

Company Number: 03056823

Charity number: 1046826

# Isabel Hospice Limited

Trustees' Annual Report and Financial Statements  
For the Year Ended 31 March 2021



## Trustees' Annual Report and Financial Statements for the Year Ended 31 March 2021

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## Foreword from the Chair

During 2020/21 we have responded to the considerable challenges presented by the coronavirus (COVID-19) pandemic. This has led us to modify clinical services, change some of our fundraising approaches, close our shops, change the way the Hospice and Retail Business operated to meet Government lockdown restrictions. We also put in place interim governance arrangements to ensure we were carefully monitoring the situation with particular regard to the finances of the Charity.

Financially, Isabel Hospice finished the year with a surplus of £2.4m. This was largely due to the receipt of much welcomed Government grants (Retail, Hospitality and Leisure Grants, Monies from NHS England (distributed by Hospice UK), Job Retention Scheme (Furlough Scheme), a substantial legacy for which we are extremely grateful, a successful “Fighting Fund Appeal” and delivering the planned cost reduction and efficiency initiatives.

During 2020/21, 1619 people used our services which was a decline on the previous year of 2339. This was largely due to the Living Well services being much reduced to meet Government restrictions. The number of patients cared for in our Inpatient Unit (IPU) and Hospice at Home increased. During the year we reallocated staff to the inpatient unit (IPU) when we opened extra beds to assist the NHS cope with the first surge of coronavirus (COVID-19). Our community support of patients increased with limited resources. This was enabled due to our staff developing remote and virtual operating practices for assessing and keeping in touch with patients, which allowed the staff to take a higher caseload. The care and support provided evaluated well, and will become part of business as usual going forwards.

During the year we revisited our strategy and identified a new vision of **Outstanding Palliative Care for All**. We identified three strategic themes to inform and drive everything we do to deliver the vision:

- **Empower** a dynamic, agile organisation to include being financially sustainable and resilient.
- **Enable** an outstanding organisation that delivers care in any setting and is seen as a leader in our field(s).
- **Engage** with stakeholders and each other

We also explored the possibility of a merger with Garden House Hospice Care (GHHC), a neighbouring Hospice. The Boards of both Hospices decided not to merge at this time, but in the interests of beneficiaries, would continue the strong commitment that they already have to collaborate.

Looking forward, the Charity faces a number of challenges. There could be increased demand for services as people who have not sought advice become sicker quicker. The effects of coronavirus on the economy could affect fundraising activities and retail contribution. The Charity will be looking at different ways of generating income from fundraising and the retail contribution and looking at whether it can turn some assets into additional income generation schemes.

The work of Isabel Hospice could not be delivered without the amazing staff and volunteers, and the support of the community. The Board would like to thank the staff for being responsive and agile in responding to the required changes and being compassionate to each other. We would like to thank the volunteers, some who took on different roles to meet the Charity's needs, and our community for supporting us in all sorts of ways but in particular, by providing, the much needed funds to enable the Hospice to continue to deliver its services.

Rod Leggetter  
Chair

Date 9 September 2021



## Trustees' Annual Report for the Year Ended 31 March 2021

The Trustees are pleased to present their annual report (which, for the purposes of company law, includes the strategic report and the directors' report) and the audited financial statements for the year ended 31 March 2021.

These financial statements have been prepared in accordance with the Charities Act 2011, the Companies Act 2006, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Statement of Recommended Practice – Accounting and Reporting by Charities (SORP 2015). The financial statements include the results of the charity's trading subsidiary, Isabel Hospice Trading Limited.

### Objectives and activities

The charity's purpose as set out in the objectives contained in the company's memorandum of Association is "to provide palliative care and support for those suffering from life-limiting illnesses, as well as support for their families and carers, in the boroughs of Welwyn Hatfield and Broxbourne and the District of East Hertfordshire".

To deliver this objective we provide a range of services to support patients and their families. Some of these services are illustrated in the following patient story.

### Patient Story – Jean Lee



JEAN LEE

Jean lived with Gary, her eldest son and carer, in Ware; she had cancer and died on June 4, 2020 aged 73. Gary is a 55-year-old primary school supply teacher. Our commitment to caring throughout the coronavirus crisis has meant that many of the patients we have supported over the past 12 months have avoided being admitted to hospital during what has been a particularly frightening time. Our Hospice at Home team has stood steadfast on the frontline out in our communities caring for vulnerable people in their own homes, while during the height of the pandemic, to help relieve the pressure on the NHS, we made six additional beds available on our In-Patient Unit, caring for those at the very end of their lives who had contracted Covid-19.



Gary Lee is one relative who knows his family's experience could have been entirely different had the specialist care and support provided by Isabel Hospice been forced to stop because of the coronavirus outbreak. His mum Jean, who had cancer, may have been readmitted to hospital where she had already spent 10 distressing days without visitors, or Gary may have had to struggle on unsupported caring for his mother at home.

Despite his mum Jean's initial reluctance to the Hospice's involvement, our very special approach to care soon won her over, and she spent her final weeks safe and comforted in our care.

*"Mum was referred to [Hospice at Home] as an emergency case until other support could be put in place, but she was quite resistant to the idea at first," Gary said. "But, when Sarah turned up that first morning she was absolutely wonderful with her and by the time she left a few hours later Mum was absolutely fine. Sarah just knew how to deal with grumpy old ladies who were in pain and completely won her round. Mum always called them 'my girls'. She would sit in her chair and as soon as the gate opened and we could hear them coming up the path Mum would light up. There are certain things sons just can't help with, and she loved having them come to help because she was so well cared for."*

After a few weeks of visits from the Hospice at Home Team, Jean told them one day her pain had gotten a lot worse, and it was suggested she came into the In-Patient Unit so they could help manage her painful leg and make her more comfortable.

*"Like most people, Mum thought the hospice was somewhere you go to die. So she was quite surprised when they explained they could help manage her pain, and in fact a high proportion of people then return home," Gary said.*

*"She was still cross about the idea, but she went in and that first night [senior staff nurse] Chris sat with her reading her book and, by the morning, she'd softened and knew she was in the best place. She felt looked after, and I remember her telling me how much she loved the puddings!"*

Over the next three weeks, Jean's health deteriorated quickly and Gary described his mum as becoming "quieter and quieter" until eventually the family were told her time was drawing to a close. Gary, his brother Darren, and their former partners Ginette and Angela, who Jean had remained incredibly close to, were all there at the end.

*"We were all there in the room with her, talking to her and just being together. Being in that cocoon somehow made something so gut wrenching - your mum dying in front of you - bearable. Everyone was so sympathetic, there was no rush to leave. It was clearly obvious they care so much and there is great pride in what they do. "For our family, it meant Mum's passing wasn't a terrible event, and it was your girls and organisation that made that possible. We will be eternally grateful Mum passed calmly, peacefully and painlessly with us by her side in a place she felt safe."*

Gary added: *"The Hospice does something very special that society doesn't value enough. Having a good death is important, and [Isabel] allows that to happen. We have no regrets and are very grateful that we belong to this very special group of people."*



## Our Services During 2020/21

During 2020/21 our services had to be modified in response to the Coronavirus pandemic that started to present in March 2020, with many services becoming remote and virtual. The changes to our services are described below.

### Community Care

During the 20.21 year, Community development and Compassionate Neighbours activities were required to respond to the changing needs of people as the pandemic progressed. Relationships between neighbours and matches became virtual and the Neighbours also worked with the Living Well team to take over the telephone contact of patients who could no longer access Living Well and who by then had purely social needs. It is pleasing to note that Neighbours took the initiative to develop further ways to assist those who were shielding.

A further feature was the redeployment of both staff to the IPU team, which was the priority for some months. For 6 months both staff were working in the IPU which has had the consequence of a much deeper understanding of the clinical staff's work and vice versa. Once the staff returned to their own roles, they have continued to recruit, train and match neighbours. We have integrated community development with bereavement support in the development of virtual Grief Encounter Groups and continued to develop the Start the Conversation Project with a wider health and social care grouping. This project aims to take Advance Care Planning to the community and empower people to make their own decisions.

### Living Well

This service offers a variety of options to support people living with serious, long term and life limiting conditions, and their loved ones. Since the pandemic began in March 2020, all group work has ceased in the 4 locations. Virtual sessions, either live or pre-recorded have been offered alongside telephone consultations. 1:1 face to face consultations with Physiotherapy has continued in a Covid secure fashion. As at March 2021, planning has begun to gradually reintroduce group sessions.

### In-Patient Care

Our In-Patient Unit (IPU) based in Welwyn Garden City offers 8 beds for specialist symptom management and end of life care. During the height of the pandemic, we were funded for an extra 6 beds for 3 months, and an extra 2 beds for a further 3 months. Visiting has been restricted to maintain a Covid secure environment, however we have maintained access for families, particularly at the end of life.

### Medical services

A consultant supported team of doctors work as part of our clinical services supporting every patient and professional in every aspect of our patient care and educational programmes.

### Family Support

We offer a range of service to family and friends supporting them as they cope with the terminal illness of a loved one and through into bereavement. We provide one to one support for adults and children, child and teen support groups, individual and group bereavement support and spiritual care. Since March 2020, all family support work has been delivered remotely. Children and young people have adapted to this approach extremely well. Adult face to face visits



have restarted when remote consultation is contraindicated.

## Education

We support our community and healthcare partners by providing an extensive range of clinical education programmes. This service enables the charity to share its knowledge, experience and expertise in specialist palliative care with other providers of care in the area, and contributes to our ambition to improve the end of life care for all people. Staff were redeployed to the IPU for several months and since returning to Education, the external – and most of the internal – education has been delivered remotely. This has proved to be successful for external education but less so for internal. In the last few months of the year, internal sessions face to face have been recommenced in Covid secure environments.





## Public Benefit

The Trustees have reviewed the Charity Commission guidance on Public Benefit and are confident that the charity meets the requirements, specifically:

- All services to patients and families are provided free of charge
- We work closely with GPs and other healthcare professionals as we seek to ensure that everyone in the last year of their life is identified and referred to, and able to access, the right services to meet their needs
- We seek to identify specific groups who may find it harder to access services and develop specific approaches to engage them and ensure their needs are met. In the current year, for example, we have extended our reach to those working with people with learning disabilities and also the LGBT community.

All services are provided free of charge irrespective of social, economic, ethnic or religious background and are for the public benefit. To fund these activities, the charity has to raise the majority of its funding from the communities it serves and we continue to rely on the generosity of local people through a wide range of fundraising and giving, including:

- Individual Donations, in memory gifts, regular giving and legacies
- Grants from Trust funders
- A wide range of fundraising events
- A Lottery
- 16 charity shops and an eBay shop operated by our trading company which passes all of its profits to the charity

We also have a service contract with the East & North Herts Clinical Commissioning Group (CCG) that provides 28% of our income.

The charity continues to rely on support from over 325 volunteers who make a substantial contribution to income generation and service delivery. The charity could not provide its services without their time and skills.



## Vision and Strategic aims

### Refresh of Strategy

During 2020-21, the Charity reviewed and refreshed its Strategy and Vision. A Strategy for 2021-2026 has been identified. Both are described below.

### Our Vision is

#### Outstanding Palliative Care for All

We will deliver outstanding palliative care through our services, and work in partnership with others including patients, GPs, NHS community providers, NHS acute hospitals, Nursing and Residential Homes, Carers, Patient' Relatives and other Third Party Providers to enable them to deliver palliative care that meets patient needs. We need to remember that the provision of end of life care is the responsibility of statutory bodies, however, the hospice has a key contribution to this particularly in the area of specialist palliative care.

### Strategic Themes

We have identified three strategic themes to inform and drive everything we do for the vision to be delivered, and these are;

- **Empower** a dynamic, agile organisation to include being financially sustainable and resilient.
- **Enable** an outstanding organisation that delivers care in any setting and is seen as a leader in our field(s).
- **Engage** with stakeholders and each other

The challenge we are addressing, what we will do and measures of success are summarised below. It should be noted that part of business processes is to undertake a situational analysis each year, and then check-in with our strategy to check it whether any changes need to be made to take forward and opportunities that present in the environment.



## Empower

### ...a dynamic, agile organisation

The challenge	Strategic Theme	What will we do	Measures of success
We cannot generate sufficient income to cover the costs of the ever increasing need for our services doing what has worked in the past. IH 'as is' cannot sustain the anticipated growth. Our workforce needs to be empowered and driven to enact change.	<b>Empower</b> a dynamic, agile organisation to include being financially sustainable and resilient	<ul style="list-style-type: none"> <li>Develop a skilled, focused, high performing and committed workforce of staff and volunteers</li> <li>Leverage high quality data to drive informed decisions</li> <li>Charge for non core services</li> <li>Be efficient with costs and expenditure</li> <li>Improve legacy income predictions e.g. investigate 'Legacy Insights'</li> <li>Increase our income</li> <li>Reduce operating costs from HQ</li> <li>Review governance structure to ensure supports an agile business</li> <li>Develop succession plans for employees</li> </ul>	By 2026 we have: <ul style="list-style-type: none"> <li>Diversified into other income streams</li> <li>Increased numbers of active volunteers to 75% of registered volunteers in the month</li> <li>Better understood our volunteer requirements and diversified our base to support those needs</li> <li>Met our KPI targets for employee satisfaction (sickness, retention, empowerment etc)</li> <li>Expenditure is no more than 80% of income</li> <li>Free reserves (cash + liquid assets) are equivalent to at least 6 months of expenditure</li> <li>Fundraising income (exc legacies) has increased to £3M PA</li> <li>Trading company contribution in excess of £1 million per year.</li> </ul>

Caring | Together | Respect | Responsive | Dynamic

 @isabelhospice

## Enable

### ...an outstanding organisation

The challenge	Strategic Theme	What will we do	Measures of success
Our organisation needs to be outstanding in everything we do. Specialist palliative care will remain core. We also need to leverage new technology to reach people in new ways and improve our business at every level	<b>Enable</b> an outstanding organisation that delivers care in any setting and is seen as a leader in our field(s)	<ul style="list-style-type: none"> <li>Build on new and novel ways of engaging with system partners and primary care borne out of COVID e.g. webinars/virtual sessions</li> <li>Efficiently continue virtual community care where applicable</li> <li>Find new, innovative ways to deliver income</li> <li>Become an employer of choice</li> <li>Find new ways to understand and measure patient satisfaction</li> <li>Assess accreditation options</li> </ul>	By 2026 we have: <ul style="list-style-type: none"> <li>Delivered outstanding services</li> <li>Identified 4 key success areas from staff survey and improved those vs 2021 results</li> <li>Patient satisfaction remains above 95%</li> <li>60% of our consultations are virtual</li> <li>Delivered outstanding donor and retail experiences</li> </ul>

Caring | Together | Respect | Responsive | Dynamic

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## Engage

...with our stakeholders and each other

The challenge	Strategic Theme	What will we do	Measures of success
We need to find ways to collaborate successfully externally (e.g. other hospices, NHS, Universities) and ensure better internal collaboration to support this	<b>Engage</b> with our stakeholders and each other	<ul style="list-style-type: none"> <li>Decide whether to collaborate further or merge with Garden House Hospice Care or another Hospice or Charity</li> <li>Work with the NHS to deliver valued services that they are willing to fund</li> <li>Collaborate with external partners as widely as possible e.g. University of Hertfordshire</li> <li>Benefit through economies of scale through greater collaboration and partnership with other hospices</li> <li>Investigate outsourcing</li> <li>Engage in new ways of working</li> <li>Build partnerships with local organisations to enable a strong community presence and drive awareness</li> </ul>	By 2026 we have: <ul style="list-style-type: none"> <li>Increased perceived level of NHS funding due to offering services they value</li> <li>Built a partnership with the University of Herts and other businesses</li> <li>Merged or partnered with other organisations to reduce operating costs and improve patient services</li> <li>Improved employee survey and volunteer internal comms results</li> </ul>

Caring | Together | Respect | Responsive | Dynamic

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### Our Values

Our values are at the heart of how we work in every setting – between staff, within teams, with volunteers, how we treat patients and families and how we engage with partner organisations and suppliers. These are:



## OUR VALUES

<b>We <u>Care</u></b>	<b>Everything we do shows we support and care about everyone. about everyone.</b>
<b>We do it <u>Together</u></b>	<b>We are collaborative and inclusive in our approach. approach.</b>
<b>We <u>Respect</u></b>	<b>We respect the contribution that everyone is able to make. to make.</b>
<b>We are <u>Responsive</u></b>	<b>We are responsive to people's needs.</b>
<b>We are <u>Dynamic</u></b>	<b>We challenge existing practices and strive to continuously continuously improve.</b>

**Together we care** is our strapline captures the essence of our approach as a charitable hospice

- Every aspect of our care and support is delivered in partnership – with patients, families & loved ones, other professionals.
- Every member of staff and volunteer plays a crucial role in making our care possible
- We work with our communities and our partners.

### Achievements and performance

The selected metrics listed below are illustrative of the scale and scope of the services provided. The charity's multi-disciplinary teams of staff and volunteers deserve credit for the high standards of care provided. It should be noted that the numbers for the year ending March 2021 reflect services provided during the coronavirus pandemic.

	March 2021	March 2020	March 2019	March 2018
<b>Total people using our services</b>	1,694	2,339	1,855	1,555
<b>Patients</b>	1,318	1,834	1,441	n/a
<b>Family support clients*</b>	488	630	596	595
<b>Patients receiving In-Patient Care</b>	228	208	174	153
<b>Hospice at Home</b>	152 EHH 359 H@H	149 EHH 287 H@H	139 EHH 298 H@H	153 EHH 183 H@H
<b>Patients cared for in their homes</b>	1,286	1,273	1,602 (Non De-duplicated)	1,206
<b>Patients cared for at Living Well</b>	269	601	573	224
<b>Attendances at Living Well sessions</b>	1,715 Telephone, face to face and virtual	6,334	6,078	4,227
<b>Cancer / Other diagnosis</b>	59%/41%	54%/46%	59% / 41%	74% / 26%
<b>Average days from referral to death</b>	133 days	120 days	106 days	90 days

\*Family support clients – 285 were adult family members, 91 children (total 376) and 112 patients.

\*Hospice at Home – Total patients de-duplicated across both services = 412



## Place of death

915 patients we were supporting died in the year. Of those where place of death was recorded:

	2021	2020	2019	2018	2017
At home*	61%	59%	69%	64%	57%
In Patient Unit (IPU)	25%	22%	15%	19%	18%
Hospital	14%	19%	16%	17%	25%

\*A further breakdown of home = 93% died at home and 7% died at a care home

## Preferred Place of Death (PPD):

PPD Achieved for 2015/16 (prior to EHH) = 79%

PPD achieved for 2016/2017 = 81% (EHH started November 2016)

PPD achieved for 2017/2018 = 86%

PPD achieved for 2018/2019 = 84%

PPD achieved for 2019/2020 = 80%

PPD achieved for 2020/2021 = 85%

## Delivering and improving quality

Our **Quality Account 2020/21** details our performance and achievements and the full report is available on our website. **Feedback from the East & North Herts CCG** included in the **Quality Account** was as follows:

*"East and North Herts CCG (ENHCCG) has reviewed the information provided by Isabel Hospice and we believe this is a true reflection of performance during 2020/2021 based on the information submitted during the year as part of the on-going quality monitoring process.*

*The Quality Priorities set out for 2021/22 continue to show a commitment to strive forward with quality improvement using a range of different projects and approaches. Over the next year they have identified some key areas for improvement such as further provision for care in patients' own homes. This will enable residents in our CCG to remain at home with more complex needs than ever before if this is their final wish. Continued use of IT based analysis is being utilised to ensure that patient outcomes are monitored in real time which enhances care for all. There is a continued investment in their staff and training opportunities that in turn improve their knowledge and understanding of the patients' needs. The staff survey will be used to ensure staff feel supported in their roles which again improves patient outcomes through low turnover of staff.*

*The hospice showed that they implemented the sepsis bundle by rolling this out to all staff in the Multidisciplinary Team. This had been designed specifically for hospice patients and utilised visual aids and prompt cards, helping to ensure early recognition which is key. Changes made to the drug charts indicate further the drive to provide the safest care possible.*

*Staff have continued to play a significant role not only at the hospice but throughout the CCG footprint by providing expert support and training to care homes throughout the Covid-19 Pandemic. This has included vital debriefing sessions for staff that have been particularly affected by Covid-19. They are also piloting attending family meetings virtually with the care homes to provide expert advice and support.*

*The focus shown on early identification of incidents and use of effective communication to staff (including benchmarking against other Hospices) has led to staff being able to identify and act upon trends quickly and responsively. Extending the 'Views on care' to the community has led to a greater understanding of what is important to the patient. It was pleasing to see that 100% of respondents felt the involvement of the clinical specialist nurse had provided benefits that increased their quality of life and that of the people caring for them.*

*During 2020/21 The Hospice had plans for implementing the Patient Safety Strategy – this was delayed due to Covid-19. However, an assessment was undertaken in March 2021 with a volunteer and a Trustee.*



*These inspections give valuable insight into how the environment feels for the patients and is used to make improvements to benefits all that use the hospice.*

*For 2021/22 the Hospice priorities include improving the clinical IT system to aid record keeping. Updating the website to ensure access to the most up to date information and other sources of support will benefit many of our residents and their families. The focus on development and training for staff remains with a psychological skills training programme to equip the staff to respond to psychological stress appropriately and recognise the need to refer on when needed.*

*The CCG again looks forward to further enhancing the positive relationship that it has with the Hospice and the contribution the Hospice makes to the ongoing care of the residents of Hertfordshire."*

## Objectives – progress and plans

Last year we set ourselves some specific objectives – our progress against each of these is shown in the tables below, together with some of our key objectives for 2021-22.

### Patient Services

What we said we would do 2020-21	What we achieved	The benefits / impacts this has had
<b>Safe</b>  <b>Patient safety</b> remains a top priority for the hospice and integral to the definition of quality. Isabel Hospice is committed to embedding the development of new programmes introduced through the NHS Patient Safety Strategy and Framework. We will continue to respond to and investigate patient safety incidents through a revised reporting template and investigation form which allows for effective analysis of patient safety incidents.	<p>The impact of COVID-19 has affected the pace of the NHS strategy implementation. However, the hospice has achieved the following in line with the broader strategy:</p> <ul style="list-style-type: none"> <li>➤ <b>Enhanced incident reporting template</b> to ensure clinical staff provide detailed information</li> <li>➤ <b>Simplified pressure ulcer templates</b> and care planning to improve staff documentation</li> <li>➤ Support safety culture across the region by reporting community incidents which are fed back to the healthcare organisation involved and CCG for learning</li> </ul>	<ul style="list-style-type: none"> <li>➤ Key and detailed information is now provided at the point of reporting which has assisted effective and swift investigation</li> <li>➤ Review of incidents at the incident review meeting show appropriate documentation and care planning in place for pressure ulcers with no further actions required</li> <li>➤ External organisations have welcomed the opportunity to be alerted to safety incidents involving their staff so that learning can be shared</li> </ul>
<b>Implementing Sepsis care bundle:</b> With increasing national interest in Sepsis Care Bundles, we planned to introduce this to the Inpatient unit in order to more effectively identify and respond to Sepsis as a multidisciplinary team.	<p>The hospice Education Specialist Lead rolled out the Isabel Sepsis Care Bundle which is specific for hospice patients. This included a <b>visual flow chart and prompt cards</b> providing information around recognition, multidisciplinary approach, management and review of sepsis.</p>	<p>Recognising sepsis in patients within the hospice setting is challenging given the clinical conditions of many patients. This bundle provides tools for clinical staff to assist sepsis screening and decision making and highlights requirements for effective communication.</p>





What we said we would do 2020-21	What we achieved	The benefits / impacts this has had
<p><b>Effective</b></p> <p><b>Learning From COVID-19:</b> During the pandemic, we have adapted the way we work to maintain the safety of patients and staff. As we move towards the 'new normal' we will review and evaluate those changes to ensure we make the most of the opportunities to do things differently that we have been offered.</p> <p><b>Implementing PLACE – the NHS environmental audit tool.</b> The assessments involve local people who are not staff (known as Patient Assessors) going into care environments as part of teams to assess how the environment supports the provision of clinical care. 1977</p>	<p>COVID19 affected every part of our clinical service. To continue to provide an effective and safe service to our patients and their families, our Clinical Nurse Specialist (CNS) and Living Well Services moved to providing support and clinical advice via <b>phone and virtual consultations</b>. We designed a survey to help evaluate this change. We received 74 responses, 31 from CNS caseload and 43 from Living Well caseload.</p> <p>Due to rigorous COVID19 restrictions, the PLACE assessment did not take place until March 2021. The assessment was undertaken by a Trustee and hospice volunteer to assess the environment, building and overall experience of the hospice through the eyes of a patient.</p>	<p>The survey showed that in most cases remote working had not detracted from the support and care provided to our patients with <b>93% stating that they were very satisfied (83%)</b> or satisfied (10%) with the care and treatment provided by our staff during the pandemic and 81% felt that they had been supported. Staff began using an appointment system for call/video consultations so patients and their families were prepared and face to face consultations were undertaken for patients with complex needs. This survey provided evidence that a blend of virtual and face to face consultations is an effective care option.</p> <p>The hospice achieved the following scores:  <b>Cleanliness – 100%</b>  <b>Food – 100%</b>  <b>Privacy, dignity &amp; wellbeing – 91%</b>  <b>Condition, appearance &amp; maintenance – 98%</b>  Dementia – 80%  Disability – 81%  Scores which were below optimum relate to Dementia and Disability:</p> <ul style="list-style-type: none"> <li>➤ Not all toilet doors were in a single distinctive colour</li> <li>➤ Hot/Cold taps colours worn off</li> <li>➤ Handrails not in a colour that contrasts with the walls</li> <li>➤ Availability of hearing loop not clear</li> <li>➤ Leaf catcher in guttering hanging down</li> <li>➤ More effective signage required</li> </ul> <p>These findings have been fed back to the facilities team and IPU Manager for action.</p>





What we said we would do 2020-21	What we achieved	The benefits / impacts this has had
<p><b>Responsive</b></p> <p><b>Bereavement Cafes:</b> We are planning to establish open, drop in bereavement cafes supported by the Community Development manager with volunteer support. These are to be established in venues across the patch to encourage local friendships to develop. Again this will depend on guidance related to COVID-19.</p> <p><b>Implementing Views on Care in the Community:</b> Views on Care is a validated tool which focuses on the patient's quality of life and perceived impact of the palliative care service. This will become an integral assessment for our community patients to help ascertain our service user experience in the community setting.</p> <p><b>Service Improvement Partnership (SIP) for Patient Survey</b> Going forward, we will undertake a Service Improvement Partnership (SIP) project to establish service users' perception of the question relating to the opportunity to discuss wishes for future care. This question is asked within our IPU patient survey and results are currently below what we would expect. Our data shows that the offer of Advance Care Planning is provided to all appropriate patients. By obtaining</p>	<p>Working collaboratively, the Family Support team, including Bereavement Support Volunteers, and the Community Development Lead have refreshed the group bereavement offer. This <b>comprises 6 planned sessions with professional therapeutic input and an end point.</b> Users are then supported to create or join groups local to where they live which are facilitated by a Compassionate Neighbour until such time as the group chooses to stand alone.</p> <p>The implementation of views on care was initially met with some resistance by the community nursing team. The team raised concerns about directly asking the patient to complete the survey whilst under their care. However, through team discussion and engagement, a solution was agreed to send the questionnaire to patients and carers on CNS caseload whilst providing anonymity. This would also provide both a patient and carer experience. We received 30 responses.</p> <p>During the period of the survey, only two respondents did not feel they had the opportunity to discuss wishes for future care:</p> <ul style="list-style-type: none"> <li>➤ One was completed by a family member but the patient record showed that advance care planning had been discussed with the patient</li> <li>➤ One patient noted 'haven't been discharged yet so don't know what the future is yet'.</li> </ul>	<p>Covid 19 has interrupted the running of these groups face to face, although we have piloted the approach virtually. Planned impact will include encouraging local support networks, normalising the experience of loss and bereavement and the end of a dependency on the hospice support group.</p> <p>The Views on care results showed: <b>80% of respondents felt that their main problems and concerns had got better</b> <b>100% felt that involvement with the Clinical Nurse Specialist had provided benefit</b> (2/3rds stated a lot of benefit). Patients and carers overall quality of life had increased following CNS involvement. Respondent comments included: Supportive; Helpful medication advice; Compassion. It was also noted that whilst not always possible, face to face visits would have helped. This evidence further supports the blended face to face and virtual care model.</p> <p><b>The question remains valid but respondents need to be offered the chance to provide further information around this.</b> Further discussions with clinical staff and the Ward Clerks indicated that survey completion had been hampered by COVID19 restrictions. Historically, the ward clerks would hand patients and their families the survey and discuss completion. Due to current restrictions, the paper survey is left in the room with no</p>



What we said we would do 2020-21	What we achieved	The benefits / impacts this has had
<p>the views of our service users, we can ascertain their understanding and amend the question if appropriate.</p>	<p>Patient was discharged before this could be discussed but again the records showed advance care planning had been discussed.</p>	<p>chance to have further conversations. The SIP provided a chance for us to review the way in which we obtain feedback from IPU service users and how we can improve this. This will form part of our objectives for 2021-2022.</p>
<p><b>Well-Led</b></p> <p>Implementing a visual and immediate method of communication across the hospice</p> <p>Effective communication is key within any organisation but particularly crucial within the current climate. The hospice currently communicates in a variety of ways to staff however this communication is sometimes missed by clinical staff on varying shifts, for a variety of reasons. We wanted to explore ways to provide a more visual and immediate way of communicating to staff across the hospice so that they can keep up to date with the latest developments.</p>	<p><b>Quarterly patient safety dashboards</b> were created showing our safety performance across three key aspects; patient falls, medication errors and pressure ulcers. Using the Hospice UK benchmarking tool, visual graphs containing information around safety performance compared to other hospices was provided to staff on the unit via notice boards and their team meetings. The Head of Governance also worked with the Head of Marketing and Communications to develop the Isabel Hospice digital noticeboard. Available to staff when they open a web browser, this provides links to useful clinical information such as Covid19 guidance, IT contacts and policies.</p> <p>The CEO and Executive team have implemented <b>quarterly all staff and volunteer zoom sessions</b> to share information and organisational progress.</p> <p>All Executive team members summarise the discussions at Exco fortnightly and share with their teams.</p> <p>The CEO has prepared and published <b>'Message from Helen'</b> which offers news and updates across the service.</p> <p>Following the Staff Survey, in which communication scored</p>	<p>Staff were able to easily identify where there have been improvements in patient safety comparable to other hospices. This was evident for both falls and medication incidents. Also, to see where we are above average for pressure ulcer incidents. Further investigation of this established data discrepancies in the national reporting of pressure ulcers to Hospice UK. Further work will be undertaken by the tissue viability group to continually assess the management of pressure ulcers within the unit.</p> <p>Follow up work is required to establish the impact of the digital noticeboard to determine what aspects are helpful to staff and what further information is required. This will be addressed in team meetings and the results fed back to the Head of Marketing and Communications.</p> <p>These have been well attended and feedback from staff is that they find them very useful and feel more valued as a result.</p> <p>Feedback from staff is that they appreciate this feedback</p> <p>This messages are opened and read by a higher percentage of volunteers than staff (approx. 30% of staff open this). This suggests we need to invest in the development of a culture of communication being two way.</p>



What we said we would do 2020-21	What we achieved	The benefits / impacts this has had
	poorly, Directors have held focus group sessions outside their own directorates, asking staff for their ideas and suggestions to improve communications.	

## Education in 2021/21

At the start of the year there was a well-planned transition to a new eLearning platform called Bluestream Academy. Bluestream provides many benefits and allows for a more robust system of recording and evidence. The next step is to move away from the volunteer work book for clinical volunteers and add them to our ELearning platform which again will provide clearer evidence of Statutory Mandatory training. Throughout this year clinical staff have managed their stat man training with conviction, allowing us to maintain our target of 95% uptake. The Education team has recently taken over the recording of non-clinical Statutory Mandatory monthly figures. It is hoped this will create a more seamless approach to statutory mandatory training across the organisation.

A new training landscape was created by the Coronavirus (COVID-19) pandemic. Initially some of the education team were recalled back into clinical work. Despite this, vital training was maintained. Our education team designed and delivered a four day training course for new Health care assistants (HCA) to support the extra beds in IPU. Practical moving and handling and staff development days remained face to face. The remaining training was delivered virtually. The Education team became adept at providing virtual interactive sessions and though numbers of attendees were initially small these numbers continue to rise. The virtual learning zone has increased in attendees as it is easier for people to fit these sessions into their working day. Of note, although numerous sessions were cancelled and the external programme commenced later in the year, attendance and number of sessions offered are not far behind previous years.

A virtual platform allowed delivery of training that was adapted to the challenges presented by Coronavirus (COVID-19) as well as to the needs of our community. This was especially so in Care Homes. Care Home Education adapted to virtual delivery instead of face to face. In collaboration with Garden House Hospice care (GHHC), education was provided to care homes around their needs and requirements. This approach meant that more carers were able to access the training and delivery spanned East and North Herts capturing a larger uptake of carers in one session. The sessions were adapted to be responsive to care home's needs; this was driven by a daily or even hourly changing situation alongside the legislation and adaptations to care that were driven by the pandemic. Subjects delivered were varied and of late there has been an increased need for bereavement, loss and resilience support for staff. We have worked extremely closely with the Clinical Commissioning Group (CCG) and external providers during this year and these closer relationships have been very beneficial.

In terms of projects, delivery was maintained. The team supported projects on Learning disabilities, Health Care Partnerships Association (HCPA) End of Life Care Project and the Integrated Care System webinar projects. This was all delivered collaboratively with palliative educators in the other hospices and Hertfordshire Community Trust (HCT). Projects raised £11,130 for the hospice. We have led and project managed the production of psychological assessment skills training alongside GHHC, HCT, the Lister Hospital and our clinical psychologist in East and North Herts.



Unfortunately, our Isabel education team has diminished in numbers since March 2020. However, we are pleased to be working collaboratively with Garden House Hospice education team to ensure we could continue our external education programme (which has been published) and to become more unified to increase our joint external education approach. The pandemic has enabled a new vision of providing a blended approach of virtual and face to face learning. The team are excited to move this vision forward with the aim of reaching more people and ensuring that the importance of palliative care is foremost in the delivery of care. A summary of education is given below.

TRAINING TYPE	NUMBER OF SESSIONS DELIVERED	NUMBER OF ATTENDANCES	INDIVIDUAL ATTENDANCES
<b>INTERNAL</b>			
Stat/Man	47	209	Not recorded
Clinical Professional Development (includes Junior Doctor Teaching)	36	139	Not recorded
<b>Total Internal:</b>	<b>83</b>	<b>348</b>	<b>176 individual attendances at all internal training</b>
Volunteer Training	0	0	0
Isabel Hospice External Education Programme	30	312	214
<b>PROJECTS</b>			
Compassionate Neighbours	8	34	34
ICS	2	77	77
<b>Total Projects:</b>	<b>10</b>	<b>111</b>	<b>111</b>
Patient Education	0	0	0
Training Sessions Delivered Externally (includes sessions delivered for HCPA)	79	650	not recorded
<b>TOTAL NUMBERS:</b>	<b>202</b>	<b>1421</b>	<b>501 (note this does not include the 650 attendances at external sessions as individual attendees were not counted at sessions delivered at HCPA)</b>



## Clinical Quality Priorities and Visions for April 2021-March 2022

Building on the organisational strategic objectives, we have identified 4 clinical strategic objectives:

**Enable an outstanding patient journey**

**Engage and integrate with the wider health and social economy**

**Empower staff to deliver outstanding care**

**Engage to enable and empower a compassionate community**

Our quality priorities and visions feed into these objectives.

### Safe

#### Improve access of community patients to medical review

Now that the medical team has increased and is well settled, we aim to be able to offer more home based care for patients with complex or unstable symptoms who choose to remain at home. This will complement the support to the nursing teams via Specialist Multi-disciplinary meetings and caseload reviews.

#### Participate in the Hospice UK Falls Audit Programme

Hospice UK have invited hospices to participate in a national falls audit programme for the year 2021-2022. This detailed audit will audit falls activity and contributory factors. Being part of this national audit will provide a detailed analysis of a large amount of falls data. We will implement any recommendations to improve falls patient safety within Isabel.

### Effective

#### Enable IPOS analysis at service level to drive improvement in patient outcomes in real time

Through the LHITS (Leathen Healthcare IT Solutions) tool, we will be able to breakdown patient outcomes by service. This will provide specific information for each cohort of patients being cared for by the different services within the hospice. This will enable us to address the concerns and problems faced by those patients and provide targeted interventions. We will also understand which patients are in an unstable phase and whether this is being addressed in a timely manner.

#### Streamline Patient Record Keeping SystemOne

The hospice moved to the patient electronic record keeping system, SystemOne from Crosscare in 2016. Throughout the last five years, it has been updated and tweaked but there are some aspects which are ineffective and duplicitous. In line with our clinical strategy to improve the patient journey, a SystemOne working group will be set up to streamline the current patient record keeping in SystemOne. Each clinical area will be represented and will be asked to engage their teams in consultation. The aim will be to provide a simple and effective system to aid clinical record keeping.



## Caring

### Implement the psychological skills training programme across all teams

Our nursing and Allied Health teams work closely with patients whose symptoms include psychological or emotional distress. Over time, we have seen an increasing reliance on referral to the Family Support team and a reluctance to engage with these symptoms. We have designed a training programme for all clinical staff to better equip them to respond to psychological distress, while at the same time identifying appropriate referrals to the specialists in the Family Support team.

### Offer all staff the opportunity to attend a death café (new staff within first 6 months of employment) and the opportunity to complete an Advance Care plan with support

Our own staff need to benefit from working in a palliative care setting by developing resilience in the face of loss and grief. They also need to become ambassadors in their own communities, enabling and encouraging the wider discussion related to life being impermanent. To this end, we have identified that all staff, including non-clinical staff, would benefit from learning to talk openly about death and dying. Death Cafes have proven to be a gentle and positive way to facilitate and promote this and we plan to offer attendance to all new staff (and existing staff as capacity permits). Encouraging them to complete an Advance Care Plan is an extension of our work in the public health approach to palliative care.

## Responsive

### Review and update patient information

The ability for patients to access information is increasingly important. The website is a critical point of reference for patients and their families. This year, we will be redesigning the clinical information on our website to ensure that our service users can access contact, patient information leaflets and updated list of services for signposting (such as wills and practical assistance).

This review of patient information will also include a review of the welcome pack in the community and the IPU folder to ensure it is both contemporary and helpful.

### Improve response rates for the IPU Survey

Currently, the IPU survey is a paper questionnaire which is left in the room for patients and their carers to complete. Response rates are around 30% which means there is a gap in feedback of patient experience.

Most people are now used to completing surveys on their phones and tablets which is both better for the environment and easier to complete. Through fundraising, the IPU was provided with digital tablets for both staff and patient use. We will be moving from a paper questionnaire to a digital one thus providing patients and their families an easier and more opportune way of completing the questionnaire. Results will be submitted directly to the Governance team and therefore any queries or issues the patient raises on the questionnaire can be fed back and addressed by staff straight away.

## Well-led

All members of the Executive team have been tasked with identifying a plan to approach and address issues arising from their teams in the annual Birdsong Staff and Volunteer Engagement Survey. They will implement these plans and aim to improve satisfaction in areas that scored poorly.





## Finance

What we said we would do in 2020-2021	What we achieved	The benefits / impact this has had
Drive culture of cost consciousness across the organisation to ensure costs are managed within budget.	Total expenditure for the year was £7.1m, 12% better than prior year.  Year-end cash balance of £2.8m, was £2.1m better than prior year.	Successful delivery of this objective, which was a key part of the Financial Turnaround program to reverse the £1m deficit in previous year, has contributed to the Hospice recording a surplus of £2.4m for the 20/21 financial year, a £2.9m improvement on prior year.
Complete recruitment of vacant position in the finance team.	Due to the uncertainty around the merger of the Hospice during the year, the recruitment of a permanent Head of Finance was put on hold and an Interim Project Accountant appointed to provide high level support and first line management to the team. There was no impact on the performance and deliverables from the team during the year as a result of this uncertainty.	Following the decision by the Board not to merge with Garden House Hospice, the current Interim role will now be converted to a Head of Finance position and recruitment completed following the end of the current contract.
Our objectives for 2021-22		What we will achieve and how we will measure success
Deliver 21/22 budget as agreed by Finance Committee and Board.		21/22 Budget delivered.
Maintain solvency		Aim to have available cash or liquid assets that are sufficient to cover an average of 3 months operating expenditure.



## Fundraising

What we said we'd do 2020/21	What we achieved	The benefits / impact this has had
<p>Fundraising income target of £2.25million excluding legacy, by continuing our more commercial approach to fundraising with focus on return on investment and delivering new initiatives.</p>	<p>Delivered income of £1.9m (excluding legacies) which was short of budget by £350k, entirely due to the Coronavirus pandemic, which decimated our events and much of our community fundraising activity.</p> <p>Our fundraising efforts during this unprecedented year, combined with cost saving initiatives, produced a strong year, despite the ongoing pandemic.</p> <p>This was driven by a number of factors:</p> <ul style="list-style-type: none"> <li>• Delivering an Urgent Appeal our 'Coronavirus Fighting Fund' being delivered inside 3 weeks &amp; generating &gt;£150k.</li> <li>• Continued strong performance in Trusts &amp; Grants.</li> <li>• Growth in our 'Lights of Love' annual appeal.</li> <li>• Virtual Events Fundraising.</li> <li>• Strong In-Memory giving.</li> <li>• Low lottery membership attrition.</li> <li>• Launch of new 'Xmas Tree Recycling' initiative which exceeded expectations.</li> <li>• Re-shaped our Marketing &amp; Communications team and focus, which has immediately delivered results.</li> <li>• Cost savings in terms of not filling vacancies, other initiatives and no event costs.</li> <li>• Focus on Return on Investment (ROI) and planning, commercial focus.</li> </ul>	<p>Delivered exceptional income given the Coronavirus pandemic, which was ahead of 2019/20. This was also further supported by significant cost savings.</p> <p>Teams coped well with adjusting to new initiatives and home working.</p> <p>Our agility allowed us to secure a high level of income, which surpassed initial forecasts as Covid hit.</p>





Our objectives for 2021/22	What we will achieve and how we will measure success
<b>Deliver fundraising budgeted income</b> (exc. Legacy)	Deliver an income budget of £1.957k excluding legacies. Continue on the success of the past year by maintaining a commercially focused approach to our breadth of fundraising activities. Developing a high performing team that can flex to supporter needs and trends, impact of the pandemic.
<b>Deliver a supporter first culture</b> With Gift Aid at its heart.	Further develop and enhance the supporter care team of both volunteers and employees, whilst imbedding processes that genuinely put supporters first and that drives gift aid income, throughout the team and organisation. In Fundraising achieve a Gift Aid budget of £111k.
<b>Develop a portfolio of new fundraising</b> events and community fundraising initiatives that appeals to all audience types. To enhance existing relationships and grow new ones. Take the learning from events that transitioned to a virtual space.	Plan a new program of events that is on trend and marketable to new and existing supporters that appeals in both the challenge and mass participation events. Drive community fundraising via further investment and more pro-active commercial approach, supported by relevant KPI's and approach.
<b>Increase supporters</b> through the outsourcing of Isabel Hospice Lottery to Local Hospice Lottery.	This transition to Local Hospice Lottery completed at the end of March 2021 and will not only improve the contribution to the charity from our lottery program, but also support acquisition of members, which is a significant objective for Isabel going forwards.

### Fundraising Landscape 2021/22

At the end of the financial year, the ongoing Coronavirus pandemic presents an uncertain landscape for fundraising, given the continued restrictions, challenging economic climate and supporter confidence. As such, Isabel anticipates a further challenging year in 2021/22.

Isabel expects that its income from Community and Events fundraising will continue to be effected, particularly in the mass participation and community fundraising space. Plans are in place to mitigate this, however, until the year progresses and restrictions are lifted, this key area of fundraising will remain challenging.

Trusts and Foundation fundraising we expect to remain strong, due to the good relationship we have built with funders and the impactful clinical programs they support. Major Donors will also be a key area of focus, as we build an Ambassadors program in the lead up to our 40<sup>th</sup> Birthday in 2022, with the clear opportunities for fundraising and celebration this will create.

Our Appeals program in Spring & Christmas will remain crucial. The transfer of our lottery has proven successful and the key focus for it this year is significant member acquisition, via marketing and canvassing. Our plans to support in-memory fundraising, gift aid performance are strong, with continued focus on supporter care and return on investment being crucial. Underpinning all of our plans is our new approach to Marketing & Communications, as we seek to engage better and more effectively with our communities. Our new website will launch in late summer.



## Retail / Charity Shops

The Retail/Charity shop business is overseen by the Board of Isabel Hospice Trading Limited, a subsidiary of the Charity. We had the following objectives.

What we said we'd do 2020/21	What we achieved	The benefits / impact this has had
<b>Deliver Sales Budget</b>	Income Budget aspirations set at the beginning of the year were decimated by the Covid 19 Pandemic. Income of £1.9m was achieved with a loss to the charity of £53k.	The Coronavirus pandemic had a major impact on our ability to generate income from our Retail business, with our shops closed for much of the year. Our continued focus on our successful Ebay business during this period, plus innovative ways of generating stocks to sell, reducing costs and central government support; ensured that this impact was minimised.
<b>Continue to Drive Gift Aid</b>	Due to the restrictions of Covid-19 and the 'contact less' nature of our operations and lack of volunteers; this proved difficult	New tech, new processed and training have been delivered to return this to industry standard levels post pandemic.
<b>Appoint a Director with responsibility all Income Generation activities including Retail</b>	A Director of Income Generation and Marketing was appointed in March 2020	This appointment was present throughout Covid-19 pandemic and assisted with developing an agile team. A Retail Business Manager was appointed in March 2021.
<b>Support the retail team with investment into training</b>	With much of the team on Furlough throughout the year opportunities were difficult to implement this.	Statutory/Mandatory training levels of >80% were achieved. Training has been put in place for Shop Managers e.g. pricing, effective shop windows, social media for promoting sales.
Our objectives for 2021/22	What we will achieve and how we will measure success	
<b>Deliver Income and Contribution Budget</b>	Deliver an income budget of £ £2,571k with a net contribution to the charity of £247k.	
<b>Continue to drive gift aid</b>	Continue the good progress on gift aid within the retail space and deliver a budget of £123.5k.	
<b>Increase average selling price</b>	Implement a new pricing strategy and increase our average selling price by 20%.	



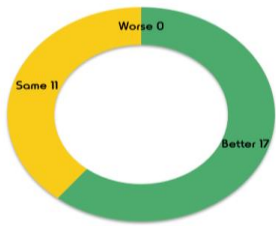
## Retail Landscape 2021/22

Virtually all retail analysts both in the charity and commercial space, fail to have a clear view on what the next financial year will bring in terms of retail performance, given the unprecedented situation ongoing and post the Coronavirus pandemic.

Whilst Isabel is optimistic that consumers will return and that supporters will continue to donate stock to our cause, it is clear it needs to evolve its retail operation further this year. Ebay and further e-commerce platforms will support our ambitions and the recruitment of a new Retail Business Manager in March 2021, will support delivery. Shops however remain vital and a return to our retail principles, value for money, excellent customer service and quality of stock will be vital.

## Our People

Our people, both staff and volunteers are our greatest resource. During 2020/21 they have needed to respond to changes in working practices to accommodate national and local lockdown requirements. Also a number of staff were furloughed under the Government's Coronavirus Job Retention Scheme. Some volunteers stepped down as either the services that they supported were withdrawn (e.g. Living Well Services and working in shops) or they were unable to support due to shielding. Shielding is the word used to describe how to protect those at highest risk of severe illness if they catch the COVID-19. During the 2020/21, all over 70 year olds were advised to shield.

During 2020/21 the Boards of Isabel Hospice and Garden House Hospice Care appointed a Joint People Director who was asked to set up a Shared People Service. What we said we'd do 2020/21	What we achieved	The benefits / impact this has had
<b>Engage with our volunteers</b> and gather meaningful data for volunteers to understand the areas that Isabel need to focus on to better engage with our volunteers and increase the number that we recruit.	Volunteers were invited to take part in a second <b>Birdsong Survey</b> . We kept in touch with volunteers during the pandemic by: <ul style="list-style-type: none"> <li>• Ringing individual volunteers who were shielding</li> <li>• Introducing Virtual Coffee Mornings</li> <li>• Inviting volunteers to the quarterly all staff and volunteer virtual meetings</li> <li>• Weekly Message from Helen</li> <li>• Monthly This Month @ Isabel.</li> <li>• In addition, Department and Team Leads kept in touch volunteers</li> </ul>	<b>Birdsong Survey</b> results indicated: <ul style="list-style-type: none"> <li>• 206 took part. (At this time it is not possible to identify a denominator as unclear which volunteers were still active.</li> <li>• Responses for all the questions scored the same score or better scores than those obtained for the previous year.</li> </ul> <p>2020 total agree comparison with 2019</p>  <p>• 99% indicated that they</p>



		were proud to volunteer for this charity.
Understand our starting point and <b>continue to build the diversity of our people</b> , ensuring we are reflective of the communities that we serve and that we celebrate diversity	We were hoping to work with local charities and ensure we reach a wider audience to build the diversity of our staff across all characteristics of diversity as defined by legislation. With COVID-19 we had to reprioritise our People work to implement guidance so the planned work has not progressed	See comments
<b>Additional Work Undertaken in 2020/21</b>		
<b>Introduced Flexi Furlough on three occasions</b>	This particularly affected employees working in the Retail Business when shops were shut on three occasions to comply with Government lockdown requirements.	
<b>Health and Wellness for our Staff</b>	We relaunched the Employee Assistance Programme, which has led to a greater support offering for both employees and managers. Managers have been encouraged to have extra contact with staff to check on Health and Wellbeing and provide support as possible.	



<b>Introducing a COVID-19 Testing Programme for our Staff</b>	Polymerase Chain Reaction (PCR) and Lateral Flow Testing (LFT) of asymptomatic staff and volunteers was introduced for clinical and non-clinical staff as appropriate. A clear and consistent testing process and follow-up for symptomatic staff and volunteers has been set up and is being managed.
<b>Establishing a Shared People Service for Isabel Hospice and Garden House Hospice Care</b>	This involved the Joint People Director identify a structure, and restructuring the two Human Resource and Volunteer Services Departments of the two Hospices to form one Shared People Service. After undertaking a review it has been agreed that each Hospice will revert to having its own People Service.
<b>Our objectives for 2021/22 include:</b>	<b>What we will achieve and how we will measure success</b>
<b>Re-establishing our own people service</b>	We are aiming for this to be in place by 1 <sup>st</sup> July 2021. After being in place for 6 months it will be reviewed/evaluated.
<b>Implement a Reward and Recognition Scheme for our Staff</b>	We are designing, in consultation with the Executive Team, a voucher scheme to reward both individuals and teams. This will reflect exceptional performance based on Isabel's values and will involve both nominations by colleagues/managers and decisions by a panel of staff across the Hospice.
<b>Have a particular focus on Recruitment of Staff to identify innovative ways to recruit all staff, but particularly clinical staff which is particularly challenging</b>	Recruitment remains challenging for certain clinical roles. The People Department will work closely with clinical team to respond to needs and design innovative ways of recruiting additional clinical staff.
<b>Achieve a Consistent and Competitive Salary Structure</b>	In July 2021 we will initiate a project with Garden House Hospice Care and Croners to achieve a competitive salary survey, to benchmark our existing roles and ensure that our salaries are competitive and consistent. This will in turn support a recruitment strategy.

During the year many volunteers stepped down due to the coronavirus (COVID-19) restrictions; they either were not able to support due to medical reasons, or services such as Living Well Services were not delivered at the centres. We also have had a review of the volunteer data base. During the year, 325 volunteers gave an estimated time of 50,700 hours' worth an estimated £451,737.

We are immensely proud of the support provided to the Hospice by our highly valued team of volunteers who give their time, expertise and support to the Hospice in a wide variety of areas from administration, retail, patient services and fundraising. Many who were able to volunteer changed roles to meet the needs of the Hospice. The Board of Trustees would like to thank all volunteers for all that they do. The Hospice would like to thank volunteers for all the support they have given.



## Financial Review

The financial statements for the year ended 31<sup>st</sup> March 2021 comprise the results for the Charity and its wholly owned subsidiary Isabel Hospice Trading Ltd.

In a very challenging year, mainly driven by the reduction in operating income as a result of the COVID-19 pandemic, the Charity recorded a strong set of financial results for the 20/21 financial year with a net surplus of £2.4m, a significant improvement on the prior year deficit of £0.5m. This was mainly driven by receipt of Government support grants (Retail, Hospitality and Leisure Grants, NHS England, Job Retention / Furlough grants), material increase in legacy income and the successful delivery of the financial turnaround program that focussed on cost reductions, driving productivity and efficiency initiatives across the Hospice.

### Income

Total income for the year increased by £1.9m (25%) to £9.4m. Included in these figures are government grants totalling £2.1m received as a result of the support package for Hospices impacted by the pandemic. The NHS awarded funding to allow the Hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose. Total funding received from this grant was £1.1m. An additional £1m of funding was received as part of the government's Retail and hospitality leisure and furlough schemes.

Income from fundraising donations and recognised legacies (excluding lottery and event income) was up 74% to £3.4m (2020: £1.9m). The charity had a very good year with Legacy income with recognised income from this source increasing to £1.9m (2020: £0.7m). Legacies which were notified but not yet met the income recognition criteria amounted to £1.2m (2020: £1.6m), these have been treated as contingent assets and not recognised as part of income for the year.

Income from Charitable Activities was up 75% to £3.6m (2020: £2.0m) mainly driven by a 5% increase in funding from our core CCG contract and receipt of a number of COVID related government support grants.

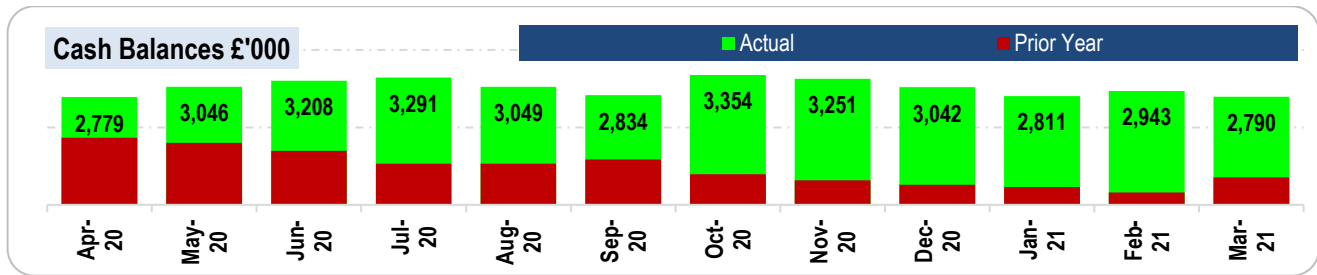
Income from Other Trading Activities declined by 29% to £2.5m (2020: £3.6m). Key drivers of this decline were increase were a 62% decline in Charity Shop income to £1m (2020: £2.6m) and 58% decline in Fundraising event income to £0.3m (2020: £0.6m). The high street remains a turbulent market and the COVID-19 pandemic had a significant impact on retail income at the end of the year with the closure of all shops including our ecommerce operations.

As a result of the successful delivery of the financial turnaround program to reverse the deficit recorded in previous year, total expenditure declined by 12% to £7.1m (2020: £8.1m). This program focused on driving efficient and prudent management of expenditure across the Hospice during the period.

At the end of the financial year, the Charity held net assets of £6.8m (2020: £4.4m). Net current assets increased to £3.5m (2020: £890k).

Total cash in hand available to the Hospice at the balance sheet date significantly increased by £2.1m to £2.8m (2020: £705k). This was mainly driven by the increase in income from government and legacy receipts, successful delivery of our financial turnaround program and focus on prudent management of cash throughout the year.





Total funds for the Hospice at the end of the year was £6.8m (2020: 4.4m). Our unrestricted funds comprise of a £1.1m in general funds, £3.8m of designated funds and £0.4m of revaluation reserves. Our restricted funds comprise of endowment funds of £836k and other restricted funds of £0.7m.

### COVID-19 Impact

The COVID-19 pandemic impacted both fundraising and retail activities with income from these activities declining by £1.8m throughout 2020/21 financial year.

Throughout 2020/21, the Hospice instituted a monthly reforecasting process to measure and mitigate the potential financial impact throughout the year and ensure our plans to provide excellent patient care continued.

The financial results delivered in the financial review section provide further details of the success of the risk mitigation measures implemented as a result of the pandemic.

For the 2021/22 financial year, a quarterly reforecasting process has now been implemented to provide further assurance on delivery of in year budget to key stakeholders of the Charity.





**Risk reserves**

The trustees have chosen to adopt a risk based approach to income streams in setting a target level for risk reserves, making an assessment of the amount of each income line which could be at risk in any one year. This approach fits hand in hand with our review of strategic risks and provides a funding mitigation for many of the risks identified. The reserves also specifically recognize the risks associated with planned growth / development of new income streams.

Following a review of its Risk Reserve policy and targets at the end of the last financial year, the Trustees set a new target of £1.1m to manage the risk of potential fluctuations or underperformance in key income streams. Following the strong financial performance and positive turnaround in its financial results for the 2021 financial year, the Charity has now fully replenished its Risk Reserve fund back to £1.1m and also increased its free reserve position to £1.5m.

**Working Capital and Cashflow**

A vital factor for any organisation is having sufficient working capital and cashflow – this varies between organisations based on the nature of income streams and expenditure. We have benefitted for many years by our NHS Clinical Commissioning Group (CCG) contract paying us the full contract amount (c£1.8m) in one lump sum at the beginning of each year. The NHS CCG has indicated that going forwards there will be quarterly upfront payments.

We produce a cashflow forecast and monitor our cashflow position monthly to provide additional scrutiny of our cash performance and reserves. Our year end cash position improved significantly by 296% to £2.8m as a result of the prudent management of cash during the period. This position has provided the Charity with at least 5 months cover for operational working capital requirements, the strongest cash position the Charity has delivered for a number of years.

**Going Concern**

The trustees recognise the requirement to assess the going concern of the Charity.

The Charity has sufficient working capital to provide a contingency if required and the trustees are satisfied that there are no unmanaged material uncertainties impacting the Charity's ability to remain a going concern, and so can conclude there is a reasonable expectation that the Charity will be a going concern for at least 12 months from the signing of this report and accounts.





## Risk Management

During 2020/21 the Isabel Hospice Charity Board met monthly and considered the Risk Register initially monthly and then every other month towards the end of the financial year. The Finance & Risk committee met monthly to consider the finances and towards the end of the year has reverted to quarterly, which is the usual frequency of meetings. One of its roles is to oversee the risk management functions of each of the Board's sub committees. Each of these committees is responsible for maintaining active risk registers and monitoring management and mitigation actions. The risk registers are reviewed by the Finance & Risk committee which provides assurance to the charity Board. Major risks are identified according to their likelihood and potential impact. There will be a particular focus on Board Sub Committee Risk Registers in 2020/21

Strategic risks are reviewed as part of the Board's strategic review cycle and the key strategic risks are combined with high rated operational risks and a heat map produced to provide a clear visual representation of the charity's top risks. In response to the COVID-19 pandemic, short, medium and long term/strategic risks were identified with mitigations which have been reviewed monthly by the Board. A summary as at May 2021 is given below.

### Short Term and Longer Terms Strategic Risks – May 2021

Risks	Impact of unmanaged risk	Actions to manage / mitigate
<b>Short Term</b>		
1. Shortages of Clinical Staff due to vacancies. This is a challenge affecting all health care providers	Reduction in clinical services.	<ul style="list-style-type: none"> <li>Active Recruitment.</li> <li>Look at new ways of recruiting clinical staff e.g. recruiting Nursing Associates</li> <li>Increase numbers of staff on the Bank</li> </ul>
2. Delayed Income from CCG for 2021/22 as Isabel Hospice does not have signed contract. This is because NHS Planning and Priorities Guidance was to CCGs late March.	Cash will not meet forecast.	<ul style="list-style-type: none"> <li>HG chasing CCG. Fortunately we have cash if money from CCG is delayed.</li> </ul>
3. Introduction of further COVID-19 Lock-Down Restrictions due to increased cases and NHS are unable to manage	Lead to reduction in contribution from the Trading Company (due to closure of shops) and cancellation of Fundraising Events	Continue to build e-bay Operations and Stock as possible
<b>Medium Term</b>		
4. Unable to maintain the longer term sustainability of the Hospice	Hospice and its services would no longer exist	<ul style="list-style-type: none"> <li>Careful and frequent forecasting to establish financial position (short term)</li> <li>Collaboration with other organisations to share some services</li> </ul>



5. Learning and advantages of remote working are lost	Missed opportunity to embed efficiencies and savings	Review of working practices and continue those that offer savings and increased effectiveness and productivity e.g. <ul style="list-style-type: none"> <li>• Increase in Home Working</li> <li>• Virtual Meetings throughout the organisation</li> <li>• Virtual Education</li> <li>• Virtual assessment, care and support of patients and family members</li> </ul>
6. Few opportunities for expenditure savings through reduction in people costs with current ways of operating.	Limited ability to reduce costs/expenditure if this is needed.	Invest in technology to improve the efficiency of operations during 2021/22
<b>Longer Term/Strategic</b>		
<b>Political</b>		
7. Value of CCG Funding reduces	Unclear what the funding arrangements will be while NHS recovers from COVID-19. There is some intelligence to suggest that GPs in Primary Care Networks may have greater influence on Hospice Funding	Maintain strong relationship with CCG-share impact of the work IH is doing Develop good relationships with GPs and NHS providers – Acute and Community Link any service developments to the needs of NHS and seek additional support for new projects it will reduce hence risk reduced.
<b>Economy</b>		
8. Low/no/negative economic growth	Reduction in giving by individual donors & corporates	Continue to develop diverse fundraising portfolio Build supporter base Increase Legacy Giving
<b>Sociological</b>		
9. Increased demand for Hospice Services: <ul style="list-style-type: none"> <li>• Older people living longer with more health issues</li> <li>• Population growth (also opportunity for increase of donors)</li> </ul>	Unable to meet increasing need for services More people dying in hospital unnecessarily leading to worse EOL experience	Identify more efficient ways of supporting people working in collaboration with partners e.g. Day Service Work
<b>Technology</b>		
10. Not optimizing functionality of systems to drive business	Constraints on service development Constraints on fundraising effectiveness Less engaged donors (choose other orgs to support)	Consider ways that Technology could help to improve the efficiency and effectiveness of our operations



11. Not developing new digital solutions	Missed opportunities for supporter engagement & income generation Not embracing emerging e-health options Higher costs to deliver services – lower VFM	Collaborate other hospices Develop staff culture to generate ideas Invest in right resource to enable development of new digital solutions
12. Lack of effective Systems Integration	Drain on resources due to manual processes Potentially constrains future planned growth	Develop plan to integrate key systems Post Covid-19 as resources allow.

### Exploring Collaboration and Merger

The Strategic Oversight Group (SOG) with representatives from Garden House Hospice Care and Isabel Hospice met until January 2021. The Isabel Hospice Board at its meeting on 2<sup>nd</sup> December 2020 took the decision that it in principle supported a merger with Garden House Hospice Care, subject to further work and outstanding queries being addressed. At the meeting on 7<sup>th</sup> April 2021, it was concluded that merger at this time was not appropriate and collaboration would be sought. The following announcement was disseminated to staff and volunteers.

*"Over the last four years, the staff, volunteers and trustees of Garden House and Isabel Hospices have worked closely on a number of projects. Since April 2020, this work has involved exploring a possible merger of the two organisations.*

*Although this has been a useful exercise, the Boards of Trustees of both hospices, with the full support of their CEOs, have decided not to merge at this time. In the interests of beneficiaries, our hospices share a strong commitment to collaborate with each other and will continue to do so."*

### Structure, governance and management

Isabel Hospice Limited is a registered charity and a company limited by guarantee without share capital and is governed by its memorandum and articles of association. The group includes a wholly owned subsidiary company, Isabel Hospice Trading Limited, through which its retail trading activities are carried out.

The charity works in partnership with local GPs, the CCG, local NHS hospitals and many other health care providers, residential nursing homes and care homes to ensure the highest quality care and support for our patients and their families.

The Board of Trustees normally operates a quarterly meeting cycle with sub committees meeting in the 4 weeks before the main Board meeting. The sub committees have specific Terms of Reference which include oversight of key areas of the charity's work. These are:

- Finance & Risk
- Clinical Quality and Education
- People
- Fundraising & Marketing



The retail operations are governed separately by the Board of Directors of our Trading Company, Isabel Hospice Trading Ltd, which comprises some directors who are also trustees of the hospice charity and some external directors who bring specific retail experience.

During 2020/21 the Charity put in place interim Governance arrangements to respond to the pandemic. These included monthly Charity Board Meetings and Twice Monthly Trading Board Meetings. The Board agreed to revert back to the usual Governance business cycle of quarterly meetings in April 2021.

The Board also held 2 away days during the year with the Executive directors to consider the changing external environment which led to a refresh of the Strategy and Vision for the hospice.

### **Board Performance**

The Board aims to continuously improve its effectiveness. At the end of each meeting there is a reflection on what went well and what could have gone better.

### **Trustee recruitment**

There has not been any Trustee recruitment in 2020/21.

### **Trustee remuneration**

Trustees' travel expenses are reimbursed if claimed. No trustee was remunerated during the year and no trustee had a beneficial interest in any contract with the charity or its subsidiary during the year.

### **Trustee liability**

The liability of each trustee, in the event of winding up, is limited to £10.

### **Executive Management**

The trustees delegate day-to-day management of the charity to the Chief Executive and through that person to the Executive team.

The following changes occurred to the Executive Team:

- **Director of Income Generation and Marketing** – Resigned and left Isabel Hospice 31<sup>st</sup> March 2021.
- **People Director** – We had notice in January 2020 that the Emral Jarrold planned to leave Isabel Hospice. After discussions with Garden House Hospice Care, Becky Turner, Joint People Director was appointed in June 2020. She resigned and left Isabel Hospice on 5<sup>th</sup> March 2021.

Last year we reported that the CEO would explore with other Hospices whether they could assist in providing consultant cover as we had been unsuccessful in recruiting a consultant. Arrangements have been put in place with Garden House Hospice Care and St Clare's Hospice to provide consultant cover.

The Board and CEO is considering arrangements for leadership of Fundraising and Retail, with the Director of Income Generation Departing. Both Departments have strong leads. The Board is confident that we have a strong senior executive team in place to lead Isabel Hospice through the next stage of its development.



### **Investment policy**

The trustees have the power to make investments that are consistent with the aims and objectives of the charity. Surplus resources are currently held in easy access accounts given the low interest rates and cash requirements of the organisation.

### **Fundraising Policy**

The trustees recognise that the charity could not deliver its services without the support of the local community. It is the charity's policy to form positive relationships with donors and it therefore seeks to adhere to high quality fundraising standards. In addition the charity does not accept donations from donors with interests that might conflict with the mission of the charity.

### **Senior Executive Remuneration**

The charity approach to pay policy is consistent for our staff and the Executive team. Our policy is designed to enable us to attract, retain and motivate high performing Executive team members. It also aims to demonstrate to our stakeholders (particularly funders and service users) that our pay levels are set to support delivery of the charity's aims and are an effective use of charitable funds.

The objectives of our pay policy are to:

- reward staff appropriately and enable the recruitment of a high calibre Executive Team ensure the proper use of the charity's resources in accordance with its aims and within affordable limits based on the financial circumstances of the charity
- be non-discriminatory, just and equitable in the evaluation of jobs and their remuneration by providing a stable framework for the remuneration of the Executive team operate within the law
- pay at a competitive level taking account of external market rates, with the aim being to set pay at the median level or above for comparable posts in the voluntary sector subject to the charity's financial position.

The charity publishes the salary of its key management personnel within its annual report. The number of staff paid over £60,000 is also published in accordance with the charity accounting requirements.

Executive pay is reviewed on an annual basis by the People Committee and is subject to approval by the Board of Trustees, which is responsible for ensuring proper application of our pay policy.

### **Future**

The Hospice Board agreed a deficit budget for 2021-22 of £465k. This is expected to be a challenging year mainly driven mainly by post COVID effect on our income generation activities and no expectation of further support from the government. Filling key vacant Executive roles will also be key to ensuring the Hospice can drive forward initiatives to reduce the deficit. Other initiatives including careful control of expenditure and cash management will continue to be monitored closely to support with the deficit reduction plan.



## **Fundraising Procedures Disclosure**

### **1 Isabel Hospice accounts to 31 March 2021**

#### **Our approach to fundraising**

Isabel Hospice is registered with the Fundraising Regulator. Our income is generated predominately thanks to the support of our community, including legacies, gifts in memory of family members who have died in our care, regular donations, our lottery, and individual fundraisers raising income at our events or their own events.

#### **Fundraising practices**

As part of our commitment to best practice, Isabel Hospice adheres to the fundraising Codes of Practice set by the Fundraising Regulator and the Institute of Fundraising. We aim to ensure that our fundraising is respectful, open, honest and accountable to the public.

We have a clearly documented complaints procedure in place, enabling any concerns regarding our fundraising activities to be responded to quickly. During the year, there have been no instances of non-compliance with the requirements of the fundraising code of practise.

We have a transparent policy regarding fundraising with vulnerable individuals. This fundraising policy clearly states all steps that should be followed in order to protect vulnerable people when offering support to the charity, ensuring that they have the relevant capacity to enable them to make the decision to donate.

#### **Fundraising practices review**

All fundraising practices are framed within the values and principles of Isabel Hospice. Where expenditure is required to generate income, there is an analysis of the return on investment to ensure the organisation is able to make informed decisions regarding activities.

The fundraising team are internal and the organisation only uses third party fundraising organisations following significant levels of due diligence and regulatory checks.

Where we partner with corporates, due diligence is conducted on the organisations and the amount of time and effort we as a charity needed to put in, versus the income we would likely receive. Clear parameters and responsibilities are then agreed between partners.

We have ensured we are in line with the GDPR data protection regulations and all other relevant codes of conduct.

#### **Fundraising strategy and plan.**

Our fundraising strategy and plan is reviewed and approved by the Trustees annually. Isabel Hospice is the brand name for our fundraising activities.

Supporters of Isabel Hospice are a key element in the fundraising activities and we are committed to employing a transparent and ethical approach to all our fundraising activities.



To help guarantee the availability of continuing funds to fund the work of Isabel Hospice, we aim to maintain a broad base of funding sources.

Isabel Hospice does not pressure supporters to make gifts and respects decisions to stop giving. The regulatory landscape for fundraising is evolving and we will continue to monitor and adapt with these changes.

When we work with suppliers and agencies we ensure that they are fully registered with all the appropriate regulatory bodies, reviewing all their policies as part of our robust procurement due-diligence process.

We monitor and record any complaints resulting from our fundraising practices, and an annual report is provided to our Fundraising Committee.

### **Fundraising, Communications and Marketing**

Total voluntary income was £3.4m (2020: £1.9m). Most voluntary income comes from the following sources: Legacies, Donations in Memoriam, Trusts and Events and Lottery Income.

### **Regulation**

Isabel Hospice is registered with the Fundraising Regulator, follows the Regulator's Code of Fundraising Practice and abides by its Fundraising Promise.

Additionally, three members of the Fundraising, Team are members of the Institute of Fundraising. Supporters have the option to request no further mailings and we abide by such requests immediately.

### **Individuals**

Legacies make up a substantial proportion of Isabel Hospice's voluntary income. Legacies are hard to predict, but not accidental, being the result of good service and good publicity from the charity.

### **Donations in Memoriam**

We continued to receive support from individuals and their families who support Isabel Hospice in memory of their loved ones who were cared for by the Hospice.

### **Events**

We organised a number of successful fundraising events in the year including the Isabel Hospice 'Bubble Rush', On-your-bike bike ride around Bishops Stortford, Bridges of London sponsored walk, challenge adventure in the Canadian Rockies, over 11 participants in the London Marathon, sponsored skydiving and abseiling.

### **Lottery**

Our in-house lottery continues to be well supported, with over 7,200 members and continues to generate significant income for the Hospice.

### **Communications and Marketing work**

The team worked closely with others to market Isabel Hospice's services. We developed and widely implemented a new visual identity, multiple newspaper articles, advertising, newsletters and significant increase in our digital social media presence on twitter, Instagram, Facebook.





## Legal framework and statement of trustees' responsibilities

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

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

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgements and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

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

In so far as the trustees are aware:

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

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 9 (2020: 11). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.



**Auditor**

Sayer Vincent LLP were appointed as the charitable company's auditor during the year.

So far as the trustees are aware, there is no relevant audit information of which the charitable company's auditors are unaware, and the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The trustees' annual report has been approved by the trustees on 9<sup>th</sup> September 2021 and signed on their behalf by

R A Leggetter  
CHAIRMAN OF TRUSTEES



## Trustees' Annual Report for the Year Ended 31 March 2021

### REFERENCE AND ADMINISTRATIVE INFORMATION

TRUSTEES:	R A Leggetter (Chairman)
The trustees are also members and directors of the company	S Reddy (Vice Chair)
	K Warnell
	J Quinn
	S Fuell
	D Perry
	T Philpott
	A Reeve
	I Williams
	K Ray (Resigned 2 <sup>nd</sup> June 2020)
	S Wade (Resigned 2 <sup>nd</sup> June 2020)
SECRETARY:	H Glenister
SENIOR MANAGEMENT	H Glenister – CEO
	T Koramoa – Director of Finance & Resources
	E Paske - Director of Clinical Services
	E Jarrold – People Director (Resigned 17 <sup>th</sup> July 2020)
	B Turner – Joint People Director (Joined 15 <sup>th</sup> June 2020 and Resigned 5 <sup>th</sup> March 2021)
	L Hopley- Interim Joint People Director (5 <sup>th</sup> February 2021)
	D Badger – Director of Income Generation and Marketing (Resigned 31 <sup>st</sup> March 2021)
REGISTERED OFFICE:	61 Bridge Road East Welwyn Garden City Hertfordshire AL7 1JR
COMPANY REGISTERED NUMBER:	03056823 (England and Wales)
COUNTRY OF INCORPORATION:	United Kingdom
CHARITY REGISTERED NUMBER:	1046826
COUNTRY OF REGISTRATION:	England and Wales



AUDITORS:

Sayer Vincent  
Sayer Vincent LLP Invicta House  
108-114 Golden Lane London EC1Y 0TL

PRINCIPAL BANKERS:

The Co-operative Bank  
St Paul's House 10 Warwick Lane London  
EC4M 7BP



## Opinion

We have audited the financial statements of Isabel Hospice Limited (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of 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
- Have been 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 Auditor's responsibilities for the audit of the group financial statements section of our report. We are independent of the group and parent 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 Isabel Hospice Limited's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

## Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the group 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 group 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 group 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 group 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.



## **Opinions on other matters prescribed by the Companies Act 2006**

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

- The information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements

## **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

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

- Adequate accounting records have not been kept by the parent charitable company, 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.

## **Responsibilities of trustees**

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

In preparing the financial statements, the trustees are responsible for assessing the group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or 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 auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

## **Capability of the audit in detecting irregularities**

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:



- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
  - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
  - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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

A further description of our responsibilities is available on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://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 and 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 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.

Judith Miller (Senior statutory auditor)

4 October 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor  
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006





## Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

				2021				2020
	Note	Unrestricted £'000	Restricted £'000	Endowment £'000	Total £'000	Unrestricted £'000	Restricted £'000	Total £'000
<b>Income</b>								
Donations and legacies	2	2,992	360	-	3,352	1,425	500	1,925
Charitable activities	3	2,125	1,436	-	3,561	2,036	-	2,036
Other trading activities	4	2,531	-	-	2,531	3,587	-	3,587
<b>Total income</b>		7,648	1,796	-	9,444	7,048	500	7,548
<b>Expenditure on:</b>								
Raising funds	5	3,209	-	-	3,209	3,555	-	3,555
Charitable activities		1,981	1,863	-	3,844	3,982	523	4,505
<b>Total expenditure</b>	5	5,190	1,863	-	7,053	7,537	523	8,060
<b>Net income/ (expenditure)</b>		2,458	(67)	-	2,391	(489)	(23)	(512)
Transfers between funds		(7)	7	-	-	-	-	-
<b>Net expenditure before other recognised gains and losses</b>		2,451	(60)	-	2,391	(489)	(23)	(512)
Gain on disposal of investment property		20	-	-	20	33	-	33
Gains / (losses) on investments		6	-	-	6	-	-	-
<b>Net movement in funds</b>		2,477	(60)	-	2,417	(456)	(23)	(479)
<b>Reconciliation of funds:</b>								
Total funds brought forward		2,815	757	836	4,408	3,271	780	4,051
<b>Total funds carried forward</b>		5,292	697	836	6,825	2,815	757	3,572

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 19.

## Balance sheets

Company no. 03056823

As at 31 March 2021

	Note	The group 2021 £'000	2020 £'000	The charity 2021 £'000	2020 £'000
<b>Fixed assets:</b>					
Tangible assets	10	3,054	3,257	2,923	3,079
Investment properties	11	-	285	-	285
Investments	12	318	-	318	-
		<b>3,372</b>	<b>3,542</b>	<b>3,241</b>	<b>3,364</b>
<b>Current assets:</b>					
Stock		1	11	-	-
Debtors	13	1,104	519	1,154	648
Cash at bank and in hand		2,792	705	2,716	543
		<b>3,896</b>	<b>1,235</b>	<b>3,870</b>	<b>1,191</b>
<b>Liabilities:</b>					
Creditors: amounts falling due within one year	14	419	345	351	267
		<b>3,477</b>	<b>890</b>	<b>3,519</b>	<b>924</b>
<b>Net current assets</b>		<b>3,477</b>	<b>890</b>	<b>3,519</b>	<b>924</b>
<b>Total assets less current liabilities</b>		<b>6,849</b>	<b>4,432</b>	<b>6,760</b>	<b>4,288</b>
Provision for liabilities	15	24	24	-	-
<b>Total net assets</b>		<b>6,825</b>	<b>4,408</b>	<b>6,760</b>	<b>4,288</b>
<b>Funds:</b>	19				
Unrestricted income funds:					
General funds		1,783	(56)	1,719	(176)
Designated funds		3,509	2,509	3,509	2,509
Revaluation reserve		-	362	-	362
Total unrestricted funds		<b>5,292</b>	<b>2,815</b>	<b>5,228</b>	<b>2,695</b>
<b>Endowment funds</b>		<b>836</b>	<b>836</b>	<b>836</b>	<b>836</b>
<b>Restricted funds</b>		<b>697</b>	<b>757</b>	<b>697</b>	<b>757</b>
<b>Total funds</b>		<b>6,825</b>	<b>4,408</b>	<b>6,760</b>	<b>4,288</b>

Approved by the trustees on 9 September 2021 and signed on their behalf by

Rod Leggetter  
Chairman of Trustees

## Consolidated statement of cash flows

For the year ended 31 March 2021

	Note	2021 £'000	2020 £'000
<b>Cash flows from operating activities</b>			
<b>Net cash provided by operating activities</b>		<b>2,170</b>	<b>287</b>
<b>Cash flows from investing activities:</b>			
Purchase of property, plant and equipment	(99)	(39)	
Proceeds from disposal of property, plant and equipment	22	117	
Purchase of investments	(619)	-	
Proceeds from the sale of investments	307	-	
Proceeds from sale of investment property	305	263	
<b>Net cash (used in)/ provided by investing activities</b>		<b>(84)</b>	<b>341</b>
<b>Change in cash and cash equivalents in the year</b>		<b>2,086</b>	<b>628</b>
Cash and cash equivalents at the beginning of the year		<b>705</b>	<b>77</b>
<b>Cash and cash equivalents at the end of the year</b>		<b>2,791</b>	<b>705</b>

## Notes to the cash flow statement

## Reconciliation of net income to net cash flow from operating activities

	2021 £'000	2020 £'000
Net income (expenditure) (as per statement of financial activities)	<b>2,417</b>	(512)
Adjustments for:		
Depreciation charges	<b>280</b>	292
(Gains)/losses on investments	<b>(6)</b>	-
Profit on sale of investment property	<b>(20)</b>	-
Decrease in stocks	<b>10</b>	-
(Increase)/decrease in debtors	<b>(585)</b>	680
Increase/(decrease) in creditors	<b>74</b>	(176)
Increase in provisions	-	3
<b>Net cash provided by operating activities</b>	<b>2,170</b>	<b>287</b>

**1 Accounting policies**

**a) Statutory information**

Isabel Hospice is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address is 61 Bridge Road East, Welwyn Garden City, Hertfordshire, AL7 1JR.

**b) 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) (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

These financial statements consolidate the results of the charitable company and its subsidiary Isabel Hospice Trading Limited on a line by line basis. The trading company is limited by guarantee and is therefore not owned by the charity. Nonetheless its results have been consolidated as it trades for the benefit of the charity and the two companies are managed on a unified basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

**c) Public benefit entity**

The charity meets the definition of a public benefit entity under FRS 102.

**d) Going concern**

The trustees recognise the requirement to assess the going concern of the Charity. Following a challenging 2019/20, the Charity recorded a significant surplus of £2.5m (over £2.6m better than prior year) for the 2020/21 financial year. This result has enabled the Hospice to boost its free reserves position and also replenish its risk reserve to the minimum required of £1.1m.

Efficient management of cash during the year also resulted in the Charity recording a cash balance at the end of March 2021 of £2.7m (up £2m on prior year) further improving the its liquidity and cash position and providing additional resilience to mitigate any liquidity risks. The outlook for the next financial year from a cash perspective also remains very positive with a cash balance of £2.8m forecasted to be delivered 12 months after the sign off date.

The Charity owns the freehold for its Head Office building - Milan House. Due to the current limited space requirements for staff as a result of hybrid working arrangements, the sale of Milan House is also to help the Hospice take advantage of a development opportunity and concurrently find a more suitable charitable base and to ensure that the Charity obtains best value for its assets, the Board of Trustees have accepted an offer for the sale of Milan House of £3m subject to planning permission. The sale is expected to be concluded within the next twelve months and proceeds of this sale is expected to provide additional cash to boost the Hospice's liquidity and cash reserves.

The Charity has sufficient working capital to provide a contingency if required and the trustees are satisfied that there are no unmanaged material uncertainties impacting the Charity's ability to remain a going concern for the coming 12 months.

**1 Accounting policies (continued)**

**e) Income**

Income (which excludes VAT) is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably. Income is only deferred when the charity has to fulfil conditions before becoming entitled to it or when the donor has specified that the income is to be expended in a future period.

1. Clothing and other items donated for resale are included as incoming resources when they are sold.
2. Facilities, services and assets donated for use by the Charity are recognised as incoming resources, at their value to the Charity, when receivable. No amounts are included in the financial statements for the very substantial assistance provided by volunteers.
3. Income from the lottery operated by the Charity is recognised as members participate in draws.
4. 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 by the executor(s) 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 executor's intention to make a distribution. Where 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 a contingent asset and disclosed if material.
5. Income from fundraising events organised by the Charity centrally are recognised when funds are received.
6. Income from charitable activities comes from service contracts and grants and is subject to specific performance conditions. Such income is recognised as it is earned.
7. Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

**f) Donations of gifts, services and facilities**

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

**g) Interest receivable**

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

**h) Fund accounting**

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.  
Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Endowment fund is an expendable endowment arising from a legacy to the Hospice. The legacy gives the trustees discretionary powers to use the endowment to fund capital projects. Any income from the endowment is unrestricted and may be used for the general purposes of the charity.

**1 Accounting policies (continued)**

**i) 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 activity headings:

- Costs of raising funds relate to the costs incurred by the charity in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of medical, in-patient care and community care undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

**j) Allocation of support costs**

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities based on direct costs attributable to each activity.

- |                    |     |
|--------------------|-----|
| ● Medical          | 5%  |
| ● In-patient care  | 25% |
| ● Community care   | 18% |
| ● Support services | 6%  |
| ● Raising funds    | 46% |

**k) Operating leases**

Rental charges are charged on a straight line basis over the term of the lease.

**l) Tangible fixed assets**

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- |  |   |
|--|---|
| ● Short Leasehold Property                 | on a straight- line basis over the shorter of duration of the lease and useful economic life. |
| ● Plant, Machinery equipment and vehicles. | at varying rates between 10% and 33% on cost.   |

The group's policy is to revalue freehold and long leasehold shops periodically so that their carrying value in the accounts represents market value. The gains and losses arising from these revaluations are unrealised and are disclosed separately in the SOFA.

The group's policy is to depreciate revalued properties over a period not exceeding fifty years but, as the residual values of the properties is very high, the cumulative charge for depreciation is immaterial and therefore no charge is included in these accounts.

The group does not revalue freehold properties used for direct charitable purposes. These buildings (but not land), and related improvements, are depreciated over their estimated useful lives, which have been assessed to vary between ten and fifty years.

**1 Accounting policies (continued)**

**m) Investment properties**

Investment properties are measured initially at cost and subsequently included in the balance sheet at fair value. Investment properties are not depreciated. Any change in fair value is recognised in the statement of financial activities. The valuation method used to determine fair value will be stated in the notes to the accounts.

**n) Investments in subsidiaries**

Investments in subsidiaries are at cost.

**o) Listed investments**

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

**p) Stocks**

Stocks are stated at the lower of cost and net realisable value. In general, cost is determined on a first in first out basis and includes transport and handling costs. Net realisable value is the price at which stocks can be sold in the normal course of business after allowing for the costs of realisation. Provision is made where necessary for obsolete, slow moving and defective stocks. Donated items of stock, held for distribution or resale, are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

**q) Debtors**

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

**r) 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.

**s) Creditors and provisions**

Creditors and provisions are recognised where 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 after allowing for any trade discounts due.

**t) 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 with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method. Non-basic financial instruments are measured at fair value with any gain or loss going to the statement of financial activities. Full details are given in the financial instruments note.

**u) Pensions**

The group contributes to a number of defined contribution pension schemes and to the NHS pension scheme.

The NHS pension scheme is a multi-employer defined benefit scheme and the assets of the scheme are held separately from those of the charities in an independently administered fund. The Charity is unable to identify its share of this scheme's assets and liabilities and is therefore, as permitted by FRS 102, treated as if it were a defined contribution pension scheme. Pension contributions payable for the year to the various pension schemes are charged to the SOFA.



## Notes to the financial statements

## For the year ended 31 March 2021

**2 Income from donations and legacies**

	Unrestricted £'000	Restricted £'000	<b>2021 Total £'000</b>	Unrestricted £'000	Restricted £'000	2020 Total £'000
Legacies	1,941	-	<b>1,941</b>	710	-	710
Donations in memoriam	199	-	<b>199</b>	203	-	203
Other donations	852	360	<b>1,212</b>	512	500	1,012
	<b>2,992</b>	<b>360</b>	<b>3,352</b>	<b>1,425</b>	<b>500</b>	<b>1,925</b>

Contingent assets, relating to legacies which have been notified but do not yet meet the income recognition criteria detailed in note 1 of the financial statements, amount to £1,233,000 (2020: £1,586,500).

**3 Income from charitable activities**

	Unrestricted £'000	Restricted £'000	<b>2021 Total £'000</b>	Unrestricted £'000	Restricted £'000	2020 Total £'000
Main CCG contract	1,877	-	<b>1,877</b>	1,784	-	1,784
Other NHS income	5	-	<b>5</b>	133	-	133
Provision of staff and sundry other income	243	1,436	<b>1,679</b>	119	-	119
	<b>2,125</b>	<b>1,436</b>	<b>3,561</b>	<b>2,036</b>	<b>-</b>	<b>2,036</b>

The total amount claimed under the government Job retention scheme is £526,808 (2020: nil), this is split between retail in note 4 - £440,141 and other areas of the charity in provision of staff above - £86,667.

**4 Income from other trading activities**

	Unrestricted £'000	Restricted £'000	<b>2021 Total £'000</b>	Unrestricted £'000	Restricted £'000	2020 Total £'000
Fundraising events	254	-	<b>254</b>	611	-	611
Charity shop income	993	-	<b>993</b>	2,603	-	2,603
Lottery income	332	-	<b>332</b>	373	-	373
Retail, Hospitality and Leisure Government Grants	952	-	<b>952</b>	-	-	-
	<b>2,531</b>	<b>-</b>	<b>2,531</b>	<b>3,587</b>	<b>-</b>	<b>3,587</b>

5a Analysis of expenditure (current year)

		Charitable activities							
	Raising funds	Medical	In-Patient Care	Community Care	Support Services	Governance costs	Support costs	2021 Total	2020 Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Payroll	1,588	167	981	994	316	-	794	4,840	5,328
Premises	549	-	225	35	-	-	101	910	949
Lottery prizes	77	-	-	-	-	-	-	77	78
Shop expenses	192	-	-	-	-	-	-	192	234
Transport	19	-	-	-	-	-	-	19	52
Event costs	60	-	-	-	-	-	-	60	83
Medical Supplies	-	36	39	-	-	-	-	75	74
Catering	-	-	97	-	-	-	-	97	109
Other Costs	120	3	123	12	5	-	305	568	727
Other Staff costs	22	69	13	16	15	-	80	215	426
	2,627	275	1,478	1,057	336	-	1,280	7,053	8,060
Support costs	582	61	328	234	75	-	(1,280)	-	
Governance costs	-	-	-	-	-	-	-	-	
Total expenditure 2021	3,209	336	1,806	1,291	411	-	-	7,053	
Total expenditure 2020	3,555	422	1,717	1,752	614	-	-		8,060

Isabel Hospice Limited

Notes to the financial statements

For the year ended 31 March 2021

5b Analysis of expenditure (prior year)

	Raising funds £'000	Charitable activities				Governance costs £'000	Support costs £'000	2020 Total £'000
		Medical £'000	In-Patient Care £'000	Community Care £'000	Support Services £'000			
Payroll	1,722	129	881	1,253	447	-	896	5,328
Premises	512	-	250	98	-	-	89	949
Lottery prizes	78	-	-	-	-	-	-	78
Shop expenses	234	-	-	-	-	-	-	234
Transport	52	-	-	-	-	-	-	52
Event costs	83	-	-	-	-	-	-	83
Medical Supplies	-	39	35	-	-	-	-	74
Catering	-	-	109	-	-	-	-	109
Other Costs	181	1	117	49	19	-	360	727
Other Staff costs	64	178	21	42	39	-	82	426
	2,926	347	1,413	1,442	505	-	1,427	8,060
Support costs	629	75	304	310	109	-	(1,427)	-
Governance costs	-	-	-	-	-	-	-	-
<b>Total expenditure 2020</b>	<b>3,555</b>	<b>422</b>	<b>1,717</b>	<b>1,752</b>	<b>614</b>	<b>-</b>	<b>-</b>	<b>8,060</b>

## Notes to the financial statements

## For the year ended 31 March 2021

**6 Net income/ (expenditure)**

This is stated after charging:

	<b>2021</b>	2020
	<b>£'000</b>	£'000
Depreciation - owned assets	<b>280</b>	292
Operating leases - rent	<b>402</b>	337
Auditor's remuneration (excluding VAT):		
Statutory audit	<b>22</b>	22
Non-audit services	<b>7</b>	7

**7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel**

Staff costs were as follows:

	<b>2021</b>	2020
	<b>£'000</b>	£'000
Salaries and wages	<b>4,277</b>	4,753
Redundancy and termination costs	<b>42</b>	-
Social security costs	<b>291</b>	323
Pension contributions	<b>230</b>	252
	<b>4,840</b>	5,328

The average number of employees, including part-time staff, analysed by function was:

	<b>FTE</b>	<b>Headcount</b>	<b>FTE</b>	<b>Headcount</b>
	<b>2021</b>	<b>2021</b>	<b>2020</b>	<b>2020</b>
	<b>No:</b>	<b>No:</b>	<b>No:</b>	<b>No:</b>
<b>Charitable activities</b>				
Medical	<b>2</b>	<b>7</b>	2	11
In-Patient Care	<b>25</b>	<b>54</b>	27	64
Community Care	<b>27</b>	<b>38</b>	35	53
Other Patient Services	<b>9</b>	<b>13</b>	15	20
<b>Total</b>	<b>63</b>	<b>112</b>	79	148
<b>Costs of raising funds</b>				
Fundraising	<b>13</b>	<b>14</b>	20	22
Charity shops	<b>48</b>	<b>74</b>	53	93
Support Services	<b>18</b>	<b>22</b>	23	29
<b>Total</b>	<b>79</b>	<b>110</b>	96	144
			<b>2021</b>	2020
			<b>No.</b>	<b>No.</b>
£60,000 - £69,999			<b>1</b>	1
£70,000 - £79,999			<b>1</b>	1
£80,000 - £89,999			<b>2</b>	2
£90,000 - £99,999			-	-
£120,000 - £129,999			-	1

For one of these employees (2020: one employee), the charity made a pension contribution of £2,480 (2020: £2,462) to a defined pension contribution scheme.

Total employee benefits received by key management personnel amounted to £436,064 (2020: £501,687).

**8 Trustee remuneration and related party transactions**

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £5,389 (2020: £6,031) incurred by 6 (2020: 5) members relating to attendance at meetings of the trustees.

The aggregate value of all unrestricted donations from related parties (excluding the gift aid receivable from Isabel Hospice Limited) amounted to £1,715 (2020: £1,737). In 2021, Rod Leggetter (Trustee) donated £nil (2020: £3,242) for restricted events.

**9 Taxation**

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Isabel Hospice Trading distributes under Gift Aid available profits to the parent charity. Its charge to corporation tax in the year was:

	<b>2021</b>	2020
	<b>£'000</b>	£'000
UK corporation tax at 19%	-	-
	<u>          </u>	<u>          </u>

## 10 Tangible fixed assets

	Freehold property £'000	Short leasehold property £'000	Plant machinery equipment and vehicles £'000	Total £'000
<b>The group</b>				
<b>Cost or valuation</b>				
At the start of the year	4,332	789	947	<b>6,068</b>
Additions in year	-	-	99	<b>99</b>
Disposals in year	(460)	(26)	(545)	<b>(1,031)</b>
At the end of the year	<b>3,872</b>	<b>763</b>	<b>501</b>	<b>5,136</b>
<b>Depreciation</b>				
At the start of the year	1,468	565	778	<b>2,811</b>
Charge for the year	117	37	126	<b>280</b>
Eliminated on disposal	(444)	(23)	(542)	<b>(1,009)</b>
At the end of the year	<b>1,141</b>	<b>579</b>	<b>362</b>	<b>2,082</b>
<b>Net book value</b>				
<b>At the end of the year</b>	<b>2,731</b>	<b>184</b>	<b>139</b>	<b>3,054</b>
At the start of the year	<b>2,864</b>	<b>224</b>	<b>169</b>	<b>3,257</b>

**The charity**

	Freehold property £'000	Short leasehold property £'000	Plant machinery equipment and vehicles £'000	Total £'000
<b>Cost</b>				
At the start of the year	4,333	309	655	<b>5,297</b>
Additions in year	-	-	86	<b>86</b>
Disposals in year	(460)	(18)	(393)	<b>(871)</b>
At the end of the year	<b>3,873</b>	<b>291</b>	<b>348</b>	<b>4,512</b>
<b>Depreciation</b>				
At the start of the year	1,469	210	539	<b>2,218</b>
Charge for the year	117	17	89	<b>223</b>
Eliminated on disposal	(444)	(18)	(390)	<b>(852)</b>
At the end of the year	<b>1,142</b>	<b>209</b>	<b>238</b>	<b>1,589</b>
<b>Net book value</b>				
<b>At the end of the year</b>	<b>2,731</b>	<b>82</b>	<b>110</b>	<b>2,923</b>
At the start of the year	<b>2,864</b>	<b>99</b>	<b>116</b>	<b>3,079</b>

All of the above assets are used for charitable purposes.

**11 Investment properties**

	The group		The charity	
	2021	2020	2021	2020
	£'000	£'000	£'000	£'000
Fair value at the start of the year	285	515	285	515
Disposals	(285)	(230)	(285)	(230)
Fair value at the end of the year	-	285	-	285

The investment property was sold in the year. The net sale proceeds of the property was £304,549 resulting in a profit of £19,549.

**12 Investments**

	The group		The charity	
	2021	2020	2021	2020
	£'000	£'000	£'000	£'000
Fair value at the start of the year	-	-	-	-
Additions at cost	619	-	619	-
Disposal proceeds	(307)	-	(307)	-
Net gain / (loss) on change in fair value	6	-	6	-
Fair value at the end of the year	318	-	318	-

Investments comprise:

	The group		The charity	
	2021	2020	2021	2020
	£	£	£	£
Shares listed on the London Stock Exchange	318	-	318	-

**13 Debtors: amounts falling due within one year**

	The group		The charity	
	2021	2020	2021	2020
	£'000	£'000	£'000	£'000
Trade debtors	77	42	72	30
Prepayments	150	120	54	31
Other debtors	58	127	57	63
Accrued income	819	230	764	281
Due from Isabel Hospice Trading Limited	-	-	207	243
	1,104	519	1,154	648



## Notes to the financial statements

## For the year ended 31 March 2021

## 14 Creditors: amounts falling due within one year

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Trade creditors	98	91	67	49
Other creditors	23	20	23	20
Taxation and social security	124	136	104	114
Accruals	102	34	86	20
Deferred income (note 16)	72	64	71	64
	<b>419</b>	<b>345</b>	<b>351</b>	<b>267</b>

## 15 Provisions for liabilities

	The group		The charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
At 1 April 2020	24	21	-	-
Utilised during the year	-	3	-	-
At 31 March 2021	<b>24</b>	<b>24</b>	<b>-</b>	<b>-</b>

All leased premises are kept in a good state of repair. The subsidiary Trading company has obligations under its leases to redecorate periodically and to leave the premises in a previously-agreed condition. Having assessed the current condition of all leased premises, the Directors of the Trading Company consider that, at the balance sheet date, the cost of any such remedial works would not exceed £24,360 (2020: £24,360) and so a provision for this sum has been included in these accounts.

## 16 Deferred income

Deferred income of £72k represents lottery receipts for draws that have not taken place at the balance sheet date (2021: £60k, 2020: £64k), and lottery licence fee income (2021: £12k, 2020: nil).

	The group		The charity	
	2021 £	2020 £	2021 £	2020 £
Balance at the beginning of the year	64	68	64	68
Amount released to income in the year	(64)	(68)	(64)	(68)
Amount deferred in the year	72	64	72	64
Balance at the end of the year	<b>72</b>	<b>64</b>	<b>72</b>	<b>64</b>

**17 Pension commitments**

NHS Pension Scheme

The charity operate an NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employees, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable each body to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme.

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

*a) Accounting valuation*

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

*b) Full actuarial (funding) valuation*

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

**For the year ended 31 March 2021****18a Analysis of group net assets between funds (current year)**

	General funds £'000	Designated funds £'000	Revaluation Reserve £'000	Restricted funds £'000	Endowment funds £'000	Total funds £'000
Fixed assets	318	2,409	-	645	-	<b>3,372</b>
Net current assets	1,489	1,100	-	52	836	<b>3,477</b>
Provisions for liabilities	(24)	-	-	-	-	<b>(24)</b>
<b>Net assets at 31 March 2021</b>	<b>1,783</b>	<b>3,509</b>	<b>-</b>	<b>697</b>	<b>836</b>	<b>6,825</b>

**18b Analysis of group net assets between funds (prior year)**

	General funds £'000	Designated funds £'000	Revaluation Reserve £'000	Restricted funds £'000	Endowment funds £'000	Total funds £'000
Fixed assets	-	2,509	362	671	-	<b>3,542</b>
Net current assets	(32)	-	-	86	836	<b>890</b>
Provisions for liabilities	(24)	-	-	-	-	<b>(24)</b>
<b>Net assets at 31 March 2020</b>	<b>(56)</b>	<b>2,509</b>	<b>362</b>	<b>757</b>	<b>836</b>	<b>4,408</b>

## 19a Movements in funds (current year)

	At 1 April 2020 £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At 31 March 2021 £'000
<b>Endowment funds</b>	836	-	-	-	836
<b>Restricted funds:</b>					
Hospice UK	-	1,436	(1,436)	-	-
<i>Capital development funds:</i>					
Building appeal	671	-	(26)	-	645
<i>Service delivery funds</i>					
Community Services Big Lottery Fund	35	27	(62)	-	-
Equipment	22	20	(42)	-	-
Family Support	(7)	42	(42)	7	-
Day Services	3	5	(8)	-	-
Other	17	266	(247)	-	36
Training	16	-	-	-	16
<b>Total restricted funds</b>	757	1,796	(1,863)	7	697
<b>General funds</b>	(56)	7,673	(5,190)	(645)	1,783
<b>Designated funds:</b>					
Fixed Asset fund	2,509	-	-	(100)	2,409
Risk Reserve Fund	-	-	-	1,100	1,100
<b>Revaluation reserve</b>	362	-	-	(362)	-
<b>Total unrestricted funds</b>	2,815	7,673	(5,190)	(7)	5,292
<b>Total funds</b>	4,408	9,469	(7,053)	-	6,825

The narrative to explain the purpose of each fund is given at the foot of the note below.

**19b Movements in funds (prior year)**

	At 1 April 2019 £'000	Income & gains £'000	Expenditure & losses £'000	Transfers £'000	At 31 March 2020 £'000
<b>Endowment funds</b>	836	-	-	-	<b>836</b>
<b>Restricted funds:</b>					
<i>Capital development funds:</i>					
Building appeal	697	12	(38)	-	<b>671</b>
<i>Service delivery funds</i>					
Community Services Big Lottery Fund	12	62	(39)	-	<b>35</b>
Equipment	16	36	(30)	-	<b>22</b>
Family Support	1	32	(40)	-	<b>(7)</b>
Day Services	-	8	(5)	-	<b>3</b>
Other	20	346	(349)	-	<b>17</b>
Training	34	4	(22)	-	<b>16</b>
<b>Total restricted funds</b>	<b>780</b>	<b>500</b>	<b>(523)</b>	<b>-</b>	<b>757</b>
<b>General funds</b>	<b>(174)</b>	<b>7,048</b>	<b>(7,258)</b>	<b>328</b>	<b>(56)</b>
<i>Designated funds:</i>					
Fixed Asset fund	3,116	-	(279)	(328)	<b>2,509</b>
Risk Reserve Fund	-	-	-	-	<b>-</b>
<b>Revaluation reserve</b>	<b>329</b>	<b>33</b>	<b>-</b>	<b>-</b>	<b>362</b>
<b>Total unrestricted funds</b>	<b>3,271</b>	<b>7,081</b>	<b>(7,537)</b>	<b>-</b>	<b>2,815</b>
<b>Total funds</b>	<b>4,887</b>	<b>7,581</b>	<b>(8,060)</b>	<b>-</b>	<b>4,408</b>

**General funds**

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for the other purposes.

**Designated funds**

The Fixed Asset fund is represented by fixed assets, net of associated liabilities and after deducting amounts included within the revaluation reserve and those other assets where use has been restricted. Transfers are made between funds to maintain the carrying value.

As a result of the material surplus generated by the Charity in the 2020/21 financial year, the Trustees have decided to allocate some of the surplus to replenish the Risk Reserve Fund up to the minum required of £1.1m.

**Revaluation reserve**

The Revaluation Reserve comprises the movement that arose when a freehold property and a long leasehold property used by the trading subsidiary as shops were revalued. These investment properties have now been disposed of an therefore a transfer from the revaluation reserves to general funds has been recognised.

**19 Movement in funds (continued)**

**Endowment funds**

The endowment fund is an expendable endowment arising from a legacy to the Hospice. The legacy gives the trustees discretionary powers to use the endowment to fund capital projects. Any income from the endowment is unrestricted and may be used for the general purposes of the charity.

**Restricted funds**

The Building Appeal fund represents the proceeds of a special appeal that have been utilised to construct an annex to the In-Patient Unit. The balance is reduced as the related assets are depreciated.

The Community Services fund comprises a grant from the Big Lottery Fund to help expand a "hospice at home" service and various small grants to help fund the provision of patient care in the community and at home. The grants are principally used principally to help pay the staff employed for those purposes.

The Equipment Fund comprises donations and grants received to purchase specific items of equipment.

The Family Support fund has been established by a grant from BBC Children In Need and other smaller grants to help fund the provision of bereavement counselling. Again the grants are principally used to help pay the staff employed for that purpose.

The Day Services fund is represented by grants received to help fund the provision of specific services at the Charity's day centres.

The Training fund was established from grants received to assist with the provision of clinical training of doctors and nurses throughout the charity.

Hospice UK Grant awarded funding to allow the hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

Transfer of funds relate general funds cover of over spend on restricted projects and replenishment of the Risk Reserve Fund.

Notes to the financial statements

For the year ended 31 March 2021

**20 Isabel Hospice Trading Limited**

The principal activity of Isabel Hospice Trading Limited (whose company number is 02417607) is the sale of purchased and donated articles. A summary of the trading results is shown below:

	2021 £'000	2020 £'000
Turnover and other operating income	1,945	2,602
Cost of sales and administrative costs	(1,998)	(2,245)
Net profit	(53)	357
Total retained earnings brought forward	147	147
(Loss) /Profit for the financial year	(53)	357
Gift aid distribution to the charity	-	(357)
Total retained earnings carried forward	94	147

During the year, the trading company paid to the Parent Charity £160,000 (2020: £160,000) for property rent and support services provided by Charity.

The assets and liabilities of the trading subsidiary were:

	2021 £'000	2020 £'000
Tangible assets	159	206
Current assets	234	338
Creditors within one year	(275)	(373)
Provisions for liabilities	(24)	(24)
Aggregate net assets	94	147

**21 Parent charity**

The parent charity's gross income and the results for the year are disclosed as follows:

	2021 £'000	2020 £'000
Gross income	7,660	5,814
Result for the year	2,474	(136)

**22 Operating lease commitments**

The following payments are committed to be made by the group and the Charity for land and buildings:

	Group		Charity	
	2021 £'000	2020 £'000	2021 £'000	2020 £'000
Less than one year	337	295	22	22
One to five years	993	658	64	64
Over five years	1,295	62	4	19
	2,625	1,015	90	105

In the year ended 31 March 2020, the group reviewed its operating lease commitments, resulting in a restatement to the prior year. This change had no impact on the prior year's primary financial statements.



**23 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 winding up is limited to £10.

**24 Post balance sheet event**

Following a review of the Charity's property portfolio and in a bid to maximise the return on assets, the Board have accepted an offer for the sale of the Head Office building (Milan House). This transaction is expected to be completed by the end of the next financial year 2021/22.