	<u>205</u>

On the historical cost basis using a fair value policy, the property would have been included in the accounts as follows:

	£
	£'000
Cost at 1 April 2021 and 31 March 2022	<u>150</u>

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2022

19. Stocks

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Goods for resale	4	2	3	2
	4	2	3	2

20. Debtors

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Amounts due from subsidiary	-	-	23	
Prepayments and accrued income	373	152	373	150
Trade debtors	36	21	36	21
Other debtors	10	8	-	(1)
Amounts owed by related undertakings	-	302	-	302
	419	483	432	530

21. Creditors: amounts falling due within one year

	Group 2022 £'000	Group 2021 £'000	Charity 2022 £'000	Charity 2021 £'000
Other creditors and accruals	66	56	59	54
Deferred income	36	83	36	83
	102	139	95	137

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2022

22. Deferred income

Deferred income comprises amounts received in advance of fundraising events of £18k and £18k of restricted grant income for which the performance and entitlement conditions had not been met at the balance sheet date.

	Group and Charity £'000
Balance as at 1 April 2021	83
Amount released to income earned from charitable activities	-
Amount released to income earned from other activities	(65)
Amount deferred in year	18
Balance as at 31 March 2022	<u>36</u>

23. Analysis of charitable funds

Analysis of movements in unrestricted funds - group

	Balance 1 April 2021 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Funds 31 March 2022 £'000
General fund	1,188	1,485	(929)	(17)	1,727
Designated Hospice at Home fund	475	517	(502)	10	500
Designated tangible fixed assets fund	871	-	(41)	7	837
Fair value fund	55	-	-	-	55
Total	<u>2,589</u>	<u>2,002</u>	<u>(1,472)</u>	<u>-</u>	<u>3,119</u>

Analysis of movements in unrestricted funds - charity

	Balance 1 April 2021 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Funds 31 March 2022 £'000
General fund	1,188	1,190	(636)	(17)	1,725
Designated Hospice at Home fund	475	517	(502)	10	500
Designated tangible fixed assets fund	869	-	(41)	7	835
Fair value fund	55	-	-	-	55
Total	<u>2,587</u>	<u>1,707</u>	<u>(1,179)</u>	<u>-</u>	<u>3,115</u>

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2022

Name of unrestricted fund	Description, nature and purpose of the fund
General fund	The “free reserves” after allowing for all designated funds
Designated Hospice at Home Fund	An amount set aside to fund the core costs of our Hospice at Home service
Designated tangible fixed assets fund	An amount equal to the tangible fixed assets owned and used by the charity on an ongoing basis which are essential for its charitable activities
Fair value fund	Fair value adjustment for revaluation of investment property

Analysis of movements in restricted funds

	Balance 1 April 2021 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Funds 31 March 2022 £'000
CCG	88	19	(107)	-	-
Other funds	37	21	(40)	-	18
Barclays 100 x100 fund	33	42	(42)	-	33
Westfield	18	-	(18)	-	-
Hospice UK	-	381	(381)	-	-
Total	176	463	(588)		51

Name of restricted fund	Description, nature and purpose of the fund
CCG	Software Support & Community Engagement Project
Other funds	Mainly the funding of support groups
Barclays	Community Volunteers Programme, Hospice at Home and delivery of equipment and PPE.
Westfield	Purchase of furniture and equipment for hub refurbishment and therapy room rehabilitation.
Hospice (UK) (NHSE)	The NHSE awarded funding to allow the hospice to make available community support from 1 December 2021 to 31 March 2022 to provide support to people with complex needs in the context of COVID-19.

24. Analysis of group net assets between funds

	General fund £'000	Designated funds £'000	Restricted funds £'000	Total £'000
Tangible fixed assets	-	892	-	892
Cash at bank, in hand and cash investments	1,388	500	69	1,957
Other net current assets (liabilities)	339	-	(18)	321
Total	1,727	1,392	51	3,170

High Peak Hospicecare
Notes to the Financial Statements
For the Year Ended 31 March 2022

25. Reconciliation of net movement in funds to net cash flow from operating activities

	Group	Group	Charity	Charity
	2022	2021	2022	2021
	£'000	£'000	£'000	£'000
Net movement in funds	405	510	403	505
Add back depreciation charge	41	40	40	40
Deduct interest income shown in investing activities	(12)	(16)	(12)	(16)
Decrease (increase) in stock	(2)	-	(1)	-
Decrease (increase) in debtors	64	(247)	98	(257)
Increase (decrease) in creditors	(36)	21	(42)	23
Net cash from operating activities	460	308	486	295

26. Related party note

In 2022 the following transactions took place between the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co. Ltd:

- The transfer under gift aid of the trading profits of the subsidiary to the charity of £220k (2021: £57k)
- At 31 March 2022 £23k (2021: £58k) was due to the charity

Accounts

HIGH PEAK HOSPICECARE

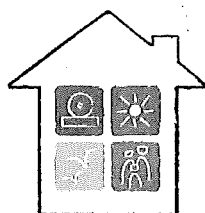
(A company limited by guarantee)

Directors and Trustees Report and Accounts

For The Year Ended 31 March 2021

Company number 2880281

Registered Charity number 1031192



Blythe House
Hospicecare

High Peak Hospicecare

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For The Year Ended 31 March 2021**

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High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Chairman's Report

This year has undoubtedly been one of the most challenging years for the charity. The Covid pandemic has impacted right across the whole organisation affecting both the delivery of clinical services and our ability to generate the required levels of income. We have also experienced a significant increase in demand for Hospice at Home service following our close working and subsequent merger with Helens Trust. As a care provider who puts people and community at its heart, we were determined that we would continue to support everyone that needed us despite the challenges and restrictions placed on us. The senior management team were quick to respond to the rapidly changing situation, providing leadership and innovative solutions that enabled support and care to continue throughout the year in a Covid safe environment.

Despite the severe restrictions to income generation across both retail and fundraising our accounts show a healthy surplus for the year. This was largely as a result of various Covid financial support measures such as the Coronavirus Job Retention Scheme, Government Funding for Hospices via Hospice UK and a number of other Covid related grants and donations. In terms of reserves, the Board of Trustees continues to regularly review reserve levels against current and future financial requirements. In the Board's view; given the continuing impact of Covid, uncertainty around core commissioning and a significant increase in demand for our Hospice at Home service, it remains justifiable and prudent to hold the level of reserves shown in these accounts. I am pleased to once again be able to report that the hospice has sufficient reserves to continue to meet its charitable obligations and remains financially sustainable.

Throughout Covid, the Board of Trustees continued to meet quarterly to review clinical activity, management, HR and finance against our strategic aims and goals; Services, Environment, Workforce and Finance, and that we continued to meet our Mission Statement. Trustees also supported the Covid senior management group providing both operational and strategic management in response to the impact of and regulatory requirements of Covid. As a Board, we remain committed to effective leadership, strong governance, regulatory compliance and fulfilling our legal, custodial and morale responsibilities as Trustees. We regularly cover other areas including board development, training, risk and strategic planning.

The AGM in December 2020 saw several changes to trustees; John McNamara another long-standing trustee retired from the Board of Trustees after 27 years. John a chartered accountant served as Treasurer and Finance Trustee and was key in establishing strong financial governance, ensuring the hospice had good levels of reserves and was financially sustainable. On behalf of the Board, I extend our genuine thanks to John and wish him all the best in the future. Following the merger with Helen's Trust, Dr Louise Jordan, Roger Eccleston and Sarah Rowland were all appointed to the Board of Trustees. I am delighted that Dr Louise Jordan agreed to be a Deputy Chair and support the development of services in the Derbyshire Dales and the Helen's Trust legacy.

Finally, this has been a year of many challenges and I am immensely proud and grateful to everyone involved with Blythe House Hospicecare and Helen's Trust for your support and loyalty throughout the past year. It has never been more appropriate to thank a truly dedicated and outstanding team of Janet Dunphy CEO, senior managers, staff, our many loyal and dedicated volunteers, supporters, donors and corporate sponsors. We continue to be both extremely fortunate and privileged to have experienced your unwavering commitment and belief in the values of Blythe House Hospicecare and Helen's Trust throughout this year.

Timothy J Mournie

Chair, Board of Trustees

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Our Purpose

The purpose of the charity is to promote the relief of sickness and relief of people in need living in Derbyshire, Cheshire and Staffordshire.

Organisational Aim

The principal activities are the provision of palliative care and support to people with cancer and other life limiting illnesses, and the extension of support to their families and carers.

Mission Statement

Blythe House Hospicecare has a clear mission statement which provides overarching guidance on the purpose of the organisation as follows:

Blythe House Hospicecare provides the highest levels of care and support for people with cancer and other life limiting illnesses.

Strategic Objectives

High Peak Hospicecare (Blythe House) exists to provide support and palliative care in the community of the High Peak and Derbyshire Dales for people with cancer and other life limiting illnesses and to offer support to their families, carers and those who have been bereaved.

Values

The strategic plan for Blythe House Hospicecare was reviewed in 2019 and it details clear values for the workforce of being: Caring, Aspirational and Professional. The strategic aims of the organisation are to:

- Deliver services which support all life limiting illnesses.
- Maintain high professional standards and organisational cohesiveness.
- Support people and their families to die at home, if that is their wish.
- Increase community resilience and connectivity by developing our volunteer workforce and clinical partnerships.
- Further develop a range of income streams.
- Build community relationships to increase financial and clinical efficiency.

The organisational strategy is due to be reviewed in January 2022.

Current Climate and Challenges: COVID-19 changed the clinical and economic landscape. Increased deaths and increased anxiety have directly correlated with an increased volume of care delivered. The Hospice at Home service has doubled their clinical output during the last eighteen months. Reaching out to the community and enabling resilience has never been more important. Digital support became an everyday practice for all hospice professionals and the isolation and fear of the community has been ameliorated by Blythe House Hospicecare's Community Volunteers services and the 'Here to Help' campaign which began April 2020. This was followed by a campaign of 'Here to help – Here to Stay' which was designed to reassure our community during uncertain times.

The retail sector was unable to function for the first five months of the year and all physical fundraising events were cancelled during this time.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Funds from central government for Personal Protective Equipment have continued, to cover an increase in Hospice at Home hours, to extend the Community services in the High Peak and into the Derbyshire Dales and to support a new patient database. Funds were also brokered by Hospice UK from central government to support hospices up to July 2020 and local authority grants were made to the retail sector. The grants received during the COVID pandemic ensures that as a small charity relying on 79% public funding we have avoided a deficit budget.

The clinical and economic future remains uncertain. Clinical needs will increase and will need to be met in new ways, funds will need to be raised differently, and as an organisation, Blythe House Hospicecare has become more digitalised and remodelled their services in preparation for a different future.

Blythe House Hospicecare operates within a competitive funding environment which has now moved back into austerity measures. NHS reforms will see Clinical Commissioning Groups replaced by Integrated Care Systems. Approximately 1% of an area's population will die each year; in Derbyshire this equates to approximately 7,500 individuals. Research suggests that 75% of deaths would benefit from end of life care. Three-quarters of people would prefer to die at home, but across England, the majority often die in hospital. In addition, people have an average of 3½ hospital admissions in the last year of their life. However, 2020 has seen the level of non covid deaths rise to the level anticipated for 2030 reaffirming the need to increase community capacity by providing the services of hospice at home and community volunteers.

The NICE Quality Standards on End of Life Care defines that people are 'approaching the end of life' when they are likely to die within the next 12 months. Currently, a number of services are commissioned that support individuals at the end of their life, and these include specialist end of life care services, general health and social care services and voluntary sector services. People at the end of life have special needs that are often poorly met, especially out of normal surgery hours (two thirds of the week), or while on an acute busy medical ward.

Care should be arranged around the needs of the patient rather than the needs of the service and care should be delivered by carers who have a good level of knowledge, care and compassion for end of life care. Patients and their families should be able to identify and contact those who deliver their care and care should be delivered with continuity. The Hospice at Home service commenced 2016 and has been able to provide these services and meet the needs outlined and this service continues to develop in both scope and impact.

Service users can access different services according to their needs at every stage of their illness. The comprehensive services at Blythe House Hospicecare provide a continuity of care which is vital for people suffering the effects of the diagnosis of a life limiting illness.

The national cancer registry reports that there are 3 million people living with cancer in the UK. By 2025 they estimate there will be a further increase of 500,000 bringing the total to 3.5 million. This figure is likely to grow to 4,000,000 by 2030.

Services

Blythe House Hospicecare offers supports and specialist clinical care from pre-diagnosis through to bereavement. The main activities of Blythe House Hospicecare are:

- Clinical hub delivering structured programmes of clinical careClinical outreach services
- Hospice at Home
- Medical services. A consultant palliative medicine clinic is provided by Dr Sarah Parnacott on a weekly basis in line with standards from National Institute Clinical Excellence.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

- Information and support
- Counselling for adults and children Pre and Post bereavement.
- Support groups for life limiting disease, including cancer, and neurological diseases.
- Bereavement support groups
- Carer's support clinic and group.
- Family support events
- Out- patient clinics
- Internal and external programmes of education, including workshops.
- Mindfulness groups.
- A wide range of complementary therapies
- In house spiritual care support.

The clinical services have been designed and are delivered to meet the needs of people affected by life limiting illness. Evidence from relevant Clinical Commissioning Groups has been analysed to shape services which meet the needs according to the disease profiles of the demographic. The range of problems for those affected by life limiting illness is wide; the wide range of services delivered reflects this.

Clinical Governance

The quality initiatives aim to improve the structure, process and outcomes of healthcare. They are not a set of targets or mandatory indicators for performance management. Healthcare is needs driven and commissioners require levels of activity to design and plan care.

Numerous clinical tools are in place to measure the impact of the services.

The clinical tools and quality initiatives used are:

- Integrated patient outcomes scale (IPOS)
- Evaluations which record the service user's views on the timeliness of response, quality of care, the impact of care on levels of satisfaction, anxiety and fatigue.
- Electronic tools which collect data to demonstrate whether the patient's preferred place of death has been achieved and which phase of illness each patient is in at the time of referral and review.
- Hospital anxiety depressions tool (HADS)
- Sheffield profile for assessment and referral for care. (SPARC)
- Measure yourself concerns and wellbeing (MYCAW)

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Levels of Activity

Clear processes are in place to collect and report data to relevant stakeholders, such as Clinical Commissioning Groups (CCG) and to accurately produce reports which demonstrate the level of activity, clinical impact and social value of all services. Reports containing this information are produced quarterly for the Board of Trustees, annually for the CCG and at inspection for the Care Quality Commission (CQC). The CCG carries out a quality review quarterly. The last CQC inspection took place in August 2021. This report states that Blythe House Hospicecare is performing well in all areas, with a number of areas described as outstanding..

Organisational processes are structured to ensure good governance and include setting and measuring against clear quality markers set by National Institute of Clinical Excellence., namely:

- Provide information at the time of need for patients and their loved ones.
- Improve quality of life.
- Reduce hospital admissions by providing care which avoids crisis admissions.
- Expedite referrals home from hospital by supporting discharges,
- Support carers to support their loved ones in times of crisis
- Reduce the need for GP visits and prescriptions by providing clinical support and improving self-reliance.
- Support people to have their care and death in the place of their choice in line with national strategy.

Clinical Impact. Robust data collection, reporting and analysis are integrated into all organisational clinical procedures which enables the trustees of Blythe House Hospice to consider and measure the impact that it has on its beneficiaries. Evidence of quality is required to prove patient satisfaction, i.e., .80% increasing year on year to increase annually by 5% to an upper threshold of 90%

Social Value The management team of Blythe House Hospice closely engages with all other service providers to strengthen the connection between local services to maximise the impact of the community they serve. This level of engagement ensures that the workforce of Blythe House Hospice maintains a high level of understanding of the wider context in which the organisation operates.

Partnerships, clinical and community liaison impact greatly on increasing the social value of the services provided, Blythe House communicates openly and clearly to the community it serves.

Volunteers

The level of engagement is demonstrated by the recruitment of 300 volunteers who support all areas of activity.

Blythe House Hospice recognises and rewards the skills and commitment of the volunteers' workforce. An open culture of communication fosters strong community links and deep levels of understanding with regard to organisational aims and activities and the money raised from the community is spent on meeting the needs of the community.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

The Community Volunteer service which was launched in May 2018 to recruit and train volunteers to work alongside other professionals in their homes has been much needed and appreciated during the unpredicted pandemic. There are 48 active volunteers to date. The evaluations from service users and volunteers have been excellent. This service addresses the problems which often fall between the criteria of health and social care services and provide invaluable support, increasing community resilience. Since the merger with Helens Trust it has been extended into the Derbyshire Dales.

Supporting the Workforce

Educational programmes are designed to ensure the workforce are supported and trained to a high standard, in line with the Care and Quality Commission. Robust recruitment procedures are in place and staff are monitored and appraised in order to maintain standards and reach organisational strategic aims and objectives.

Staff satisfaction surveys take place annually and consistently demonstrate the highest levels of satisfaction.

Short Term Objectives

- Embed the remodelled services into the local healthcare systems post lockdown using a hybrid approach to contact methods.
- Embed new clinical database across the organisation utilising the improved functionality to measure and evidence outcomes.
- Support workforce post transformation of services to increase clinical efficacy and staff satisfaction.
- Continue organisational representation at regional and local levels to assure appropriate clinical pathways and commissioning continues with new NHS systems.

Long Term Objectives

- Ensure strong integration within new health social care systems.
- Secure higher level of core commissioning for services, particularly hospice at home and revised service specifications/contracts.
- Further develop collaboration with Glossop and provide services in partnership where needed and sustainable.
- Continue to be a major contributor and strong influencer to increasing community capacity for end of life care.
- Uphold local charity values alongside NHS reforms in line with charitable objectives.
- Continue to support the workforce in terms of competencies and rewarding careers.
- Further utilise technology and increase digitalisation across the whole organisation in particularly income generation.

Financial Review

The trustees consider the financial position at the year-end to be robust as the charity has significant reserves, cash and investments. This enables us to plan for the future with confidence.

During the year we have 510k surplus. The result for the year was better than expected due to increased income of £493k from central government via Hospice UK in response to the pandemic, and from the CCG after organisational appeal for financial support to meet the growing numbers of people supported to die at home. The retail sector was unable to trade for 7 months of the year which led to retail takings being 50% behind budget. Similarly, lockdown meant that many fundraising events were cancelled therefore fundraising income ended the year at £77k. The increasing need for Hospice at Home means that we are forecasting an outflow of resources of 475k in the year to March 2022.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Our principal funding sources for the year were donations and legacies 28%; CCG contract 28%; Hospice at Home funding 13%; grants 7%; trading activities 33% and other amounts 1%. All of these amounts were used to support the delivery of services to patients.

The principal risks and uncertainties facing the charity are the funding climate within healthcare which remains challenging both because of the lack of agreed long term contribution to funding from the CCG; the changing priorities of the NHS which we have to support; and securing continuing funding for our Hospice at Home service. As detailed above evidence of the efficacy of our services is supplied to the CCG to help ensure continued commitment to funding.

Total funds held at the end of the period were £2,763k of which general reserves were £1,188k and restricted reserves £176k Designated reserves of £1,344k are held to support the tangible fixed assets which are essential for our charitable activities and to launch our Hospice at Home service. The Hospice at Home designated funds of £475k are expected to be spent in the year to 31 March 2022. The trustees in conjunction with the reserves policy may consider designating a further amount from general reserves to Hospice at Home. The tangible fixed asset designated fund of £871k can only be realised by the disposal of tangible fixed assets.

General reserves are held to enable the charity to continue its work effectively and seamlessly if income levels fall, to fund capital projects, to contribute to general expenditure in times of growth and change and to give flexibility to respond quickly to new demands and take on innovative projects. The reserves policy is to hold general reserves of 4-6 months of budgeted unrestricted expenditure. This level is currently exceeded and the trustees have determined that they should allow unrestricted reserves of 12 months of budgeted unrestricted expenditure due to the uncertainty around funding levels and the competing demands on the charity arising from the ongoing pandemic.

Investment Policy

The trustees take a conservative policy with regard to investments because of the changing nature of the NHS and also because they are conscious that the primary sources of funding are public money and funding raised by fundraisers and volunteers. Available funds are therefore kept in cash deposits or in short term bonds. Non-financial considerations are not currently part of our assessment of deposit takers.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Reference and Administrative Details

Name of the Charity High Peak Hospicecare

Working Name Blythe House Hospice

Company Number 2880281

Charity Number 1031192

Registered Office Blythe House
Eccles Fold
Chapel-en-le-Frith
High Peak
SK23 9TJ

Auditors Mitten Clarke Audit Limited
2nd Floor
St George's House
56 Peter Street
Manchester
M2 3NQ

Bankers Yorkshire Bank
15 Market Place
Macclesfield
SK10 1AG

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Directors and Trustees

The directors of the charitable company (the charity) are its trustees for the purpose of charity law. The trustees and officers serving during the year and since the year end were as follows:

TJ Mourne FCCA - Chairman
DM Butler BSc (Econ), FCA
JS Dunlop
JM McNamara BSc (Econ), FCA (resigned 9/11/20)
LH Middleton LL.B (resigned 7/12/2020)
S King (resigned 22/2/21)
M Hardman
B McGee
N Capper
A Cawthorn
E Przychodzki
S Parnacott
R Eccleston (resigned 2/6/21)
L Jordan (appointed 7/12/20)
S Rowland (appointed 7/12/20)

Company Secretary

S Rowland (appointed 7/12/20)
LH Middleton LL.B (resigned 7/12/20)

Senior Management Team

Alistair Rogerson (Business Development Manager)
Shane O'Reilly (Clinical Services Manager)
Wendy Brown (HR Advisor)
Victoria Wild (Volunteer and Support Services Manager)
Ruth Brown (Senior Hospice at Home Manager)
Jill Davies (End of Life Care Lead)

Chief Executive Officer (CEO)

J Dunphy RGN, MA, BSs, Cert Ed, Dip Palliative Care

Structure, Governance and Management

Governing Document

High Peak Hospicecare is a company limited by guarantee governed by its Memorandum and Articles of Association dated 16 October 2006. It is registered as a charity with the Charity Commission.

Appointment of Trustees

New trustees are identified through targeted recruitment, personal recommendation and existing volunteer roles. Trustees are appointed at the annual general meeting in November.

Trustee Induction and Training

All Trustees undergo a programme of induction which covers awareness of their legal obligations and responsibilities under charity and company law, the structure, governance and management of Blythe House Hospice including the role of the Board of Trustees and committees, understanding of the aims and objectives of Blythe House Hospice and a tailored induction day at Blythe House, meeting with senior staff and observing day to day activities. On an ongoing basis, the board as a whole undertakes formal training and development sessions throughout the year.

Organisation

The board of trustees, which can have up to fourteen members, administers and has overall responsibility for the charity. The board normally meets quarterly and there are sub-committees covering clinical, finance, income generation and remuneration. The CEO is appointed by the trustees to manage the day-to-day operations of the charity.

High Peak Hospicecare

Report of the trustees for the year ended 31 March 2021

Related Parties

None of our trustees receive remuneration or other benefit from their work with the charity. Any connection between a trustee or senior manager and any supplier must be disclosed in full to the board of trustees. In the current year no such related party transactions were disclosed. The charity's wholly owned subsidiary, High Peak Hospicecare Trading Co Ltd, is established to operate our shops. It gift aids the majority of its profits to the charity.

Pay Policy for Senior Staff

The directors consider that the board, who are the charity's trustees, and the CEO comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis. All directors give their time freely and no director received any remuneration or expenses in the year.

The pay of senior staff is reviewed annually and normally increased in line with NHS Agenda for Change guidelines.

Trustees Responsibilities in Relation to the Financial Statements

The charity trustees (who are also the directors of High Peak Hospicecare for the purposes of company law) are responsible for preparing a trustees annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the charity trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing the financial statements the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles of the Charities SORP;
- 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 a going concern basis unless it is inappropriate to presume that the charity will continue in business.

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

High Peak Hospicecare

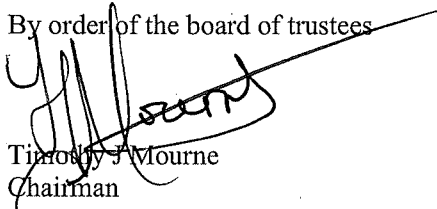
Report of the trustees for the year ended 31 March 2021

Statement as to Disclosure to Auditors

In so far as the trustees are aware at the time of approving our trustee's annual report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- The trustees, having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

By order of the board of trustees



Timothy J. Mourne
Chairman

High Peak Hospicecare

Report of the independent auditors to the trustees of High Peak Hospicecare for the year ended 31 March 2021

Opinion

We have audited the financial statements of High Peak Hospicecare for the year ended 31 March 2021 (which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, the Statement of Cash Flows and Consolidated Statement of Cash Flows and the related notes) on pages 16 to 31. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

Opinion on financial statements

In our opinion the financial statements:

give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2021, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;

have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and have been properly prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

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 Auditors 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 group 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 relation 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 trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

High Peak Hospicecare

Report of the independent auditors to the trustees of High Peak Hospicecare for the year ended 31 March 2021

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

material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matter 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' Annual Report, which includes the Directors' Report and the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements;
- the Trustees' Annual 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the Trustee's Responsibilities Statement (set out on page 10), the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

High Peak Hospicecare

Report of the independent auditors to the trustees of High Peak Hospicecare for the year ended 31 March 2021

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditors under Section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 a Report of the Independent Auditors 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:

In preparation for our audit we identified areas of laws and regulations which we considered could have a material effect on the financial statements. This information was obtained via discussions with management and from our general commercial and sector experience. The directors also provide us with written representation of all the key and fundamental industry specific laws and regulations with they are required to adhere to. These were then communicated to the whole of the audit team at our audit planning meeting.

As a charitable company, non-compliance with the Charities Act 2011, Companies Act 2006 and the conditions of government and non-government grant funding, in particular those linked to the covid-19 pandemic were assessed to be most relevant. Our audit

procedures to respond to these risks included:

- Enquiries with management;
- Inspection of regulatory records, inspection reports, submissions and other correspondence;
- Challenging of management assumptions and judgements in relation to accounting estimates.
- Review of journals entered throughout the year;
- Substantive transaction testing.

Despite appropriate planning and performing our work in accordance with International Auditing Standards, there are always inherent limitations that non-compliance is not detected. Non-compliance with laws and regulations is often further removed from the events and transactions reflected in the financial statements and material misstatements due to fraud can be deliberately concealed from auditors, for example through misrepresentation, forgery or collusion.

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

High Peak Hospicecare

Report of the independent auditors to the trustees of High Peak Hospicecare for the year ended 31 March 2021

Use of our report

This report is made solely to the charitable company's trustees, as a body, in accordance with Section 144 of the Charities Act 2011 and regulations made under Section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's trustees 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 any responsibility to anyone other than the charitable company and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Mitten Clarke Audit Limited

Mitten Clarke Audit Limited

Chartered Accountants and Statutory Auditors

Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006

St George's House, 56 Peter Street, Manchester M2 3NQ

Date: 23 December 2021

High Peak Hospicecare

Consolidated Statement of Financial Activities (including consolidated income and expenditure account) for the year ended 31 March 2021

	Note	Unrestricted Funds	Restricted Funds	Total Funds 2021	Total Funds 2020
		£'000	£'000	£'000	£'000
Income					
Donations and legacies	4	987	77	1,064	645
Income from charitable activities: operation of Blythe House Hospice	5	574	51	625	537
Income from other trading activities	6	335	-	335	636
Transfer from Helen's Trust	26	190	69	259	-
Investment income	7	16	-	16	14
Total income		2,102	197	2,299	1,832
Expenditure					
Costs of raising funds	8	449	-	449	398
Expenditure on charitable activities: operation of Blythe House Hospice	9	1,280	115	1,395	1,154
Total expenditure		1,729	115	1,844	1,552
Net income/(expenditure)		373	82	455	280
Other recognised gains					
Movement on revaluation of investment property		55	-	55	-
Net movement in funds for the year		428	82	510	280
Reconciliation of funds					
Total funds brought forward		2,161	94	2,255	1,975
Total funds carried forward		2,589	176	2,765	2,255

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

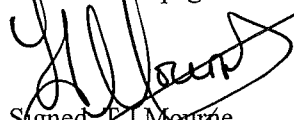
High Peak Hospicecare

Consolidated and Company Balance Sheet As at 31 March 2021

	Note	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Fixed assets					
Tangible assets	16	721	727	719	726
Investments	17	-	-	1	1
Investment property	18	205	150	205	150
Total fixed assets		926	877	925	877
Current assets					
Stock	19	2	2	2	2
Debtors	20	483	240	530	273
Investments: bonds with less than 12 months to maturity		761	684	761	684
Cash at bank and in hand		732	519	682	481
Total current assets		1,978	1,445	1,975	1,440
Liabilities					
Creditors falling due within one year	21	(139)	(67)	(137)	(63)
Net current assets		1,839	1,378	1,838	1,377
Net assets		2,765	2,255	2,763	2,254
The funds of the charity:					
Unrestricted income funds	23	2,589	2,161	2,587	2,160
Restricted income funds	23	176	94	176	94
Total charity funds		2,765	2,255	2,763	2,254

The trustees have prepared group accounts in accordance with section 398 of the Companies Act 2006 and section 138 of the Charities Act 2011. These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act relating to small companies and constitute the annual accounts required by the Companies Act 2006 and are for circulation to members of the company.

The notes on pages 19 to 31 form part of these accounts.



Signed: T J Mourne

Name: TIMOTHY JOHN MOURNE, Chair of trustees on behalf of the trustees

Approved by the trustees on 21st December 2021

High Peak Hospicecare

Statement of Cash Flows and Consolidated Statement of Cash Flows for the year ending 31 March 2021

	Note	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Cash generated in operating activities	27	308	143	295	164
Cash flows from investing activities					
Interest income		16	14	16	14
Purchase of tangible fixed assets		(34)	(9)	(33)	(9)
Purchase of investment property		-	(150)	-	(150)
Sale of short term investments		(77)	60	(77)	60
Cash provided by (used in) investing activities		(95)	(85)	(94)	(85)
Increase(decrease) in cash and cash equivalents in the year		213	58	201	79
Cash and cash equivalents at the beginning of the year		519	461	481	402
Total cash and cash equivalents at the end of the year		732	519	682	481

High Peak Hospicecare

Notes to the Financial Statements for the Year Ended 31 March 2021

1. Accounting Policies

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

1.1 Basis of preparation

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

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

1.2 Basis of consolidation

The financial statements consolidate the results of the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co Limited on a line-by-line basis. A separate Statement of Financial Activities and income and expenditure account for the charity has not been presented because the charity has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

1.3 Preparation of the accounts on a going concern basis

The trustees are of the view that given the level of available cash and investments the immediate future is secure and that on that basis the charity is a going concern.

The major uncertainty that we face is that approximately 15% of our income comes from a contract with North Derbyshire CCG. This income is awarded on an annual basis and the charity remains in regular contact with the CCG to secure their ongoing financial support.

1.4 Stocks

Stocks are valued at the lower of cost or net realisable value using a first in, first out basis.

1.5 Tangible fixed assets

All tangible fixed assets are capitalised at cost and depreciated over their estimated useful economic lives on a straight line basis as follows:

Fixtures and equipment	-	20%
Computer equipment	-	20%
Building	-	2%
Land	-	Not depreciated

1.6 Investment Properties

Investment properties are measured initially at cost and subsequently at fair value at the reporting date. Depreciation is not provided.

1.7 Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for specific areas of the charity's work or for specific projects being undertaken by the charity.

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2021

1.8 Income

Income is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether capital or revenue, is recognised when the charity has entitlement to the funds, any performance conditions have been met and it is probable that the income will be received, and the amount can be measured reliably and is not deferred.

For legacies entitlement is taken as the earlier of the date on which either the charity is aware that probate has been granted, the estate has been finalised and notification has been made to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executors intention to make a distribution. When legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as contingent asset and disclosed if material.

Income received in advance of fundraising events or other specified service is deferred until the criteria for income recognition are met (see note 24).

1.9 Donated services and facilities

Donated goods are only recognised when the economic benefit can be measured reliably, which is considered to be when the donated item is sold.

General volunteer time is not recognised. Please refer to the trustees annual report for more information about their contribution.

1.10 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably; that is normally upon notification of the interest payable by the bank.

1.11 Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is classified under the following headings:

- Costs of raising funds comprise the costs of commercial trading including our shops
- Expenditure on charitable activities includes the cost of providing our services to clients

Most VAT is recoverable. Any amounts which are not recoverable are included within support costs.

1.12 Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's service delivery and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 11.

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2021

1.13 Operating leases

The charity classifies the lease of printing equipment as operating leases: the title to the equipment remains with the lessor. Rental charges are charged on a straight line basis over the term of the lease.

1.14 Debtors

Trade and other debtors are recognised at the settlement amount. Prepayments are valued at the amount prepaid.

1.15 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 of three months or less from the date of acquisition or opening of the deposit or similar account.

1.16 Creditors and provisions

Creditors and provisions are recognised when the charity 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 and provisions are normally recognised at their settlement amount.

1.17 Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1.18 Pensions

Some employees are members of the NHS Pension Scheme which is funded by contributions from employee and employer or alternatively they may have opted to join, or been auto-enrolled in, the group money purchase defined contribution scheme operated by The Pensions Trust called The Ethical Fund. From October the charity switched the group's money purchase defined contribution scheme to Aviva. A small number of employees have private money purchase arrangements to which the employer contributes.

The employer contributions made to the NHS Pension Scheme in the year were £46k (2020:£48k) with an employer contribution rate of 14.3% and employee rates varying between 5.6% and 13.5% of pensionable pay. The scheme is an unfunded defined benefit scheme that covers NHS employers and other bodies allowed under the direction of the Secretary of State. The scheme is not designed to be run in a way that would enable bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the charity of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employees joining the money purchase pension scheme operated by The Pensions Trust and Aviva from October 2020 contract directly with that company. The charity makes a contribution of 4% (where auto-enrolled), or 6% and acts as an agent in collecting and paying over employee pension contributions. The contributions made for the accounting period and treated as an expense were £31k (2020:£21k).

2. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of a winding-up is limited to £1.

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2021

3. Financial performance of the charity

The consolidated statement of financial activities includes the results of the charity's wholly owned subsidiary which operates our charity shops.

The summary financial performance of the charity alone is:

	2021 £'000	2020 £'000
Income	1,975	1,366
Gift aid from subsidiary company	58	289
	2,033	1,655
Expenditure	1,668	(1,375)
Net income	365	280
Transfer from reserves	-	-
Total funds brought forward	2,254	1,974
Total funds carried forward	2,619	2,254
Represented by:		
Restricted income funds	86	94
Unrestricted income funds	2,533	2,160
	2,619	2,254

4. Income from donations and legacies

	2021 £'000	2020 £'000
Donations	333	461
Legacies	82	184
Grants	649	-
	1,064	645

Of the income from donations and legacies £987k was unrestricted (2020: £566k) and £77k restricted (2020: £79k).

	2021 £'000	2021 £'000
Coronavirus Job Retention Scheme	66	-
Hospice UK Covid support	493	-
Other Grants	90	-
Total Grants	649	-

The charity benefits greatly from the involvement and enthusiastic support of its many volunteers, details of which are given in our annual report. In accordance with FRS102 and the Charities SORP (FRS102), the economic contribution of volunteers are not recognised in the accounts.

5. Income from charitable activities

	Unrestricted funds 2021 £'000	Restricted funds 2021 £'000	Total funds 2021 £'000	Total funds 2020 £'000
CCG contracts and other income for palliative care	344	51	395	328
Hospice at Home	219	-	219	189
Information and support	11	-	11	15
Outpatient clinics	-	-	-	5
	574	51	625	537

High Peak Hospicecare

Notes to the Financial Statements For The Year Ended 31 March 2021

6. Income from other trading activities

	Unrestricted funds	Restricted funds	Total funds	Total funds
	2021 £'000	2021 £'000	2021 £'000	2020 £'000
Commercial trading operations	258	-	258	522
Fundraising events	77	-	77	114
	335	-	335	636

The primary component of commercial trading operations comprises our charity shops which are operated by the wholly owned trading subsidiary High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom (company number 3002849) and pays most of its profits to the charity under the gift aid scheme.

The summary financial performance of the subsidiary alone is:

	2021 £'000	2020 £'000
Turnover	234	467
Cost of sales and administrative expenses	(176)	(178)
Net profit	58	289
Amount gift aided to the charity	(57)	(289)
Retained in subsidiary	1	-

The assets and liabilities of the subsidiary were:

Fixed assets	1	1
Current assets	61	104
Current liabilities	(60)	(104)
Total net assets	2	1
Aggregate share capital and reserves	2	1

7. Investment income

All the group's investment income of £16k (2020: £14k) arises from money held in interest bearing deposit accounts or from bonds with a maturity date of one year or less.

8. Analysis of expenditure of cost of raising funds

	Unrestricted funds	Restricted funds	Total funds	Total funds
	2021	2021	2021	2020 £'000
Commercial trading operations	253	-	253	199
Fundraising expenses	196	-	196	199
	449	-	449	398

High Peak Hospicecare

Notes to the Financial statements For the Year Ended 31 March 2021

9. Analysis of expenditure on charitable activities

	Activities undertaken directly	Support costs	Total
	£'000	£'000	£'000
Living Well day care	361	196	557
Bereavement services	-	-	-
Hospice at Home	479	246	725
Support groups	14	9	23
Information and support	57	33	90
Outpatient clinics	-	-	-
	911	484	1,395

Expenditure on charitable activities was £1,395k (2020: £1,154k) of which £1,280k was unrestricted (2020: £1,063k) and £115k was restricted (2020: £91k)

10. Summary analysis of expenditure and related income for charitable activities

This table shows the cost of the four main charitable activities and the sources of income directly to support those activities

	Living Well day care	Hospice Home	at Support groups	Information and support	Total
	£'000	£'000	£'000	£'000	£'000
Costs	557	725	23	90	1,395
Direct grant support and recharges	395	219	-	11	625
Net cost funded from other income	162	506	23	79	770

11. Analysis of governance and support costs

The charity identifies the costs of its governance and support functions which are then apportioned between the four key charitable activities undertaken (see note 9) in the year in proportion to direct salaries.

	Living Well day care	Hospice at home	Support group	Information and support
	£'000	£'000	£'000	£'000
Salaries wages and related costs	95	148	4	15
General office costs	24	37	1	4
Maintenance and utilities	58	30	4	11
Depreciation	13	20	-	2
Audit fees and insurance	4	7	-	1
Governance	2	4	-	-
House expenses	-	-	-	-
	196	246	9	33

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2021

12. Net income/(expenditure) for the year

This is stated after charging:	2021 £'000	2020 £'000
Depreciation	40	37
Auditor's remuneration: audit fees	9	5
Auditor's remuneration: non-audit fees	7	4

13. Analysis of staff costs, trustee remuneration and expenses and the cost of key management personnel

	2021 £'000	2020 £'000
Salaries and wages	1,084	922
Social security costs	84	67
Pension costs	131	120
	1,299	1,109

Number of employees with employee benefits excluding employer pension contributions:

• £80,000-£90,000	1	1
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One employee received benefits in excess of £60,000 (2020:1). Pension costs are allocated to activities with related staffing costs. Trustees are not paid nor did they receive any benefits from the charity or its subsidiary in the year or prior year, neither were they reimbursed expenses during the year or prior year. No trustee received payment for professional or other services supplied during the year or prior year. The key management personnel of the charity and the group comprise the trustees and the CEO. The total employee benefits of the key management personnel were £88k. (2020:£82k).

14. Staff numbers

The average monthly number of full-time equivalent employees (including casual and part-time staff) during the year were as follows:

	2021 Number	2020 Number
Services to clients	22.8	23.0
Fundraising and commercial trading	8.9	8.2
Administration and support	5.6	4.6
	37.3	35.8

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2021

15 Corporation tax

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applicable to its charitable objects.

16 Tangible fixed assets – group

	Land and buildings	Fixtures and equipment	Total
	£'000	£'000	£'000
Cost:			
As at 1 April 2020	832	127	959
Additions	20	15	35
Disposals	-	-	-
As at 31 March 2021	<u>852</u>	<u>142</u>	<u>992</u>
Depreciation:			
As at 1 April 2020	143	89	232
Charge for the year	22	19	41
On disposals	-	-	-
As at 31 March 2021	<u>165</u>	<u>108</u>	<u>273</u>
Net book value			
As at 1 April 2020	689	38	727
As at 31 March 2021	<u>687</u>	<u>34</u>	<u>721</u>

£27,000 of the net book value of land and buildings represents the cost of land.

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2021

Tangible fixed assets – charity

	Land and buildings	Fixtures and equipment	Total
	£'000	£'000	£'000
Cost:			
As at 1 April 2020	832	115	947
Additions	20	13	33
Disposals	-	-	-
As at 31 March 2021	852	128	980
Depreciation:			
As at 1 April 2020	143	78	221
Charge for the year	22	18	40
On disposals	-	-	-
As at 31 March 2021	165	95	261
Net book value			
As at 1 April 2020	689	38	726
As at 31 March 2021	687	33	719

£27,000 of the net book value of land and buildings represents the cost of land.

17. Fixed asset investments

The charity holds 1,000 shares of £1 each in its wholly owned trading subsidiary company High Peak Hospicecare Trading Co. Ltd which is incorporated in the United Kingdom. These are the only shares allotted, called up and fully paid. The activities and results of this company are summarised in note 6.

18 Investment Property

During the previous year a residential property was bequeathed to the charity. A decision was made by trustees to hold this property for capital appreciation purposes and to secure rental income.

A valuation of the property was undertaken by Croft Lettings qualified surveyors and valuers in 2021. The open market value was determined to be £205,000.

Cost or valuation at 31 March 2021 is represented by:

	Investment Property
	£
	£'000
Balance at 1 April 2020	150
Valuation 2021	55
Balance at 31 March 2021	<u>205</u>

On the historical cost basis using a fair value policy, the property would have been included in the accounts as follows:

	£
	£'000
Cost at 1 April 2020 and 31 March 2021	<u>150</u>

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2021

19. Stocks

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Goods for resale	2	2	2	2
	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

20. Debtors

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Amounts due from subsidiary	-	-	58	
Prepayments and accrued income	152	95	150	42
Trade debtors	21	127	21	127
Other debtors	8	15	(1)	7
Amounts owed by related undertakings	302		302	
	<u>483</u>	<u>240</u>	<u>530</u>	<u>273</u>

21. Creditors: amounts falling due within one year

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Other creditors and accruals	56	42	54	38
Deferred income	83	25	83	25
	<u>139</u>	<u>67</u>	<u>137</u>	<u>63</u>

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Notes to the Financial Statements For the Year Ended 31 March 2021

22. Deferred income

Deferred income comprises amounts received in advance of fundraising events of £3k and £20k of restricted grant income for which the performance and entitlement conditions had not been met at the balance sheet date.

	Group and Charity £'000
Balance as at 1 April 2020	25
Amount released to income earned from charitable activities	-
Amount released to income earned from other activities	(4)
Amount deferred in year	61
Balance as at 31 March 2021	<u>82</u>

23. Analysis of charitable funds

Analysis of movements in unrestricted funds - group

	Balance April 2020	1 Incoming resources	Resources expended	Transfers	Funds March 2021	31 £'000
	£'000	£'000	£'000	£'000		£'000
General fund	944	1,883	(1,210)	(429)		1,188
Designated	340	219	(479)	395		475
Hospice at Home fund						
Designated	877	-	(40)	34		871
tangible fixed assets fund						
Fair value fund	-	55	-	-		55
Total	<u>2,161</u>	<u>2,157</u>	<u>(1,729)</u>	<u>-</u>		<u>2,589</u>

Analysis of movements in unrestricted funds - charity

	Balance April 2020	1 Incoming resources	Resources expended	Transfers	Funds March 2021	31
	£'000	£'000	£'000	£'000	£'000	£'000
General fund	943	1,706	(1,034)	(427)		1,188
Designated	340	219	(479)	395		475
Hospice at Home fund						
Designated	877	-	(40)	32		869
tangible fixed assets fund						
Fair value fund	-	55	-	-		55
Total	<u>2,160</u>	<u>1,980</u>	<u>(1,553)</u>	<u>-</u>		<u>2,587</u>

Name of unrestricted fund

General fund

Description, nature and purpose of the fund

The "free reserves" after allowing for all designated funds

Designated Hospice at Home Fund

An amount set aside to fund the core costs of our Hospice at Home service

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2021

Designated tangible fixed assets fund	An amount equal to the tangible fixed assets owned and used by the charity on an ongoing basis which are essential for its charitable activities
Fair value fund	Fair value adjustment for revaluation of investment property

Analysis of movements in restricted funds

	Balance 1 April 2020 £'000	Incoming resources £'000	Resources expended £'000	Transfers £'000	Funds March 2021 £'000	31
CCG	79	29	(20)	-		88
Other funds	15	43	(21)	-		37
Barclays 100 x100 fund	-	48	(15)	-		33
Westfield	-	42	(24)	-		18
Reception refurb fund	-	35	(35)	-		-
Total	94	197	(115)	-		176

Name of restricted fund	Description, nature and purpose of the fund
CCG	Software Support & Community Engagement Project
Other funds	Mainly the funding of support groups
Barclays	Community Volunteers Programme, Hospice at Home and delivery of equipment and PPE.
Westfield	Purchase of furniture and equipment for hub refurbishment and therapy room rehabilitation.
Reception refurbishment fund	To refurbishment of the hub reception area.

24. Analysis of group net assets between funds

	General fund £'000	Designated funds £'000	Restricted funds £'000	Total £'000
Tangible fixed assets	-	926	-	926
Cash at bank, in hand and cash investments	995	475	23	1,493
Other net current assets (liabilities)	193	-	153	346
Total	1,188	1,401	176	2,765

High Peak Hospicecare

Notes to the Financial Statements For the Year Ended 31 March 2021

25. Reconciliation of net movement in funds to net cash flow from operating activities

	Group 2021 £'000	Group 2020 £'000	Charity 2021 £'000	Charity 2020 £'000
Net movement in funds	366	280	361	280
Add back depreciation charge	40	37	40	36
Add back loss on disposal of fixed assets	-	-	-	-
Deduct interest income shown in investing activities	(16)	(14)	(16)	(14)
Decrease (increase) in stock	-	3	-	2
Decrease (increase) in debtors	(247)	(142)	(257)	(128)
Increase (decrease) in creditors	165	(21)	167	(12)
Net cash from operating activities	308	143	295	164

26. Transfer from Helen's Trust

As a result of the merge with Helens Trust (charity number:1142370) on 7 September 2020 £259k of restricted and unrestricted funds have been gifted to High Peak Hospicecare. Helen's Trust has trustees in common with High Peak Hospicecare and at the balance sheet date Helen's Trust owed High Peak Hospicecare £502k.

27. Related party note

In 2021 the following transactions took place between the charity and its wholly owned subsidiary High Peak Hospicecare Trading Co. Ltd:

- The transfer under gift aid of the trading profits of the subsidiary to the charity of £57k (2020: £289k)
- At 31 March 2021 £58k (2020: £97k) was due to the charity

