

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



High Peak Hospicecare

Contents of the Financial Statements For The Year Ended 31 March 2022

	Page
Report of the trustees and directors	1
Report of the auditors	11
Consolidated Statement of Financial Activities	15
Consolidated and Company Balance Sheets	16
Statement of Cash Flows and Consolidated Statement of Cash Flows.	17
Notes to the financial statements	18

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

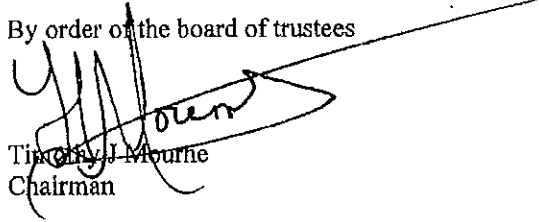
Report of the trustees for the year ended 31 March 2022

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	2021
	£'000	£'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	2021
	£'000	£'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	2021
	Number	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