THE HOSPICE CHARITY PARTNERSHIP

England & Wales · Charity number 1156964

Details

Other names	JOHN TAYLOR HOSPICE CHARITY, Birmingham Hospice, Birmingham St Mary's Hospice
Status	Registered
Legal form	Charitable company
Company number	08991245
Registered	2014-05-08
Register	View on the Charity Commission register

Contact

Address	The Hospice Charity Partnership 176 Raddlebarn Road Birmingham B29 7DA
Phone	01214652000
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Website	www.birminghamhospice.org.uk

Activities

Objects: THE CHARITY'S OBJECTS ARE SPECIFICALLY RESTRICTED TO PROMOTE THE RELIEF OF ILLNESS OR SUFFERING BY:THE EXPERT CARE AND SUPPORT OF PEOPLE WITH PALLIATIVE AND END OF LIFE NEEDS;THE PROVISION OF SERVICES TO PROMOTE HEALTH AND WELLBEING FOR PATIENTS AND CARERS;THE CARE AND SUPPORT OF FAMILY AND FRIENDS WHO HAVE BEEN BEREAVED;THE ADVANCEMENT OF EDUCATION AND HEALTHCARE PRACTICE TO RAISE AWARENESS OF POTENTIALLY LIFE LIMITING ILLNESS; ANDTHE ADVANCEMENT OF HIGH QUALITY PALLIATIVE AND END OF LIFE CARE THROUGH THE COMMUNITY

Activities: The Company's objects are for the public benefit: the advancement of health, care and support for people living with a potentially life limiting illness who are, or who have been, patients of the hospice including the provision of support and advice to their family and friends and such other charitable activities as the Directors shall think fit.

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Classification

- **How:** Provides Buildings/facilities/open Space, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty, Accommodation/housing, Human Rights/religious Or Racial Harmony/equality Or Diversity
- **Who:** Children/young People, Elderly/old People, People With Disabilities, Other Defined Groups, The General Public/mankind

Geography

- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£19,129,813	£18,804,626	£13,163,883	363
2024-03-31	£24,999,679	£26,926,731	£12,838,697	410
2022-09-30	£15,566,576	£15,097,682	£14,332,883	371
2021-09-30	£17,697,476	£8,148,933	£14,632,336	264
2020-09-30	£6,670,017	£6,270,198	£4,889,780	156

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Trustees

Name	Role	Appointed
Clare Robinson		2026-04-18
Dawn Ward		2022-11-30
Dr Sahil Suleman		2025-11-19
Earl Laird		2024-02-01
Hendrika Breukelaar		2022-07-18
Jean-Luc Oliveira-Priez		2024-02-01
Julie Ward		2021-08-01
Oliver Nevel		2024-02-01
Paul Andrew Wainwright		2019-04-30
Robert Pickup		2019-07-01
Samantha Owen		2024-02-01
Steven Farmery-Vigus		2023-06-29
Susan Nicholls		2025-02-19

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THE HOSPICE CHARITY PARTNERSHIP

England & Wales - Charity number 1156964

Accounts

Birmingham Hospice

The Hospice Charity Partnership
Trading As Birmingham Hospice

Report and Financial Statements
Year ended 31 March 2025

Charity number: 1156964
Company number: 08991245

THURSDAY
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COMPANIES HOUSE

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EXECUTIVE SUMMARY

The Trustees are pleased to present this report on behalf of Birmingham Hospice for the financial year ending 31 March 2025.

This has been a year of both profound challenge and deeply inspirational. Like many hospices across the UK, we have faced significant financial pressures. Yet, throughout, our unwavering focus has remained on providing expert palliative and end of life care to some of the most diverse and economically deprived communities in the country. The need for our services has never been greater and neither has our commitment to delivering them with compassion, dignity, and professionalism.

At the beginning of the year, we set a planned deficit budget of £2.4 million. In response, we launched an organisational redesign programme to safeguard our future and ensure we can continue providing expert care to those who need us most.

While no services were withdrawn, we made the difficult decision to reduce our inpatient bed capacity. This change means we are currently caring for fewer people across our inpatient units. However, we remain focused on evolving our clinical model to better meet the changing needs of our population including through service redesign, digital innovation, and more flexible approaches to how and where we provide care.
To protect the quality and reach of our services for the long term, we are launching a three-year transformational plan. Rooted in our mission to care, this plan will enable us to extend our support to more people across Birmingham and Sandwell, while building a more financially and operationally sustainable hospice.

Even in the face of significant pressure, our teams continue to deliver the very highest standards of care. We are proud of our staff and volunteers, and we are investing in their wellbeing and professional development to ensure they feel supported, valued, and able to be their very best. Diversity, inclusion, and belonging remain central to our people strategy as they are to the care we provide.

This year's report is accompanied by an **Impact Report** launching our strategic plan for 2025–2028. This sets out four clear objectives that will guide Birmingham Hospice in the years ahead: to grow our reach, increase access to our care, improve equity, and secure long-term sustainability. Together, these goals will help us support more people in more places always with the compassion that defines us.

OBJECTIVES AND ACTIVITIES

Business Priorities
The current strategy has been built on the following core principles:

- **Build:** Building the foundations of the organisation, ensuring our infrastructure, systems integration and workforce are stable, adaptable and fit for the future.

- **Grow:** Growing our collective understanding of the needs of Birmingham's diverse communities, increase the number of hospice supporters and grow sustainable voluntary income.

Maintaining statuary income:
Significant focus has been given to working with the Integrated Care Board on ensuring the level of funding is maintained supporting our core services as a Hospice, the relationship is exploring new and innovative ways of working that will see our services support those greatest in need.

Growing and maintaining voluntary income:
Voluntary income is essential to delivery of holistic services that we provide; this includes, bereavement support, Living Well Centre services, family support. Our buildings and environment could not be maintained without public support and philanthropy, our communities during 2024/25 continued to support our Hospice, with fundraising, significant increase in legacies and supporting our retail outlets. We continue to bring back popular events and create new ones and through 2024, we have been preparing for our Bulls in the City fundraising event, which will launch in July and we are set to see our retail portfolio to grow to 27 shops during 2025 / 26.

Hospice facilities and environment

Following a successful fundraising campaign during 2024/2025, and the receipt of Hospice UK funds, our Erdington site has transitioned to single-occupancy rooms with ensuite facilities. These upgrades enhance dignity and privacy, whilst creating a more relaxing, personalised space for patients and their families.

Both sites require significant refurbishment, and in the coming year, we plan to develop an estates strategy that not only supports a modern and compassionate care environment but also prioritises environmental sustainability.

Public benefit

As part of the merger process, the Trustees reviewed the objects of the charity and agreed revised objectives as set out in the Articles of Association.

The charity's objectives are specifically restricted to promote the relief of illness or suffering by:

5.1 The expert care and support of people with palliative and end of life needs;

5.2 The provision of services to promote health and wellbeing for patients and carers;

5.3 The care and support of family and friends who have been bereaved;

5.4 The advancement of education and healthcare practice to raise awareness of potentially life limiting illness; and

5.5 The advancement of high-quality palliative and end of life care through the community.

Our services benefit a specific section of the public (adults and their families and carers within Birmingham and the surrounding counties, affected by progressive life-limiting illness) but there are no other restrictions on access to its services. We work with adults across the spectrum of illness that foreshortens life, and has a number of programmes to look at the prevention of illness itself.

The trustees believe the charity provides a public benefit through the work of Birmingham Hospice which offers palliative and end-of-life care to adult residents within its catchment area who are suffering from a terminal illness. All services provided by us are free of charge to patients and their carers or families, funded both by the taxpayer and directly by the public. We deliver services on behalf of various NHS Clinical Commissioning Groups (CCGs), and also works with other organisations, regulators, funders and community groups in its capacity as a charitable organisation.

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives that have been set.

ACHIEVEMENTS AND PERFORMANCE

This year, has remained difficult for us as an organisation with the significant organisational redesign and the impact that this has had on our people , we have continued to ensure that we provide high quality care and deliver on our objectives, despite the financial challenges that we have encountered, these include

Exceptional Care, National Recognition

Our commitment to clinical excellence remains unwavering. With 99% patient and family satisfaction and safety metrics consistently in the top quartile nationally, we are proud to deliver the highest standards of care. The dedication of our people has also been recognised through prestigious awards for our people:

- **High Sheriff's Award** – Ed Blackwell
- **Order of Mercy** – Richard Green
- **Birmingham Chamber of Commerce Award** - Excellence in Inclusive People

We continue to receive acclaim from our innovative models of care, our pharmacy teams presenting at the Palliative care congress on the impact of pharmacology services in hospice care and our medical team presenting work at the Hospice UK national conference supporting medical education and supporting local universities across Birmingham.

Leaders in Education and Research

As a teaching and research charity, we have strengthened our role in shaping the future of palliative and end of life care. Our education team expanded their impact, delivering hands-on training to medical students and doctors in training, and extending end of life care education across our NHS partnerships. We continue to receive acclaim with our pharmacy teams presenting at the Palliative care congress on the impact of pharmacology services in Hospice care and our medical team presenting work at national and international conferences.

Unprecedented Community Support

We are deeply grateful to our incredible community, whose generosity continues to astound us. In Q4 alone, an astounding **34,738 bags of donations** were given to our retail shops—supporting our retail growth and helping us exceed our fundraising targets.

2024/25 Fundraising Highlights:

- A record-breaking **800 participants** took part in our Chocolate 10km fun run
- **40 Bulls sponsored** for our exciting "Bulls in the City" art trail, launching summer 2025
- Our **first-ever door-to-door campaign** brought in a remarkable rise in donor numbers
- Finalists in the **Midlands Marketing Awards** for our impact at New Street Station
- Continued expansion of our retail presence with the opening of new hospice shops

As we look ahead, we do so with pride in what we've achieved and renewed energy to serve even more people with compassion and excellence.

Volunteers

Our volunteers continue to be an integral part in delivering all aspects of our services, including our Trustees who support the governance and leadership of our organisation. We could not deliver our work free of charge without the generous donation of time from around 660 people who delivered over 70,000 hours of support this year.

People volunteer for many reasons and the benefits are wide-ranging: from the feeling of making a difference to people with life-limiting illness, to joining a team and making new friends, or learning new skills and gaining valuable career experience.

We have four fundraising groups including the Kings Norton group, the Birmingham Hospice Choir, the Edgbaston Ladies Committee and the Craft Fundraising Group. In total over the last 12 months these volunteer groups raised a wonderful £20,868. Sadly, the Birmingham Hospice Choir disbanded at the end of the financial year but we are now supported by the new Birmingham Hospice Knitters group.

This year we had the support of six dedicated Collection Box Coordinators who, supported by a further two office volunteers, processed 255 collection tins, raising £23,540 in change from various locations across Birmingham and Sandwell.

Our successful Big Brum Bucket campaign returned for July 2024 and raised £11,085.19. Tree-cycling remains our largest community campaign. In January 2025 the campaign raised £139,930.99 with the support of over 200 volunteers, including 55 corporate volunteers. There were also six operational partners; Fitzgerald Contractors Ltd, Acorn Environmental Management Group, Edgbaston Stadium, PTV Group, Birmingham City Council, and Mercian Skip Hire

The retail operation was supported by 287 retail volunteers, giving 57,976 hours to the hospice.

Our approach to fundraising

As a charity that relies on voluntary income, we take an active and responsible approach to fundraising. A high-quality supporter experience is key and as a member of the Fundraising Regulator we are firmly committed to ensuring we are compliant with their Code of Practice.

We endeavour to operate in a transparent and open manner, as well as to protect members of our community and supporters who may be vulnerable. To support this, the following fundraising policies are in place and regularly reviewed:

- Third Parties and Corporate Partnerships
- Acceptance and Refusal of Donations
- Grants and Trusts Policy
- The Receipt and Safe Handling of Donations
- Protection of Vulnerable People Whilst Fundraising
- Events Policy.

Our fundraising activity is carefully planned and monitored using set templates to ascertain campaign feasibility, plan income and expenditure budgets, arrange logistics and ensure all health and safety requirements are met.

All supporter data is stored on Donorflex (our fundraising database) and is governed by strict consent, unsubscribe and complaints processes in line with UK GDPR legislation. Oversight of these processes is carried out by an internal group of staff (Information Governance Steering Group), who ensure we

keep up to date with new legislation and act appropriately on supporter feedback. We have a dedicated Supporter Experience and Finance Processing Manager whose role, led by the Senior Fundraising and Supporter Experience Manager, is to ensure that on a day-to-day basis we deliver a gold standard experience for all supporters and that any updates in UK GDPR or fundraising legislation is fed back to the team at monthly team meetings.

All our events are risk assessed and covered by professional insurers who we work closely with to ensure our supporters are properly protected when taking part in our events and community activities. All necessary venue permissions, temporary event notices, collection and music licenses, supplier public indemnity insurance and hygiene certificates are secured for every event hosted at external premises and using third party suppliers.

The past 12 months have been incredibly challenging financially for Birmingham Hospice, as well as for hospices across the UK. Rising costs and the ongoing impact of the cost-of-living crisis have significantly affected the number of people able to support us, placing increased pressure on our services and our ability to raise the income we need. In response to this, in May 2024, the Communications and Marketing Team, in collaboration with the Fundraising Team, launched a crisis fundraising appeal in response to the urgent financial challenges facing Birmingham Hospice and hospices nationwide. The campaign featured revised, impactful messaging designed to highlight the severity of the situation. Communications efforts included a multi-channel approach, encompassing direct mail, widespread media outreach resulting in coverage across local, regional, and national print, broadcast and online platforms, as well as printed promotional materials such as posters, flyers and postcards. A dedicated webpage and a series of powerful social media posts ensured continued public engagement. Additionally, the team launched a petition calling for fairer hospice funding, which was recognised as one of the Top 10 Birmingham-based petitions that year.

Alongside this, we launched two new income-generating initiatives: a face-to-face regular giving canvassing campaign to build long-term supporter income, and the Bulls in the City art trail – a major new fundraising and awareness event for summer 2025. The fundraising environment remains extremely competitive and uncertain, and the need to stay agile and adapt quickly has never been more important. The fundraising team continues to monitor performance closely, respond with mitigations, and explore new opportunities to protect and grow income in support of our vital hospice care.

Oversight of all fundraising activity carried out by the charity is the responsibility of the Trustees, Finance & Performance Committee and the Executive Team, specifically the Income Generation Director who reports monthly and quarterly on income and expenditure, activity against KPIs, complaints, risks and new opportunities.

Key successes for the Income Generation team during 2024-25 include:

- Expansion of our retail chain with two new shops opening in Marston Green and Boldmere. A further three shops are due to open early in the next financial year.
- In March 2025 we hosted its largest ever event welcoming over 800 runners to the Chocolate 5k, raising over £45k.
- 40 corporate sponsors and supporters were secured to support the delivery of the Bulls in the City art trail and 87 local schools and community groups were engage in the campaign.
- We secured a generous donation of £50k from the Wolfson foundation for our Erdington IPU refurbishment project.
- Doocey Group once again chose Birmingham Hospice as charity of the year for their annual golf event raising an incredible £55k.

Ensuring excellent fundraising customer service
The charity is committed to providing an excellent service to supporters, but we recognise that as campaigns and supporter numbers grow, occasionally things do not go according to plan. With this in mind, we encourage complaints and feedback to help shape the ongoing development of our activity and the way in which we work with our supporters.

From April 2024 to March 2025 we received 3 complaints relating to fundraising. A communication to address each complaint was sent individually to the complainant and they were all resolved amicably.

The nature of the complaints were as follows:

1. A raffle ticket postal mailing was sent to one donor who had selected no marketing via postal as a preference.
2. A participant at the Rainbow Rush event complained that they couldn't easily remove the yellow powder paint from their hair.
3. A supporter was unhappy that she had not been communicated with about a Memory Tree Leaf renewal.

Ongoing evaluation
Complaints and feedback help us to monitor the effectiveness of our fundraising activities, and we actively review and analyse the complaints we receive to recognise trends and take appropriate action at an early stage. Once resolution of the complaint is achieved, learning outcomes are identified and shared to improve the quality of the service provided, improve relationships with service users, customers and supporters, and promote best practice with our people. Should the complainant not be satisfied with the response from the hospice, we refer them to the Fundraising Regulator for independent adjudication.

The Fundraising Team shares and reviews all feedback received and presents this information in a post campaign evaluation report. During the year, we worked hard to ensure that we were communicating with our supporters appropriately and thanking them in a timely manner for their kind donations.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Birmingham St Mary's Hospice and John Taylor Hospice progressed through to a full merger on 1 August 2021. John Taylor Hospice was then renamed as The Hospice Charity Partnership. All assets and liabilities of St Marys Hospice Limited (company number 01161308, charity number 503456) and St Mary's Hospice (Trading) Limited (company number 02696641) were transferred over to John Taylor Hospice., which became the Hospice Charity Partnership trading as Birmingham Hospice.

Reference and administrative information set out on page 20 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019).

The Articles of Association

The Articles of Association is the governing document that sets out rules and requirements relating to Association Members; terms of office and election of Trustees and Honorary Officers; disqualification of Trustees; and proceedings of the Board.

Board of Trustees

The Board of Trustees (the Board) is the governing body of the charity. The purpose of the Board is to agree the strategic direction of the charity and to ensure the organisation delivers on its plans and objectives as set out in the governing documents. The Board is accountable for the organisation's compliance with regulation and legislation, as well as ensuring that the values, ethos and reputation of the Hospice are upheld.

The Board also supports the Chief Executive and Executive Team in carrying out their executive responsibilities, and holds them to account for their delegated responsibility for the strategic and operational leadership and management of the hospice. There is a clear understanding of the distinction between governance and management.

The Trustees have delegated day-to-day management of the charity to the Executive Management Team as outlined on page 20 in this report. These personnel have delegated authority to make decisions on behalf of the charity. Formal meetings of the Executive Management Team are held on a monthly basis and a number of other committees form part of the decision-making structure for recommendations to the Board of Trustees or its subcommittees. These include an Information Governance Committee, Clinical Governance Committee, and Health and Safety Committee.

There can be up to 16 Trustees on the Hospice Board (with a quorum of four). The Board holds ultimate responsibility for the employment of all staff who are employees of the hospice. The Board meets at least four times a year with additional ad hoc meetings as and when required.

The Board is the final decision-making body for new policy, strategic planning and approval of financial budgets. The Board is also responsible for monitoring the implementation of the strategy and financial activity.

The Hospice Chief Executive and Executive Directors attend Board meetings. Trustee and Director Indemnity insurance has an indemnity limit of £2 million.

TRUSTEES' AND STRATEGIC REPORT FOR THE YEAR ENDED 31 MARCH 2025

The directors of the company are referred to as charity trustees for the purpose of charity law and under the company's articles are known as trustees. The method of appointing trustees is as governed by the Articles of Association, outlined below.

Appointment of Trustees

Appointment of Hospice Trustees is by decision of the Board of Trustees, who have the power to appoint any person who is able and willing to fulfil the role.

A Trustee shall hold office for three years from the date of their appointment, at the end of which they shall be eligible for re-appointment for up to two further terms of up to three years, but shall not be eligible for reappointment as a Trustee having served their maximum term of office of nine years.

Trustees are appointed following a recruitment process which may include advertisement or a recruitment event. An expression of interest form and curriculum vitae is requested followed by interview with an Appointments Panel of Trustees and Executive Directors. The panel will normally include the Chairman and Chief Executive. References are taken and appropriate suitability checks are made prior to appointment, as Trustees may be given power of inspection.

The role of Chair is for up to two terms of three years. This also follows a recruitment process supported by succession plan and/or advertisement and search. This includes interview with an Appointments Panel of Trustees and Executive Directors.

None of the trustees receive any employment benefits in relation to their role as trustees of the charity. The salaries of the Directors (Executive Management Team) of the company are set by the CEO, Director of People & Culture and specified trustees.

Induction and training of Trustees

New trustees receive induction to the charity that includes details of their legal obligations under charity and company law, the content of the Articles of Association, the work of the hospice and the Board of Trustees. Trustees have a bespoke induction programme put in place and are involved in staff mix and mingle sessions and visits to the hospice and within the community to speak with staff and triangulate evidence provided to them at board and subcommittee meetings. Trustees are encouraged to participate in Trustee 'walkabout' visits.

Trustees are also invited to attend a range of educational sessions including Hospice UK events, giving further opportunities for development. An annual Away Day of Trustees and Executive Directors also takes place, with a focus on the strategic direction of the charity.

Meetings of Trustees

The Board of Trustees meets quarterly during the year and the directors of the hospice are in attendance. At least four trustees have to be present in order for the meeting to be quorate.

The Board also has four subcommittees:

- Audit and Assurance Committee
- Quality Governance Committee
- Finance and Performance Committee
- People Committee.

All are chaired by trustees and have senior management in attendance. The Audit and Assurance Committee, Quality Governance Committee, Finance and Performance Committee, and People Committee meet quarterly before the Board meetings. The CEO, Executive Directors and an agreed set of trustees meet as required to agree remuneration.

These meetings ensure that the charity is fulfilling the requirements of its commissioners and regulators, and has regard to charitable and company law.

Strategic leadership and governance framework

The Trustees have overall legal responsibility for administering The Birmingham Hospice. The Trustees are responsible for holding the CEO and Senior Management Team to account, for ensuring that the hospice is managed efficiently and effectively, and that the highest standards of care are provided. They are responsible for ensuring adequate accounting records are kept that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company, and enable them to ensure that the financial statements comply with the Companies Act 2006. They are responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities, and for the maintenance and integrity of the corporate and financial information included on the company's website.

The Chief Executive is responsible for the leadership of the Charity, which involves assisting the Board in determining the strategic vision and plans for the organisation, and for ensuring effective achievement of those plans. The Chief Executive and Executive Team also ensure that Trustees are actively engaged in exercising their accountabilities and assure effective and transparent governance across the whole organisation. This is provided through a leadership and governance framework of which there is a core leadership and governance structure.

Leadership

The Executive Director Team comprises:

- Chief Executive
- Clinical Services Director
- Director of Finance
- Income Generation Director
- Director of People & Culture

Meeting weekly, this team is engaged in looking at the wider strategic implications of changes that affect the charity sector and the operational environment. Executive Directors have powers to make decisions within the approved budget, operational plan and hospice policies and procedures, including standing financial instructions which set out delegated authority for financial decisions. Finance and Performance Committee, People Committee, Quality Governance Committee, and Audit and Assurance Committee (within given limits) or Board authority is required for investment or service changes outside these parameters.

The Executive Directors have specific responsibilities within the grievance and disciplinary procedures.

Governance Committees

The Executive Team is responsible for management and assurance of quality and risk through four additional Governance Committees. These aim to ensure that courses of action are taken to minimise and remedy identified risk and poor performance, and that systems are in place to share good practice and continually improve the quality of care, clinical effectiveness and leadership across the hospice.

Governance Committees have delegated responsibility to approve policies which are then recommended to the Board for ratification. Each committee meets at least once a quarter.

The Governance Committees are:

- Clinical Governance (reports to Quality Governance Committee)
- EMT Finance (reports to Finance and Performance Committee)
- Information Governance (reports to Audit and Assurance Committee)
- Health and Safety (reports to People Committee)
- Remuneration Committee (meets as required),

The Charity Governance Code

The hospice meets the outcomes of the Charity Governance Code and adheres to the seven principles as follows:

Organisational purpose

The Board is clear about the organisation's aims and objectives, ensuring decisions taken at board level are aligned with these aims. The organisation's aims and objectives are detailed in this report (see page 4) and reviewed at Board away days every year.

Leadership

The Board is responsible for the strategic direction of the hospice, ensuring the organisation delivers on its plans and objectives as set out in the governing documents, through governance committees, board meetings and regular Trustee walkabouts.

The objectives are embedded in the organisation, forming part of recruitment and appraisal systems. The Board also ensures the appropriate arrangements are in place for the recruitment and management of volunteers, with a volunteer manager in place and strong links to the workforce department.

The Chief Executive and Executive Team also ensure Trustees actively exercise their accountabilities through transparent governance across the whole organisation.

Integrity

The Board works to the Nolan Principles of Public Life and has in place registers of interests and a hospitality and gifts register which are shared with the Audit & Assurance Committee on a regular basis.

Decision making risk and control

The Board has sound systems of delegation in place with oversight being given by the Governance Committees. Risk is monitored through regular review of the strategic/organisational risk registers at both committee and Board level. The Board publishes a statement of governance each year via the annual accounts and trustee statement, in line with the Strategic Leadership and Governance Framework which outlines its risk systems and internal controls.

Board effectiveness

Trustees are recruited specifically to bring a range of professional proficiency and sector backgrounds to the Board, in order to fill identified skill and expertise gaps. Trustees undergo regular training and development, and all serve set terms of office. The Board meets on a regular basis and has clear work plans and action logs in place. Skills analyses take place to determine the correct skill mix for the trustees, which informs recruitment, and regular appraisals are in place. All trustees have set terms of office and an induction process is in place for all new trustees. The chairman requests reflections from all Board members at the end of each meeting.

Diversity

The Board's approach to diversity supports its effectiveness, leadership and decision-making. The Board understands its responsibilities in this area, reviewing skills, experience and diversity of trustees. In 2020 an Equality and Diversity Action plan had been agreed and has now been implemented with accreditation for Investors in Diversity status achieved, and a staff Inclusion Group has been established.

Openness and accountability

The Board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be.

The Board ensures we are transparent in its reporting, publishing key documents on its website. The Board works with key stakeholders, particularly neighbouring hospices and NHS commissioners. We work with other providers in the local healthcare economy through the End of Life Care Board in the Birmingham and Solihull Integrated Care System (ICS).

FINANCIAL REVIEW

There have been adequate controls in place over the collection and reporting of information and data collection conforms to specific data quality standards.

In addition to core NHS funding, the charity is required to raise funds by way of donations, grants and other activities. We had a number of activities in the period to increase awareness among the population served. Marketing campaigns across the city of Birmingham and other areas are designed to develop and maintain the profile of the hospice and to make it supporters' first choice charity to support. We have improved supported fundraising offers for corporate, other charity and individual supporters, including transparency on its costs.

Donation and legacy funding continues to be maintained, which is an essential addition to NHS funding to enable the hospice to fund services.

The Charity ended the 2024/25 financial 12-month period with a surplus of £325,186 (2022/24: deficit £1,494,186). Total funds as at 31 March 2025 stand at £13,163,884 (2022/24 £12,838,697), Restricted Funds as at 31 March 2025 £477,079 (2022/24: £183,211) and Unrestricted Funds as at 31 March 2025 £12,686,807 (2022/24: £12,655,486).

Charitable activities consisting of inpatient services, community palliative care, Living Well Centres, Hospice at Home and education accounted for 79% (2022/24: 84%) of expenditure for the year.

Of total income, 58% (2022/24: 63%) were generated directly by these charitable activities from the NHS, and therefore we continue to rely on non-statutory fundraising.

Principal sources of funding – NOTE this year was 12 months compared to prior period of 18 months

Donations and gifts

The Charity was pleased to receive donations and gifts of £1,060,063 (2022/24: £960,944), an increase of £99,119 (10%).

Legacies

Income of £1,537,426 (2022/24: £1,397,306) was received from gifts generously left by supporters in their wills. This was an increase of £140,120 (10%) year-on-year and represents 8% of the charity's total funding. Bequests remain vital to the hospice's continued financial viability, and sincere thanks are due to all those people who continue to remember the hospice in this way.

NHS grants

Income from the NHS was at £11,166,317 (12 months) from £15,730,665 (18 months), this included funding for HoBS/PHB and an inflationary increase.

This contracted income from Birmingham and Solihull CCG and Sandwell accounts for 58% of the charity's income.

Trust and Grants

The Trustees remain very grateful for the extremely high level of support received from a range of charitable trusts and foundations. In 2024/25 this totalled £215,974 (2024: £467,301). This was a decrease of £251,327 (but is for 12 months compared to 18 months prior period).

Lotteries

The Charity now owns a one-third share of the equity of TLC Lotteries Ltd (TLC). This company is a joint venture between Birmingham hospice, Acorns Children's Hospice and Focus Birmingham. TLC is managed by a Lottery Manager. The TLC Board of Directors comprises two representatives from each of the three charities. The hospice representatives are a Company Director and the Director of Income Generation. TLC is a decision-making organisation unless Trustee approval is required from any of the owner charities.

During 2024/25 £78,656 (22/24: £168,302) was generated from lottery activity, but again 12 months compared to 18 months.

Trading activities

We operated 24 charity shops across the city and surrounding area. Income from trading was £3,099,001 (2022/24 £3,724,900) which is 12 months compared to 18 months in the previous period. Trading costs were £2,483,235 (2022/24: £3,286,973)

Trading income included £289,381 (2022/24: £272,020) relating to donations under the retail Gift Aid scheme, which operates in all of our charity shops.

Investment income

Investment income was £235,338 (2022/24: £344,938). This income was earned through the activities of listed investments of 63% and interest earnt on short term cash deposits on the money market of 37%.

Reserves Policy

The reserves policy of the Hospice takes into account the nature of the income and expenditure streams and the need to provide against the uncertainty of voluntary income, especially the significant variability of legacy income.

The Trustees have reviewed the risks associated with each major income and expenditure stream and quantified potential variability to determine the value of reserves required. The trustees agree to maintain 6 to 9 months of operational cover in the form of unrestricted cash, the investment portfolio and assets that could be liquidated if necessary.

The Executive Team works closely with commissioners regarding future services and sustainability. The Finance and Performance Committee, a sub-committee of the Board, meets four times per year and closely monitors results and future forecasts.

Restricted funds are monies given to the hospice for specific capital and project work within the overall aims of the organisation. The funds represent both capital and revenue funds and are detailed in note 16 to the accounts. Grants and donations received for capital purposes are accounted for as a restricted funds and the depreciation of the underlying fixed asset is charged to these funds over their lifetime. Revenue funds are received and will be expensed over the lifetime of the project.

Total reserves at the year-end stood at £13,168,983 (2022/24: £12,838,696). At the year-end the charity held unrestricted reserves of £12,691,905, that included free reserves (total reserves excluding fixed assets and funds held on investment) of £3,183,753 (2022/24: £3,155,287).

The current free reserves of £12.7 million which is above the minimum requirement of £9.9 million. This includes £4.1m in cash, designated reserves of £251k held for capital asset purchases and £4.7million in the investment portfolio.

Principal risks and uncertainties

Organisational risks are under constant review at the hospice. The Executive and Business Development Team maintain a 'live' risk register that assesses governance, operational activities and strategic risk.

On a quarterly basis the Governance Committees (as detailed on page 11) review and challenge the risks relevant to their committee to ensure the level of risk remains appropriate and that mitigating actions are in place to effectively manage the risk.

The risk register includes a Gross, Net and Residual Risk score, enabling Trustees and Executives to focus their attention accordingly.

The entire risk register is presented to the Board of Trustees on an annual basis, identifying the procedures and systems in place to manage those risks with high risk ratings.

A wide range of policies and procedures are in place to minimise and manage risk as well as ensure compliance with legislation and CQC standards.

The accounting records are maintained by the hospice and the system of internal control pertaining to the charity is in place. These are designed to provide reasonable assurance against material misstatement or loss. They include:

- an annual budget approved by the Board
- a clear income strategy for the charity
- progress against the charity budget is reported quarterly at Board meetings and by correspondence in the intervening months;
- delegation of authority and segregation of duties.

External environment

The economic climate has become more challenging, leading to the Charity funding a 2.5% pay rise for all staff.

Managing staffing during and post pandemic is extremely challenging and we have managed to maintain services throughout. Staff are exhausted but we continually look at new ways to support them through these difficult times. We have provided psychological support, counselling and supervision for staff.

Merging during a pandemic has brought unique challenges that has been challenging for the workforce. The pandemic strengthened the case for change and in many ways has expedited new ways of working.

Recruiting clinical staff remains challenging; there is a lack of nurses and doctors and this is a national crisis that will go on for some time. We have had some wins in recruiting new staff but this often affects other services across the system. We are all recruiting from the same pool of people and the pool continues to shrink. We have begun to look at recruiting different types of allied health professionals with skills that are transferable to a hospice service. However, we will always be majorly reliant on a nursing and medical workforce which is currently depleted nationally. We hope that launching the new strategy and a major capital appeal will increase staff retention and recruitment.

Financial sustainability

The organisation receives 58% of its income from the NHS. This reflects the high level of NHS funding from the historic John Taylor site and the local challenges for fundraising in a very young, diverse city with significant health and economic inequalities. The release of NHS England guidance in July 2022 supports the long-term future sustainability of the charity as this states that the NHS and Local Authority must ensure ongoing sustainable funding sources for our activity by 2025/26.

We continue to be reliant on charitable giving and the unpredictability of legacy income remains; we do budget conservatively for this to mitigate the associated risks.

Taxation Status

HMRC has recognised Birmingham Hospice as a charity for tax purposes and as a charitable company. This means the charity can claim back basic rate Income Tax on certain donations received from individuals through the Gift Aid scheme. At present there is no taxable (non-exempt) income or gains in the charity and therefore no tax to pay.

Investment policy and performance

The investment policy, which was set in conjunction with the investment managers Quilter Cheviot remains unchanged. The objectives of that policy are as follows:

- To provide capital growth over the longer term and the portfolio will supplement the primary source of income for essential charitable expenditure.

Although generally, the interests of a charity's beneficiaries are best served by seeking to obtain a financial return from a suitably diverse portfolio of investments, the investment manager does have due regard to those assets which could be detrimental to the aims and objectives of Birmingham Hospice. Trustees aim to avoid directly investing in companies whose main business is in tobacco, alcohol and pharmaceutical companies that don't adhere to the ABPI code of conduct.

Performance targets have been set for the Investment Manager to achieve a return consistent with the objective set out above while maintaining an acceptable level of risk. Performance of the portfolio is reviewed quarterly with the Investment Manager.

Remuneration policy

We have published pay scales, which are reviewed annually by the Board of Trustees. All new employee job descriptions, and substantive changes, are subject to evaluation by an external HR specialist to determine pay level. All roles are reviewed annually as part of the standardised hospice-wide appraisal process, and re-evaluated if job descriptions have changed materially. The Remuneration Committee oversees the remuneration process for the Chief Executive and Executive Directors.

Trustees do not receive any form of remuneration for their roles.

THE HOSPICE CHARITY PARTNERSHIP

TRUSTEES' AND STRATEGIC REPORT FOR THE YEAR ENDED 31 MARCH 2025

Statement of Responsibilities of the Board of Trustees

The Trustees (who are also Directors of Birmingham Hospice for the purposes of company law) are responsible for preparing the Trustees' annual report, including the strategic 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 of the incoming resources and application of resources, including the income and expenditure, of the charity 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 Statement of Recommended Practice (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 ensuring adequate accounting records are maintained that disclose, with reasonable accuracy at any time, the financial position of the charitable company and enable assurance that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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.

The Trustees' annual report which includes the strategic report will be recommended by the audit and assurance committee on 11 August 2025 and approved by the Trustees at a full board meeting on 18 September 2025 and signed on their behalf by

DAWN WARD

Chair



THE HOSPICE CHARITY PARTNERSHIP

REFERENCE AND ADMINISTRATION DETAILS

PATRONS

Mrs Judy Dyke LLB, TEP
Mrs Llewela Bailey

BOARD OF TRUSTEES

Mr P Wainwright	appointed April 2019
Mr R Pickup	appointed July 2019
Mr M Goodwin	appointed April 2020
Mrs J Ward	appointed July 2021
Mrs H Breukelaar	appointed July 2022
Mrs Dawn Ward CBE DL (Chair)	appointed November 2022
Mr S Farmery-Vigus	appointed June 2023
Ms S G Owen	appointed February 2024
Mr JL F R Oliveira-Priez	appointed February 2024
Mr O J Nevel	appointed February 2024
Mr E Laird	appointed February 2024
Mr P Shanahan	Re-appointed July 2024
Ms L Clarke	appointed November 2024
Mrs Susan Nicholls	appointed February 2025
Mr P Bytheway	resigned July 2024
Mrs K Sharpe	resigned August 2024
Mr S N Suleman	resigned May 2025

EXECUTIVE OFFICERS

Chief Executive	Mr P Bytheway (appointed November 2024)
Director of Clinical Services	Miss S Mimmack
Director of Finance	Mrs J Armstrong
Director of Income Generation	Miss L Watkins
Director of People & Culture	Mrs M Stuteley
Chief Executive	Mr S Fuller (resigned December 2024)

THE HOSPICE CHARITY PARTNERSHIP

REFERENCE AND ADMINISTRATION DETAILS

REGISTERED OFFICE
76 Grange Road
Erdington
Birmingham
B24 0DF

AUDITOR
Haysmac LLP
10 Queen Street Place
London
EC4R 1AG

BANKERS
HSBC Bank
6th Floor
120 Edmund Street
Birmingham
B3 2QZ

INVESTMENT MANAGERS
Quilter Cheviot
8th Floor
Two Snowhill
Birmingham
B4 6GA

REGISTERED CHARITY NUMBER
1156964

COUNTRY OF REGISTRATION
England and Wales

REGISTERED COMPANY NUMBER
08991245

COUNTRY OF INCORPORATION
United Kingdom

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of The Hospice Charity Partnership

Opinion

We have audited the financial statements of Birmingham Hospice for the year ended 31 March 2025 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2025 and of the charitable company's net movement in funds, including the income and expenditure, for the period then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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 (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

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

- adequate accounting records have not been kept by the charitable company; or
- the 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 for the financial statements
As explained more fully in the trustees' responsibilities statement set out on page 19 the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to regulatory requirements of the Care Quality Commission, Charity Commission, Fundraising regulations, employment law, and GDPR and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, the Charities Act 2011, payroll tax and VAT.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journals to revenue, management bias in accounting estimates and application of controls around authorisation of expenditure. Audit procedures performed by the engagement team included:

- Inspecting trustees' meeting minutes;
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

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

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.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Lee Stokes (Senior Statutory Auditor)
For and on behalf of HaysMac LLP, Statutory Auditor

Date: 10 November 2025

10 Queen Street Place
London
EC4R 1AG

THE HOSPICE CHARITY PARTNERSHIP

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2025 INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT

	Notes	Unrestricted funds for the year ended 31 March 2025 £	Restricted funds for the year ended 31 March 2025 £	Total funds for the year ended 31 March 2025 £	Total funds for the 18 month period ended 31 March 2024 £
INCOME FROM:					
Donations and legacies	1	2,817,039	191,751	3,008,790	2,969,553
Charitable activities	2	10,954,960	211,357	11,166,317	15,730,665
Other trading activities	3	4,719,367	-	4,719,367	5,954,523
Investments	4	235,338	-	235,338	344,938
Total		18,726,704	403,108	19,129,812	24,999,679
EXPENDITURE ON:					
Raising funds	5	1,361,541	109,240	1,470,781	1,522,928
Charitable activities	5	14,835,346	-	14,835,346	22,549,698
Other Trading Activities	5	2,488,335	-	2,488,335	2,854,105
Total		18,685,222	109,240	18,794,463	26,926,731
Net income before net gains/(losses) on investments		41,482	293,868	335,349	(1,927,052)
Net gains/(losses) on investments	13	(10,164)	-	(10,164)	432,866
Transfers between funds	16	-	-	-	-
Net Movement in funds		31,318	293,868	325,185	(1,494,186)
Reconciliation of funds:					
Total funds brought forward	16	12,655,486	183,211	12,838,697	14,332,883
Write off of subsidiary shares (intangible)		-	-	-	-
Total funds carried forward	16	12,686,805	477,079	13,163,883	12,838,697

The notes on pages 35 to 48 form part of these financial statements.

THE HOSPICE CHARITY PARTNERSHIP

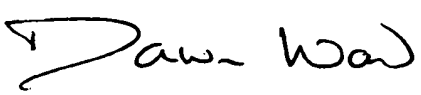
BALANCE SHEET AS AT 31 MARCH 2025

	Note	31 March 2025 £	31 March 2024 £
FIXED ASSETS			
Tangible assets	12	4,833,113	4,820,096
Investments	13	4,669,939	4,680,103
Investment in Joint Venture		-	5,100
		9,503,052	9,505,299
CURRENT ASSETS			
Stock		1,178	5,836
Debtors	14	908,513	800,027
Cash at bank and in hand		4,082,026	3,963,857
		4,991,717	4,769,720
CURRENT LIABILITIES			
Creditors: amounts due within one year	15	(1,330,886)	(1,436,322)
NET CURRENT ASSETS		3,660,831	3,333,398
TOTAL ASSETS LESS CURRENT LIABILITIES		13,163,883	12,838,697
NET ASSETS			
REPRESENTED BY			
Restricted funds	16	477,079	183,211
Unrestricted funds	16	12,686,805	12,655,486
		13,163,883	12,838,697

The notes on pages 35 to 48 form part of these financial statements.

The financial statements were approved on behalf of the Trustees and authorised for issue on 18 September 2025 and signed on their behalf by:

Dawn Ward
Chair
Registered Company no : 08991245



THE HOSPICE CHARITY PARTNERSHIP

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2025

	For the year ended 31 March 2025 £	For the 18 month period ended 31 March 2024 £
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income for the reporting period (as per the statement of financial activities)	325,185	(1,494,186)
Adjustments for:		
Prior year audit adjustment	-	
Depreciation charges	519,983	440,822
(Gains)/losses on investments	167,954	(1,708,370)
(Gain)/Loss on the sale of fixed assets	14,846	(4,204)
Dividends and interest from investments	(235,338)	(344,938)
(Increase)/decrease in debtors	(108,486)	964,872
(Increase)/decrease in stock	4,658	15,777
Increase/(decrease) in creditors	(105,435)	(250,824)
Net cash provided by operating activities	583,367	(2,381,051)
CASH FLOWS FROM INVESTING ACTIVITIES		
Dividends and interest from investments	235,338	344,938
Proceeds from the sale of property, plant and equipment	-	4,983
Purchase of property and equipment	(542,746)	(793,276)
Movements in investments	(157,790)	1,513,538
Net cash used in investing activities	(465,198)	1,070,183
CHANGE IN CASH AND CASH EQUIVALENTS IN THE REPORTING PERIOD	118,169	(1,310,868)
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE REPORTING PERIOD	3,963,857	5,274,725
CASH AND CASH EQUIVALENTS AT THE END OF THE REPORTING PERIOD	4,082,026	3,963,857

ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2025

GENERAL INFORMATION

Birmingham Hospice ("the charity") is a charitable company limited by guarantee and is incorporated in England, UK (Company registration number 08991245 and charity number 1156964). The address of the charity's registered office and principal place of business is 76 Grange Road, Erdington, Birmingham B24 0DF.

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

BASIS OF ACCOUNTING

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019, FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), Charities Act 2011 and the Companies Act 2006.

Birmingham Hospice meets the definition of a public benefit entity under the Charities Act. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes. The financial statements are presented in sterling which is also the functional currency of the charity.

GOING CONCERN

Birmingham Hospice Directors/Trustees have prepared the charity accounts on a going concern basis because assurance has been gained from the main NHS funder that their contract to procure services from the hospice will run until 31 March 2026 at the earliest. There is no fundamental uncertainty about the charity's ability to pay debts as they fall due for at least a year after the financial statements have been signed.

INCOME

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy and will probably be received. The following specific policies are applied to particular categories of income:

- Donations receivable for the general purposes of the charity are credited to unrestricted funds. Donations subject to specific wishes of the donors are carried to relevant restricted funds.
- For legacies, entitlement is taken at 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 Trust 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.

ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2025

- 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.
- Investment income is recognised on an accruals basis.
- Grants receivable are recognised in the statement of financial activities when the conditions for receipt have been complied with.
- Other income is accounted for in the year in which the service is provided.
- The value of voluntary work is not included in the financial statements.
- Clothing and other items donated for resale through the charity shops are included as income when they are sold. They are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the account.

EXPENDITURE

Liabilities are recognised as expenditure or deferred on the balance sheet as soon as there is a legal or constructive obligation committing the charity to the expenditure. The following specific policies are applied to particular categories of expenditure:

- Expenditure on raising funds are those costs incurred in attracting voluntary income and those incurred in trading activities that raise funds.
- Charitable activities comprise expenditure including both direct costs and support costs relating to the activity together with governance costs.
- Governance costs comprise the costs of running the charity, including strategic planning for its future development, external audit, any legal advice for the trustees, professional indemnity insurance for trustees and officers, and all the costs of complying with constitutional and statutory requirements, such as the costs of Board and Committee meetings and of preparing statutory accounts and satisfying public accountability.
- Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources, e.g. staff costs by the time spent and other costs by their usage.

FUND ACCOUNTING

General unrestricted funds comprise the accumulated surpluses and deficits on general funds. They are available for use at the discretion of the trustees in furtherance of the general charitable objectives.

Restricted funds are created when grants and donations are received either for a particular area or purpose, the use of which is restricted to that area or purpose. Expenditure is charged to the statement of financial activities when incurred.

FINANCIAL INSTRUMENTS

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

ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2025

Financial assets and financial liabilities are recognised when the charity becomes a party to the contractual provisions of the instrument and are offset only when the charity currently has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

FINANCIAL ASSETS

Trade debtors

Trade debtors which are receivable within one year and which do not constitute a financing transaction are initially measured at the transaction price. Trade debtors are subsequently measured at amortised cost, being the transaction price less any amounts settled and any impairment losses.

A provision for impairment of trade debtors is established when there is objective evidence that the amounts due will not be collected according to the original terms of the contract. Impairment losses are recognised in Statement of Financial Activities for the excess of the carrying value of the trade debtor over the present value of the future cash flows discounted using the original effective interest rate. Subsequent reversals of an impairment loss that objectively relate to an event occurring after the impairment loss was recognised, are recognised immediately in Statement of Financial Activities.

Financial Liabilities

Financial instruments are classified as liabilities according to the substance of the contractual arrangements entered into.

Trade creditors

Trade creditors payable within one year that do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being the transaction price less any amounts settled.

OPERATING LEASES

Operating leases are charged to the Statement of Financial Activities equally over the period to which they relate.

PENSION COST

Past and present eligible employees are covered by the provision of the NHS Pension Scheme. Details of the benefits payable under the provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers these employers, GP 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 those bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. For non-eligible employees, those who join the company and have not been previously part of the NHS Pension Scheme, the company offers a personal pension plan administered by Royal London (previously known as Scottish Life). This scheme is also accounted for as a defined contribution scheme with costs to the company of participating in the scheme taken as equal to the contributions payable to the scheme for the accounting period.

ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2025

TANGIBLE FIXED ASSETS

Tangible assets are stated at cost less depreciation. Depreciation is provided on a straight line basis to write off fixed assets over their estimated useful lives as follows:

Freehold Buildings	over 50 years
Leasehold improvements	over 50 years
Computer Equipment	over 3 years
Fixtures, fittings, vehicles	over 2 to 6 years
Clinical	over 2-5 years
Retail fixtures and fittings	over 3-10 years

Freehold land and assets in the course of construction are not depreciated.

Assets costing less than £1,000 are written off in the year of acquisition unless they form part of a group of assets. All other assets are capitalised.

Leasehold improvements to the hospice are written down in line with the building policy over 50 years, as it is the opinion of the directors that the lease of the hospice is interlinked with the freehold buildings, and they should have the same period of depreciation.

Impairment of Fixed Assets

An assessment is made at each reporting date of whether there are indications that a fixed asset may be impaired or that an impairment loss previously recognised has fully or partially reversed. If such indications exist, the company estimates the recoverable amount of the asset. Shortfalls between the carrying value of fixed assets and the recoverable amount, being the higher of fair value less costs to sell and value-in-use, are recognised as impairment losses in the Statement of Financial Activities.

INVESTMENTS

Investments are stated at their market value at year end. All movements in value are shown in the Statement of Financial Activities.

TAXATION

The company has been granted exemption by HMRC from any corporation tax liability on its charitable activities.

JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Preparation of the financial statements may require management to make significant judgements and estimates.

ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2025

Significant judgements

Donated goods for resale are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the accounts.

Significant estimates

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 expectation 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. There are no significant estimates having a material effect on the financial statements.

THE HOSPICE CHARITY PARTNERSHIP

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025

1 INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds for the year ended 31 March 2025 £	Restricted Funds for the year ended 31 March 2025 £	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
Donations	868,312	191,751	1,060,063	960,944
Gift Aid on donations	195,327	-	195,327	144,002
Legacies	1,537,426	-	1,537,426	1,397,306
Grants	215,974	-	215,974	467,301
Total 2025	2,817,040	191,751	3,008,791	2,969,553
Total 2024	2,677,428	292,125	2,969,553	

2 INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds for the year ended 31 March 2025 £	Restricted Funds for the year ended 31 March 2025 £	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
NHS grants and contracts for patient care	10,954,960	211,357	11,166,317	15,730,665
	-	-	-	-
Total 2025	10,954,960	211,357	11,166,317	15,730,665
Total 2024	15,730,665	-	15,730,665	

3 OTHER TRADING ACTIVITIES

	Unrestricted Funds for the year ended 31 March 2025 £	Restricted Funds for the year ended 31 March 2025 £	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
Other income	338,031	-	338,031	2,061,321
Fundraising income	1,203,679	-	1,203,679	-
Lottery income	78,656	-	78,656	168,302
Retail income	3,099,001	-	3,099,001	3,724,900
Total 2025	4,719,367	-	4,719,367	5,954,523
Total 2024	5,954,523	-	5,954,523	

4 INVESTMENT INCOME

	Unrestricted Funds for the year ended 31 March 2025 £	Restricted Funds for the year ended 31 March 2025 £	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
Bank interest	149,088	-	149,088	203,713
Dividends from Investments	86,250	-	86,250	141,225
Total 2025	235,338	-	235,338	344,938
Total 2024	344,938	-	344,938	

5 ANALYSIS OF EXPENDITURE

	Staff Costs for the year ended 31 March 2025 £	Depreciation for the year ended 31 March 2025 £	Other Costs for the year ended 31 March 2025 £	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
(a) *Costs of raising funds*					
Expenditure on raising voluntary income	735,431	-	735,350	1,470,781	1,522,929
(b) *Charitable activities*					
Expenditure relating to delivery of NHS grants and contracts for patient care	12,050,302	519,983	2,275,225	14,845,510	22,116,832
(c) *Trading Activities*					
Expenditure on Trading Activities	1,471,542	-	1,016,793	2,488,335	3,286,973
Total 2025	14,257,276	519,983	4,027,368	18,804,627	26,926,734
Total 2024	20,843,800	678,885	5,404,049	26,926,734	

6 EXPENDITURE ON RAISING VOLUNTARY AND TRADING INCOME

	Unrestricted Funds for the year ended 31 March 2025 £	Restricted Funds for the year ended 31 March 2025 £	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024
Fundraising costs				
Staff costs	2,206,973	-	2,206,973	2,806,134
Depreciation	-	-	-	-
Other costs	1,642,903	109,240	1,752,143	2,003,768
Total 2025	3,849,876	109,240	3,959,116	4,809,902
Total 2024	4,700,987	108,915	4,809,902	

7 ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly for the year ended 31 March 2025 £	Support costs for the year ended 31 March 2025 £	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
NHS grants and contracts for patient care	11,838,790	6,960,737	18,799,527	26,493,868
Total 2024	12,723,867	13,770,001	26,493,868	

8 DIRECT COSTS

	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
Drugs	140,504	152,267
Medicinal supplies	151,061	194,062
Covid Supplies	-	-
Cleaning and laundry	117,570	183,916
Catering	130,737	246,628
Small equipment	52,788	79,730
Training	71,380	103,152
Depreciation	242,174	201,339
Consultants & Agency	590,254	717,002
Wages and salaries	8,692,331	9,064,299
National insurance	801,706	886,432
Pension cost	848,285	895,040
	11,838,790	12,723,867

9 SUPPORT COSTS

	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
Premises costs	1,462,096	1,999,148
Travelling and subsistence	59,433	91,235
Office costs	512,275	266,703
Repairs and renewals	134,758	184,678
Legal and professional	63,881	243,047
Merger Costs	-	(25,878)
Other costs	1,125,786	1,252,494
Depreciation	277,810	477,546
Consultants / Agency	36,775	248,342
Wages and salaries	2,859,206	7,827,802
National insurance	256,036	679,227
Pension cost	172,682	525,656
	6,960,737	13,770,000

10 NET INCOME

This is stated after charging:	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
Depreciation of tangible fixed assets	519,983	678,885
Operating lease rentals	221,149	467,689
Auditors remuneration – audit	25,500	36,401
Auditors remuneration – non audit	-	9,950

11 STAFF COSTS

Staff costs were as follows:	Total for the year ended 31 March 2025 £	Total for the 18 month period ended 31 March 2024 £
Wages and salaries	11,551,537	16,892,112
Social security costs	1,057,742	1,565,659
Other pension costs	1,020,967	1,420,696
	13,630,246	19,878,467
Agency and contracted staff	627,030	965,333
	14,257,276	20,843,800

The average number of persons employed by the company during the year was as follows:

	Total 2025 No	Total 2024 No
ospice	267	335
Management and administration	96	75
	363	410

The number of higher paid employees was:

	Total 2025 No	Total 2024 No
In the band £60,001 - £70,000	4	4
In the band £70,001 - £80,000	0	0
In the band £80,000- £90,000	4	4
In the band £90,000 -£100,000	2	2
	10	10

During the 12 month period to 31 March 2025, no Trustees received any remuneration (18 months ended 2024 - £NIL).
During the 12 month period to 31 March 2025, no Trustees received any benefits in kind (18 months ended 2024 - £NIL).
During the 12 month period to 31 March 2025, no Trustee received reimbursement of expenses for travel and subsistence for £0 (18 months ended 2024 - £0).

Included within the wages and salaries are staff termination costs of £582,040 (12 months ended 2024 - £153,774)

During the financial year volunteers made regular commitments to support Birmingham Hospice.

These roles include Living Well Centre hosts, drivers, photography, fundraising, gardening and finance. In addition volunteers gave corporate social responsibility time in projects including painting and gardening. No Trustee received any emolument or payment for professional or other services.

Key management remuneration

The key management personnel of the charity comprise the executive staff listed on page 21. The total employee benefits of the key management personnel of the Charity for the 12 month period were £564,267 (18 months ended 2024: £836,852).

12 TANGIBLE FIXED ASSETS

	Freehold Land & Buildings	Equipment	IT Equipment	Fittings	Motor Vehicles	Total
	£	£	£	£	£	£
Cost:						
01/04/2024	5,680,831	608,647	561,363	220,013	60,024	7,130,878
Additions	400,650	34,533	64,733	-	42,830	542,746
Disposals	(35,022)	(1,725)	(4,613)	(17,716)	-	(59,076)
31/03/2025	6,046,460	641,455	621,483	202,297	102,854	7,614,548
Depreciation:						
01/04/2024	1,537,048	334,302	292,660	104,842	41,930	2,310,782
Charged in the period	269,678	76,468	140,674	22,976	10,188	519,983
Eliminated on disposal	(24,696)	(1,599)	(4,613)	(17,716)	(706)	(49,330)
31/03/2025	1,782,030	409,171	428,721	110,102	51,411	2,781,435
Net Book Value						
01/04/2024	4,143,783	274,345	268,703	115,171	18,094	4,820,096
31/03/2025	4,264,429	232,284	192,762	92,195	51,443	4,833,113

13 INVESTMENTS

	31 March 2025 £	31 March 2024 £	
Valuation:			
01-Apr-24	4,680,103	4,247,237	30/09/2022
Additions	632,580	1,708,368	
Disposals	(474,790)	(1,758,129)	
Unrealised gain/loss	(167,954)	482,627	
31-Mar-25	4,669,939	4,680,103	31/03/2024

The Historical cost of investment is £4,124,150 (2024: £4,124,150).

14 DEBTORS

	31 March 2025 £	31 March 2024 £
Trade debtors	156,053	191,609
Other Debtors	261,981	341,149
Prepayments and accrued income	490,478	267,269
	908,513	800,027

15 CREDITORS

	31 March 2025 £	31 March 2024 £
Trade creditors	249,472	630,333
Other taxation and National Insurance	215,165	287,596
Corporation Tax	-	-
Other creditors	119,036	142,350
Accruals and Deferred income	747,212	376,042
	1,330,886	1,436,321

16 STATEMENT OF FUNDS

	Brought forward 1 April 2024 £	Income £	Expenditure £	Transfers in/out £	Carried forward 31 March 2025 £
Unrestricted funds	12,655,486	18,726,705	(18,695,386)	-	12,686,805
Restricted funds					
Spurs/Hobs data review project	29,000	-	(29,000)	-	-
CHATS	-	31,950	(31,950)	-	-
Child Bereavement	16,800	-	(16,800)	-	-
Curtains/chiller (Hive)	-	1,000	-	-	1,000
National Garden Scheme	-	4,426	(4,426)	-	-
Grant for equipment from donor	-	39,100	(7,416)	-	31,684
Hospice UK capex grant	-	211,357	(706)	-	210,651
Other	-	-	-	-	-
Room to Care	110,825	100,795	(3,443)	-	208,177
Child therapy	-	500	(500)	-	-
Well Being House	10,000	-	(10,000)	-	-
Sluice BSMH	11,586	-	-	-	11,586
Family project	-	13,980	-	-	13,980
Dementia Project	5,000	-	(5,000)	-	-
Total Restricted funds	183,211	403,108	(109,240)	-	477,079
Total Funds	12,838,697	19,129,813	(18,804,627)	-	13,163,883

2024 Comparative	Brought forward 1 October 2022 £	Income £	Expenditure £	Transfers in/out £	Carried forward 31 March 2024 £
Unrestricted funds	11,051,047	24,677,681	(26,355,078)	3,281,836	12,655,486
Restricted Funds					
SEF	171,611	-	-	(171,611)	-
Spurs/Hobs data review project	-	67,000	(38,000)	-	29,000
League of Friends	261,089	-	-	(261,089)	-
Hospice Capital Projects	801,383	-	-	(801,383)	-
Extension Fund	592,994	-	-	(592,994)	-
Hospice Service fund	175,875	-	-	(175,875)	-
Henry Joseph Conservatory func	28,822	-	-	(28,822)	-
Freehold Property Fund	718,400	-	-	(718,400)	-
Roof Appeal	259,268	-	-	(259,268)	-
EOL	89,419	-	-	(89,419)	-
Other	182,975	100,000	(100,000)	(182,975)	-
Room to Care	-	110,825	-	-	110,826
Extended Bereavement Service	-	40,500	(40,500)	-	-
Child Bereavement	-	16,800	-	-	16,800
Well Being House	-	10,000	-	-	10,000
Sluice BSMH	-	27,000	(15,415)	-	11,585
Bedside Chairs	-	15,000	(15,000)	-	-
Dementia Project	-	5,000	-	-	5,000
Total Restricted funds	3,281,836	392,125	(208,915)	(3,281,836)	183,211
Total Funds	14,332,883	25,461,931	(26,772,908)	-	12,838,697

We have the following restricted funds, created as a result of conditions imposed by the funder:

- Curtains/chiller (hive) funds to cover improvements in the hive Cafe
- Grant for equipment from donor – this is various medical equipment for use on both sites
- Hospice UK capex grant: funds to cover the cost of purchasing specific approved capital items
- Room To Care: funds raised for the Erdington site for creating ensuite facilities for the patients
- Sluice: funds for improvement and maintenance of our Sluice systems
- Family project: funds specifically raised to provide suitable comfortable areas for families to use while visiting patients in the hospice

17 SPLIT OF NET ASSETS BY FUND

	Unrestricted funds for the year ended 31 March 2025 £	Restricted funds for the year ended 31 March 2025 £	Total funds for the year ended 31 March 2025 £	Total funds for the 18 month period ended 31 March 2024 £
Tangible fixed assets	4,833,113	-	4,833,113	4,820,096
Fixed asset investments	4,669,939	-	4,669,939	4,685,203
Current assets	4,514,638	477,079	4,991,717	4,769,720
Creditors due within one year	(1,330,886)	-	(1,330,886)	(1,436,322)
Creditors due after 1 year	-	-	-	-
	12,686,805	477,079	13,163,884	12,838,697

2024 comparative	Unrestricted funds 2024 £	Restricted funds 2024 £	Total funds 2024 £	Total Funds 2022
Tangible fixed assets	4,820,096	-	4,820,096	4,706,455
Fixed asset investments	4,685,203	-	4,685,203	4,252,338
Current assets	4,586,509	183,211	4,769,720	7,061,236
Creditors due within one year	(1,436,322)	-	(1,436,322)	(1,687,146)
Creditors due after 1 year	-	-	-	-
	12,655,486	183,211	12,838,697	14,332,883

18 PENSION COSTS

The majority of past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at *www.nhsbsa.nhs.uk/pensions*. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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 these bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

A number of employees fell outside the parameters of the direction provided by the Secretary of State, in England and Wales and as such do not qualify for the NHS Pensions Scheme. As such, an alternative pension scheme is provided on a defined contribution basis with Royal London. This scheme commenced in October 2013 and is also accounted for as a defined

contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The scheme complies with pensions auto-enrolment legislation.

Total contributions to all schemes amounted to 2025 £1,020,967 (2024: £1,420,696).

There are seven rates of member contribution in the NHS Pensions Scheme, ranging from 5.1% of pensionable pay for the lowest earners up to 13.5% for highest earners, based on the whole time equivalent pensionable pay. The thresholds at which the rates change are linked to nationally-agreed pay rates at set levels and are based on salaries equivalent to someone working full time. If the overall cost of the scheme increases, the amount both members and the company contribute may also increase. The costs of the scheme are determined by the Government and also the scheme actuary who performs periodic valuations of the scheme to determine how much needs to be paid in to provide the benefits paid out. These costs are shared between the employers and the NHS Pensions Scheme members.

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 (The Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience) and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was as at 31 March 2012 (published in June 2014), the previous actuarial valuation was carried out as at 31 March 2004. The primary purpose of the 2012 actuarial valuation was to set the employer contribution rate payable from April 2015, in light of the introduction of new pension arrangements from 1 April 2015 explained below, and the initial employer cost cap which is required by the Public Service Pensions Act 2013. Both the employer contribution rate and employer cost cap will be included in Scheme Regulations. The next actuarial valuation is expected to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data, and are accepted as providing suitably robust figures for financial reporting purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31 March 2014 is based on detailed membership data as at 31 March 2013 updated to 31 March 2014 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 scheme actuary report which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained:

On 1 April 2008 a new section of the NHS Pension Scheme was introduced for new members. Most members of the Pension Scheme prior to 1 April 2008 are in the **1995 section.** New joiners on, or after, 1 April 2008 are members of the **2008 section.** The changes introduced new rules for NHS employees joining from 1 April 2008 and modified the rules for those already in the pension scheme prior to this date.

The scheme is a "average salary" scheme. Members in the **1995 Section** receive a pension worth 1/80th of the best of the last three year's pensionable pay for each year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon 1.4% of total pensionable earnings over the relevant pensionable service. Members in the **2008 Section** receive a pension worth 1/60th of the average of the best three consecutive years' pensionable pay in the last ten for each year of membership. Members who are practitioners, as defined by the Scheme Regulations have their annual pensions based upon 1.87% of total pensionable earnings over the relevant pensionable service. Members in the **2015 section** receive 1/54th of the last year's pensionable pay for each year of membership.

With effect from 1 April 2008, members can choose to give up some of their annual pension for an additional tax-free lump sum up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011/12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers. For the year to 30 September 2020 the employer contribution rate was 14.38% of pensionable pay with employee rates (before tax relief) varying between 5.1% and 13.5%.

19 RELATED PARTY TRANSACTIONS

The Non-Executive Director Trustees were not paid or reimbursed any expenses in the current or preceding year. No Trustee received any emolument or payment for professional or other services.

20 FINANCIAL COMMITMENTS

Operating Lease Commitments

Due to the merger increasing our charity shop portfolio to 24 units, as at 31 March 2024 the company had total commitments under non-cancellable operating leases as follows:

	31 March 2025 £	31 March 2024 £
Land and Buildings:		
Payable within 1 year	404,333	377,292
Payable within 2 and 5 years	806,875	1,035,667
	1,211,208	1,412,958

THE HOSPICE CHARITY PARTNERSHIP

England & Wales - Charity number 1156964

Accounts

Birmingham Hospice

The Hospice Charity Partnership
Trading As Birmingham Hospice

Report and Financial Statements
18 month period ended 31 March 2024

Charity number: 1156964
Company number: 08991245

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THE HOSPICE CHARITY PARTNERSHIP

TRUSTEES' AND STRATEGIC REPORT FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

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TRUSTEES' AND STRATEGIC REPORT FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

EXECUTIVE SUMMARY

The Trustees present their report and the audited financial statements of The Hospice Charity Partnership (HCP) (the charity/the hospice), trading as Birmingham Hospice for the 18-month year ended 31 March 2024. Company number 08991245, charity number 1156964.
The statement covers an 18-month period as, post-merger, the Board of Trustees agreed to move from an historical October to September financial year to a more tradition April to March accounting period. This had the advantage of aligning with our commissioners and wider partners.

The Charity ended the 18 month 2022/24 financial period with a deficit of £1,494k, which is split into £1,677k unrestricted deficit plus a £183k restricted surplus.

The Charity currently has unrestricted reserves of £12.6m which is equivalent to eight months' operational cover. Strategic plans for facilities and estates provision are under development which will also require major capital investment to deliver the refurbishment over the next 10 years.

During 2023/24, Birmingham Hospice experienced an unprecedented increase in costs and demands on its services. This reflects hospices nationally, as escalating costs and demands on services have put many hospices under immense financial pressure. Hardest hit are hospices in inner city areas like Birmingham Hospice. Costs have increased by over 30% while fundraising income and statutory income have not increased at the same rate. Birmingham Hospice serves some of the poorest communities in the country, and as a result it is not possible to grow fundraising income quickly.

Post-pandemic the people cared for have become much younger and requiring more complex care. This is reflective of wider healthcare issues across Birmingham. Maintaining the current level of service delivery has required use of reserves; the level of spend is not sustainable beyond 2024/25. Work by Hospice UK has identified that the majority of hospices nationally are reporting a deficit budget for 2024/25. Plans are in place to return the organisation to a balanced budget over the next three years. This will require a combination of cost reduction measures and long-term investment in sustainable income streams, such as retail and regular giving.

Despite this, the organisation is committed to providing a high-quality service with a broad range of services. In 2024/25 the Hospice will review its long-term strategy. Despite the challenges, the Selly Park site was awarded 'Outstanding' by the Care Quality Commission (CQC), meaning both sites have achieved this accolade in the last two years.

OBJECTIVES AND ACTIVITIES

The charity exists for the public benefit: specifically, the advancement of health, care and support for people living with a palliative or end of life diagnosis, and provides specialist palliative and supportive care in Birmingham and the surrounding areas.

A wide range of services are provided free, at the point of use. Care can be delivered in people's own homes or the hospice itself, seven days a week up to 24 hours a day. NHS practitioners in hospital nursing and community settings, and housing and social care professionals in residential and community settings make most referrals.

Our Vision: A future where everyone with a life limiting illness will live and die with dignity and in comfort.

Our Mission: We will enable more people from all communities to access care of their choice at the end of life.

The vision and mission recognise the need to provide inclusive services that reflect the needs of the diverse and changing communities across Birmingham. The long-term strategic goals are set to have a positive impact on the community we serve.

Our Hospice Strategy (2022- 2027): Future hospice care shaped by our communities

1. We will extend our reach to deliver personalised palliative and end of life care when and where it's needed.

2. We will develop evidence to inform how future services can reduce inequality of access to palliative and end of life care.

3. We will increase our work alongside communities and with our partners to shape palliative and end of life care services of the future.

4. We will grow our people and resources sustainably, using our assets efficiently to ensure expert palliative and end of life care is made available to more people.

The current strategy will be fully reviewed in 2024/25

Our Values

Following the merger of both hospices, all people working across both hospice sites were involved in defining the new values. These values are Kindness, Togetherness, Positivity, Openness, Respect and Innovation. These values underpin and shape the organisation's culture going forward. These are not corporately defined values; they have been shaped by the people working within the Hospice Charity Partnership. Each value is realised by all staff championing the behaviours they have outlined, thus shaping the culture that people want to hear, see and feel. This is critical to effective working and delivery of the strategy and the business priorities.

Business Priorities
The current strategy has been built on the following core principles:

- **Build:** Building the foundations of the organisation, ensuring our infrastructure, systems integration and workforce are stable, adaptable and fit for the future.

- **Grow:** Growing our collective understanding of the needs of Birmingham's diverse communities, increase the number of hospice supporters and grow sustainable voluntary income.

Maintaining and Growing statuary income:
Significant focus has been given to maintaining the current level of funding from the NHS which is critical to delivery of essential services. In July 2022 NHS England released statutory guidance for Palliative End of Life Care for Integrated Care Boards. This guide sets out the acceptance that demand for specialist hospice care will continue to increase, working in partnership with the NHS and local authorities to secure sustainable funding by 2025/26. Despite this, ICBs have not been able to confirm how they will meet this required as they are under extreme financial pressure.

Growing and maintaining voluntary income:
Voluntary income is essential to delivery of holistic services that the hospice provides; this includes, bereavement support, Living Well Centre services, family support and complementary therapy. The hospice buildings and environment could not be maintained without public support and philanthropy. While the future of fundraising income remains unclear due to the current economic climate, the local community has continued to support in many ways. People do want to support their local hospice and there is a continued appetite to get involved. People's ability to do this in traditional ways, such as attending fundraisers or taking part in participation events, has reduced but not stopped. We continue to bring back popular events and create new ones.

Despite the economic conditions, retail shops have gone from strength to strength. As a result, the hospice will be looking to increase income and profit through its retail portfolio.

As part of the build programme, we updated the charity brand and have developed a new single charity website which has been updated with the new branding. These two areas of work are critical to providing high standards of supporter care and providing a point of contact to access services, or find out more about what we provide.

Reach
Reaching and supporting more people who require specialist end of life and palliative care services is our goal. We maintained delivery of our current community and inpatient services efficiently and to the highest standard. Maintaining the current model of care in 2024/25 requires additional statutory funding. Due to the financial climate, future services will need to be adapted to meet the needs of the wider community and may not reflect the traditional model and approach.

Hospice facilities and environment

Covid has highlighted and expedited the need for both hospices to have single beds with en suite facilities. Moving to single rooms only will help increase capacity, improve dignity and privacy, and create a relaxing, personalised space for patients and families. Both sites require significant refurbishment; an appeal was launched to raise funds for the refurbishment, which will allow the Erdington site to improve some of the inpatient rooms in 2024/25. This will have the added benefit of increasing awareness of the hospice and services it provides to the community.

Public benefit

As part of the merger process, the Trustees reviewed the objects of the charity and agreed revised objectives as set out in the Articles of Association.

The charity's objectives are specifically restricted to promote the relief of illness or suffering by:

5.1 The expert care and support of people with palliative and end of life needs;

5.2 The provision of services to promote health and wellbeing for patients and carers;

5.3 The care and support of family and friends who have been bereaved;

5.4 The advancement of education and healthcare practice to raise awareness of potentially life limiting illness; and

5.5 The advancement of high-quality palliative and end of life care through the community.

The hospice services benefit a specific section of the public (adults and their families and carers within Birmingham and the surrounding counties, affected by progressive life-limiting illness) but there are no other restrictions on access to its services. HCP works with adults across the spectrum of illness that foreshortens life, and has a number of programmes to look at the prevention of illness itself.

The trustees believe the charity provides a public benefit through the work of HCP which offers palliative and end-of-life care to adult residents within its catchment area who are suffering from a terminal illness. All services provided by HCP are free of charge to patients and their carers or families, funded both by the taxpayer and directly by the public. HCP delivers services on behalf of various NHS Clinical Commissioning Groups (CCGs), and also works with other organisations, regulators, funders and community groups in its capacity as a charitable organisation.

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives that have been set.

ACHIEVEMENTS AND PERFORMANCE

At Birmingham Hospice we provide services for people living with life-limiting illnesses and their families, loved ones and carers across the diverse population of Birmingham, Solihull and Sandwell.

We offer expert care and support both at home and within the community, as well as through inpatient and day services at our hospice. With a welcoming and inclusive approach, we are there from the moment of diagnosis to the very end of life and beyond, offering bereavement support for loved ones of all ages for as long as they need it after someone dies.

As a teaching and research charity, we use our expertise to train other healthcare professionals in palliative and end of life, care and to improve and develop care services for the future. Both hospice sites have now been awarded an 'Outstanding' rating by the CQC; and we received the Nursing Times - HRH The Prince of Wales Award for Integrated Care.

Previously we joined forces with other local hospices to establish HoBS (Hospices of Birmingham and Solihull), enabling more people to get the care they need as quickly as possible. This approach was so successful that it is an established 8am to 8pm service. There are ongoing discussions across the health system to expand the services to 24/7. This will provide a rapid response out of hours Specialist Palliative Care service across the city.

Following a successful pilot, the Personal Health Budget (PHB) service has become an established service across the health system. The PHB service has seen 245 patients in the six months to March 2023 and 412 patients in the year to March 2024, saving thousands of activity contacts across which would have cost the system many thousands of pounds.

Building on the organisation been awarded Silver standard accreditation for Investors in Diversity; the programme of diversity and awareness is core to the organisations ongoing development and strategy.

Increasing income from fundraising activities and development of retail remains a key component of the organisation's income. We have continued to develop our events and community campaigns calendar. Increasing city-wide corporate support has been a focus as it was severally impacted by the Covid restrictions with office-based fundraising and Charity of the Year opportunities limited. The rebrand to Birmingham Hospice and the planned Wild in Art project will be a catalyst for further corporate growth in 2025/26. The retail chain has continued to perform well. Investment in retail during 2023/24 has yielded good return on investment; further retail growth is planned for 2024/25.

Campaigning for fair hospice funding has been a focus for the organisation in 2023/24. Birmingham Hospice has been working closely with Hospice UK calling for fair and equitable NHS funding across England. Birmingham Hospice, like many hospices, is unable to meet the increasing costs and demands on services through voluntary income. While fundraising and retail remain an important steam it cannot grow at the rate of inflation.

The achievements in the year have been focused on:

- Achieving CQC outstanding at the Selly Park and Erdington sites
- Received the Nursing Times Award for Integrated Care
- Awarded 'Charity of the Year' by Birmingham Chambers of Commerce
- Building excellent partnership working with the NHS and other care providers.
- Meeting and exceeding all external regulation and enhancing our internal governance processes.
- Providing care where people wish to have it and of the highest quality.
- Retaining a strong and committed staff and volunteer base.
- Responding to the changing and increasing complex care needs of the people we care for
- Increasing the use of Personal Health Budgets in end-of-life care
- Encouraging the community to talk about death and dying through a range of approaches.

The hospice considers patient safety and quality to be the highest priority. A significant amount of work has already been undertaken to align systems and practice across both sites. This included the purchase and implementation of a new incident and risk system that offers superior system benefits, which supported alignment across both sites and all services.

Key performance indicators for the Quality Clinical Governance Committee, the Finance, Performance and Estates Committee, and the People Committee have been developed and implemented; these feed into the balanced scorecard which is reported to the Board of Trustees.

The Board has a subcommittee for clinical quality known as the Quality Governance Committee (QGC) and this has a working group, the Clinical Governance Committee (CGC). The Health and Safety Committee reports to the Finance, Performance and Estates committee. QGC reports to the Board to give assurance on clinical risk and quality and clinical safety measures, include safe staffing levels, complaints and compliments.

Corporate safety measures include housekeeping cleanliness audits and staff training records. In addition, robust systems are in place for reviewing and implementing relevant National Institute for Health and Care Excellence (NICE) guidance and addressing Clinical Assessment Service (CAS) alerts.

The last Care Quality Commission regulation assessments were carried out in September 2023 (St.Mary's) and January 2022 (John Taylor).
Birmingham St. Mary's Hospice report was published on the 12 February 2024 and the overall rating for the service was rated as 'Outstanding'. The CQC inspection provided a further rating for each of the 5 domains or questions that they assessed and the hospice was rated 'Outstanding' in 2 categories and 'Good' in 3 categories.
John Taylor Hospice report was published on the 30th of March 2022 and the overall rating for the service was rated as 'Outstanding'. The CQC inspection provided a further rating for each of the 5 domains or questions that they assessed and the hospice was rated 'Outstanding' in 3 categories and 'Good' in 2 categories.

Ensuring the highest quality of care and evidencing this in various ways such as patient-led audits, the annual Quality Account, patient feedback and CQC inspection is a focus across the charity. The results of audit/evaluation are fed back appropriately to those delivering, receiving and commissioning the services and to the Board. Audit and evaluation is continuous in all departments and results indicate that patients, carers and NHS partners are satisfied with the support they receive. The public can review the results of external inspections online, and patient satisfaction surveys to hear patients' views about care and how the hospice is run in order to make continuous improvements.

Benchmarking with other hospices enables the organisation to identify areas for further development, or provides assurance that HCP continues to function well.

Working Partnerships

As an independent business, one of the charity's key priorities has been to continue to work collaboratively with NHS funders as well as other health providers and non-health organisations to ensure the continuation of high-quality end of life services.

During the 18 months, 1 October 2022 to 31 March 2024, the hospice cared for a total of 7,477 patients. Erdington patients total 3,981 patients (Oct22-Mar23 1,129 and Apr23-Mar24 2,852) and Selly Park patients total 3,496 (Oct22-Mar23 1,388 and Apr23-Mar24 2,108), as well as providing support for these patients' families. That care was provided by the charity's Inpatient Units, its Living Well Centres and in the community. The organisation also provided wellbeing support to both patients and family members.

The charity has a number of close working relationships in the local community including Birmingham and Solihull Clinical Commissioning Group/Integrated Care Board, and Sandwell and West Birmingham Hospitals, with whom it has NHS contracts. In addition, close working arrangements are in place with local primary care in north, east and west Birmingham including general practice, Birmingham Community Healthcare NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, Birmingham City Council and a number of local hospices including St Giles' Hospice and Marie Curie Hospice Solihull. In these forums, it works closely with colleagues in the acute health sector and other hospices to develop end of life care across the city and prevent unnecessary hospital admissions for this group of patients. In addition, it takes referrals, where appropriate, from outside the catchment area on a cost per case basis.

Hospices of Birmingham and Solihull (HoBS) provided 24/7 access to specialist palliative care advice, joint bed management across the hospices, improving access, and also a rapid response service to manage crises in the community in order to prevent hospital admissions and improve patients' abilities to meet their preferred place of care, and death. This service was possible due to the redirection of existing resources but is not sustainable long term without additional external funding. A joint business case on behalf of the partnership was submitted in 21/22 and agreement was given to fund the services from 8am – 8 pm, further data and analysis is been carried out across the health system to test the case for a 24/7 service.

The charity continues to be part of the ongoing work around the Birmingham and Solihull Integrated Care System (ICS) which seeks to close gaps in health inequality, quality and care, and funding going forward to meet demand. For example, in Birmingham there remains a nine-year gap in life expectancy between the most affluent and the most deprived populations. The Birmingham and Solihull ICS is split into a number of

workstreams with end of life care sitting in the Ageing Well workstream. However the financial position of both the hospice and the NHS is likely to hinder progress in this important area of work.

Black Country Integrated Care Board continues to commission an overarching contract for end of life care from Sandwell and West Birmingham Hospitals, and HCP remains a sub-contractor of this Connected Palliative Care Contract. The contract supports a hub for end of life care co-ordination, for patients and their families as well as health professionals. Focussing on the populations of Sandwell and West Birmingham, the centre aims to bring together care providers to offer seamless end of life support.

Activity 2022/24

The Charity has seen consistency in relation to its clinical activity during the year with the following activity through its services as shown below:

[redacted]

Service	Data Item	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Inpatient Unit	Available Bed Days	341	330	341	341	308	341	330	341	330	341	341	330	341	330	341	341	308	341
	Occupied Bed Days	294	300	322	330	268	305	283	263	295	320	305	306	257	241	334	288	258	282
	Admissions	17	19	16	18	24	17	13	19	23	25	19	21	22	20	21	21	21	19
	Average Length of Stay	11	11	12	12	8	10	13	9	10	9	11	10	9	9	12	9	9	10
	Discharges	9	12	7	8	7	9	4	4	11	9	9	6	4	9	4	8	5	5
	Deaths	10	6	10	9	17	8	8	18	9	17	9	18	18	10	14	14	15	13
Living Well Centre	Total New Referrals	23	14	12	19	10	14	12	9	22	26	17	16	20	17	13	10	24	27
	Attendances only	135	146	97	114	126	146	61	86	138	124	135	172	209	223	115	117	147	121
Wellbeing	Total New Referrals	31	30	32	38	30	25	27	23	38	27	40	39	37	34	28	45	31	21
	Clinical Contacts	105	106	118	95	123	135	99	190	127	157	107	136	158	118	90	127	195	150
Hospice at Home	Total New Referrals	18	16	11	15	16	10	9	9	7	10	7	10	12	9	7	9	14	15
	Clinical Contacts	407	294	219	358	180	412	426	354	297	417	462	466	436	365	412	297	345	253
Community Team	Total New Referrals	64	96	79	72	69	97	87	82	79	87	96	92	83	73	80	75	103	107
	Clinical Contacts	1501	1441	1432	1354	1347	1580	1867	1680	1675	1632	1747	1592	1883	1614	1440	1766	1548	1512
Therapies	Total New Referrals	98	128	84	104	113	121	138	156	106	204	165	117	131	179	158	161	189	204
	Clinical Contacts	521	587	419	447	400	474	831	717	874	992	1,081	1,045	952	798	795	712	580	713

Total number of patients seen by Erdington Site from 1st October 2022 to 31st March 2023	1129
Total number of patients seen by Erdington Site from 1st April 2023 to 31st March 2024	2852

Note: Clinical Contacts = F2F and Non F2F

[redacted]

Service	Data Item	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Inpatient Unit	Available Bed Days	372	360	372	372	336	372	360	372	360	372	372	360	372	360	372	372	348	372
	Occupied Bed Days	318	338	344	353	299	353	268	346	324	370	347	340	322	301	356	383	320	340
	Admissions	22	19	22	27	20	23	28	21	28	25	22	18	29	21	16	17	23	21
	Average Length of Stay	13	18	16	12	17	13	13	14	12	13	15	18	13	10	16	21	24	14
	Discharges	4	9	13	7	10	9	7	3	10	8	6	3	9	6	2	8	8	6
	Deaths	19	7	10	18	11	12	23	19	15	19	14	16	22	15	11	9	16	15
Living Well Centre	Total New Referrals	16	14	10	12	10	14	13	8	13	16	14	19	36	24	7	12	16	13
	Attendances only	119	149	96	124	109	169	136	151	151	161	190	146	151	160	91	161	155	151
Wellbeing	Total New Referrals	50	61	49	46	51	56	60	54	42	51	51	40	34	59	38	46	44	53
	Clinical Contacts	480	483	405	556	405	392	362	365	407	487	478	280	409	382	303	428	412	348
Hospice at Home	Total New Referrals	20	22	17	19	14	23	41	31	47	29	23	28	18	23	9	23	16	22
	Clinical Contacts	223	197	242	257	162	403	474	381	501	466	368	462	401	358	275	401	312	302
Community Team	Total New Referrals	103	109	85	117	92	120	88	88	102	103	105	79	87	100	100	108	83	113
	Clinical Contacts	2129	2164	1989	1982	1743	2068	1882	1822	1850	1905	1724	1707	1632	1556	1557	1948	1982	1904
Therapies	Total New Referrals	63	95	64	82	79	99	86	111	100	103	102	68	68	70	69	84	78	67
	Clinical Contacts	381	521	367	451	393	433	394	424	478	452	482	391	404	417	406	409	411	320

Total number of patients seen by Selly Park Site from 1st October 2022 to 31st March 2023	1388
Total number of patients seen by Selly Park Site from 1st April 2023 to 31st March 2024	2108

Note: Clinical Contacts = F2F and Non F2F

As at 31/03/24 HCP currently employs 410 staff with 576 volunteers.

Revalidation for medical staff is the process by which licensed doctors are required to demonstrate on a regular basis that they are fit to practice and have their licence renewed. The hospice has the appropriate

procedures in place to ensure this is done via a nominated Responsible Officer who oversees the process and links in with the General Medical Council (GMC). The hospice's arrangements are via a contract with University Hospitals Birmingham who supply this service. No issues have arisen in the year. Nurse revalidation also came into effect from April 2016 to build on existing renewal requirements by introducing new elements which encourage staff to reflect on their code of practice and demonstrate that they are 'living' by the standards set out within it. This process was supported by revalidation presentations, Royal College of Nursing (RCN) formal revalidation training, annual appraisals, weekly reflective discussion pertinent to clinical practice, and a training co ordinator who records all individual training accomplishments.

Our people are engaged by various methods including regular CEO updates, 'Buzz' newsletter and regular team meetings. OMT (Operational Management Team), which is our Executive Management Team and their department leads, meets monthly face to face. All people have also been engaged in helping to formulate our new combined values.

Our approach is to run a full annual engagement survey, which was done in 2023. We have also introduced a staff newsletter (The Buzz) and a suggestions box at each location, and we ensure we monitor engagement and suggestion responses, and deliver actions as timely as possible. There are regular question and answer sessions with the executive team members.

During the financial year 2022/24, 576 volunteers made regular commitments to support HCP. These roles included Living Well Centre hosts, drivers, photography, fundraising, gardening and finance.

Providing a better experience at end of life

As our numbers continue to grow, we are still delivering the highest quality care. Feedback from patients and carers has remained consistently positive throughout the year.

April 2023 - March 2024 at Selly Park: 98% of patients / carers are likely or extremely likely to recommend the hospice to friends and family if they needed similar care. (96% in 2022-23)

April 2023 - March 2024 at Erdington: 99.5% of patients / carers are likely or extremely likely to recommend the hospice to friends and family if they needed similar care. (99% in 2022-23)

With figures for Birmingham showing that 55% of deaths occur in hospital when it is known that people would prefer to die at home[1], we have striven to provide more people with more choice as they approach the end of life. Only 19% of our patients in 2022/24 died in hospital, with the majority (50%) dying in their usual place of residence and the remainder in the hospice or elsewhere.

During 2022/24, 83% of our patients were able to die in the place of their choosing.

We have continued to help people live well with their condition through self-help programmes, extending our reach to engage more patients with a non-cancer diagnosis.

[1] Analysis of future end of life needs in Birmingham, Sandwell & Solihull; Midlands and Lancashire Commissioning Support Unit (2017)

The team have worked hard to continue to offer a rapid response service, from 8am – 8.30pm seven days a week and this continues to reduce admission to hospital and provides invaluable support to West Midlands Ambulance Service. There is a dedicated phone line for support for other healthcare professionals and both sites are able to accept admissions to the wards 24/7 if necessary.

Expanding our specialist centre of research and learning

Over the past year we continued our commitment to lead and participate in research, establishing new evidence about the approaches that work best for patients. We are grateful to our patients for generously giving their time to research. All projects add value to our care and improve quality of life for patients with life-limiting illness.

We have been involved in recruiting to several national portfolio studies since the early part of 2020 including Prosec 3 'A multi-centre evaluation of excessive saliva management in patients with motor neurone disease' Although many national research studies were paused or delayed thereafter and one research nurse was redeployed into clinical practice as a result of the Covid-19 pandemic, we continued to support research activities such as:
- supervising physiotherapy undergraduates undertaking dissertation projects
- supporting MSc dissertation projects being undertaken by hospice clinical staff
- facilitating recruitment for PhD research studies focused on palliative and end of life care

Despite clinical pressures our teams did well in 2020 to support recruitment into a study exploring the impact of covid on hospices (ICOH, John MacArtney et al)

We also had poster and oral presentations accepted for the Palliative Care Congress which took place in March 2021. Our Homelessness support team presented their innovative work on the main Conference stage, but this work has now ceased.

As a teaching hospice, we provide education programmes to health and social care professionals in the wide network of care providers with whom we work. This includes GPs and District Nurses, prison services, care homes, hospitals, community and mental health services.

To support the system-wide response to Covid-19, we were commissioned by Birmingham and Solihull clinical commissioning group (CCG) to provide a series of webinars on topics related to palliative and end of life care. These proved very successful with significantly elevated numbers of professionals accessing our education support. The CCG have recommissioned this programme into 21/22. We are also now commissioned for specialist palliative care, bereavement and SAGE and THYME ® communication training by various other system partners across, Birmingham and the Black Country.

We worked with Aston University Medical School to develop a 4th year medical undergraduate training programme in Palliative Medicine for their first cohort of 4th years starting in the academic year 21/22. We will deliver this in partnership with Marie Curie Hospice West Midlands and the Supportive and Palliative Care team at University Hospitals of Birmingham NHS Foundation Trust.

This is in addition to the long standing programme of 4th year education delivered to University of Birmingham students, alongside other Midlands Palliative Care colleagues

Being an employer and volunteering centre of choice

Over the past 18 months we have continued to have our people at the heart of what we do, and we have remained committed to making our hospice a place where people belong and can thrive and grow.

We have an active Wellbeing group which includes representation from mental health first aiders, clinical and non-clinical teams who design monthly wellbeing campaigns. We have focused on all aspects of wellbeing under our overarching banner of 'mind, money, move, munch' – mental health, financial health and physical health.

We moved to a new occupational health provider who offer both face-to-face and telephone support and a broad spectrum of online accessible resources. In addition, we have continued to offer clinical supervision to all of our people

Investment in training and development has continued, in particular in respect of management development. A 12-month coaching skills programme has been completed by 42 of our managers. A management development programme was also launched for both existing and aspiring managers, which consists of interactive workshops, and this is ongoing. The content ranges from finance to people management skills training.

Our values-based recognition scheme was launched in September 2023. Our people have embraced the scheme with over 250 nominations for all of our people, including our volunteers, being received in the first six months.

Our commitment to paying our people fairly has been a priority with a pay award being made again in October 2023; however, we cannot align fully to the NHS Agenda for Change from an affordability perspective. Our benefits have been increased with the introduction of car leasing through NHS Fleet, a cost of living payment, and pay rises.

Our services

The hospices have a wide range of services including integrated health and social care at home, day care provision, pharmacy, occupational therapy, physiotherapy, outpatient clinics, Hospice at Home services, education, complementary therapy, carer support, psychological therapy and two Inpatient Units (one at the Erdington site and one at the Selly Park site), which operate for 365 days per year.

Inpatient care

The Inpatient Unit at each of our hospices provides specialist palliative care, including symptom control, end of life care and advice, and support by a team of doctors, nurses and therapists. On both sites, families can stay with their loved ones in a calm and comfortable environment. Referrals are taken from healthcare professionals and prioritised according to clinical need.

Holistic care is planned to address the physical, psychological, social and spiritual needs of the patients, with respect for culture, religious and personal values. Personal choice is central to the ethos of care and decisions are made by the individual, in collaboration with the team. Our care is delivered without judgement, and we respect and uphold every individual's privacy and dignity.

The Selly Park site comprises 12 beds including 10 specialist beds and 2 'home from home' beds. The Erdington site comprises 11 beds including 9 specialist beds and 2 'home from home'. The need to keep patients isolated remains due to infection prevention; this has reduced bed capacity on both sites to 12 single occupancy areas. The complexity of patients has increased and the delays in accessing treatment within the NHS due to the pressures of Covid have led to some distressing cases being admitted every month. Extra wellbeing and clinical supervision support has been available to staff.

Patients and visitors have access to the garden at both sites and, at the Selly Park site, a larger main conservatory has been specially redesigned for those patients in our care who have dementia. For instance, we have improved signage to create a comforting and familiar environment to reduce anxiety, and to improve social interaction.

In 2022/24 there were 355 (Erdington 111 in Oct22-Mar23 and 244 in Apr23-Mar24) and 402 (Selly Park 133 in Oct-22-Mar23 and 269 in Apr23-Mar24) admissions to our Inpatient Units, including patients who may have been admitted more than once. Our bed occupancy rate for specialist beds was 91% for Selly Park in both Oct22-Mar23 and Apr23-Mar24 and 87% in Oct22-Mar23 and 85% in Apr23-Mar24 for Erdington.

Integrated Community Palliative Care

The Integrated Community Palliative Care Team consists of Clinical Nurse Specialists, Hospice at Home, our satellite clinics and our Living Well Centre. The team supports individuals and families at home (including in care homes, prisons and hostels) and elsewhere in their community, providing advice and guidance on symptom management and advance care planning, as well as responding to other spiritual, psychosocial and care needs.

Clinical Nurse Specialists

The team has adopted new ways of working during and since the Covid-19 pandemic, including collaborating with other hospices under the umbrella of HoBS (Hospices of Birmingham and Solihull). These are now part of the normal business of the hospices.

Outside of office hours, patients known to the hospice can access telephone advice from our team of specialist nurses.

We offer round-the-clock specialist medical advice and telephone support for any healthcare professional caring for individuals with palliative care needs within our area.

The team made a total of 28,611 (Erdington 8,655 in Oct22-Mar23 and 19,956 in Apr23-Mar24) and 33,524 (Selly Park 12,075 in Oct-22-Mar23 and 21,449 in Apr23-Mar24) clinical contacts during 2022/24 .

A total of 1,521 (Erdington 477 in Oct22-Mar23 and 1,044 in Apr23-Mar24) and 1,782 (Selly Park 626 in Oct-22-Mar23 and 1,156 in Apr23-Mar24) new community referrals were received.

Hospice at Home

Our Hospice at Home team provides nursing care and psychological support to patients who have expressed wishes to die at home and require additional support to achieve this. Care is delivered by registered nurses and healthcare assistants in the patient's own home.

The Hospice at Home team works closely with our Clinical Nurse Specialists, supporting patients and families with telephone contact and responding to urgent need. They also offer 'bridging care' after discharge from

hospice or hospital for people with palliative care needs who are awaiting a package of social care to be put in place.

A total of 204 (Erdington 86 in Oct22-Mar23 and 118 in Apr23-Mar24) and 425 (Selly Park 115 in Oct22-Mar23 and 310 in Apr23-Mar24) Hospice at Home new referrals were received.

Day Services

At Erdington in Oct22-Mar24 there were 305 new referrals made (92 in Oct22-Mar23 and 213 in Apr23-Mar24) and 2,412 attendances at the Living Well Centres during that period (764 in Oct22-Mar23 and 1,648 in Apr23-Mar24).

At Selly Park in Oct22-Mar24 there were 268 new referrals made (76 in Oct22-Mar23 and 192 in Apr23-Mar24)and 2,570 attendances at the Living Well Centres during that period(766 in Oct22-Mar23 and 1,804 in Apr23-Mar24).

The future plan is to offer a hybrid model of delivery, where patients have a choice to access face-to-face care or engage virtually.

Therapeutic Care

We offer physiotherapy, occupational therapy and complementary therapies to people on the wards in the hospices, in our Living Well Centres and within the local community, to support emotional and physical wellbeing and promote independence.

Wellbeing Team

The Wellbeing Team, consisting of social workers and spiritual care workers, provides practical advice and specialist counselling, spiritual and psychosocial support to patients, carers and family members, including children.

The Spiritual Care Service has seen changes this year with the recruitment of a new Spiritual Care Coordinator, who will lead a team of volunteers in supporting people of all faiths and none.

Support at Home

The aim of Support at Home is to reduce the growing number of people who face social isolation when dealing with a life-limiting illness. Led and delivered by volunteers, Support at Home offers befriending, sitting and signposting for patients with life-limiting illnesses who require non-clinical services and who have expressed a wish to die at home.

Support at Home volunteers have remained committed to engaging with patients and families by telephone. For some individuals who were facing the isolation of lockdown, this was invaluable.

Bereavement Support Services

The Bereavement Support Service offers a range of information, facilitated support groups, one-to-one bereavement support and counselling, and is delivered by professional counsellors as well as highly-skilled volunteers trained in supporting people in grief.

Our specialist Child Bereavement Service, funded by Children in Need, supports children and young people dealing with the loss of a loved one. A pre-bereavement family memory-making programme developed by the team has been very successful.

Education

As a teaching hospice, we deliver education in palliative and end of life care to students and professionals from different sectors, as well as offering a broad range of accredited training courses. Trainee doctors and nurses form part of our clinical teams.

We continued in education delivery with similar income compared to previous years. Introduction of collaborative working across local hospices, commissioning and a mixed delivery method approach has increased our reach.

The collaboration with Birmingham Community Healthcare NHS trust continues, with delivery of training to community staff across Birmingham and Solihull. Following a tender process, the Hospice Education Department also became the preferred provider of end of life and palliative care education to the Black Country and West Birmingham STP, where we now deliver a virtual training programme.

Research

Research is a vital part of the work we do. We work with researchers at universities and in other healthcare settings, and are actively involved in recruiting patients, carers, staff and volunteers for new research projects. The research we do continually improves the care and support we provide and helps advance palliative and end of life care for the future. Our achievements in 2022/24 are described on page 7.

Community development and partnerships

Last year we worked with partners across our STP (Sustainability and Transformation Partnership) on a proposal to achieve Compassionate Cities Status in Birmingham. We launched the first Compassionate Communities Programme in Selly Oak Neighbourhood Network, in partnership with Birmingham Voluntary Service Council.

Our Homelessness Support Service launched in September 2020 and has seen and supported direct referrals as well as supporting the development of a palliative care meeting with the homelessness primary care team. This approach has now been integrated into the core service.

The year ahead

The next financial year will cover 1 April 2024 - 31 March 2025.

Our main business priories for the next period are:

- To identify and agree estates capital projects, prioritise those identified capital projects via weighting those against strategic objectives, and to identify funding. Capital priorities are to improve access, sustainability and quality for stakeholders.
- To identify and agree long term 2025-33 estates capital projects, prioritise those identified capital projects via weighting those against strategic objectives. To identify and prioritise long-term estates capital plans in line with wider system forecasted inpatient and community requirements.
- The contract framework/strategy will set out the way in which contracts and partnership agreements will set out the roles and responsibilities of providers, the funding split including risk share agreement and how service pathways will be integrated for PEOLC.

- ED&I and Wellbeing - Continue to develop specific plans for EDI and people wellbeing across the organisation, ensuring inclusivity and wellbeing embedded in core activity.
- Ensure HCP is spearheading PEoLC across the region – scope the development of the 'Cultural Blueprint of Care' The blueprint will provide guidance to health and social care professionals on how to deliver inclusive, culturally appropriate end of life care.

Volunteers

Our volunteers continue to be an integral part in delivering all aspects of our services, including our Trustees who support the governance and leadership of our organisation. We could not deliver our work free of charge without the generous donation of time from 576 people.

People volunteer for many reasons and the benefits are wide-ranging: from the feeling of making a difference to people with life-limiting illness, to joining a team and making new friends, or learning new skills and gaining valuable career experience.

We have four fundraising groups including the Kings Norton group, the Hospice Choir, the Edgbaston Ladies Committee and the Craft Fundraising Group. In total over the last 18 months these volunteer groups have raised a wonderful £14,023.

This year we had the support of three dedicated Collection Box Coordinators who, supported by a further three ad hoc volunteers, processed 603 collection tins, raising £43,574 from various locations in Birmingham and Sandwell.

Our successful Big Brum Bucket campaign retuned for July 2023 and raised £9,799. In addition, Treecycling remains our largest community campaign taking place twice during the 18-month financial year. With continued growth in January 2023 and 2024, the Christmas campaign raised £127,293 and £142,324 respectively.

We are thankful for the continued support of our corporate partners with our two largest company donations coming from Doocey Group and Pallet Network.

In May 2023 Dooccy Group, owned by Mark and Steve, whose mother was a patient at our Erdington site, held their corporate Golf Day raising a total of £47,482.51, for our Room to Care appeal. The Pallet Network's Autumn Gala was in support of Birmingham Hospice and the Buddy Bag Foundation. The event raised an incredible £75,000 in total, with Birmingham Hospice receiving a fantastic £35,000.

After a five-year hiatus the Chocolate 5k returned to the hospice annual events calendar. Taking place in March 2024, the event attracted 700 runners and raised £24,847.

The hospice retail chain saw the closure of its Coventry Road shop in February 2023. The existing Harborne shop was relocated to larger premises, enabling the hospice to launch its very first superstore. In February 2024 the hospice opened the doors to a new shop in Balsall Common, taking the chain to 20 shops.

The retail operation was supported by 336 retail volunteers, giving 78,186 hours to the hospice.

Our approach to fundraising

As a charity that relies on voluntary income, we take an active and responsible approach to fundraising. A high-quality supporter experience is key and as a member of the Fundraising Regulator we are firmly committed to ensuring we are compliant with their Code of Practice.

We endeavour to operate in a transparent and open manner, as well as to protect members of our community and supporters who may be vulnerable. To support this, the following fundraising policies are in place and regularly reviewed:

- Third Parties and Corporate Partnerships
- Acceptance and Refusal of Donations
- Grants and Trusts Policy
- The Receipt and Safe Handling of Donations
- Protection of Vulnerable People Whilst Fundraising
- Events Policy.

Our fundraising activity is carefully planned and monitored using set templates to ascertain campaign feasibility, plan income and expenditure budgets, arrange logistics and ensure all health and safety requirements are met.

All supporter data is stored on Donorflex (our fundraising database) and is governed by strict consent, unsubscribe and complaints processes in line with UK GDPR legislation. Oversight of these processes is carried out by an internal committee of staff (Information Grovernance Steering Group), who ensure we keep up to date with new legislation and act appropriately on supporter feedback. We have a dedicated Supporter Experience and Finance Processing Manager whose role, led by the Senior Fundraising and Supporter Experience Manager, is to ensure that on a day-to-day basis we deliver a gold standard experience for all supporters and that any updates in UK GDPR or fundraising legislation is fed back to the team at monthly team meetings.

All our events are risk assessed and covered by professional insurers who we work closely with to ensure our supporters are properly protected when taking part in our events and community activities. All necessary venue permissions, temporary event notices, collection and music licenses, supplier public indemnity insurance and hygiene qualifications are secured for every event hosted at external premises and using third party suppliers.

The fundraising environment remains competitive and challenging. The need to continually adapt and remain agile has never been more important. This year has seen a decrease in the number of people able to support

the hospice financially due to the pressure of the cost-of-living crisis. In order to maintain existing income levels, the fundraising team is continually reviewing activity, implementing mitigations and introducing new fundraising initiative to reduce the impact of any income shortfall on the wider hospice.

Oversight of all fundraising activity carried out by the charity is the responsibility of the Trustees, Executive Team and specifically the Income Generation Director, all of whom receive monthly and quarterly reports on income and expenditure, activity, complaints and new developments.

Ensuring excellent fundraising customer service

The charity is committed to providing an excellent service to supporters, but we recognise that as campaigns and supporter numbers grow, occasionally things do not go according to plan. With this in mind, we encourage complaints and feedback to help shape the ongoing development of our activity and the way in which we work with our supporters.

From October 2022 to March 2024 the hospice received four complaints relating to fundraising. A communication to address each complaint was sent individually to the complaint and they were all resolved amicably.

The nature of the complaints were as follows:

1. Legacy not acknowledged, and the supporter had to ring and chase up.
2. Treecycling – website unable to take/process payment and resulted in having to call in.
3. Supporter unhappy that after donating they were automatically opted in to receive mailings.
4. Supporter received a mailing after requesting to no longer hear from us (possibly due to timings around data pull/cut off)

Ongoing evaluation

Complaints and feedback help us to monitor the effectiveness of our fundraising activities, and we actively review and analyse the complaints we receive to recognise trends and take appropriate action at an early stage. Once resolution of the complaint is achieved, learning outcomes are identified and shared to improve the quality of the service provided, improve relationships with service users, customers and supporters, and promote best practice with our people. Should the complainant not be satisfied with the response from the hospice, we refer them to the Fundraising Regulator for independent adjudication.

The Fundraising Team shares and reviews all feedback received and presents this information in a post campaign evaluation report. During the year, we worked hard to ensure that we were communicating with our supporters appropriately and thanking them in a timely manner for their kind donations.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Birmingham St Mary's Hospice and John Taylor Hospice progressed through to a full merger on 1 August 2021. John Taylor Hospice was then renamed as The Hospice Charity Partnership. All assets and liabilities of St Marys Hospice Limited (company number 01161308, charity number 503456) and St Mary's Hospice (Trading) Limited (company number 02696641) were transferred over to John Taylor Hospice., which became the Hospice Charity Partnership trading as Birmingham Hospice.

Reference and administrative information set out on page 31 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019).

The Articles of Association

The Articles of Association is the governing document that sets out rules and requirements relating to Association Members; terms of office and election of Trustees and Honorary Officers; disqualification of Trustees; and proceedings of the Board.

Board of Trustees

The Board of Trustees (the Board) is the governing body of the charity. The purpose of the Board is to agree the strategic direction of the charity and to ensure the organisation delivers on its plans and objectives as set out in the governing documents. The Board is accountable for the organisation's compliance with regulation and legislation, as well as ensuring that the values, ethos and reputation of the Hospice are upheld.

The Board also supports the Chief Executive and Executive Team in carrying out their executive responsibilities, and holds them to account for their delegated responsibility for the strategic and operational leadership and management of the hospice. There is a clear understanding of the distinction between governance and management.

The Trustees have delegated day-to-day management of the charity to the Executive Management Team as outlined on page 30 in this report. These personnel have delegated authority to make decisions on behalf of the charity. Formal meetings of the Executive Management Team are held on a monthly basis and a number of other committees form part of the decision-making structure for recommendations to the Board of Trustees or its subcommittees. These include an Information Governance Committee, Clinical Governance Committee, and Health and Safety Committee.

There can be up to 16 Trustees on the Hospice Board (with a quorum of four). The Board holds ultimate responsibility for the employment of all staff who are employees of the hospice. The Board meets at least four times a year with additional ad hoc meetings as and when required.

The Board is the final decision-making body for new policy, strategic planning and approval of financial budgets. The Board is also responsible for monitoring the implementation of the strategy and financial activity.

The hospice Chief Executive and Executive Directors attend Board meetings. Trustee and Director Indemnity insurance has an indemnity limit of £2 million.

The directors of the company are referred to as charity trustees for the purpose of charity law and under the company's articles are known as trustees. The method of appointing trustees is as governed by the Articles of Association, outlined below.

Appointment of Trustees

Appointment of Hospice Trustees is by decision of the Board of Trustees, who have the power to appoint any person who is able and willing to fulfil the role. Members of the Board shall hold office for a fixed term of three years from the date of their appointment.

Members of the Board are eligible for re-appointment for one further term of three years each, but having served their maximum term of office of six consecutive years may be eligible to serve for an additional year with the agreement of the whole Board.
Trustees are appointed following a recruitment process which may include advertisement or a recruitment event. An expression of interest form and Curriculum Vitae is requested followed by interview with an Appointments Panel of Trustees and Executive Directors. The panel will normally include the Chairman and Chief Executive. References are taken and appropriate suitability checks are made prior to appointment, as Trustees may be given power of inspection.

The role of Chair is for up to two terms of three years. This also follows a recruitment process supported by succession plan and/or advertisement and search. This includes interview with an Appointments Panel of Trustees and Executive Directors.

None of the trustees receive any employment benefits in relation to their role as trustees of the charity. The salaries of the Directors (Executive Management Team) of the company are set by the CEO, People Director and specified trustees.

Induction and training of Trustees

New trustees receive induction to the charity that includes details of their legal obligations under charity and company law, the content of the Articles of Association, the work of the hospice and the Board of Trustees. Trustees have a bespoke induction programme put in place and are involved in staff mix and mingle sessions and visits to the hospice and within the community to speak with staff and triangulate evidence provided to them at board and subcommittee meetings. Trustees are encouraged to participate in Trustee 'walkabout' visits.

Trustees are also invited to attend a range of educational sessions including Hospice UK events, giving further opportunities for development. An annual Away Day of Trustees and Executive Directors also takes place, with a focus on the strategic direction of the charity.

Meetings of Trustees

The Board of Trustees meets quarterly during the year and the directors of the hospice are in attendance. At least four trustees have to be present in order for the meeting to be quorate.

The Board has four subcommittees:

- Audit and Assurance Committee
- Quality Governance Committee
- Finance, Performance and Estates Committee
- People Committee.

All are chaired by trustees and have senior management in attendance. The Audit and Assurance Committee, Quality Governance Committee, Finance, Performance and Estates Committee, and People Committee meet quarterly before the Board meetings. The CEO, People Director and an agreed set of trustees meet as required to agree remuneration.

These meetings ensure that the charity is fulfilling the requirements of its commissioners and regulators, and has regard to charitable and company law.

Strategic leadership and governance framework

The Trustees have overall legal responsibility for administering The Hospice Charity Partnership. The Trustees are responsible for holding the CEO and Senior Management Team to account, for ensuring that the hospice is managed efficiently and effectively, and that the highest standards of care are provided. They are responsible for ensuring adequate accounting records are kept that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company, and enable them to ensure that the financial statements comply with the Companies Act 2006. They are responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities, and for the maintenance and integrity of the corporate and financial information included on the company's website.

The Chief Executive is responsible for the leadership of the Charity, which involves assisting the Board in determining the strategic vision and plans for the organisation, and for ensuring effective achievement of those plans. The Chief Executive and Executive Team also ensure that Trustees are actively engaged in exercising their accountabilities and assure effective and transparent governance across the whole organisation. This is provided through a leadership and governance framework of which there is a core leadership and governance structure.

Leadership

The Executive Director Team comprises:

- Chief Executive
- Medical Director (Resigned Feb 24)
- Clinical Services Director
- Finance and IT Director (Resigned Nov 23) replaced with interim Finance Director since Nov 23
- Income Generation Director
- Director of People

Meeting monthly, this team is engaged in looking at the wider strategic implications of changes that affect the charity sector and the operational environment. Executive Directors have powers to make decisions within the approved budget, operational plan and hospice policies and procedures, including standing financial instructions which set out delegated authority for financial decisions. Finance, Performance and Estates Committee, People Committee, Quality Governance Committee, and Audit and Assurance Committee (within given limits) or Board authority is required for investment or service changes outside these parameters.

The Executive Directors have specific responsibilities within the grievance and disciplinary procedures.

Governance

The following are sub-committees of the Board:

- Quality Governance Committee
- Finance, Performance and Estates Committee
- People Committee
- Audit and Assurance Committee.

The Committees meet quarterly between Board meetings and have specific delegated decision-making authority from the Board, and also make recommendations to the Board.

Governance Committees

The Executive Team is responsible for management and assurance of quality and risk through four additional Governance Committees. These aim to ensure that courses of action are taken to minimise and remedy identified risk and poor performance, and that systems are in place to share good practice and continually improve the quality of care, clinical effectiveness and leadership across the hospice.

Governance Committees have delegated responsibility to approve policies which are then recommended to the Board for ratification. Each committee meets at least once a quarter.

The Governance Committees are:

- Clinical Governance (reports to Quality Governance Committee)
- EMT Finance (reports to Finance, Performance and Estates Committee)
- Information Governance (reports to Audit Committee)
- Health and Safety (reports to Finance, Performance and Estates Committee)
- Remuneration Committee (meets as required),

Providing an open and honest culture

Occasionally people cared for by the charity are involved in an incident, some of which have the potential to cause harm. The charity is committed to talking to patients and their carers at a very early stage following any such incident to understand what happened and, where necessary, learn the lessons that will prevent it happening again to improve the safety of our future patients. All incidents are reviewed (even where there is no harm) to learn from 'what might have happened'.

If any harm happens, the incident is investigated, and patients and their relatives or carers are asked to what degree they wish to be involved in the investigation. The findings are shared with the patient, their family or carers, and also any learning and improvements shared across the company. The process is designed to 'analyse' and learn but not to 'judge' all incidents as this is essential to make sure that a culture of openness is established and preserved.

Linked to this, the Charity has a Being Open Policy which also describes the requirements in meeting the Duty of Candour to which the hospice is committed. There is also a Being Open Champion; one of the trustees who is available for staff to approach should they have any concerns on patient safety. A lead director

(Director of Clinical Services) is the Freedom to Speak Up Guardian to ensure staff raising concerns feel able to do this and are supported when doing so, and a group of staff ambassadors along with an anonymous feedback section on Datix ensure that there are differing ways that staff can raise a concern. Themes from Freedom to Speak Up are reported to the Board of Trustees.

The Charity Governance Code

The hospice meets the outcomes of the Charity Governance Code and adheres to the seven principles as follows:

Organisational purpose

The Board is clear about the organisation's aims and objectives, ensuring decisions taken at board level are aligned with these aims. The organisation's aims and objectives are detailed in this report (see pages 3-4) and reviewed at Board away days every year.

Leadership

The Board is responsible for the strategic direction of the hospice, ensuring the organisation delivers on its plans and objectives as set out in the governing documents, through governance committees, board meetings and regular Trustee walkabouts.

The objectives are embedded in the organisation, forming part of recruitment and appraisal systems. The Board also ensures the appropriate arrangements are in place for the recruitment and management of volunteers, with a volunteer manager in place and strong links to the workforce department.

The Chief Executive and Executive Team also ensure Trustees actively exercise their accountabilities through transparent governance across the whole organisation.

Integrity

The Board works to the Nolan Principles of Public Life and has in place registers of interests and a hospitality and gifts register which are shared with the Audit Committee on a regular basis.

Decision making risk and control

The Board has sound systems of delegation in place with oversight being given by the Governance Committees. Risk is monitored through regular review of the strategic/organisational risk registers at both committee and Board level. The Board publishes a statement of governance each year via the annual accounts and trustee statement, in line with the Strategic Leadership and Governance Framework which outlines its risk systems and internal controls.

Board effectiveness

Trustees are recruited specifically to bring a range of professional proficiency and sector backgrounds to the Board, in order to fill identified skill and expertise gaps. Trustees undergo regular training and development, and all serve set terms of office. The Board meets on a regular basis and has clear work

plans and action logs in place. Skills analyses take place to determine the correct skill mix for the trustees, which informs recruitment, and regular appraisals are in place. All trustees have set terms of office and an induction process is in place for all new trustees. The chairman requests reflections from all Board members at the end of each meeting.

Diversity

The Board's approach to diversity supports its effectiveness, leadership and decision-making. The Board understands its responsibilities in this area, reviewing skills, experience and diversity of trustees. In 2020 an Equality and Diversity Action plan had been agreed and has now been implemented with accreditation for Investors in Diversity status achieved, and a staff Inclusion Group has been established.

Openness and accountability

The Board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be.

The Board ensures the hospice is transparent in its reporting, publishing key documents on its website. The Board works with key stakeholders, particularly neighbouring hospices and NHS commissioners. The hospice works with other providers in the local healthcare economy through the End of Life Care Board in the Birmingham and Solihull Integrated Care System (ICS).

FINANCIAL REVIEW

There have been adequate controls in place over the collection and reporting of information and data collection conforms to specific data quality standards.

In addition to core NHS funding, the charity is required to raise funds by way of donations, grants and other activities. The hospice has had a number of activities in the period to increase awareness among the population served. Marketing campaigns across the city of Birmingham and other areas are designed to develop and maintain the profile of the hospice and to make it supporters' first choice charity to support. The hospice has improved supported fundraising offers for corporate, other charity and individual supporters, including transparency on its costs.

Donation and legacy funding continues to be maintained, which is an essential addition to NHS funding to enable the hospice to fund services.

The Charity ended the 2022/24 financial 18-month period with a deficit of £1,494,186 (2021/22: surplus £299,453). Total funds as at 31 March 2024 stand at £12,838,697 (2021/22 £14,332,883), Restricted Funds as at 31 March 2024 £183,211 (2021/22: £3,261,148) and Unrestricted Funds as at 31 March 2024 £12,655,486 (2021/22: £11,071,735).

Charitable activities consisting of inpatient services, community palliative care, Living Well Centres, Hospice at Home and education accounted for 84% (2021/22: 78%) of expenditure for the year.

Of total income, 63% (2021/22: 64%) were generated directly by these charitable activities from the NHS, and therefore the Hospice continues to rely on non-statutory fundraising.

Principal sources of funding

Donations and gifts

The Charity was pleased to receive donations and gifts of £960,944 (2021/22: £1,104,820), a decrease of £143,876 (-13%).

Legacies

Income of £1,397,306 (2021/22: £1,052,988) was received from gifts generously left by supporters in their wills. This was an increase of £344,318 (32%) year-on-year and represents 5.6% of the charity's total funding. Bequests remain vital to the hospice's continued financial viability, and sincere thanks are due to all those people who continue to remember the hospice in this way.

NHS grants

Income from the NHS increased from the previous year to £15,730,665 (18 months) from £10,034,071 (12 months), this included funding for HoBS/PHB and an inflation increase.

This contracted income from Birmingham and Solihull CCG and Sandwell accounts for 63% of the charity's income.

Trust and Grants

The Trustees remain very grateful for the extremely high level of support received from a range of charitable trusts and foundations. In 2022/24 this totalled £467,301 (2022: £485,768). This was a decrease of £18,467 (-3.8%).

Lotteries

The Charity now owns a one-third share of the equity of TLC Lotteries Ltd (TLC). This company is a joint venture between the hospice, Acorns Children's Hospice and Focus Birmingham. TLC is managed by a Lottery Manager. The TLC Board of Directors comprises two representatives from each of the three charities. The hospice representatives are a Company Director and the Director of Income Generation. TLC is a decision-making organisation unless Trustee approval is required from any of the owner charities.

During 2022/24 £168,302 (21/22: £130,281) was generated from lottery activity, an increase of £38,021 (29%).

Trading activities

HCP operates 20 charity shops across the city and surrounding area. Income from trading was £3,724,900 (2021/22 £1,893,233) which was an increase of £1,831,667 (96.7%) compared with the previous year. Trading costs increased to £2,854,107 (2021/22: £1,592,864), an increase of £1,261,243 (79%).

Trading income included £272,020 (2020/21: £220,236) relating to donations under the retail Gift Aid scheme, which operates in all of our charity shops.

Investment income

Investment income increased to £344,938 (2021/22: £138,381). The majority of this income was earned through the activities of listed investments.

Reserves Policy

The reserves policy of the Hospice takes into account the nature of the income and expenditure streams and the need to provide against the uncertainty of voluntary income, especially the significant variability of legacy income.

The Trustees have reviewed the risks associated with each major income and expenditure stream and quantified potential variability to determine the value of reserves required. The trustees agreed a new reserves policy in January 2022 which required that a minimum balance of £9.9 million is maintained in unrestricted reserves. This will include maintaining free reserves of £3.6 million cash, designated reserves of £300k held for capital asset purchases, £5 million for investment portfolio to supplement income, although the portfolio value dropped during the previous year but has recovered to £4.68 million by 31 March 2024 due to the performance of the portfolio. The reserves held would equate to eight months operational cover.

The Executive Team works closely with commissioners regarding future services and sustainability. The Finance, Performance and Estates Committee, a sub-committee of the Board, meets four times per year and closely monitors results and future forecasts.

Restricted funds are monies given to the hospice for specific capital and project work within the overall aims of the organisation. The funds represent both capital and revenue funds and are detailed in note 16 to the accounts. Grants and donations received for capital purposes are accounted for as a restricted funds and the depreciation of the underlying fixed asset is charged to these funds over their lifetime. Revenue funds are received and will be expensed over the lifetime of the project.

Total reserves at the year end stood at £12,838,697 (2021/22: £14,332,883). At the year-end the charity held unrestricted reserves of £12,655,486, that included free reserves (total reserves excluding fixed assets and funds held on investment) of £3,155,287 (2021/22: £5,374,090).

The current free reserves of £12.7 million which is above the minimum requirement of £9.9 million. This includes £3.9m in cash, designated reserves of £230k held for capital asset purchases and £4.7million in the investment portfolio.

Principal risks and uncertainties

Organisational risks are under constant review at the hospice. The Executive and Business Development Team maintain a 'live' risk register that assesses governance, operational activities and strategic risk.

On a quarterly basis the Governance Committees (as detailed on page 21) review and challenge the risks relevant to their committee to ensure the level of risk remains appropriate and that mitigating actions are in place to effectively manage the risk.

The risk register includes a Gross, Net and Residual Risk score, enabling Trustees and Executives to focus their attention accordingly.

The entire risk register is presented to the Board of Trustees on an annual basis, identifying the procedures and systems in place to manage those risks with high risk ratings.

A wide range of policies and procedures are in place to minimise and manage risk as well as ensure compliance with legislation and CQC standards.

The accounting records are maintained by the hospice and the system of internal control pertaining to the charity is in place. These are designed to provide reasonable assurance against material misstatement or loss. They include:

- an annual budget approved by the Board
- a clear income strategy for the charity
- progress against the charity budget is reported quarterly at Board meetings and by correspondence in the intervening months;
- delegation of authority and segregation of duties.

External environment

The economic climate has become more challenging, leading to the Charity funding a 5% pay rise for all staff.

Managing staffing during and post pandemic is extremely challenging and we have managed to maintain services throughout. Staff are exhausted but we continually look at new ways to support them through these difficult times. We have provided psychological support, counselling and supervision for staff. Merging during a pandemic has brought unique challenges that has been challenging for the workforce. The pandemic strengthened the case for change and in many ways has expedited new ways of working.

Recruitment of clinical staff remains challenging; there is a lack of nurses and doctors, and this is a national crisis that will go on for some time. We have had some wins in recruiting new staff but this often affects other services across the system. We are all recruiting from the same pool of people and the pool continues to shrink. We have begun to look at recruiting different types of allied health professionals with skills that are transferable to a hospice service. However, we will always be majorly reliant on a nursing and medical workforce which is currently depleted nationally. We hope that launching the new strategy and a major capital appeal will increase staff retention and recruitment.

Financial sustainability

The organisation receives 58% of its income from the NHS. This reflects the high level of NHS funding from the historic John Taylor site and the local challenges for fundraising in a very young, diverse city with significant health and economic inequalities. The release of NHS England guidance in July 2022 supports the long-term future sustainability of the charity as this states that the NHS and Local Authority must ensure ongoing sustainable funding sources for hospice activity by 2025/26.

We continue to be reliant on charitable giving and the unpredictability of legacy income remains; we do budget conservatively for this to mitigate the associated risks.

Taxation Status

HMRC has recognised HCP as a charity for tax purposes and as a charitable company. This means the charity can claim back basic rate Income Tax on certain donations received from individuals through the Gift

Aid scheme. At present there is no taxable (non-exempt) income or gains in the charity and therefore no tax to pay.

Investment policy and performance

The investment policy, which was set in conjunction with the investment managers Quilter Cheviot remains unchanged. The objectives of that policy are as follows:

- To provide capital growth over the longer term and the portfolio will supplement the primary source of income for essential charitable expenditure.

Although generally, the interests of a charity's beneficiaries are best served by seeking to obtain a financial return from a suitably diverse portfolio of investments, the investment manager does have due regard to those assets which could be detrimental to the aims and objectives of HCP. Trustees aim to avoid directly investing in companies whose main business is in tobacco, alcohol and pharmaceutical companies that don't adhere to the ABPI code of conduct.

Performance targets have been set for the Investment Manager to achieve a return consistent with the objective set out above while maintaining an acceptable level of risk. Performance of the portfolio is reviewed quarterly with the Investment Manager.

Remuneration policy

The Hospice has published pay scales, which are reviewed annually by the Board of Trustees. All new employee job descriptions, and substantive changes, are subject to evaluation by an external HR specialist to determine pay level. All roles are reviewed annually as part of the standardised hospice-wide appraisal process, and re-evaluated if job descriptions have changed materially. The Remuneration Committee oversees the remuneration process for the Chief Executive and Executive Directors.

Trustees and committee members do not receive any form of remuneration for their roles.

Statement of Responsibilities of the Board of Trustees

The Trustees (who are also Directors of The Hospice Charity Partnership for the purposes of company law) are responsible for preparing the Trustees' annual report, including the strategic 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 of the incoming resources and application of resources, including the income and expenditure, of the charity 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 Statement of Recommended Practice (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.

TRUSTEES' AND STRATEGIC REPORT FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

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

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.

The Trustees' annual report which includes the strategic report will be approved by the Trustees on 29 August 2024 and signed on their behalf by



DAWN WARD

Chair

REFERENCE AND ADMINISTRATION DETAILS

PATRONS

Mrs Judy Dyke LLB, TEP
Mrs Llewela Bailey

BOARD OF TRUSTEES

Mrs Dawn Ward CBE DL (Chair)	appointed November 2022
Mr R Pickup	appointed July 2019
Mrs K Sharpe	appointed July 2018
Mr P Wainwright	appointed April 2019
Mr M Goodwin	appointed April 2020
Mrs J Ward	appointed July 2021
Mr P Shanahan	appointed April 2020
Mrs H Breukelaar	appointed July 2022
Mr S N Suleman	appointed February 2024
Ms S G Owen	appointed February 2024
Mr JL F R Oliveira-Priez	appointed February 2024
Mr O J Nevel	appointed February 2024
Mr E Laird	appointed February 2024
Mr S Farmery-Vigus	appointed June 2023

Mr P Bytheway (resigned July 2024)
Ms L Clarke (resigned 7 May 2024)
Ms K E Dowman (resigned 29 June 2023)
Ms B Edgar (resigned 30 November 2022)
Dr J A Shapiro (resigned 1 July 2023)
Mr Harry Turner (resigned 30 November 2022)
Ms L A Webb (resigned 30 June 2023)

EXECUTIVE OFFICERS

Chief Executive	Mr S Fuller
Director of Clinical Services	Miss S Mimmack
Director of Finance & IT	Mrs A Szabo FCMA (resigned Nov 23)
Director of Finance	Mrs J Armstrong (appointed June 24)
Director of Income Generation	Miss L Watkins
Medical Director/Consultant in Palliative Medicine	Dr Christina Radcliffe (resigned Feb 24)
Director of People & Culture	Mrs M Stuteley

REGISTERED OFFICE
76 Grange Road
Erdington
Birmingham
B24 0DF

AUDITOR
Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

BANKERS
HSBC Bank
6th Floor
120 Edmund Street
Birmingham
B3 2QZ

INVESTMENT MANAGERS
Quilter Cheviot
8th Floor
Two Snowhill
Birmingham
B4 6GA

REGISTERED CHARITY NUMBER
1156964

COUNTRY OF REGISTRATION
England and Wales

REGISTERED COMPANY NUMBER

08991245

COUNTRY OF INCORPORATION

United Kingdom

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of The Hospice Charity Partnership

Opinion

We have audited the financial statements of The Hospice Charity Partnership for the period ended 31 March 2024 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 and of the charitable company's net movement in funds, including the income and expenditure, for the period then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

INDEPENDENT AUDITOR'S REPORT

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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 (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

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

- adequate accounting records have not been kept by the charitable company; or
- the 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 for the financial statements
As explained more fully in the trustees' responsibilities statement set out on page 29 the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

INDEPENDENT AUDITOR'S REPORT

Auditor's responsibilities for the audit of the financial statements

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

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

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to regulatory requirements of the Care Quality Commission, Charity Commission, Fundraising regulations, employment law, GDPR and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, the Charities Act 2011, payroll tax VAT.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journals to revenue, management bias in accounting estimates and application of controls around authorisation of expenditure. Audit procedures performed by the engagement team included:

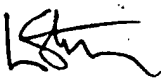
- Inspecting trustees' meeting minutes
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

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

INDEPENDENT AUDITOR'S REPORT

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Lee Stokes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place
London
EC4R 1AG

Date: 13 September 2024

THE HOSPICE CHARITY PARTNERSHIP

STATEMENT OF FINANCIAL ACTIVITIES FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024 INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT

	Notes	*Unrestricted funds for the 18 month period ended 31 March 2024* £	*Restricted funds for the 18 month period ended 31 March 2024* £	*Total funds for the 18 month period ended 31 March 2024* £	*Total funds for the 12 months ended 30 September 2022* £
INCOME FROM:					
Donations and legacies	1	2,677,428	292,125	2,969,553	2,863,812
Charitable activities	2	15,730,665		15,730,665	10,034,071
Other trading activities	3	5,954,523	-	5,954,523	2,530,312
Investments	4	344,938	-	344,938	138,381
Total		24,707,554	292,125	24,999,679	15,566,576
EXPENDITURE ON:					
Raising funds	5	1,414,013	108,915	1,522,928	1,678,145
Charitable activities	5	22,116,832	-	22,549,698	11,826,672
Other Trading Activities	5	3,286,971	-	2,854,105	1,592,864
Total		26,817,816	108,915	26,926,731	15,097,681
Net income before net gains/(losses) on investments		(2,110,262)	183,210	(1,927,052)	468,895
Net gains/(losses) on investments	13	432,866	-	432,866	(768,348)
Transfers between funds	16	3,281,836	(3,281,836)	-	-
Net Movement in funds		1,604,440	(3,098,626)	(1,494,186)	(299,453)
Reconciliation of funds:					
Total funds brought forward	16	11,051,046	3,281,837	14,332,883	14,632,336
Total funds carried forward	16	12,655,486	183,211	12,838,697	14,332,883

The notes on pages 45 to 58 form part of these financial statements.

THE HOSPICE CHARITY PARTNERSHIP

BALANCE SHEET AS AT 31 MARCH 2024

	Note	*31 March 2024* £	*30 September 2022* £
FIXED ASSETS			
Tangible assets	12	4,820,096	4,706,455
Investments	13	4,680,103	4,247,237
Investment in Joint Venture		5,100	5,100
		9,505,299	8,958,792
CURRENT ASSETS			
Stock		5,836	21,613
Debtors	14	800,027	1,764,899
Cash at bank and in hand		3,963,857	5,274,725
		4,769,720	7,061,237
CURRENT LIABILITIES			
Creditors: amounts due within one year	15	(1,436,322)	(1,687,146)
NET CURRENT ASSETS		3,333,398	5,374,091
TOTAL ASSETS LESS CURRENT LIABILITIES		12,838,697	14,332,883
NET ASSETS		12,838,697	14,332,883
REPRESENTED BY			
Restricted funds	16	183,211	3,281,837
Unrestricted funds	16	12,655,486	11,051,046
		12,838,697	14,332,883

The notes on pages 45 to 58 form part of these financial statements.

The financial statements were approved on behalf of the Trustees and authorised for issue on and signed on their behalf by:

Dawn Ward
Trustee
Registered Company no : 08991245

Date: 29 August 2024

THE HOSPICE CHARITY PARTNERSHIP

STATEMENT OF CASHFLOWS FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

	For the 18 month period ended 31 March 2024 £	*For the 12 months ended 30 September 2022* £
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income for the reporting period (as per the statement of financial activities)	(1,494,186)	(299,453)
Adjustments for:		
Depreciation charges	440,822	413,730
(Gains)/losses on investments	(1,708,370)	768,348
Loss on the sale of fixed assets	(4,204)	(25,547)
Dividends and interest from investments	(344,938)	(138,381)
Decrease/(increase) in stock	15,777	(10,963)
Decrease/(increase) in debtors	964,872	(569,148)
(Decrease)/increase in creditors	(250,824)	305,282
Net cash provided by operating activities	(2,381,051)	443,868
CASH FLOWS FROM INVESTING ACTIVITIES		
Dividends and interest from investments	344,938	138,381
Proceeds from the sale of property, plant and equipment	4,983	30,000
Purchase of property and equipment	(793,276)	(302,363)
Movements in investments	1,513,538	(24,442)
Net cash used in investing activities	1,070,183	(158,424)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE REPORTING PERIOD	(1,310,868)	285,444
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE REPORTING PERIOD	5,274,725	4,989,281
CASH AND CASH EQUIVALENTS AT THE END OF THE REPORTING PERIOD	3,963,857	5,274,725

ACCOUNTING POLICIES FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

GENERAL INFORMATION

The Hospice Charity Partnership ("the charity") is a charitable company limited by guarantee and is incorporated in England, UK (Company registration number 08991245 and charity number 1156964). The address of the charity's registered office and principal place of business is 76 Grange Road, Erdington, Birmingham B24 0DF.

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

BASIS OF ACCOUNTING

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019, FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), Charities Act 2011 and the Companies Act 2006.

The Hospice Charity Partnership meets the definition of a public benefit entity under the Charities Act. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes. The financial statements are presented in sterling which is also the functional currency of the charity.

GOING CONCERN

The Hospice Charity Partnership Directors/Trustees have prepared the charity accounts on a going concern basis because assurance has been gained from the main NHS funder that their contract to procure services from the hospice will run until 31 March 2025 at the earliest. There is no fundamental uncertainty about the charity's ability to pay debts as they fall due for at least a year after the financial statements have been signed.

INCOME

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy and will probably be received. The following specific policies are applied to particular categories of income:

- Donations receivable for the general purposes of the charity are credited to unrestricted funds. Donations subject to specific wishes of the donors are carried to relevant restricted funds.
- For legacies, entitlement is taken at 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 Trust 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.

- Investment income is recognised on an accruals basis.
- Grants receivable are recognised in the statement of financial activities when the conditions for receipt have been complied with.
- Other income is accounted for in the year in which the service is provided.
- The value of voluntary work is not included in the financial statements.
- Clothing and other items donated for resale through the charity shops are included as income when they are sold. They are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the account.

EXPENDITURE

Liabilities are recognised as expenditure or deferred on the balance sheet as soon as there is a legal or constructive obligation committing the charity to the expenditure. The following specific policies are applied to particular categories of expenditure:

- Expenditure on raising funds are those costs incurred in attracting voluntary income and those incurred in trading activities that raise funds.
- Charitable activities comprise expenditure including both direct costs and support costs relating to the activity together with governance costs.
- Governance costs comprise the costs of running the charity, including strategic planning for its future development, external audit, any legal advice for the trustees, professional indemnity insurance for trustees and officers, and all the costs of complying with constitutional and statutory requirements, such as the costs of Board and Committee meetings and of preparing statutory accounts and satisfying public accountability.
- Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources, e.g. staff costs by the time spent and other costs by their usage.

FUND ACCOUNTING

General unrestricted funds comprise the accumulated surpluses and deficits on general funds. They are available for use at the discretion of the trustees in furtherance of the general charitable objectives.

Restricted funds are created when grants and donations are received either for a particular area or purpose, the use of which is restricted to that area or purpose. Expenditure is charged to the statement of financial activities when incurred.

FINANCIAL INSTRUMENTS

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

ACCOUNTING POLICIES FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

Financial assets and financial liabilities are recognised when the charity becomes a party to the contractual provisions of the instrument and are offset only when the charity currently has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

FINANCIAL ASSETS

Trade debtors

Trade debtors which are receivable within one year and which do not constitute a financing transaction are initially measured at the transaction price. Trade debtors are subsequently measured at amortised cost, being the transaction price less any amounts settled and any impairment losses.

A provision for impairment of trade debtors is established when there is objective evidence that the amounts due will not be collected according to the original terms of the contract. Impairment losses are recognised in Statement of Financial Activities for the excess of the carrying value of the trade debtor over the present value of the future cash flows discounted using the original effective interest rate. Subsequent reversals of an impairment loss that objectively relate to an event occurring after the impairment loss was recognised, are recognised immediately in Statement of Financial Activities.

Financial Liabilities

Financial instruments are classified as liabilities according to the substance of the contractual arrangements entered into.

Trade creditors

Trade creditors payable within one year that do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being the transaction price less any amounts settled.

OPERATING LEASES

Operating leases are charged to the Statement of Financial Activities equally over the period to which they relate.

PENSION COST

Past and present eligible employees are covered by the provision of the NHS Pension Scheme. Details of the benefits payable under the provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers these employers, GP 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 those bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. For non-eligible employees, those who join the company and have not been previously part of the NHS Pension Scheme, the company offers a personal pension plan administered by Royal London (previously known as Scottish Life). This scheme is also accounted for as a defined contribution scheme with

costs to the company of participating in the scheme taken as equal to the contributions payable to the scheme for the accounting period.

TANGIBLE FIXED ASSETS

Tangible assets are stated at cost less depreciation. Depreciation is provided on a straight line basis to write off fixed assets over their estimated useful lives as follows:

Freehold Land and Buildings	over 50 years
Leasehold improvements	over 50 years
Computer Equipment	over 3 years
Fixtures, fittings, vehicles	over 2 to 6 years
Clinical	over 4-5 years
Retail fixtures and fittings	over 3-10 years

Freehold land and assets in the course of construction are not depreciated.

Assets costing less than £1,000 are written off in the year of acquisition unless they form part of a group of assets. All other assets are capitalised.

Leasehold improvements to the hospice are written down in line with the building policy over 50 years, as it is the opinion of the directors that the lease of the hospice is interlinked with the freehold buildings, and they should have the same period of depreciation.

Impairment of Fixed Assets

An assessment is made at each reporting date of whether there are indications that a fixed asset may be impaired or that an impairment loss previously recognised has fully or partially reversed. If such indications exist, the company estimates the recoverable amount of the asset. Shortfalls between the carrying value of fixed assets and the recoverable amount, being the higher of fair value less costs to sell and value-in-use, are recognised as impairment losses in the Statement of Financial Activities.

INVESTMENTS

Investments are stated at their market value at year end. All movements in value are shown in the Statement of Financial Activities.

TAXATION

The company has been granted exemption by HMRC from any corporation tax liability on its charitable activities.

JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Preparation of the financial statements may require management to make significant judgements and estimates.

ACCOUNTING POLICIES FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

Significant judgements

Donated goods for resale are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the accounts.

Significant estimates

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 expectation 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. There are no significant estimates having a material effect on the financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

1 INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds for the 18 month period ended 31 March 2024 £	*Restricted Funds for the 18 month period ended 31 March 2024* £	*Total for the 18 month period ended 31 March 2024* £	*Total for the 12 months ended 30 September 2022* £
Donations	668,819	292,125	960,944	1,104,820
Gift Aid on donations	144,002	-	144,002	220,236
Legacies	1,397,306	-	1,397,306	1,052,988
Grants	467,301	-	467,301	485,768
Total 2024	2,677,428	292,125	2,969,553	2,863,812
Total 2022	*2,703,298*	*160,514*	*2,863,812*	

2 INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds for the 18 month period ended 31 March 2024 £	*Restricted Funds for the 18 month period ended 31 March 2024* £	*Total for the 18 month period ended 31 March 2024* £	*Total for the 12 months ended 30 September 2022* £
NHS grants and contracts for patient care	15,730,665	-	15,730,665	10,034,071
Total 2024	15,730,665	-	15,730,665	10,034,071
Total 2022	*10,034,071*	-	*10,034,071*	

NOTES TO THE FINANCIAL STATEMENTS FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

3 OTHER TRADING ACTIVITIES

	Unrestricted Funds for the 18 month period ended 31 March 2024 £	*Restricted Funds for the 18 month period ended 31 March 2024* £	*Total for the 18 month period ended 31 March 2024* £	*Total for the 12 months ended 30 September 2022* £
Other income	2,061,321	-	2,061,321	506,798
Lottery income	168,302	-	168,302	130,281
Retail income	3,724,900	-	3,724,900	1,893,233
	5,954,523	-	5,954,523	2,530,312
Total 2022	*2,530,312*	-	*2,530,312*	

4 INVESTMENT INCOME

	Unrestricted Funds for the 18 month period ended 31 March 2024 £	*Restricted Funds for the 18 month period ended 31 March 2024* £	*Total for the 18 month period ended 31 March 2024* £	*Total for the 12 months ended 30 September 2022* £
Bank interest	141,225	-	141,225	-
Dividends from Investments	203,713	-	203,713	138,381
Total 2024	344,938	-	344,938	138,381
Total 2022	*138,381*	-	*138,381*	

NOTES TO THE FINANCIAL STATEMENTS FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

5 ANALYSIS OF EXPENDITURE

		Staff Costs for the 18 month period ended 31 March 2024 £	Depreciation for the 18 month period ended 31 March 2024 £	Other Costs for the 18 month period ended 31 March 2024 £	Total for the 18 month period ended 31 March 2024 £	Total Funds for the 12 months ended 30 September 2022 £
(a)	*Costs of raising funds*					
	Expenditure on raising voluntary income	1,063,391	-	459,537	1,522,928	1,678,145
(b)	*Charitable activities*					
	Expenditure relating to delivery of NHS grants and contracts for patient care	18,037,666	678,885	3,833,147	22,549,698	11,826,672
(c)	*Trading Activities*					
	Expenditure on Trading Activities	1,742,743	-	1,111,364	2,854,105	1,592,864
	Total 2024	20,843,800	678,885	5,404,049	26,926,732	15,097,681
	Total 2022	11,859,266	413,731	2,824,684	15,097,681	

6 EXPENDITURE ON RAISING VOLUNTARY AND TRADING INCOME

	Unrestricted Funds for the 18 month period ended 31 March 2024 £	*Restricted Funds for the 18 month period ended 31 March 2024* £	*Total for the 18 month period ended 31 March 2024* £	*Total for the 12 months ended 30 September 2022* £
Fundraising costs				
Staff costs	1,063,391	-	1,063,391	1,330,659
Depreciation	-	-	-	123,501
Other costs	350,622	108,915	459,537	223,985
Total 2024	1,414,013	108,915	1,522,928	1,678,145
Total 2022	*1,554,644*	*123,501*	*1,678,145*	

NOTES TO THE FINANCIAL STATEMENTS FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

7 ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly for the 18 month period ended 31 March 2024	*Support costs for the 18 month period ended 31 March 2024*	*Total for the 18 month period ended 31 March 2024*	*Total funds for the 12 months ended 30 September 2022*
	£	£	£	£
NHS grants and contracts for patient care	12,723,867	13,769,998	26,493,865	11,826,672
Total 2022	8,877,803	2,948,869	11,826,672	

8 DIRECT COSTS

	Total for the 18 month period ended 31 March 2024	*Total for the 12 months ended 30 September 2022*
	£	£
Drugs	152,267	77,077
Medicinal supplies	194,062	87,259
Covid Supplies	-	(5,940)
Cleaning and laundry	183,916	105,495
Catering	246,628	110,817
Small equipment	79,730	31,415
Training	103,152	128,166
Depreciation	201,339	238,105
Contracted medical staff	717,002	440,812
Wages and salaries	9,064,299	6,912,943
National insurance	886,432	471,101
Pension cost	895,040	280,103
	12,723,867	8,877,803

9 SUPPORT COSTS

	Total for the 18 month period ended 31 March 2024	*Total for the 12 months ended 30 September 2022*
	£	£
Premises costs	1,999,148	564,882
Travelling and subsistence	91,235	30,750
Office costs	266,703	102,403
Repairs and renewals	184,678	117,481
Legal and professional	243,047	75,548
Merger Costs	(25,878)	107,460
Other costs	1,252,492	241,493
Depreciation	477,546	175,626
Consultants / Agency	248,342	-
Wages and salaries	7,827,802	1,382,946
National insurance	679,227	94,245
Pension cost	525,656	56,035
	13,769,998	2,948,869

10 NET INCOME

This is stated after charging:	*Total for the 18 month period ended 31 March 2024*	*Total for the 12 months ended 30 September 2022*
	£	£
Depreciation of tangible fixed assets	678,856	413,730
Operating lease rentals	467,689	289,884
Auditors remuneration – audit	36,401	23,730
Non Audit	9,950	-

11 STAFF COSTS

Staff costs were as follows:

	Total for the 18 month period ended 31 March 2024	*Total for the 12 months ended 30 September* 2022
	£	£
Wages and salaries	16,892,112	9,424,438
Social security costs	1,565,659	978,005
Other pension costs	1,420,696	825,775
	19,878,467	11,228,218
Agency and contracted staff	965,333	631,048
	20,838,800	11,859,266

The average number of persons employed by the company during the year was as follows:

	Total 2024	*Total* 2022
	No	No
Hospice	335	293
Management and administration	75	78
	410	371

The number of higher paid employees was:

	Total 2024	*Total* 2022
	No	No
In the band £60,001 - £70,000	4	3
In the band £70,001 - £80,000	-	2
In the band £80,000- £90,000	4	1
In the band £90,000 -£100,000	2	2
	10	8

During the 18 month period to 31 March 2024, no Trustees received any remuneration (12 months ended 2022 - £NIL).

During the 18 month period to 31 March 2024, no Trustees received any benefits in kind (12 months ended 2022 - £NIL).
During the 18 month period to 31 March 2024, no Trustee received reimbursement of expenses for travel and subsistence for £0 (12 months ended 2022 - £0).

Included within the wages and salaries are staff termination costs of £153,774 (12 months ended 2022 - £9,505)

During the financial year volunteers made regular commitments to support The Hospice Charity Partnership. These roles include Living Well Centre hosts, drivers, photography, fundraising, gardening and finance. In addition volunteers gave corporate social responsibility time in projects including painting and gardening. No Trustee received any emolument or payment for professional or other services.

Key management remuneration

The key management personnel of the charity comprise of the executive staff as listed on page 3. The total employee benefits of the key management personnel of the Charity for the 18 month period were £836,852 (12 months ended 2022: £490,989).

12 TANGIBLE FIXED ASSETS

	Freehold Land & Buildings	Fittings	*Equipment*	*IT Equipment*	*Motor Vehicles*	*Total*
	£	£	£	£	£	£
Cost:						
1 October 2022	5,126,024	371,339	527,494	275,179	62,207	6,362,243
Additions	315,009	101,610	73,559	286,533	16,565	793,276
Disposals	(5,543)	-	-	(350)	(18,748)	(24,641)
31 March 2024	5,435,490	472,949	601,053	561,362	60,024	7,130,878
Depreciation:						
1 October 2022	1,093,427	211,203	222,259	83,386	45,513	1,655,788
Charged in the period	262,751	80,769	110,778	209,393	15,165	678,856
Eliminated on disposal	(4,994)	-	-	(120)	(18,748)	(23,862)
31 March 2024	1,351,184	291,972	333,037	292,659	41,930	2,310,782
Net book value 31 March 2024	4,084,306	180,977	268,016	268,703	18,094	4,820,096
30 September 2022	4,032,597	160,136	305,235	191,793	16,694	4,706,455

13 INVESTMENTS

	31 March 2024 £	30 September 2022 £
Valuation:		
1 October 2022	4,247,237	5,015,585
Additions	1,708,368	1,306,340
Disposals	(1,758,129)	(1,285,650)
Unrealised gain/loss	482,627	(789,038)
31 March 2024	4,680,103	4,247,237

The Historical cost of investment is £4,124,150 (2022: £4,023,785).

14 DEBTORS

	31 March 2024 £	30 September 2022 £
Trade debtors	191,609	904,589
Other Debtors	341,149	477,995
Prepayments and accrued income	267,269	382,315
	800,027	1,764,899

15 CREDITORS

	31 March 2024 £	30 September 2022 £
Trade creditors	630,333	146,716
Other taxation and social security	287,596	221,806
Other creditors	142,350	113,876
Accruals and Deferred income	376,043	1,204,748
	1,436,322	1,687,146

NOTES TO THE FINANCIAL STATEMENTS FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

16 STATEMENT OF FUNDS

	Brought forward 1 October 2022 £	*Income* £	*Expenditure* £	*Transfers in/out* £	*Carried forward 31 March 2024* £
Unrestricted funds	11,051,046	24,707,554	(26,384,950)	3,281,836	12,655,486
Restricted funds					
SEIF	171,611	-	-	(171,611)	-
SPUR / hobs data review project	-	67,000	(38,000)	-	29,000
League of Friends	261,090	-	-	(261,089)	-
Hospice Capital Projects	801,383	-	-	(801,383)	-
Extension Fund	592,994	-	-	(592,994)	-
Hospice Service Fund	175,875	-	-	(175,875)	-
H J Conservatory Fund	28,822	-	-	(28,822)	-
Freehold Property Fund	718,400	-	-	(718,400)	-
Roof Appeal	259,628	-	-	(259,628)	-
EOL	-	-	-	-	-
Other	89,419	-	-	(89,419)	-
Room to Care	182,975	-	-	(182,975)	-
Extended Bereavement Service	-	110,825	-	-	110,826
Child Bereavememt	-	40,500	(40,500)	-	-
Well Being House	-	16,800	-	-	16,800
Sluice BSMH	-	10,000	-	-	10,000
Bedside Charis	-	27,000	(15,415)	-	11,585
Dementia Projects	-	15,000	(15,000)	-	-
	-	5,000	-	-	5,000
	-	-	-	-	-
Total restricted funds	3,281,837	292,125	(108,915)	(3,281,836)	183,211
Total funds	14,332,883	24,999,679	(26,493,865)	-	12,838,697

NOTES TO THE FINANCIAL STATEMENTS FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

2022 comparative

	Brought forward 1 October 2021 £	*Income* £	*Expenditure* £	*Transfers in/out* £	*Carried forward 30 September 2022* £
Unrestricted funds	11,408,201	15,406,062	(15,763,217)	-	11,051,046
Restricted funds					
SEIF	171,611	-	-	-	171,611
League of Friends	261,090	-	-	-	261,090
Hospice Capital Projects	801,383	-	-	-	801,383
Extension Fund	592,994	-	-	-	592,994
Hospice Service Fund	175,875	-	-	-	175,875
H J Conservatory Fund	28,822	-	-	-	28,822
Freehold Property Fund	718,400	-	-	-	718,400
Roof Appeal	259,268	-	-	-	259,268
EOL	89,419	-	-	-	89,419
Other	125,273	181,203	(123,501)	-	182,975
Total restricted funds	3,224,135	181,203	(123,501)	-	3,281,837
Total funds	14,632,336	-	-	-	14,332,883

The hospices have the following restricted funds, created as a result of conditions imposed by the funder:

- SEIF: funding used for capital purchase of property and refurbishment required
- League of Friends: funding used for capital work on property, purchase of a vehicle for patient transport and large clinical items required for IPU
- EOL: Central government funding provided for IT and infrastructure initiatives to aid cross city hospice service provision
- Other: funding currently held for Dementia project, complementary therapy project, Children's bereavement project, a family room, a young persons room and social hub
- Hospice UK resilience funding: The NHSE awarded funding to allow the hospice to make available bed capacity and community support in the context of the Covid situations from November 2020-March 2021

- Hospice Capital projects: funds to cover the costs of specific items of capital expenditure, such as refurbishment, fittings, vehicles, computers and equipment. This includes major refurbishment of the BSM site in patient unit and reception completed in 2009/10, the Day hospice in 2010/11 and the Family Centre completed in 2013/14
- Extension fund to help meet the costs of the hospice extension and major refurbishment programme completed in 1997/98
- Hospice services fund to help meet the direct revenue cost of a variety of projects including, child bereavement services, a support at home service and a bereavement counsellor
- Henry Joseph conservatory fund to fund the conservatory on the BSM inpatient unit in 1998/99
- Education centre fund to cover expenditure on the hospices education and conference facilities, completed in 1999/2000

17 SPLIT OF NET ASSETS BY FUND

	Unrestricted funds 31 March *2024* £	*Restricted funds* 31 March *2024* £	*Total Funds* 31 March *2024* £	*Total Funds* 30 September *2022* £
Tangible fixed assets	4,820,096	-	4,820,096	4,706,455
Fixed asset investments	4,685,203	-	4,685,203	4,252,337
Current assets	4,586,509	183,211	4,769,720	7,061,237
Creditors due within one year	(1,436,322)		(1,436,322)	(1,687,146)
	12,655,486	183,211	12,838,697	14,332,883

2022 comparative	*Unrestricted funds 2022* £	*Restricted funds 2022* £	*Total Funds 2022* £	*Total Funds 2021* £
Tangible fixed assets	4,706,455	-	4,706,455	4,822,275
Fixed asset investments	4,252,337	-	4,252,337	5,020,685
Current assets	3,779,400	3,281,837	7,061,237	6,195,683
Creditors due within one year	(1,687,146)	-	(1,687,146)	(1,381,865)
	11,051,046	3,281,837	14,332,883	4,440,332

18 PENSION COSTS

The majority of past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at *www.nhsbsa.nhs.uk/pensions*. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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 these bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

A number of employees fell outside the parameters of the direction provided by the Secretary of State, in England and Wales and as such do not qualify for the NHS Pensions Scheme. As such, an alternative pension scheme is provided on a defined contribution basis with Royal London. This scheme commenced in October 2013 and is also accounted for as a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The scheme complies with pensions auto-enrolment legislation.

Total contributions to all schemes amounted to 2024 £1,420,696 (2022: £825,775).

There are seven rates of member contribution in the NHS Pensions Scheme, ranging from 5.1% of pensionable pay for the lowest earners up to 13.5% for highest earners, based on the whole time equivalent pensionable pay. The thresholds at which the rates change are linked to nationally-agreed pay rates at set levels and are based on salaries equivalent to someone working full time. If the overall cost of the scheme increases, the amount both members and the company contribute may also increase. The costs of the scheme are determined by the Government and also the scheme actuary who performs periodic valuations of the scheme to determine how much needs to be paid in to provide the benefits paid out. These costs are shared between the employers and the NHS Pensions Scheme members.

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 (The Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience) and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was as at 31 March 2012 (published in June 2014), the previous actuarial valuation was carried out as at 31 March 2004. The primary purpose of the 2012 actuarial valuation was to set the employer contribution rate payable from April 2015, in light of the introduction of new pension arrangements from 1 April 2015 explained below, and the initial employer cost cap which is required by the Public Service Pensions Act 2013. Both the employer contribution rate and employer cost cap will be included in Scheme Regulations. The next actuarial valuation is expected to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution

rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data, and are accepted as providing suitably robust figures for financial reporting purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31 March 2014 is based on detailed membership data as at 31 March 2013 updated to 31 March 2014 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 scheme actuary report which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained:

On 1 April 2008 a new section of the NHS Pension Scheme was introduced for new members. Most members of the Pension Scheme prior to 1 April 2008 are in the **1995 section**. New joiners on, or after, 1 April 2008 are members of the **2008 section**. The changes introduced new rules for NHS employees joining from 1 April 2008 and modified the rules for those already in the pension scheme prior to this date.

The scheme is a "average salary" scheme. Members in the **1995 Section** receive a pension worth 1/80th of the best of the last three year's pensionable pay for each year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon 1.4% of total pensionable earnings over the relevant pensionable service. Members in the **2008 Section** receive a pension worth 1/60th of the average of the best three consecutive years' pensionable pay in the last ten for each year of membership. Members who are practitioners, as defined by the Scheme Regulations have their annual pensions based upon 1.87% of total pensionable earnings over the relevant pensionable service. Members in the **2015 section** receive 1/54th of the last year's pensionable pay for each year of membership.

With effect from 1 April 2008, members can choose to give up some of their annual pension for an additional tax-free lump sum up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011/12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers. For the year to 30 September 2020 the employer contribution rate was 14.38% of pensionable pay with employee rates (before tax relief) varying between 5.1% and 13.5%.

19 RELATED PARTY TRANSACTIONS

The Non-Executive Director Trustees were not paid or reimbursed any expenses in the current or preceding year. No Trustee received any emolument or payment for professional or other services.

20 FINANCIAL COMMITMENTS

Operating Lease Commitments

Due to the merger increasing our charity shop portfolio to 20 units, as at 30 September 2022 the company had total commitments under non-cancellable operating leases as follows:

	31 March 2024 £	30 September 2022 £
land and buildings:		
payable within 1 year	377,292	297,792
payable within 2 and 5 years	1,035,667	105,503
	1,412,959	403,295

THE HOSPICE CHARITY PARTNERSHIP

England & Wales - Charity number 1156964

Accounts

The Hospice Charity Partnership

Brand Name - Birmingham Hospice

Report and Financial Statements

Year ended 30 September 2022

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Executive Summary

The Trustees present their report and the audited financial statements of The Hospice Charity Partnership (THCP), brand name Birmingham Hospice (BH) for the year ended 30 September 2022. On the 1st of August 2021 a full merger took place between Birmingham St Marys Hospice Limited and John Taylor Hospice which was then renamed as The Hospice Charity Partnership, brand name Birmingham Hospice. All assets and liabilities of St Marys Hospice Limited (company number 01161308, charity number 503456) and St Mary's Hospice (Trading) Limited (company number 02696641) were transferred over to The Hospice Charity Partnership (company number 08991245, charity number 1156964).

2021/22 is the first full year that the merged The Hospice Charity Partnership entity has traded. The Hospice Charity Partnership is the legal entity name which now also has the brand name of Birmingham Hospice. The Charity ended the 2021/22 financial year with a surplus of £469k before investment losses, which is split into £432k unrestricted surplus and £37k restricted surplus.

The Charity currently has unrestricted reserves target of £10.8m which is equivalent to 8 months operational cover. Strategic plans for facilities and estates provision are under development which will also require major capital investment to deliver the refurbishment over the next 10 years.

Over this past year, the charity has achieved an Outstanding CQC rating, completed a successful merger by ensuring policies, processes and controls are aligned and delivered a financial surplus.

Objectives And Activities

The charity exists for the public benefit: Specifically, the advancement of health, care and support for people living with a palliative or end of life diagnosis and provides specialist palliative and supportive care in Birmingham and the surrounding areas.

A wide range of services are provided free, at the point of use. Care can be delivered in people's own homes or the hospice itself 7 days a week up to 24 hours a day. NHS practitioners in hospital nursing and community settings, housing and social care professionals in residential and community settings make most referrals. Members of the public can also refer themselves directly for hospice services.

Our Vision: A future where everyone with a life limiting illness will live & die with dignity and in comfort

Our Mission: We will enable more people from all communities to access care of their choice at the end of life

The vision and mission recognise the need to provide inclusive services that reflect the needs of the diverse and changing communities across Birmingham. The long-term strategic goals are set to have a positive impact on the community we serve.

Our Hospice Strategy (2022- 2027): Future hospice care shaped by our communities

1. We will extend our reach to deliver personalised palliative and end of life care when and where it's needed.
2. We will develop evidence to inform how future services can reduce inequality of access to
3. Palliative & end of life care.
4. We will increase our work alongside communities & with our partners to shape palliative & end of Life care services of the future.
5. We will grow our people & resources sustainably, using or assets efficiently to ensure expert palliative and end of life care is made available to more people

Our Values

Following the merger of both hospices all people working across both Hospice sites were involved in defining the new values. These values are Kindness, Togetherness, Positivity, Openness, Respect and Innovation. These values will underpin and shape the organisations culture going forward. These are not corporately defined values; they have been shaped by the people working within The Hospice Charity Partnership, brand name Birmingham Hospice. Each value is realised by all staff championing the behaviours they have outlined thus shaping the culture that people want to hear, see, and feel. This is critical to effective working and delivery of the strategy and the business priorities.

Business Priorities

The implementation of the organisation's strategy over the next 5 years will be built on the following core principles:

Build Building the foundations of the new organisation ensuring our infrastructure, systems integration and workforce are stable, adaptable and fit for the future. This will be the focus in the first 18 months of the strategy over 2022 and 2023.

Grow We will need to grow our collective understanding of the needs of Birmingham's diverse communities and increase the numbers of hospice supporters and grow sustainable voluntary income.

By talking to communities, this will grow our understanding of the services people want and need in the future, we can then invest in future services effectively. This will require investment in community engagement and targeted research.

While we know the current approach meets the needs of many people, there are groups within our communities that do not access the current specialist palliative and end of life offering. We will work with the wider health system to understand why to inform out future practice.

We will also have a significant focus on new supporter acquisition during 2023 and 2025, this will help build sustainable voluntary income growth. This will be supported by the launch of a significant capital appeal in 2023.

Maintaining and Growing statuary income

Significant focus has been given to maintaining the current level of funding from the NHS which is critical to delivery of essential services. In July 2022 NHS England released statutory guidance for Palliative End of Life Care for Integrated Care Boards. This guide sets out the acceptance that demand for specialist hospice care will continue to increase, working in partnership with the NHS and Local Authorities to secure sustainable funding by 2025/26.

Growing & maintaining voluntary income

Voluntary income is essential to delivery of holistic services that the hospice provides, this includes, bereavement support, day hospice services, family support and complementary therapy. The Hospice buildings and environment could not be maintained without public support and philanthropy. While the future of fundraising income remains unclear due to the current economic climate, the local community have continued to support in many ways. People do want to support their local hospice and there is a continued appetite to get involved. People's ability to do this in traditional ways such as attending fundraisers or taking part in participation events has reduced but not stopped. We will be looking to bring back popular events and create new ones.

Despite the economic conditions, Retail shops have gone from strength to strength. As a result, the hospice will be looking to increase its income and profit through its retail portfolio.

As part of the build programme, we are updating the Charity brand and have developed a new single charity web site which will be updated for the new branding in the near future. These two areas of work will be critical to providing high standards of supporter care and providing a point of contact for either to access services, or wanting to find out more about what we provide.

Reach

Reaching and supporter more people who require specialist end of life and palliative care services is our ultimate goal. We will maintain delivery of our current community and

inpatients services efficiently and to the highest standard. Any increase in investment in the current model of care is likely to come from statutory funding. Future services will need to be adapted to meet the needs of the wider community and may not reflect the traditional model and approach. Therefore we aim to implement any new services from 2025. We will then spend the following two years implementing new services and evaluating their impact. If funds allow we will start this work sooner.

Hospice facilities and Environment

Covid has highlighted and expedited the need for both hospices to have single beds with ensuite facilities, moving to single rooms only will help increase capacity, improve dignity, privacy and create a relaxing, personalised space for patients and families. Both sites require significant refurbishment, an appeal will be launched to raise funds for the refurbishment in 2023. This will have the added benefit of increasing awareness of the hospice and services it provides to the community.

Public benefit

As part of the merger process, the Trustees reviewed the objects of the charity and agreed revised objects as set out in the Articles of Association.

The Charity's objects are specifically restricted to promote the relief of illness or suffering by:

5.1: The expert care and support of people with palliative and end of life needs;

5.2: The provision of services to promote health and wellbeing for patients and carers;

5.3: The care and support of family and friends who have been bereaved;

5.4: The advancement of education and healthcare practice to raise awareness of potentially life limiting illness; and

5.5: The advancement of high quality palliative and end of life care through the community.

The hospice services benefit a specific section of the public (adults and their families and carers within Birmingham and the surrounding counties, affected by progressive life-limiting illness) but there are no other restrictions on access to its services. THCP/BH works with adults across the spectrum of illness that foreshortens life and has a number of programmes to look at the prevention of illness itself.

The trustees believe the charity provides a public benefit through the work of THCP/BH which offers palliative and end-of-life care to adult residents within its catchment area and who are suffering from a terminal illness. All services provided by THCP/BH are free of charge to patients and their carers or families, funded both by the tax payer and directly by the public. THCP/BH delivers services on behalf of various NHS Clinical Commissioning

Groups (CCGs), and also works with other organisations, regulators, funders and community groups in its capacity as a charitable organisation.

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objects and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives that have been set.

Achievements And Performance

At THCP/BH we provide services for people living with life-limiting illnesses and their families, loved ones and carers across the diverse population of Birmingham, Solihull and Sandwell constituencies.

We offer expert care and support both at home and within the community, as well as through inpatient and day services at our Hospice. With a welcoming and inclusive approach, we are there from the moment of diagnosis to the very end of life and beyond, offering bereavement support for loved ones of all ages for as long as they need it after someone dies.

As a teaching and research charity, we use our expertise to train other healthcare professionals in palliative and end of life care and to improve and develop care services for the future.

We joined forces with other local hospices to establish HoBS (Hospices of Birmingham and Solihull) enabling more people to get the care they need as quickly as possible. This approach was so successful that it will continue going forward.

As part of this work the hospice has been working on a pilot programme with its main CCG funder regarding the use of personal health budgets for end-of-life care. The PHB service up until September 2022 has seen 427 patients saving 21,819 activity contacts across which would have cost the system £652k.

Equality Diversity and inclusion action plans were in place at both hospices prior to merger. The focus for 2023 will see the hospice develop a combined plan that will deliver our priorities within the People Strategy and work toward accreditation via the National Centre for Diversity. We have also now established a new ED&I group was launched in January 2022. This will be a yearlong programme of assessment which highlights areas of success and areas for development in relation to equality and diversity, In addition we plan to hire 2 dedicated roles that will focus on moving or internal and external Equality Diversity and Inclusion plans forward.

Other areas of the strategy ensure the needs of all patients can continue to be met by increasing income from fundraising activities and development of the retail venture. We continue to develop our event and community campaigns calendar. Corporate support was severally impacted by the Covid restrictions with office based fundraising and Charity of the

Year opportunities limited. However, Grants & Trust income was strong and we benefitted from continued support from many generous trust funders. The retail chain performed well once all shops were able to reopen. Strong performance continued up until year end. There have been no shop closures and we continue to research opportunities in our locality for new shop premises and grow our online retail presence.

The achievements in the year have been focussed on:

- Successful Merger of Birmingham St Marys and John Taylor Hospice to form The Hospice Charity Partnership, brand name Birmingham Hospice
- Continued partnership working with the NHS and others
- Meeting and exceeding all external regulation and enhancing our internal governance processes
- Providing care where people wish to have it and of the highest quality
- Retaining a strong and committed staff and volunteer base
- Retaining a strong financial position
- Providing an open and honest culture
- Developing Freedom to Speak up Champions
- Growing into new areas like prevention, dementia care and the scope of our work in long-term conditions and accredited complementary therapies
- Continuation of piloting the use of personal health budgets in end-of-life care
- Reducing taboos surrounding death and dying

The hospice considers patient safety and quality to be the highest priority. A significant amount of work has already been undertaken to align systems and practice across both sites. These new systems include vantage which offers a new incident reporting and risk modules. These new modules enable better monitoring and management of across all sites inclusive of all services.

Key performance indicators for the Quality Clinical Governance Committee, the Finance, Performance and Estates Committee and the People Committee have been developed and implemented, these feed into the balanced scorecard which is reported to the Board of Trustees.

The Board has a subcommittee for clinical quality known as the Quality Governance Committee (QGC) and this has a working group, the Clinical Governance Committee (CGC). The Health and Safety Committee reports to the Finance, Performance & Estates committee. QGC reports to the Board to give assurance on clinical risk and quality and clinical safety measures include safe staffing levels, complaints and compliments.

The board also has a subcommittee (Audit and Assurance Committee) which has been established to critically review the governance and assurance processes upon which the Board of Trustees places reliance, ensuring that the organisation operates effectively and meets its strategic objectives.

Corporate safety measures include housekeeping cleanliness audits, staff training records In addition, robust systems are in place for reviewing and implementing relevant National Institute for Health and Care Excellence (NICE) guidance and addressing Clinical Assessment Service (CAS) alerts.

The last Care Quality Commission regulation assessments were carried out pre-merger.

Birmingham St. Mary's Hospice was assessed on the 17th December 2019 and the overall rating for the service was rated as 'Good'. The CQC inspection provided a further rating for each of the 5 domains or questions that they assessed and the hospice was rated 'Good' in every category. The hospice is currently awaiting a routine inspection of its services since the transfer of the regulation of hospices to healthcare, however this has been delayed due to the COVID-19 pandemic. During this time however the hospice is subject to regular risk based virtual assessments on quality from CQC colleagues.

John Taylor Hospice was assessed on the 30th of March 2022 and the overall rating for the service was rated as 'Outstanding'. The CQC inspection provided a further rating for each of the 5 domains or questions that they assessed and the hospice was rated 'Outstanding' in 3 categories and 'Good' in two categories.

Ensuring the highest quality of care and evidencing this in various ways such as patient-led audits, the annual Quality Account, patient feedback and CQC inspection is a focus across the charity. The results of audit/evaluation are fed back appropriately to those delivering, receiving and commissioning the services and to the Board. Audit and evaluation is continuous in all departments and results indicate that patients, carers and NHS partners are satisfied with the support they receive. The public can review the results of external inspections on-line and patient satisfaction surveys to hear patients' views about care and the company are run in order to make continuous improvements.

The organisation is committed to involvement in and the development of research and has a part time research nurse for one day a week to work alongside clinical teams and increase its research activity.

Benchmarking with other hospices enables the organisation to identify areas for further development or provides assurance that THCP/BH continues to function well.

Working Partnerships

As an independent business one of the charity's key priorities has been to continue to work collaboratively with NHS funders as well as other health providers and non-health organisations to ensure the continuation of high quality end of life services.

During the year, 1 October 2021 to 30 September 2022, the hospice cared for 1,651 patients (Erdington site) 2,248 (Selly Park), as well as providing support for these patients' families. That care was provided by the charity's Inpatient Units, its day hospices and in the

community. The organisation also provided wellbeing support to both patients and family members.

The charity has a number of close working relationships in the local community including Birmingham and Solihull Clinical Commissioning Group/Integrated Care Board, Sandwell and West Birmingham Hospitals, with whom it has NHS contracts. In addition, close working arrangements are in place with local primary care in North, East and West Birmingham including general practice, Birmingham Community Healthcare NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, Birmingham City Council and a number of local hospices including St Giles' Hospice and Marie Curie Hospice Solihull. In these forums, it works closely with colleagues in the acute health sector and other hospices to develop end of life care across the city and prevent unnecessary hospital admissions for this group of patients. In addition, it takes referrals, where appropriate, from outside the catchment area on a cost per case basis.

A new service named Hospices of Birmingham and Solihull (HoBS) provided 24/7 access to specialist palliative care advice, joint bed management across the hospices, improving access, and also a rapid response service to manage crises in the community in order to prevent hospital admissions and improve patients' abilities to meet their preferred place of care, and death. This service was possible due to the redirection of existing resources but is not sustainable long term without additional external funding. A joint business case on behalf of the partnership was submitted in 21/22 and agreement was given to fund the services from 8am – 8 pm, further data and analysis is been carried out across the health system to test the case for a 24/7 service.

The charity continues to be part of the ongoing work around the Birmingham and Solihull Integrated Care System (ICS) which seeks to close gaps in health inequality, quality and care and funding going forward to meet demand. For example, in Birmingham there remains a 9 year gap in life expectancy between the most affluent and the most deprived populations. The Birmingham and Solihull ICS is split into a number of work streams with End of Life Care sitting in the Ageing Well work stream.

The Black Country Integrated Care Board continues to commission an overarching contract for End of Life Care from Sandwell and West Birmingham Hospitals and THCP/BH remains a sub-contractor of this Connected Palliative Care Contract. The contract supports a hub for end of life care co-ordination, for patients and their families as well as health professionals. Focussing on the populations of Sandwell and West Birmingham, the centre aims to bring together care providers to offer seamless end of life support.

Activity 2021/22

The Charity has seen consistency in relation to its clinical activity during the year with the following activity through its services as shown below:

Erdington Site

Bed Days	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Available Bed Days	496	480	496	496	448	496	330	341	330	341	341	330	410.4
Bed Days Occupied	318	277	288	242	314	294	247	342	300	291	305	277	291.3
Admissions	25	18	12	23	19	20	17	22	25	20	20	17	19.8
Average Length of Stay	13	15	24	11	17	15	15	16	12	15	15	16	15.2
Discharges	6	8	5	6	9	9	8	9	8	6	8	13	7.9
Deaths	19	10	7	17	10	11	9	13	17	14	12	4	11.9

Living Well Centre	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	6	9	6	2	10	24	15	22	11	10	23	15	12.8
Attendances	90	75	80	61	60	50	62	84	85	72	90	92	75.1

Wellbeing	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	18	36	14	22	27	26	24	24	25	43	21	19	24.9
Attendances	257	159	234	196	128	102	126	83	133	139	169	103	152.4

Hospice @ Home	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	18	19	11	23	17	15	14	13	20	20	21	14	17.1
Attendances	496	523	468	459	260	619	478	561	358	303	423	489	453.1

Community	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	116	93	70	82	86	111	80	85	94	88	90	84	89.9
Attendances	2046	1935	1815	1726	1733	1811	1493	1537	1495	1297	1364	1313	1630.4

Therapies	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	103	77	79	82	109	104	90	94	87	77	89	85	89.7
Attendances	512	387	377	386	386	509	551	527	465	576	575	525	481.3

Overall	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	261	234	180	211	249	280	223	238	237	238	244	217	234.3
Attendances	3401	3079	2974	2828	2567	3091	2710	2792	2536	2387	2621	2522	2792.3

Total number of patients seen by Erdington site from October 2021 to September 2022	1651

Selly Park Site

Bed Days	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Available Bed Days	372	360	372	372	336	372	360	372	360	372	372	360	365.0
Bed Days Occupied	343	325	317	369	293	353	337	352	320	301	341	297	329.0
Admissions	26	27	22	29	19	22	27	15	27	23	22	28	23.9
Average Length of Stay	13	12	14	13	15	16	12	23	12	13	16	11	14.2
Discharges	8	8	9	9	4	3	10	12	20	16	13	16	10.7
Deaths	18	19	13	20	15	19	17	3	7	7	9	12	13.3

Day Hospice	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	16	10	13	11	13	15	12	13	17	18	16	22	14.7
Attendances	49	78	57	29	37	48	65	78	88	94	90	96	67.4

Wellbeing	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	34	37	26	45	32	55	38	52	35	24	38	31	37.3
Attendances	719	757	590	600	595	659	563	739	708	559	647	629	647.1

Hospice @ Home	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	36	28	26	13	17	12	9	8	11	19	22	15	18.0
Attendances	83	103	69	37	49	32	47	20	30	195	235	259	96.6

Community	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	114	136	115	104	121	152	108	111	104	102	91	106	113.7
Attendances	940	1075	1200	1154	1121	1340	1364	1349	1326	1313	1365	1307	1237.8

Therapies	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	47	60	51	45	48	63	54	60	60	53	66	70	56.4
Attendances	69	68	132	105	92	113	109	135	133	141	190	154	120.1

Overall	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Total Referrals	247	271	231	218	231	297	221	244	227	216	233	244	240.0
Attendances	1860	2081	2048	1925	1894	2192	2148	2321	2285	2302	2527	2445	2169.0

Total number of patients seen by Selly park Site from October 2021 to September 2022	2248

THCP/BH currently employs 371 headcount of staff with 651 volunteers.

Revalidation for medical staff is the process by which licensed doctors are required to demonstrate on a regular basis that they are fit to practice and having their licence renewed. The hospice has the appropriate procedures in place to ensure this is done via a nominated Responsible Officer who oversees the process and links in with the General Medical Council (GMC). The hospice's arrangements are via a contract with the University Hospitals of Birmingham who supply this service to it. No issues have arisen in the year. Nurse revalidation also came into effect from April 2016 to build on existing renewal requirements by introducing new elements which encourage staff to reflect on their code of practice and demonstrate that they are 'living' by the standards set out within it. This process was supported by revalidation presentations, Royal College of Nursing (RCN) formal revalidation training, annual appraisals, weekly reflective discussion pertinent to clinical practice and a training co-ordinator who records all individual training accomplishments.

Our people are engaged by various methods including regular CEO updates, Monthly 'Buzz' Newsletter and regular team meetings. OMT (Operational Management Team) which is our Executive Management Team, and their department Leads that meet monthly face to face. All people have also been engaged in helping to formulate our new combined values. We

also have an Internal Communication and Engagement role to ensure we have regularity of communications.

Our approach is to run to a full annual engagement survey later in 2022. In the interim we have also introduced a People Newsletter and a suggestions box at each location, and we ensure we monitor engagement and suggestion responses and deliver actions as timely as possible.

During the financial year 2021/22, 651 volunteers made regular commitments to support THCP/BH. These roles included day hospice hosts, drivers, photography, fundraising, gardening and finance.

Providing a better experience at end of life

As our numbers continue to grow, we are still delivering the highest quality care. Feedback from patients and carers has remained consistently positive throughout the year.

97% (Erdington) and 100% (Selly Park) of patients/carers said they were likely or extremely likely to recommend the hospice to friends and family if they needed similar care.

With figures for Birmingham showing that 55% of deaths occur in hospital when it is known that people would prefer to die at home[1], we have striven to provide more people with more choice as they approach the end of life. Only 9% of our patients in 2021/22 died in hospital, with the majority (66%) dying in their usual place of residence and the remainder in the hospice or elsewhere.

During 2021/22, 89% of our patients were able to die in the place of their choosing

We have continued to help people live well with their condition through self-help programmes, extending our reach to engage more patients with a non-cancer diagnosis.

The team have worked hard to continue to offer a rapid response service 8am – 8.30pm 7 days a week and this continues to reduce admission to hospital and provides invaluable support to west midlands ambulance service. There is a dedicated phone line for support for other healthcare professionals and both sites are able to accept admissions to the wards 24/7 if necessary.

Expanding our specialist centre of research and learning

Over the past year we continued our commitment to lead and participate in research, establishing new evidence about the approaches that work best for patients. We are grateful to our patients for generously giving their time to research. All projects add value to our care and improve quality of life for patients with life-limiting illness.

[1] Analysis of future end of life needs in Birmingham, Sandwell & Solihull: Midlands and Lancashire Commissioning Support Unit (2017)

We were involved in recruiting to several national portfolio studies in the early part of 2020 including Prosec 3 'A multi-centre evaluation of excessive saliva management in patients with motor neurone disease'

Although many national research studies were paused or delayed thereafter and one research nurse was redeployed into clinical practice as a result of the Covid-19 pandemic, we continued to support research activities such as:

- Supervising physiotherapy undergraduates undertaking dissertation projects
- Supporting MSc dissertation projects being undertaken by hospice clinical staff
- Facilitating recruitment for PhD research studies focused on palliative and end of life care

Despite clinical pressures our teams did well to support recruitment into a study exploring the impact of covid on hospices (ICOH, John MacArtney et al)

We also had poster and oral presentations accepted for the Palliative Care Congress which took place in March 2021. Our Homelessness support team presented their innovative work on the main Conference stage

We took the opportunity to refresh the St Mary's research strategy and in Oct 2020 the St Mary's Board of Trustees approved a new set of priorities for 2020–2023. These were used to inform the development of the new Hospice Charity Partnership clinical strategy, during post-merger integration, from August 21

As a teaching hospice, we provide education programmes to health and social care professionals in the wide network of care providers with whom we work. This includes GPs and District Nurses, prison services, care homes, hospitals, community and mental health services.

Whilst the restrictions in place through 2020/21 meant face-to-face delivery of programmes ceased, we responded by rapidly escalating our digital provision.

To support the system-wide response to Covid-19, we were commissioned by Birmingham and Solihull clinical commissioning group (CCG) to provide a series of webinars on topics related to palliative and end of life care. These proved very successful with significantly elevated numbers of professionals accessing our education support. The CCG have recommissioned this programme into 21/22. We are also now commissioned for specialist palliative care, bereavement and SAGE and THYME ® communication training by various other system partners across, Birmingham and the Black Country.

We have continued as a regional centre for the European Certificate in Essential Palliative Care (distance learning). Online examination days have proved successful and have potentially increased scope for the number of candidates we can support.

We worked with Aston University Medical School to develop a 4th year medical undergraduate training programme in Palliative Medicine for their first cohort of 4th years starting in the academic year 21/22. We will deliver this in partnership with Marie Curie

Hospice West Midlands and the Supportive and Palliative Care team at University Hospitals of Birmingham NHS Foundation Trust.

This is in addition to the long standing programme of 4th year education delivered to University of Birmingham students, alongside other Midlands Palliative Care colleagues

Being an employer and volunteering centre of choice

In the past year we have introduced a number of new schemes and programmes to improve working conditions and support the wellbeing of our employees and volunteers.

Last year we employed 371 headcount of staff, while 651 volunteers donated their time to support our work.

The Hospices HR and Payroll systems uses CONNECT system. Functionality in CONNECT will continue to be developed over the year to streamline processes and reduce administration through automation of workflows. We have also developed and tested the recruitment and on boarding module on the system to reduce paperwork and enhance the applicant experience.

People Dashboards and KPI reports have been developed to provide key data to the operational teams and for the People Committee to review performance.

The physical and emotional burden on our keyworker staff has continued to be significant through 2021/22. To help support the needs of all staff during a challenging year we introduced an enhanced Employee Assistance Programme. We reviewed and reconfigured clinical supervision to benefit more of our workforce. During Mental Health Awareness Week we introduced virtual Tea & Talk sessions as a way of encouraging social contact for those working from home. Throughout the year we raised awareness of our network of Mental Health First Aiders, and signposted the emotional support provision for all employees available through the Birmingham Hospitals Saturday Fund.

We have remained focussed on filling our vacancies and held 2 successful recruitment events at a weekend which resulted in 14 job offers. We plan to run further recruitment events in 2022 alongside launching other attraction methods such as LinkedIn.

We reviewed the pay scales in place at both hospices and launched new Hospice Charity Partnership scales, matching the Clinical scale to Agenda for Change 21/22.

We have continued to promote and encourage younger people to work at the Hospice through apprenticeships and the government Kickstart Scheme.

We have remained committed this year to education and professional development, regularly supporting both nursing and medical students as well as pre-registration nurses. To support management development, our first cohort of managers completed a coaching course.

Our services

The hospices have a wide range of services including integrated health and social care at home, day care provision, pharmacy, occupational therapy, physiotherapy, outpatient clinics, hospice at home services, education, complementary therapy, carer support, psychological therapy and two inpatient units (one at the Erdington site & one at the Selly Park site), which operate for 365 days per year.

Inpatient Care

The Inpatient Unit at each of our hospices provides specialist palliative care, including symptom control, end of life care and advice and support by a team of doctors, nurses and therapists. On both sites, families can stay with their loved ones in a calm and comfortable environment. Referrals are taken from healthcare professionals and prioritised according to clinical need.

Holistic care is planned to address the physical, psychological, social and spiritual needs of the patients, with respect for culture, religious and personal values. Personal choice is central to the ethos of care and decisions are made by the individual, in collaboration with the team. Our care is delivered without judgement, and we respect and uphold every individual's privacy and dignity.

The Selly Park site comprises 16 beds including 14 specialist beds and two 'home from home' beds. The Erdington site comprises 16 beds including 14 specialist beds and two 'home from home'. The need to keep patients isolated remains due to infection prevention this has reduced bed capacity on both sites to 12 single occupancy areas. The complexity of patients has increased and the delays in accessing treatment within the NHS due to the pressures of Covid have led to some distressing cases being admitted every month. Extra wellbeing and clinical supervision support has been available to staff.

Patients and visitors have access to the garden on both sites and at the Selly Park site, a larger main conservatory has been specially redesigned for those patients in our care who have dementia. For instance, we have improved signage to create a comforting and familiar environment to reduce anxiety, and to improve social interaction.

In 2021/22 there were 238 (Erdington) and 287 (Selly Park) admissions to our Inpatient Units, including patients who may have been admitted more than once. Our bed occupancy rate for specialist beds was 90% for Selly Park and 71% for Erdington.

Integrated Community Palliative Care

The Integrated Community Palliative Care Team consists of Clinical Nurse Specialists, Hospice at Home, our satellite clinics and our Day Hospice. The team supports individuals and families at home (including in care homes, prisons and hostels) and elsewhere in their community, providing advice and guidance on symptom management and advance care planning, as well as responding to other spiritual, psychosocial and care needs.

Clinical Nurse Specialists

The team has adopted new ways of working during the Covid-19 pandemic, including collaborating with other hospices under the umbrella of HoBS (Hospices of Birmingham and Solihull). These are now part of the normal business of the hospices.

Outside of office hours, patients known to the Hospice can access telephone advice from our team of specialist nurses.

We offer round-the-clock specialist medical advice and telephone support for any healthcare professional caring for individuals with palliative care needs within our area.

The team made a total of 19,565 (Erdington) and 14,854 (Selly Park) contacts with patients during 2021/22.

A total of 1,079 (Erdington) and 1,364 (Selly Park) community referrals were received.

Hospice at Home

Our Hospice at Home team provides nursing care and psychological support to patients who have expressed wishes to die at home and require additional support to achieve this. Care is delivered by registered nurses and healthcare assistants in the patient's own home.

The Hospice at Home team works closely with our Clinical Nurse Specialists, supporting patients and families with telephone contact and responding to urgent need. They also offer 'bridging care' after discharge from hospice or hospital for people with palliative care needs who are awaiting a package of social care to be put in place.

A total of 205 (Erdington) and 216 (Selly Park) Hospice at Home referrals were received.

Day Services

The Day Hospice services saw 901 (Erdington), 809 (Selly Park) contacts and 153 (Erdington), 176 (Selly Park) referrals.

The future plan is to offer a hybrid model of delivery, where patients have a choice to access face-to-face care or engage virtually.

Therapeutic Care

We offer physiotherapy, occupational therapy and complementary therapies to people on the wards in the Hospices, in our Day Hospices and within the local community, to support emotional and physical wellbeing and promote independence.

Well Being Team

The Well Being Team, consist of social workers and spiritual care workers, provides practical advice and specialist counselling, spiritual and psychosocial support to patients, carers and family members, including children.

The Spiritual Care Service has seen changes this year with the recruitment of a new Spiritual Care Coordinator, who will lead a team of volunteers in supporting people of all faiths and none.

Support at Home

The aim of Support at Home is to reduce the growing number of people who face social isolation when dealing with a life-limiting illness. Led and delivered by volunteers, Support at Home offers befriending, sitting and signposting for patients with life-limiting illnesses who require non-clinical services and who have expressed a wish to die at home.

Support at Home volunteers have remained committed to engaging with patients and families by telephone. For some individuals who were facing the isolation of lockdown, this was invaluable.

Bereavement Support Services

The Bereavement Support Service offers a range of information, facilitated support groups, one-to-one bereavement support and counselling, and is delivered by professional counsellors as well as highly skilled volunteers trained in supporting people in grief.

Our specialist Child Bereavement Service, funded by Children in Need, supports children and young people dealing with the loss of a loved one. A pre-bereavement family memory-making programme developed by the team has been very successful.

Education

As a teaching Hospice, we deliver education in palliative and end of life care to students and professionals from different sectors, as well as offering a broad range of accredited training courses. Trainee doctors and nurses form part of our clinical teams.

We continued in education delivery with similar income compared to previous years. Introduction of collaborative working across local hospices, commissioning and a mixed delivery method approach has increased our reach.

The collaboration with Birmingham Community Healthcare NHS trust continues, with delivery of training to community staff across Birmingham and Solihull. Following a tender process, the Hospice Education Department also became the preferred provider of end of life and palliative care education to the Black Country & West Birmingham STP, where we now deliver a virtual training programme.

Research

Research is a vital part of the work we do. We work with researchers at universities and in other healthcare settings and are actively involved in recruiting patients, carers, staff and volunteers for new research projects. The research we do continually improves the care and support we provide and helps advance palliative and end of life care for the future. Our achievements in 2021/22 are described on page 12.

Community development and partnerships

Last year we worked with partners across our STP (Sustainability and Transformation Partnership) on a proposal to achieve Compassionate Cities Status in Birmingham. We launched the first Compassionate Communities Programme in Selly Oak Neighbourhood Network in Partnership with Birmingham Voluntary Service Council.

Our Homelessness Support Service launched in September 2020 and has seen and supported direct referrals as well as supporting the development of a palliative care meeting with the homelessness primary care team. This approach has now been integrated into the core service.

The year ahead

The next financial year has been extended to 18 months to cover 1st October 2022-31st March 2024.

Our main business priories for the next period are:

- To identify and agree estates capital projects, prioritise those identified capital projects via weighting those against strategic objectives, and to identify funding. Capital priorities are to improve Access, Sustainability and Quality for stakeholders.
- To identify and agree long term 2025-2033 estates capital projects, prioritise those identified capital projects via weighting those against strategic objectives. To identify and prioritise long-term estates capital plans in line with wider system forecasted Inpatient and community requirements.

- The contract framework/strategy will set out the way in which contracts and partnership agreements will set out the roles and responsibilities of providers, the funding split including risk share agreement and how service pathways will be integrated for PEOLC.
- ED&I & Wellbeing - Continue to develop specific plans for EDI and people wellbeing across the organisation ensuring inclusivity and wellbeing embedded in core activity.
- Ensure THCP/BH is spearheading PEoLC across the region – scope the development of the 'Cultural Blueprint of Care' The blueprint will provide guidance to health and social care professionals on how to deliver inclusive, culturally appropriate end of life care.

Volunteers

As a volunteer-supported organisation, our volunteers are at the heart of our operation, including our Trustees who support the governance and leadership of our organisation. We could not deliver our work free of charge without the generous donation of time from over 651 individuals. We are also fortunate to have Patrons who champion the work of the charity and would like to thank them for their ongoing support.

People volunteer for many reasons and the benefits are wide-ranging: from the feeling of making a difference to people with life-limiting illness, to joining a team and making new friends, or learning new skills and gaining valuable career experience. Volunteers are supported and involved in inductions, briefings and special thank you events each summer.

We have four fundraising groups including the Kings Norton group, the Hospice Choir, the Edgbaston Ladies Committee and the Craft Fundraising Group, all of whom were back up and running with some great fundraising activities for the hospice and raised over £8,000, this included £5,105 raised from the Christmas ladies luncheon.

This year we had the support of three Collection Box Coordinators who processed 637 collection tins, raising £15,532 from various locations in Birmingham and Sandwell.

Our successful Big Brum Bucket campaign was back with a bang in July 2022 and raised £1,564.

We received the continued support from five Hospice Ambassadors who give up their time to support corporate fundraising activities and raise awareness of the charity within the community.

192 Retail Volunteers have given 43,957 hours of their time supporting our chain of 20 charity shops.

Our approach to fundraising

As a charity that relies on voluntary income, we take an active and responsible approach to fundraising. A high-quality supporter experience is key and as a member of the Fundraising Regulator we are firmly committed to ensuring we are compliant with their Code of Practice.

We endeavour to operate in a transparent and open manner as well as to protect members of our community and supporters who may be vulnerable. To support this, the following fundraising policies are in place and regularly reviewed:

- Protection of vulnerable people while fundraising
- Acceptance and refusal of donations
- Fundraising complaints
- Handling of donations
- Working with third parties and Corporate Partnerships

Our fundraising activity is carefully planned using set templates to ascertain campaign feasibility, plan income and expenditure budgets, logistics and health and safety requirements. All supporter data stored on Donorflex (our fundraising database) and is governed by strict consent, unsubscribe and complaints processes in line with UK GDPR legislation. Oversight of these processes is carried out by an internal committee of staff, ensuring we keep up to date with new legislation and act appropriately on supporter feedback. We have a dedicated Supporter Experience & Finance Processing Manager whose role, led by the Head of Fundraising Partnerships & Supporter Experience, is to ensure that on a day-to-day basis we deliver a gold standard experience for all supporters and that any updates in UK GDPR or fundraising legislation is fed back to the team at monthly team meetings.

All of our events are risk assessed and covered by professional insurers whom we work closely with to ensure our supporters are properly protected when registering and taking part in our events and community activities. All necessary venue permissions, temporary event notices, collection and music licenses, supplier public indemnity insurance and hygiene qualifications are secured for every event hosted at external premises.

The fundraising environment remains competitive and challenging. The need to continually adapt and remain agile has never been more important. This year has seen a shift in the way people give to charity, particularly around the use digital technologies. In order to continue income growth, digital innovation and investment around supporter acquisition will be a priority.

Oversight of all fundraising activity carried out by the charity is the responsibility of the Trustees, Executive Team and specifically the Income Generation Director. All of whom receive monthly and quarterly reports on activity, complaints and new developments.

Ensuring excellent fundraising customer service

The charity is committed to providing an excellent service to supporters, but we recognise that as campaigns and supporter numbers grow, occasionally things do not go according to plan. With this in mind, we encourage complaints and feedback to help shape the ongoing development of our activity and the way in which we work with our supporters.

During 2021/22 the charity received six complaints relating to fundraising: one via email, one via letter, and four via telephone. The nature of the complaints were as follows:

1. A supporter rang to complain that they had received a duplicate mailing from the charity. An apology letter was sent and Donorflex updated to remove the duplicate record.
2. A Trust funder received an application from the charity that included 130 pages, the funder complained that this was too much documentation. An apology letter was sent and the application process reviewed to ensure no unnecessary papers are submitted to the funder in the future.
3. A supporter didn't receive the Light up a Life card and was missed from the Book of Remembrance. An apology call was made and the issue was resolved.
4. A supporter was unhappy that their cheque was returned to them asking for it to be made out to THCP/BH and they were not informed of the merger. An apology was made but the supported wished the be removed from the database, this was actioned with immediate effect.
5. A trust funder thank you letter had the incorrect donation amount stated. An apology was made and training given to the relevant team member.
6. A supporter received a mailing to their deceased husband. All correct procedures had been followed, unfortunately the mailing had been sent just before the person had deceased. Donorflex was updated to ensure no further mailings would be sent.

An internal investigation took place after each complaint, with the outcomes fed back to the complainants in a positive manner with the offer of further discussion. All complainants were satisfied with the responses given and the outcome of their complaint.

Ongoing evaluation

Complaints and feedback help us to monitor the effectiveness of our fundraising activities and we actively review and analyse the complaints we receive in order to recognise trends and take appropriate action at an early stage. Once resolution of the complaint is achieved, learning outcomes are identified and publicised to improve the quality of the service provided, improve relationships with service users, customers and supporters and promote best practice with staff. Should the complainant not be satisfied with the response from the Hospice, we refer them to the Fundraising Regulator for independent adjudication.

The Fundraising Team share and review all feedback received and present this information in a post campaign evaluation report. We respect and value every one of our supporters and

strive to learn from each comment and amend our processes where possible, in an endeavour to provide the highest quality service. During the year, we worked hard to ensure that we were communicating with our supporters appropriately and thanking them in a timely manner for their kind donations.

Structure, Governance and Management

Birmingham St Mary's Hospice and John Taylor Hospice progressed through to a full merger on 1st August 2021. John Taylor Hospice was then renamed as The Hospice Charity Partnership, brand name Birmingham Hospice. All assets and liabilities of St Marys Hospice Limited (company number 01161308, charity number 503456) and St Mary's Hospice (Trading) Limited (company number 02696641) were transferred over to John Taylor Hospice.

Reference and administrative information set out on page 30 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019).

The Articles of Association

The Articles of Association is the governing document that sets out rules and requirements relating to Association Members; terms of office and election of Trustees and Honorary Officers; disqualification of Trustees; and proceedings of the Board.

Board of Trustees

The Board of Trustees (the Board) is the governing body of the Charity. The purpose of the Board is to agree the strategic direction of the Charity and to ensure the organisation delivers on its plans and objectives as set out in the governing documents. The Board is accountable for the organisation's compliance with regulation and legislation as well as ensuring that the values, ethos and reputation of the Hospice are upheld.

The Board also supports the Chief Executive and Executive Team in carrying out their executive responsibilities and holds them to account for their delegated responsibility for the strategic and operational leadership and management of the Hospice. There is a clear understanding of the distinction between Governance and Management.

The Trustees have delegated day-to-day management of the charity to the Executive Management Team as outlined on page 30 in this report. These personnel have delegated authority to make decisions on behalf of the charity. Formal meetings of the Executive Management Team are held on a monthly basis. and a number of other committees form

part of the decision-making structure for recommendations to the Board of Trustees or its subcommittees. These include an Information Governance Committee, Clinical Governance Committee and Health and Safety Committee.

There can be up to 16 Trustees on the Hospice Board (with a quorum of four). The Board holds ultimate responsibility for the employment of all Hospice staff who are employees of the Hospice. The Board meets at least four times a year with additional ad hoc meetings held as and when required.

The Board is the final decision-making body for new policy, strategic planning and approval of financial budgets. The Board is also responsible for monitoring the implementation of the strategy and financial activity.

The Hospice Chief Executive and Executive Directors attend Board meetings. Trustee and Director Indemnity insurance with a limit of indemnity of £2 million.

The directors of the company are referred to as charity trustees for the purpose of charity law and under the company's articles are known as trustees. The method of appointing trustees is as governed by the Articles of Association as outlined below.

Appointment of Trustees

Appointment of Hospice Trustees is by decision of the Board of Trustees, who have the power to appoint any person who is able and willing to fulfil the role. Members of the Board shall hold office for a fixed term of three years from the date of their appointment.

Members of the Board are eligible for re-appointment for one further terms of three years each but having served their maximum term of office of six consecutive years may be eligible to serve for an additional year with the agreement of the whole Board.

Trustees are appointed following a recruitment process which may include advertisement or a recruitment event. An expression of interest form and Curriculum Vitae is requested followed by interview with an Appointments Panel of Trustees and Executive Directors. The panel will normally include the Chairman and Chief Executive. References are taken and appropriate suitability checks are made prior to appointment, as Trustees may be given power of inspection.

The role of Chair is for up to two terms of three years. This also follows a recruitment process supported by succession plan and/or advertisement and search. This includes interview with an Appointments Panel of Trustees and Executive Directors.

None of the trustees receive any employment benefits in relation to their role as trustees of the charity. The salaries of the Directors (Executive Management Team) of the company are set by the Chair of the Board, CEO as per the renumeration terms of reference.

Induction and training of Trustees

New trustees receive induction to the charity that includes details of their legal obligations under charity and company law, the content of the Articles of Association, the work of the hospice and the Board of Trustees. Trustees have a bespoke induction programme put in place and are involved in staff mix and mingle sessions and visits to the hospice and within the community to speak with staff and triangulate evidence provided to them at board and subcommittee meetings. Trustees are encouraged to participate in Trustee 'walkabout' visits.

Trustees are also invited to attend a range of educational sessions including Hospice UK events, giving further opportunities for development. An annual Away Day of Trustees and Executive Directors also takes place, with a focus on the strategic direction of the Charity.

Meetings of Trustees

The Board of Trustees meets at least quarterly during the year and the directors of the hospice are in attendance. At least four trustees must be present for the meeting to be quorate.

The Board has five subcommittees.

- Audit and Assurance Committee
- Quality Governance Committee
- Finance, Performance and Estates Committee and
- People Committee
- Renumeration Committee

All of which are all chaired by trustees and have senior management members in attendance. The Audit and Assurance Committee, Quality Governance, Finance, Performance and Estates Committee and People Committees meet quarterly before the Board meetings. The Chair of the board and CEO meet as required to agree remuneration at the renumeration committee as per the terms of reference..

These meetings ensure that the charity is fulfilling the requirements of its commissioners and regulators and has regard to charitable and company law.

Strategic leadership and governance framework

The Trustees have overall legal responsibility for administering The Hospice Charity Partnership (Brand name Birmingham Hospice). The Trustees are responsible for holding the CEO and Senior Management Team to account, for ensuring that the hospice is managed efficiently and effectively and that the highest standards of care are provided. They are responsible for ensuring adequate accounting records are kept that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial

statements comply with the Companies Act 2006. They are responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities and for the maintenance and integrity of the corporate and financial information included on the company's website.

The Chief Executive is responsible for the leadership of the Charity, which involves assisting the Board in determining the strategic vision and plans for the organisation, and for ensuring effective achievement of those plans. The Chief Executive and Executive Team also ensure that Trustees are actively engaged in exercising their accountabilities and assure effective and transparent governance across the whole organisation. This is provided through a leadership and governance framework of which there is a core leadership and governance structure.

Leadership

The Executive Director Team comprises:

- Chief Executive
- Medical Director
- Clinical Services Director
- Finance & IT Director
- Income Generation Director
- Director of People

Meeting monthly, this team is engaged at looking at the wider strategic implications of changes that affect the charity sector and the operational environment. Executive Directors have powers to make decisions within the approved budget, operational plan and Hospice policies and procedures, including standing financial instructions which set out delegated authority for financial decisions. Finance, Performance and Estates Committee, People Committee, Quality Governance Committee and Audit & Assurance Committee (within given limits) or Board authority is required for investment or service changes outside these parameters.

The Executive Directors have specific responsibilities within the grievance and disciplinary procedures.

Governance

The meetings identified above (within Meetings of Trustees) meet quarterly between Board Meetings and have specific delegated decision-making authority from the Board and also makes recommendations to the Board.

Governance Committees

The Executive Team is responsible for management and assurance of quality and risk through four additional Governance Committees. These aim to ensure that courses of action are taken to minimise, and remedy identified risk and poor performance, and that systems are in place to share good practice and continually improve the quality of care, clinical effectiveness, and leadership across the Hospice.

Governance Committees have delegated responsibility to approve policies which are then recommended to the Board for ratification. Each committee meets at least once a quarter.

The Governance Committees are:

- Clinical Governance (reports to Quality Governance Committee)
- EMT Finance (reports to Finance, Performance & Estates Committee)
- Information Governance (reports to Audit & Assurance Committee)
- Health & Safety (reports to Finance, Performance & Estates Committee)

Providing an open and honest culture

Occasionally people cared for by the Charity are involved in an incident, some of which have the potential to cause harm. The Charity is committed to talking to patients and their carers at a very early stage following any such incident to understand what happened and, where necessary, learn the lessons that will prevent it happening again to improve the safety of our future patients. All incidents are reviewed (even where there is no harm) to learn from 'what might have happened'.

If any harm happens, the incident is investigated and patients and their relatives or carers are asked to what degree they wish to be involved in the investigation. The findings are shared with the patient, their family or carers and also any learning and improvements shared across the company. The process is designed to 'analyse' and learn but not to 'judge' all incidents as this is essential to make sure that a culture of openness is established and preserved.

Linked to this, the Charity has a Being Open Policy which also describes the requirements in meeting the Duty of Candour to which the hospice is committed. There is also a Being Open Champion, one of the trustees who is available for staff to approach should they have any concerns on patient safety. A lead director (Director of Clinical Services) is the Freedom to Speak Up Guardian to ensure staff raising concerns feel able to do this and are supported when doing so and a group of staff ambassadors along with an anonymous feedback section on Datix ensure that there are differing ways staff can raise a concern in place. Themes from freedom to speak up are reported to the Board of Trustees.

The Charity Governance Code

The Hospice meets the outcomes of the Charity Governance Code and adheres to the seven principles as follows:

Organisational purpose

The Board is clear about the organisation's aims and objectives, ensuring decisions taken at board level are aligned with these aims. The organisation's aims and objectives are detailed in this report (see pages 3–4) and reviewed at Board away days every year.

Leadership

The Board is responsible for the strategic direction of the Hospice, ensuring the organisation delivers on its plans and objectives as set out in the governing documents through governance committees, board meetings and through regular Trustee walkabouts.

The objectives are embedded in the organisation, forming part of recruitment and appraisal systems. The Board also ensures the appropriate arrangements are in place for the recruitment and management of volunteers with a volunteer manager in place and strong links to the workforce department.

The Chief Executive and Executive Team also ensure Trustees actively exercise their accountabilities through transparent governance across the whole organisation.

Integrity

The Board works to the Nolan Principles of Public Life and has in place registers of interests and a hospitality and gifts register which are shared with the Audit & Assurance Committee on a regular basis.

Decision making risk and control

The Board has sound systems of delegation in place with oversight being given by the Governance Committees. Risk is monitored through regular review of the strategic/organisational risk registers at both committee level and board. The Board publishes a statement of governance each year via the annual accounts and trustee statement in line with the Strategic Leadership and Governance Framework which outlines its risk systems and internal controls.

The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Board of Trustees places reliance, ensuring the manner in which the Charity's management ensures and monitors the

adequacy of financial, operational and compliance internal controls and risk management processes designed to manage significant risk exposures.

Board effectiveness

Trustees are recruited specifically to bring a range of professional proficiency and sector backgrounds to the Board, in order to fill identified skill and expertise gaps. Trustees undergo regular training and development and all serve set terms of office. The Board meets on a regular basis and has clear work plans and action logs in place. Skills analyses take place to determine the correct skill mix for the trustees which informs recruitment and regular appraisals are in place. All trustees have set terms of office and an induction process is in place for all new trustees. The chairman requests reflections from all Board members at the end of each meeting.

Diversity

The Board's approach to diversity supports its effectiveness, leadership and decision-making. The Board understands its responsibilities in this area, reviewing skills, experience and diversity of trustees. In 2020 an Equality and Diversity Action plan has been agreed including applying for Investors in Diversity status and a staff Inclusion Group has been established.

Openness and accountability

The Board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be.

The Board ensures the Hospice is transparent in its reporting, publishing key documents on its website. The Board works with key stakeholders particularly neighbouring hospices and NHS commissioners. The Hospice works with other providers in the local healthcare economy through the End-of-Life Care Board in the Birmingham and Solihull Integrated Care System (ICS).

Financial Review

There have been adequate controls in place over the collection and reporting of information and data collection conforms to specific data quality standards.

In addition to core NHS funding, the charity is required to raise funds by way of donations, grants and other activities. The hospice has had a number of activities in the period to increase awareness amongst the population served. Marketing campaigns across the city of Birmingham and other areas are designed to develop and maintain the profile of the hospice

and to be supporters' first choice charity to support. The hospice has improved supported fundraising offers for corporate, other charity and individual supporters including transparency on its costs.

Donation and legacy funding continues to be maintained which is an essential addition to NHS funding to enable the hospice to fund services.

The Charity ended the 2021/22 financial year with a surplus of £469k (20/21: surplus £462,869). after the investment loss of £768k this generates a deficit of £299k which has been accounted for post year end. Total funds as at the 30th of September 22 stands at £14,332,883 (20/21 £14,632,336), Restricted Funds as at 30th September £3,261,148 (20/21 £3,224,136) and Unrestricted Funds as at 30th September £11,071,735 (20/21 £11,408,200).

Charitable activities consisting of inpatient services, community palliative care, Day Hospice, Hospice at Home and education accounted for 78% (20/21: 90%) of expenditure for the year.

Of total income, 64% (20/21: 63%) were generated directly by these charitable activities from the NHS, and therefore the Hospice continues to rely on non-statutory fundraising.

Principal sources of funding

Donations and gifts

The Charity was pleased to receive donations and gifts of £1,104,821 (20/21: £645,955), an increase of £458,866 (71%).

Legacies

Income of £1,052,988 (20/21: £277,597) was received from gifts generously left by supporters in their wills. This was an increase of £775,391 (279%) year-on-year and represents 6.8% of the Charity's total funding. Bequests remain vital to the Hospice's continued financial viability, and sincere thanks are due to all those people who continue to remember the Hospice in this way.

NHS grants

Income from the NHS increased from the previous year to £10.034m from £6.02m, this included funding for HOBS/PHB and an inflation increase.

This contracted income from Birmingham and Solihull CCG and Sandwell accounts for 64% of the Charity's income.

Trust and Grants

The Trustees remain very grateful for the extremely high level of support received from a range of charitable trusts and foundations. In 2021/22 this totalled £485,768 (2021: £139,830). This was an increase of £345,938 (247%).

Lotteries

The Charity now owns a one third share of the equity of TLC Lotteries Ltd (TLC). This company is a joint venture between the Hospice, Acorns Children's Hospice and Focus Birmingham. TLC is managed by a Lottery Manager. The TLC Board of Directors comprises two representatives from each of the three charities. The Hospice representatives are a Company Director and the Director of Income Generation. TLC is a decision-making organisation unless Trustee approval is required from any of the owner charities.

During 21/22 £130,281 (20/21: £51,600) was generated from lottery activity, an increase of £78,681 (152%).

Trading activities

THCP/BH operates 20 Charity shops across the city. Income from trading was £1,893,233 which increased by £1,399,351 (283%) compared with the previous year. Trading costs increased to £1,592,864 by £1,125,368 (240%).

Trading income included £220,236 (20/21: £29,873) relating to donations under the retail Gift Aid scheme, which operates in all of our charity shops.

Investment income

Investment income increased to £138,381 (20/21: £39,985). The majority of this income was earned through the activities of listed investments.

Reserves policy

The reserves policy of the Hospice takes into account the nature of the income and expenditure streams and the need to provide against the uncertainty of voluntary income, especially the significant variability of legacy income.

The Trustees have reviewed the risks associated with each major income and expenditure stream and quantified potential variability to determine the value of reserves required. The trustees agreed a new reserves policy in January 2022 which required that a minimum balance of £9.9m is maintained in unrestricted reserves. This will include maintaining free reserves of £3.6m cash, designated reserves £300k held for capital asset purchases, £5m for investment portfolio to supplement income although the portfolio value dropped during the

year to £4.247m due to the economic climate. The reserves held would equate to 8 months operational cover.

The Executive Team work closely with commissioners regarding future services and sustainability. The Finance, Performance and Estates Committee, a sub-committee of the Board, meet four times per year and closely monitor results and future forecasts.

Restricted funds are monies given to the Hospice for specific capital and project work within the overall aims of the organisation. The funds represent both capital and revenue funds and are detailed in note 16 to the accounts. Grants and donations received for capital purposes are accounted for as a restricted fund and the depreciation of the underlying fixed asset is charged to these funds over their lifetime. Revenue funds are received and will be expensed over the lifetime of the project.

Total reserves at the yearend stood at £14,332,883 (20/21: £14,632,336). At the year-end the charity held unrestricted reserves of £11,071,735, that included free reserves (total reserves excluding fixed assets and funds held on investment) of £4,605,742 (20/21: £4,789,375).

Principal risks and uncertainties

Organisational risks are under constant review at the Hospice. The Executive and Business Development Team maintain a 'live' risk register that assesses governance, operational activities and strategic risk which sits under the remit of the Audit and Assurance committee.

On a quarterly basis the governance committees (as detailed on page 21) review and challenge the risks relevant to their committee to ensure the level of risk remains appropriate and that mitigating actions are in place to effectively manage the risk.

The risk register includes a Gross, Net and Residual Risk score enabling Trustees and Executives to focus their attention accordingly.

The entire risk register is presented to the Board of Trustees on an annual basis identifying the procedures and systems in place to manage those risks with high risk ratings.

A wide range of policies and procedures are in place to minimise and manage risk as well as ensure compliance with legislation and CQC standards.

The accounting records are maintained by the hospice and the system of internal control pertaining to the charity is in place. These are designed to provide reasonable assurance against material misstatement or loss. They include:

- An annual budget approved by the board
- A clear income strategy for the charity
- Progress against the charity budget is reported quarterly at Board meetings and by correspondence in the intervening months;
- Delegation of authority and segregation of duties

External environment

In 2021/22 and into 2022/23 the global Covid-19 pandemic and workforce availability because of national policy and Brexit continues to be a significant risk. The economic climate has become more challenging leading to the Charity funding a one off cost of living rise for all staff and matching the NHS pay award of £1,400 from October 2022.

Managing staffing during and post pandemic is extremely challenging and we have managed to maintained services throughout. Staff are exhausted but we continually look at new ways to support them through these difficult times. We have provided psychological support, counselling and supervision for staff. Merging during a pandemic has brought unique challenges that has been challenging for the workforce, the pandemic strengthened the case for change and in many ways has expedited new ways of working.

Recruitment of clinical staff remains challenging, there is a lack of nurses and doctors, and this is a national crisis that will go on for some time. We have had some wins in recruiting new staff but this often affects others services across the system. We are all recruiting from the same pool of people and the pool continues to shrink. We have begun to look at recruiting different types of allied health professionals with skills that are transferable to a hospice service. However, we will also always be majorly reliant on a nursing and medical work force which is currently depleted national. We hope that launching the new strategy and a major capital appeal will increase staff retention and recruitment.

Financial sustainability

The organisation receives 64% of its income from the NHS. This reflects the high level of NHS funding on from the historic John Taylor site and reflects the local challenges for fundraising in a very young diverse city with significant health and economic inequalities. The release of NHS England guidance in July 2022 supports the long-term future sustainability of the Charity as this states that the NHS and Local Authority must ensure ongoing sustainable funding sources for the Hospice activity by 2025/26.

We continue to be reliant on charitable giving and the unpredictability of legacy income remains, we do budget conservatively for this to mitigate the associated risks.

Going concern assessment

The Hospice Charity Partnership, brand name Birmingham Hospice, directors have prepared the charity entity accounts on a going concern basis because assurance has been gained from the main NHS funder that its contract to procure services from the hospice will run until 31 July 2024 at the earliest. There is an adequate level of reserves held in line with the current reserves policy.

Taxation Status

HMRC has recognised THCP as a charity for tax purposes and as a charitable company. This means the charity can claim back basic rate Income Tax on certain donations received from individuals through the Gift Aid scheme. At present there is no taxable (non-exempt) income or gains in the charity and therefore no tax to pay.

Investment policy and performance

The investment policy, which was set in conjunction with the investment managers Quilter Cheviot remains unchanged. The objectives of that policy are as follows:

- To provide capital growth over the longer term and the portfolio will supplement the primary source of income for essential charitable expenditure

Although generally, the interests of a charity's beneficiaries are best served by seeking to obtain a financial return from a suitably diverse portfolio of investments, the investment manager does have due regard to those assets which could be detrimental to the aims and objectives of THCP/BH. Trustees aim to avoid directly investing in companies whose main business is in tobacco, alcohol and pharmaceutical companies that don't adhere to the ABPI code of conduct.

Performance targets have been set for the Investment Manager to achieve a return consistent with the objective set out above while maintaining an acceptable level of risk. Performance of the portfolio is reviewed quarterly with the Investment Manager.

Remuneration policy

The Hospice has published pay scales, which are reviewed annually by the Board of Trustees. All new employee job descriptions, and substantive changes, are subject to evaluation by an external HR specialist to determine pay level. Annually all roles are reviewed as part of the standardised Hospice-wide appraisal process, and re-evaluated if job descriptions have changed materially. The Remuneration Committee oversees the remuneration process for the Chief Executive and Executive Directors.

Trustees and committee members do not receive any form of remuneration for their roles.

Statement of Responsibilities of the Board of Trustees

The Trustees (who are also Directors of The Hospice Charity Partnership for the purposes of company law) are responsible for preparing the Trustees' annual report including the strategic 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 of the

incoming resources and application of resources, including the income and expenditure, of the charity 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 ensuring adequate accounting records are maintained that disclose, with reasonable accuracy at any time, the financial position of the charitable company and enable assurance that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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.

The Trustees' annual report which includes the strategic report will be approved by the Trustees on the 29th March 2023 and signed on their behalf by



Dawn Ward

Chair

Reference and Administration Details

Patrons

Mrs Judy Dyke LLB, TEP

Mrs Llewela Bailey

Mr Brendon Batson OBE

Board Of Trustees

Mr H Turner (Chair) (resigned November 22)

Mrs Dawn Ward CBE (Chair) (appointed December 22)

Mrs L Webb

Ms B Edgar (resigned November 22)

Mr R Pickup

Dr J Shapiro

Mrs K Sharpe

Mr P Wainwright

Mr M Goodwin

Mr P Shanahan

Ms K E Dowman MSc Dip IHSM

Mrs J Ward

Mr P Bytheway

Executive Officers

Chief Executive	Mr S Fuller
Director of Clinical Services	Miss S Mimmack
Finance & IT Director	Mrs A McQuinn (resigned June 22)
	Mrs A Szabo FCMA (appointed August 22)
Director of Income Generation	Miss L Watkins
Medical Director/Consultant	Dr D Talbot MBChB, MRCP, AHEA (resigned June 22)
	Dr Christina Radcliffle (appointed July 22)
Director of People & Culture	Mrs M Stuteley

Registered Office

76 Grange Road

Erdington

Birmingham

B24 0DF

Auditor

Haysmacintyre LLP

10 Queen Street Place

London

EC4R 1AG

Bankers

HSBC Bank

6th Floor

120 Edmund Street

Birmingham

B3 2QZ

Investment Managers

Quilter Cheviot

8th Floor

Two Snowhill

Birmingham

B4 6GA

Registered Charity Number

1156964

Country Of Registration

England and Wales

Registered Company Number

08991245

Country Of Incorporation

United Kingdom

Independent Auditors Report

Independent auditor's report to the members of The Hospice Charity Partnership (Brand name Birmingham Hospice).

Opinion

We have audited the financial statements of The Hospice Charity Partnership (Brand name Birmingham Hospice) for the year ended 30 September 2022 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2022 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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 (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

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

- adequate accounting records have not been kept by the charitable company; or
- the 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 for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 28, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to regulatory requirements of the Care Quality Commission, Charity Commission, Fundraising regulations, employment law, GDPR and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, the Charities Act 2011, payroll tax and VAT.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journals to revenue, management bias in accounting estimates and application of controls around authorisation of expenditure. Audit procedures performed by the engagement team included:

- Inspecting trustees' meeting minutes
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;

- Identifying and testing journals; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

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 for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Lee Stokes (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place

London

EC4R 1AG

Date: 29 March 2023

Statement Of Financial Activities for The Year Ended 30th September 2022 Incorporating An Income And Expenditure Account

	Notes	*Unrestricted funds 2022* £	*Restricted funds 2022* £	*Total funds 2022* £	*Total funds 2021* £
INCOME FROM:					
Donations and legacies	1	2,703,298	160,514	2,863,812	1,598,983
Charitable activities	2	10,034,071	-	10,034,071	6,023,837
Other trading activities	3	2,530,312	-	2,530,312	816,824
Investments	4	138,381	-	138,381	39,985
Donation of Charitable assets	12	-	-	-	9,217,847
Total		15,406,062	160,514	15,566,576	17,697,476
EXPENDITURE ON:					
Raising funds	5	1,554,645	123,501	1,678,146	374,233
Charitable activities	5	11,826,672	-	11,826,672	7,307,204
Other Trading Activities	5	1,592,864	-	1,592,864	467,496
Total		14,974,181	123,501	15,097,682	8,148,934
Net income before net gains/(losses) on investments		431,881	37,013	468,894	9,548,543
Net gains/(losses) on investments	13	(768,348)	-	(768,348)	194,013
Transfers between funds	16	-	-	-	
Net Movement in funds		(336,467)	37,013	(299,454)	9,742,556
Reconciliation of funds:					
Total funds brought forward	16	11,408,201	3,224,136	14,632,337	4,889,780
Total funds carried forward	16	11,071,734	3,261,149	14,332,883	14,632,336

The notes on pages 43 to 64 form part of these financial statements.

Balance Sheet as of 30th September 2022

	Note	*2022* £	*2021* £
FIXED ASSETS			
Tangible assets	12	4,706,455	4,822,275
Investments	13	4,247,237	5,015,585
Investment in Joint Venture		5,100	5,100
		8,958,792	9,842,960
CURRENT ASSETS			
Stock		21,613	10,651
Debtors	14	1,764,899	1,195,751
Cash at bank and in hand		5,274,725	4,989,281
		7,061,237	6,195,683
CURRENT LIABILITIES			
Creditors: amounts due within one year	15	(1,687,146)	(1,381,865)
NET CURRENT ASSETS		5,374,091	4,813,818
TOTAL ASSETS LESS CURRENT LIABILITIES		14,332,883	14,656,778
Creditors: amounts due in after one year	15	-	(24,442)
NET ASSETS		14,332,883	14,632,336
REPRESENTED BY			
Restricted funds	16	3,261,148	3,224,135
Unrestricted funds	16	11,071,735	11,408,201
		14,332,883	14,632,336

The notes on pages 43 to 64 form part of these financial statements.

The financial statements were approved on behalf of the Trustees and authorised for issue on 29 March 2023 and signed on their behalf by:

Dawn Ward

Dawn Ward Trustee

Registered Company no : 08991245

Statement Of Cash Flows for The Year Ended 30th September 2022

	2022 £	*2021* £
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income for the reporting period (as per the statement of financial activities)	(299,453)	9,742,556
Adjustments for:		
Depreciation charges	413,730	189,869
(Gains)/losses on investments	768,348	(194,013)
Loss on the sale of fixed assets	(25,547)	-
Dividends and interest from investments	(138,381)	(39,985)
(increase)/Decrease in debtors	(569,148)	(761,720)
(Increase)/decrease in Stock	(10,963)	(10,651)
Increase/(decrease) in creditors	280,839	774,090
Transfer of Asset St Marys Hospice (note 21)	-	(7,587,493)
Net cash provided by operating activities	419,425	2,112,653
CASH FLOWS FROM INVESTING ACTIVITIES		
Dividends and interest from investments	138,381	39,985
Proceeds from the sale of property, plant and equipment	30,000	
Purchase of property and equipment	(302,363)	(121,419)
		-
Net cash used in investing activities	(133,982)	(81,434)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE REPORTING PERIOD	285,443	2,031,219
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE REPORTING PERIOD	4,989,282	2,958,063
CASH AND CASH EQUIVALENTS AT THE END OF THE REPORTING PERIOD	5,274,725	4,989,282

Accounting Policies for The Year Ended 30th September 2022

General Information

The Hospice Charity Partnership (Brand name Birmingham Hospice) ("the charity") is a charitable company limited by guarantee and is incorporated in England, UK (Company registration number 08991245 and charity number 1156964). The address of the Charity's

registered office and principal place of business is 76 Grange Road, Erdington, Birmingham B24 0DF.

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

Basis Of Accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1 January 2019, FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), Charities Act 2011 and the Companies Act 2006.

The Hospice Charity Partnership (Brand name Birmingham Hospice) meets the definition of a public benefit entity under the Charities Act. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes. The financial statements are presented in sterling which is also the functional currency of the charity.

Going Concern

The Hospice Charity Partnership (Brand name Birmingham Hospice) Directors/Trustees have prepared the Charity accounts on a going concern basis because assurance has been gained from the main NHS funder that their contract to procure services from the hospice will run until 31 March 2023 at the earliest. There is no fundamental uncertainty about the charity's ability to pay debts as they fall due for at least a year after the financial statements have been signed.

Income

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy and will probably be received. The following specific policies are applied to particular categories of income:

- Donations receivable for the general purposes of the charity are credited to unrestricted funds. Donations subject to specific wishes of the donors are carried to relevant restricted funds.
- For legacies, entitlement is taken at 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 Trust 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.

- Investment income is recognised on an accruals basis.
- Grants receivable are recognised in the statement of financial activities when the conditions for receipt have been complied with.
- Other income is accounted for in the year in which the service is provided.
- The value of voluntary work is not included in the financial statements.
- Clothing and other items donated for resale through the charity shops are included as income when they are sold. They are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the account

Expenditure

Liabilities are recognised as expenditure or deferred on the balance sheet as soon as there is a legal or constructive obligation committing the charity to the expenditure. The following specific policies are applied to particular categories of expenditure:

- Expenditure on raising funds are those costs incurred in attracting voluntary income and those incurred in trading activities that raise funds.
- Charitable activities include expenditure include both direct costs and support costs relating to the activity together with governance costs.
- Governance costs comprise the costs of running the charity, including strategic planning for its future development, external audit, any legal advice for the trustees, professional indemnity insurance for trustees and officers, and all the costs of complying with constitutional and statutory requirements, such as the costs of Board and Committee meetings and of preparing statutory accounts and satisfying public accountability.
- Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources e.g. staff costs by the time spent and other costs by their usage.

Fund Accounting

General unrestricted funds comprise the accumulated surpluses and deficits on general funds. They are available for use at the discretion of the trustees in furtherance of the general charitable objectives.

Restricted funds are created when grants and donations are received either for a particular area or purpose, the use of which is restricted to that area or purpose. Expenditure is charged to the statement of financial activities when incurred.

Financial Instruments

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

Financial assets and financial liabilities are recognised when the Charity becomes a party to the contractual provisions of the instrument, and are offset only when the Charity currently has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Financial Assets

Trade debtors

Trade debtors which are receivable within one year and which do not constitute a financing transaction are initially measured at the transaction price. Trade debtors are subsequently measured at amortised cost, being the transaction price less any amounts settled and any impairment losses.

A provision for impairment of trade debtors is established when there is objective evidence that the amounts due will not be collected according to the original terms of the contract. Impairment losses are recognised in Statement of Financial Activities for the excess of the carrying value of the trade debtor over the present value of the future cash flows discounted using the original effective interest rate. Subsequent reversals of an impairment loss that objectively relate to an event occurring after the impairment loss was recognised, are recognised immediately in Statement of Financial Activities.

Financial Liabilities

Financial instruments are classified as liabilities according to the substance of the contractual arrangements entered into.

Trade creditors

Trade creditors payable within one year that do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being the transaction price less any amounts settled.

Operating Leases

Operating leases are charged to the Statement of Financial Activities equally over the period to which they relate.

Pension Cost

Past and present eligible employees are covered by the provision of the NHS Pension Scheme. Details of the benefits payable under the provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers these employers, GP 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 those bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. For non-eligible employees, those who join the company and have not been previously part of the NHS Pension Scheme, the company offers a personal pension plan administered by Royal London (previously known as Scottish Life). This scheme is also accounted for as a defined contribution scheme with costs to the company of participating in the scheme taken as equal to the contributions payable to the scheme for the accounting period.

Tangible Fixed Assets

Tangible assets are stated at cost less depreciation. Depreciation is provided on a straight-line basis to write off fixed assets over their estimated useful lives as follows:

Freehold Land and Buildings	over 50 years
Leasehold improvements	over 50 years
Computer Equipment	over 3 years
Fixtures, fittings, vehicles	over 2 to 6 years
Clinical	over 4 years
Retail fixtures and fittings	over term of the lease

Freehold land and assets in the course of construction are not depreciated.

Assets costing less than £1,000 are written off in the year of acquisition unless deemed suitable for 'home' or 'individual' use. All other assets are capitalised.

Leasehold improvements to the hospice are written down in line with the building policy over 50 years as is the opinion of the directors the lease of the hospice is interlinked with the freehold buildings and they should have the same period of depreciation.

Impairment of Fixed Assets

An assessment is made at each reporting date of whether there are indications that a fixed asset may be impaired or that an impairment loss previously recognised has fully or partially reversed. If such indications exist, the company estimates the recoverable amount of the asset. Shortfalls between the carrying value of fixed assets and the recoverable amount, being the higher of fair value less costs to sell and value-in-use, are recognised as impairment losses in the Statement of Financial Activities.

Investments

Investments are stated at their market value at year end. All movements in value are shown in the Statement of Financial Activities.

Taxation

The company has been granted exemption by HMRC from any corporation tax liability on its charitable activities.

Judgements And Key Sources Of Estimation Uncertainty

Preparation of the financial statements may require management to make significant judgements and estimates.

Significant judgements

Donated goods for resale are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the accounts.

Significant estimates

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 expectation 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. There are no significant estimates having a material effect on the financial statements.

1 INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds 2022 £	*Restricted Funds* 2022 £	*Total* 2022 £	*Total* 2021 £
Donations	1,063,848	40,972	1,104,820	645,955
Gift Aid on donations	220,236	-	220,236	29,873
Legacies	1,052,988	-	1,052,988	277,597
Grants	366,226	119,542	485,768	139,830
HUK Grant	-	-	-	505,728
	2,703,298	160,514	2,863,812	1,598,983
Total 2021	*953,955*	*645,028*	*1,598,983*	

2 INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds 2022 £	*Restricted Funds* 2022 £	*Total* 2022 £	*Total* 2021 £
NHS grants and contracts for patient care	10,034,071	-	10,034,071	6,023,837
Total 2021	*6,023,837*	-	*6,023,837*	

3	OTHER TRADING ACTIVITIES	*Unrestricted Funds* 2022 £	*Restricted Funds* 2022 £	*Total* 2022 £	*Total* 2021 £
	Other income	506,798	-	506,798	271,342
	Lottery income	130,281	-	130,281	51,600
	Retail income	1,893,233	-	1,893,233	493,882
		2,530,312	-	2,530,312	816,824
	Total 2021	*816,824*	*-*	*816,824*	

Included within retail income is £71,059 of gift aid reclaimed through the retail gift aid scheme (2021: £21,832).

4	INVESTMENT INCOME	*Unrestricted Funds* 2022 £	*Restricted Funds* 2022 £	*Total* 2022 £	*Total* 2021 £
	Dividends and interest from investments	138,381	-	138,381	39,985
		138,381	-	138,381	39,985

5	**Analysis Of Expenditure**	Staff costs	Depreciation	Other costs	Total	Total funds
		2022 £	2022 £	2022 £	2022 £	2021 £
(a)	*Costs of raising funds*					
	Expenditure on raising voluntary income	1,330,659	123,501	223,986	1,678,146	374,233
(b)	*Charitable activities*					
	Expenditure relating to delivery of NHS grants and contracts for patient care	9,638,185	238,105	1,950,382	11,826,672	7,307,204
(c)	Trading Activities					
	Expenditure on Trading Activities	890,422	52,125	650,317	1,592,864	467,496
	Total 2022	11,859,266	413,731	2,824,685	15,097,682	8,148,933
	Total 2021	6,761,171	189,869	1,197,893	8,148,933	

6	**Expenditure On Raising Voluntary and Trading Income**	*Unrestricted Funds* 2022 £	*Restricted Funds* 2022 £	*Total* 2022 £	*Total* 2021 £
	Fundraising costs				
	Staff costs	1,330,659	-	1,330,659	289,936
	Depreciation	-	123,501	123,501	20,765
	Other costs	223,985	-	223,985	63,532
		1,554,644	123,501	1,678,145	374,233
	Total 2021	*374,233*	-	*374,233*	

7 ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly 2022 £	*Support costs* 2022 £	*Total* 2022 £	*Total funds* 2021 £
NHS grants and contracts for patient care	9,638,185	2,188,487	11,826,672	7,307,204
Total 2021	5,275,945	2,031,259	7,307,204	

8 DIRECT COSTS

	Total 2022 £	*Total* 2021 £
Drugs	77,077	44,308
Medicinal supplies	87,259	110,426
Covid Supplies	(5,490)	5,500
Cleaning and laundry	105,495	39,609
Catering	110,817	36,987
Small equipment	31,415	10,287
Training	128,166	41,503
Depreciation	238,105	132,664
Contracted medical staff	440,812	459,114
Wages and salaries	6,912,943	3,689,427
National insurance	471,101	307,408
Pension cost	280,103	398,712
	8,877,803	5,275,945

9 SUPPORT COSTS

	Total 2022 £	*Total* 2021 £
Premises costs	564,882	91,071
Travelling and subsistence	30,750	29,580
Office costs	102,403	198,829
Repairs and renewals	117,481	25,270
Legal and professional	75,548	68,938
Merger Costs	107,460	132,596
Other costs	-	120,943
Wages and salaries	1,382,946	1,170,258
National insurance	94,245	97,540
Pension cost	56,035	96,234
	2,948,869	2,031,259

10 NET INCOME

This is stated after charging:	*Total* 2022 £	*Total* 2021 £
Depreciation of tangible fixed assets	413,730	189,869
Operating lease rentals	289,884	88,355
Auditors' remuneration – audit	23,730	13,600

11 STAFF COSTS

Staff costs were as follows:	*Total* 2022 £	*Total* 2021 £
Wages and salaries	9,424,438	5,259,377
Social security costs	978,005	447,499
Other pension costs	825,775	503,922
	11,228,218	6,210,798
Agency and contracted staff	631,048	550,373
	11,859,266	6,761,171

The average number of persons employed by the company during the year was as follows:

	Total 2022 No	*Total* 2021 No
Hospice	293	214
Management and administration	78	50
	371	264

The number of higher paid employees was:

	Total 2022 No	*Total* 2021 No
In the band £60,001 - £70,000	3	1
In the band £70,001 - £80,000	2	4
In the band £80,000- £90,000	1	-
In the band £90,000 -£100,000	2	1
	8	6

During the year, no Trustees received any remuneration (2021 - £NIL).
During the year, no Trustees received any benefits in kind (2021 - £NIL).
During the year, no Trustee received reimbursement of expenses for travel and subsistence for £0 (2021 - £0).

Included within the wages and salaries are staff termination costs of £9,505 (2021 - £190,858).

During the financial year volunteers made regular commitments to support The Hospice Charity Partnership (Brand name Birmingham Hospice). These roles include day hospice hosts, drivers, photography, fundraising, gardening and finance. In addition volunteers gave corporate social responsibility time in projects including painting and gardening. No Trustee received any emolument or payment for professional or other services.

Key management remuneration

The key management personnel of the charity comprise of the executive staff as listed on page 3. The total employee benefits of the key management personnel of the Charity were £490,989 (2021 - £432,105).

12 Tangible Fixed Assets

	Freehold Land & Buildings	*Leasehold Improvements*	*Computer Equipment*	*Fixtures, Fittings, Vehicles*	*Clinical*	*Retail Fixtures & Fittings*	*Total*
	£	£	£	£	£	£	£
Cost:							
1 October 2021	3,769,496	414,927	757,870	256,848	554,784	333,047	6,086,972
Additions	110,738	-	144,962		24,059	22,604	302,363
Disposals	-	-	-	(27,092)	-	-	(27,092)
30 September 2022	3,880,234	414,927	902,832	229,756	578,843	355,651	6,362,243
Depreciation:							
1 October 2021	58,987	48,483	599,024	185,614	275,857	96,732	1,264,697
Charged in the period	87,403	66,266	120,108	50,087	40,092	49,774	413,730
Eliminated on disposal	-	-	-	(22,639)	-	-	(22,639)
30 September 2022	146,390	114,749	719,132	213,062	315,949	146,506	1,655,788
Net book value 30 September 2022	3,733,844	300,178	183,700	16,694	262,894	209,145	4,706,455
30 September 2021	3,710,509	366,444	158,846	71,234	278,927	236,315	4,822,275

13 Investments

	Total 2022 £	*Total* 2021 £
Valuation:		
1 October 2021	5,051,585	1,051,552
Transfer in from Merger	-	3,770,020
Additions	1,306,340	535,044
Disposals	1,285,650	(535,044)
	-	
Unrealised gain/loss	(789,038)	194,013
30 September 2022	4,247,237	5,015,585

The Historical cost of investment is £4,023,785 (2021: £4,770,020).

14 DEBTORS

	Total 2022 £	*Total* 2021 £
Trade debtors	904,589	410,857
Other Debtors	477,995	210,594
Prepayments and accrued income	382,315	574,300
	1,764,899	1,195,751

15 CREDITORS

	Total 2022 £	*Total* 2021 £
Trade creditors	146,716	348,402
Other taxation and social security	221,806	187,744
Corporation tax	-	10
Other creditors	113,876	112,403
Accruals and Deferred income	1,204,748	757,748
	1,687,146	1,406,307

Included in the above are creditors due after one year of £nil (2021: £24,442).

16 Statement Of Funds	*Brought forward* £	*Income* £	*Expenditure* £	*Transfers in/out* £	*Carried forward* £
Unrestricted funds	11,408,201	15,406,062	(15,763,217)		11,051,046
Restricted funds					
SEIF	171,611				171,611
SPUR / hobs data review project					
League of Friends	261,090				261,090
Hospice Capital Projects	801,383				801,383
Extension Fund	592,994	-			592,994
Hospice Service Fund	175,875				175,875
H J Conservatory Fund	28,822	-			28,822
Freehold Property Fund	718,400	-			718,400
Roof Appeal	259,268				259,268
EOL	89,419				89,419
Other	125,273	181,203	(123,501)		182,975
Total restricted funds	3,224,135	181,203	(123,501)		3,281,837
Total funds	14,632,336	15,587,265	(15,886,718)	-	14,332,883

2021 comparative	*Brought forward* £	*Income* £	*Expenditure* £	*Transfers in/out* £	*Carried forward* £
Unrestricted funds	4,236,654	14,683,310	(7,538,403)	26,640	11,408,201
Restricted funds					
SEIF	168,189	-	-	3,422	171,611
League of Friends	287,157	-	-	(26,067)	261,090
EOL	107,476	-	(18,057)		89,419
Other	90,304	3,208,179	(592,473)	(3,995)	2,702,015
Total restricted funds	653,126	3,208,179	(610,530)	(26,640)	3,224,135
Total funds	4,889,780	17,891,489	(8,148,933)	-	14,632,336

The hospices have the following restricted funds, created as a result of conditions imposed by the funder:

- SEIF: funding used for capital purchase of property and refurbishment required
- League of Friends: funding used for capital work on property, purchase of a vehicle for patient transport and large clinical items required for IPU
- EOL: Central government funding provided for IT and infrastructure initiatives to aid cross city hospice service provision

- Other: funding currently held for Dementia project, complementary therapy project, Children's bereavement project, a family room, a young persons room and social hub
- Hospice UK resilience funding: The NHSE awarded funding to allow the hospice to make available bed capacity and community support in the context of the Covid situations from November 2020-March 2021
- Hospice Capital projects: funds to cover the costs of specific items of capital expenditure, such as refurbishment, fittings, vehicles, computers and equipment. This includes major refurbishment of the BSM site in patient unit and reception completed in 2009/10, the Day hospice in 2010/11 and the Family Centre completed in 2013/14
- Extension fund to help meet the costs of the hospice extension and major refurbishment programme completed in 1997/98
- Hospice services fund to help meet the direct revenue cost of a variety of projects including, child bereavement services, a support at home service and a bereavement counsellor
- Henry Joseph conservatory fund to fund the conservatory on the BSM inpatient unit in 1998/99
- Education centre fund to cover expenditure on the hospices education and conference facilities, completed in 1999/2000

17 Split Of Net Assets By Fund	*Unrestricted funds 2022* £	*Restricted funds 2022* £	*Total Funds 2022* £	*Total Funds 2021* £
Tangible fixed assets	1,445,307	3,261,148	4,706,455	4,822,275
Fixed asset investments	4,252,338	-	4,252,338	5,020,685
Current assets	7,061,236	-	7,061,236	6,195,683
Creditors due within one year	(1,687,146)	-	(1,687,146)	(1,381,865)
Creditors due after one year	-	-	-	(24,442)
	11,071,735	3,261,148	14,332,883	14,632,336

2021 comparative	*Unrestricted funds 2021* £	*Restricted funds 2021* £	*Total Funds 2021* £	*Total Funds 2020* £
Tangible fixed assets	1,598,140	3,224,135	4,822,275	1,078,351
Fixed asset investments	5,020,685	-	5,020,685	1,051,552
Current assets	6,195,683	-	6,195,683	3,392,094
Creditors due within one year	(1,381,865)	-	(1,381,865)	(632,217)
Creditors due after one year	(24,442)	-	(24,442)	-
	11,408,201	3,224,135	14,632,336	4,889,780

18 Pension Costs

The majority of past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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 these bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

A number of employees fell outside the parameters of the direction provided by the Secretary of State, in England and Wales and as such do not qualify for the NHS Pensions Scheme. As such an alternative pension scheme is provided on a defined contribution basis with Royal London. This scheme commenced in October 2013 and is also accounted for as a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The scheme complies with pension's auto-enrolment legislation.

Total contributions to all schemes amounted to £825,775 (2021: £517,202).

There are seven rates of member contribution in the NHS Pensions Scheme, ranging from 5% of pensionable pay for the lowest earners up to 14.5% for highest earners, based on the whole time equivalent pensionable pay. The thresholds at which the rates change are linked to nationally agreed pay rates at set levels and are based on salaries equivalent to someone working full time. If the overall cost of the scheme increases, the amount both members and the company contribute may also increase. The costs of the scheme are determined by the Government and also the scheme actuary who performs periodic valuations of the scheme to determine how much needs to be paid in to provide the benefits paid out. These costs are shared between the employers and the NHS Pensions Scheme members.

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 (The Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience) and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was as at 31 March 2012 (published in June 2014), the previous actuarial valuation was carried out as at 31 March 2004. The primary purpose of the 2012 actuarial valuation was to set the employer contribution rate payable from April 2015, in light of the introduction of new pension arrangements from 1 April 2015 explained below, and the initial employer cost cap which is required by the Public Service Pensions Act 2013. Both the employer contribution rate and employer cost cap will be included in Scheme Regulations. The next actuarial valuation is expected to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting

purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31 March 2014 is based on detailed membership data as at 31 March 2013 updated to 31 March 2014 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 scheme actuary report which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained:

On 1 April 2008 a new section of the NHS Pension Scheme was introduced for new members. Most members of the Pension Scheme prior to 1 April 2008 are in the 1995 section. New joiners on, or after, 1 April 2008 are members of the 2008 section. The changes

introduced new rules for NHS employees joining from 1 April 2008 and modified the rules for those already in the pension scheme prior to this date.

The scheme is a "final salary" scheme. Members in the 1995 Section receive a pension worth 1/80th of the best of the last three year's pensionable pay for each year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon 1.4% of total pensionable earnings over the relevant pensionable service. Members in the 2008 Section receive a pension worth 1/60th of the average of the best three consecutive years' pensionable pay in the last ten for each year of membership. Members who are practitioners, as defined by the Scheme Regulations have their annual pensions based upon 1.87% of total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers. For the year to 30 September 2020 the employer contribution rate was 14.38% of pensionable pay with employee rates (before tax relief) varying between 5% and 13.5 %.

19 Related Party Transactions

The Non-Executive Director Trustees were not paid or reimbursed any expenses in the current or preceding year. No Trustee received any emolument or payment for professional or other services. From November 2020 a joint exec team was formed with Birmingham St Marys, on a monthly basis until the merger in August 2021 50% of the related payroll costs were invoiced to Birmingham St Marys.

There were no other related party transactions in the current or prior year.

20 Financial Commitments

Operating Lease Commitments

Due to the merger increasing our charity shop portfolio to 20 units, as at 30th September 2022 the company had total commitments under non-cancellable operating leases as follows:

	2022 £	2021 £
land and buildings:		
payable within 1 year	297,792	297,792
payable within 2 and 5 years	105,503	334,253
	403,295	632,045

THE HOSPICE CHARITY PARTNERSHIP

England & Wales - Charity number 1156964

Accounts

REPORT AND FINANCIAL STATEMENTS

Year ended 30th September 2021

THE HOSPICE CHARITY PARTNERSHIP

Birmingham St Mary's Hospice & John Taylor Hospice

Charity number: 1156964

Company number: 08991245

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EXECUTIVE SUMMARY

The Trustees present their report and the audited financial statements of The Hospice Charity Partnership (HCP) for the year ended 30th September 2021.

During 2020/21, the charity continued its partnership working with Birmingham St Mary's Hospice based in the south of Birmingham with a shared Chairman and Executive Team. This progressed through to a full merger on 1st August 2021. John Taylor Hospice was then renamed as The Hospice Charity Partnership. All assets and liabilities of St Mary's Hospice Limited (company number 01161308, charity number 503456) and St Mary's Hospice (Trading) Limited (company number 02696641) were transferred over to John Taylor Hospice.

This has been a unique and transitional year for the charity during which a merger and preparatory restructures took place. Although the charity ended the 2020/21 financial year with a surplus of £9.7m, this included a £9.2m donation of assets from the merger with Birmingham St Mary's and £743,000 of additional COVID-19 pandemic financial support from Birmingham and Solihull CCG, Hospice UK, local council retail grants and HMRC Coronavirus Job Retention Scheme.

The charity is currently holding unrestricted reserves above the £9.9m target (equivalent to eight months' operational cover) due to the unknown future impact of the COVID-19 pandemic on development and strategic plans. A review of the current facilities and estates provision is taking place which will also require major capital refurbishment at some point in the next few years.

OBJECTIVES AND ACTIVITIES

The charity exists for the public benefit; specifically the advancement of health, care and support for people living with a palliative or end of life diagnosis, and provides specialist palliative and supportive care in Birmingham and the surrounding areas.

A wide range of services are provided free at the point of use. Care can be delivered in people's own homes or the hospice itself, seven days a week up to 24 hours a day. The majority of referrals to services are made by NHS practitioners in hospital nursing and community settings, and housing and social care professionals in residential and community settings. Members of the public can also refer themselves directly for hospice services.

OUR VISION: A future where everyone with a life-limiting illness will live and die with dignity and in comfort.

OUR MISSION: We will enable more people from all communities to access care of their choice at the end of life.

The vision and mission recognise the need to provide inclusive services that reflect the needs of the diverse and changing communities across Birmingham. The long-term strategic goals are set to have a positive impact on the community we serve.

OUR VALUES: Following the merger of both hospices, people working across both sites have been involved in defining the new values. These values will be launched in March 2022 and will underpin and shape the organisation's culture going forward. They are not corporately-defined values; they are shaped by the people working within The Hospice Charity Partnership. Each value will be realised by all staff championing the behaviours they have outlined, therefore shaping the culture that people want to hear, see and feel going forward. This is critical to effective working and delivery of the strategy and the business priorities.

Our Hospice Strategy (2022- 2027): Future hospice care shaped by our communities

1. We will extend our reach to deliver personalised palliative and end of life care when and where it's needed.

2. We will develop evidence to inform how future services can reduce inequality of access to palliative and end of life care.

3. We will increase our work alongside communities and with our partners to shape palliative and end of life care services in the future.

4. We will grow our people and resources sustainably, using our assets efficiently to ensure expert palliative and end of life care is made available to more people.

BUSINESS PRIORITIES

The implementation of the organisation's strategy over the next five years will be built on the following core principles:

BUILD: Building the foundations of the new organisation ensuring our infrastructure, systems integration and workforce are stable, adaptable and fit for the future. This will be the focus in the first 18 months of the strategy over 2022 and 2023. This approach will also allow post-merger integration to be completed, will give time for people to settle into the new organisation and allow recovery from the latest phase of COVID.

GROW: We will need to grow our collective understanding of the needs of Birmingham's diverse communities, and increase the numbers of hospice supporters and grow sustainable voluntary income.

By talking to communities, this will grow our understanding of the services people want and need in the future, and we can then invest in future services effectively. This will require investment in community engagement and targeted research.

While we know the current approach meets the needs of many people, there are groups within our communities that do not access the current specialist palliative and end of life offering. We will work with the wider health system to understand why, to inform our future practice.

We will also have a significant focus on new supporter acquisition during 2023 to 2025 - this will help build sustainable voluntary income growth. This will be supported by the launch of a significant capital appeal in 2023.

MAINTAINING AND GROWING STATUTORY INCOME: Following the merger, significant focus has been given to maintaining the current level of funding from the NHS which is critical to delivery of essential services. The Hospice Charity Partnership continues to make a significant contribution in the response to COVID, working closely with partners across the local health system. There is acceptance that demand for specialist hospice care will continue to increase, therefore working in partnership with the NHS and securing sustainable income is essential if we are to meet that demand.

GROWING AND MAINTAINING VOLUNTARY INCOME: Voluntary income is essential to delivery of holistic services that the charity provides and this includes bereavement support, day hospice services, family support and complementary therapy. The hospice buildings and environment could not be maintained without public support and philanthropy. COVID restrictions have significantly impacted on income and while the future of fundraising income remains unclear, the local community has continued to support in many ways. People do want to support their local hospice and there is a continued appetite to get involved. People's ability to do this in traditional ways, such as attending fundraisers or taking part in participation events, has reduced but not stopped. The charity will be looking to bring back popular events and create new ones.

Retail suffered during the height of COVID restrictions, but since reopening the shops have gone from strength to strength. As a result the charity will be looking to increase its income and profit through its retail portfolio.

As part of the build programme the charity is reviewing the post-merger brand and will be developing a new website, as the two websites currently in operation are not fit for the future. These two areas of work will be critical to providing high standards of supporter care and providing a point of contact for either access to services, or to find out more about what the charity provides.

REACH: Reaching and supporting more people who require specialist end of life and palliative care services is the charity's ultimate goal. Delivery of the current community and inpatient services will be maintained efficiently and to the highest standard. Any increase in investment in the current model of care is likely to come from statutory funding. Future services will need to be adapted to meet the needs of the wider community and may not reflect the traditional model and approach. Therefore the charity aims to implement any new services from 2025, and will spend the following two years implementing new services and evaluating their impact. If funds allow, this work will start sooner.

HOSPICE FACILITIES AND ENVIRONMENT: The COVID-19 pandemic has highlighted and expedited the need for both hospice sites to have single beds with ensuite facilities. Moving towards single rooms only will help increase capacity, improve dignity and privacy, and create a relaxing, personalised space for patients and families. Both sites require significant refurbishment and an appeal will be launched to raise funds for the refurbishment in 2023. This will have the added benefit of increasing awareness of the charity and services it provides to the community.

PUBLIC BENEFIT

As part of the merger process, the Trustees reviewed the objects of the charity and agreed revised objects as set out in the Articles of Association.

The charity's objects are specifically restricted to promote the relief of illness or suffering by:

5.1 The expert care and support of people with palliative and end of life needs;

5.2 The provision of services to promote health and wellbeing for patients and carers;

5.3 The care and support of family and friends who have been bereaved;

5.4 The advancement of education and healthcare practice to raise awareness of potentially life-limiting illness; and

5.5 The advancement of high-quality palliative and end of life care through the community.

The charity's services benefit a specific section of the public (adults and their families and carers within Birmingham and the surrounding counties, affected by progressive life-limiting illness) but there are no other restrictions on access to its services. The Hospice Charity Partnership works with adults across the spectrum of illness that foreshortens life and has a number of programmes to look at the prevention of illness itself.

The Trustees believe the charity provides a public benefit through the work of The Hospice Charity Partnership, which offers palliative and end of life care to adult residents within its catchment area, and who are suffering from a terminal illness. All services provided by the charity are free of charge to patients and their carers or families, funded both by the tax payer and directly by the public. The charity delivers services on behalf of various NHS Clinical Commissioning Groups (CCGs), and also works with other organisations, regulators,

funders and community groups in its capacity as a charitable organisation.

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objects, and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives that have been set.

ACHIEVEMENTS AND PERFORMANCE

The Hospice Charity Partnership provides services for people living with life-limiting illnesses and their families, loved ones and carers across the diverse population of Birmingham, Solihull and Sandwell constituencies.

Care and support is offered at home and within the community, as well as through inpatient and day services at both hospice sites. With a welcoming and inclusive approach, support is there from the moment of diagnosis to the very end of life and beyond; offering bereavement support for loved ones of all ages for as long as they need it after someone dies.

TEACHING AND RESEARCH: As a teaching and research charity, expertise is used to train other healthcare professionals in palliative and end of life care, and to improve and develop care services for the future.

RESPONSE TO COVID-19: Despite the challenges of the COVID-19 pandemic, over the past year progress has been made against the strategic priorities in the charity's strategy, alongside responding to the pandemic itself.

Demand for end of life services increased due to the COVID-19 pandemic, and the charity worked closely with the NHS and other providers to support a coordinated response. The charity continued to provide a full range of services for patients and their families during this time.

Joining forces with other local hospices, the Hospices of Birmingham and Solihull (HoBS) service was established and enables more people to get the care they need as quickly as possible. This approach was so successful that it will continue going forward. When the second wave of COVID peaked in the early part of 2021, the charity provided additional Intensive Therapy Unit (ITU) staffing to the local acute hospital. Staff at The Hospice Charity Partnership have shown incredible resilience through a challenging period in the organisation's history and this is testament to them all.

PERSONAL HEALTH BUDGETS (PHBs): The charity worked on a pilot programme with its main CCG funder regarding the use of Personal Health Budgets for end of life care. This was part of NHS England's plans for 50,000-100,000 people to have a Personal Health Budget by 2020. The pilot evaluated well in February 2019, but was deemed to be too small a population size as it was based on a sample of 24 patients. A further pilot to gather data from 100 patients was therefore completed, and Personal Health Budgets is now considered part

of normal business by the CCG - although a clear ongoing funding source requires clarification from the CCG.

EQUALITY, DIVERSITY AND INCLUSION: Equality, diversity and inclusion action plans were in place at both hospice sites prior to the merger. The focus for 2022 will be a combined plan that will deliver the charity's priorities within the People Strategy, and work towards accreditation via the National Centre for Diversity. A new Equality, Diversity and Inclusion (ED&I) Group was launched in January 2022. There will be a year-long programme of assessment which highlights areas of success and areas for development in relation to equality and diversity. In addition there are plans to create two roles dedicated to focusing on, and taking forward, internal and external equality, diversity and inclusion plans.

INCREASING INCOME: Other areas of the strategy ensure the needs of all patients can continue to be met by increasing income from fundraising activities and development of the retail venture.

Despite the continuing impact of COVID on the charity's ability to raise funds through many of the traditional channels, income has remained static. The charity's event and community campaigns calendar continues to develop, and saw huge success with the 2021 Raise the Roof Campaign which raised £250,000 to fund the urgent roof repairs required at the Selly Park hospice site. Corporate support was severally impacted by COVID restrictions with office-based fundraising and Charity of the Year opportunities limited. However, grants and trust income was strong and the charity benefitted from continued support from many generous trust funders. The retail chain performed well once all shops were able to reopen. Strong performance continued up until year end. There have been no shop closures and the organisation continues to research opportunities in the local area for new shop premises, and to grow online retail presence.

The achievements in the year have been focussed on:

- Continued partnership working with the NHS and other organisations
- Meeting and exceeding all external regulation and enhancing internal governance processes
- Providing care where people wish to have it and of the highest quality
- Retaining a strong and committed staff and volunteer base
- Retaining a strong financial position
- Providing an open and honest culture
- Developing Freedom to Speak up Champions
- Growing into new areas like prevention, dementia care and the scope of work in long-term conditions and accredited complementary therapies
- Continuation of piloting the use of Personal Health Budgets in end of life care
- Reducing taboos surrounding death and dying

PATIENT SAFETY: The charity considers patient safety and quality to be the highest priority. A significant amount of work has already been undertaken to align systems and practices across both sites. This will continue with the purchase and implementation of a new incident and risk system that offers superior system benefits and will assist with alignment across both sites and all services. In addition the development of key performance indicators for each area is underway.

The Board has a subcommittee for clinical quality known as the Quality Governance Committee (QGC) and this has four working groups: the Clinical Governance Committee (CGC), Patient Safety Group, Mortality Meeting and Medicines Safety Group. The Health and Safety Committee reports to the Finance, Performance and Estates Committee. QGC reports to the Board to give assurance on clinical risk and quality and clinical safety measures include safe staffing levels, complaints and compliments.

Corporate safety measures include housekeeping cleanliness audits and staff training records. In addition, robust systems are in place for reviewing and implementing relevant National Institute for Health and Care Excellence (NICE) guidance and addressing Clinical Assessment Service (CAS) alerts.

CARE QUALITY COMMISSION (CQC): The last Care Quality Commission (CQC) regulation assessment of the charity was carried out on 25th May 2016. The CQC report was issued on 9th August 2016. The overall rating for the service was 'Good'. The CQC inspection provided a further rating for each of the five domains or questions that they assessed and the organisation was rated 'Good' in every category. The charity is currently awaiting a routine inspection of its services since the transfer of the regulation of hospices to healthcare, however this has been delayed due to the COVID-19 pandemic. During this time however the charity is subject to regular risk-based virtual assessments on quality from CQC colleagues.

ENSURING HIGH-QUALITY CARE: The charity ensures the highest quality of care and evidences this in various ways such as patient-led audits, the annual Quality Account, patient feedback and CQC inspection. The results of audits and evaluations are fed back appropriately to those delivering, receiving and commissioning the services and to the Board. Audit and evaluation is continuous in all departments and results indicate that patients, carers and NHS partners are satisfied with the support they receive. The public can review the results of external inspections online. Patient satisfaction surveys to hear patients' views about care and the company are carried out in order to make continuous improvements.

The organisation is committed to involvement in, and the development of research, and has a part-time Research Nurse for one day a week to work alongside clinical teams and increase research activity.

Benchmarking with other hospices enables the organisation to identify areas for further development or provides assurance that The Hospice Charity Partnership continues to function well.

WORKING PARTNERSHIPS

As an independent business, one of the charity's key priorities has been to continue to work collaboratively with NHS funders as well as other health providers, and with non-health organisations to ensure the continuation of high-quality end of life services.

During the year 1st October 2020 to 30th September 2021, the charity cared for 1,738 patients (Erdington site) and 774 (Selly Park site [August/September]), as well as providing support for these patients' families. That care was provided by the charity's Inpatient Units, its day hospices and in the community. The organisation also provided wellbeing support to both patients and family members.

The charity has a number of close working relationships in the local community including Birmingham and Solihull Clinical Commissioning Group (CCG), and Sandwell and West Birmingham Hospitals, with whom it has NHS contracts.

In addition, close working arrangements are in place with local primary care in north, east and west Birmingham including general practice, Birmingham Community Healthcare Foundation Trust, University Hospitals Birmingham Foundation Trust, Birmingham City Council and a number of local hospices including St Giles Hospice and Marie Curie Hospice Solihull. In these forums, The Hospice Charity Partnership works closely with colleagues in the acute health sector and other hospices to develop end of life care across the city and prevent unnecessary hospital admissions for this group of patients. The charity also takes referrals, where appropriate, from outside the catchment area on a cost-per-case basis.

HOSPICES OF BIRMINGHAM AND SOLIHULL (HoBS)

During the first weeks of the pandemic in March 2020 a joint initiative between Birmingham St Mary's Hospice, John Taylor Hospice and Marie Curie Hospice West Midlands was created. This was designed to improve access to palliative care for all patients across Birmingham and Solihull, with direct links to district nursing services, West Midlands Ambulance Service and St Giles Hospice.

The new service - named Hospices of Birmingham and Solihull (HoBS) - provided 24/7 access to specialist palliative care advice and joint bed management across the hospices. It improved access and provided a rapid response service to manage crises in the community in order to prevent hospital admissions and improved patient's abilities to meet their preferred place of care and death. This service was possible due to the redirection of existing resources but is not sustainable long term without additional external funding. A joint business case on behalf of the partnership was submitted in 21/22 and agreement was given to fund the services from 8am until 8pm. Further data and analysis is being carried out across the health system to test the case for a 24/7 service.

NHS SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)

The charity continues to be part of the ongoing work around the Birmingham and Solihull NHS Sustainability and Transformation Partnership (STP) which seeks to close gaps in

health inequality, ensure every citizen gets the same service and quality of care, and ensure funding going forward to meet demand. For example, in Birmingham there remains a nine-year gap in life expectancy between the most affluent and the most deprived populations. The Birmingham and Solihull STP is split into a number of work streams with end of life care sitting in the Ageing Well work stream.

Black Country and West Birmingham CCG continues to commission an overarching contract for end of life care from Sandwell and West Birmingham Hospitals, and The Hospice Charity Partnership remains a sub-contractor of this Connected Palliative Care contract. The contract supports a hub for end of life care co-ordination, for patients and their families, as well as health professionals. Focussing on the populations of Sandwell and West Birmingham, the centre aims to bring together care providers to offer seamless end of life support.

ACTIVITY 2020-2021

The charity has seen consistency in relation to its clinical activity during the year, with the following activity through its services shown below:

ERDINGTON SITE

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Actual	
Available Bed Days	434	420	434	434	392	434	420	434	420	434	434	420	5110	
Bed Days Occupied	271	230	310	310	342	301	305	288	305	308	299	296	3565	
Admissions	21	19	10	21	22	22	21	22	18	16	19	7	218	Bed Days
Average Length Of Stay	8	9	16	9	10	8	10	9	13	12	11	16	11	
Disharges	10	15	5	15	12	10	9	6	5	7	2	8	104	
Deaths	11	4	5	6	10	12	11	11	9	12	9	5	105	
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Actual	
Total Referrals	1	0	0	1	2	4	5	3	4	4	5	9	38	Living Well Centre
Attendances	118	63	22	15	8	14	90	75	80	61	60	50	656	
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Actual	
Total Referrals	36	24	19	26	29	39	36	26	46	21	25	35	362	Wellbeing
Attendances	128	198	157	214	165	252	257	159	234	196	128	102	2190	
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Actual	
Total Referrals	28	20	20	20	21	20	14	18	14	19	16	22	232	Hospice @ Home
Attendances	587	542	363	460	533	536	496	523	468	459	260	619	5846	
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Actual	
Total Referrals	94	95	98	104	110	114	101	93	93	67	86	89	1144	Community
Attendances	2154	2268	2253	1934	2008	2218	2046	1935	1815	1726	1733	1811	23901	
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Actual	
Total Referrals	115	68	87	94	79	98	96	90	95	70	96	83	1071	Therapies
Attendances	578	506	650	463	386	412	512	387	377	386	386	509	5552	
Total number of patients seen by John Taylor Hospice from October 2020 to September 2021								1738						

SELLY PARK SITE

	Aug & Sept 21	
Available Bed Days	854	
Bed Days Occupied	794	
Admissions	53	**Bed Days**
Average Length Of Stay	15	
Disharges	19	
Deaths	34	
Total Referrals	42	**Living Well Centre**
Attendances	110	
Total Referrals	190	**Wellbeing**
Attendances	125	
Total Referrals	66	**Hospice @ Home**
Attendances	263	
Total Referrals	134	**Community**
Attendances	1108	
Total Referrals	77	**Therapies**
Attendances	165	

DAY SERVICES AND COMMUNITY

The COVID-19 pandemic has obviously impacted on the charity's clinical services. The day hospice facilities at both hospice sites had to cease face-to-face contacts until September, but has now developed virtual methods of providing the service to patients as well as doorstep visits and support via telephone. These will restart should any further closures be required due to COVID.

The community services continue to run 8am– 8.30pm seven days a week. Unfortunately a business case for 24/7 working was not supported by the CCG, although they continue to work closely with the charity to develop that case further, and the aim remains to provide a 24/7 response service across BSOL for end of life patients.

STAFFING AND VOLUNTEERS

The Hospice Charity Partnership currently employs 365 staff with 381 volunteers.

During the financial year 2020/21, 381 volunteers made regular commitments to support The Hospice Charity Partnership. These roles included day hospice hosts, drivers, photography, fundraising, gardening and finance support.

REVALIDATION FOR MEDICAL STAFF

Revalidation for medical staff is the process by which licensed doctors are required to demonstrate on a regular basis that they are fit to practice and having their licence renewed. The organisation has the appropriate procedures in place to ensure this is done via a nominated Responsible Officer who oversees the process and links in with the General Medical Council (GMC). The charity's arrangements are via a contract with the University Hospitals of Birmingham who supply this service. No issues have arisen in the year.

Nurse revalidation also came into effect from April 2016 to build on existing renewal requirements by introducing new elements which encourage staff to reflect on their code of practice and demonstrate that they are 'living' by the standards set out within it. This process was supported by revalidation presentations, Royal College of Nursing (RCN) formal revalidation training, annual appraisals, weekly reflective discussion pertinent to clinical practice and a training co-ordinator who records all individual training accomplishments.

INTERNAL COMMUNICATION AND ENGAGEMENT

People across the organisation are engaged by various methods including regular CEO updates, monthly interactive Team Talk presentations and frequent team meetings. Restrictions as a result of COVID have hindered the ability to do the level of face-to-face engagement the charity would have hoped for. As restrictions continue to ease, the organisation has taken the opportunity to reinstate face-to-face sessions as much as

possible. There is also a newly-formed Operational Management Team (OMT) comprised of the Executive Management Team and their department leads that meet monthly face to face. All people have also been engaged in helping to formulate the new combined charity values. The organisation has also recruited into a post dedicated to internal communications and staff engagement.

The approach to a full annual engagement survey is currently being reviewed, with plans to run later in 2022. In the interim, the charity has introduced a quarterly, short Pulse Survey to ensure engagement is monitored post-merger and that actions are delivered as timely as possible.

PROVIDING A BETTER EXPERIENCE AT END OF LIFE

As demand for services continues to grow, The Hospice Charity Partnership continues to deliver the highest quality care. Feedback from patients and carers has remained consistently positive throughout the year.

95% of patients/carers said they were likely or extremely likely to recommend the charity to friends and family if they needed similar care.

With figures for Birmingham showing that 55% of deaths occur in hospital, when it is known that people would prefer to die at home, the charity has striven towards providing more people with more choice as they approach the end of life. Only 9% of patients cared for by the charity in 2020/21 died in hospital, with the majority (66%) dying in their usual place of residence and the remainder in the hospice or elsewhere.

During 2020/21, 94% of patients supported by the charity were able to die in the place of their choosing.

The Hospice Charity Partnership has continued to help people live well with their condition through self-help programmes and extending reach to engage more patients with a non-cancer diagnosis.

Teams across the organisation have worked hard to continue to offer a rapid response service 8am–8.30pm seven days a week - and this continues to reduce admission to hospital and provide invaluable support to West Midlands Ambulance Service. There is a dedicated phone line for support for other healthcare professionals and both sites are able to accept admissions to the wards 24/7 if necessary.

EXPANDING AS A SPECIALIST CENTRE OF RESEARCH AND LEARNING

Over the past year, the charity has continued its commitment to leading and participating in research, and establishing new evidence about the approaches that work best for patients.

Staff involved in this area of work are very grateful to patients for generously giving their time to research. All projects add value to the care the charity is able to provide, and improve quality of life for patients with life-limiting illness.

In the early part of 2020, the organisation was involved in recruiting into several national portfolio studies including *ProSec 3: 'A multi-centre evaluation of excessive saliva management in patients with motor neurone disease'.*

Although many national research studies were paused or delayed thereafter, and one Research Nurse was redeployed into clinical practice as a result of the COVID-19 pandemic, the charity continued to support research activities such as:

- Supervising physiotherapy undergraduates undertaking dissertation projects
- Supporting MSc dissertation projects being undertaken by hospice clinical staff
- Facilitating recruitment for PhD research studies focused on palliative and end of life care

Despite clinical pressures, the charity did well to support recruitment into a study exploring the impact of COVID-19 on hospices *(ICOH, John MacArtney et al).*

A poster and oral presentations were accepted for the Palliative Care Congress which took place in March 2021, and the Homelessness Support Team presented their innovative work on the main conference stage.

During the year, the Birmingham St Mary's Hospice Research Strategy was refreshed, and in October 2020 the Board of Trustees approved a new set of priorities for 2020-2023. These were used to inform the development a new Hospice Charity Partnership clinical strategy, during post-merger integration, from August 2021.

As a teaching charity, the organisation provides education programmes to health and social care professionals in the wide network of care providers with whom we work closely. This includes GPs and District Nurses, prison services, care homes, hospitals, community and mental health services.

Whilst the restrictions in place through 2020/21 meant face-to-face delivery of programmes ceased, the charity responded by rapidly escalating its digital provision.

To support the system-wide response to COVID-19, The Hospice Charity Partnership was commissioned by Birmingham and Solihull Clinical Commissioning Group (CCG) to provide a series of webinars on topics related to palliative and end of life care. These proved very successful, with significantly elevated numbers of professionals accessing available educational support. The CCG have recommissioned this programme into 2021-2022. The charity is also now commissioned to deliver specialist palliative care, bereavement and SAGE and THYME ® communication training by various other system partners across Birmingham and the Black Country.

The charity remains a regional centre for the European Certificate in Essential Palliative Care (distance learning). Online examination days have proved successful and have potentially increased scope for the number of candidates that can be supported.

A medical undergraduate training programme in Palliative Medicine has been developed in conjunction with Aston University Medical School for their first cohort of fourth year students starting in the academic year 2021-22. This will be delivered by The Hospice Charity Partnership, together with Marie Curie Hospice West Midlands and the Supportive and Palliative Care team at University Hospitals of Birmingham NHS Foundation Trust. This is in addition to the long-standing programme of fourth year education delivered to University of Birmingham students, alongside other midlands-based palliative care colleagues.

BEING AN EMPLOYER AND VOLUNTEERING CENTRE OF CHOICE

In the past year, the charity has introduced a number of new schemes and programmes to improve working conditions and support the wellbeing of employees and volunteers.

Last year 365 staff were employed by the charity, while 381 volunteers donated their time to support the organisation's work.

Last year both hospice's HR and payroll systems were reviewed, and a decision was made to move forward with the Connect system (formerly the Birmingham St Mary's Hospice system). There has been a project team in place since September to migrate all of employees onto Connect, with a go-live date planned for February 2022. Functionality in Connect will continue to be developed over the year to streamline processes and reduce administration through automation of workflows. The recruitment and onboarding module has also been developed and tested on the system, to reduce paperwork and enhance the applicant experience.

Reporting of people data over the year has been difficult due to not having one set of data in one format, however the charity has continued to produce People Dashboards and provide key data to operational teams. A charity-wide suite of people-related reports will be developed in March 2022.

The physical and emotional burden on key workers has been significant throughout 2020/21. To help support the needs of all staff during a challenging year, an enhanced Employee Assistance Programme was introduced. Clinical supervision was reviewed and reconfigured to benefit more of the workforce. During Mental Health Awareness Week virtual Tea & Talk sessions were hosted as a way of encouraging social contact for those working from home. Throughout the year awareness was raised of the charity's network of Mental Health First Aiders, and staff were signposted for emotional support provision available through the Birmingham Hospitals Saturday Fund.

A focus has remained on filling charity vacancies and two successful weekend recruitment events were held – resulting in 14 job offers. Plans are in place to fun further recruitment events in 2022, alongside launching other attraction methods such as LinkedIn recruitment.

Pay scales have been reviewed with new Hospice Charity Partnership scales introduced – matching the clinical scale with Agenda for Change 2020-21.

The charity has continued to promote and encourage younger people to work for the organisation through apprenticeships, placements and the government Kickstart Scheme.

Commitment to education and professional development has continued, with regular support for both nursing and medical students, as well as for pre-registration nurses. To support management development, the first cohort of managers completed a coaching course.

OUR SERVICES

The charity has a wide range of services including integrated health and social care at home, day care provision, pharmacy, occupational therapy, physiotherapy, outpatient clinics, hospice at home services, education, complementary therapy, carer support, psychological therapy and two Inpatient Units (one at the Erdington site and one at the Selly Park site) which operate 365 days per year.

INPATIENT CARE

The Inpatient Units at each hospice site provide specialist palliative care, including symptom control, end of life care and advice and support from a team of doctors, nurses and therapists. At both sites families can stay with their loved ones in a calm and comfortable environment. Referrals are taken from healthcare professionals and prioritised according to clinical need.

Holistic care is planned to address the physical, psychological, social and spiritual needs of the patients, with respect for culture, religious and personal values. Personal choice is central to the ethos of care, and decisions are made by the individual, in collaboration with the team. Care is delivered without judgement, and teams respect and uphold every individual's right to privacy and dignity.

The Selly Park site comprises 15 beds including 13 specialist beds and two 'home from home' beds. The Erdington site comprises 16 beds including 14 specialist beds and two 'home from home' beds. The need to keep patients isolated in order to provide as much protection as possible from COVID has reduced bed capacity on both sites to 12 single occupancy areas. The complexity of patients has increased and the delays in accessing treatment within the NHS due to the pressures of COVID have led to some distressing cases being admitted every month. Extra support has been available for staff.

Patients and visitors have access to the garden on both sites and at the Selly Park site, a larger main conservatory has been specially redesigned for those patients in the charity's care who have dementia. Signage has been improved to create a comforting and familiar environment to reduce anxiety and to improve social interaction. Visiting hours are generally open, but restrictions have been introduced for infection control reasons during the COVID-19 pandemic.

In 2020/21 there were 271 admissions to the Inpatient Units, including patients who may have been admitted more than once. Although admissions were on a par with last year, bed occupancy rate for specialist beds was 73% - lower than previous years as turnover was higher due to the COVID-19 pandemic and due to patients being referred later in their diagnosis.

INTEGRATED COMMUNITY PALLIATIVE CARE

The Integrated Community Palliative Care Team consists of Clinical Nurse Specialists, Hospice at Home, satellite clinics and Day Hospice. The team supports individuals and families at home - including in care homes, prisons and hostels - and elsewhere in the community. They provide advice and guidance on symptom management and advance care planning, as well as responding to other spiritual, psychosocial and care needs.

CLINICAL NURSE SPECIALISTS

The team has adopted new ways of working during the COVID-19 pandemic, including collaborating with other hospices under the umbrella of HoBS. These are now part of the normal business of the charity. .

Outside of office hours, patients known to hospice teams can access telephone advice from a team of specialist nurses. Round-the-clock specialist medical advice and telephone support is available for any healthcare professional caring for individuals with palliative care needs within the charity's area.

The team made a total of 23,901 contacts with patients during 2020/21.

A total of 1,278 community referrals were received.

HOSPICE AT HOME

The Hospice at Home Team provide nursing care and psychological support for patients who have expressed wishes to die at home and require additional support to achieve this. Care is delivered by Registered Nurses and Healthcare Assistants in the patient's own home.

The Hospice at Home Team work closely with Clinical Nurse Specialists, supporting patients and families with telephone contact and responding to urgent need. They also offer 'bridging care' after discharge from hospice or hospital for people with palliative care needs who are awaiting a package of social care to be put in place.

A total of 298 Hospice at Home referrals were received.

DAY SERVICES

With restrictions on footfall within the hospice buildings, restrictions on travel and redeployment of staff, Day Services were suspended for a significant part of this year.

The future plan is to offer a hybrid model of delivery, where patients have a choice to access face-to-face care or engage virtually.

THERAPEUTIC CARE

The charity offers physiotherapy, occupational therapy and complementary therapies to people on the wards in the hospices, in Day Hospices and within the local community, to support emotional and physical wellbeing and promote independence.

WELLBEING TEAM

The Wellbeing Team consists of social workers and spiritual care workers, and provides practical advice and specialist counselling, spiritual and psychosocial support for patients, carers and family members, including children.

The Spiritual Care Service has seen changes this year with the recruitment of a new Spiritual Care Coordinator, who will lead a team of volunteers in supporting people of all faiths and none.

SUPPORT AT HOME

The aim of Support at Home is to reduce the growing number of people who face social isolation when dealing with a life-limiting illness. Led and delivered by volunteers, Support at Home offers befriending, sitting and signposting for patients with life-limiting illnesses who require non-clinical services and who have expressed a wish to die at home.

Despite the inability to provide face-to-face care because of the COVID-19 pandemic, Support at Home volunteers have remained committed to engaging with patients and families by telephone. For some individuals who were facing the isolation of lockdown, this was invaluable.

BEREAVEMENT SUPPORT SERVICES

The Bereavement Support Service offers a range of information, facilitated support groups, one-to-one bereavement support and counselling, and is delivered by professional counsellors as well as highly-skilled volunteers trained in supporting people in grief.

In response to the COVID-19 pandemic, one-to-one support was suspended with all other support being offered by telephone.

The charity's specialist Child Bereavement Service, funded by Children in Need, supports children and young people dealing with the loss of a loved one. A pre-bereavement family memory-making programme developed by the team has been very successful.

EDUCATION

As a teaching charity, the organisation delivers education in palliative and end of life care to students and professionals from different sectors, as well as offering a broad range of accredited training courses. Trainee doctors and nurses form part of the charity's clinical teams.

Through 2020/21, despite the COVID-19 pandemic restrictions, education delivery continued with similar income compared to previous years. The introduction of collaborative working across local hospices, commissioning and a mixed delivery method approach has increased reach.

The collaboration with Birmingham Community Healthcare NHS Trust continues, with delivery of training to community staff across Birmingham and Solihull. Following a tender process, The Hospice Charity Partnership Education Department also became the preferred provider of end of life and palliative care education to the Black Country and West Birmingham STP, where a virtual training programme is now delivered.

RESEARCH

Research is a vital part of The Hospice Charity Partnership's work. The charity works with researchers at universities and in other healthcare settings and is actively involved in recruiting patients, carers, staff and volunteers for new research projects. The organisation's research continually improves the care and support provided and helps advance palliative and end of life care for the future. The charity's achievements in 2020/21 are described on pages 7-8.

COMMUNITY DEVELOPMENT AND PARTNERSHIPS

Last year, the charity worked with partners across the STP (Sustainability and Transformation Partnership) on a proposal to achieve Compassionate City Status in Birmingham. The organisation's first Compassionate Communities Programme was launched with the Selly Oak Neighbourhood Network in Partnership with Birmingham Voluntary Service Council.

The Homelessness Support Service launched in September 2020 and has seen and supported direct referrals as well as supporting the development of a palliative care meeting with the Homelessness Primary Care Team. This approach has now being integrated into the core service.

THE YEAR AHEAD

2022/23 will be a period of adjustment for The Hospice Charity Partnership post-merger as highlighted in the Build phase of the strategic overview.

During the pandemic, the charity continues to respond to the COVID-19 challenge and working closely with other providers. This approach will serve all partners well in the move to establishing Integrated Care Systems.

The organisation will continue to meet the needs of the health system, and the 2022/23 business priorities are to:

- Launch the new organisational strategy
- Develop an outline business case for refurbishing the Birmingham St Mary's and John Taylor Hospice sites
- Implement new finance, HR & IT systems across both the organisation
- Develop three-year plan in line with the organisational plans for community engagement, research, practice development and clinical
- Develop of long-term people strategy and plan, to include equality, diversity and inclusion and staff wellbeing

VOLUNTEERS

As a volunteer-supported organisation, volunteers are at the heart of the charity's operation. This includes Trustees who support the governance and leadership the charity. Care and support could not be delivered free of charge without the generous donation of time from over 381 individuals. The Hospice Charity Partnership is also fortunate to have Patrons who champion the work of the charity and hospice teams would like to thank them for their ongoing support.

People volunteer for many reasons and the benefits are wide-ranging; from the feeling of making a difference to people with life-limiting illness, to joining a team and making new friends, or learning new skills and gaining valuable career experience. Volunteers are supported and involved in inductions, briefings and special thank you events each summer.

Due to the COVID-19 pandemic and restrictions, collection volunteers were unable to carry out their normal bag pack and bucket collection roles.

The organisation has six fundraising groups: the Harborne Group, UoB Group, Kings Norton Group, the Hospice Choir, the Edgbaston Ladies Committee and the Craft Fundraising Group. Unfortunately due to restrictions associated with COVID-19 they were unable to undertake any fundraising activity during this financial year.

The ability to raise funds through collection tins has also been impacted by the pandemic, however collection box coordinators have raised £1,632 from collection tins across various locations in Birmingham and Sandwell.

Continued support was received from nine Hospice Ambassadors who give up their time to support corporate fundraising activities and raise awareness of the charity within the community.

215 retail volunteers have given 29,450 hours of their time supporting the charity's chain of 20 shops.

APPROACH TO FUNDRAISING

As a charity that relies on voluntary income, The Hospice Charity Partnership takes an active and responsible approach to fundraising. A high-quality supporter experience is key and as a member of the Fundraising Regulator, the charity is firmly committed to ensuring compliance with their Code of Practice.

The charity endeavours to operate in a transparent and open manner as well as to protect members of the community and supporters who may be vulnerable. To support this, the following fundraising policies are in place and regularly reviewed:

- Protection of Vulnerable People while Fundraising
- Acceptance and Refusal of Donations
- Fundraising Complaints
- Handling of Donations
- Working with Third Parties and Corporate Partnerships

All fundraising activity is carefully planned using set templates to ascertain campaign feasibility, plan income and expenditure budgets, logistics, and health and safety requirements.

All supporter data stored on Donorflex (the charity's fundraising database) and is governed by strict consent, unsubscribe and complaints processes in line with UK GDPR legislation. Oversight of these processes is carried out by an internal committee of staff, ensuring it is kept up to date with new legislation and action is taken appropriately following supporter feedback.

The organisation has a dedicated Supporter Experience and Finance Processing Manager whose role, led by the Head of Fundraising Partnerships and Supporter Experience, is to ensure that on a day-to-day basis a gold-standard experience is delivered for all supporters and that any updates in UK GDPR or fundraising legislation is fed back to the team at monthly team meetings.

All events are risk assessed and covered by professional insurers whom the charity works closely with to ensure supporters are properly protected when registering and taking part in charity events and community activities. All necessary venue permissions, temporary event notices, collection and music licenses, supplier public indemnity insurance and hygiene qualifications are secured for every event hosted at external premises.

The fundraising environment remains competitive and challenging. The need to continually adapt and remain agile has never been more important. This year has seen a shift in the way people give to charity, particularly around the use digital technologies. In order to continue income growth, digital innovation and investment around supporter acquisition will be a priority.

Oversight of all fundraising activity carried out by the charity is the responsibility of the Trustees, Executive Team and specifically the Income Generation Director. All of whom receive monthly and quarterly reports on activity, complaints and new developments.

ENSURING EXCELLENT FUNDRAISING CUSTOMER SERVICE

The charity is committed to providing an excellent service to supporters, but recognises that, as campaigns and supporter numbers grow, occasionally things do not go according to plan. With this in mind, complaints and feedback are encouraged to help shape the ongoing development of activity and the way in which the charity works with supporters.

During 2020/21 the charity received five complaints relating to fundraising: one by email, one by letter, and three by telephone. The nature of the complaints were as follows:

1. A supporter rang to complain about the charity's 'incompetence' regarding the merger and the contradictory letters she had received regarding regular giving. The initial letter stated she did not need to do anything with her direct debit, but a secondary letter stated that she did need to change her direct debit details. The complainant was also concerned about a gift she had pledged to Birmingham St Mary's Hospice in her will. Through a telephone conversation with the Head of Fundraising Partnerships and Supporter Experience, her worries were allayed and she was happy to reinstate her regular gift.

2. A supporter was disappointed to not have received a letter of thanks following a donation made.

3. A supporter was unhappy about the lack of vegan snacks available at the Ride the Reservoir event and incorrect signage.

4. A supporter was unhappy with regards to the merger. They have been supporting the organisation for 30 years and no longer wanted to make a regular gift or receive marketing communications.

5. A complaint was made from a supporter's brother regarding a thank you communication she had received. This complaint was not upheld.

An internal investigation took place after each complaint, with the outcomes fed back to the complainants in a positive manner with the offer of further discussion. All complainants were satisfied with the responses given and the outcome of their complaint.

ONGOING EVALUATION

Complaints and feedback help the charity to monitor the effectiveness of fundraising activities. The complaints received are actively reviewed and analysed in order to recognise trends and take appropriate action at an early stage. Once resolution of the complaint is achieved, learning outcomes are identified and publicised to improve the quality of the service provided, improve relationships with service users, customers and supporters and promote best practice with staff. Should the complainant not be satisfied with the response from the charity, they are referred to The Fundraising Regulator for independent adjudication.

The Fundraising Team share and review all feedback received and present this information in a post-campaign evaluation report. The organisation respects and values every one of our supporters, and strives to learn from each comment and amend processes where possible, in an endeavour to provide the highest quality service. During the year, teams worked hard to ensure that we were communicating with supporters appropriately and thanking them in a timely manner for their kind donations.

STRUCTURE, GOVERNANCE AND MANAGEMENT

During 2020/21, partnership working between Birmingham St Mary's Hospice and John Taylor Hospice continued, with a shared Chairman and Executive Team. This progressed through to a full merger on 1 August 2021. John Taylor Hospice was then renamed as The Hospice Charity Partnership. All assets and liabilities of St Mary's Hospice Limited (company number 01161308, charity number 503456) and St Mary's Hospice (Trading) Limited (company number 02696641) were transferred over to John Taylor Hospice.

Reference and administrative information set out on pages 37-38 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and Articles of Association, the requirements of a directors' report as required under company law, and the Statement of Recommended Practice for Charities (SORP 2015) (*Second Edition, effective 1* January 2019).

THE ARTICLES OF ASSOCIATION

The Articles of Association is the governing document that sets out rules and requirements relating to Association Members; terms of office and election of Trustees and Honorary Officers; disqualification of Trustees; and proceedings of the Board.

BOARD OF TRUSTEES

The Board of Trustees (the Board) is the governing body of the Charity. The purpose of the Board is to agree the strategic direction of the charity and to ensure the organisation delivers on its plans and objectives as set out in the governing documents. The Board is accountable for the organisation's compliance with regulation and legislation as well as ensuring that the values, ethos and reputation of the organisation are upheld.

The Board also supports the Chief Executive and Executive Team in carrying out their executive responsibilities and holds them to account for their delegated responsibility for the strategic and operational leadership and management of the charity. There is a clear understanding of the distinction between governance and management.

The Trustees have delegated day-to-day management of the charity to the Executive Management Team as outlined on page 37 of this report. These personnel have delegated authority to make decisions on behalf of the charity. Formal meetings of the Executive Management Team are held on a monthly basis and a number of other committees form part of the decision-making structure for recommendations to the Board of Trustees or its subcommittees. These include an Information Governance Committee, Clinical Governance Committee and Health and Safety Committee.

There can be up to 16 Trustees on the charity's Board (with a quorum of four). The Board holds ultimate responsibility for the employment of all organisational staff who are employees of the charity. The Board meets at least four times a year with additional ad hoc meetings held as and when required.

The Board is the final decision-making body for new policy, strategic planning and approval of financial budgets. The Board is also responsible for monitoring the implementation of the strategy and financial activity.

The charity's Chief Executive and Executive Directors attend Board meetings. Trustee and Director Indemnity insurance was provided for the year at an annual cost to the organisation of £3,387 with a limit of indemnity of £2 million.

The directors of the company are referred to as Charity Trustees for the purpose of charity law and under the company's articles are known as Trustees. The method of appointing Trustees is as governed by the Articles of Association as outlined below.

APPOINTMENT OF TRUSTEES

Appointment of Trustees is by decision of the Board of Trustees, who have the power to appoint any person who is able and willing to fulfil the role. Members of the Board shall hold office for a fixed term of three years from the date of their appointment.

Members of the Board are eligible for re-appointment for one further terms of three years each but having served their maximum term of office of six consecutive years may be eligible to serve for an additional year with the agreement of the whole Board.

Trustees are appointed following a recruitment process which may include advertisement or a recruitment event. An expression of interest form and Curriculum Vitae is requested followed by interview with an Appointments Panel of Trustees and Executive Directors. The panel will normally include the Chairman and Chief Executive. References are taken and appropriate suitability checks are made prior to appointment, as Trustees may be given power of inspection.

The role of Chair is for up to two terms of three years. This also follows a recruitment process supported by succession plan and/or advertisement and search. This includes interview with an Appointments Panel of Trustees and Executive Directors.

None of the trustees receive any employment benefits in relation to their role as trustees of the charity. The salaries of the Directors (Executive Management Team) of the company are set by the Remuneration Committee which is a separate subcommittee of the Board of Trustees.

INDUCTION AND TRAINING OF TRUSTEES

New Trustees receive induction to the charity that includes details of their legal obligations under charity and company law, the content of the Articles of Association, the work of the charity and the Board of Trustees. Trustees have a bespoke induction programme put in place and are involved in staff Mix and Mingle sessions, visits to the hospices and within the community to speak with staff and triangulate evidence provided to them at Board and subcommittee meetings. Trustees are encouraged to participate in Trustee 'walkabout' visits. During the COVID-19 pandemic period, induction for new Trustees has been delivered through a series of Microsoft Teams meetings with senior managers.

Trustees are also invited to attend a range of educational sessions including Hospice UK events, giving further opportunities for development. An annual Away Day of Trustees and Executive Directors also takes place, with a focus on the strategic direction of the charity.

MEETINGS OF TRUSTEES

The Board of Trustees meets quarterly during the year and the directors of the charity are in attendance. At least four trustees have to be present in order for the meeting to be quorate.

The Board has five subcommittees: the Audit and Assurance Committee, the Quality Governance Committee, the Remuneration Committee, the Finance, Performance and Estates Committee, and a People Committee which are all chaired by Trustees and have senior management in attendance. The Audit and Assurance Committee, Quality Governance, Finance, Performance and Estates Committee and People Committees meet quarterly before the Board meetings. The Remuneration Committee meets as and when required. During the COVID-19 pandemic these meetings have been held virtually over Microsoft Teams.

These meetings ensure that the charity is fulfilling the requirements of its commissioners and regulators and has regard to charitable and company law.

STRATEGIC LEADERSHIP AND GOVERNANCE FRAMEWORK

The Trustees have overall legal responsibility for administering The Hospice Charity Partnership. The Trustees are responsible for holding the CEO and Senior Management Team to account, for ensuring that the hospice is managed efficiently and effectively and that the highest standards of care are provided. They are responsible for ensuring adequate accounting records are kept that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities, and for the maintenance and integrity of the corporate and financial information included on the company's websites.

The Chief Executive is responsible for the leadership of the charity, which involves assisting the Board in determining the strategic vision and plans for the organisation, and for ensuring effective achievement of those plans. The Chief Executive and Executive Team also ensure that Trustees are actively engaged in exercising their accountabilities and assure effective and transparent governance across the whole organisation. This is provided through a leadership and governance framework of which there is a core leadership and governance structure.

LEADERSHIP

The Executive Director Team comprises:

- Chief Executive
- Medical Director
- Clinical Services Director
- Finance and IT Director
- Income Generation Director
- Director of People

Meeting monthly, this team is engaged in looking at the wider strategic implications of changes that affect the charity sector and the operational environment. Executive Directors have powers to make decisions within the approved budget, operational plan and charity policies and procedures, including standing financial instructions which set out delegated authority for financial decisions. Finance, Performance and Estates Committee and Audit Committee (within given limits) or Board authority is required for investment or service changes outside these parameters.

The Executive Directors have specific responsibilities within the grievance and disciplinary procedures.

GOVERNANCE

Throughout the year under review, the following committees were responsible for governance. From October 2021 a new People Committee was established.

FINANCE, PERFORMANCE & ESTATES AND AUDIT & RISK COMMITTEES

The Finance, Performance & Estates and the Audit & Risk Committees are sub-committees of the Board. Executive Directors are members of both committees.

The committees meet quarterly between Board meetings and have specific delegated decision-making authority from the Board and also make recommendations to the Board.

The purpose of the committees is to monitor the strategic, financial and operational planning, and risk management of the charity. A separate Remuneration Committee for Executive Director and Chief Executive pay was established for Board recommendation. The Audit & Risk Committee also assesses the audit process and recommends approval of the financial statements to the Board.

GOVERNANCE COMMITTEES

The Executive Team is responsible for management and assurance of quality and risk through four additional Governance Committees. These aim to ensure that courses of action are taken to minimise and remedy identified risk and poor performance, and that systems are in place to share good practice and continually improve the quality of care, clinical effectiveness and leadership across the organisation.

Governance Committees have delegated responsibility to approve policies which are then recommended to the Board for ratification. Each committee meets at least once a quarter.

The Governance Committees are:

- Clinical Governance
- Finance
- Information Governance (reports to Audit Committee)
- Health and Safety (reports to Finance, Performance & Estates Committee)

PROVIDING AN OPEN AND HONEST CULTURE

Occasionally people cared for by the charity are involved in an incident, some of which have the potential to cause harm. The charity is committed to talking to patients and their carers at a very early stage following any such incident to understand what happened and, where necessary, learn the lessons that will prevent it happening again to improve the safety of future patients. All incidents are reviewed (even where there is no harm) to learn from 'what might have happened'.

If any harm happens, the incident is investigated and patients and their relatives or carers are asked to what degree they wish to be involved in the investigation. The findings are

shared with the patient, their family or carers, and also any learning and improvements shared across the company. The process is designed to 'analyse' and learn but not to 'judge' all incidents - as this is essential to make sure that a culture of openness is established and preserved.

Linked to this, the charity has a Being Open Policy which also describes the requirements in meeting the Duty of Candour to which the organisation is committed. There is also a Being Open Champion; one of the Trustees who is available for staff to approach should they have any concerns about patient safety. A Lead Director (Director of Clinical Services) is the Freedom to Speak Up Guardian to ensure staff raising concerns feel able to do this and are supported when doing so. A group of staff ambassadors' along with an anonymous feedback section on Datix, ensure that there are differing ways staff can raise a concern in place. Themes from Freedom to Speak Up are reported to the Board of Trustees.

THE CHARITY GOVERNANCE CODE

The organisation meets the outcomes of the Charity Governance Code and adheres to the seven principles as follows:

Organisational purpose

The Board is clear about the organisation's aims and objectives, ensuring decisions taken at Board level are aligned with these aims. The organisation's aims and objectives are detailed in this report (see pages 3–4) and reviewed at Board Away Days every year.

Leadership

The Board is responsible for the strategic direction of the charity, ensuring the organisation delivers on its plans and objectives as set out in the governing documents through Governance Committees, Board meetings and through regular Trustee walkabouts.

The objectives are embedded in the organisation, forming part of recruitment and appraisal systems. The Board also ensure the appropriate arrangements are in place for the recruitment and management of volunteers, with a Volunteer Manager in place and strong links to the People Team.

The Chief Executive and Executive Team also ensure Trustees actively exercise their accountabilities through transparent governance across the whole organisation.

Integrity

The Board works to the Nolan Principles of Public Life and has in place Registers of Interests and a Hospitality and Gifts Register which are shared with the Audit Committee on a regular basis.

Decision making risk and control

The Board has sound systems of delegation in place with oversight being given by the Governance Committees. Risk is monitored through regular review of the

strategic/organisational risk registers at both committee level and Board. The Board publishes a Statement of Governance each year which outlines its risk systems and internal controls.

Board effectiveness

Trustees are recruited specifically to bring a range of professional proficiency and sector backgrounds to the Board, in order to fill identified skill and expertise gaps. Trustees undergo regular training and development and all serve set terms of office. The Board meets on a regular basis and has clear work plans and action logs in place. Skills analyses take place to determine the correct skill mix for the Trustees which informs recruitment and regular appraisals are in place. All Trustees have set terms of office and an induction process is in place for all new Trustees. The chairman requests reflections from all Board members at the end of each meeting.

Diversity

The Board's approach to diversity supports its effectiveness, leadership and decision-making. The Board understands its responsibilities in this area, reviewing skills, experience and diversity of Trustees. In 2020 an Equality and Diversity Action plan was been agreed and is being implemented, and a staff Inclusion Group is being established. The chair and CEO have also published a clear statement on the Board's views on equality and diversity in light of the events during the year with regard to Black Lives Matter.

Openness and accountability

The Board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be.

The Board ensures the charity is transparent in its reporting, publishing key documents on its websites. The Board works with key stakeholders particularly neighbouring hospices and NHS commissioners. The charity works with other providers in the local healthcare economy through the End of Life Care Board in the Birmingham and Solihull STP.

FINANCIAL REVIEW

There have been adequate controls in place over the collection and reporting of information, and data collection conforms to specific data-quality standards.

In addition to core NHS funding, the charity is required to raise funds by way of donations, grants and other activities. The charity has had a number of activities in the period to increase awareness amongst the population served.

Marketing campaigns across the city of Birmingham and other areas are designed to develop and maintain the profile of the charity and to be supporters' first choice of charity to

support. The organisation has improved supported fundraising offers for corporate, other charity and individual supporters including transparency on its costs.

Donation and legacy funding continues to be maintained which is an essential addition to NHS funding to enable the charity to fund services.

The charity ended the 2020/21 financial year with a consolidated surplus overall of £9,742,556 (2019/20: £449,447). This includes the £9,217,847 donation of assets from the merger between Birmingham St Mary's Hospice and John Taylor Hospice on 1st August 2021 - income and expenditure of the Selly Park site from that date is included in these accounts. Excluding the donation from the merger, The Hospice Charity Partnership would have generated a £524,709 surplus. The consolidated surplus is made up of surplus unrestricted funds of £7,171,547 (2019/20: £325,248) and a surplus on restricted funds of £2,571,009 (2019/20: £124,200).

As a result of the COVID-19 pandemic, during 2020/21 the charity received a total of £743,000 in financial support from Birmingham and Solihull CCG (£151,000), Hospice UK (£506,000), local council retail grants (£59,000), HMRC Coronavirus Job Retention Scheme (£27,000).

As of December 2021, The Hospice Charity Partnership has been informed it will receive further NHSE funding through Hospice UK up to March 2022. It is not known at this stage the level of funding the charity will receive, but it will hopefully mitigate the reduction in retail income due to any further shop restrictions, and any further reductions in fundraising as planned future physical events are in limbo.

The Board of Trustees and Executive Management Team will be closely monitoring the fundraising/retail environment and the impact on the financial position.

Realised and unrealised investment gains totalled £194,013 (2019/20: £49,629). The material movement has resulted from the combination of investment portfolios as a result of the merger.

Charitable activities consisting of Inpatient Services, Community Palliative Care, Day Hospice, Hospice at Home and Education Services accounted for 90% (2019/20: 92%) of expenditure for the year.

Of total income, 71% (2019/20: 82%) was generated directly by these charitable activities from the NHS, and therefore the charity continues to rely on non-statutory fundraising.

PRINCIPAL SOURCES OF FUNDING

Donations and gifts

The charity was pleased to receive donations and gifts of £675,828 (2019/20: £373,188) - an increase of £302,641 (81%).

Legacies

Income of £277,597 (2019/20: £197,355) was received from gifts generously left by supporters in their wills. This was an increase of £80,241 (41%) year-on-year and represents 2% of the charity's total funding. Bequests remain vital to the charity's continued financial viability, and sincere thanks are due to all those people who continue to remember the charity in this way.

NHS grants

Income from the NHS increased from the previous year to £6.02m from £5.5m, predominantly as a result of the merger combining both hospice contracts and the one-off grant the charity received of £151,000 in 2020/21.

This contracted income from Birmingham and Solihull CCG and Sandwell accounts for 71% of the charity's income after excluding the donations of assets as a result of the merger.

Trust and grants

The Trustees remain very grateful for the extremely high level of support received from a range of charitable trusts and foundations. In 2020/21 this totalled £139,830 (£78,962). This was an increase of £60,868 (77%).

Lotteries

Your Hospice Lottery (YHL), owned and run by St Helena Hospice, continues to manage the lottery on behalf of the charity, under the John Taylor Hospice brand. There was small growth in the number of players during 2020/21. At the start of the financial year there were 2,248 numbers in the draw and the latest figures show 2,297 players with 3,225 plays. Despite the challenging environment due to the COVID restrictions there were just 245 player cancellations. The length of play for YHL members is declining to lower than three years, however YHL have implemented a strategy to push business memberships, have launched a new website and is pushing single ticket sales and a Play & Save campaign to increase retention.

As a result of the merger, the charity now owns a one-third share of the equity of TLC Lotteries Ltd (TLC). This company is a joint venture between The Hospice Charity Partnership, Acorns Children's Hospice and Focus Birmingham. TLC is managed by a Lottery Manager. The TLC Board of Directors comprises two representatives from each of the three charities. The Hospice Charity Partnership representatives are a Company Director and the Director of Income Generation. TLC is a decision-making organisation unless Trustee approval is required from any of the owner charities.

During 2020/21 £51,600 (2019/20 £36,383) was generated from lottery activity, an increase of £15,217 (42%).

Trading activities

As a result of the merger, The Hospice Charity Partnership has increased its operation to 20 charity shops across the city. Income from trading increased by £340,198 (321%) compared with the previous year. Trading costs increased by £191,062 (69%).

Trading income included £21,832 (2019/20: £14,079) relating to donations under the retail Gift Aid scheme, which operates in all of the charity shops.

Investment income

Investment income increased to £39,985 (2019/20: £3,845). The majority of this income was earned through the activities of listed investments.

Reserves policy

The reserves policy of the charity takes into account the nature of the income and expenditure streams and the need to provide against the uncertainty of voluntary income, especially the significant variability of legacy income.

The Trustees have reviewed the risks associated with each major income and expenditure stream and quantified potential variability to determine the value of reserves required. The Trustees agreed a new reserves policy in January 2022 which required that a minimum balance of £9.9m is maintained in unrestricted reserves. This will include maintaining free reserves of £3.6m cash, designated reserves £300,000 held for capital asset purchases, £5m for investment portfolio to supplement income streams and £1m held whilst the Facilities/Estates Development Strategy is concluded. The reserves held would equate to eight months' operational cover.

The Executive Team work closely with commissioners regarding future services and sustainability. The Finance, Performance and Estates Committee, a sub-committee of the Board, meet four times per year and closely monitor results and future forecasts.

Restricted funds are monies given to the charity for specific capital and project work within the overall aims of the organisation. The funds represent both capital and revenue funds and are detailed in note 16 to the accounts. Grants and donations received for capital purposes are accounted for as a restricted fund and the depreciation of the underlying fixed asset is charged to these funds over their lifetime. Revenue funds are received and will be expensed over the lifetime of the project.

Despite the impact of the global COVID-19 pandemic, closing reserves remain ahead of target. Total reserves at the year-end stood at £14,632,336 (2019: £4,889,780). At the year-end the charity held unrestricted reserves of £11,408,201, that included free reserves (total reserves excluding fixed assets and funds held on investment) of £4,789,376 (2019: £2,759,877). This exceeds the reserves target and the additional funds are being held due to the unknown future impact of the COVID pandemic on development and strategic plans.

Principal risks and uncertainties

Organisational risks are under constant review at the charity. The Executive and Business Development Team maintain a 'live' risk register that assesses governance, operational activities and strategic risk.

On a quarterly basis the Governance Committees (as detailed on page 28) review and challenge the risks relevant to their committee to ensure the level of risk remains appropriate and that mitigating actions are in place to effectively manage the risk.

The risk register includes a Gross, Net and Residual Risk score enabling Trustees and Executives to focus their attention accordingly.

The entire risk register is presented to the Board of Trustees on an annual basis identifying the procedures and systems in place to manage those risks with high risk ratings.

A wide range of policies and procedures are in place to minimise and manage risk as well as ensure compliance with legislation and CQC standards.

The accounting records are maintained by the charity and the system of internal control pertaining to the charity is in place. These are designed to provide reasonable assurance against material misstatement or loss. They include:

- An annual budget approved by the Board
- A clear income strategy for the charity
- Progress against the charity budget is reported quarterly at Board meetings and by correspondence in the intervening months
- Delegation of authority and segregation of duties

External environment

In 2021/22 and into 2022/23 the global COVID-19 pandemic and workforce availability as a result of national policy and Brexit continues to be a significant risk.

Managing staffing during a pandemic is extremely challenging and the charity has managed to maintain services throughout. Staff are exhausted but the organisation continually looks for new ways to support them through these difficult times. Psychological support, counselling and supervision has been provided for staff.

Merging during a pandemic has also brought unique challenges for the workforce. The pandemic strengthened the case for change and in many ways has expedited new ways of working.

Recruitment of clinical staff remains challenging; there is a lack of nurses and doctors, and this is a national crisis that will go on for some time. The charity has had some success in recruiting new staff but this often affects other services across the system. Many organisations are recruiting from the same pool of people - and this pool continues to shrink. The charity has started looking at recruiting different types of allied health professionals with skills that are transferable to a hospice service.

However, the organisation will also always be majorly reliant on a nursing and medical workforce which is currently depleted nationally. It is hoped that the launching of the new strategy and a major capital appeal will increase staff retention and recruitment.

Financial sustainability

Following the merger the new organisation receives 70% of its income from the NHS. This reflects the high level of NHS funding on the John Taylor site and reflects the local challenges for fundraising in a very young and diverse city with significant health and economic inequalities.

The merger has yielded a recurrent annual saving of £800,000 which has resulted in reducing the combined organisations' deficit and means the charity will break even in 2022/23.

The charity continues to be reliant on charitable giving and the unpredictability of legacy income remains, so the organisation budgets conservatively for this to mitigate the associated risks.

Going concern assessment

The Hospice Charity Partnership directors have prepared the charity entity accounts on a going-concern basis because assurance has been gained from the main NHS funder that its contract to procure services from the charity will run until 31st March 2023 at the earliest. There is an adequate level of reserves held in line with the current reserves policy.

Taxation status

HMRC has recognised The Hospice Charity Partnership as a charity for tax purposes and as a charitable company. This means the charity can claim back basic rate Income Tax on certain donations received from individuals through the Gift Aid scheme. At present there is no taxable (non-exempt) income or gains in the charity and therefore no tax to pay.

Investment Policy and performance

The Investment Policy, which was set in conjunction with the investment managers Quilter Cheviot remains unchanged. The objectives of that policy are as follows: To provide capital growth over the longer term and the portfolio will supplement the primary source of income for essential charitable expenditure.

Although generally, the interests of a charity's beneficiaries are best served by seeking to obtain a financial return from a suitably diverse portfolio of investments, the Investment Manager does have due regard to those assets which could be detrimental to the aims and objectives of The Hospice Charity Partnership.

Trustees aim to avoid directly investing in companies whose main business is in tobacco and alcohol, and pharmaceutical companies that don't adhere to the ABPI Code of Conduct.

Performance targets have been set for the Investment Manager to achieve a return consistent with the objective set out above while maintaining an acceptable level of risk. Performance of the portfolio is reviewed quarterly with the Investment Manager.

Remuneration policy

The charity has published pay scales, which are reviewed annually by the Board of Trustees. All new employee job descriptions, and substantive changes, are subject to evaluation by an external HR specialist to determine pay level. Annually all roles are reviewed as part of the standardised charity-wide appraisal process, and re-evaluated if job descriptions have changed materially. The Remuneration Committee oversees the remuneration process for the Chief Executive and Executive Directors.

Trustees and committee members do not receive any form of remuneration for their roles.

STATEMENT OF RESPONSIBILITIES OF THE BOARD OF TRUSTEES

The Trustees (who are also Directors of The Hospice Charity Partnership for the purposes of company law) are responsible for preparing the Trustees' annual report including the strategic 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 of the incoming resources and application of resources, including the income and expenditure, of the charity 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 charity's 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 ensuring adequate accounting records are maintained that disclose, with reasonable accuracy at any time, the financial position of the charitable company and enable assurance that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company

and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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/s. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustees' annual report which includes the strategic report has been approved by the Trustees on 8th February 2022 and signed on their behalf by Harry Turner, Chair.



PATRONS

Mrs Judy Dyke MBE, LLB, TEP

Mrs Llewela Bailey

Mr Brendon Batson OBE

BOARD OF TRUSTEES

Mr H Turner (Chair)

Mrs L Webb

Ms B Edgar

Mr R Pickup

Dr J Shapiro

Mrs K Sharpe

Mrs J Kelly (resigned November 20)

Mr P Wainwright

Mr G Snelgrove (resigned March 21)

Mr M Goodwin

Mr P Shanahan

Mr M Sexton (appointed January 21- resigned August 21)

Ms K E Dowman MSc Dip IHSM (appointed July 21)

Mrs J Ward (appointed July 21)

Mr P Bytheway (appointed July 21)

EXECUTIVE OFFICERS

Chief Executive: Mr S Fuller (appointed January 21)

Mrs P Venables (retired January 21)

Director of Clinical Services: Miss S Mimmack

Finance and IT Director: Mrs A McQuinn

Director of Income Generation: Miss L Watkins

Medical Director/Consultant in Palliative Medicine: Dr D Talbot MBChB, MRCP, AHEA

Director of People and Culture: Mrs M Stuteley (appointed August 21)

REGISTERED OFFICE

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BANKERS

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REGISTERED CHARITY NUMBER

1156964

COUNTRY OF REGISTRATION

England and Wales

REGISTERED COMPANY NUMBER

08991245

COUNTRY OF INCORPORATION

United Kingdom

OPINION

We have audited the financial statements of The Hospice Charity Partnership for the year ended 30th September 2021 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 30th September 2021 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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 (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The strategic report and the directors' report included within the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

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

- Adequate accounting records have not been kept by the charitable company; or
- The 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 for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 36-37, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is

necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to regulatory requirements of the Care Quality Commission, Charity Commission, Fundraising regulations, employment law, GDPR and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, the Charities Act 2011, payroll tax VAT.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journals to revenue, management bias in accounting estimates and application of controls around authorisation of expenditure. Audit procedures performed by the engagement team included:

- Inspecting trustees' meeting minutes
- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and

- Challenging assumptions and judgements made by management in their critical accounting estimates

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

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Lee Stokes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP, Statutory Auditor
10 Queen Street Place
London
EC4R 1AG

Date: 14 February 2022

THE HOSPICE CHARITY PARTNERSHIP STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30th SEPTEMBER 2021 INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT

	Notes	*Unrestricted funds 2021* £	*Restricted funds 2021* £	*Total funds 2021* £	*Total funds 2020* £
INCOME FROM:					
Donations and legacies	1	953,955	645,028	1,598,983	828,102
Charitable activities	2	6,023,837	-	6,023,837	5,501,922
Other trading activities	3	816,824	-	816,824	336,148
Investments	4	39,985	-	39,985	3,845
Donation of Charitable assets	21	6,654,696	2,563,151	9,217,847	-
Total		14,489,297	3,208,179	17,697,476	6,670,017
EXPENDITURE ON:					
Raising funds	5	353,468	20,765	374,233	214,392
Charitable activities	5	6,717,439	589,765	7,307,204	5,779,372
Other Trading Activities	5	467,496	-	467,496	276,434
Total		7,538,403	610,530	8,148,933	6,270,198
Net income before net gains on investments		6,950,894	2,597,649	9,548,543	399,819
Net gains on investments	13	194,013	-	194,013	49,629
Transfers between funds	16	26,640	(26,640)	-	-
Net Movement in funds		7,171,547	2,571,009	9,742,556	449,448
Reconciliation of funds:					
Total funds brought forward	16	4,236,654	653,126	4,889,780	4,440,332
Total funds carried forward	16	11,408,201	3,224,135	14,632,336	4,889,780

* The notes on pages 52 to 66 form part of these financial statements.

	Note	*2021*	*2020*
		£	£
FIXED ASSETS			
Tangible assets	12	4,822,275	1,078,351
Investments	13	5,015,585	1,051,552
Investment in Joint Venture		5,100	-
		9,842,960	2,129,903
CURRENT ASSETS			
Stock		10,651	-
Debtors	14	1,195,751	434,031
Cash at bank and in hand		4,989,281	2,958,063
		6,195,683	3,392,094
CURRENT LIABILITIES			
Creditors: amounts due within one year	15	(1,381,865)	(632,217)
NET CURRENT ASSETS		4,813,818	2,759,877
TOTAL ASSETS LESS CURRENT LIABILITIES		14,656,778	4,889,780
Creditors: amounts due in after one year	15	(24,442)	-
NET ASSETS		14,632,336	4,889,780
REPRESENTED BY			
Restricted funds	16	3,224,135	653,126
Unrestricted funds	16	11,408,201	4,236,654
		14,632,336	4,889,780

The notes on pages 52 to 66 form part of these financial statements.

The financial statements were approved by the Trustees and authorised for issue on 8th February 2022 and signed on their behalf by:

Harry Turner, Trustee

Lindsey Webb, Trustee

	2021 £	*2020* £
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income for the reporting period (as per the statement of financial activities)	9,742,556	449,448
Adjustments for:		
Depreciation charges	189,869	190,345
Gains on investments	(194,013)	(49,629)
Loss on the sale of fixed assets	-	-
Dividends and interest from investments	(39,985)	(3,845)
Increase in debtors	(761,720)	841,144
Increase in Stock	(10,651)	-
Increase in creditors	774,090	265,635
Transfer of Asset St Marys Hospice (note 21)	(7,587,494)	-
Net cash provided by operating activities	2,112,652	1,693,098
CASH FLOWS FROM INVESTING ACTIVITIES		
Dividends and interest from investments	39,985	3,845
Proceeds from the sale of property, plant and equipment		
Purchase of property and equipment	(121,419)	(156,159)
Purchase of investments		(1,000,000)
Net cash used in investing activities	(81,434)	(1,152,314)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE REPORTING PERIOD	2,031,218	540,784
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE REPORTING PERIOD	2,958,063	2,417,279
CASH AND CASH EQUIVALENTS AT THE END OF THE REPORTING PERIOD	4,989,281	2,958,063

GENERAL INFORMATION

The Hospice Charity Partnership ("the charity") is a charitable company limited by guarantee and is incorporated in England, UK (Company registration number 08991245 and charity number 1156964). The address of the charity's registered office and principal place of business is 76 Grange Road, Erdington, Birmingham B24 0DF.

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

BASIS OF ACCOUNTING

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1st January 2015) – the Statement of Recommended Practice for Charities (SORP 2015) (Second Edition, effective 1st January 2019, FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), Charities Act 2011 and the Companies Act 2006.

The Hospice Charity Partnership meets the definition of a public benefit entity under the Charities Act. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes. The financial statements are presented in sterling which is also the functional currency of the charity.

GOING CONCERN

The Hospice Charity Partnership Directors/Trustees have prepared the charity accounts on a going-concern basis because assurance has been gained from the main NHS funder that their contract to procure services from the hospice will run until 31st March 2023 at the earliest. There is no fundamental uncertainty about the charity's ability to pay debts as they fall due for at least a year after the financial statements have been signed.

INCOME

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy and will probably be received. The following specific policies are applied to particular categories of income:

• Donations receivable for the general purposes of the charity are credited to unrestricted funds. Donations subject to specific wishes of the donors are carried to relevant restricted funds.

• For legacies, entitlement is taken at 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 Trust 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.

• Investment income is recognised on an accruals basis.

• Grants receivable are recognised in the statement of financial activities when the conditions for receipt have been complied with.

• Other income is accounted for in the year in which the service is provided.

• The value of voluntary work is not included in the financial statements.

• Clothing and other items donated for resale through the charity shops are included as income when they are sold. They are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the account.

EXPENDITURE

Liabilities are recognised as expenditure or deferred on the balance sheet as soon as there is a legal or constructive obligation committing the charity to the expenditure. The following specific policies are applied to particular categories of expenditure:

• Expenditure on raising funds are those costs incurred in attracting voluntary income and those incurred in trading activities that raise funds.

• Charitable activities include expenditure include both direct costs and support costs relating to the activity together with governance costs.

• Governance costs comprise the costs of running the charity, including strategic planning for its future development, external audit, any legal advice for the trustees, professional indemnity insurance for trustees and officers, and all the costs of complying with constitutional and statutory requirements, such as the costs of Board and Committee meetings and of preparing statutory accounts and satisfying public accountability.

• Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources e.g. staff costs by the time spent and other costs by their usage.

FUND ACCOUNTING

General unrestricted funds comprise the accumulated surpluses and deficits on general funds. They are available for use at the discretion of the trustees in furtherance of the general charitable objectives.

Restricted funds are created when grants and donations are received either for a particular area or purpose, the use of which is restricted to that area or purpose. Expenditure is charged to the statement of financial activities when incurred.

FINANCIAL INSTRUMENTS

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

Financial assets and financial liabilities are recognised when the charity becomes a party to the contractual provisions of the instrument, and are offset only when the charity currently has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

FINANCIAL ASSETS

Trade debtors

Trade debtors which are receivable within one year and which do not constitute a financing transaction are initially measured at the transaction price. Trade debtors are subsequently measured at amortised cost, being the transaction price less any amounts settled and any impairment losses.

A provision for impairment of trade debtors is established when there is objective evidence that the amounts due will not be collected according to the original terms of the contract. Impairment losses are recognised in Statement of Financial Activities for the excess of the carrying value of the trade debtor over the present value of the future cash flows discounted using the original effective interest rate. Subsequent reversals of an impairment loss that objectively relate to an event occurring after the impairment loss was recognised, are recognised immediately in Statement of Financial Activities.

Financial Liabilities

Financial instruments are classified as liabilities according to the substance of the contractual arrangements entered into.

Trade creditors

Trade creditors payable within one year that do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being the transaction price less any amounts settled.

Operating leases

Operating leases are charged to the Statement of Financial Activities equally over the period to which they relate.

Pension cost

Past and present eligible employees are covered by the provision of the NHS Pension Scheme. Details of the benefits payable under the provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers these employers, GP 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 those bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. For non-eligible employees, those who join the company and have not been previously part of the NHS Pension Scheme, the company offers a personal pension plan administered by Royal London (previously known as Scottish Life). This scheme is also accounted for as a defined contribution scheme with costs to the company of participating in the scheme taken as equal to the contributions payable to the scheme for the accounting period.

TANGIBLE FIXED ASSETS

Tangible assets are stated at cost less depreciation. Depreciation is provided on a straight line basis to write off fixed assets over their estimated useful lives as follows:

Freehold Land and Buildings - over 50 years

Leasehold improvements - over 50 years

Computer Equipment - over 3 years

Fixtures, fittings, vehicles - over 2 to 6 years

Clinical - over 4 years

Retail fixtures and fittings - over term of the lease

Freehold land and assets in the course of construction are not depreciated.

Assets costing less than £1,000 are written off in the year of acquisition unless deemed suitable for 'home' or 'individual' use. All other assets are capitalised.

Leasehold improvements to the hospice are written down in line with the building policy over 50 years as is the opinion of the directors the lease of the hospice is interlinked with the freehold buildings and they should have the same period of depreciation.

IMPAIRMENT OF FIXED ASSETS

An assessment is made at each reporting date of whether there are indications that a fixed asset may be impaired or that an impairment loss previously recognised has fully or partially reversed. If such indications exist, the company estimates the recoverable amount of the asset. Shortfalls between the carrying value of fixed assets and the recoverable amount, being the higher of fair value less costs to sell and value-in-use, are recognised as impairment losses in the Statement of Financial Activities.

INVESTMENTS

Investments are stated at their market value at year end. All movements in value are shown in the Statement of Financial Activities.

TAXATION

The company has been granted exemption by HMRC from any corporation tax liability on its charitable activities.

JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Preparation of the financial statements may require management to make significant judgements and estimates.

SIGNIFICANT JUDGEMENTS

Donated goods for resale are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the accounts.

SIGNIFICANT ESTIMATES

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 expectation 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. There are no significant estimates having a material effect on the financial statements.

1 INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds 2021 £	*Restricted Funds* 2021 £	*Total* 2021 £	*Total* 2020 £
Donations	611,385	34,570	645,955	363,738
Gift Aid on donations	29,873	-	29,873	9,450
Legacies	277,597	-	277,597	197,355
Grants	35,100	104,730	139,830	78,962
HUK Grant		505,728	505,728	178,597
	953,955	645,028	1,598,983	828,102
Total 2020	*751,940*	*76,162*	*828,102*	

2 INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds 2021 £	*Restricted Funds* 2021 £	*Total* 2021 £	*Total* 2020 £
NHS grants and contracts for patient care	6,023,837	-	6,023,837	5,501,922
Total 2020	*5,380,163*	*121,759*	*5,501,922*	

3 OTHER TRADING ACTIVITIES

	Unrestricted Funds 2021 £	*Restricted Funds* 2021 £	*Total* 2021 £	*Total* 2020 £
Other income	271,342	-	271,342	146,081
Lottery income	51,600	-	51,600	36,383
Retail income	493,882	-	493,882	153,684
	816,824	-	826,824	336,148
Total 2020	*336,148*	-	*336,148*	*336,148*

Included within retail income is £21,832 of Gift Aid reclaimed through the retail Gift Aid scheme.

4 **INVESTMENT INCOME**

	Unrestricted Funds 2021 £	*Restricted Funds* 2021 £	*Total* 2021 £	*Total* 2020 £
Bank interest	39,985	-	39,985	3,845
	39,985	-	39,985	3,845
Total 2020	*3,845*	-	*3,845*	*3,845*

5 **ANALYSIS OF EXPENDITURE**

		Staff costs 2021 £	Depreciation 2021 £	Other costs 2021 £	Total 2021 £	Total funds 2020 £
(a)	*Costs of raising funds*					
	Expenditure on raising voluntary income	289,936	20,765	63,532	374,233	214,393
(b)	*Charitable activities*					
	Expenditure relating to delivery of NHS grants and contracts for patient care	6,188,702	132,664	985,838	7,307,204	5,779,372
(c)	Trading Activities					
	Expenditure on Trading Activities	282,533	36,440	148,523	467,496	276,434
	Total 2021	6,761,171	189,869	1,197,893	8,148,933	6,270,198
	Total 2020	5,270,746	190,345	809,107	6,270,198	

6 **EXPENDITURE ON RAISING VOLUNTARY AND TRADING INCOME**

	Unrestricted Funds 2021 £	*Restricted Funds* 2021 £	*Total* 2021 £	*Total* 2020 £
Fundraising costs				
Staff costs	289,936	-	289,936	172,709
Depreciation	-	20,765	20,765	-
Other costs	63,532	-	63,532	41,684
	353,468	20,765	374,233	214,393
Total 2020	*214,393*	-	*214,393*	

7 **ANALYSIS OF EXPENDITURE BY ACTIVITIES**

	Activities undertaken directly 2021 £	*Support costs* 2021 £	*Total* 2021 £	*Total funds* 2020 £
NHS grants and contracts for patient care	5,275,945	2,031,259	7,307,204	5,779,372
Total 2020	4,442,743	1,336,629	5,779,372	

8 **DIRECT COSTS**

	Total 2021 £	*Total* 2020 £
Drugs	44,308	34,311
Medicinal supplies	110,426	80,588
Covid Supplies	5,500	74,925
Cleaning and laundry	39,609	32,177
Catering	36,987	37,137
Small equipment	10,287	15,335
Training	41,503	43,515
Depreciation	132,664	162,069
Contracted medical staff	459,114	139,449
Wages and salaries	3,689,427	3,193,694
National insurance	307,408	272,618
Pension cost	398,712	356,925
	5,275,945	4,442,743

9 **SUPPORT COSTS**

	Total 2021 £	*Total* 2020 £
Premises costs	91,071	76,416
Travelling and subsistence	29,580	43,929
Office costs	198,829	156,165
Repairs and renewals	25,270	19,489
Legal and professional	68,938	48,225
Merger Costs	132,596	-
Other costs	120,943	50,014
Wages and salaries	1,170,258	768,863
National insurance	97,540	91,621
Pension cost	96,234	81,907
	2,031,259	1,336,629

10 **NET INCOME**

This is stated after charging:	*Total* 2021 £	*Total* 2020 £
Depreciation of tangible fixed assets	189,869	190,345
Operating lease rentals	88,355	51,437
Auditors remuneration – audit	13,600	12,750
Auditors remuneration – non audit	-	250

11 STAFF COSTS

Staff costs were as follows:	*Total* 2021 £	*Total* 2020 £
Wages and salaries	5,259,377	4,290,691
Social security costs	447,499	384,486
Other pension costs	503,922	456,120
	6,210,798	5,131,297
Agency and contracted staff	550,373	139,449
	6,761,171	5,270,746

The average number of persons employed by the company during the year was as follows:

	Total 2021 No	*Total* 2020 No
Hospice	214	133
Management and administration	50	23
	264	156

The number of higher paid employees was:

	Total 2021 No	*Total* 2020 No
In the band £60,001 - £70,000	1	5
In the band £70,001 - £80,000	4	2
In the band £80,000- £90,000	-	-
In the band £90,000 -£100,000	1	-
	6	7

During the year, no Trustees received any remuneration (2020 - £NIL).
During the year, no Trustees received any benefits in kind (2020 - £NIL).
During the year, two Trustee received reimbursement of expenses for travel and subsistence for £0 (2020 - £708).

Included within the wages and salaries are staff termination costs of £190,858 (2020 - £0)

During the financial year, volunteers made regular commitments to support The Hospice Charity Partnership. These roles include as day hospice hosts, drivers, photographers, fundraisers, gardeners and finance support. In addition, volunteers gave corporate social responsibility time for projects including painting and gardening. No Trustee received any emolument or payment for professional or other services.

Key management remuneration

The key management personnel of the charity comprise of the executive staff as listed on page 37. The total employee benefits of the key management personnel of the charity were £432,105 (2020 - £396,644).

12 **TANGIBLE FIXED ASSETS**

	Freehold Land & Buildings	*Leasehold Improvements*	*Computer Equipment*	*Fixtures, Fittings, Vehicles*	*Clinical*	*Retail Fixtures & Fittings*	*Total*
	£	£	£	£	£	£	£
Cost:							
1 October 2020	529,770	345,156	632,336	203,678	300,854	141,386	2,153,180
Additions	23,818	7,365	25,698	18,707	36,351	9,480	121,419
Donation of Charitable Assets (Note 21)	3,215,908	62,406	99,836		252,042	182,181	3,812,373
30 September 2021	3,769,496	414,927	757,870	222,385	589,247	333,047	6,086,972
Depreciation:							
1 October 2020	32,388	38,160	535,351	163,968	244,564	60,397	1,074,828
Charged in the period	26,599	10,323	63,673	21,646	31,293	36,335	189,869
30 September 2021	58,987	48,483	599,024	185,614	275,857	96,732	1,264,697
Net book value 30 September 2021	3,710,509	366,444	158,846	36,771	313,390	236,315	4,822,275
30 September 2020	497,382	306,996	96,985	39,710	56,290	80,988	1,078,351

13 INVESTMENTS

	Total 2021 £	*Total* 2020 £
Valuation:		
1 October 2020	1,051,552	1,923
Transfer in from Merger	3,770,020	-
Additions	535,044	1,000,000
Disposals	(535,044)	
Unrealised gains	194,013	49,629
30 September 2021	5,015,585	1,051,552

The historical cost of investment is £4,770,020 (2019:£1,000,000).

14 DEBTORS

	Total 2021 £	*Total* 2020 £
Trade debtors	410,857	234,618
Other Debtors	210,594	33,990
Prepayments and accrued income	574,300	165,423
	1,195,751	434,031

15 CREDITORS

	Total 2021 £	*Total* 2020 £
Trade creditors	61,237	348,402
Other taxation and social security	100,947	187,744
Corporation tax	10	10
Other creditors	187,733	112,403
Accruals and Deferred income	282,290	757,748
	632,217	1,406,307

*Other creditors include £111,256 (2020: £62,606) of outstanding pension contributions. Included in the above are creditors due after one year of £24,442 in respect of MHR HR/Payroll system implementation.

16 **STATEMENT OF FUNDS**

	Brought forward £	*Income and gains* £	*Expenditure* £	*Transfers in/out* £	*Carried forward* £
Unrestricted funds	4,236,654	14,683,310	(7,538,403)	26,640	11,408,201
Restricted funds					
SEIF	168,189			3,422	171,611
League of Friends	287,157			(26,067)	261,090
Hospice Capital Projects		818,688	(17,305)		801,383
Extension Fund		595,559	(2,565)		592,994
Hospice Service Fund		204,806	(28,931)		175,875
H J Conservatory Fund		28,917	(95)		28,822
Freehold Property Fund		719,200	(800)		718,400
Roof Appeal		260,490		(1,222)	259,268
EOL	107,476		(18,057)		89,419
Other	90,304	580,519	(542,777)	(2,773)	125,273
Total restricted funds	653,126	3,208,179	(610,530)	(26,640)	3,224,135
Total funds	4,889,780	17,891,489	8,148,933	-	14,632,336

2020 comparative	*Brought forward* £	*Income* £	*Expenditure* £	*Transfers in/out* £	*Carried forward* £
Unrestricted funds	3,911,406	6,472,096	(6,244,400)	47,923	4,236,654
Restricted funds					
SEIF	170,823	-	-	(2,643)	168,189
League of Friends	316,833	88,988	-	(29,676)	287,157
EOL	-	121,759	(14,283)		107,476
Other	41,270	76,162	(11,515)	(15,613)	90,304
Total restricted funds	528,926	197,921	(25,798)	(47,923)	653,126
Total funds	4,440,332	6,670,017	(6,270,198)	-	4,889,780

The charity has the following restricted funds, created as a result of conditions imposed by the funder:

- SEIF: Funding used for capital purchase of property and refurbishment required
- League of Friends: Funding used for capital work on property, purchase of a vehicle for patient transport and large clinical items required for the Inpatient Units
- EOL: Central government funding provided for IT and infrastructure initiatives to aid cross-city hospice service provision
- Other: Funding currently held for dementia project, complementary therapy project, children's bereavement project, a family room, a young person's room and social hub
- Hospice UK resilience funding: The NHSE awarded funding to allow the hospice to make available bed capacity and community support in the context of the COVID situations from November 2020-March 2021
- Hospice capital projects: Funds to cover the costs of specific items of capital expenditure, such as refurbishment, fittings, vehicles, computers and equipment. This includes major refurbishment of the Birmingham St Mary's Hospice Inpatient Unit and reception completed in 2009/10, the Day Hospice in 2010/11 and the Family Centre completed in 2013/14
- Extension fund to help meet the costs of the hospice extension and major refurbishment programme completed in 1997/98
- Hospice services fund to help meet the direct revenue cost of a variety of projects including Child Bereavement Services, a Support at Home Service and a Bereavement Counsellor
- Henry Joseph Conservatory Fund to fund the conservatory on the Birmingham St Mary's Hospice Inpatient Unit in 1998/99
- Education Centre fund to cover expenditure on the charity's education and conference facilities, completed in 1999/2000

17 **SPLIT OF NET ASSETS BY FUND**

	Unrestricted funds 2021 £	*Restricted funds 2021* £	*Total Funds 2021* £	*Total Funds 2020* £
Tangible fixed assets	1,598,140	3,224,135	4,822,275	1,078,351
Fixed asset investments	5,020,685	-	5,020,685	1,051,552
Current assets	6,195,683	-	6,195,683	3,392,094
Creditors due within one year	(1,381,865)	-	(1,381,865)	(632,217)
Creditors due after one year	(24,442)	-	(24,442)	-
	11,408,201	3,224,135	14,632,336	4,889,780

2020 comparative	*Unrestricted funds 2020* £	*Restricted funds 2020* £	*Total Funds 2020* £	*Total Funds 2019* £
Tangible fixed assets	538,115	540,236	1,078,351	1,112,536
Fixed asset investments	1,051,552	-	1,051,552	1,923
Current assets	3,279,204	112,890	3,392,094	3,692,454
Creditors due within one year	(632,217)	-	(632,217)	(366,581)
	4,236,654	653,126	4,889,780	4,440,332

18. PENSION COSTS

The majority of past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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 these bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

A number of employees fell outside the parameters of the direction provided by the Secretary of State, in England and Wales and as such do not qualify for the NHS Pensions Scheme. As such an alternative pension scheme is provided on a defined contribution basis with Royal London. This scheme commenced in October 2013 and is also accounted for as a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The scheme complies with pension's auto-enrolment legislation.

Total contributions to all schemes amounted to £517,202 (2020: £456,120).

There are seven rates of member contribution in the NHS Pensions Scheme, ranging from 5% of pensionable pay for the lowest earners up to 14.5% for highest earners, based on the whole time equivalent pensionable pay. The thresholds at which the rates change are linked to nationally agreed pay rates at set levels and are based on salaries equivalent to someone working full time. If the overall cost of the scheme increases, the amount both members and the company contribute may also increase. The costs of the scheme are determined by the Government and also the scheme actuary who performs periodic valuations of the scheme to determine how much needs to be paid in to provide the benefits paid out. These costs are shared between the employers and the NHS Pensions Scheme members.

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 (The Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience) and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was as at 31st March 2012 (published in June 2014), the previous actuarial valuation was carried out as at 31st March 2004. The primary purpose of the 2012 actuarial valuation was to set the employer

contribution rate payable from April 2015, in light of the introduction of new pension arrangements from 1st April 2015 explained below, and the initial employer cost cap which is required by the Public Service Pensions Act 2013. Both the employer contribution rate and employer cost cap will be included in Scheme Regulations. The next actuarial valuation is expected to be carried out as at 31st March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31st March 2014 is based on detailed membership data as at 31st March 2013 updated to 31st March 2014 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 scheme actuary report which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained:

On 1st April 2008 a new section of the NHS Pension Scheme was introduced for new members. Most members of the Pension Scheme prior to 1st April 2008 are in the 1995 section. New joiners on, or after, 1st April 2008 are members of the 2008 section. The changes introduced new rules for NHS employees joining from 1st April 2008 and modified the rules for those already in the pension scheme prior to this date.

The scheme is a "final salary" scheme. Members in the 1995 Section receive a pension worth 1/80th of the best of the last three year's pensionable pay for each year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon 1.4% of total pensionable earnings over the relevant pensionable service. Members in the 2008 Section receive a pension worth 1/60th of the average of the best three

consecutive years' pensionable pay in the last ten for each year of membership. Members who are practitioners, as defined by the Scheme Regulations have their annual pensions based upon 1.87% of total pensionable earnings over the relevant pensionable service.

With effect from 1st April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30th September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers. For the year to 30 September 2019 the employer contribution rate was 14.38% of pensionable pay with employee rates (before tax relief) varying between 5% and 13.5 %.

19. RELATED PARTY TRANSACTIONS

The Non-Executive Director Trustees were not paid or reimbursed any expenses in the current or preceding year. No Trustee received any emolument or payment for professional or other services. From November 2020 a joint Executive Team was formed between Birmingham St Mary's and John Taylor Hospices. On a monthly basis until the merger in August 2021, 50% of the related payroll costs were invoiced to Birmingham St Mary's Hospice.

20. FINANCIAL COMMITMENTS

Operating Lease Commitments Due to the merger increasing our charity shop portfolio to 20 units, as at 30th September 2021 the company had total commitments under non-cancellable operating leases as follows:

	2021	2020
	£	£
land and buildings:		
payable within 1 year	297,792	67,000
payable within 2 and 5 years	334,253	64,750
	632,045	131,750

21. DONATION OF CHARITABLE ASSETS

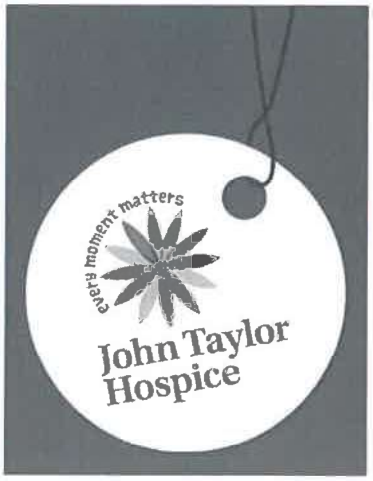
	2021
	£
Fixed Asset	3,812,373
Investments	3,770,020
Stock	6,615
Cash at Bank	2,374,567
Debtors	518,392
Creditors	(1,269,220)
Shares in TLC	5,100
	9,217,847

On the 1st August 2021 St Mary's Hospice Limited (Registered Company Number 01161308, Charity Number 503456) and St Mary's Hospice (Trading) Limited (Registered Company Number 02696641) transferred all assets and liabilities over to The Hospice Charity Partnership.

THE HOSPICE CHARITY PARTNERSHIP

England & Wales - Charity number 1156964

Accounts



John Taylor Hospice Charity

Annual Report and financial statements for the year ended 30th September 2020

Registered Company no: 08991245

Charity no: 1156964

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Reference and Administrative Details

Charity name: John Taylor Hospice Charity (JTH)
Charity Registration Number: 1156964
Company Registration Number: 08991245
Registered Office and Operational Address: John Taylor Hospice Charity, 76 Grange Road, Erdington, Birmingham B24 0DF

Trustees:

Mr Harry Turner	Chairman
Mrs Lindsey Webb	Vice-Chairman
Mr Jean-Luc Oliveira Priez	(Resigned 30th June 2020)
Mrs Kimara Sharpe	
Mrs Jacqueline Kelly	(Resigned 13th November 2020)
Mr Jonathan Shapiro	
Mr Paul Wainwright	
Ms Beverley Edgar	
Mr Robert Pickup	
Mr Daniel Timms	(Resigned 14th January 2020)
Mr Gordon Snelgrove	(Appointed 2nd January 2020)
Mr Michael Goodwin	(Appointed 28th April 2020)
Mr Peter Shanahan	(Appointed 28th April 2020)
Mr Michael Sexton	(Appointed 4th January 2021)

Senior Management Team:

Mrs Penny Venables	Chief Executive
Mrs Alex McQuinn	Director of Finance & IT
Miss Sarah Mimmack	Director of Care
Miss Gail Hipkiss	Director of Corporate and Commercial Services
Mrs Joanna Duggan	Director of Income Generation and Marketing
Dr Deborah Talbot	Medical Director (Appointed 1st November 2020)

Auditors: Crowe U.K. LLP, Rounds Green Road, Oldbury, West Midlands, B69 2DG

Bankers: HSBC Bank, 6th Floor, 120 Edmund Street, Birmingham, B3 2QZ

Solicitors: Browne Jacobson, Victoria House, Victoria Square, Birmingham, B2 4BU

Investment Managers: Quilter Cheviot, 8th Floor, Two Snowhill, Birmingham, B4 6GA

Trustees Report for the year ended 30 September 2020

The Trustees present their report and the audited financial statements of John Taylor Hospice Charity for the year ended 30 September 2020.

A. Structure, Governance and Management

Governing Document

JTH Charity is an independent charity and company limited by guarantee, incorporated on 10th April 2014 and registered as a charity on 8 May 2014. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association. The Board adopted the current set of Articles and Objects of the charity after passing a special resolution on 29 May 2018, following the merger of the Community Interest Company (CIC) into the Charity.

Structure

The hospice has a wide range of services including integrated health and social care at home, day care provision, pharmacy, occupational therapy, physiotherapy, outpatient clinics, hospice at home services, education, complementary therapy, carer support, psychological therapy and an inpatient unit for up to 16 patients, which operates for 365 days per year.

The trustees have delegated day-to-day management of the charity to the Senior Management Team as outlined on page 3 in this report. These personnel have delegated authority to make decisions on behalf of the charity. Formal meetings of the Senior Management Team are held on a monthly basis and a number of other executive committees form part of the decision-making structure for recommendations to the Board of Trustees or its subcommittees. These include a Finance Committee, Information Governance Committee, Clinical Governance Committee and Health and Safety Committee.

During 2020, the hospice has increased its partnership working with Birmingham St Mary's Hospice based in the south of Birmingham with the appointment in March of 2020 of the John Taylor Hospice Chairman to the Chairman position also across St Mary's. In May 2020 as greater collaboration developed lined to the COVID-19 pandemic, an interim joint CEO was put in place and from November 2020 joint directors appointed in Finance, Medical and Clinical services. The CEO and directors work across the two charities which currently remain separate.

Method of setting key management remuneration

None of the trustees receive any employment benefits in relation to their role as trustees of the charity. The salaries of the Directors (Senior Management Team) of the company are set by the Remuneration Committee which is a separate subcommittee of the Board of Trustees.

Appointment of Trustees

A person is admitted as a trustee to the board by decision of the Board of Trustees, who have the power to appoint any person who is able and willing to fulfill the role. All current trustees have been appointed in this way. As the charity activities develop and increase, additional trustees may be appointed. The minimum number of trustees is four but there is no maximum. When trustees retire every effort will be made to replace them with a person of similar qualities and experience. Future

trustee vacancies will be advertised externally, although suitable candidates known to the board and others may be encouraged to apply but not given preferential treatment.

Trustees can hold office for three years from the date of their appointment, at the end of which they are eligible for re-appointment for one or more further terms of three years each but having served their maximum term of office of nine consecutive years shall not be eligible for re-appointment until one year after their retirement as a trustee.

The directors of the company are referred to as charity trustees for the purpose of charity law and under the company's articles are known as trustees. The method of appointing trustees is as governed by the Articles of Association as outlined above.

The trustees are lay representatives of the community and are able to provide a range of expertise that supports and monitors the work of the CEO and the Senior Management Team.

Meetings of Trustees

The Board of Trustees meets quarterly during the year and the directors of the hospice are in attendance. At least four trustees have to be present in order for the meeting to be quorate.

The Board has four subcommittees, the Audit and Assurance Committee, the Quality Governance Committee, the Remuneration Committee and the Finance and Performance Committee which are all chaired by trustees and have senior management in attendance. The Audit and Assurance Committee meets four times a year and the Quality Governance and Finance and Performance Committees meet quarterly before the Board meetings. The Remuneration Committee meets as and when required. During the COVID-19 pandemic these meetings have been held virtually over Microsoft Teams.

These meetings ensure that the charity is fulfilling the requirements of its commissioners and regulators and has regard to charitable and company law.

Trustee Induction and training

New trustees receive induction to the charity that includes details of their legal obligations under charity and company law, the content of the Articles of Association, the work of the hospice and the Board of Trustees. Trustees have a bespoke induction programme put in place and are involved in staff mix and mingle sessions and visits to the hospice and within the community to speak with staff and triangulate evidence provided to them at board and subcommittee meetings. During the COVID-19 pandemic period, induction for new Trustees has been delivered through a series of Microsoft Teams meetings with senior managers.

Organisation

The trustees have overall legal responsibility for administering JTH. The trustees are responsible for holding the CEO and Senior Management Team to account, for ensuring that the hospice is managed efficiently and effectively and that the highest standards of care are provided. They are responsible for ensuring adequate accounting records are kept that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities and for the maintenance and integrity of the corporate and financial information included on the company's website.

Working Partnerships

As an independent business one of the hospice's key priorities has been to continue to work collaboratively with NHS funders as well as other health providers and non-health organisations to ensure the continuation of high quality end of life services.

During the year, 1 October 2019 to 30 September 2020, the hospice cared for **1,931 patients** as well as providing support for these patients' families. That care was provided by the hospice's Inpatient Unit, its day hospice and in the community. The hospice also provided wellbeing support to both patients and family members.

The hospice has a number of close working relationships in the local community including Birmingham and Solihull Clinical Commissioning Group, Sandwell and West Birmingham Hospitals, with whom it has NHS contracts. In addition, close working arrangements are in place with local primary care in North, East and West Birmingham including general practice, Birmingham Community Healthcare Foundation Trust, University Hospitals Birmingham Foundation Trust, Birmingham City Council and a number of local hospices including Birmingham St Mary's Hospice, St Giles' Hospice and Marie Curie Hospice Solihull. In addition, it takes referrals, where appropriate, from outside the catchment area on a cost per case basis. During the first weeks of the pandemic in March 2020 a joint initiative between Birmingham St Mary's hospice, Marie Curie Hospice west midlands and John Taylor Hospice was created. This was designed to improve access to palliative care for all patients across Birmingham and Solihull, with direct links to district nursing services, West Midlands Ambulance Service and St Giles Hospice. The new service named Hospices of Birmingham and Solihull (HoBS) provided 24/7 access to specialist palliative care advice, joint bed management across the hospices, improving access, and also a rapid response service to manage crises in the community in order to prevent hospital admissions and improve patients abilities to meet their preferred place of care, and death. This service was possible due to the redirection of existing resources but is not sustainable long term without additional external funding. A joint business case on behalf of the partnership is under development for 2021/22 delivery.

The hospice continues to be part of the ongoing work around the Birmingham and Solihull NHS Sustainability and Transformation Partnership (STP) which seeks to close gaps in health inequality, quality and care and funding going forward to meet demand. For example, in Birmingham there remains a 9 year gap in life expectancy between the most affluent and the most deprived populations. The Birmingham and Solihull STP is split into a number of work streams with End of Life Care sitting in the Ageing Well work stream. The hospice CEO chairs the End of Life Care Co-Ordinating Group which is accountable to the Birmingham Integrated Care Portfolio Board, a subcommittee of the Ageing Well Portfolio Board.

Sandwell and West Birmingham CCG continues to commission an overarching contract for End of Life Care from Sandwell and West Birmingham Hospitals and JTH remains a sub-contractor of this Connected Palliative Care Contract. The contract supports a hub for end of life care co-ordination, for patients and their families as well as health professionals. Focussing on the populations of Sandwell and West Birmingham, the centre aims to bring together care providers to offer seamless end of life support. This followed a competitive tendering process and, as a result, the hospice is working in collaboration with its' neighbouring hospice in the city, Birmingham St Mary's, as well as the hospital trust (SWBHT) and two other providers. The new arrangement has been in place since 1 April 2016. Nearly 20% of its' NHS contract value is now secured against this five year term (to incentivise improvements on price the tender process guaranteed a five year contract term for the successful bidders from 1 April 2016).

The hospice has worked closely with Birmingham St Mary's Hospice through a partnership agreement to begin the development of a unified model of hospice care across Birmingham.

B. Objectives and Activities

The hospice was founded in 1910 and is the oldest non-denominational hospice in the UK, being gifted to the NHS in July 1948. The charity exists for the public benefit: Specifically the advancement of health, care and support for people living with a palliative or end of life diagnosis and provides specialist palliative and supportive care in Birmingham and the surrounding areas.

Services are provided free, at the point of use, and include physical, social and psychological palliative care in the form of specialist medical, therapeutic, nursing, psychological, and family and personal care. JTH also operates a number of preventative and educational programmes consistent with the best public health evidence for adults, children and young people. Medical, nursing, physical, therapeutic social and psychological care is delivered where people choose to experience it, including their own home or at the hospice. Care can be delivered in people's own homes or the hospice itself 7 days a week up to 24 hours a day. NHS practitioners in hospital nursing and community settings, housing and social care professionals in residential and community settings make the majority of referrals. Members of the public can also refer themselves directly for hospice services.

The success in this endeavor is measured by the experience of patients, families and the public, performance against a range of indicators that include the requirements of the Companies Act and the standards set by national regulators (CQC) who authorise and inspect health and social care services in England and Wales and the provisions of contractors - including the NHS and grant-making bodies.

The financial statements have been prepared in accordance with the accounting policies set out in notes to the accounts and comply with the Charity's governing document, the Charities Act 2011, Companies Act 2006 and 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 (SORP FRS102).

Public benefit

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission in determining the activities undertaken by the charity. The charity objects as included in the Memorandum and Articles of Association are for the public benefit:

The general objectives of the charity are:

To promote the relief of illness or suffering by:-

1. The expert care and support of people with palliative and end of life needs;
2. The provision of services to promote health and wellbeing for patients and carers;
3. The care and support of family and friends who have been bereaved;
4. The advancement of education and healthcare practice to raise awareness of potentially life limiting illness; and
5. The advancement of high quality palliative and end of life care through the community.

The hospice services benefit a specific section of the public (adults and their families and carers within Birmingham and the surrounding counties, affected by progressive life-limiting illness) but there are no other restrictions on access to its services. JTH works with adults across the spectrum of illness that foreshortens life and has a number of programmes to look at the prevention of illness itself.

The trustees believe the charity provides a public benefit through the work of JTH which offers palliative and end-of-life care to adult residents within its catchment area and who are suffering from a terminal illness. All services provided by JTH are free of charge to patients and their carers or families, funded both by the tax payer and directly by the public. JTH delivers services on behalf of

various NHS Clinical Commissioning Groups (CCGs), and also works with other organisations, regulators, funders and community groups in its capacity as a charitable organisation.

In preparing this report therefore the public benefit guidance published by the Charity Commission has been met, particularly the relief of those in need by reason of ill-health.

The hospice's vision, mission, key goals and values are set out below:

Vision: A compassionate and dignified death for all.

JTH's mission is: to provide specialist care for people living with a terminal illness and their families.

Values:

Care for All – Recognising that people are individuals and should be treated with dignity, respect, compassion, care and sensitivity.

See the Person – Developing and delivering services with input from all those involved to care for all of those communities which need our services.

Be right first time – Doing things once and doing things right. Having a clear view of what we are trying to achieve and working towards this.

Simplify the complex – Being clear in our dealings and communications with patients and each other.

Goals: Key goals going forward are outlined in the strategy for 2019 to 2022 and are as follows:

1. **Consolidate current business**
2. **Maximise income**
3. **Extend clinical services**

The strategy includes further development of the workforce as well as a significant review of the estate to make it fit for purpose. It is also intended to expand the use of technology and look at developing new roles such as nurse associates to provide more care to the population served. In early 2020 the hospice was awarded Investing in Volunteers Quality Standard. There are continuing plans to expand the volunteer numbers in the hospice linked to an extension in the retail venture and the opening of a further two charity shops in 2020/2021.

Working as part of the Birmingham and Solihull STP, it is hoped to progress the plans for 24/7 access to specialist palliative care with the development of a 24/7 Hospice at Home Service and telephone help line. Further work with partners will enable an in reach service into acute hospitals to help patients achieve their preferred place of death and wherever possible be looked after in their own homes.

Internally it is intended to look at the way that referrals for treatment and support are received into the hospice with a view to creating a centralised referral hub to streamline processes and minimise the time taken to process. Additional nurse-led beds will also be looked at on the IPU alongside the creation of specialist areas for young people and bariatric patients.

Unfortunately, the COVID-19 pandemic has meant that plans to hold fundraising events to celebrate the hospice's 110th Anniversary in 2020 could not be implemented in full but the hospice has continued to be supported by personal and in memoriam donations.

In the summer of 2020 the hospice moved to the hospital module of SystmOne which has helped to facilitate the partnership working through HoBS as all three hospices use the same clinical system and improved business processes.

Consolidate our Current Business

There are many areas where the hospice wants to build on and improve efficiency and effectiveness of what it does. It is clear that the focus should be on what the hospice does best at and how it can further the core business of providing expert, compassionate and personalised end of life care. Linked to this is the need for a workforce that is fit for the future and a clear recruitment and retention plan to meet the envisaged growth in demand for hospice care. The hospice will work with commissioners in relation to its public sector contracts and build on current monitoring and management of those contracts to ensure it is providing robust and effective services. It will also do work on its estate in conjunction with NHS Property services and the local CCG. This will include work on asset registers and a review of estate to understand the constraints on site and the colocation needs of services within the hospice. This work will link into work on the future lease arrangements and ownership of the property with NHS Property Services.

Maximise Income

It is clear in the new Hospice UK Strategy that the drive continues for hospices to look at partnership working both within the hospice movement and with other partners. As such it is key that the hospice continues to build on links with other local hospices both in terms of strengthening networks and being better placed to win tenders and bids for development. The hospice will build further links with its neighbouring hospices, sharing information and benchmarking services to ensure best practice is adopted.

It will also look at how it delivers its services currently and make sure they are fit for the future and meeting the needs of the local population. Where required we will work to expand services to meet patient needs and develop new services, both alone and in partnership, to ensure a consistent hospice offering across the city.

Extend Clinical Services

The hospice will look at a range of clinical projects across the year including the need for Inpatient Unit (IPU) beds and whether these should be expanded. There is the potential to increase IPU beds from 16 to 20 which could meet some of the unmet demand for hospice care identified locally as part of requirements for respite care and continuing healthcare placements at end of life. It is however, quite likely that increased inpatient capacity will be superseded by increased community care capacity by expanding services to cover 24 hours a day. There is also potential to create inreach services to help support local NHS hospitals with a view to redirecting acute admissions for those at the end of their lives to hospice services. This will be done through linkages with partners and other stakeholders and continuing to be part of the Regional Capacity Management System to ensure the maximum number of patients who need hospice services gain access to them.

During the COVID-19 pandemic, the hospice established a rapid response/call-out service in conjunction with two other partner hospices across Birmingham and Solihull as a clear need within the local population for this service was identified. This was in order to support people who wished to stay at home at end of life and have this as their preferred place of death. This will be developed going forward and build on the current JTH Hospice at Home Service.

JTH has a higher-than-average non-cancer to cancer diagnosis ratio in the patient population, however more can be done to extend reach, as well as looking at partnerships and joint working with colleagues around the hard to reach groups.

C. Strategic Plans

The following gives details on achievements and performance over the last twelve months as well as plans for the future and key risks and uncertainties.

Achievements and performance

The hospice continues to have a positive working relationship with the NHS and in particular the Birmingham and Solihull CCG. The CEO chairs the End of Life Care Co-Ordinating Group and sits on the Early Intervention Steering Group, Neighbourhood Integration Group and represents the health economy for End of Life care on the Birmingham Integrated Care Partnership Board. In these forums, it works closely with colleagues in the acute health sector and other hospices to develop end of life care across the city and prevent unnecessary hospital admissions for this group of patients.

As part of this work the hospice has been working on a pilot programme with its main CCG funder regarding the use of personal health budgets for end of life care. This is part of NHS England setting out plans for 50-100,000 people to have a personal health budget by 2020. An original pilot evaluated well in February 2019 but was deemed to be too small a population size as it was based on a sample of 24 patients. The hospice has been working during the year on an extension to this pilot based on an award of £500,000 from the Birmingham Better care Fund. The pilot is due to evaluate in January 2021 and extends the pilot to a further 100 patients.

The charity has successfully achieved accreditation for its work on staff wellbeing. The accreditation awarded by West Midlands Combines Authority, Thrive at Work Programme was achieved in October 2020 and lasts 3 years. It recognises the hospice as an organisation who are committed to staff health and wellbeing though its positive working practices and promotion of wellbeing initiatives. The wellbeing work (through this programme) also secured a grant payment of £10k which has been used to part fund a counselling supervisor who is available to support all staff.

2021 will see the hospice further develop its equality and diversity strategy by working toward accreditation via the National Centre for Diversity. This will be a year long programme of assessment which highlights areas of success and areas for development in relation to equality and diversity, and this work will link into the existing action plan.

Other areas of the strategy ensure the needs of all patients can continue to be met by increasing income from fundraising activities and development of the retail venture. Good progress was made in the first 6 months of the year with fundraising income ahead of the forecasted position, plans to build on the new events programme and areas identified for new shop units. The impact on COVID-19 resulted in many plans either cancelled or postponed. The biggest area of impact was on events. The inability to run face to face activities for much of the year and restrictions around social distancing negatively impacted on income, this was from the hospice led event programme as well as third party fundraising activities. The hospice has had to adapt and continually revise plans which has brought about many new and positive ways of working. This includes the development of virtual events and campaigns, an increase individual giving as well as an opportunity to really engage with supporters through phone calls, regular updates and improved supporter care.

The achievements in the year have been focussed on:

- Continued partnership working with the NHS and others
- Meeting and exceeding all external regulation and enhancing our internal governance processes
- Providing care where people wish to have it and of the highest quality
- Retaining a strong and committed staff and volunteer base
- Retaining a strong financial position
- Providing an open and honest culture
- Developing Freedom to Speak up Champions
- Growing into new areas like prevention, dementia care and the scope of our work in long-term conditions and accredited complementary therapies
- Piloting the use of personal health budgets in end of life care
- Reducing taboos surrounding death and dying

The hospice considers patient safety and quality to be the highest priority. This year has seen further strengthening of the approach of how quality and safety of the services provided are monitored with the embedding of data dashboards and the Datix risk management system across the hospice.

The Board has a subcommittee for clinical quality known as the Quality Governance Committee (QGC) and this has five working groups, the Clinical Governance Committee (CGC), Patient Safety Group, Mortality Meeting, Medicines Safety Group and the Health and Safety Committee. QGC reports to the Board to give assurance on clinical risk and quality and clinical safety measures include safe staffing levels, complaints and compliments.

Corporate safety measures include housekeeping cleanliness audits, staff training records and the PLACE (patient-led audit) organised and managed to independently assess the care environment for cleanliness, food and hydration, condition and appearance of the hospice, and patient privacy, dignity and wellbeing. In addition, robust systems are in place for reviewing and implementing relevant National Institute for Health and Care Excellence (NICE) guidance and addressing Clinical Assessment Service (CAS) alerts.

The last Care Quality Commission regulation assessment of the hospice was carried out on 25 May 2016. The CQC report was issued on 9 August 2016. The overall rating for the service was rated as 'Good'. The CQC inspection provided a further rating for each of the 5 domains or questions that they assessed and the hospice was rated 'Good' in every category. The hospice is currently awaiting a routine inspection of its services since the transfer of the regulation of hospices to healthcare, however this has been delayed due to the COVID-19 pandemic. During this time however the hospice is subject to regular risk based virtual assessments on quality from CQC colleagues.

Ensuring the highest quality of care and evidencing this in various ways such as patient-led audits (PLACE), internal audits, the annual Quality Account, patient feedback and CQC inspection is a focus across the hospice. The results of audit/evaluation are fed back appropriately to those delivering, receiving and commissioning the services and to the Board. Audit and evaluation is continuous in all departments and results indicate that patients, carers and NHS partners are satisfied with the support they receive. The public can review the results of external inspections on-line and patient satisfaction surveys to hear patients' views about care and the company are run in order to make continuous improvements. A full summary of governance and risk management arrangements is contained in the annual governance statement appended to this document.

The organisation is committed to involvement in and the development of research and has a part time research nurse for one day a week to work alongside clinical teams and increase its research

activity.

Benchmarking with other hospices enables the organisation to identify areas for further development or provides assurance that JTH continues to function well.

The hospice has seen consistency in relation to its clinical activity during the year with the following activity through its services as shown below:

Activity 2019/20

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Actual	
Available Bed Days	496	480	496	496	464	496	480	496	480	496	496	480	5856	Bed Days
Bed Days Occupied	272	289	341	341	314	198	188	302	342	233	264	309	3393	
Admissions	40	31	40	34	29	31	22	29	31	28	24	28	367	
Average Length of Stay	7	9	9	10	11	6	9	10	11	9	11	11	9	
Discharges	8	4	7	9	8	7	6	4	7	5	4	5	74	
Deaths	28	15	22	14	11	15	9	13	13	18	19	15	192	
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Actual	
Total Referrals	10	15	15	7	9	3	0	0	0	1	2	5	67	Living Well Centre
Attendances	117	110	59	126	109	41	5	21	118	50	63	48	867	
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Actual	
Total Referrals	38	34	35	27	39	23	18	28	16	24	18	32	332	Wellbeing
Attendances	100	114	87	160	167	110	206	219	192	182	141	244	1922	
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Actual	
Total Referrals	20	23	23	17	14	24	24	27	29	20	11	15	247	Hospice @ Home
Attendances	625	610	533	648	443	721	689	676	418	606	691	481	7141	
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Actual	
Total Referrals	104	102	87	101	120	81	74	79	93	123	105	100	1159	Community
Attendances	2164	1873	1804	1900	1927	1678	1458	1841	2103	2331	1981	2227	23287	
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Actual	
Total Referrals	120	132	120	135	126	94	59	104	96	92	62	88	1230	Therapists
Attendances	675	600	538	687	623	498	387	554	770	695	649	675	7351	
Total number of patients seen by John Taylor Hospice from October 2019 to September 2020								1931						

The arrival of the pandemic due to Covid-19 has obviously impacted on the hospices clinical services. The day hospice facility (Living Well Centre) had to close to face to face contacts in order to keep patients safe, much of the work has continued via doorstep visits, telephone calls and 'zoom' sessions. The community services moved from offering help 8am – 8pm to becoming a 24/7 response service in order to support the ambulance service and local acute hospitals. This service now forms part of a business case submitted to the CCG in the hope that it can be permanently funded as it was so beneficial. Unfortunately it is not sustainable without additional funding as staff were diverted to this new service leaving other issues. Wherever possible alternative arrangements are made with patients and so what may have been a face to face review pre pandemic is now often undertaken via telephone or video call. All clinical staff are able to give care in the community or the ward utilising appropriate personal and protective equipment; this ensures that physical hands on care can be given at all times despite the covid status of the patient or family.

The hospice currently employs 162 staff with 125 volunteers covering 14 different roles.

Revalidation for medical staff is the process by which licensed doctors are required to demonstrate on a regular basis that they are fit to practice and having their licence renewed. The hospice has the appropriate procedures in place to ensure this is done via a nominated Responsible Officer who oversees the process and links in with the General Medical Council (GMC). The hospice's arrangements are via a contract with the University Hospitals of Birmingham who supply this service to it. No issues have arisen in the year. Nurse revalidation also came into effect from April 2016 to build on existing renewal requirements by introducing new elements which encourage staff to reflect on their code of practice and demonstrate that they are 'living' by the standards set out within it. This process was supported by revalidation presentations, Royal College of Nursing (RCN) formal revalidation training, annual appraisals, weekly reflective discussion pertinent to clinical practice and a training co-ordinator who records all individual training accomplishments.

The workforce are engaged by various methods including quality circles, a bi-weekly internal newsletter and Mix & Mingles for all staff offering buffet lunch or afternoon tea. Although these have had to be suspended during the pandemic other regular updates have been introduced. A quarterly Chief Executive's Brief is in place for cascade down the organisation with the facility for questions to be raised and addressed and separate CEO sessions have taken place during the year virtually to discuss the closer working relationship with Birmingham St Mary's Hospice.

During the financial year 2019/20, 125 volunteers made regular commitments to support JTH. These roles included day hospice hosts, drivers, photography, fundraising, gardening and finance. Volunteer hours totalled 14,528, which equates to approx. £127k.

The Hospice Survey 2020 was open from 28th September to 30th October 2020. The survey was run by Birdsong Charity Consulting, on behalf of Hospice UK. 134 staff out of a total of (available) 163 staff completed the survey, this equates to 82% of the workforce.

An action plan has been developed off the back of the survey, however the highlights of the survey were:

- 82% of staff believe in the aims of this charity.
- 82% of staff were proud to work for this charity
- 93% of staff felt that is a friend or relative needed treatment they would be happy with the standard of care provided.
- 79% of staff would recommend the charity as an employer and this percentage has risen over the last 3 years.

This year saw staff complete an equality and diversity survey which captured key data, and also a survey on the company's response to the covid pandemic.

The hospices Equality Diversity & Inclusion action plan focusses on 6 key areas. They are:

1. Increase organisations understanding of issues around inclusion by improving our analysis of data and listening to staff

2. Ensure our BAME staff can reach their full potential by ensuring recruitment and training is inclusive and representative

3. Ensure all our policies and processes are inclusive and promote the right levels of support to all our staff

4. Ensure we provide culturally sensitive services and information that reflects diverse language, cultural celebration and environments

5. Focus our community engagement work on ending inequalities and engaging with communities to increase awareness, referrals and support

6. Ensure we provide clinical services that are aware and responsive to how EDI factors affect healthcare outcomes

This action plan will feature in the work to be undertaken with the National Centre for Diversity during 2021.

Income Generation

The JTH Corporate Strategy 2019-2022 has shown that the demand for services is likely to grow. Birmingham's population is projected to increase by 13% over the next 20 years and therefore a new commercial offering and diversification of income is essential to raise funds to sustain and grow core services.

Fundraising Performance

Fundraising income for 2019/20 was budgeted to grow by 12% on 2018/19 and performance the first 6 months of the financial year put the team in a strong position to achieve that and more. The pandemic had a significant impact on the remainder of the year with the cancellation of all face to face events as well as a reduction in community and corporate fundraising activities.
Despite a challenging 6 months performance was better than forecast with growth in a number of income lines.

- £821,499 achieved against a COVID-19 reforecast of £732,316 (13% increase).
- £178,596 emergency funding was received from Hospice UK
- ROI of 3.79 compared to original budget of 3.49 was achieved
- Staff and non-staff cost savings were able to be made of £46,810
- Non staff cost savings of £30,303 have largely been as a result of a reduced events programme

Gift in wills brought in £197,355, this includes one large gift of £152,708. This continues to remain a key priority and is part of the hospices strategy for growth. In memory donations and collections continued to grow and brought in £146,695, an 18% increase on 2018/19. The investment in a part time Trusts and Grants Fundraiser resulted in 15% increase in income and 217% growth in the prospect database.

Your Hospice Lottery, owned and run by St Helena Hospice, continues to manage the lottery on behalf of the hospice. Growth in 2019/20 remained static. At the start of the financial year there were 2294 numbers in the draw and at 2nd October there were 2248. Despite the challenging economic climate very few cancellations took place however recruitment of new players proved difficult with no face to face activity taking place. The hospice continues to work closely with Your Hospice Lottery to maximise income in this area.

The fundraising environment remains competitive and challenging. The need to continually adapt and remain agile has never been more important. This year has seen a shift in the way people give to charity, particularly around the use digital technologies. In order to continue income growth digital innovation and investment around supporter acquisition will be a priority.

Regulatory Requirements

The hospice is a member of Fundraising Regulator and abides by the Codes of Practice it sets out.

We endeavor to operate in a transparent and open manner as well as protect members of our community and supporters who may be vulnerable. The following fundraising policies are in place and regularly reviewed:

- Protection of vulnerable people while fundraising
- Acceptance/refusal of donations
- Fundraising complaints
- Handling of donations
- Working with third parties

As part of the hospices commitment to ethical and open fundraising, a report was presented to the Board of Trustees on how the fundraising team is working to the standards and best practice set out by the Fundraising Regulator and the risks and mitigations. Overall assessment of fundraising activity

risks were rated as low. The main findings and recommendations from the audit, are as follows:

- Processes around the recording of restricted income to be included in the Handling of donations policy
- The administration of legacy income to be included in the Handling of donations policy
- The Protection of Vulnerable people policy to include a specific section on young fundraisers processing of their data and fundraising activities undertaken
- Ongoing training for all fundraising staff to ensure the team continue to promote best practice and are adhering the Codes latest guidance

The Board of Trustees were happy that the policies, procedures and monitoring in place ensures good compliance across all standard.

In 2019/20 3 complaints were received two relating to lottery canvassing activity and one relating to a letter sent to a deceased addressee. All complainants were contacted and no further action was taken. The organisation aims to provide excellent levels of supporter care and relationship management to ensure that all fundraisers and donors have a positive experience when supporting the hospice. We continue to work with Your Hospice Lottery to ensure any complaints or concerns raised about canvassing on our behalf are dealt with appropriately.

Retail

Following the opening of four shops in 2018/19 and a full review and period of consolidation the board approved the 3-year retail strategy in January 2020.

Growth of the retail portfolio and of the existing four units in 2019/20 was greatly hampered due to the closing of all non-essential shops in March due to the pandemic. Shops remained closed from 23 March until week commencing 20 July. All retail staff were furloughed and a review of any other cost savings were made.

On reopening, in order to ensure a safe and compliant trading environment shops operated reduced trading hours. In total 3924 trading hours were lost in the year. During this time, despite losing trading hours the shops have achieved +7% increase on sales of donated items versus last year's full trading hours. Transaction numbers have also increased by 9.1%.

Shops started to see a return of a number of their volunteers but due to social distancing measures stores were operating on a significant reduction in both hours and people compared to last year. The period July – September represents a reduction in volunteering hours by -29%.

Despite a challenging period for retail income from the furlough scheme, Hospice UK and Government grants brought the overall profit for the year in line with the original budget.

In September the hospices launched its online EBay shop. This will enable the hospice to mitigate any future losses should shops be required to close again and diversify its customer base.

Providing an open and honest culture

Occasionally people cared for by the hospice are involved in an incident, some of which have the potential to cause harm. The hospice is committed to talking to patients and their carers at a very early stage following any such incident to understand what happened and, where necessary, learn the lessons that will prevent it happening again to improve the safety of our future patients. All incidents are reviewed (even where there is no harm) to learn from 'what might have happened'.

If any harm happens, the incident is investigated and patients and their relatives or carers are asked to what degree they wish to be involved in the investigation. The findings are shared with the patient, their family or carers and also any learning and improvements shared across the company. The process is designed to 'analyse' and learn but not to 'judge' all incidents as this is essential to make sure that a culture of openness is established and preserved.

Linked to this, the hospice has a Being Open Policy which also describes the requirements in meeting the Duty of Candour to which the hospice is committed. There is also a Being Open Champion, one of the trustees who is available for staff to approach should they have any concerns on patient safety. A lead director (Director of Care Services) is the Freedom to Speak Up Guardian to ensure staff raising concerns feel able to do this and are supported when doing so and a group of staff ambassadors along with an anonymous feedback section on Datix ensure that there are differing ways staff can raise a concern in place. Themes from freedom to speak up are reported to the Board of Trustees.

The Charity Governance Code

The hospice meets the principles and outcomes of the Charity Governance Code and adheres to the seven principles as laid out below:

1. Organisational Purpose
   The Board is clear about the organisations aims and objects, reviewing these against each Board paper at Board meetings. The key goals are laid out earlier in this report and are reviewed as part of the Board's annual strategy away day each January.
2. Leadership
   The Board reviews its mission and vision at an annual away day in January and has developed a set of objectives that are embedded in the organisation, forming part of recruitment and appraisal systems. It also ensures the appropriate arrangements are in place for the recruitment and management of volunteers with a volunteer manager in place and strong links to the workforce department.
3. Integrity
   The Board works to the Nolan Principles of Public Life and has in place registers of interests, hospitality and gifts which are shared with the Audit Committee on a regular basis.
4. Decision-Making, Risk and Control
   The Board has sound systems of delegation in place with oversight being given via the Quality Governance and Finance and Performance Committees. The Board publishes a statement of governance each year which outlines its risk systems and internal controls.
5. Board Effectiveness
   The Board meets on a regular basis and has clear work plans and action logs in place. Skills analyses take place to determine the correct skill mix for the trustees which informs recruitment and regular appraisals are in place. All trustees have set terms of office and an induction process is in place for all new trustees. The chairman requests reflections from all Board members at the end of each meeting.
6. Diversity
   The Board understands its responsibilities in this area, reviewing skills, experience and diversity of trustees. In 2020 an Equality and Diversity Action plan has been agreed and is being implemented and a staff Inclusion Group is being established. The chair and CEO have also published a clear statement on the boards views on equality and diversity in light of the events during the year with regard to Black Lives Matter.

7. Openness and Accountability

The Board works well with key stakeholders in particular its neighbouring hospices and its public sector commissioners. The hospice CEO chairs the End of Life Care Co-ordinating Group for Birmingham and Solihull's Sustainability and Transformation Partnership and has a full programme of community engagement.

D. Financial Review

There have been adequate controls in place over the collection and reporting of information and data collection conforms to specific data quality standards.

In addition to core NHS funding, the hospice is required to raise funds by way of donations, grants and other activities. The hospice has had a number of activities in the period to increase awareness amongst the population served. Marketing campaigns across the city of Birmingham and other areas are designed to develop and maintain the profile of the hospice and to be supporters' first choice charity to support. The hospice has improved supported fundraising offers for corporate, other charity and individual supporters including transparency on its costs.

Donation and legacy funding continues to be maintained which is an essential addition to NHS funding to enable the hospice to fund services.

The hospice ended the year with a surplus of £400k against a budget plan of £71k before the impact of an unrealised gain of investments. A one-off additional £122k was received from central government for end of life provision. This funding has been designated for IT and infrastructure initiatives to aid a cross city hospice service provision. The CCG also provided £156k of Covid 19 resilience funding. Combined with supporting operational running costs, these monies have been utilised to purchase capital items with depreciation charges to be released over future financial years.

As a result of the pandemic, during 2019/20 JTH received a total of £443k COVID-19 financial support from: BSOL CCG (£157k), Hospice UK (£179k), Local councils retail grants (£70k) and HMRC coronavirus job retention scheme (£37k).

As of November 2020 JTH have been informed they will receive £151k from the CCG to provide financial resilience during 2020/21. Negotiations are currently underway between HUK and NHSE to request some form of financial aid continues until March 2021. It is not known at this stage the level of funding JTH will receive, but it will hopefully mitigate the reduction in retail income due to further shop closures and any further reductions in fundraising as planned future physical events are in limbo.

The Board of Trustees and SMT will be closely monitoring the fundraising/retail environment and the impact on the financial position.

Plans for Future periods

The hospice is currently reviewing the three year strategy agreed last year based on changes that have occurred both nationally and within the local health economy in the last 12 months. While the agreed three goals of:

1. **Consolidate current business**
2. **Maximise income**
3. **Extend clinical services**

Focus work needs to be done to understand the changes brought about by the Covid-19 pandemic and the development of the new city wide rapid response service.

In addition, during the course of the last 12 months the hospice has started close working with Birmingham St Mary's Hospice in south Birmingham with the appointment of a joint Chair and CEO earlier in 2020 and joint director roles in the autumn. The two boards of trustees have also agreed to move forward towards a merger of the two charities dependent on a formal due diligence process. This decision is based on the agreement that a city wide adult hospice charity will place both hospices in a stronger position in the newly forming integrated health system. Some of the key themes from the existing strategy such as the expanded use of IT and technology in service delivery will continue to be a key area for progress as well as a wider workforce plan for specialist palliative care in Birmingham and Solihull.

The development of the Hospices of Birmingham and Solihull partnership and the implementation of the urgent response model earlier in the year as a response to the pandemic will also be a key clinical strategy to embed in service provision going forward. Closer working with partners in the acute, primary and community care sectors will also help to integrate services and give access to hospice care to those who would benefit from it.

Work will also continue to review and update the income generation strategies for the hospice, taking into account the effect of the pandemic. This will include a review of events and when these are able to recommence as well as a refresh of the retail plans and targets.

E. Risks and Uncertainties

The Board of Trustees in conjunction with the Senior Management Team, have in place a process to assess and manage business, clinical and corporate risk. This is laid out in more detail in the attached statement of internal control; however it involves the identification, prioritisation and calculation of likelihood and impact of all risks using Datix. The hospice maintains a risk register which is reviewed on a regular basis by the senior management team and by formal board committees. A wide range of policies and procedures are in place to minimise and manage risk as well as ensure compliance with legislation and CQC standards.

The accounting records are maintained by the hospice and the system of internal control pertaining to the charity is in place. These are designed to provide reasonable assurance against material misstatement or loss. They include:

- an annual budget approved by the Board
- a clear income strategy for the charity
- progress against the charity budget is reported quarterly at Board meetings and by correspondence in the intervening months;
- delegation of authority and segregation of duties

A more detailed Statement of Internal Control is available as an appendix to this document in the Annual Governance Statement, however the following are the current top three risks to the organisation.

Income

The hospice is aware of the unprecedented financial pressures the NHS faces and is fortunate to still have contracts in place with two NHS commissioners for its services. There continues to be however both a risk to that income particularly as that main commissioner is contracting on an annual basis and for this reason the hospice has sought to develop other sources of income over the last few years. In 2018 the hospice started a new commercial venture in charity retail and has set targets to achieve over the next three years. There is a risk however that income targets for the new retail venture are not

met with the resulting impact on the annual budget. This is being mitigated by regular budget monitoring, close selection of sites for the charity shops and, where required, reduction in expenditure across the budget.

Clinical and Non-Clinical Supplies

The hospice is participating in the wider health economy contingency planning for a no-deal Brexit and has followed the Department of Health's advice in preparing for this possibility. There are some areas of supplies however including medications where it is very difficult to put contingencies in place as the hospice relies on external suppliers. There is also an unknown risk in relation to heightened costs of supplies post a no-deal Brexit.

Resilience during COVID-19

Workforce and financial resilience is essential during this extended period of uncertainty. The impact on how JTH's services are functioning are continuously discussed during weekly pandemic operational group meetings. This includes the ability of fundraising to hold physical events and retail shops to remain open in what could be a cycle of local lockdowns.

F. Reserves Policy

The trustees agreed a new reserves policy in September 2020 which required that free reserves be held totalling £3.1 million. This would include maintaining an operating reserve retention of £1 million cash, £0.1m held for capital asset purchases, £1m held whilst the facilities/estates strategy is concluded and £1m for investment purposes. The reserves held would equate to 5.5 months operational cover.

Total reserves at the year end stood at £4,889,780 (2019: £4,440,332). At the year-end the charity had free reserves (total reserves excluding fixed assets and funds held on investment) of £2,759,877 (2019: £3,325,873) and this is in line with budget and expectations and the reserves policy.

The level of restricted funds held is £653,126 (2019:£528,926).

G. Going Concern

John Taylor Hospice Charity directors have prepared the charity entity accounts on a going concern basis because assurance has been gained from the main NHS funder that its contract to procure services from the hospice will run until 31 March 2023 at the earliest. There is an adequate level of reserves held in line with the current reserves policy.

H. Taxation Status

HMRC has recognised JTH as a charity for tax purposes and as a charitable company. This means the charity can claim back basic rate Income Tax on certain donations received from individuals through the Gift Aid scheme. At present there is no taxable (non-exempt) income or gains in the charity and therefore no tax to pay.

I. Trustees Responsibility For The Financial Statements

The trustees are responsible for preparing the Trustee Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial a statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with United Kingdom

Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law) including Financial Reporting Standard 102, 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (FRS 102). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and the group and of the profit or loss of the group for that period. In preparing those financial statements, the trustees are required to:

1. select suitable accounting policies and then apply them consistently
2. make judgements and estimates that are reasonable and prudent and
3. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy, at any time, the financial position of the 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 company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

J. Statement Of Disclosure To The Auditors

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

The financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

Approved by the Board of Trustees and signed on their behalf by:

Harry Turner
Trustee
Date 15/12 2021

Independent Auditor's Report to the Members of John Taylor Hospice Charity

Opinion

We have audited the financial statements of John Taylor Hospice Charity for the year ended 30 September 2020 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2020 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to

the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

In light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

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

- adequate accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the trustees' report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 19, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the

preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Kerry Brown

Senior Statutory Auditor

For and on behalf of
Crowe U.K. LLP
Statutory Auditor
Black Country House
Rounds Green Road
Oldbury
B69 2DG

Date 6 April 2021

John Taylor Hospice Charity
Statement of Financial Activities for the Year Ended 30th September 2020
Incorporating an Income and Expenditure account

	Notes	*Unrestricted funds 2020* £	*Restricted funds 2020* £	*Total funds 2020* £	*Total funds 2019* £
INCOME FROM:					
Donations and legacies	1	751,940	76,162	828,102	850,115
Charitable activities	2	5,380,163	121,759	5,501,922	4,913,707
Other trading activities	3	336,148	-	336,148	282,797
Investments	4	3,845	-	3,845	1,755
Donation of Charitable assets		-	-	-	1,080,802
Total		6,472,096	197,921	6,670,017	7,129,176
EXPENDITURE ON:					
Raising funds	5	202,877	11,515	214,392	182,439
Charitable activities	5	5,765,089	14,283	5,779,372	5,414,983
Other Trading Activities	5	276,434	-	276,434	252,073
Total		6,244,400	25,798	6,270,198	5,849,495
Net income before net gains on investments		227,696	172,123	399,819	1,279,680
Net gains on investments	13	49,629	-	49,629	-
Transfers between funds	16	47,923	(47,923)	-	-
Net Movement in funds		325,248	124,200	449,448	1,279,680
Reconciliation of funds:					
Total funds brought forward	16	3,911,406	528,926	4,440,332	3,160,653
Total funds carried forward	16	4,236,654	653,126	4,889,780	4,440,332

The notes on pages 27 to 44 form part of these financial statements.

John Taylor Hospice Charity
Balance Sheet as at 30th September 2020

Registered Company no: 08991245

	Note	*2020* £	*2019* £
FIXED ASSETS			
Tangible assets	12	1,078,351	1,112,536
Investments	13	1,051,552	1,923
		2,129,903	1,114,459
CURRENT ASSETS			
Debtors	14	434,031	1,275,175
Cash at bank and in hand		2,958,063	2,417,279
		3,392,094	3,692,454
CURRENT LIABILITIES			
Creditors: amounts due within one year	15	(632,217)	(366,581)
NET CURRENT ASSETS		2,759,877	3,325,873
TOTAL ASSETS LESS CURRENT LIABILITIES		4,889,780	4,440,332
NET ASSETS		4,889,780	4,440,332
REPRESENTED BY			
Restricted funds	16	653,126	528,926
Unrestricted funds	16	4,236,654	3,911,406
		4,889,780	4,440,332

The financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The notes on pages 27 to 44 form part of these financial statements.

The financial statements were approved on behalf of the Trustees and authorised for issue on 15/12 2021 and signed on their behalf by:

Harry Turner
Trustee

Lindsey Webb
Trustee

Lindsey Webb

John Taylor Hospice Charity
Statement of Cash flows for the Year ended 30th September 2020

	2020 £	*2019* £
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income for the reporting period (as per the statement of financial activities)	449,448	1,279,680
Adjustments for:		
Depreciation charges	190,345	192,874
Gains on investments	(49,629)	(198)
Dividends and interest from investments	(3,845)	(1,755)
Increase in debtors	841,144	(888,337)
Decrease in creditors	265,635	(6,387)
Transfer of Asset LOF	-	(357,092)
Net cash provided by operating activities	1,693,098	218,785
CASH FLOWS FROM INVESTING ACTIVITIES		
Dividends and interest from investments	3,845	1,755
Proceeds from the sale of property, plant and equipment	-	251
Purchase of property and equipment	(156,159)	(120,231)
Purchase of investments	(1,000,000)	-
Net cash used in investing activities	(1,152,314)	(118,225)
CHANGE IN CASH AND CASH EQUIVALENTS IN THE REPORTING PERIOD	540,784	100,560
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE REPORTING PERIOD	2,417,279	2,316,719
CASH AND CASH EQUIVALENTS AT THE END OF THE REPORTING PERIOD	2,958,063	2,417,279

John Taylor Hospice Charity
Accounting Policies for the Year Ended 30th September 2020

GENERAL INFORMATION

John Taylor Hospice Charity ("the charity") is a charitable company limited by guarantee and is incorporated in England, UK (Company registration number 08991245 and charity number 1156964). The address of the Charity's registered office and principal place of business is 76 Grange Road, Erdington, Birmingham B24 0DF.

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

BASIS OF ACCOUNTING

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – Charities SORP (FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), Charities Act 2011 and the Companies Act 2006.

John Taylor Hospice Charity meets the definition of a public benefit entity under the Charities Act. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

The financial statements are presented in sterling which is also the functional currency of the charity.

GOING CONCERN

John Taylor Hospice Charity directors have prepared the Charity entity accounts on a going concern basis because assurance has been gained from the main NHS funder that their contract to procure services from the hospice will run until 31 March 2023 at the earliest and the impact of Covid 19 has been considered.

INCOME

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy and will probably be received. The following specific policies are applied to particular categories of income:

- Donations receivable for the general purposes of the charity are credited to unrestricted funds. Donations subject to specific wishes of the donors are carried to relevant restricted funds.
- Donations income is accounted for on a cash receipt basis.
- For legacies, entitlement is taken at 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 Trust 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.
- Investment income is recognised on an accruals basis.
- Grants receivable are recognised in the statement of financial activities when the conditions for receipt have been complied with.
- Other income is accounted for in the year in which the service is provided.
- The value of voluntary work is not included in the financial statements.
- Clothing and other items donated for resale through the charity shops are included as incoming resources when they are sold. They are not included at valuation prior to being sold

as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the accounts.

- Grants received from government bodies and other sources are received for specific projects/costs and are recognised in accordance with their individual terms and conditions. Income is recognised when the charity has entitlement to the funds which is when any performance conditions attached are met, it is probable that the income with be received and the amount can be reliably measured. Grant income can be deferred if received in advance of meeting performance conditions of if the funder specifically states that the income must be spent in a future accounting period

EXPENDITURE

Liabilities are recognised as expenditure or deferred on the balance sheet as soon as there is a legal or constructive obligation committing the charity to the expenditure. The following specific policies are applied to particular categories of expenditure:

- Expenditure on raising funds are those costs incurred in attracting voluntary income and those incurred in trading activities that raise funds.
- Charitable activities include expenditure include both direct costs and support costs relating to the activity together with governance costs.
- Governance costs comprise the costs of running the charity, including strategic planning for its future development, external audit, any legal advice for the trustees, professional indemnity insurance for trustees and officers, and all the costs of complying with constitutional and statutory requirements, such as the costs of Board and Committee meetings and of preparing statutory accounts and satisfying public accountability.
- Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources e.g. staff costs by the time spent and other costs by their usage.

FUND ACCOUNTING

General unrestricted funds comprise the accumulated surpluses and deficits on general funds. They are available for use at the discretion of the trustees in furtherance of the general charitable objectives.

Restricted funds are created when grants and donations are received either for a particular area or purpose, the use of which is restricted to that area or purpose. Expenditure is charged to the statement of financial activities when incurred and allocated against the fund as appropriate.

FINANCIAL INSTRUMENTS

Financial assets and financial liabilities are recognised when the Charity becomes a party to the contractual provisions of the instrument, and are offset only when the Charity currently has a legally enforceable right to set off the recognised amounts and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

Financial Assets

Trade debtors

Trade debtors which are receivable within one year and which do not constitute a financing transaction are initially measured at the transaction price. Trade debtors are subsequently measured at amortised cost, being the transaction price less any amounts settled and any impairment losses.

A provision for impairment of trade debtors is established when there is objective evidence that the amounts due will not be collected according to the original terms of the contract. Impairment losses are recognised in Statement of Financial Activities for the excess of the carrying value of the trade debtor over the present value of the future cash flows discounted using the original effective interest rate. Subsequent reversals of an impairment loss that objectively relate to an event occurring after the impairment loss was recognised, are recognised immediately in Statement of Financial Activities.

Financial Liabilities

Financial instruments are classified as liabilities according to the substance of the contractual arrangements entered into.

Trade creditors

Trade creditors payable within one year that do not constitute a financing transaction are initially measured at the transaction price and subsequently measured at amortised cost, being the transaction price less any amounts settled.

OPERATING LEASES

Operating leases are charged to the Statement of Financial Activities equally over the period to which they relate.

PENSION COST

Past and present eligible employees are covered by the provision of the NHS Pension Scheme. Details of the benefits payable under the provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers these employers, GP 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 those bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. For non-eligible employees, those who join the company and have not been previously part of the NHS Pension Scheme, the company offers a personal pension plan administered by Royal London (previously known as Scottish Life). This scheme is also accounted for as a defined contribution scheme with costs to the company of participating in the scheme taken as equal to the contributions payable to the scheme for the accounting period.

TANGIBLE FIXED ASSETS

Tangible assets are stated at cost less depreciation. Depreciation is provided on a straight line basis to write off fixed assets over their estimated useful lives as follows:

Freehold Land and Buildings	over 50 years
Leasehold improvements	over 50 years
Computer Equipment	over 3 years
Fixtures, fittings, vehicles	over 2 to 6 years
Clinical	over 4 years
Retail fixtures and fittings	over term of the lease

Freehold land and assets in the course of construction are not depreciated.

Assets costing less than £1,000 are written off in the year of acquisition unless deemed suitable for 'home' or 'individual' use. All other assets are capitalised.

Leasehold improvements to the hospice are written down in line with the building policy over 50 years as is the opinion of the directors the lease of the hospice is interlinked with the freehold buildings and they should have the same period of depreciation.

Impairment of Fixed Assets

An assessment is made at each reporting date of whether there are indications that a fixed asset may be impaired or that an impairment loss previously recognised has fully or partially reversed. If such indications exist, the company estimates the recoverable amount of the asset. Shortfalls between the carrying value of fixed assets and the recoverable amount, being the higher of fair value less costs to sell and value-in-use, are recognised as impairment losses in the Statement of Financial Activities.

INVESTMENTS

Investments are stated at their market value at year end. All movements in value are shown in the Statement of Financial Activities.

TAXATION

The company has been granted exemption by HMRC from any corporation tax liability on its charitable activities.

JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Preparation of the financial statements may require management to make significant judgements and estimates.

Significant judgements

Donated goods for resale are not included at valuation prior to being sold as it has been deemed impractical to measure the fair value of the goods and the cost of valuation would outweigh the benefit to the users of the accounts.

Significant estimates

There are no significant estimates having a material effect on the financial statements.

1 INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds 2020 £	*Restricted Funds* 2020 £	*Total* 2020 £	*Total* 2019 £
Donations	363,738	-	363,738	393,997
Gift Aid on donations	9,450	-	9,450	13,474
Legacies	197,355	-	197,355	282,835
Grants	2,800	76,162	78,962	159,809
HUK Grant	178,597	-	178,597	
	751,940	76,162	828,102	850,115
Total 2019	*722,655*	*127,460*	*850,115*	

2 INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds 2020 £	*Restricted Funds* 2020 £	*Total* 2020 £	*Total* 2019 £
NHS grants and contracts for patient care	5,380,163	121,759	5,501,922	4,913,707
	5,380,163	121,759	5,501,922	4,913,707
Total 2019	*4,913,707*	-	*4,913,707*	

3 OTHER TRADING ACTIVITIES

	Unrestricted Funds 2020 £	*Restricted Funds* 2020 £	*Total* 2020 £	*Total* 2019 £
Other income	146,081	-	146,081	8,928
Lottery income	36,383	-	36,383	27,509
Retail income	153,684	-	153,684	246,360
	336,148	-	336,148	282,797
Total 2019	*282,797*	-	*282,797*	

Included within retail income is £14,079 of gift aid reclaimed (2019 - £17,007)

4 **INVESTMENT INCOME**

	Unrestricted Funds 2020 £	*Restricted Funds* 2020 £	*Total* 2020 £	*Total* 2019 £
Bank interest	3,845	-	3,845	1,755
	3,845	-	3,845	1,755
Total 2019	*1,755*	-	*1,755*	

5 **ANALYSIS OF EXPENDITURE**

		Staff costs 2020 £	Depreciation 2020 £	Other costs 2020 £	Total 2020 £	Total funds 2019 £
(a)	*Costs of raising funds*					
	Expenditure on raising voluntary income	172,709	-	41,684	214,393	182,439
		172,709	-	41,684	214,393	182,439
(b)	*Charitable activities*					
	Expenditure relating to delivery of NHS grants and contracts for patient care	4,948,444	162,069	668,858	5,779,371	5,414,983
		4,948,444	162,069	668,858	5,779,371	5,414,983
(c)	Trading Activities					
	Expenditure on Trading Activities	149,593	28,276	98,565	276,434	252,073
		149,593	28,276	98,565	276,434	252,073
	Total 2020	5,270,746	190,345	809,107	6,270,198	5,849,495
	Total 2019	4,910,523	192,027	747,215	5,849,495	

6 **EXPENDITURE ON FUNDRAISING VOLUNTARY INCOME**

	Unrestricted Funds 2020 £	*Restricted Funds* 2020 £	*Total* 2020 £	*Total* 2019 £
Fundraising costs				
Staff costs	172,709	-	172,709	141,474
Depreciation	-	-	-	-
Other costs	41,684	-	41,684	40,965
	214,393	-	214,393	182,439
Total 2019	*182,439*	-	*182,439*	

7 **ANALYSIS OF EXPENDITURE BY ACTIVITIES**

	Activities undertaken directly 2020 £	*Support costs* 2020 £	*Total* 2020 £	*Total funds* 2019 £
NHS grants and contracts for patient care	4,442,743	1,336,629	5,779,372	5,414,983
Total 2019	4,035,027	1,379,957	5,414,983	

8 **DIRECT COSTS**

	Total 2020 £	*Total* 2019 £
Drugs	34,311	27,329
Medicinal supplies	80,588	65,747
Covid Supplies	74,925	-
Cleaning and laundry	32,177	30,295
Catering	37,137	37,835
Small equipment	15,335	13,491
Training	43,515	37,892
Depreciation	162,069	166,830
Contracted medical staff	139,449	132,946
Wages and salaries	3,193,694	2,906,195
National insurance	272,618	249,102
Pension cost	356,925	367,365
	4,442,743	4,035,027

9 **SUPPORT COSTS**

	Total 2020 £	*Total* 2019 £
Premises costs	76,416	74,439
Travelling and subsistence	43,929	43,050
Office costs	156,165	174,268
Repairs and renewals	19,489	21,833
Legal and professional	48,225	48,351
Other costs	50,014	37,540
Wages and salaries	768,863	816,101
National insurance	91,621	82,538
Pension cost	81,907	81,837
	1,336,629	1,379,957

10 **NET INCOME**

This is stated after charging:	*Total* 2020 £	*Total* 2019 £
Depreciation of tangible fixed assets	190,345	192,027
Operating lease rentals	51,437	47,504
Auditors remuneration – audit	12,750	12,500
Auditors remuneration – non audit	250	-

11 STAFF COSTS

Staff costs were as follows:	*Total* 2020 £	*Total* 2019 £
Wages and salaries	4,290,691	3,984,993
Social security costs	384,486	350,708
Other pension costs	456,120	424,348
	5,131,297	4,760,049
Agency and contracted staff	139,449	150,204
	5,270,746	4,910,253

The average number of persons employed by the company during the year was as follows:

	Total 2020 No	*Total* 2019 No
Hospice	133	125
Management and administration	23	22
	156	147

The number of higher paid employees was:

	Total 2020 No	*Total* 2019 No
In the band £60,001 - £70,000	5	3
In the band £70,001 - £80,000	2	1
	7	4

During the year, no Trustees received any remuneration (2019 - £NIL).
During the year, no Trustees received any benefits in kind (2019 - £NIL).
During the year, two Trustee received reimbursement of expenses for travel and subsistence for £708 (2019 - £995).

Included within the wages and salaries are staff termination costs of £0 (2019 - £76,470).

Staff Costs (Continued)

During the financial year volunteers made regular commitments to support John Taylor Hospice. These roles include day hospice hosts, drivers, photography, fundraising, gardening and finance. In addition volunteers gave corporate social responsibility time in projects including painting and gardening. No Trustee received any emolument or payment for professional or other services.

Key management remuneration

The key management personnel of the charity comprise of the executive staff as listed on page 3. The total employee benefits of the key management personnel of the Charity were £396,644 (2019 - £372,846).

12 TANGIBLE FIXED ASSETS

	Freehold Land & Buildings	*Leasehold Improvements*	*Computer Equipment*	*Fixtures, Fittings, Vehicles*	*Clinical*	*Retail Fixtures & Fittings*	*Total*
	£	£	£	£	£	£	£
Cost:							
1 October 2019	529,770	322,302	534,191	203,678	265,694	141,386	1,997,021
Additions	-	22,854	98,145	-	35,160	-	156,159
Disposals	-	-	-	-	-	-	-
30 September 2020	529,770	345,156	632,336	203,678	300,854	141,386	2,153,180
Depreciation:							
1 October 2019	23,109	31,647	443,642	142,095	211,869	32,123	884,484
Charged in the period	9,279	6,513	91,709	21,873	32,695	28,276	190,345
Eliminated on disposal	-	-	-	-	-	-	-
30 September 2020	32,388	38,160	535,351	163,968	244,564	60,399	1,074,829
Net book value 30 September 2020	497,382	306,996	96,985	39,710	56,290	80,987	1,078,351
30 September 2019	506,661	290,655	90,549	61,583	53,825	109,263	1,112,536

13 INVESTMENTS

The company has an investment of quoted shares and these have been valued at market value of £1,940 (2019: £1,923). These were gifted to the company with the request they be retained as an investment to secure dividend income. During 2019/20 Quilter Cheviot were appointed as Investment Managers overseeing a £1m portfolio. The company also invested £30,000 in 2016/17 to take a 15% equity stake in a new business start-up called Glass Twin Limited. This investment has been written down to zero to reflect that business being difficult to value and being in start-up phase.

	Total 2020 £	*Total* 2019 £
Cost:		
1 October 2019	1,923	1,725
Additions	1,000,000	-
Unrealised gain	49,629	198
30 September 2020	1,051,552	1,923

14 DEBTORS

	Total 2020 £	*Total* 2019 £
Trade debtors	234,618	316,285
Other debtors	33,990	36,317
Prepayments and accrued income	165,423	922,573
	434,031	1,275,175

15 CREDITORS

	Total 2020 £	*Total* 2019 £
Trade creditors	61,237	75,215
Other taxation and social security	100,947	93,102
Corporation tax	10	10
Other creditors	187,733	59,609
Accruals and Deferred income	282,290	138,645
	632,217	366,581

Other creditors include £62,606 (2019: £57,874) of outstanding pension contributions.

16 **STATEMENT OF FUNDS**

	Brought forward £	*Income* £	*Expenditure* £	*Transfers in/out* £	*Gains on investment* £	*Carried forward* £
Unrestricted funds	3,911,406	6,472,096	(6,244,400)	47,923	49,629	4,236,654
Restricted funds						
SEIF	170,823	-	-	(2,634)	-	168,189
League of Friends	316,833	-	-	(29,676)	-	287,157
EOL	-	121,759	(14,283)	-	-	107,476
Other	41,270	76,162	(11,515)	(15,613)	-	90,304
Total restricted funds	528,926	197,921	(25,798)	(47,923)	-	653,126
Total funds	4,440,332	6,670,017	6,270,199	-	49,629	4,889,780

2019 comparative	*Brought forward* £	*Income* £	*Expenditure* £	*Transfers in/out* £	*Gains on investment* £	*Carried forward* £
Unrestricted funds	2,634,360	7,001,716	(5,781,016)	56,348	-	3,911,406
Restricted funds						
SEIF	173,466	-	-	(2,643)	-	170,823
League of Friends	322,297	88,988	(53,007)	(41,445)	-	316,833
Other	30,530	38,472	(15,472)	(12,260)	-	41,270
Total restricted funds	526,293	127,460	(68,479)	(56,348)	-	528,926
Total funds	3,160,653	7,129,176	(5,849,495)	-	-	4,440,332

The hospice has the following restricted funds, created as a result of conditions imposed by the funder:

- SEIF: funding used for capital purchase of property and refurbishment required
- League of Friends: funding used for capital work on property, purchase of a vehicle for patient transport and large clinical items required for the IPU
- EOL: Central government funding provided for IT and infrastructure initiatives to aid a cross city hospice service provision.
- Other: Funding currently held for Dementia project, complementary therapy project, Children's bereavement project, a family room, a young persons room and a social hub.

17 SPLIT OF NET ASSETS BY FUND

	Unrestricted funds 2020 £	*Restricted funds 2020* £	*Total Funds 2020* £	*Total Funds 2019* £
Tangible fixed assets	538,115	540,236	1,078,351	1,112,536
Fixed asset investments	1,051,552	-	1,051,552	1,923
Current assets	3,279,204	112,890	3,392,094	3,692,454
Creditors due within one year	(632,217)	-	(632,217)	(366,581)
	4,236,654	653,126	4,889,780	4,440,332

2019 comparative	*Unrestricted funds 2019* £	*Restricted funds 2019* £	*Total Funds 2019* £	*Total Funds 2018* £
Tangible fixed assets	583,610	528,926	1,112,536	828,339
Fixed asset investments	1,923	-	1,923	1,725
Current assets	3,692,454	-	3,692,454	2,703,557
Creditors due within one year	(366,581)	-	(366,581)	(372,968)
	3,911,406	528,926	4,440,332	3,160,653

18 PENSION COSTS

The majority of past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at *www.nhsbsa.nhs.uk/pensions*. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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 these bodies to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as if it were a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

A number of employees fell outside the parameters of the direction provided by the Secretary of State, in England and Wales and as such do not qualify for the NHS Pensions Scheme. As such an alternative pension scheme is provided on a defined contribution basis with Royal London. This scheme commenced in October 2013 and is also accounted for as a defined contribution scheme: the cost to the company of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. The scheme complies with pension's auto-enrolment legislation.

Total contributions to both schemes amounted to £456,120 (2019: £424,348).

There are seven rates of member contribution in the NHS Pensions Scheme, ranging from 5% of pensionable pay for the lowest earners up to 14.5% for highest earners, based on the whole time equivalent pensionable pay. The thresholds at which the rates change are linked to nationally agreed pay rates at set levels and are based on salaries equivalent to someone working full time. If the overall cost of the scheme increases, the amount both members and the company contribute may also increase. The costs of the scheme are determined by the Government and also the scheme actuary who performs periodic valuations of the scheme to determine how much needs to be paid in to provide the benefits paid out. These costs are shared between the employers and the NHS Pensions Scheme members.

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 (The Government Financial Reporting Manual) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience) and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was as at 31 March 2016 (published in February 2019), the previous actuarial valuation was carried out as at 31 March 2012. The primary purpose of the 2016 actuarial valuation was to set the employer contribution rate payable from April 2019. Both the employer contribution rate and employer cost cap will be included in Scheme Regulations. The next actuarial valuation is expected to be carried out as at 31 March 2020.

b) Accounting valuation
A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting

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

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained:

On 1 April 2008 a new section of the NHS Pension Scheme was introduced for new members. Most members of the Pension Scheme prior to 1 April 2008 are in the **1995 section**. New joiners on, or after, 1 April 2008 are members of the **2008 section.** The changes introduced new rules for NHS employees joining from 1 April 2008 and modified the rules for those already in the pension scheme prior to this date.

The scheme is a "final salary" scheme. Members in the **1995 Section** receive a pension worth 1/80th of the best of the last three year's pensionable pay for each year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon 1.4% of total pensionable earnings over the relevant pensionable service. Members in the **2008 Section** receive a pension worth 1/60th of the average of the best three consecutive years' pensionable pay in the last ten for each year of membership. Members who are practitioners, as defined by the Scheme Regulations have their annual pensions based upon 1.87% of total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers. For the year to 30 September 2020 the employer contribution rate was 14.38% of pensionable pay with employee rates (before tax relief) varying between 5% and 14.5 %.

19 RELATED PARTY TRANSACTIONS

The Non-Executive Director Trustees were not paid during the year, but were reimbursed expenses totalling £708. No Trustee received any emolument or payment for professional or other services. In May 2020 the CEO at John Taylor Hospice was appointed the joint CEO for John Taylor and St Mary's Hospice, on a monthly basis 50% of the related payroll costs are invoiced to St Mary's.

20 FINANCIAL COMMITMENTS

Operating Lease Commitments

As at 30th September 2020 the company had total commitments under non-cancellable operating leases as follows:

	2020	2019
	£	£
land and buildings:		
payable within 1 year	67,000	65,292
payable within 2 and 5 years	64,750	131,750
	131,750	197,042

Annual Governance Statement 2019-20

1 Scope of responsibility

John Taylor Hospice became a charity on 1st April 2018 and dissolved its previous form as a Community Interest Company in October 2018. The Trustees are accountable for producing an annual statement of corporate governance at the beginning of the charity's financial year, having responsibility for maintaining a sound system of internal control that supports the achievement of the charity's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which they are responsible. They are also responsible for ensuring that the Charity is administered prudently and economically and that resources are applied efficiently and effectively. The following constitutes the Annual Statement for 2019/2020.

The charity has a duty of partnership to discharge, and therefore works collaboratively with other partner organisations and this is being achieved through working wherever possible with the appropriate Local Authorities, other voluntary sector organisations, NHS commissioning bodies, other hospices and the local population. The Charity has a range of formal and informal mechanisms in place to facilitate effective working with key partners, including participation in the Birmingham Sustainability and Transformation Programme and local safeguarding Board processes. The Charity is monitored and assessed by a wide range of external agencies that contribute to the on-going development of the Risk Management Framework. These have included the local Clinical Commissioning Groups, Sandwell and West Birmingham Hospitals as the lead contractor for the End of Life Care contract commissioned by Sandwell and West Birmingham CCG, the Care Quality Commission, the charity's external auditor, the Charity Commission, Institute of Fundraising as well as local Healthwatch and the local users of the service. This is not an exhaustive list of organisations that monitor and assess the charity. Close links continue with Hospice UK. Existing links with St Mary's Hospice have been strengthened with the Chair of the Board of Trustees at John Taylor Hospice becoming Chair of the Board at St Mary's Hospice in March 2020. In May 2020 the CEO at John Taylor Hospice was appointed the joint CEO for John Taylor and St Mary's Hospice.

At the end of the financial year 2018-19, the League of Friends for John Taylor Hospice merged with the John Taylor Hospice. Assets belonging to the League of Friends were transferred to the hospice.

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to an acceptable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:
• identify and prioritise the risks to the achievement of the organisation's aims and objectives,
• evaluate the likelihood of those risks being realised and the consequence should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in John Taylor Hospice Charity for the year ended 30th September 2020 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

Within the organisation, the Charity has a functioning Clinical Governance Committee, Finance Committee and a Health & Safety Committee which report to the Board together with the Senior Management Team (SMT). The SMT guides the development of risk management and monitors its effectiveness as the approach to risk management is enhanced.

The Executive lead for Risk Management is the Director of Clinical Services and Deputy Chief Executive. The Director of Clinical Services is also the appointed Executive Lead on Clinical Governance and oversees the Clinical Governance Committee. The Director of Finance & IT leads on

financial risk, Cyber Fraud and counter fraud and the CEO and Board Secretary on Corporate Governance.

Risk Management is an integral part of the charity's approach to continuous quality improvement and is intended to support and assist the organisation in delivering its key objectives.

During the year the Board received reports on key risk areas and has overseen and reviewed the on-going development of the Risk Register. A regular review of the assurance provided by the risk register is undertaken by the Quality Governance Committee, Audit and Assurance Committee and the Finance and Performance Committee for the risks allocated to them, which is then collated and presented to the Board on a quarterly basis.

The Clinical Governance Committee looks specifically at incidents and serious incidents. It also considers complaints, audits, research overviews and patient feedback in the form of complaints and comments. It oversees the registration and regulation from the CQC and reviews safety alerts and safeguarding issues.

During 2019-20, five new sub groups have been established, Patient Safety, Medicines Management, Clinical Audit, Research and Mortality. These groups report into the Clinical governance committee to provide robust governance and assurance that risks are being managed within Clinical Services and to ensure that learning from incidents is embedded.

Staff continue to be made aware of their risk responsibilities as part of the induction process, they have allocated time with members of the Governance team. Existing staff are required to attend a mandatory annual update in respect of fire risk. The role of individual staff in managing risk is also supported by a framework of policies and procedures which promote learning from experience and sharing of good practice.

During 2019-20, five new small groups have been formed who report in to the Clinical Governance Committee: Patient Safety, Medicines Management, Clinical Audit, Research and Mortality. These groups who meet regularly and have set terms of reference help to provide assurance that risks are being managed in Clinical Services and to ensure that learning from incidents is embedded.

Staff continue to be made aware of their risk responsibilities as part of the induction process, including through time spent with members of the Governance team and existing staff are required to attend a mandatory annual update in respect of fire risk. The role of individual staff in managing risk is also supported by a framework of policies and procedures which promote learning from experience and sharing of good practice.

The Charity continues to learn lessons in a variety of ways, including from the following sources:

- Patient and Carer feedback
- Complaints and compliments
- Clinical Audit and Clinical Outcome Reviews
- Clinical Incident Reports, reviews and analysis including serious incidents and never events
- External Reports (for example the Saville inquiry)
- Patient and Staff surveys
- Internal quality inspections
- Quality performance metrics
- External reviews by the CQC, and Clinical Commissioning Groups.

This is not an exhaustive list of organisations that provide us with reports from which we can learn lessons.

Serious incidents and never events as well as complaints are thoroughly investigated and improvements made at local and corporate levels to reduce the likelihood of reoccurrence.

The Charity has a Risk Register in place which outlines the key corporate risks for the organisation and actions identified to mitigate these risks. This register has been formed from the risks identified within clinical departments and corporate services.

There is one current risk which is red rated and there are 9 risks rated high.

The red extreme risk is

- Lack of senior leadership capacity by moving to joint CEO across two hospices

Of the ten risks rated high, 5 relate to the impact of the current Coronavirus Pandemic and the others include:

- Post Brexit supplies including medicines being at risk
- Risk of poor CQC assessment
- Absence of security out of hours
- Risk of legionella growth

4 Governance

The voting members of Board during 2019/2020 were as follows:
Harry Turner, Chairman and Trustee
Lindsey Webb Trustee, Senior Independent Director
Kimara Sharpe, Trustee
Jean-Luc Priez, Trustee until 30/6/20
Bev Edgar, Trustee
Daniel Timms, Trustee until 14/1/20
Rob Pickup, Trustee
Jonathan Shapiro, Trustee
Jackie Kelly, Trustee
Paul Wainwright, Trustee
Gordon Snelgrove, Trustee from 2/1/20
Mike Goodwin, Trustee from 28/4/20
Peter Shanahan, Trustee from 7/5/20

Non-voting members of Board were:
Penny Venables, Chief Executive
Gail Hipkiss, Director of Corporate and Commercial Services
Sarah Mimmack, Director of Clinical Services
Joanna Duggan, Director of Income Generation and Marketing
Alex McQuinn Director of Finance & IT

In attendance at the Board
Kate Ellis, Board Secretary

At all meetings there were more Trustee voting members present than officers of the charity.
Board attendance: 83 This represents 9 absences in total throughout the year.

It should be noted that in the height of the Coronavirus Pandemic in April 2020, the subcommittees did not meet. The Board did meet in April 2020. Since April 2020 all Board and subcommittee meetings have been held online using the Microsoft Teams platform.

4.1 Committees as at 30th September 2020

During 2019/20 the Board had the following committees:

- Quality Governance Committee
- Finance and Performance Committee
- Audit and Assurance Committee

- Remuneration Committee

Terms of reference for the committees are in place and are reviewed at least annually. Each Committee reports to the Board following a meeting. These reports highlight the activities of the Committee and draw the Board's attention to areas of concern. The purpose together with the attendance for each committee is shown below:

Quality Governance Committee

To enable the Board to obtain assurance that the quality of care within the Charity is of the highest possible standard.
To ensure that there are appropriate clinical governance systems and processes and controls are in place throughout the Charity in order to:

- Promote safety and excellence in patient care
- Identify, prioritise and seek assurance on the effective management of clinical risks
- Ensure the effective and efficient use of resources though evidence based clinical practice

Attendance overall: 89% this represents 2 absences in total.

Finance and Performance Committee

To act as a sub-committee of the Board of Trustees to:

- Give the Board assurance on the management of the financial and corporate performance of the Charity
- Monitor and support the financial planning and budget setting process
- Review business cases with a significant financial impact
- Oversee developments in financial/IT systems and reporting
- Oversee developments in Retail and reporting
- To conduct post implementation reviews of all major business cases approved by the Committee
- To monitor the Income Generation and fundraising function of the charity to provide scrutiny and assurance to the Board that plans and activities can reasonably be expected to meet the annual income generation requirement agreed by the Board

Attendance overall: 94% this represents 1absence in total during the year.

Audit and Assurance Committee

The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Board of Trustees places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. It is established as a committee of the Board and its specific purpose is to assist the Board of Trustees of the Charity in fulfilling its responsibilities in respect of:

- overseeing the Charity's financial reporting process, including the internal control structure and procedures for financial reporting and monitoring the integrity and appropriateness of the Charity's financial statements;
- the manner in which the Charity's s management ensures and monitors the adequacy of financial, operational and compliance internal controls and risk management processes designed to manage significant risk exposures;

- the selection, compensation, independence and performance of the external auditors

Attendance overall: 87% this represents 2 absences.

5 The risk and control framework

The Health and Safety Policy and the Risk Management Policy are integral parts of the Charity's approach to continuous quality improvement and risk management. This is also encapsulated in the risk management practice guide, available to all staff. It is intended to support and assist the organisation in delivering its key objectives.

During the year the Board received reports on key risk areas and has overseen and reviewed the on-going development of the Charity Risk Register. A regular review of risks is undertaken on a monthly basis at the SMT meeting. In addition, each Board Committee regularly reviews their areas of responsibility which is then collated and presented to the Board.

Risk Management is embedded within the organisation through the Charity's team meeting structure which feeds into the clinical governance committee and the health and safety forum. A system of risk assessment is built into the charity's process for the development of future plans and through the consideration of all risk management issues at the planning stage of organisational/clinical changes. Embedding also takes place through the existence of an incident reporting and feedback system.

Innovation and learning in relation to risk management is considered to be critical. During 2019-20 the Charity started work on creating a Board Assurance Framework. Unfortunately, the Coronavirus Pandemic has impacted upon this work and it is unlikely to be completed until 2020-21. The charity identifies and makes improvements as a result of incidents and near misses in order to ensure it learns lessons and closes the loop by improving safety for service users, staff and visitors. The governance team is working with clinical teams to reinforce learning from incidents; this will be facilitated by introducing an Action Log tracker, monthly reports will be produced on all actions. Department leads will be responsible for ensuring actions have been implemented and embedded within the organisation. Closing the loop on actions arising from incidents will help to provide assurance; this will be monitored monthly by the governance team. To facilitate this, the existing Datix version needs to be upgraded to the cloud.

The Charity aims to operate within a just, honest and open culture where staff are assured they will be treated fairly and with openness and honesty when they report adverse incidents or mistakes. The Charity has a Being Open Policy that meets the new Duty of Candour for health organisations and the Senior Independent director also fills the role of Board Being Open Champion. The Director of Clinical Services is the Freedom to Speak Up Guardian and a number of Freedom to speak up Ambassadors have been identified amongst the staff body.

The Charity places a high priority on the secure handling of personal, confidential data (PCD) on behalf of its patients and staff and has measures in place to ensure the security of its information resources and assets.
The Charity meets the criteria set within the annual submission of the Data Security and Protection Toolkit. The Chief Finance Officer acts as Senior Information Risk Owner and Data Protection Officer alongside the Director of Clinical Services who acts as the Caldicott guardian. An information governance steering group is in place and there is an IG lead within the charity. During 2019/20there were no serious incidents regarding data loss which had to be reported to the Information Commissioner. The Charity continues to report and investigate any low level incidents internally (Level 0 and 1s) and in all cases remedial action plans are agreed and implemented.

Staff are supported from induction onwards by policies and training in IG and the charity places a high priority on ensuring staff complete their annual Data Protection training in order to ensure they are aware of their responsibilities when handling PCD and to reduce the risk of serious or recurring incidents taking place.

Stakeholders are able to influence the charity in a number of ways, the Chief Executive meets with the local MP and councillors and regular meetings with the CCGs take place. Public involvement also occurs through the charity complaints procedure and summaries of complaints are reviewed at the clinical governance committee and QGC. A patient/staff or supporter story is brought to the board at each meeting. In addition the charity's Head of Community Engagement is taking forward a programme around engagement and partnership with a variety of stakeholders across the city. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with through charity policies and training.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the Scheme regulations. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

6 Review of economy, efficiency and effectiveness of the use of resources

The charity has arrangements in place for setting objectives and targets on a strategic and annual basis. These arrangements include ensuring the financial strategy is affordable, scrutiny of cost savings in budgets at the start of the year linked to assessment from clinical colleagues that their impact upon the quality of patient care is not negative. Performance against objectives is monitored and actions identified through a number of channels:

- Approval of annual budget by the Board
- Quarterly reporting to the Board on key performance indicators covering finance, activity, patient safety, quality and human resources targets
- Detailed quarterly review of financial and performance targets by QGC and the Finance and Performance committee
- Monthly updates to the Trustees on the Board in the CEO report when a board meeting is not taking place

Procedures are in place to ensure all strategic decisions are considered at Senior Officer and Board level.

As part of the annual accounts review, the hospice's efficiency and effectiveness of its use of resources in delivering clinical services are assessed by its external auditors and the auditor's opinion is published with the accounts.

7 Environmental Statement

The Charity places a high priority on careful stewardship of resources and the environment. All staff and volunteers are expected to take measures to minimise the environmental impact of their activities as much as possible. The Charity has a waste management policy and is committed to recycling paper, cardboard, glass and plastic materials and has facilities in place to ensure this happens.

As part of the Thrive programme, improvement to health and wellbeing are encouraged, one of which is the Cycle to Work Scheme which enables staff to have the option to cycle to work and not drive if feasible to do. Failing this, we actively encourage staff to car share where possible to reduce carbon emissions.

A number of works have been carried out at the hospice to improve the organisation's carbon footprint, these consist of:

- A New boiler, which is more efficient

- A New generator, to ensure power to the essentials during a power cut, whilst using minimal supplies
- New LED Lighting throughout the building, which will decrease the amount of power needed over the previous bulb versions.

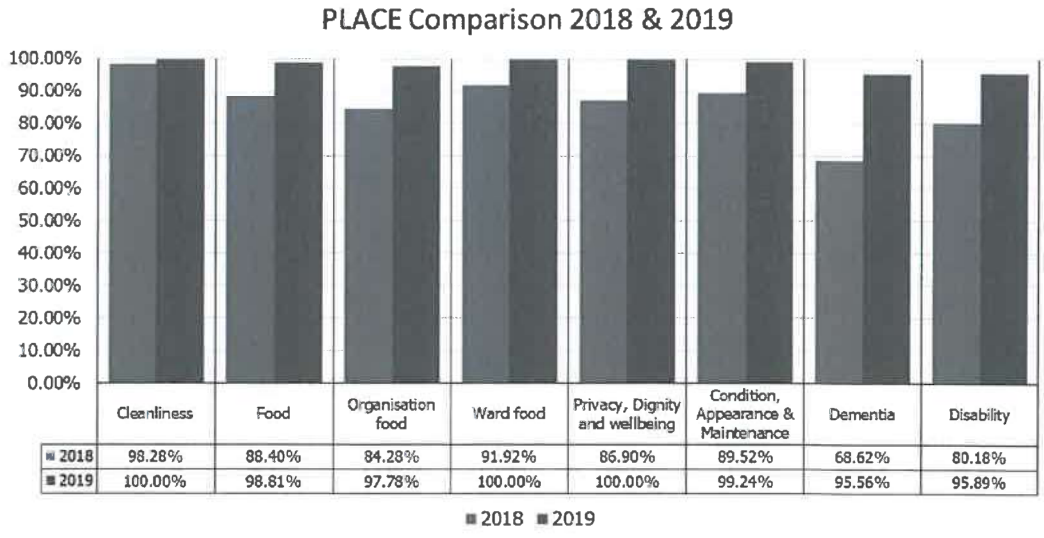
All of which is having a positive impact upon energy use but the hospice recognises that there are still further improvements which can be made.

8 Review of effectiveness

The Board has responsibility for reviewing the effectiveness of the system of internal control. Our review of the effectiveness of the system of internal control is informed by the work of the external auditors, clinical audits and the executive managers and heads of department within John Taylor Hospice. We have also drawn on the content of the Quality Account, Clinical Assurance Reports and other performance information available to us.

Our review is also informed by comments made by the external auditors in their management letter and other reports. We have been advised on the implications of the result of our review of the effectiveness of the system of internal control by the Board, the QGC, the Finance and Performance Committee, SMT, clinical audits, and external audit and by the senior management team members. Plans to address any weaknesses and ensure continuous improvement of the system are in place.

Our review is also informed by reports from external inspecting bodies including external audit and the PLACE inspections. This is the system for assessing the quality of the patient environment. Following successful applications for funding to improve the environment, disability and dementia aspects of the building, the 2019 PLACE results showed significant improvements in all scores compared to 2018 as is illustrated in the table below.



	Cleanliness	Food	Organisation food	Ward food	Privacy, Dignity and wellbeing	Condition, Appearance & Maintenance	Dementia	Disability
2018	98.28%	88.40%	84.28%	91.92%	86.90%	89.52%	68.62%	80.18%
2019	100.00%	98.81%	97.78%	100.00%	100.00%	99.24%	95.56%	95.89%

The charity is supported by the Senior Management Team, consisting of the Directors. The SMT Committee brings together the Director team in a formal meeting on a monthly basis, which co-ordinates and prioritises activity within the charity. This structure ensures that clinical leadership and management arrangements are in place supported by robust and clear governance and accountability processes.

9 Compliance with key national targets and standards

The charity is committed to delivering all national and contractual targets and standards and has done this in 2019/20.

10 Conclusion

We have reviewed the relevant evidence and assurances in respect of internal control. The charity and its directors are alert to their accountabilities in respect of internal control. The charity has had in place throughout the year a risk framework, aligned to both our corporate objectives and the CQC standards to assist the Board in the identification and management of risk.
Our review confirms that the charity has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Penny Venables
Chief Executive

Harry Turner
Chair

Date 15/12/21