



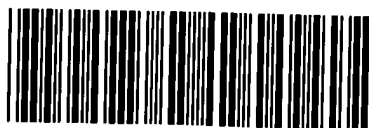
**The Hospice Charity Partnership
Trading As Birmingham Hospice**

**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 traditional 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.

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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.

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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 statutory 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.

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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.

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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 severely 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 stream it cannot grow at the rate of inflation.

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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.

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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

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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:

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
Living Well Centre	Deaths	10	6	10	9	17	8	8	18	9	17	9	18	18	10	14	14	15	13
	Total New Referrals	23	14	12	19	10	14	12	9	22	26	17	16	20	17	13	10	24	27
Wellbeing	Attendances only	135	146	97	114	126	146	61	86	138	124	135	172	209	223	115	117	147	121
	Total New Referrals	31	30	32	38	30	25	27	23	38	27	40	39	37	34	28	45	31	21
Hospice at Home	Clinical Contacts	105	106	118	95	123	135	99	190	127	157	107	136	158	118	90	127	195	150
	Total New Referrals	18	16	11	15	16	10	9	9	7	10	7	10	12	9	7	9	14	15
Community Team	Clinical Contacts	407	294	219	358	180	412	426	354	297	417	462	466	436	365	412	297	345	253
	Total New Referrals	64	96	79	72	69	97	87	82	79	87	96	92	83	73	80	75	103	107
Therapies	Clinical Contacts	1501	1441	1432	1354	1347	1580	1867	1680	1875	1632	1747	1592	1883	1614	1440	1766	1548	1512
	Total New Referrals	98	128	84	104	113	121	138	156	106	204	165	117	131	179	158	161	189	204
Therapies	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

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	363	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
Living Well Centre	Deaths	19	7	10	18	11	12	23	19	15	19	14	16	22	15	11	9	16	15
	Total New Referrals	18	14	10	12	10	14	13	9	13	16	14	19	36	24	7	12	16	13
Wellbeing	Attendances only	119	149	96	124	109	169	136	151	151	161	190	146	151	180	91	161	155	151
	Total New Referrals	50	61	49	46	51	56	60	54	42	51	51	40	34	59	38	46	44	53
Hospice at Home	Clinical Contacts	480	483	405	556	405	392	362	365	407	487	478	280	409	382	303	428	412	348
	Total New Referrals	20	22	17	19	14	23	41	31	47	29	23	28	18	23	9	23	16	22
Community Team	Clinical Contacts	223	197	242	257	162	403	474	381	501	466	368	462	401	358	275	401	312	302
	Total New Referrals	103	109	85	117	92	120	88	88	102	103	105	79	87	100	100	108	83	113
Therapies	Clinical Contacts	2129	2164	1969	1982	1743	2068	1882	1822	1850	1905	1724	1707	1632	1556	1537	1948	1982	1904
	Total New Referrals	63	95	64	82	79	99	86	111	100	103	102	69	68	70	69	84	78	87
Therapies	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

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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 home¹, 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)

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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 Prose 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

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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.

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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

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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.

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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 priorities 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.

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- 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 PEO LC 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 returned for July 2023 and raised £9,799. In addition, Treecycle 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 Doocey 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.

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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 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 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

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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. Treecycle – 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.

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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.

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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.

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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.

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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

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(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

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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.

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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.

THE HOSPICE CHARITY PARTNERSHIP

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

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.

THE HOSPICE CHARITY PARTNERSHIP

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

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

THE HOSPICE CHARITY PARTNERSHIP

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

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.

THE HOSPICE CHARITY PARTNERSHIP

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

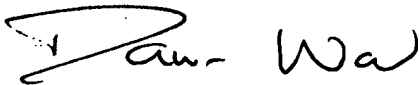
The Trustees are responsible for ensuring adequate accounting records are maintained that disclose, with reasonable accuracy at any time, the financial position of the charitable company and enable assurance that the financial statements comply with the Companies Act 2006. They are also responsible for 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

A handwritten signature in black ink, appearing to read 'Dawn Ward', with a stylized flourish at the end.

DAWN WARD

Chair

THE HOSPICE CHARITY PARTNERSHIP

TRUSTEES' AND STRATEGIC REPORT

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

THE HOSPICE CHARITY PARTNERSHIP
TRUSTEES' AND STRATEGIC REPORT

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

THE HOSPICE CHARITY PARTNERSHIP

TRUSTEES' AND STRATEGIC REPORT

08991245

COUNTRY OF INCORPORATION

United Kingdom

THE HOSPICE CHARITY PARTNERSHIP

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.

THE HOSPICE CHARITY PARTNERSHIP

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.

THE HOSPICE CHARITY PARTNERSHIP

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.

THE HOSPICE CHARITY PARTNERSHIP

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		<u>24,707,554</u>	<u>292,125</u>	<u>24,999,679</u>	<u>15,566,576</u>
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		<u>26,817,816</u>	<u>108,915</u>	<u>26,926,731</u>	<u>15,097,681</u>
Net income before net gains/(losses) on investments		<u>(2,110,262)</u>	<u>183,210</u>	<u>(1,927,052)</u>	<u>468,895</u>
Net gains/(losses) on investments	13	432,866	-	432,866	(768,348)
Transfers between funds	16	<u>3,281,836</u>	<u>(3,281,836)</u>	<u>-</u>	<u>-</u>
Net Movement in funds		<u>1,604,440</u>	<u>(3,098,626)</u>	<u>(1,494,186)</u>	<u>(299,453)</u>
Reconciliation of funds:					
Total funds brought forward	16	<u>11,051,046</u>	<u>3,281,837</u>	<u>14,332,883</u>	<u>14,632,336</u>
Total funds carried forward	16	<u><u>12,655,486</u></u>	<u><u>183,211</u></u>	<u><u>12,838,697</u></u>	<u><u>14,332,883</u></u>

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

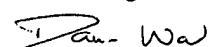
THE HOSPICE CHARITY PARTNERSHIP

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
		<u>9,505,299</u>	<u>8,958,792</u>
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
		<u>4,769,720</u>	<u>7,061,237</u>
CURRENT LIABILITIES			
Creditors: amounts due within one year	15	(1,436,322)	(1,687,146)
		<u>3,333,398</u>	<u>5,374,091</u>
NET CURRENT ASSETS			
		<u>12,838,697</u>	<u>14,332,883</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			
		<u>12,838,697</u>	<u>14,332,883</u>
NET ASSETS			
		<u><u>12,838,697</u></u>	<u><u>14,332,883</u></u>
REPRESENTED BY			
Restricted funds	16	183,211	3,281,837
Unrestricted funds	16	12,655,486	11,051,046
		<u>12,838,697</u>	<u>14,332,883</u>

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**

	<i>For the 18 month period ended 31 March 2024 £</i>	<i>For the 12 months ended 30 September 2022 £</i>
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
	<hr/>	<hr/>
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)
	<hr/>	<hr/>
Net cash used in investing activities	1,070,183	(158,424)
	<hr/>	<hr/>
CHANGE IN CASH AND CASH EQUIVALENTS IN THE REPORTING PERIOD	(1,310,868)	285,444
	<hr/>	<hr/>
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE REPORTING PERIOD	5,274,725	4,989,281
	<hr/>	<hr/>
CASH AND CASH EQUIVALENTS AT THE END OF THE REPORTING PERIOD	<u>3,963,857</u>	<u>5,274,725</u>

THE HOSPICE CHARITY PARTNERSHIP

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

THE HOSPICE CHARITY PARTNERSHIP

ACCOUNTING POLICIES FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

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.

THE HOSPICE CHARITY PARTNERSHIP

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

THE HOSPICE CHARITY PARTNERSHIP

ACCOUNTING POLICIES FOR THE 18 MONTH PERIOD ENDED 31 MARCH 2024

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.

THE HOSPICE CHARITY PARTNERSHIP

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.

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

**1 INCOME FROM DONATIONS
AND LEGACIES**

	<i>Unrestricted Funds for the 18 month period ended 31 March 2024</i>	<i>Restricted Funds for the 18 month period ended 31 March 2024</i>	<i>Total for the 18 month period ended 31 March 2024</i>	<i>Total for the 12 months ended 30 September 2022</i>
	£	£	£	£
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
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total 2024	2,677,428	292,125	2,969,553	2,863,812
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total 2022	<u>2,703,298</u>	<u>160,514</u>	<u>2,863,812</u>	

**2 INCOME FROM CHARITABLE
ACTIVITIES**

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

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

OTHER TRADING ACTIVITIES

3	<i>Unrestricted Funds for the 18 month period ended 31 March 2024 £</i>	<i>Restricted Funds for the 18 month period ended 31 March 2024 £</i>	<i>Total for the 18 month period ended 31 March 2024 £</i>	<i>Total for the 12 months ended 30 September 2022 £</i>
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
	<u>5,954,523</u>	<u>-</u>	<u>5,954,523</u>	<u>2,530,312</u>
<i>Total 2022</i>	<u><u>2,530,312</u></u>	<u><u>-</u></u>	<u><u>2,530,312</u></u>	

4 INVESTMENT INCOME

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

THE HOSPICE CHARITY PARTNERSHIP
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) <i>Costs of raising funds</i>					
Expenditure on raising voluntary income	1,063,391	-	459,537	1,522,928	1,678,145
(b) <i>Charitable activities</i>					
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) <i>Trading Activities</i>					
Expenditure on Trading Activities	1,742,743	-	1,111,364	2,854,105	1,592,864
<i>Total 2024</i>	<u>20,843,800</u>	<u>678,885</u>	<u>5,404,049</u>	<u>26,926,732</u>	<u>15,097,681</u>
<i>Total 2022</i>	<u>11,859,266</u>	<u>413,731</u>	<u>2,824,684</u>	<u>15,097,681</u>	

6 EXPENDITURE ON RAISING VOLUNTARY AND TRADING INCOME

	<i>Unrestricted Funds for the 18 month period ended 31 March 2024 £</i>	<i>Restricted Funds for the 18 month period ended 31 March 2024 £</i>	<i>Total for the 18 month period ended 31 March 2024 £</i>	<i>Total for the 12 months ended 30 September 2022 £</i>
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
<i>Total 2024</i>	<u>1,414,013</u>	<u>108,915</u>	<u>1,522,928</u>	<u>1,678,145</u>
<i>Total 2022</i>	<u>1,554,644</u>	<u>123,501</u>	<u>1,678,145</u>	

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

7 ANALYSIS OF EXPENDITURE BY ACTIVITIES

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

8 DIRECT COSTS

	<i>Total for the 18 month period ended 31 March 2024</i>	<i>Total for the 12 months ended 30 September 2022</i>
	£	£
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
	<u>12,723,867</u>	<u>8,877,803</u>

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

9 SUPPORT COSTS

	<i>Total for the 18 month period ended 31 March 2024</i>	<i>Total for the 12 months ended 30 September 2022</i>
	£	£
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
	<u>13,769,998</u>	<u>2,948,869</u>

10 NET INCOME

	<i>Total for the 18 month period ended 31 March 2024</i>	<i>Total for the 12 months ended 30 September 2022</i>
	£	£
This is stated after charging:		
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	-
	<u>1,192,906</u>	<u>727,344</u>

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

11 STAFF COSTS

Staff costs were as follows:

	<i>Total for the 18 month period ended 31 March 2024</i>	<i>Total for the 12 months ended 30 September 2022</i>
	£	£
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
	<u>19,878,467</u>	<u>11,228,218</u>
Agency and contracted staff	965,333	631,048
	<u>20,838,800</u>	<u>11,859,266</u>

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

	<i>Total 2024 No</i>	<i>Total 2022 No</i>
Hospice	335	293
Management and administration	75	78
	<u>410</u>	<u>371</u>

The number of higher paid employees was:

	<i>Total 2024 No</i>	<i>Total 2022 No</i>
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
	<u>10</u>	<u>8</u>

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

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

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).

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

12 TANGIBLE FIXED ASSETS

	<i>Freehold Land & Buildings</i>	<i>Fittings</i>	<i>Equipment</i>	<i>IT Equipment</i>	<i>Motor Vehicles</i>	<i>Total</i>
	£	£	£	£	£	£
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	<u>5,435,490</u>	<u>472,949</u>	<u>601,053</u>	<u>561,362</u>	<u>60,024</u>	<u>7,130,878</u>
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	<u>1,351,184</u>	<u>291,972</u>	<u>333,037</u>	<u>292,659</u>	<u>41,930</u>	<u>2,310,782</u>
Net book value						
31 March 2024	<u>4,084,306</u>	<u>180,977</u>	<u>268,016</u>	<u>268,703</u>	<u>18,094</u>	<u>4,820,096</u>
30 September 2022	<u>4,032,597</u>	<u>160,136</u>	<u>305,235</u>	<u>191,793</u>	<u>16,694</u>	<u>4,706,455</u>

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

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	<u>482,627</u>	<u>(789,038)</u>
31 March 2024	<u><u>4,680,103</u></u>	<u><u>4,247,237</u></u>

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
	<u><u>800,027</u></u>	<u><u>1,764,899</u></u>

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
	<u><u>1,436,322</u></u>	<u><u>1,687,146</u></u>

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

16 STATEMENT OF FUNDS

	<i>Brought forward 1 October 2022 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Transfers in/out £</i>	<i>Carried forward 31 March 2024 £</i>
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)	-
	28,822	-	-	(28,822)	-
H J Conservatory Fund	718,400	-	-	(718,400)	-
Freehold Property Fund	259,628	-	-	(259,628)	-
Roof Appeal	-	-	-	-	-
EOL	89,419	-	-	(89,419)	-
Other	182,975	-	-	(182,975)	-
Room to Care	-	110,825	-	-	110,826
Extended Bereavement Service	-	40,500	(40,500)	-	-
	-	16,800	-	-	16,800
Child Bereavement	-	10,000	-	-	10,000
Well Being House	-	27,000	(15,415)	-	11,585
Sluice BSMH	-	15,000	(15,000)	-	-
Bedside Charis	-	5,000	-	-	5,000
Dementia Projects	-	-	-	-	-
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

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

2022 comparative

	<i>Brought forward 1 October 2021 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Transfers in/out £</i>	<i>Carried forward 30 September 2022 £</i>
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

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

- 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

	<i>Unrestricted funds 31 March 2024 £</i>	<i>Restricted funds 31 March 2024 £</i>	<i>Total Funds 31 March 2024 £</i>	<i>Total Funds 30 September 2022 £</i>
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)
	<u>12,655,486</u>	<u>183,211</u>	<u>12,838,697</u>	<u>14,332,883</u>
<i>2022 comparative</i>	<i>Unrestricted funds 2022 £</i>	<i>Restricted funds 2022 £</i>	<i>Total Funds 2022 £</i>	<i>Total Funds 2021 £</i>
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)
	<u>11,051,046</u>	<u>3,281,837</u>	<u>14,332,883</u>	<u>4,440,332</u>

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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

THE HOSPICE CHARITY PARTNERSHIP

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

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.

THE HOSPICE CHARITY PARTNERSHIP **NOTES TO THE FINANCIAL STATEMENTS FOR THE 18 MONTH** **PERIOD ENDED 31 MARCH 2024**

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	<u>1,035,667</u>	<u>105,503</u>
	<u>1,412,959</u>	<u>403,295</u>