

# HOSPISCARE

England & Wales · Charity number 297798

## Details

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**Status** Registered

**Legal form** Charitable company

**Company number** [02164215](#)

**Registered** 1987-10-22

**Register** [View on the Charity Commission register](#)

## Contact

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**Address** Hospiscare  
Searle House  
Dryden Road  
Exeter  
EX2 5JJ

**Phone** 01392688000

**Email** [info@hospiscare.co.uk](mailto:info@hospiscare.co.uk)

**Website** [www.hospiscare.co.uk](http://www.hospiscare.co.uk)

## Activities

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**Objects:** THE CHARITY'S OBJECTS ARE TO PROMOTE THE RELIEF AND CARE OF THOSE WHO HAVE A LIFE SHORTENING ILLNESS IN PARTICULAR BY:(A) THE PROVISION AS THE CHARITY SHALL FROM TIME TO TIME DETERMINE OF NURSING FOR THE RELIEF AND CARE AT HOME AND ELSEWHERE OF PERSONS SUFFERING FROM A LIFE SHORTENING ILLNESS (HEREINAFTER CALLED 'PATIENTS')(B) THE PROVISION OF A COMPREHENSIVE SUPPORT AND COUNSELLING SERVICE FOR THE PATIENTS AND THEIR FAMILIES AND ALL OTHERS ENGAGED IN OR CONCERNED WITH THE CARE OF THE PATIENTS.(C) THE PROVISION OF PREMISES (INCLUDING A RESIDENTIAL HOSPICE OR HOSPICES) FACILITIES EQUIPMENT MATERIALS DRUGS MEDICINES AND SERVICES FOR THE PATIENTS.(D) THE PROVISION OF TRAINING AND EDUCATION FOR ALL PERSONS IN ALL ASPECTS OF THE RELIEF AND CARE OF THOSE WITH A LIFE SHORTENING ILLNESS AND OF THE PROVISION OF SUPPORT AND COUNSELLING AS AFORESAID.(E) THE PROVISION OF INFORMATION AND ADVICE CONCERNING THE CHARITY AND ALL ASPECTS OF ITS WORK AS AFORESAID AND THE PROMOTION AND DEVELOPMENT OF ALL ASPECTS OF THE WORK OF RELIEF AND CARE OF THOSE WITH A LIFE SHORTENING ILLNESS.(F) THE PROVISION OF PREMISES, FACILITIES, EQUIPMENT, DRUGS AND SERVICES FOR PATIENTS USING THE CHARITY'S DAY SERVICES.(G) THE PROVISION OF SUPPORT SERVICES AS AFORESAID IN THE COMMUNITY TO PATIENTS AND THEIR FAMILIES IN THEIR OWN HOMES BY COMMUNITY NURSING TEAMS.

**Activities:** Hospiscare provides a holistic palliative care service to patients with life-limiting illnesses. This includes symptom control, emotional, spiritual and social care. Hospiscare delivers care in the community, e.g. in patients' homes, care homes or community hospitals; in the hospice which has 12 in-patient beds and a daycare facility for up to 60 patients a week; and in the local acute hospital.

## Classification

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- **How:** Provides Services
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

## Geography

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- **Area of benefit:** DEVON
- Devon

## Finances

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Period end	Income	Expenditure	Assets	Employees
2025-03-31	£17,422,669	£12,406,135	£16,711,779	268
2024-03-31	£9,272,643	£11,932,211	£11,679,444	290
2023-03-31	£9,542,036	£10,773,845	£14,219,717	271
2022-03-31	£12,512,267	£9,732,952	£15,719,178	261
2021-03-31	£9,282,104	£9,447,338	£12,690,134	260

## Trustees

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Name	Role	Appointed
Anthony Martin		2023-09-26
Beth Reynolds		2025-09-30
Dr HELEN MADELINE ENRIGHT		2020-02-03
Dr Sarah Jane Jackson		2020-02-03
Dr Tim Harlow		2024-02-12
Martin Briggs		2024-11-01
Michael Williams		2022-01-10
Nicholas Aaron Frost		2023-06-01
Sandra Sampson		2025-09-30
Sarah Dodd		2025-09-30
Sarah Hughes		2025-09-30
Susan Hudson		2024-11-01

## Linked charities

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- THE EXETER AND DISTRICT HOSPICE ENDOWMENT FUND (297798-1)
- HOSPISCARE EXMOUTH AND LYMPSTONE (297798-2)
- HOSPISCARE EXMOUTH AND LYMPSTONE 1987-1993 (297798-3)

**HOSPISCARE**

England & Wales - Charity number 297798

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# Accounts

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# **Hospiscare**

**(A company limited by guarantee)**

**Charity number 297798**

**Trustees' Report and Financial Statements**

**Year Ended 31 March 2025**

**Registered company number 02164215**

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## Hospiscare

### Trustees' Report For the year ended 31 March 2025

#### Trustees' Report

The Trustees present their annual report (including the Strategic Report for the purpose of the Companies Act 2006) and the audited financial statements for the year ended 31 March 2025

#### CHAIR'S REVIEW OF THE YEAR

We started this year facing a significant and challenging budgeted deficit of £2.5m and with our statutory funding from NHS Devon Integrated Care Board ("NHS Devon ICB") continuing to trail that of neighbouring hospices.

With our financial situation starkly defined, committed action was taken this year to address the deficit and reduce risk to the Group. This included a redesign of our clinical services – in particular the Hospiscare at Home service we offered in part of our geographical patch – to a smaller rapid response at-home team that covers our entire locality. As a result, we made roles redundant within our Hospiscare at Home team and reduced headcount within our senior management and support services teams. These were difficult decisions to make, but necessary for the charity's long-term health.

In addition to reducing spend, the year brought some good, albeit short-term, news in terms of income, with our fair funding campaign finally bringing a positive change to our NHS funding. With the support of our community, we were, at last, able to negotiate greater parity in our statutory funding by securing an increase from the NHS Devon ICB for this year.

Meanwhile, our income generation teams worked incredibly hard and performed strongly. Our community responded to public communication regarding our financial situation with humbling generosity, while our flagship fundraising events and retail stores continued to perform well, with our fundraising and retail income surpassing budgets.

Our income also received unexpected, but much needed and very welcome, boosts from highly fluctuating income streams, such as a single one-off donation worth £625.0k and an unexpectedly strong performance in legacy income from gifts in wills.

However, despite some significant savings and strong performing income streams, we ended the year with an unrestricted operating loss of £65.2k, before net gains on investments are considered.

Another significant development in 2024/25 was the completion of a merger between Hospiscare and Budleigh Salterton & District Hospiscare (BS&D Hospiscare). On 1 November 2024, after approval by the Trustees of Hospiscare and Trustees and Members of BS&D Hospiscare, the two associated charities merged. This step was taken to formalise four decades of partnership working between the two charities and to align with guidance from the Charity Commission that charities should merge where appropriate to reduce duplication and make better use of resources.

Patient services in BS&D Hospiscare's area continue to be provided by Hospiscare, as they always have, and this has not changed. As part of the merger, the charitable reserves of BS&D Hospiscare have been transferred to Hospiscare as restricted reserves, and recognised as other income of £4.9m. These funds are ringfenced for the benefit of patients in BS&D Hospiscare's area. At 31 March 2025, these restricted funds show as £5.2m in the Group's financial statements.

It has been a challenging year for hospice charities nationwide, with distressing news of closures and service cuts in the media, as hospices increasingly grapple with rising costs and stagnant funding.

Looking to the 2025/26 financial year, we foresee a budgeted funding shortfall of £1.3m and must still raise over three quarters of our running costs from our community. Our statutory funding for future years remains unclear – with the announced abolition of NHS England pending and the new 10-year NHS plan emerging – meaning our supporters are needed more than ever.

## Hospiscare

### Trustees' Report For the year ended 31 March 2025

#### WHAT WE DO

Our vision is to ensure those in need receive outstanding end-of-life care in the place of their choice.

Our mission is to provide compassionate, expert end-of-life care to those in need – before, during and after death. Together with our local community, we make every day matter.

We wish to thank our staff, volunteers, supporters, and donors, for their vital contribution to the hospice. Without the dedication of our team, and the generous support of our community, we wouldn't have been able to continue providing expert care this year for patients and families across Exeter, central and east Devon.

As a healthcare provider, we are registered with the Care Quality Commission ('CQC') and the CQC's five lines of enquiry – caring, responsive, effective, safe and well-led – form the basis of our care. In the summer of 2024, we were delighted and proud to have received confirmation from CQC that we have retained our 'outstanding' CQC rating following their inspection of our hospice – a marker of standards that is matched by the 4.95/5 star rating that our services were awarded in 2024/25 by our patients and those close to them.

#### **Providing expert end-of-life care where and how it matters**

At Hospiscare, we are committed to caring for patients according to their needs and in the place of their choice. This year, we therefore redesigned our model of specialist care to further meet the changing needs of our patients and, in October 2024, we launched our rapid response service – bringing at-home care to patients who are experiencing acute symptoms, or whose health is rapidly deteriorating, across our full geographical area. In the first six months of this new service, our rapid response team saw 136 patients across more than 1,000 square miles of Devon and played a vital role in supporting 72% of our patients to die at home during the year.

We are also proud to have continued our respective working relationships with St Petrock's homelessness charity and HM Prison Exeter, to ensure our specialist end-of-life care is available to everyone in our community, no matter their circumstance or location. We are also working to expand our outreach care via developing collaborations with other local charities in our area.

Other opportunities to strengthen our provision and care lie in our work with Children's Hospice South West to tailor our care for young adults with life-limiting illnesses who are transitioning from child hospice services to adult services, and in our work alongside a NHS neurological team to set up and facilitate a neuro 'Living Well' group, with a similar approach to our successful Heart2Heart group for patients in heart failure.

Additional detailed information regarding our services and care quality standards can be found in the Impact Report available on our website.

## Hospiscare

### Trustees' Report For the year ended 31 March 2025

#### FINANCIAL REVIEW

The consolidated financial statements comprise the results of the Charity, together with its subsidiary company, Hospiscare (Shops) Limited and from 1 November 2024, its subsidiary charity, Budleigh Salterton and District Hospiscare ("BS&D Hospiscare"), collectively referred to as "the Group".

#### Financial position at the year end

The financial statements show the consolidated financial position of the Group. At 31 March 2025, the net assets of the Group were £16.7m (2023/24 - £11.7m); an increase of £5.0m during the year predominantly due to the merger with BS&D Hospiscare. In addition, the Group held £8.7m (2023/24 - £5.2m) in fixed asset investments and £3.5m (2023/24 - £1.8m) in cash.

Tangible fixed assets mainly comprise the depreciated cost of the Group's hospices and shops and the plant, fixtures and fittings therein. Investments comprise property held for the generation of rental income and investment portfolios managed by external professional investment managers. The Group's cash balances are receivable on demand and are held in sterling by leading UK banks and financial institutions. Debtors and creditors represent normal working capital. Provisions represent the expected cost of future lease dilapidations in respect of the retail estate.

The main changes in the makeup of the balance sheet during the year are as follows:

- An increase in fixed asset investments by £3.5m due primarily to the investments brought into the Group's financial statements as a result of the merger with BS&D Hospiscare;
- An increase in cash at-bank and in-hand balance by £1.7m, predominantly due to the timing of investment sales and purchases around the year end, and the merger with BS&D Hospiscare bringing an additional £179k of cash held in its investment portfolio at 31 March 2025;
- A reduction in debtors by £753.8k due to the timing of invoices raised to NHS Devon ICB.

#### Financial review and significant events

The overall financial performance for the year was better than expected due to an increase in the level of funding from NHS Devon ICB, a large one-off donation and increases in legacy income, whilst a strategically planned cost reduction exercise aided savings in expenditure against budget throughout the year.

The total level of income generated during 2024/25 increased by £3.3m (35.1%) (excluding the transfer of funds from the merger with BS&D Hospiscare) compared to the previous year. This was made up of £1.9m increase in donations and legacies, £937.1k increase in charitable activities and £461.5k increase in trading activities. The Group has also recognised restricted other income of £4.9m relating to the merger with BS&D Hospiscare during the year.

Funding from NHS Devon ICB represents 18.1% (2023/24 - 15.3%) of total income (excluding the transfer of funds from the merger with BS&D Hospiscare), and 18.2% (2023/24 - 11.9%) of the cost of provision. This compares to the national average of circa 30% of total income. Hospiscare is working with NHS Devon ICB to secure additional funding to achieve parity with other hospices within Devon and across the UK.

Investment income was slightly lower than in previous years by £18.1k, caused by a slight instability in the receipt of income from the investment portfolios and falling interest rates.

All the above funding sources are primarily used to meet both the direct cost of the Group (providing services to patients and their families) and necessary central and support costs.

## Hospiscare

### Trustees' Report For the year ended 31 March 2025

#### FINANCIAL REVIEW (continued)

##### Financial review and significant events (continued)

Expenditure generally remained controlled year-on-year, although expenditure on raising funds increased by 9.9%. This aligns with the Group's conscious and strategic efforts to increase income and minimise costs; with the removal of roles from its senior management team and support services, and within the Hospiscare at Home team, as well as organisation-wide energy and efficiency saving initiatives. In terms of expenditure on charitable activities, Hospiscare invested its resources in establishing its rapid response team to bring at-home care to patients across its full geography, and reconfiguring our clinical care space in Mid Devon.

##### Going concern

Hospiscare's Trustees have assessed the ability of the Group to continue in operational existence for a period of at least 12 months from the date of approval of these consolidated financial statements. The UK is facing significant cost-of-living pressure, and the charity sector is not immune to the effects of this. Over recent years, the Group has been able to generate reserves to ensure that any shortfall in income, or increase in costs, can be absorbed without affecting service delivery. Having reviewed the organisation's latest financial information, the Trustees are assured of the Group's financial viability.

The Group is currently rated 'outstanding' by CQC and has reviewed its ongoing compliance with the CQC framework and believes that, after this assessment, the organisation continues to meet its regulatory requirements.

The Trustees have no knowledge of any other financial or regulatory action which could cause the Group to cease operations. For this reason, they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the accounting policies note of the consolidated financial statements.

##### Reserves and reserves management policy

The Group utilises reserves to fund future service provision where the level of funding raised is not sufficient to meet the cost of delivering services. This enables the organisation to spread the use of money across multiple years and use surpluses from one year to fund deficits in subsequent years. This enables Hospiscare to provide a wide range of services across Exeter, central and east Devon without having to adjust the delivery model on an annual basis.

Hospiscare holds the following reserves:

**Restricted reserves of £5.5m (2023/24: £904.9k)** are the value of monies which have been donated with a specific charitable purpose in mind. These cannot be spent on the overall running of the Group without the express permission of the donor. The increase in the year is due to the BS&D Hospiscare merger.

**Designated reserves of £8.7m (2023/24: £8.5m)** are split between those that are needed to fund an anticipated short-term gap in funding (Stability & working capital reserve), and those which relate to capital assets and are not readily converted to cash for the provision of services (Capital reserve).

**General reserves of £2.5m (2023/24: £2.3m)** are available to fund future projects and are not limited in scope.

## Hospiscare

### Trustees' Report

For the year ended 31 March 2025

#### FINANCIAL REVIEW (continued)

##### Reserves and reserves management policy (continued)

The Group had a total of £16.7m in reserves at 31 March 2025 (2023/24 - £11.7m). Hospiscare's current reserves policy is to keep six to twelve months expenditure within free reserves (total reserves less restricted and capital reserves) unless the Trustees identify a specific future use for the monies which mean that it needs to be retained for a longer period. The full breakdown of the reserves and their use can be found in Note 20 to the consolidated financial statements.

##### Future income streams

The Trustees recognise that an increase in unrestricted funds is required to finance the Group's working capital requirements and to provide a buffer against unexpected shortfalls in income, particularly in respect of fundraising activities, legacies that are unpredictable in amount and timing, and against falls in the value of the Group's investments.

#### OUR INVESTMENT APPROACH AND PERFORMANCE

##### Asset allocation

Any cash which is not required for the immediate payment of the Group's costs is held as either investments or cash.

Short term (less than 12 months) treasury deposits are made which secure a fixed return on investment. There is limited risk to the capital sum invested (the risk being created by a default of a UK bank and the limited protection being offered by the UK government) and the returns are known, however, the overall gain tends to be lower than is achievable with longer term investments.

Medium to long-term investments are held by fund managers, Charles Stanley, who invest in portfolios comprising cash, bonds, equities, property, hedge funds, structured products, private equity, and commodities. These investments should generate a return which is greater than inflation over a medium to long-term investment period but can result in losses within a given year. Medium to long-term investments are necessary to protect the value of the organisation's long-term reserves from being eroded by inflation. The Group's portfolios are classified as being either low or low/medium risk, with the BS&D Hospiscare restricted fund held in a medium/high risk portfolio. This means that for unrestricted funds the risk of capital reduction is low, however, the rate of appreciation is predicted to be lower compared to higher risk portfolios.

##### Method of review

During the year, the Group's investments are kept under regular review by the Audit & Risk Committee on the advice of the investment portfolio managers. This helps to ensure that the Group's investments are positioned to meet the strategy detailed in the investment policy. The Board considers a report on investment performance on an annual basis.

##### Restrictions and ethical policy

The Trustees take account of social, environmental, and ethical issues in the Group's investment policy and endeavour not to invest in companies that draw a major part of their income from tobacco related products and arms manufacturers.

## Hospiscare

### Trustees' Report For the year ended 31 March 2025

#### THE GOVERNANCE OF FUNDRAISING

##### Fundraising standards information

We adhere to the Fundraising Regulator and its Fundraising Code along with the Gambling Commission and its License Conditions and Codes of Practice. We have not had any breaches against these during 2024/25. We regularly monitor and report on all our fundraising activities and provide training and guidance to those taking on our fundraising activities, meeting regularly with our volunteer fundraising groups.

We are very mindful of how we engage with vulnerable people and ensure we work within the Data Protection Laws and Fundraising Code of Practice, and we have a Safeguarding Lead we can seek advice from if needed.

##### Complaints

During the year, we received three complaints linked to our fundraising activities; all were resolved promptly.

#### STRUCTURE, GOVERNANCE AND MANAGEMENT

Hospiscare is a registered charitable company limited by guarantee. The Charity is constituted under Articles of Association and is a registered charity, number 297798. The Charity was set up in 1982 and was established as a company limited by guarantee in 1987. In the event of the company being wound up, members are required to contribute an amount of £1.

The company has three wholly owned subsidiaries:

- Hospiscare (Shops) Limited (company number 02201730 (England & Wales)), an entity which recognises the trading element of Hospiscare.
- Budleigh Salterton and District Hospiscare (charity number 1162329 (England & Wales)), who since the merger with Hospiscare during the year, has had no income or expenditure and its net assets at the year-end were £nil.
- Hospiscare Exmouth and Lympstone (company number 02927336 (England & Wales)), who since its merger with Hospiscare in 2019, has had no income or expenditure and its net assets at the year-end were £nil.

##### Organisational structure

Hospiscare is governed by its Board of Trustees and throughout 2024/25 there have been three sub-committees of the Board which scrutinise specific areas in detail. These sub-committees are:

- Quality Assurance and Improvement Committee – meet quarterly
- Audit and Risk Committees – meet quarterly
- Nominations and Remuneration Committee – meet as required

The Chair of the Trustees is Michael Williams, whose career in NHS management encompassed periods as a Director and a CEO in NHS organisations. The Group is organised so that the Trustees meet collectively four times a year to direct the management of its affairs. Strategy days are also held twice a year.

The operational management of the Group lies with the Senior Leadership Team (SLT) who meet monthly and the Executive Leadership Team (ELT) who meet weekly.

## **Hospiscare**

### **Trustees' Report**

**For the year ended 31 March 2025**

## **STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

### **Organisational structure (continued)**

Hospiscare (Shops) Limited is managed by its Board of Directors comprising members of Hospiscare's ELT.

The Trustees consider they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties.

Hospiscare has reviewed the Charity Governance Code and aspires to meet its principles.

The Board seeks to ensure that it encompasses an appropriate range of skills and talent. Hospiscare's Nominations Committee oversees the recruitment of new Trustees, following the Charity's policy on Trustee recruitment. Trustees are appointed by the Board and serve for three years after which period they may put themselves forward for re-appointment. Trustees may be appointed for a maximum of three consecutive terms of three years after which they may be able to extend for one further year, following which they must then step down. The Trustees also receive training on other topics relevant to governance and their committee membership.

New Trustees are offered an induction which includes an induction pack and a comprehensive induction programme that includes spending time with each of the key services that the Group provides and visiting its shops. Trustees identify topics on which they would like further information or training, and appropriate measures are put in place to provide this. A presentation about patient experience is made by clinical staff, anonymously, at the beginning of every Board meeting.

### **Management**

The day-to-day operation of the Group is carried out by the Executive Leadership Team (ELT), who have delegated responsibility and are employees of Hospiscare. This work is overseen by Wayne Gale, Interim Chief Executive. The other members of ELT are:

- Ann Rhys – Clinical Director and Deputy CEO
- Lynne Hyland – Interim Director of Finance
- Rhodri Morgan – Director of Retail

### **Executive Leadership Team remuneration**

The Group has a Nominations and Remuneration Committee, which reviews the pay and benefits of its senior staff every two years. The committee comprises of up to six Trustees, one of which is the Chair of Trustees. The committee considers information from a variety of available sources to benchmark the pay and benefits of its senior staff and makes recommendations to the Board accordingly.

### **Employees**

The Group is committed to the principle of equal opportunities in employment and recognises its obligations under the Equality Act 2010. The Group declares its opposition to any form of less favourable treatment, whether through direct or indirect, associated or perceived discrimination accorded to Hospiscare staff, or job applicants, on the grounds of their race/nationality or ethnic origin, disability, sex, age, sexual orientation and gender reassignment, marital and civil partnership status, pregnancy and maternity, religion or belief (otherwise known as 'protected characteristics' as defined by the Equality Act 2010), including Human Rights.

## Hospiscare

### Trustees' Report

For the year ended 31 March 2025

#### **STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)**

##### **Employees (continued)**

Hospiscare is committed to creating a positive culture that fosters respect for all staff and promotes positive practice, valuing the diversity of all individuals and communities.

Hospiscare embraces and recognises the importance of diversity, knowing that different people bring different perspectives, ideas, knowledge and culture that brings great strength to our organisation.

Our aim is to create a culture that respects and values each person's differences and promotes dignity, equality, diversity and inclusivity to encourage individuals to develop and maximise their true potential.

Continued close attention is paid to the health and safety of employees and as such, all staff are provided with regular health and safety training in line with Hospiscare's Health and Safety Policy.

Employee views are sought through several forums including one to ones, team meetings and our 'Staff Voice' forum. The Group's strong 'Speaking Up' culture is also encouraged by our 'Freedom to Speak Up Guardians' from across the organisation, with a report submitted to the Board annually. Information concerning the Group and its activities and performance are shared with employees through several mediums including email, the staff intranet and organisational meetings.

##### **Risk management, principal risks and uncertainties**

The responsibility for the management and control of a charitable group rests with the trustee body and therefore their involvement in the key aspects of the risk management process is essential, particularly in setting the parameters of the process and reviewing and considering the results. The corporate risk register is reviewed quarterly by the Audit and Risk Committee and Quality Assurance and Improvement Committee, and then annually to the Board. Departmental risks are reviewed by SLT and appropriate departments. Update reports are presented to Committees and the Board.

The Board has considered risk appetite and recognises that the Group's long-term sustainability depends upon the delivery of its strategic objectives and its relationships with patients, supporters, the local community and strategic partners.

## Hospiscare

### Trustees' Report

For the year ended 31 March 2025

#### STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

#### Risk management, principal risks and uncertainties (continued)

The principal risks and uncertainties facing the Group and the Trustees' plans and strategies for managing those risks are set out in the table below:

<b>Risk Title</b>	<b>Summary of Control</b>
Insufficient quality of care	Adherence to CQC regulation and statutory obligations. Systematic quality review and audit. In-house monitoring of clinical governance by Quality Assurance and Improvement Committee and Patient Experience and Safety meetings. Robust systems and processes for clinical and care work.
Long-term sustainability of the business model	Strategic planning to stabilise and reduce budget deficit, including 3-year Income Generation plan and sustainable cost management. Ongoing dialogue with the Integrated Care Board.
Organisational Governance	Appropriate policies and procedures put into place and updated as and when required so all staff and volunteers are aware of their obligations to uphold required legislation. Diverse Board of Trustees with relevant knowledge and experience, identified and monitored through a formal skills matrix.
Emerging technology and increased cybersecurity threats	Implementation of both proactive and reactive cyber secure measures such as Penetration testing, Phishing campaigns, ongoing I.T. training, Multi-Factor Authentication and remote monitoring.

Monthly reviews are carried out with the Directors and SLT to ensure the risks are kept up to date and managed.

The Group will not accept risks that materially impact on patient safety, however does have a greater appetite to take considered risks in terms of their impact on organisational issues and reputation. Hospiscare has appetite to pursue innovation and to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environments.

Hospiscare is compliant with all relevant legal, statutory and regulatory standards. It has followed Charity Commission guidance.

The Group has updated its information governance and security in line with the General Data Protection Regulation (GDPR) and has appointed an outsourced Data Protection Officer who is provided by Delt Shared Services. The Senior Information Risk Owner (SIRO) role has been held by the Clinical Director with overall responsibility for the Charity's Data Security and Protection policy and other information governance policies. The SIRO is accountable and responsible for information risk across the organisation.

#### Related parties

The Articles of Association of Hospiscare (Shops) Limited give the Charity power to control the decisions of that company.

## Hospiscare

### Trustees' Report For the year ended 31 March 2025

#### REFERENCE AND ADMINISTRATION

Company Number 02164215  
Charity Number 297798

#### Directors and Trustees

Secretary Wayne Gale  
Registered Office Searle House, Dryden Road, Exeter, Devon, EX2 5JJ  
Trustee Dr Helen Enright  
Trustee Dr Sarah Jackson  
Trustee Michael Williams  
Trustee Nicholas Frost  
Trustee Anthony Martin  
Trustee Dr Tim Harlow  
Trustee Martin Briggs (appointed 1 November 2024)  
Trustee Susan Hudson (appointed 1 November 2024)  
Trustee Beth Reynolds (appointed 30 September 2025)  
Trustee Sarah Hughes (appointed 30 September 2025)  
Trustee Sarah Dodd (appointed 30 September 2025)  
Trustee Sandra Sampson (appointed 30 September 2025)  
Trustee Brian Aird (resigned 9 January 2025)  
Trustee Cathy Durston (resigned 24 September 2024)  
Trustee Craig Smith (resigned 24 June 2025)  
Trustee Jose Cortizo (resigned 6 January 2025)  
Trustee Jennifer Winslade (resigned 20 May 2024)

#### Senior Management Team

Chief Executive Officer Wayne Gale (appointed 1 January 2025)  
Chief Executive Officer Andrew Randall (resigned 31 December 2024)  
Operations Director and Deputy CEO Wayne Gale (resigned 31 December 2024)  
Director of Care Ann Rhys  
Interim Director of Finance and Governance Lynne Hyland (appointed 10 March 2025)  
Director of Finance and Governance Martin Cordy (resigned 31 March 2025)  
Retail Director Rhodri Morgan

#### Advisors

Principal Bankers National Westminster Bank Plc, 59 High Street, Exeter, EX4 3DL  
Independent Auditors PKF Francis Clark, Centenary House Peninsula Park, Rydon Ln, Exeter EX2 7XE

## Hospiscare

### Trustees' Report

For the year ended 31 March 2025

#### STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of Hospiscare for the purposes of company law) are responsible for preparing the Trustees' report (including the group strategic report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Charity and company law requires the Trustees to prepare financial statements for each financial year. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Charitable Company and the Group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities' SORP 2019 and FRS 102
- make judgements and accounting estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis, unless it is appropriate to presume that the Charitable Company and the Group will continue in operation.

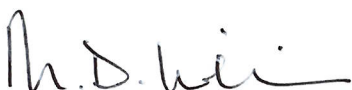
The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Charitable Company and the Group's transactions; to disclose, with reasonable accuracy at any time, the financial position of the Charitable Company and the Group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charitable Company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

#### Disclosure of Information to Auditors

Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

- so far as that Trustee is aware, there is no relevant audit information of which the charitable group's auditors are unaware, and
- that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any information needed by the charitable group's auditors in connection with preparing their report and to establish that the charitable group's auditors are aware of that information.

This report, incorporating the group strategic report, was approved by the Trustees, in their capacity as company directors, and signed on their behalf by:



Michael Williams  
Chair of Trustees

Date: 9.12.25

## Hospiscare

### Independent Auditors' Report to the Members of Hospiscare For the year ended 31 March 2025

#### Opinion

We have audited the Financial Statements of Hospiscare (the "Charity") for the year ended 31 March 2025 which comprise the Group Statement of Financial Activities, Group and Parent Charity Balance Sheets, Statement of Consolidated Cash Flows and Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and charity's affairs as at 31 March 2025 and of its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (GAAP)
- 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 Charity's ability to continue as a going concern for a period of at least twelve months from when the original financial statements were authorised for issue.

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

#### Other information

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

## Hospiscare

### **Independent Auditors' Report to the Members of Hospiscare (continued) For the year ended 31 March 2025**

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' report, (which includes the Strategic Report and 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 Directors' Report included within the Trustees' 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 Charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report.

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

- Adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not obtained all the information and explanations necessary for the purposes of our audit.

### **Responsibilities of the Trustees**

As explained more fully in the Statement of Trustees' Responsibilities set out on page 12, the Trustees (who are also the Directors of the Charity 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 they 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 Charity'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 Charity or to cease operations, or have no realistic alternative but to do so.

## Hospiscare

### Independent Auditors' Report to the Members of Hospiscare (continued) For the year ended 31 March 2025

#### Our 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:

As part of our audit planning, we obtained an understanding of the legal and regulatory framework that is applicable to the Charity. We gained an understanding of the Charity and the industry in which the Charity operates as part of this assessment to identify the key laws and regulations affecting the Charity. As part of this, we reviewed the Charity's website for indication of any regulations and certification in place and discussed these with the relevant individuals responsible for compliance. The key regulations we identified were Charity Legislation, compliance with the Care Quality Commission ("CQC"), safeguarding, health and safety regulations and The General Data Protection Regulation ("GDPR"). 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.

We discussed with management and trustees how the compliance with these laws and regulations is monitored and discussed policies and procedures in place. We also identified the individuals who have responsibility for ensuring that the Charity complies with laws and regulations and deals with reporting any issues if they arise. As part of our planning procedures, we assessed the risk of any non-compliance with laws and regulations on the Charity's ability to continue trading and the risk of material misstatement to the accounts.

Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures involved the following:

- Enquiries of management regarding their knowledge of any non-compliance with laws and regulations that could affect the financial statements. As part of these enquiries, we also discussed with management whether there have been any known instances, allegations or suspicions of fraud, of which there were none.
- Reviewed filings with the Charity Commission and whether there were any serious incident reports made during the year, of which there were none.
- Reviewed audit documentation from the CQC to confirm compliance with standards, and ensuring continued registration with the CQC through the CQC website.
- Discussed with the Health and Safety Officer if any incidents have been reported during the year under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ("RIDDOR").
- Review of the group's GDPR policy and enquiries to the Data Protection Officer as to the occurrence and outcome of any reportable breaches.

## Hospiscare

### Independent Auditors' Report to the Members of Hospiscare (continued) For the year ended 31 March 2025

- Reviewed legal and professional costs to identify any possible non-compliance or legal costs in respect of non-compliance.
- Reviewed board minutes.

As part of our enquiries, we discussed with management whether there have been any known instances, allegations or suspicions of fraud, of which there were none. We evaluated the risk of fraud through management override. The key risks we identified were management bias in accounting judgements and estimates. We also evaluated the risk of fraud through misapplication of grant funding.

In response to the identified risk, as part of our audit work, we:

- Audited the risk of management override of controls, including through testing journal entries and other adjustments or appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business of which there were none.
- Reviewed estimates and judgements made in the accounts for any indication of bias and challenged assumptions used by management in making the estimates.

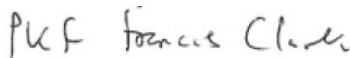
Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate omissions, collusion, forgery and misrepresentations, or the override of controls. We are also less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

This description forms part of our auditor's report.

### Use of our Report

This report is made solely to the Charity'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 Charity'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 Charity's members as a body, for our audit work, for this report, or for the opinions we have formed.



Neil Hitchings (Senior Statutory Auditor)

For and on behalf of

PKF FRANCIS CLARK, Chartered Accountants & Statutory Auditor

Centenary House,

Peninsula Park

Rydon Lane,

Exeter, EX2 7XE

Date: 10 December 2025

## Hospiscare

### Consolidated Statement of Financial Activities (including income and expenditure account) For the year ended 31 March 2025

	Note	Restricted funds 2025 £	Unrestricted funds 2025 £	Total funds 2025 £	Total funds 2024 £
<b>Income and endowments</b>					
Donations and legacies	4	1,041,600	4,567,969	<b>5,609,569</b>	3,749,829
Charitable activities	5	184,099	2,716,550	<b>2,900,649</b>	1,963,502
Other trading activities	6	-	3,727,212	<b>3,727,212</b>	3,265,739
Investment income	7	58,841	128,928	<b>187,769</b>	205,825
Other income	8	-	103,156	<b>103,156</b>	87,748
Other income – BS&D Hospiscare	16	4,894,314	-	<b>4,894,314</b>	-
<b>Total income and endowments</b>		<u>6,178,854</u>	<u>11,243,815</u>	<u><b>17,422,669</b></u>	<u>9,272,643</u>
<b>Expenditure on:</b>					
Expenditure on raising funds	9	-	4,456,125	<b>4,456,125</b>	4,054,276
Expenditure on charitable activities	10	1,097,153	6,852,857	<b>7,950,010</b>	7,877,935
<b>Total expenditure</b>		<u>1,097,153</u>	<u>11,308,982</u>	<u><b>12,406,135</b></u>	<u>11,932,211</u>
Net (expenditure)/income before net gains on investments		5,081,701	(65,167)	<b>5,016,534</b>	(2,659,568)
Net gains/(losses) on investments	16	(88,817)	104,618	<b>15,801</b>	119,295
Net income/(expenditure) excluding other income – BS&D Hospiscare		98,570	39,451	<b>138,021</b>	(2,540,273)
Net income/(expenditure) including other income – BS&D Hospiscare		4,992,884	39,451	<b>5,032,335</b>	(2,540,273)
Transfers between funds	20	(381,099)	381,099	-	-
<b>Net movement in funds</b>		<u>4,611,785</u>	<u>420,550</u>	<u><b>5,032,335</b></u>	<u>(2,540,273)</u>
<b>Reconciliation of funds:</b>					
Total funds brought forward		904,852	10,774,592	<b>11,679,444</b>	14,219,717
Net movement in funds		4,611,785	420,550	<b>5,032,335</b>	(2,540,273)
<b>Total funds carried forward</b>		<u>5,516,637</u>	<u>11,195,142</u>	<u><b>16,711,779</b></u>	<u>11,679,444</u>

The statement of financial activities includes all gains and losses recognised in the year.

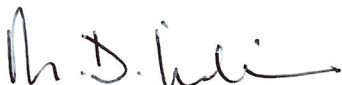
## Hospiscare

### Consolidated Balance Sheet For the year ended 31 March 2025

	Note	2025 £	2024 £
<b>Fixed assets</b>			
Tangible fixed assets	14	4,317,836	4,626,071
Investments	16	8,732,614	5,231,678
Investment properties	15	851,252	370,000
		<u>13,901,702</u>	<u>10,227,749</u>
<b>Current assets</b>			
Stocks		65,523	42,981
Debtors	17	567,189	1,320,952
Cash at bank and in hand		3,525,828	1,841,510
		<u>4,158,540</u>	<u>3,205,443</u>
<b>Creditors: amounts falling due within one year</b>	18	<u>(1,151,728)</u>	<u>(1,556,165)</u>
<b>Net current assets</b>		<u>3,006,812</u>	<u>1,649,278</u>
<b>Total assets less current liabilities</b>		<u>16,908,514</u>	<u>11,877,027</u>
Provision for liabilities	19	(196,735)	(197,583)
<b>Total net assets</b>		<u>16,711,779</u>	<u>11,679,444</u>
<b>Funds of the Group</b>			
Restricted funds	20	5,516,637	904,852
Unrestricted funds	20	11,195,142	10,774,592
<b>Total Group funds</b>		<u>16,711,779</u>	<u>11,679,444</u>

The notes on pages 21 to 48 form part of these financial statements.

These financial statements were approved for issue on 9.12.25..... These have been signed on behalf of the Board by:



Michael Williams  
Chair of Trustees

Company registered number: 02164215

## Hospiscare

### Charity Balance Sheet For the year ended 31 March 2025

	Note	2025 £	2024 £
<b>Fixed assets</b>			
Tangible fixed assets	14	4,317,836	4,626,071
Investments	16	8,822,617	5,321,681
Investment properties	15	851,252	370,000
		<u>13,991,705</u>	<u>10,317,752</u>
<b>Current assets</b>			
Debtors	17	675,575	1,320,946
Cash at bank and in hand		3,420,820	1,841,510
		<u>4,096,395</u>	<u>3,162,456</u>
<b>Creditors: amounts falling due within one year</b>	18	<u>(1,151,728)</u>	<u>(1,597,658)</u>
<b>Net current assets</b>		<u>2,944,667</u>	<u>1,564,798</u>
<b>Total assets less current liabilities</b>		<u>16,936,372</u>	<u>11,882,550</u>
Provisions for liabilities	19	(196,735)	(197,583)
<b>Total net assets</b>		<u>16,739,637</u>	<u>11,684,967</u>
<b>Funds of the Charity</b>			
Restricted funds		5,516,637	904,852
Unrestricted funds		11,223,000	10,780,115
<b>Total Charity funds</b>		<u>16,739,637</u>	<u>11,684,967</u>

The Charity's movement in funds for the year was net income of £5,054,670 (2024: net expenditure of £2,543,468).

The notes on pages 21 to 48 form part of these financial statements.

These financial statements were approved for issue on 9.12.25 These have been signed on behalf of the Board by:



Michael Williams  
Chair of Trustees

Company registered number: 02164215

## Hospiscare

### Consolidated Statement of Cash Flows For the year ended 31 March 2025

	Note	2025 £	2024 £
<b>Cash flows from operating activities</b>			
<i>Net cash provided by/(used in) operating activities</i>	22	<b>406,009</b>	(2,923,655)
<b>Cash flows from investing activities</b>			
Dividends, interests and rents from investments	7	<b>187,769</b>	205,825
Purchase of tangible fixed assets	14	<b>(455,135)</b>	(327,251)
Purchase of investments	16	<b>(1,289,562)</b>	(4,023,312)
Cash gained on merger with BS&D Hospiscare		<b>77,943</b>	-
Proceeds from sale of investments	16	<b>2,757,294</b>	3,409,965
Divestment of short-term deposits		-	2,500,000
<i>Net cash from investing activities</i>		<b>1,278,309</b>	1,765,227
<b>Change in cash and cash equivalents in the year</b>		<b>1,684,318</b>	(1,158,428)
Cash and cash equivalents at the beginning of the year		<b>1,841,510</b>	2,999,938
<b>Cash and cash equivalents at the end of the year</b>	23	<b>3,525,828</b>	1,841,510

## Hospiscare

### Notes to the Financial Statements For the year ended 31 March 2025

#### 1. General Information

The Charity is a company limited by guarantee, incorporated in England in the United Kingdom. Its registered office is Searle House, Dryden Road, Exeter, EX2 5JJ. The members of the Charity are the Trustees named on page 11. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the Charity.

#### 2. Accounting Policies

##### 2.1 Basis of Preparation of the Financial Statements

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

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

The Consolidated Statement of Financial Activities (SOFA) and Consolidated Balance Sheet consolidate the financial statements of the Charity and its subsidiary undertakings. The results of the subsidiary are consolidated on a line by line basis.

The Charity has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of Financial Activities in these financial statements.

In the year ended 31 March 2025, Hospiscare merged with Budleigh Salterton and District Hospiscare (BS&D Hospiscare). The assets and liabilities of BS&D Hospiscare were transferred to Hospiscare on 1 November 2024 for £nil consideration. In accordance with the Charities SORP guidance on mergers, the transaction is considered to be in substance a gift. The net assets acquired have been recognised at their fair value. Where the fair value of assets received exceeds the fair value of liabilities assumed, the resulting gain has been recognised within income and classified as other income.

##### 2.2 Going Concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might affect the ability of the Group to continue as a going concern. Given the improvement in financial performance during the year, and the strong cash position at the balance sheet date, the Trustees are assured of the Group's financial viability for a period of at least 12 months from the date of approval of these consolidated financial statements.

##### 2.3 Fund Accounting

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

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

## 2. Accounting Policies

### 2.3 Fund Accounting (continued)

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in note 20. Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in note 20.

Investment income, gains and losses are allocated to the appropriate fund.

### 2.4 Income

All income is recognised once the Group has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

For legacies, entitlement is taken as the earlier of the date on which either: the Group is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Group 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 Group has been notified of the executor's intention to make a distribution. Where a property is appropriated to the Group, the value of that appropriation will be recognised in the accounts. If advanced payment is offered to Hospiscare subject to an indemnity being required that means that the money could be repaid, this will not be considered confirmation that the amount should be recognised in the accounts.

Where legacies have been notified to the Group, or the Group 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.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income from grants is included in incoming resources when receivable. When donors specify that grants are for a particular restricted purpose, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources within restricted funds when receivable.

When income is received in advance of delivering the service, it is deferred until the Group is entitled to that income.

Investment income is brought into the accounts when it is received.

Lottery income is accounted for based on the date of the lottery for which the ticket has been purchased.

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

## 2. Accounting Policies (continued)

### 2.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs.

All expenditure is inclusive of irrecoverable VAT.

### 2.6 Interest Receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Group; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

### 2.7 Tangible Fixed Assets and Depreciation

Tangible fixed assets costing £2,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably. Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

At each reporting date the Group assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined to be the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

## 2. Accounting Policies (continued)

### 2.7 Tangible Fixed Assets and Depreciation (continued)

Depreciation is provided on the following bases:

- Freehold property – 2% straight line
- Long-term leasehold property – 2% straight line or over the term of the lease if shorter
- Short-term leasehold property – 2% straight line or over the term of the lease if shorter
- Plant and machinery – 20% straight line
- Motor vehicles – 20% straight line
- Fixtures and fittings – 15-33% straight line

### 2.8 Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment.

Investment gains and losses, whether realised or unrealised, are combined and presented as 'Net gains/(losses) on investments' in the Consolidated Statement of Financial Activities. Investments in subsidiaries are valued at cost less provision for impairment.

### 2.9 Stocks

Stocks are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on a weighted average basis. At each reporting date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

FRS 102 recommends that goods donated for resale are valued. However, estimating the fair value of donated goods for resale is impractical because of the high level of low value items received. The Trustees have therefore determined that no meaningful valuation can be made, and no value has been assigned to the stock of donated goods.

### 2.10 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered.

Prepayments are valued at the amount prepaid.

### 2.11 Cash at bank in hand

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

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

## 2. Accounting Policies (continued)

### 2.12 Liabilities

Liabilities and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the Group anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation.

### 2.13 Financial Instruments

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

### 2.14 Leases

Leases where the Group retains a significant portion of the risks and benefits of ownership of the asset are classified as operating leases and rentals payable are charged in the Statement of Financial Activities on a straight-line basis over the lease term.

Assets leased out under operating leases are included in investment property. Rental income is recognised on a straight-line basis over the lease term.

### 2.15 Pensions

All staff who are eligible to remain within the NHS Pension Scheme do so. The NHS Pension Scheme is an unfunded, multi-employer defined benefit pension scheme. The Group, like similar employers in this sector, is unable to identify its share of the underlying assets and liabilities in the scheme and therefore, as required by FRS 102, accounts for this scheme as if it was a defined contribution scheme. Contributions are paid to the scheme by the Group and by employees.

Additionally, the Group operates a further defined contribution pension scheme for other staff.

The pension charge represents the amounts payable by the Group to the funds in respect of the year.

### 3. Critical Accounting Estimates and Areas of Judgment

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The Group makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. In the application of the Group's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

#### Useful Economic Lives of Tangible Assets

The annual depreciation charge is sensitive to any changes in the estimated useful life and residual values of tangible assets. The useful economic lives and residual value is assessed on an annual basis and are amended only when evidence shows a change in the estimated economic lives or residual life. Criteria used to assess the economic life and residual value includes technological advancement, economic utilisation and physical condition of the asset and future investments.

#### Dilapidations

The dilapidation provision is assessed on a lease-by-lease basis, calculated as a proportion of the annual rent in light of previous experience of actual dilapidation costs. The provision accrues over the term of the lease.

#### Legacies

Entitlement to legacies is assessed on a case by case basis taking into account factors such as whether probate has been granted and whether the amount receivable can be reliably estimated. Legacies are only accrued when the conditions set out in note 2.4 have been met.

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 4. Donations and legacies

	Restricted funds £	Unrestricted funds £	Total funds 2025 £	Total funds 2024 £
Donations and fundraising	297,641	2,868,961	<b>3,166,602</b>	2,136,960
Legacies	739,896	1,373,207	<b>2,113,103</b>	1,427,338
Grants	-	-	-	5,335
Gift Aid	4,063	325,801	<b>329,864</b>	180,196
<b>Total 2025</b>	<b><u>1,041,600</u></b>	<b><u>4,567,969</u></b>	<b><u>5,609,569</u></b>	<b><u>3,749,829</u></b>
Total 2024	<u>469,841</u>	<u>3,279,988</u>	<u>3,749,829</u>	

#### 5. Income from charitable activities

	Restricted funds £	Unrestricted funds £	Total funds 2025 £	Total funds 2024 £
Education	-	222,891	<b>222,891</b>	204,323
NHS Devon ICB	-	2,262,439	<b>2,262,439</b>	1,416,804
DHSC capital grant	184,099	-	<b>184,099</b>	-
Coastal towns homecare services	-	231,220	<b>231,220</b>	342,375
<b>Total 2025</b>	<b><u>184,099</u></b>	<b><u>2,716,550</u></b>	<b><u>2,900,649</u></b>	<b><u>1,963,502</u></b>
Total 2024	<u>-</u>	<u>1,963,502</u>	<u>1,963,502</u>	

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 6. Income from other trading activities

	Restricted funds £	Unrestricted funds £	Total funds 2025 £	Total funds 2024 £
Hospiscare shops	-	3,035,177	<b>3,035,177</b>	2,697,698
Lottery	-	692,035	<b>692,035</b>	568,041
<b>Total 2025</b>	<b>-</b>	<b>3,727,212</b>	<b>3,727,212</b>	<b>3,265,739</b>
Total 2024	-	3,265,739	3,265,739	

#### 7. Investment income

	Restricted funds £	Unrestricted funds £	Total funds 2025 £	Total funds 2024 £
Rental income	8,010	2,100	<b>10,110</b>	9,650
Income on investments	50,831	114,065	<b>164,896</b>	193,381
Income on cash deposits	-	12,763	<b>12,763</b>	2,794
<b>Total 2025</b>	<b>58,841</b>	<b>128,928</b>	<b>187,769</b>	<b>205,825</b>
Total 2024	5,969	199,856	205,825	

#### 8. Other income

	Restricted funds £	Unrestricted funds £	Total funds 2025 £	Total funds 2024 £
Catering income	-	26,081	<b>26,081</b>	16,069
Renewable energy income	-	12,588	<b>12,588</b>	13,842
VAT refund	-	64,487	<b>64,487</b>	57,837
<b>Total 2025</b>	<b>-</b>	<b>103,156</b>	<b>103,156</b>	<b>87,748</b>
Total 2024	-	87,748	87,748	

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 9. Expenditure on raising funds

	Restricted funds £	Unrestricted funds £	Total funds 2025 £	Total funds 2024 £
Costs of raising voluntary income – direct costs	-	333,376	<b>333,376</b>	262,789
Costs of raising voluntary income – wages and salaries	-	589,187	<b>589,187</b>	580,044
Costs of raising voluntary income - NI	-	56,263	<b>56,263</b>	55,344
Costs of raising voluntary income – pension costs	-	37,778	<b>37,778</b>	39,541
Allocated centrally incurred fundraising and governance costs including depreciation	-	385,543	<b>385,543</b>	405,628
<b>Total 2025</b>	<b>-</b>	<b>1,402,147</b>	<b>1,402,147</b>	<b>1,343,346</b>
Total 2024	-	1,343,346	1,343,346	

#### Other trading expenses

	Restricted funds £	Unrestricted funds £	Total funds 2025 £	Total funds 2024 £
Hospiscare shops' expenditure	-	1,215,637	<b>1,215,637</b>	1,051,725
Lottery expenditure	-	157,170	<b>157,170</b>	198,813
Staff costs	-	1,663,874	<b>1,663,874</b>	1,459,678
Hospiscare shops' depreciation	-	17,297	<b>17,297</b>	714
<b>Total 2025</b>	<b>-</b>	<b>3,053,978</b>	<b>3,053,978</b>	<b>2,710,930</b>
Total 2024	-	2,710,930	2,710,930	

Staff costs comprise up to £1,577,375 (2024: £1,391,671) attributable to Hospiscare Shops' expenditure and £86,499 (2024: £68,007) attributable to lottery expenditure.

Costs of raising voluntary income £1,402,147 (2024: £1,343,346) and other trading expenses £3,053,978 (2024: £2,710,930) total £4,456,125 (2024: £4,054,276).

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 10. Analysis of expenditure by activities

	Activities undertaken directly £	Support costs £	Total funds 2025 £	Total funds 2024 £
Ward	1,760,885	1,069,799	<b>2,830,684</b>	2,662,918
Community nursing services	2,522,359	1,413,223	<b>3,935,582</b>	4,529,651
Rapid response	251,900	128,884	<b>380,784</b>	-
Supportive care services	62,698	33,045	<b>95,743</b>	109,768
Education	78,269	22,880	<b>101,149</b>	86,718
Other clinical	456,283	149,785	<b>606,068</b>	488,880
<b>Total 2025</b>	<b><u>5,132,394</u></b>	<b><u>2,817,616</u></b>	<b><u>7,950,010</u></b>	<b><u>7,877,935</u></b>
Total 2024	<u>5,201,025</u>	<u>2,676,910</u>	<u>7,877,935</u>	

Expenditure on charitable activities totalling £7,950,010 (2024: £7,877,935) includes £1,097,153 on restricted funds (2024: £1,723,981) and £6,852,857 (2024: £6,153,954) on unrestricted funds.

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 10. Analysis of expenditure by activities (continued)

##### Analysis of direct costs

	Ward £	Community nursing services £	Rapid response £	Supportive care services £	Education £	Other clinical £	Total funds 2025 £	Total funds 2024 £
Staff costs	1,673,565	2,419,127	233,682	49,739	69,334	415,190	4,860,637	4,700,864
Medical supplies	5,322	308	101	3	1	242	5,977	29,873
Bank staff	34,345	35,478	5,611	10,282	6,035	15,783	107,534	291,116
Travel expenses	8,204	38,287	2,114	929	2,287	8,709	60,530	53,690
Other direct costs	38,984	28,818	10,279	1,745	612	16,030	96,468	124,816
Administration	465	341	113	-	-	329	1,248	666
<b>Total 2025</b>	<b>1,760,885</b>	<b>2,522,359</b>	<b>251,900</b>	<b>62,698</b>	<b>78,269</b>	<b>456,283</b>	<b>5,132,394</b>	<b>5,201,025</b>
Total 2024	1,678,443	2,995,172	-	64,329	71,367	391,714	5,201,025	

Hospiscare

Notes to the Financial Statements (continued)  
For the year ended 31 March 2025

10. Analysis of expenditure by activities (continued)

Analysis of support costs

	Ward £	Community nursing services £	Rapid response £	Supportive care services £	Education £	Other clinical £	Total funds 2025 £	Total funds 2024 £
Staff costs	578,120	763,706	69,947	17,559	12,365	80,939	<b>1,522,636</b>	1,558,876
Depreciation	65,151	86,066	7,883	1,979	1,393	9,121	<b>171,593</b>	165,000
Administration	408,003	538,979	49,365	12,392	8,726	57,122	<b>1,074,587</b>	914,090
Catering	12,432	16,423	1,504	378	266	1,740	<b>32,743</b>	28,102
Governance	6,093	8,049	185	737	130	863	<b>16,057</b>	10,842
<b>Total 2025</b>	<b><u>1,069,799</u></b>	<b><u>1,413,223</u></b>	<b><u>128,884</u></b>	<b><u>33,045</u></b>	<b><u>22,880</u></b>	<b><u>149,785</u></b>	<b><u>2,817,616</u></b>	<b><u>2,676,910</u></b>
Total 2024	<u>984,475</u>	<u>1,534,479</u>	-	<u>45,439</u>	<u>15,351</u>	<u>97,166</u>	<u>2,676,910</u>	

Support costs are allocated based on staff numbers.

The cost allocation methodology and departmental structure were reviewed and updated by the Senior Leadership Team in March 2025. As a result, certain cost departments have been redefined or newly introduced (e.g., 'Rapid response'), and percentage allocations have been revised. These changes have resulted in variances in year-on-year comparisons.

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 11. Auditors' remuneration

	2025 £	2024 £
Fees payable to the Group's auditor for the audit of the Group's annual accounts	12,500	10,530
Fees payable to the Group's auditor in respect of: The audit of the annual accounts of the Group's subsidiary undertakings	3,750	3,240

#### 12. Trustees' Remuneration and Expenses

During the year, no Trustees received any remuneration or other benefits (2024: £nil).

During the year, no expenses were reimbursed to Trustees (2024: £76).

#### 13. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	Group 2025 £	Group 2024 £	Charity 2025 £	Charity 2024 £
Wages and salaries	7,541,184	7,579,199	7,541,184	7,579,199
Social security costs	700,399	663,579	700,399	663,579
Pension costs	696,370	681,997	696,370	681,997
	<u>8,937,953</u>	<u>8,924,775</u>	<u>8,937,953</u>	<u>8,924,775</u>

During 2024/25, Hospiscare made termination payments (including PILON) totalling £117,936 (2024: £53,549). This has been recognised within the 2024/25 annual accounts, with no provision being required in either the current or previous financial years. This includes compensation for loss of office of £30,000 (2024: £nil).

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 13. Staff costs (continued)

The average number of persons employed by the Group and Charity during the year was as follows:

	2025 No.	2024 No.
Doctors	7	9
Nurses	89	105
Health care assistants	20	22
Care managers	1	1
Volunteer co-ordinators	3	2
Fundraising staff	19	23
Administration	34	39
Trading	70	62
Lottery	2	2
Complementary therapies	5	5
Catering/cleaning	14	17
Education	4	3
	<u>268</u>	<u>290</u>

The average headcount in the Group and Charity expressed as full-time equivalents was:

	2025 No.	2024 No.
Employees	<u>200</u>	<u>208</u>

The number of employee benefits in the Group and Charity (excluding employer pension costs) that exceeded £60,000 was:

	2025 No.	2024 No.
In the band £60,001 - £70,000	2	3
In the band £70,001 - £80,000	1	3
In the band £80,001 - £90,000	1	3
In the band £90,001 - £100,000	3	-
In the band £100,001 - £110,000	-	2
In the band £110,001 - £120,000	1	-
In the band £120,001 - £130,000	1	-

Senior management team personnel of the parent Charity and Group comprise the Trustees and senior management team. The total employee benefits (including employer pension contributions and employer national insurance contributions) of the key management personnel were £597,918 (2024: £578,389).

Although Trustees are within the definition of key management personnel, none of the remuneration reported relates to them.

Hospiscare

Notes to the Financial Statements (continued)  
For the year ended 31 March 2025

14. Tangible fixed assets

Group	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and fittings £	Total £
<b>Cost or valuation</b>							
At 1 April 2024	2,384,878	3,900,162	9,725	514,477	31,050	1,175,047	8,015,339
Additions	13,735	315,169	-	113,445	-	12,786	455,135
Transfer	(680,869)	-	-	-	-	-	(680,869)
<b>At 31 March 2025</b>	<b>1,717,744</b>	<b>4,215,331</b>	<b>9,725</b>	<b>627,922</b>	<b>31,050</b>	<b>1,187,833</b>	<b>7,789,605</b>
<b>Depreciation</b>							
At 1 April 2024	425,728	1,613,608	730	360,499	31,050	957,653	3,389,268
Charge for the year	63,014	85,799	145	54,422	-	78,738	282,118
Transfer	(199,617)	-	-	-	-	-	(199,617)
<b>At 31 March 2025</b>	<b>289,125</b>	<b>1,699,407</b>	<b>875</b>	<b>414,921</b>	<b>31,050</b>	<b>1,036,391</b>	<b>3,471,769</b>
<b>Net book value</b>							
<b>At 31 March 2025</b>	<b>1,428,619</b>	<b>2,515,924</b>	<b>8,850</b>	<b>213,001</b>	<b>-</b>	<b>151,442</b>	<b>4,317,836</b>
At 31 March 2024	1,959,150	2,286,554	8,995	153,978	-	217,394	4,626,071

Hospiscare

Notes to the Financial Statements (continued)  
For the year ended 31 March 2025

14. Tangible fixed assets (continued)

Charity	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and fittings £	Total £
<b>Cost or valuation</b>							
At 1 April 2024	2,384,878	3,900,162	9,190	515,646	31,050	1,082,558	7,923,484
Additions	13,735	315,169	-	113,445	-	12,786	455,135
Transfer	(680,869)	-	-	-	-	-	(680,869)
<b>At 31 March 2025</b>	<b>1,717,744</b>	<b>4,215,331</b>	<b>9,190</b>	<b>629,091</b>	<b>31,050</b>	<b>1,095,344</b>	<b>7,697,750</b>
<b>Depreciation</b>							
At 1 April 2024	425,728	1,613,608	195	360,499	31,050	866,333	3,297,413
Charge for the year	63,014	85,799	145	54,422	-	78,738	282,118
Transfer	(199,617)	-	-	-	-	-	(199,617)
<b>At 31 March 2025</b>	<b>289,125</b>	<b>1,699,407</b>	<b>340</b>	<b>414,921</b>	<b>31,050</b>	<b>945,071</b>	<b>3,379,914</b>
<b>Net book value</b>							
<b>At 31 March 2025</b>	<b>1,428,619</b>	<b>2,515,924</b>	<b>8,850</b>	<b>214,170</b>	<b>-</b>	<b>150,273</b>	<b>4,317,836</b>
At 31 March 2024	1,959,150	2,286,554	8,995	155,147	-	216,225	4,626,071

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 15. Investment property

Group and charity	Freehold investment property £
<b>Valuation</b>	
At 1 April 2024	370,000
Transfer from freehold property	481,252
<b>At 31 March 2025</b>	<b><u>851,252</u></b>

Investments are based on Trustees' valuation based on market data and previous professional valuations.

#### 16. Investments

Group	Listed investments
<b>Cost or valuation</b>	
At 1 April 2024	5,231,678
Additions	1,289,562
Acquired on acquisition - BS&D Hospiscare	4,952,867
Disposals	(2,757,294)
Revaluations	15,801
<b>At 31 March 2025</b>	<b><u>8,732,614</u></b>
<b>Net book value</b>	
Fixed asset investments	8,732,614
<b>At 31 March 2025</b>	<b><u>8,732,614</u></b>
At 31 March 2024	<u>5,231,678</u>

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 16. Investments (continued)

Charity	Investments in subsidiary companies	Listed investments	Total
Cost or valuation	£	£	£
At 1 April 2024	90,003	5,231,678	<b>5,321,681</b>
Additions	-	1,289,562	<b>1,289,562</b>
Acquired on acquisition - BS&D Hospiscare	-	4,952,867	<b>4,952,867</b>
Disposals	-	(2,757,294)	<b>(2,757,294)</b>
Revaluations	-	15,801	<b>15,801</b>
<b>At 31 March 2025</b>	<b>90,003</b>	<b>8,732,614</b>	<b>8,822,617</b>
<b>Net book value</b>			
Fixed asset investments	90,003	8,732,614	<b>8,822,617</b>
<b>At 31 March 2025</b>	<b>90,003</b>	<b>8,732,614</b>	<b>8,822,617</b>
At 31 March 2024	90,003	5,231,678	5,321,681

#### Principal Subsidiaries

The following were subsidiary undertakings of the Charity:

Names	Company number	Included in consolidation	Holding
Hospiscare (Shops) Limited	02201730	Yes	100%
Hospiscare Exmouth and Lypstone	02927336	Yes	100%
Budleigh Salterton and District Hospiscare (BS&D Hospiscare)	01162329	Yes	100%

The financial results of the subsidiaries for the year were:

Names	Income	Expenditure	Profit for the year	Net assets
	£	£	£	£
Hospiscare (Shops) Limited	182,370	175,146	7,224	62,145

Hospiscare Exmouth and Lypstone merged with Hospiscare in 2019 and all operations, assets and liabilities of that charity were transferred to Hospiscare. Accordingly, after the date of the merger, there has been no income or expenditure recognised by Hospiscare Exmouth and Lypstone and its net assets at the year-end were £nil.

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 16. Investments (continued)

BS&D Hospiscare merged with Hospiscare on 1 November 2024. Hospiscare obtained beneficial control of BS&D Hospiscare on the above date, and all operations, assets and liabilities of that charity were transferred to Hospiscare for £nil proceeds. The negative goodwill arising on the acquisition has been released to the Statement of Financial Activities in accordance with the Charities SORP and is disclosed as Other income – BS&D Hospiscare. Accordingly, after the date of the merger, there has been no income or expenditure recognised by BS&D Hospiscare and its net assets at the year-end were £nil.

Fair value of BS&D Hospiscare at acquisition date	£ <b>4,894,314</b>
Proceeds	-
Negative goodwill released to the Statement of Financial Activities as Other income – BS&D Hospiscare	<b>4,894,314</b>

#### 17. Debtors

	2025 £	Group 2024 £	2025 £	Charity 2024 £
Trade debtors	<b>167,032</b>	1,020,530	<b>167,032</b>	1,020,530
Amounts owed by group undertakings	-	-	<b>108,386</b>	-
Other debtors	<b>77,568</b>	97,831	<b>77,568</b>	97,825
Prepayments and accrued income	<b>322,589</b>	202,591	<b>322,589</b>	202,591
	<b><u>567,189</u></b>	<u>1,320,952</u>	<b><u>675,575</u></b>	<u>1,320,946</u>

#### 18. Creditors: amounts falling due within one year

	2025 £	Group 2024 £	2025 £	Charity 2024 £
Trade creditors	<b>336,942</b>	260,540	<b>336,942</b>	260,540
Social security and other taxes	<b>154,045</b>	161,386	<b>154,045</b>	161,386
Amounts owed to group undertakings	-	-	-	41,492
Other creditors	<b>13,872</b>	8,914	<b>13,872</b>	8,915
Accruals and deferred income	<b>646,869</b>	1,125,325	<b>646,869</b>	1,125,325
	<b><u>1,151,728</u></b>	<u>1,556,165</u>	<b><u>1,151,728</u></b>	<u>1,597,658</u>

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 18. Creditors: amounts falling due within one year

	2025 £	Group 2024 £	2025 £	Charity 2024 £
<b>Deferred income</b>				
Deferred income at 1 April 2024	531,312	9,790	531,312	9,790
Resources deferred during the year	15,757	521,522	15,757	521,522
Amounts released from previous periods	(480,000)	-	(480,000)	-
<b>As at 31 March 2025</b>	<b>67,069</b>	<b>531,312</b>	<b>67,069</b>	<b>531,312</b>

#### 19. Provisions

##### Group and charity

	Dilapidations £
At 1 April 2024	197,583
Released in the year	(848)
<b>As at 31 March 2025</b>	<b>196,735</b>

##### Dilapidations

The Group dilapidations provision is based on the future expected repair costs required to restore the leased buildings to their fair condition at the end of their respective lease terms.

Hospiscare

Notes to the Financial Statements (continued)  
For the year ended 31 March 2025

20. Consolidated statement of funds

Consolidated statement of funds – current year

	Balance at 1 April 2024 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2025 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,250,219	271,036	(282,118)	184,099	-	4,423,236
Stability & working capital	4,255,925	-	-	-	-	4,255,925
	<u>8,506,144</u>	<u>271,036</u>	<u>(282,118)</u>	<u>184,099</u>	<u>-</u>	<u>8,679,161</u>
<b>General funds</b>						
General reserves	2,268,448	10,972,779	(11,026,864)	197,000	104,618	2,515,981
Total unrestricted funds	<u>10,774,592</u>	<u>11,243,815</u>	<u>(11,308,982)</u>	<u>381,099</u>	<u>104,618</u>	<u>11,195,142</u>

Hospiscare

Notes to the Financial Statements (continued)  
For the year ended 31 March 2025

20. Consolidated statement of funds (continued)

	Balance at 1 April 2024 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2025 £
<b>Restricted funds</b>						
Medical research fund	61,597	4,440	(14,734)	-	-	51,303
Hospiscare Exmouth and Lympstone	385,115	214,914	(600,029)	-	-	-
Fundraising - Pine Lodge	-	115	(115)	-	-	-
Fundraising - Searle House	-	73,052	-	-	-	73,052
Fundraising - Kings House	-	1,714	(1,714)	-	-	-
Fundraising	23,737	1,275	-	-	-	25,012
Hospiscare@Home	413,232	5,694	(203,281)	(209,500)	-	6,145
CNS Mid Devon	-	1,734	(1,734)	-	-	-
CNS East Devon	12,500	57,293	-	-	-	69,793
Admiral nursing	3,450	24,588	-	-	-	28,038
Hearts and bags	3,000	-	-	-	-	3,000
Wellbeing hub	-	12,400	(105)	-	-	12,295
Family room	2,221	-	(2,221)	-	-	-
BS&D Hospiscare	-	5,509,167	(269,459)	-	(88,817)	5,150,891
Rapid response	-	62,500	-	12,500	-	75,000
Ashworth patient fund	-	10,465	(3,761)	-	-	6,704
Bereavement	-	8,480	-	-	-	8,480
Transition grant	-	6,924	-	-	-	6,924
DHSC capital grant	-	184,099	-	(184,099)	-	-
<b>Total restricted funds</b>	<b>904,852</b>	<b>6,178,854</b>	<b>(1,097,153)</b>	<b>(381,099)</b>	<b>(88,817)</b>	<b>5,516,637</b>
<b>Total funds</b>	<b>11,679,444</b>	<b>17,422,669</b>	<b>(12,406,135)</b>	<b>-</b>	<b>15,801</b>	<b>16,711,779</b>

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 20. Consolidated statement of funds (continued)

##### Designated funds

###### Capital

This fund represents the net book value of the tangible fixed assets employed by the group, excluding those held in restricted funds.

###### Stability & working capital

This fund is intended to provide a buffer for working capital requirements and against unexpected shortfalls in fundraising and legacy income and falls in the value of investments.

###### General reserves

This fund represents the free reserves of the Group and are available for general use.

##### Restricted Funds

###### Medical research fund

This is a general fund operated by the medical team. At their discretion it may be used for capital purchasing, professional fees, books, educational costs etc.

###### Hospiscare Exmouth and Lympstone

This fund represents the net assets remaining following the transfer of assets from Exmouth and Lympstone Hospiscare in 2019 and includes income and gains from the underlying assets. The fund will be used to meet the costs of palliative care for persons terminally ill in the Exmouth and Lympstone area and to support those patients and their families.

###### Fundraising

This is used to manage small amounts where the restriction requested by the supporter does not fit into other restricted fund categories.

###### Hospiscare@ Home

This fund is to support the Group's plans to roll-out the service in the Mid and West Devon area.

###### CNS Mid and East Devon

This provides funding to enable services to be delivered in patients homes across Exeter, East, and Mid Devon.

###### BS&D Hospiscare

This is the fund held following the merger of BS&D Hospiscare to provide a continuing service to this community.

###### Rapid response

This fund is delivering a service across our full geographical area, the service provides at-home care for patients who are experiencing acute symptoms or whose health is rapidly deteriorating.

###### DHSC capital grant

This funding is a capital grant provided by the government and distributed by Hospice UK and is designed to help hospices improve their physical environment, improve efficiency by investing in digital technology and other objectives.

Hospiscare

Notes to the Financial Statements (continued)  
For the year ended 31 March 2025

20. Consolidated statement of funds (continued)

Consolidated statement of funds – prior year

	Balance at 1 April 2023 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2024 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,184,175	327,253	(261,209)	-	-	4,250,219
Stability & working capital	5,003,342	-	(1,807,957)	1,060,540	-	4,255,925
Hospiscare@Home	1,060,540	-	-	(1,060,540)	-	-
	<u>10,248,057</u>	<u>327,253</u>	<u>(2,069,166)</u>	<u>-</u>	<u>-</u>	<u>8,506,144</u>
<b>General funds</b>						
General reserves	1,805,655	8,469,580	(8,139,064)	12,982	119,295	2,268,448
Total unrestricted funds	<u>12,053,712</u>	<u>8,796,833</u>	<u>(10,208,230)</u>	<u>12,982</u>	<u>119,295</u>	<u>10,774,592</u>
<b>Endowment funds</b>						
Endowment funds – all funds	<u>20,000</u>	<u>-</u>	<u>-</u>	<u>(20,000)</u>	<u>-</u>	<u>-</u>

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 20. Consolidated statement of funds (continued)

	Balance at 1 April 2023 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2024 £
<b>Restricted funds</b>						
Medical research fund	62,441	8,263	(9,107)	-	-	61,597
Dementia project	-	10,000	(10,000)	-	-	-
Early referral research fund	47,940	-	(47,940)	-	-	-
Hospiscare Exmouth and Lymptstone	1,211,737	35,484	(862,106)	-	-	385,115
Other restricted funds	6,521	-	(2,204)	(4,317)	-	-
Fundraising - Pine Lodge	-	2,332	(2,332)	-	-	-
Fundraising - Searle House	-	79,314	(79,314)	-	-	-
Fundraising - Kings House	-	36,555	(36,555)	-	-	-
Fundraising	87,348	31,512	(101,123)	6,000	-	23,737
Hospiscare@Home	730,018	170,814	(487,600)	-	-	413,232
CNS Mid Devon	-	2,738	(2,738)	-	-	-
CNS East Devon	-	75,813	(63,313)	-	-	12,500
CNS Exeter	-	1,035	(6,370)	5,335	-	-
Admiral nursing	-	3,450	-	-	-	3,450
Hearts and bags	-	3,000	-	-	-	3,000
Wellbeing hub	-	10,500	(10,500)	-	-	-
Family room	-	5,000	(2,779)	-	-	2,221
<b>Total restricted funds</b>	<b>2,146,005</b>	<b>475,810</b>	<b>(1,723,981)</b>	<b>7,018</b>	<b>-</b>	<b>904,852</b>
<b>Total funds</b>	<b>14,219,717</b>	<b>9,272,643</b>	<b>(11,932,211)</b>	<b>-</b>	<b>119,295</b>	<b>11,679,444</b>

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 21. Analysis of net assets between funds

Analysis of net assets between funds – current year

	Restricted funds £	Unrestricted funds £	Total funds 2025 £
Tangible fixed assets	-	4,317,836	<b>4,317,836</b>
Fixed asset investments	4,649,323	4,083,291	<b>8,732,614</b>
Investment property	-	851,252	<b>851,252</b>
Current assets	867,314	3,291,226	<b>4,158,540</b>
Creditors: amounts due within one year	-	(1,151,728)	<b>(1,151,728)</b>
Provisions for liabilities and charges	-	(196,735)	<b>(196,735)</b>
	<b><u>5,516,637</u></b>	<b><u>11,195,142</u></b>	<b><u>16,711,779</u></b>

Analysis of net assets between funds – prior year

	Restricted funds £	Unrestricted funds £	Total funds 2024 £
Tangible fixed assets	367,738	4,258,333	<b>4,626,071</b>
Fixed asset investments	-	5,231,678	<b>5,231,678</b>
Investment property	370,000	-	<b>370,000</b>
Current assets	167,114	3,038,329	<b>3,205,443</b>
Creditors: amounts due within one year	-	(1,556,165)	<b>(1,556,165)</b>
Provisions for liabilities and charges	-	(197,583)	<b>(197,583)</b>
	<b><u>904,852</u></b>	<b><u>10,774,592</u></b>	<b><u>11,679,444</u></b>

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

	2025 Group £	2024 Group £
Net income for the year (as per Statement of Financial Activities)	<b>5,032,335</b>	(2,540,273)
Adjustments for:		
Depreciation charges	<b>282,118</b>	261,823
Release of negative goodwill – BS&D Hospiscare	<b>(4,894,314)</b>	-
Losses/(gains) on investments	<b>(15,801)</b>	(119,295)
Dividends, interests and rents from investments	<b>(187,769)</b>	(205,825)
(Increase)/decrease in stocks	<b>(22,542)</b>	(33,673)
(Increase)/decrease in debtors	<b>757,897</b>	(923,788)
(Decrease)/increase in creditors	<b>(545,915)</b>	637,376
Net cash generated by operating activities	<b><u>406,009</u></b>	<b><u>(2,923,655)</u></b>

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 23. Analysis of cash and cash equivalents

	<b>2025</b> <b>Group</b> <b>£</b>	2024 Group £
Cash at bank and in hand	<b>3,525,828</b>	1,841,510
	<u><b>3,525,828</b></u>	<u>1,841,510</u>

#### 24. Analysis of changes in net funds

	2024 Group £	Cash flows Group £	<b>2025</b> <b>Group</b> <b>£</b>
Cash at bank and in hand	<u>1,841,510</u>	<u>1,684,318</u>	<u><b>3,525,828</b></u>

#### 25. Contingent assets

Legacies are not recognised until the Group has entitlement to the funds, the amount can be quantified and there is probability of receipt. The estimated value of legacies, not included as income in these accounts and which have been notified but not received as at 31 March 2025, was £1,037,463 (2024: £1,259,176).

#### 26. Pension commitments

The Group pays contributions to a defined contributions pension scheme. The assets of the scheme are held separately from those of the Group in an independently administered fund. The pension cost charge represents contributions payable by the Group to the fund and amounted to £263,987 (2024: £262,915). Contributions totalling £35,161 (2024: £51,864) were payable to the fund at the balance sheet date and are included in creditors.

Additionally, the Group pays contributions to the NHS Pension Scheme. Although the scheme provides defined benefits to members, it is an unfunded multi-employer scheme, with no ongoing liability for the Group beyond the level of employer contributions specified by the scheme. Accordingly, it is accounted for as if it was a defined contribution scheme. The pension cost charge represents contributions payable by the Group to the fund and amounted to £432,384 (2024: £426,333). Contributions totalling £57,199 (2024: £133,752) were payable to the fund at the balance sheet date and are included in creditors.

## Hospiscare

### Notes to the Financial Statements (continued) For the year ended 31 March 2025

#### 27. Operating lease commitments

Lessee	2025 Group £	2024 Group £	2025 Charity £	2024 Charity £
Not later than 1 year	411,125	301,903	411,125	301,903
Later than 1 year but not later than 5 years	622,034	413,919	622,034	413,919
Later than 5 years	126,621	-	126,621	-
	<u>1,159,780</u>	<u>715,822</u>	<u>1,159,780</u>	<u>715,822</u>

#### 28. Related party transactions

The Charity is taking advantage of the exemption allowed under FRS102 from the requirement of Section 33 "Related Party Disclosures" not to disclose related party transactions with members of the Group. There are no other related party transactions other than those disclosed in note 13. There were no amounts outstanding from any Trustee at the year end.



**HOSPISCARE**

England & Wales - Charity number 297798

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# Accounts

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# Impact Report and Annual Accounts

April 2023 to March 2024



**Because every day matters**

[www.hospiscare.co.uk](http://www.hospiscare.co.uk)

Registered charity no. 297798



**Hospiscare**  
Your local hospice



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Pages 3-42 constitute the Trustees' Report for the purposes of the Companies Act 2006 and Charities SORP, including the requirement for a Strategic Report (covered on pages 32 to 40)

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# Welcome

## to Hospiscare's Impact Report and Annual Accounts for 2023-2024

We are proud to present Hospiscare's latest Impact Report, highlighting the performance, successes and challenges for our hospice in 2023/24.

Looking back at last year, first and foremost we want to thank our staff, volunteers and supporters for their dedication and service. In a demanding year, we are tremendously grateful to all those in our community who have given their hard work, expertise, time and money to help us continue to care for patients and families across Exeter, Central and East Devon. Thank you.

We are very proud of our hospice team. We were delighted to receive an 'outstanding' designation once again from the CQC and be rated 'five star' on [iwantgreatcare.org](http://iwantgreatcare.org) by our patients and their loved ones.

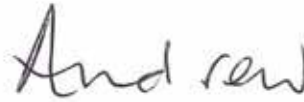
The year covered by this report brought challenges, as it did for many charities across the breadth of the UK. In November 2023, we highlighted that inequity in government hospice funding in Devon, combined with the cost-of-living crisis, meant we were facing a £2.5 million funding shortfall.

In response, our teams worked hard to grow our income and make savings where possible. We continue to engage in ongoing discussions about fair funding with Devon's Integrated Care Board, the local body that allocates government healthcare funds, and remain hopeful that statutory funding for our hospice will improve in the future.

The 'Care' section of this report, from p.14, outlines how we have cared for our patients and those close to them this year and the steps we take to ensure our services are safe, effective, responsive, compassionate and well-led.

As well as reviewing the past year, this report also looks ahead (p.24) at the year to come, to outline the four pillars of our strategic plan for 2023-26 and highlight the steps we will take to address our current challenges, strengthen our organisation and continue to improve our care in the future.

At Hospiscare, year-on-year, over 80% of our funds are raised thanks to the generosity of local people who donate, leave us a gift in their Will, play our lottery, shop with us or fundraise on our behalf. With our community behind us, we will continue to care for patients across the heart of Devon when they need it most.



**Andrew Randall**  
Chief Executive Officer



**Brian Aird**  
Chair of Trustees





Part 1:  
**Our Impact**

# Making Every Day Matter

## Our Mission

We provide compassionate, expert end-of-life care to those in need – before, during and after death. Together with our local community, we make every day matter.

## Our Vision

Our vision is to ensure those in need receive outstanding end-of-life care in the place of their choice.

## Our Values

Our values are the foundations upon which our strategic ambitions are built. They determine how Hospiscare is run on a day-to-day basis. In everything we do, we strive to be:



### Compassionate

towards every member of our community, from our patients and families to our staff members, volunteers and supporters.



### Respectful

to the needs and beliefs of the people we serve.



### Professional

in our provision of specialist end-of-life care.



### Inclusive

of all needs and circumstances, ensuring end-of-life care remains accessible to all.



At Hospiscare, we understand how precious life is. That is why we strive to make every day matter to our patients and their families.

Our specialist doctors and nurses are available 24 hours a day, seven days a week to support our patients and their loved ones when they need it most.

We believe that everyone deserves a good death and we are committed to making this happen by:



### **Caring for patients in the place of their choice**

Our specialist doctors, nurses and therapists care for patients on our ward in Exeter, at the Royal Devon University Healthcare NHS Foundation Trust, at home, in care homes, in Exeter Prison and those who are homeless or have complex housing needs.



### **Sharing our voice**

By training the next generation of doctors and nurses and sharing our expertise, both locally and nationally, we aim to improve the standard of end-of-life care for all.



### **Making every day matter**

We can't give our patients and their families more time, but we can support them to make their final days matter. From supporting patients to achieve bucket list goals to advising them on how to make their final wishes known, we are there to make every moment count.



### **Being there after death**

For many of our patients, leaving loved ones behind is one of the most worrying things about a terminal diagnosis. At Hospiscare, our care doesn't stop after the patient has died. We remain by the side of families for as long as they need us.

# Our Impact



*"I'm surrounded by Hospicare, so I feel like I'm in a safe place. They're all angels as far as I'm concerned. The hospice is always going to be there for you."*

After receiving the 'all clear' from breast cancer in 2018, Charlotte's cancer returned and she was given the devastating news that it was terminal. Charlotte is determined to spend the time she has left with her loved ones, sharing how much they mean to her.

# We said we would...

## Provide care reflecting the wishes and needs of our patients and those close to them

To provide this level of care, it's vital to discover what's important to our patients and those close to them. With this in mind, we are establishing patient engagement groups and feedback forums. We're also embedding patient-centred outcome measures to enhance our clinical service provision for the future.

To ensure that our care continues to be individualised, responsive and accessible, we're reviewing our triage processes so that acute patients' needs are responded to appropriately. We've also identified an area of need for young people transitioning from children's services to adult care and are developing strategies to support them at this vulnerable stage in their care pathway.

Educating and engaging our healthcare partners and the wider community impacts the broader experience of our patients' care. We are developing opportunities with local universities, as well as outreach projects with faith groups and community hubs, to ensure that we champion expert end-of-life care across our region.



## Develop and support a sustainable and stable workforce

It's vital that we continue to provide specialist care. To ensure this, we've prioritised staff and volunteer access to learning and development, including reviewing our training and mentoring programmes and working to embed supervision.

To improve inclusivity, we've initiated an equality, diversity and inclusion (EDI) working party of staff and volunteers from across the organisation. This group has created an EDI action plan with the aim of engaging staff at all levels to ensure understanding and awareness of our vision, enabling inclusive policies and processes and evaluating our practices against measurable targets. This includes a communications plan, partnering with other organisations, reviewing training, and applying for Committed to Equality (C2E) accreditation.

We have also formed a 'Volunteer Voice' programme: a group of volunteers that act as a voice for the broader group, working with the teams at Hospiscare to support and develop volunteering initiatives.

The wellbeing of our staff and volunteers remains a priority. In 2022, we used MIND's Workplace Wellbeing Index to create an action plan to improve mental health in our organisation. The action plan has now been completed and we are considering how best to reassess staff wellbeing in 2025. We also have several support mechanisms in place for staff, including our employee assistance programme, wellbeing group, and mental health first aiders.





**LOCAL PEOPLE  
DESERVE  
FAIR HOSPICE  
FUNDING**



*“It costs our hospice £10 million a year to provide our services caring for people with terminal illnesses. The government funds only a small proportion of this, and it’s thanks to the remarkable generosity of local people, who support us through fundraising and legacies, that we are able to continue our vital work.”*

Andrew Randall, Chief Executive Officer, Hospiscare



## Increase income to fund our care

Discussions with the Devon Integrated Care Board (ICB) regarding fair funding remain a top priority for our charity. During 2023/24, Hospiscare only received 15% of our annual funding from the ICB, the statutory body responsible for allocating government healthcare funding within the county. This is in comparison to the national average of 27%. Further information on our fair funding campaign can be found on p24 or online at [www.hospiscare.co.uk/fair](http://www.hospiscare.co.uk/fair).

To increase revenue from our retail operation, we've taken steps to improve the customer experience and to increase the range of goods available in our shops, including vintage clothing and white goods.

To maximise growth from existing fundraising streams, we've invested in corporate fundraising and we promote more partnerships where the relationships are mutually beneficial and long-lasting. We are also commissioning new advertising for our gifts in Wills funding stream, and are providing a free will-writing service to supporters.



## Create a workplace that is fit for the future

Digital ways of working are at the heart of a modern workplace. As part of Hospiscare's digital strategy, we are in the process of migrating to a cloud-based system to allow staff to work more flexibly, to ensure the system is more robust, both from a connectivity and storage perspective, and to improve security. This change will bring long term savings to our charity and help us to develop our people management systems.

Another vital strand in future-proofing our workplace has been improving the sustainability of our environmental and financial practices. Our Estates Team has rolled out a programme of LED light installations at our retail warehouse to reduce costs and emissions, is overhauling the way we manage waste and is introducing a new recycling system at Searle House.

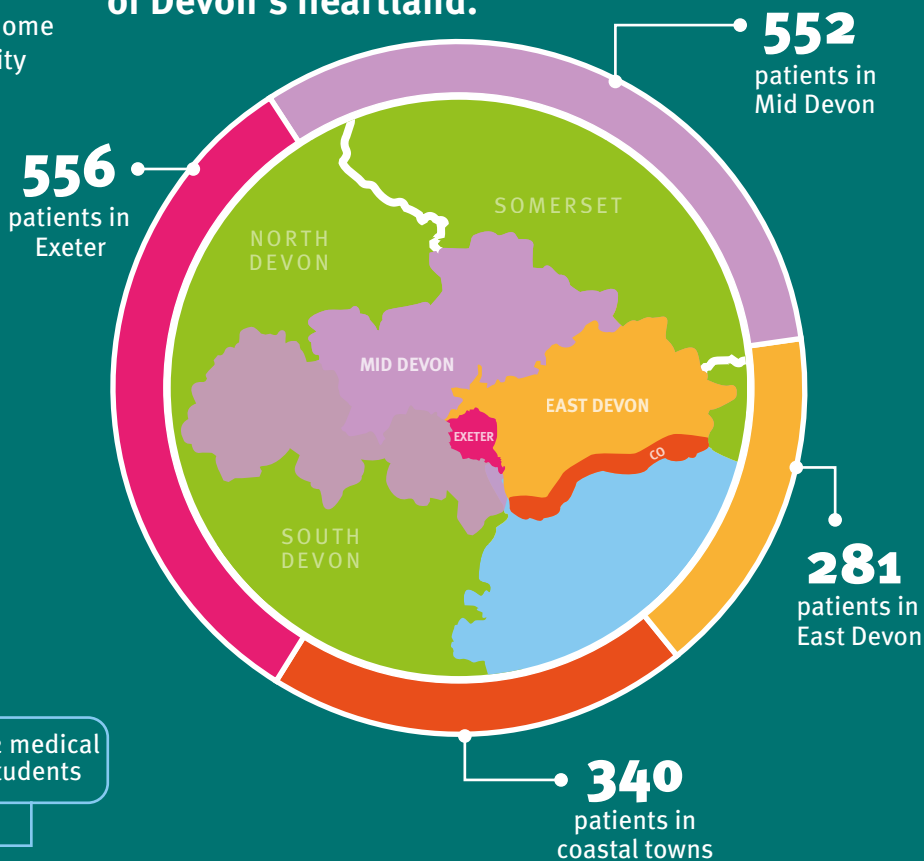
As we have several sites across the heart of Devon, we need to ensure our buildings are fit for purpose. We introduced an e-registration system at Searle House which has improved the flow of staff and visitors through our reception area. Discussions are also in place to install a digital catering system at Searle House to manage out-of-hours requests.



# Our Year in Numbers



Our care spans 1,028 square miles of Devon's heartland.



**151 students** undertook placements at Hospiscare

132 medical students

1 Occupational Therapist

2 Trainee Nurse Associates

15 nursing students

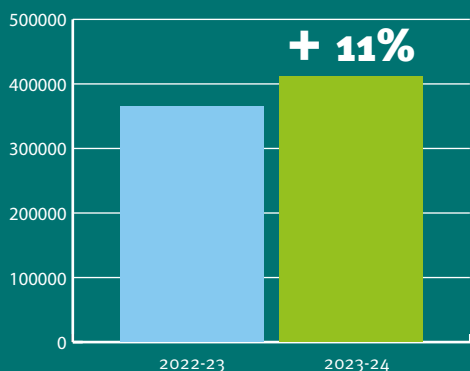
1 Social Worker

**Over 55,000 hours donated by 571 dedicated volunteers**



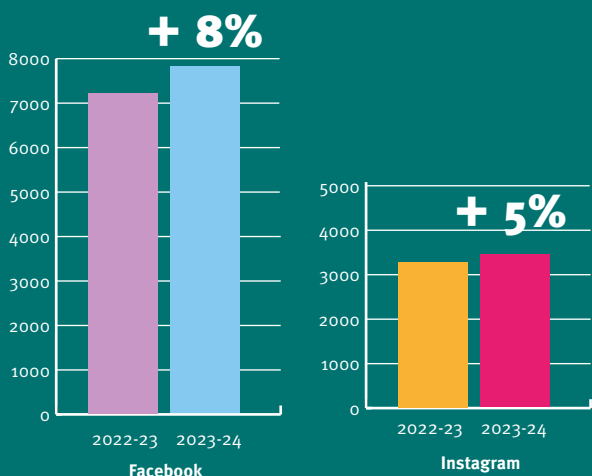
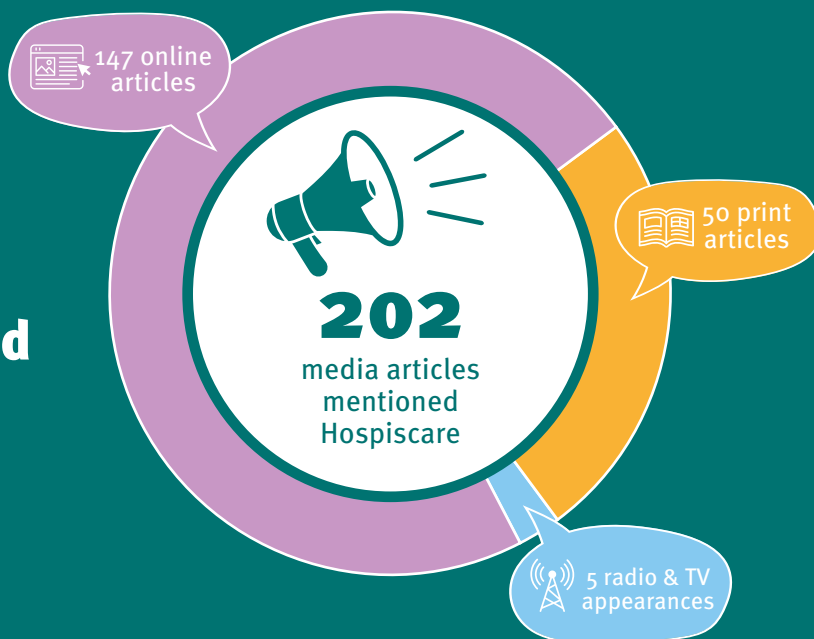
327 volunteers in retail roles

# Awareness of our work is growing

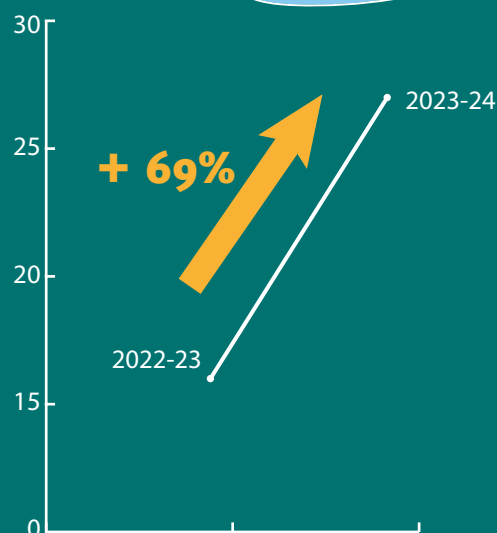


**Our website received 411,000 views**

an increase of 11% from the previous year



**Our audience on social media is growing**



**We provided more than double the amount of external training courses in 2023/24**



149 volunteers in fundraising roles



133 volunteers in patient support roles

13 volunteers in trustee roles

# Our Care



*"It's a testament to the skill, dedication and hard work of our staff members and the support of our volunteers at Hospiscare that our services have been rated by CQC as outstanding. I'm particularly proud that our specialist care was noted by inspectors to be 'exceptionally effective and responsive.'"*

Ann Rhys, Clinical Director at Hospiscare

## An outstanding result

We are proud to announce that Hospiscare has been rated as outstanding by the Care Quality Commission, the regulatory body for healthcare services. The news comes following an inspection of our hospice by the CQC between January and April 2024.

Hospiscare is rated as outstanding in the categories of well-led, caring, response and effective and good in the category of safe, with an overall verdict of outstanding, Inspectors praised our hospice as “exceptionally effective”.

Inspectors noted that Hospiscare patients felt they were treated with dignity and that the care we provided was flexible, well-coordinated and respectful of patient choices and views. The report also found that our outreach work and partnerships provided palliative care for those in society who might otherwise struggle to access it.

Hospiscare’s Clinical Director, Ann Rhys, continues “I’d like to thank our supporters in the local community who fund our charity through donations, playing our lottery, shopping in our charity shops and leaving a gift in their wills. It’s thanks to their generosity that we’re able to provide our services to those in need of expert end-of-life care, free of charge.”

## Caring for all our patients’ needs

We are proud to be able to offer a highly skilled multi-disciplinary team (MDT), which includes palliative medicine consultants, advanced nurse practitioners, clinical nurse specialists, admiral nurse, palliative care paramedics and allied healthcare professionals. We also have many volunteers who work alongside our clinicians to give holistic support to our patients.

Our teams support and treat patients who have complex physical, psycho-social and spiritual symptoms seven days a week. This support could be in the form of home visits, telephone or video consultations or via clinics to provide support and ongoing assessment. An overnight telephone advice service is available for patients and those close to them. Healthcare professionals can also access this service for out-of-hours specialist support and guidance.

Through our close links with the Royal Devon & Exeter Hospital, our team of consultants and doctors also visit patients on the hospital wards, attend MDT meetings and offer advice.

## Our doors are open to everyone

As part of our work on equality, diversity and inclusivity, we presented at the national Hospice UK conference in November 2023 on our homeless community project. This was a collaboration with local homelessness charity, St Petrock’s, with the aim of ensuring our “doors are open” to all members of our local community.

Exeter has a large homelessness problem. 73% of the homeless community have a physical health issue and rough sleepers have a reduced mortality age compared with the national average. We wanted to ensure that Exeter’s homeless community are aware of the support we provide.

Thanks to grant funding, we have been able to establish training with St Petrock’s staff as well as drop-in clinics and monthly walkabout visits to directly reach this vulnerable group. To date, seven patients have been actively supported as part of this project, with two dying in the hospice. We now have a greater understanding of the complexities of the homeless and vulnerable housing community, and our processes are more flexible to ensure they don’t create barriers to our care.

## Challenges within healthcare

The health and social care system has entered the most turbulent time in its NHS history, and this has a direct impact on the care our patients receive from local healthcare services.

As a hospice team, we work alongside colleagues within the NHS and see on a day-to-day basis how, despite the many advances in NHS care over the past 75 years, social and economic vulnerability has led to access and provision becoming stretched, with increasing demand and a reducing workforce.

Over the past three years there have been major changes to the healthcare landscape which have inevitably impacted on us as a charity and provider of specialist palliative care.

Due to increases in costs and a reduced level of funding, we have had to review our services. This resulted in the difficult decision to reduce the number of beds on our ward, as well as changing our weekend clinical services and the services we provide in patients’ homes.



## The legacy of COVID-19

For many, the national lockdowns are a distant and somewhat surreal memory, but the aftershock of the pandemic continues to be felt by our healthcare system.

Data has demonstrated that during the lockdowns, there was a 50% drop in A&E presentations for heart attacks, leading to an increase in heart failure, alongside 50,000 missed oncology diagnoses. Our recent referrals reflect this impact, with the average time from referral to our service to death being just 11 days.

In addition, due to the isolation inflicted on people at this time, those living with dementia either saw a significant worsening of symptoms and/or deterioration in their physical health. Deaths from dementia including Alzheimer's is now the leading cause of death in the UK. Our Admiral nurse works

closely with our specialist clinical teams to ensure the most appropriate care and support is given to this group of people and their carers. Post-COVID, the demand for this specialist support has increased and will continue to be a focus for us due to our local demographics.

## Caring for Devon's ageing population

The Chief Medical Officer's 2023 annual report highlighted the increasing demand of an ageing population and a need for a focus on future care provision. Projections show a significant increase in both over 65s and 85s in Devon in the next ten years. This will undoubtedly impact on the requirements for specialist palliative care. Along with a cultural shift towards people wishing to remain at home at the end of life, we will need to be able to respond to this wave of change.

As well as our ageing population, we're seeing an

increase in the complexity of our patients' diagnoses, with the majority of our patients having two or more conditions simultaneously present. Estimates suggest that 15-30% of the population is now living with more than one chronic condition, and this is rising.

## Cost-of-living crisis

Over the past year, we've faced soaring energy costs alongside increases in the cost of fuel, food and fair wages for our dedicated staff.

With no further support packages available from the government, our energy costs increased in September 2023 when we reached the end of our utility contract, and we have seen a staggering 50% increase in fuel costs from the previous year. We implemented Agenda for Change (the current NHS grading and pay system) to stabilise our recruitment. This, combined with the subsequent NHS pay increase, had a significant impact on our costs with an annual increase of £606,000.

We were able to mitigate the rise in utility and food costs by increasing our use of energy-efficient LED lighting and continuing our hybrid working policy to allow for less office usage, as well as significantly reducing our staff and visitor food menu.

Our patients and their loved ones are not only facing the life-changing news of a terminal diagnosis, they must now also navigate this journey with increased financial pressure.

We are supporting more patients and their loved ones with applications for financial support grants. Recently, we were successful in securing funding for transport to allow a teenage son to visit his dad at home before he died. Our clinical team have also reported that patients are accessing food banks and applying for gift vouchers for supermarkets. We have supported families by discussing energy prices as the need to heat our patients' homes for longer periods has had a significant impact, with some patients being admitted to our ward for a warm place to stay.

In 2023, Hospiscare worked with Citizens Advice Exeter on a pilot project to support our patients' family members and carers with their financial issues, the most prominent of which was applying for and receiving financial benefits. The pilot project empowered most of the relatives or carers with the information to take the necessary steps to claim these benefits themselves. It also identified a clear area of need and as a result, we will have a Citizen's Advice advisor working with us on a weekly basis from June 2024.



## Fair funding

According to data from Hospice UK, England's adult hospices have faced a real-terms cut in their government funding of £47 million in the past two years, and UK hospices are on track to spend almost £200 million more on delivering their care than they will receive in income.

In 2023, we launched a public campaign to address the shortfall of our income from the Devon Integrated Care Board (ICB). The hospice costs almost £10 million a year to run. The ICB provides just 15% of our funding, well below the national average of 27% that other hospices receive. This means we rely on the incredible generosity of local people to continue our vital work and fund over 80% of our costs.

In response Devon ICB finally awarded Hospiscare with a one-off funding contribution of £480,000. While the payment is welcomed, it still leaves a huge deficit and is not enough to stave off service cuts.

As a result, we will begin the 2024/25 financial year with a funding deficit of £2.5 million which has forced us to reduce the number of beds on our specialist ward and cut back our weekend community services.

# Maintaining our Standards



*“We found Ges in his bed, where he’d probably been for two days. He hadn’t been eating or drinking and didn’t really understand where he was and what was going on.”*

Suspecting sepsis, a life-threatening reaction to an infection, Hospiscare paramedic, Patch, called for an ambulance. Ges was given emergency treatment before returning home where he continues to be cared for by the Hospiscare team.

As a healthcare charity, we are registered with the Care Quality Commission (CQC). The CQC’s five lines of enquiry – caring, responsive, effective, safe and well-led – form the basis of our care. We are proud to have retained our ‘outstanding’ rating following the CQC’s inspection of our hospice at the beginning of 2024.

## Caring

We are committed to providing the highest level of care to our patients and their families. In order to do this, it is vital that our staff receive the most up-to-date training. As part of this, our teams are working through the Oliver McGowan Mandatory Training on Learning Disability and Autism.

To maintain the high standard of our care, it is essential that we seek the views of our patients and their family members. iWantGreatCare is an independent healthcare rating scheme that enables patients and those close to them to give anonymous feedback on our services. In 2023/24, we received 306 responses across our services with an average rating of 4.96 out of five.

## Responsive

We continue to monitor our data and patient feedback to ensure our clinical provision is responding to our patients' needs. As part of this, we recently expanded our paramedic roles across the community to respond to any sudden deterioration in our patients.

In response to the quality of information recorded on new patient referrals, we decided to change the way patients are referred to our service. We began offering a new telephone referral service to the Royal Devon and Exeter University Hospital (RDUH) teams to ensure that all information was accurately captured at the time of referral. This gives the RDUH teams the option of discussing any concerns they may have regarding a patient and allows our teams to triage the patient with no time lost seeking further information from the referrer.

## Effective

Hospiscare was one of 69 hospices who took part in the National End-of-Life Care (NELC) audit. The results were very positive for us and gave us clear evidence about the very high standard of care being delivered across all our clinical teams. The need for two main improvements were noted by the audit. The first was for clearer documentation of conversations which take place on the ward when prescribing medications for patients which may cause sleepiness. The second was to ensure that written leaflets were given to all families explaining the changes that happen in the last few days of life, rather than just relying on a verbal explanation. We are working to implement these changes to ensure that we are operating at the highest level.

Four of our nurses presented a time and motion study at the Hospice UK conference in November 2023 entitled: Releasing Time to Care in Palliative Care. The study aimed to understand how the hospice Multi-Disciplinary Teams (MDTs) utilised their time

with a focus on identifying any inefficiencies and reallocating this time to direct patient care. 70% of our working clinical team participated in the study and the results showed that a large amount of time is spent on administration, communication and management duties. This may be improved by analysing systems within the service to reduce duplication of work and inefficient processes. A digitalisation strategy is being introduced to consider the use of virtual and AI approaches to care, alongside a group focusing on email management. This work is ongoing but provides valuable information to allow us to further explore and re-evaluate current roles, releasing time to care including utilising volunteers and considering more non-traditional roles within our MDTs.

## Safe

In response to COVID and the resulting increase in the number of referrals, and complexity of referrals, our clinical team developed the Hospiscare Clinical Escalation Activity Tool (HEAT). The tool was needed to ensure clinical safety and effective patient care at all times by safeguarding the wellbeing and capacity of teams throughout periods of heightened activity.

There are a range of safe staffing and dependency tools within the health and social care world, but within the hospice sector there is no specific tool which focuses on our speciality. As a result, we would often try to fit into other moulds which did not always consider the complexities of our specialist services.

HEAT uses a risk assessment matrix to calculate the status for each day. Based on the HEAT level, recommendations are made to the Clinical Director in order to ease the pressure across the organisation.

Since launching HEAT, we have been able to extract data which demonstrates pressure points on our organisation, enabling us to be agile as a service, but also gain an understanding of where the pressures are.

## Well-led

In 2020 during the early part of the pandemic, our Clinical Co-ordination Centre (CCC) was established as the hospice front door to ensure that, however restricted our staffing was, there would always be someone at the end of the phone to support patients and loved ones, as well as healthcare professionals.

Over the past four years, we have developed the CCC and it is now an essential element of our clinical service, operating from 8am to 6pm, seven days a week. The service is staffed by call handlers and registered nurses, with a fluid rotation of community specialist nurses overseeing the day-to-day support and advice.

# Supporting one another



## Meet our nurse, Natalie

*“Hospiscare is unlike anywhere else. I’ve never thought once about working somewhere else – I’ve never felt the need to. I am privileged to be part of what Hospiscare does.”*

*“I’ve been there through all the ups and downs and major changes, but the core of what Hospiscare does has remained the same. We focus on patients at the end of life and give the best possible care we can and that’s never changed.”*

In January 2024, Natalie Mear celebrated 30 years of working as a Hospiscare nurse.

Just a few years after qualifying, Natalie successfully applied for the role of community nurse in the new Hospiscare service that was being set up in Axminster. Natalie’s career has gone from strength to strength and she now leads our Eastern Community Team, managing our nursing teams from Axminster to Exmouth.

## Meet our care navigator volunteer, Viv

*“If people don’t have family members fighting their corner, looking after them and what’s happening to them, then they can feel left by the wayside. They need someone to be their voice when they’re not feeling strong.”*

Viv Menear became a volunteer care navigator in 2023 following the death of her mum. After being her mum’s primary carer, Viv describes feeling “a bit empty” and decided it was time to give something back.

As a care navigator, Viv provides practical and emotional support to patients and their families at home. From helping with everyday tasks such as collecting shopping to accompanying patients on trips, Viv is able to provide comfort and companionship to our patients, as well as respite for their family members and carers.





## Meet our supporter, Steve

*“My wife was brought into the hospice for two weeks at the end of her life. Our children were only two and four at the time. She was given a private room so I could take the children to see her right up until the end. I will never be able to repay Hospiscare for what they did for us.”*

As a widower with two children under five, free time was in short supply for Steve Percy but he was determined to give something back. The family began taking part in bike rides to support our local charity and when the children were older, Steve joined the Otter Vale Friends of Hospiscare. In his many years as a member of the support group, Steve has helped to organise community fundraising events including coffee mornings, plant sales, car boots and bingo nights.

When lockdown brought most of Hospiscare’s fundraising activities to a halt, leaving our charity struggling to cover costs, Steve took action by walking

105 miles in one week in March 2021, raising an incredible £6,384.

Steve also motivates local businesses to choose Hospiscare as their charity of the year, including Otter Garden Centre, where his daughter works. The team there raised over £14,000 in 2021 and continue to support Hospiscare.

Steve’s incredible efforts in supporting Hospiscare were recognised in 2022 when an attendee of his bingo nights nominated Steve as a baton bearer for the Commonwealth Games.

Steve isn’t the only fundraiser in the family. His fiancée regularly supports his events and his children have undertaken their own fundraising activities for Hospiscare. In 2023, Steve’s daughter Lauren braved a skydive, as well as recreating her dad’s 100-mile walk. To date, they have raised over £16,700 for Hospiscare.

Without amazing supporters like Steve and his family, we simply could not do the work we do.

# Learning and Developing



*“My role will ensure that Hospicare continues to improve and grow, not just on a local level, but on a national level too. We will be at the forefront of informing best practice for end-of-life care across the country and bringing this level of care to our own hospice.”*

Hospicare Advanced Nurse Practitioner, Emily Collyer, became our first Research Nurse in January 2024.

## At the forefront of palliative research

Working in partnership with the National Institute for Health and Care Research (NIHR), Emily's role as Research Nurse enables Hospiscare to be a research-active organisation. Funded by the NIHR, the role was developed as a response to the growing need for research in end-of-life care.

Emily explains, "Historically, research in palliative care has not been very active. That is all changing now and we are proud to be at the forefront of this driving force."

Emily works collaboratively with other hospices in the South West who are being supported by the NIHR to develop practices within our region. Her role involves engaging our clinical staff body in research, as well as implementing learning from other professionals' research into Hospiscare's practices.

This collaboration is of great benefit to our patients as we continue to learn and develop our service. We are also able to offer our patients the opportunity to participate in research and be a part of improving palliative care for all.

## Training the next generation

As specialists in end-of-life care, a vital part of our mission is passing on our expertise to the next generation of medical professionals.

As well as a vast range of training opportunities available to our staff and volunteers across all areas of our charity, Hospiscare also provides placements to medical students and nurses.

In 2023, we widened our training offer and provided education and training to student paramedics, occupational therapists and social work students.

All of our courses are now available to book via the Hospiscare website, and we have seen an increase in external learners attending our training due to this.

## Collaborating to create opportunities

Over the last year we have collaborated with the University of Exeter as primary partners in a research project entitled 'Creative Toolkit'. This project is aimed at using creativity to support the wellbeing of healthcare workers in response to the increase in stress levels and difficulty in accessing wellbeing resources that stemmed from the pandemic.

In 2023, we piloted two Creative Toolkit face-to-face workshops. We invited 18 staff members and volunteers to try out a range of art forms, including collage, clay modelling and poetry, to facilitate reflection, community building and wellbeing.

The response was overwhelmingly positive, with 95% of attendees reporting feeling more confident in using creative methods. Those who attended described a range of benefits, including opportunities for team building and self-reflection, as well as feeling grounded, restored and valued.

The research from these pilots led to the creation of an online interactive library of creative resources. A poster from the project was displayed at the recent European Association for Palliative Care World Research Congress in Barcelona. We also collaborated further with the University on their BBC-featured annual exhibition 'The Art and Culture of Nursing' and this project continues to strengthen links between Hospiscare and the University of Exeter, with new initiatives planned.

In 2024, we evolved the Creative Toolkit workshops into Hospiscare's new Rest and Reflection Days where members of staff can spend the day taking part in a variety of creative activities to support their wellbeing.

Due to the challenging nature of our work, it is important that our staff engage in regular clinical supervision – taking time out of practice to reflect on the work they do so that they can return to it feeling fully refreshed and resourced. We conducted a clinical supervision survey to ensure staff are getting the support they need, and in response to this, we developed a 'supervision menu' to allow staff to access the supervision that suits them. We also trained a number of our staff to facilitate groups and one-to-one support, and established a regular Creative Clinical Supervision group at Searle House with plans to extend this across our hubs.

## From April 2023 to March 2024



711

hours of training were provided to medical students



173

workshops and courses were delivered in-person or digitally



151

students undertook placements at Hospiscare

# Looking Ahead



Our 2023-26 strategic plan outlines four key areas of activity that we use to manage our objectives and achieve our mission.

In our 2022/23 Impact Report, we identified key challenges and took substantial steps to address them. This work continues. Despite our funding shortfall, our priority remains to provide quality, holistic care for local people in need, with our patients and their loved ones at the heart of all we do.

This section outlines the priorities for each of our strategic areas in 2024/25.

## Care

**Ensure care is individualised, responsive, and accessible.**

- In 2024/25, we're participating in a county-wide review of end-of-life care services alongside NHS Devon and neighbouring hospices.
- We'll adapt our services according to evolving patient needs, ensuring care is provided by the right person, in the right place, at the right time.
- Our new at-home rapid response service launches in autumn 2024, increasing patient access to at-home care across our catchment area.

## **Listen to our patients and those close to them.**

- Implement patient and carer groups focusing on experience and safety, expand symptom control groups, and strengthen community-based bereavement groups and social activities.

## **Engage and educate our partners and communities to champion expert end-of-life care.**

- Expand our education programme for medical students, health professionals, and care givers.
- Provide placements for junior doctors and allied healthcare professionals.
- Build on our partnerships with other local charities with shared goals and values.

## **Adopt innovative and flexible ways of working to improve efficiency.**

- Increase evidence-based knowledge to inform best practice.
- Explore implementing virtual wards, starting with a virtual admission triage process.

## **Income**

### **Engage and develop relationships with strategic funding partners.**

- Continue discussions with the Devon Integrated Care Board on equitable statutory funding and campaign for a national review of hospice funding.
- Invest in key supporter networks.

### **Improve our customer experience to increase revenue from our retail estate.**

- Focus on customer experience, seek new stores in strategic locations, and increase stock variety.
- Evolve our e-commerce offerings, establish new partnerships, and find new ways to reuse and recycle.

### **Develop opportunities to maximise growth from existing fundraising streams.**

- Invest in our charity lottery and Gifts in Wills fundraising programme.
- Grow our established community-based campaigns and test new income generation activities.

### **Identify and invest in new business development opportunities.**

- Develop and expand our retail operation and consider other opportunities as they arise.

## **People**

### **Identify effective ways to recruit and retain staff and volunteers, and improve inclusivity.**

- Establish our 'Volunteer Voice' forum and a programme of volunteer events.
- Invest in competitive pay benchmarked with comparable organisations.
- Evolve our Equality, Diversity and Inclusion group and deliver our EDI action plan.
- Introduce new ways to gain feedback from our staff and volunteers.

### **Develop our wellbeing offer to ensure a healthy working life for staff and volunteers.**

- Use the results of our MIND survey to evolve our wellbeing support.
- Seek staff feedback on our wellbeing programme.

### **Ensure staff and volunteers have access to learning and development, enabling us to remain expert and specialist.**

- Use feedback to update our staff and volunteer learning & development programmes.
- Continue to enhance our clinical skills training.

## **Place**

### **Implement a digital strategy that supports a modern workplace.**

- Move to a cloud-based environment to increase resilience and cost-effectiveness, and future-proof our systems.
- Set up a Digital Working Group to advise on and embed new digital systems.

### **Ensure our buildings are fit for purpose, welcoming, and meet our future needs.**

- Measure the sustainability of our buildings using an industry-standard process.
- Gather feedback on our buildings from patients and their families, staff, and volunteers.

### **Drive efficiency to support environmental and financial sustainability.**

- Develop our waste management system to reduce landfill and collection costs.
- Implement learning from our energy efficiency survey and work towards the Green Accord accreditation and implement our carbon management plan.

# Funding our Care

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## Fundraising during a financial crisis

As a result of the acute financial challenges that our charity is facing (detailed on p17), fundraising is more important than ever before. The generosity and dedication of our local community has been unwavering, despite the financial challenges that they themselves may face. From holding Coffee Mornings and opening gardens to braving challenges such as skydives, marathons and treks, our supporters have made an incredible difference to our hospice at this difficult time.

By the end of 2023/24, our financial position was a deficit of £2,540,000, an improvement of £892,000 compared to budget. This was due to an increase in our fundraising income (£115,000), income generated from the provision of education (£118,000), additional contribution from the ICB (£203,000) and an increased retail contribution (£118,000) compared to budget, as well as savings achieved across the organisation (£365,000) during the financial year.

Gifts left in Wills to Hospiscare raised £1,427,000 in 2023/24. These special gifts continue to play a vital – but variable – role in the income needed to deliver our care. We believe in planning ahead, and to make this process as accessible and straightforward as possible we signed up to a free will-making service in 2024. Octopus Legacy enables our supporters to easily draft their Wills online, over the phone or face to face, giving peace of mind that their last wishes will be followed.

Community fundraising in 2023/24 saw its most successful year since the pandemic, with huge support for our Open Gardens programme and a busy spring and summer as supporters put on their own events activities. Personal challenges were also very popular with a rise in people taking on running, cycling, trekking and ski-diving endeavours.

Local businesses succeeded in raising the largest amount of funds ever for Hospiscare. Our corporate 40 Club raised £117,938 through activities which primarily involved staff engagement within their organisation and across their business networks. We continue to raise funds from applications to grants and private foundations and would like to thank the Wolfson Foundation for funding the new patient entrance to our ward and the Norman Family Trust for funding the consumable items for patients on our ward.

In 2023/24, our retail operation saw significant development. We expanded our retail offering with a new pop-up shop on Sidwell Street in Exeter and relocated our Tiverton shop to a larger unit in the town. These changes were driven by the need to increase our presence in key areas and enhance customer accessibility.

Our income streams from both our physical shops and e-commerce showed notable growth. Sales from our physical stores increased by 13% from the previous year. Our online sales surged by 36%. This positive trajectory is anticipated to continue with a budgeted increase of 22% for the 2024/25 financial year. This growth is attributed to our strategic focus on new ways of working and exploration of additional marketplaces while also improving online customer experience.

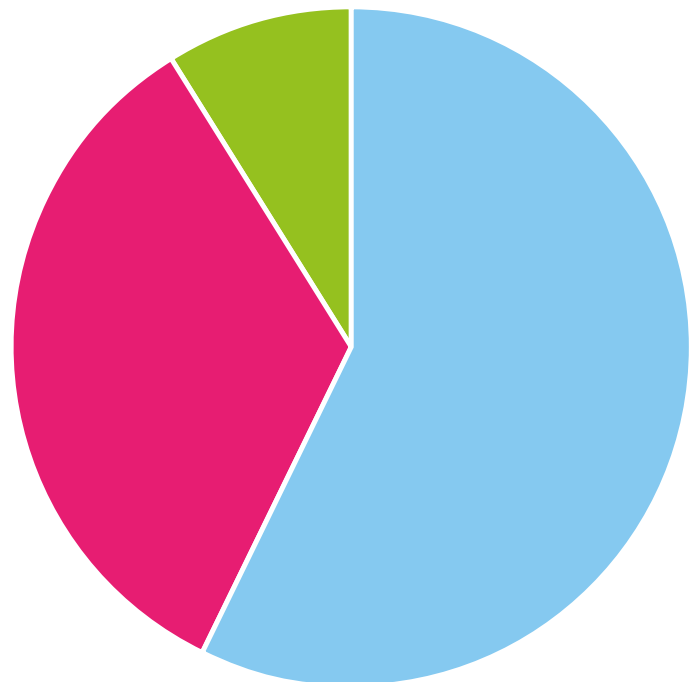
# How we funded our services in 2023/24



- Reserves (£2.93m)**  
 Hospiscare used savings generated in previous years to fund the provision of services during 2023/24. While this is normal for a charity, the scale of use was unusual and demonstrates the severity of the funding challenge facing the organisation.
- Fundraising (£2.31m)**  
 Income generated through the incredible generosity of our supporters through fundraising events, general donations and corporate partnerships.
- Gifts in Wills (£1.43m)**  
 This is from individuals leaving a lasting legacy to support local end-of-life care.
- NHS Contribution (£1.42m)**  
 The local NHS contributed 15% of our running costs compared to a national average of 27%.
- Other forms of income (£1.40m)**  
 Contributions received from our lottery (£301k), partner charities (£342k), retail (£254k), provision of education (£204k) and other sources of income (£294k).

# How we spent our money in 2023/24

- Community Nursing (£4.5m)**  
 Our community nurses visited over 1,800 patients, providing care and tailored support to them and their loved ones in the place of their choice. Where it is the patient's wish, we will also support them to die at home.
- Specialist Ward (£2.66m)**  
 We provided care for 244 patients on our specialist ward in Exeter.
- Other Clinical (£0.69m)**  
 We provided supportive care, including occupational, physio and complementary therapy and bereavement support and counselling to patients and their families.



*During the year, we spent £1.61m on raising money. This generated a total of £2.89m of income through donations, corporate sponsorship, gifts in Wills, and lottery contributions.*

# We couldn't do this without you

*Our tree grows and grows  
With every kindness you show  
Hope still in blossom.*



Thank you to every single person who has helped Hospiscare make every day matter.



**5,406**

meals served to patients on our specialist ward by our ward support volunteers



**£117,938**

raised by the Hospiscare 40 Club in 2023



**50**

talks were delivered across the heart of Devon by our Community Fundraisers



**1,212**

Christmas trees collected and recycled, raising a phenomenal £30,981

42

gardeners opened their gates and shared their green spaces for our Open Gardens



586,778

items of homeware were sold by our shops

Over

1,400

people took part in Men's Walk in March 2024



42

Hospiscare Heroes' blogs celebrated our supporters' achievements



1,963

people donated to Hospiscare in memory of a loved one



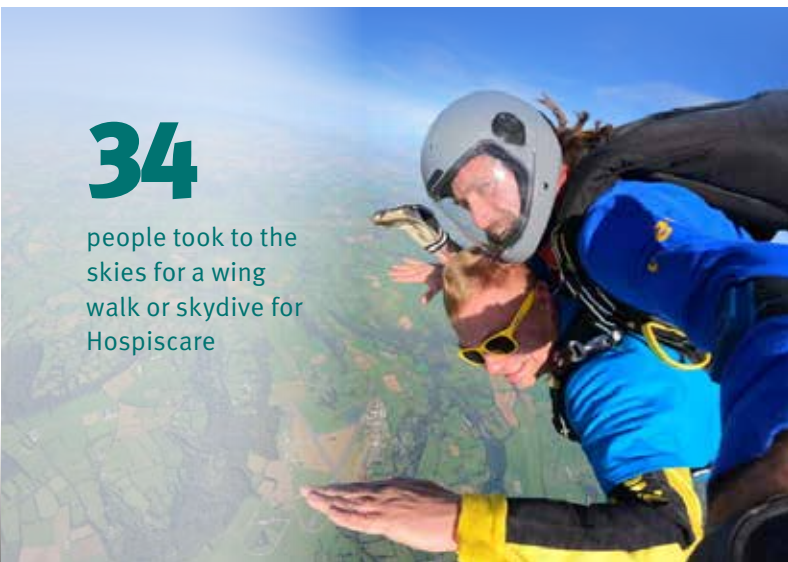
90

Facebook fundraising pages were created to raise money for Hospiscare



34

people took to the skies for a wing walk or skydive for Hospiscare



Over

450

people stepped out for our first ever Summer Walk in July 2023



Part 2:

## **Governance & Accounts**

# Financial Review



The consolidated financial statement comprises the result of the Charity together with its subsidiary company, Hospiscare (Shops) Limited (collectively “the Group”).

## a. Going Concern

Hospiscare’s trustees have assessed the ability of the Charity to continue in operational existence for the foreseeable future. The UK is facing significant cost of living pressure, and the charity sector is not immune to the effects of this. Historically, Hospiscare has utilised its reserves to fund services where there has been a shortfall in income raised. While this will continue to be the case for the next 24 months, the current level of reserves will not continue to support the current shortfall in funding indefinitely. The trustees and management are reviewing services and working with key stakeholders, including the Integrated Care Board, to secure additional funding to address this shortfall. During 2023/24, Hospiscare received a grant equivalent to 15% of its costs compared to a national average of 27%. This equates to a shortfall of £1,134,000 compared to the national average.

The Board is also reviewing the service delivery model to ensure that it is affordable while providing a high quality service to patients and their families. Having reviewed the organisation’s latest financial information, the trustees are assured of the Charity’s financial viability for the foreseeable future.

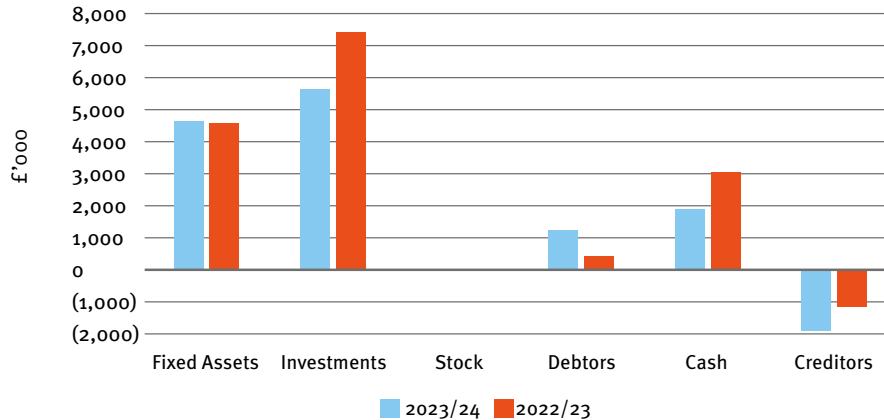
The Charity has reviewed its compliance with the Care Quality Commission (CQC) framework and believes that after this assessment, the organisation continues to meet the requirements in respect of its regulatory requirements. Following the most recent inspection in January 2024, the CQC have provided Hospiscare with a rating of outstanding. This inspection outcome supports this trustee assessment.

The trustees have no knowledge of any other financial or regulatory action which could cause the Charity to cease operations. For this reason, they continue to adopt the Going Concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

## b. Financial Position at Year-end

- The financial statements show the consolidated financial position of the Group. At 31 March 2024, the net assets of the Group were £11,679,444 (2023 - £14,219,717) a decrease of £2,540,273 during the year.
- Tangible fixed assets mainly comprise the depreciated cost of the Charity’s hospice buildings and the plant, fixtures and fittings therein. Investments comprise a property held for the generation of rental income and investment portfolios managed by an external professional investment manager. The Group’s cash balances are receivable on demand and are held in sterling by leading UK banks and financial institutions. Debtors and creditors represent normal working capital. Provisions represent the expected cost of future lease dilapidations in respect of the Retail estate.
- The main changes in the makeup of the balance sheet during 2023/24 are as follows:
  - change in overall value due to financial performance during the year.
  - change in the investment mix from cash and investments to a pure investments model. This is due to changing the investment approach to from restricted access long term treasury deposits to instant access UK Government Gilts.
  - Increase in stock holding within Hospiscare (Shops) due to purchase of goods for resale to complement the sale of donated goods and meet increasing demand.
  - Increase in creditors due to £480k of Devon Integrated Care Board (ICB) income received in March 2024 which has been deferred into the 2024/25 financial year.

## Hospiscare Balance Sheet



### c. Financial Review and Significant Events

The overall performance for the financial year was better than expected due to an increase in the level of fundraising, statutory, and retail income, offset by a reduction compared to budget in the level of expenditure (especially clinical staffing) throughout the year.

The total level of income generated during 2023/24 fell by £269k compared to the previous year. Fundraising income continued to increase during the year despite the cost-of-living challenge and reduced disposable income for many of our donors. Hospiscare saw an increase in the level of income being generated from large one-off events and from corporate fundraising. This has mitigated the impact of the cost of living on general donations.

Funding from the ICB represents 15% of the cost of provision. This compares to the national average level of 27%. Throughout 2023/24, Hospiscare has been lobbying the ICB for additional funds. While a small increase was received in year, it was not sufficient to level up funding with the national and local average. This work will continue into 2024/25 to secure an equitable level of funding for Hospiscare.

Income from investments and treasury deposits was higher than in previous years as Hospiscare has maximised returns on cash holdings as a result of increased interest rates. The overall value of the investment holdings increased by £119k due to a change in the portfolio holding and an improvement in the investment market.

Expenditure on Charitable Activities increased during the year due to inflationary pressures for both pay and non-pay expenditure. Hospiscare incurred an additional £606k of staff costs during the year as a result of aligning pay scales with the NHS's Agenda for Change pay scales. Before this alignment, the organisation was struggling to recruit and retain the staff to provide clinical services. This alignment has improved both retention and recruitment across the organisation.

As well as wage increases, Hospiscare faced inflationary pressure experienced during the 2023/24 financial year, with increases in all cost areas as a result. The increase in statutory funding received during the year was not sufficient to keep pace with increases in pay and non-pay costs that are being experienced. As such, the ongoing financial uncertainty surrounding funding and external cost pressures combine to represent a significant risk to the organisation.

### d. Reserves and Reserves Management Policy

Hospiscare utilises reserves to fund future service provision where the level of funding raised is not sufficient to meet the cost of delivering services. This enables the organisation to spread the use of money across multiple years and use surpluses from one year to fund deficits in subsequent years. This enables Hospiscare to provide the wide range of services across Exeter, East and Central Devon without having to adjust the delivery model on an annual basis.

Hospiscare holds the following reserves:

Restricted reserves (2024: £905k) are the value of monies which have been donated with a specific charitable purpose in mind. These cannot be spent on the overall running of the Charity without the express permission of the donor.

Designated reserves totaling £4,256k consist of the Stability and Working Capital fund. This fund has been put in place by the Charity's trustees to manage the expected shortfall in funding from the ICB and legacies during 2024/25. Capital reserves (2024: £4,250k) are the value of reserves which are funded by capital assets. These funds are reported separately as they are not readily converted to cash for the provision of services.

General Reserves (2024: £2,268k) are available to fund future projects and are not limited in scope.

Hospiscare had a total of £11,679k in reserves on 31 March 2024. Hospiscare's current reserves policy is to keep 6-12 months expenditure within free reserves (total reserves less restricted and capital reserves) unless the trustees identify a specific future use for the monies which mean that it needs to be retained for a longer period.

The full breakdown of the reserves and their use can be found in note 20 to the financial statements.

### **e. Future Income Streams**

The trustees recognise that significant funds are required to finance the Group's working capital requirements and to provide a buffer against unexpected shortfalls in income, particularly in respect of fundraising activities, legacies that are unpredictable in amount and timing, and against falls in the value of the Charity's investments. The organisation is looking to expand its fundraising arrangements with new events and sources of income being identified. In addition, new retail opportunities are being explored with new larger units being opened and an expansion of the e-commerce business.

# Our Investment Approach and Performance



## Asset Allocation

Any cash which is not required for the immediate payment of the charity's costs is held as either investments or cash. Cash that is not required in the short term is held in short-term restricted access accounts to maximise the return on cash holdings.

During 2023/24, Hospiscare has updated its approach to investment management, consolidating the previous arrangements into two portfolios managed by Charles Stanley. The investment policy has been updated to provide two portfolios:

Portfolio one comprising UK Governments Gilts. This has been done to provide a staggered release of investment funds that maximises the opportunities arising from the current high level of interests.

Portfolio two is a medium to long-term product comprising equities, property, hedge funds, structured products, private equity, and commodities. These investments should generate a return which is greater than inflation over a medium to long-term investment period but can result in losses within a given year. Medium to long-term investments are necessary to protect the value of the organisation's long-term reserves from being eroded by inflation. The Charity's portfolios are classified as being Low risk. This means that the risk of capital reduction is low, however, the rate of appreciation is predicted to be lower compared to higher risk portfolios.

## Benchmarking

Portfolio performance is measured against an agreed index plus a performance premium. The indices used and the performance premium have been reviewed by the Audit and Risk Committee during the year in discussion with the appointed investment managers.

## Method of Review

During the year, the Charity's investments are kept under regular review by the Audit and Risk Committee on the advice of the investment portfolio manager. This helps to ensure that the Charity's investments are positioned to meet the strategy detailed in the investment policy. The Board considers a report on investment performance on an annual basis.

## Restrictions and Ethical Policy

The trustees take account of social, environmental, and ethical issues in the Charity's investment policy and endeavour not to invest in companies that draw a major part of their income from tobacco-related products and arms manufacturers. Where products yield an appropriate return, investments in companies promoting environmental or social benefits will be considered over and above more traditional investments.

# The Governance of Fundraising



## Fundraising Standards Information

We adhere to the Fundraising Regulator and its Fundraising Code along with the Gambling Commission and its License Conditions and Codes of Practice. We have not had any breaches against these during 2023/24. We regularly monitor and report on all our fundraising activities and provide training and guidance to those taking on our fundraising activities, meeting regularly with our volunteer fundraising groups.

We are very mindful of how we engage with vulnerable people and ensure we work within the Data Protection Laws and Fundraising Code of Practice. We also have excellent support from our clinical colleagues if we have a concern about a supporter and we have a Safeguarding Lead we can seek advice from if needed.

## Complaints

During the year, we received two complaints linked to fundraising. While none of the complaints received were of a serious nature, we have worked with the complainant to understand their concerns and make suitable adjustments to our fundraising approach where this has been necessary for future events.

# Structure, Governance and Management



Hospiscare is a registered charitable company limited by guarantee. The Charity is constituted under Articles of Association and is a registered charity, number 297798. The Charity was set up in 1982 and was established as a company limited by guarantee in 1987. In the event of the company being wound up, members are required to contribute an amount of £1.

The company has a wholly owned trading subsidiary Hospiscare (Shops) Limited (company number 02201730 (England & Wales)), whose sole purpose is to raise funds for the Charity through the sale of second-hand goods.

## Organisational Structure

Hospiscare is governed by its Board of Trustees and throughout 2023/24, there have been three sub-committees of the Board which scrutinise specific areas in detail. These sub-committees are:

- Audit and Risk Committee (ARC)
- Nominations and Remuneration Committee (NRC)
- Quality Assurance and Improvement Committee (QAIC)

The Chair of the Trustees is Brian Aird, whose career in NHS management encompassed periods as a Director and a CEO of NHS organisations. The Charity is organised so that the trustees meet collectively four times a year to direct the management of its affairs. Strategy days are also held twice a year. ARC and QAIC both meet on a quarterly basis, with NRC meeting as required but at least annually.

The operational management of the Charity lies with the Senior Management Team (SMT). The SMT meets monthly.

Hospiscare (Shops) Limited is managed by its Board of Directors. Responsibility for running Hospiscare (Shops) has been delegated to the Charity's SMT. The Board receives oversight of the operation of Hospiscare (Shops) through regular management accounts and operational reports to the Charity Board.

The trustees consider they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties.

Hospiscare has reviewed the Charity Governance Code and aspires to meet its principles.

## Appointment, Induction and Training of Trustees

The Board seeks to ensure that it encompasses an appropriate range of skills and talent. Hospiscare's Nominations and Remuneration Committee oversees the recruitment of new trustees, following the Charity's policy on trustee recruitment. Trustees are appointed by the Board and serve for three years after which period they may put themselves forward for re-appointment. Trustees may be appointed for a maximum of three consecutive terms of three years after which, they must stand down for at least one year. The trustees also receive training on other topics relevant to governance and their committee membership.

New trustees are offered a programme of induction which includes an induction pack and a comprehensive induction programme, which involves spending time with each of the key services that Hospiscare provides and visiting its shops. Trustees identify topics on which they would like further information or training and appropriate measures are put in place to provide this. A presentation comprising an anonymous patient's experience is made by clinical staff at the beginning of every Board meeting.

## Management

The day-to-day operation of the Charity is carried out by the SMT, who have delegated responsibility and are employees of the Charity. This work is overseen by Andrew Randall, Chief Executive. Other key members of SMT are:

- Wayne Gale – Operations Director and Deputy CEO
- Ann Rhys – Clinical Director
- Martin Cordy – Director of Finance and Governance
- Rhodri Morgan – Director of Retail

## Senior Management Team Remuneration

The Charity has a Nominations and Remuneration Committee, which reviews the pay and benefits of its senior staff annually. The committee comprises of up to four trustees, one of which is the Chair of Trustees. The committee considers information from a variety of available sources to benchmark the pay and benefits of its senior staff and makes recommendations to the Board accordingly.

## Employees

Hospiscare is committed to the principle of equal opportunities in employment and recognises its obligations under the Equality Act 2010. Hospiscare declares its opposition to any form of less favourable treatment, whether through direct or indirect, associated or perceived discrimination, accorded to Hospiscare staff or job applicants, on the grounds of their race/nationality or ethnic origin, disability, sex, age, sexual orientation and gender reassignment, marital and civil partnership status, pregnancy and maternity, religion or belief (otherwise known as 'protected characteristics' as defined by the Equality Act 2010), including Human Rights.

We are 'Disability Confident' and a 'Mindful Employer' and therefore positive about encouraging those with disabilities, including mental health conditions, to apply to us, and support them to remain in employment.

Hospiscare is committed to creating a positive culture that fosters respect for all staff and promotes positive practice, valuing the diversity of all individuals and communities.

Hospiscare embraces and recognises the importance of diversity, knowing that different people bring different perspectives, ideas, knowledge and culture, that bring great strength to our organisation.

Our aim is to create a culture that respects and values each person's differences and promotes dignity, equality, diversity and inclusivity to encourage individuals to develop and maximise their true potential. We are on the Equality Register, demonstrating our resolve to ensure equality, diversity and inclusion are woven into everything we do, and are currently undergoing assessment to gain Committed to Equality (C2E) accreditation.

Hospiscare provides equality, diversity and inclusion training for all new staff during induction. We review our ED&I training regularly to ensure it remains current and relevant and require all staff to undertake annual refresher training.

Close attention is paid to the health and safety of employees and as such, all staff are provided with regular health and safety training that complies with Hospiscare's Health and Safety Policy.

Employee views are sought through several forums including one to ones, team meetings and our 'Staff Voice' forum. Hospiscare's strong 'speaking up' culture is also encouraged by our 'Freedom to Speak Up Guardians' from across the organisation. Information concerning the Charity and its activities and performance are shared with employees through several mediums including email, the staff intranet and organisational meetings.

## Risk Management, Principal Risks and Uncertainties

The responsibility for the management and control of a charity rests with the trustees. The day-to-day management of risk has been delegated to the Senior Management Team. All risks are allocated to a member of the SMT to monitor and manage on an operational basis. The SMT reviews risks at each of its monthly meetings.

ARC and QAIC monitor risk within their areas of scope at each of their quarterly meetings. The Board of Trustees has the overall responsibility for overseeing the risk environment within Hospiscare and reviews risk at each of its quarterly meetings. Once a year, the Board reviews the entire risk register to assure itself that it is complete and that there are no areas of escalation which require greater focus.

During 2023/24, the Board of Trustees has redefined its risk appetite and has updated its risk management processes to focus on those risks which score more than the risk appetite. This has embedded the principles of risk management within Board and sub-committee meetings and ensured that time is focussed on key areas of business operation and risk. The Risk Appetite Matrix includes all risks and enables the Board to monitor areas of escalation.

The principal risks and uncertainties facing the Charity and the Trustees' plans and strategies for managing those risks are set out in the table below:

Risk Title	Summary of Control
Insufficient quality of care	<p>Adherence to CQC regulation and statutory obligations</p> <p>Systematic quality review and internal audit assessment</p> <p>In-house monitoring by Quality Assurance and Improvement Committee and Patient Experience and Safety meetings</p> <p>Robust systems and processes for clinical and care work</p> <p>Review of clinical model to reflect current clinical and operational pressures.</p>
The Charity not having enough money to ensure the continuation of services and levels of care	<p>2024/25 budget setting process produced a 12-month financial framework and projections for a further 24 months.</p> <p>Ongoing discussions with the ICB regarding funding and contracting arrangements.</p> <p>Quarterly review of financial performance and sub-committee and Board level alongside consideration of service delivery models.</p> <p>Detailed understanding of service delivery options and associated cost models based on security of income.</p> <p>Reserves in place to support the ongoing operation of services during periods of funding shortfalls.</p>
Potential breach of legislation and guidelines/ regulatory compliance	<p>Appropriate policies and procedures put into place and updated as and when required so all staff and volunteers are aware of their obligations to uphold required legislation.</p>
Inability to recruit and retain appropriately skilled staff at the levels required to deliver Hospiscare's services	<p>Ongoing review of pay and wider remuneration to ensure that the Group remains competitive with other large employers in the area.</p>

Hospiscare will not accept risks that materially impact on patient safety. However, Hospiscare has a greater appetite to take considered risks in terms of their impact on organisational issues and reputation. Hospiscare has appetite to pursue innovation and to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environments.

Hospiscare is compliant with all relevant legal, statutory and regulatory standards. It has followed Charity Commission guidance and complies with Principle 4 of the Charity Governance Code, Decision Making, Risk and Control.

Hospiscare has updated its information governance and security in line with the General Data Protection Regulation (GDPR) and has appointed a Data Protection Officer. The Senior Information Risk Owner (SIRO) role has been held by the Director of Finance and Governance with overall responsibility for the Charity's Data Security and Protection policy and other information governance policies. The SIRO is accountable and responsible for information risk across the organisation.

## **Related Parties**

The Articles of Association of Hospiscare (Shops) Limited give the Charity power to control the decisions of that company. There are no other related parties.

# Reference and Administration



Company Number	02164215
Charity Number	297798

## Directors and Trustees

Secretary	Martin Cordy
Registered Office	Searle House, Dryden Road, Exeter, Devon, EX2 5JJ
Brian Aird	Chair of Trustees
Dr Helen Enright	Trustee
Anthony Martin	Trustee (appointed 26 September 2023)
Cathy Durston	Trustee
Craig Smith	Trustee (appointed 1 April 2024)
Greg Allen	Trustee (resigned 26 March 2024)
Jenny Winslade	Trustee (resigned 20 May 2024)
Jose Cortizo	Trustee
Matthew Bryant	Trustee (Resigned 26 September 2023)
Mike Williams	Trustee
Nicholas Frost	Trustee (Appointed 2 June 2023)
Peter Serjeant	Trustee (Resigned 26 September 2023)
Dr Sarah Jackson	Trustee
Dr Tim Harlow	Trustee (appointed 1 April 2024)

## Senior Management Team

Chief Executive Officer	Andrew Randall
Operations Director and Deputy CEO	Wayne Gale
Clinical Director	Ann Rhys
Director of Finance and Governance	Martin Cordy
Retail Director	Rhodri Morgan

## Advisors

Principal Bankers	National Westminster Bank Plc, 59 High Street, Exeter, EX4 3DL
Independent Auditors	PKF Francis Clark, Centenary House Peninsula Park, Rydon Ln, Exeter EX2 7XE

# Statement of Trustees' Responsibilities



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

Charity and company law requires the trustees to prepare financial statements for each financial year. Under company law, the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Charitable Company and the Group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities' SORP 2019 (FRS 102)
- make judgements and accounting estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis, unless it is appropriate to presume that the Charitable Company and the Group will continue in operation.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Charitable Company and the Group's transactions; to disclose, with reasonable accuracy at any time, the financial position of the Charitable Company and the Group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charitable Company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

## Disclosure of Information to Auditors

Each of the persons who are trustees at the time when this trustees' report is approved has confirmed that:

- so far as that trustee is aware, there is no relevant audit information of which the charitable group's auditors are unaware, and
- that trustee has taken all the steps that ought to have been taken as a trustee in order to be aware of any information needed by the charitable group's auditors in connection with preparing their report and to establish that the charitable group's auditors are aware of that information.

This report, incorporating the group strategic report, was approved by the trustees, in their capacity as company directors, and signed on their behalf by:

Brian Aird

Chair of Trustees

Date: 24 September 2024

# Independent Auditor's report to the Members of Hospiscare

for the year ended 31 March 2024



## Opinion

We have audited the Financial Statements of Hospiscare (the "Charity") for the year ended 31 March 2024 which comprise the Group Statement of Financial Activities, Group and Parent Company Balance Sheets, Statement of Consolidated Cash flows and notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and charity's affairs as at 31 March 2024 and of its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (GAAP)
- 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 Charity's ability to continue as a going concern for a period of at least twelve months from when the original financial statements were authorised for issue.

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

## Other information

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

In connection with our audit of the Financial Statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a

material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

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

- The information given in the Trustees' Report, (which includes the Strategic Report and 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 Directors' Report included within the Trustees' 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 Charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

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

- Adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not obtained all the information and explanations necessary for the purposes of our audit.

### **Responsibilities of the Trustees**

As explained more fully in the Statement of Trustees' Responsibilities set out on page 42, the trustees (who are also the Directors of the Charity 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 they 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 Charity'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 Charity or to cease operations, or have no realistic alternative but to do so.

### **Our 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. Mis-statements 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:

As part of our audit planning, we obtained an understanding of the legal and regulatory framework that is applicable to the Charity. We gained an understanding of the Charity and the industry in which the Charity operates as part of this assessment to identify the key laws and regulations affecting the Charity. As part of this, we reviewed the Charity's website for indication of any regulations and certification in place and discussed these with the relevant individuals responsible for compliance. The key regulations we identified were Charity

Legislation, Ofsted, compliance with the Care Quality Commission (CQC), safeguarding, health and safety regulations and The General Data Protection Regulation (GDPR). 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.

We discussed with management and trustees how the compliance with these laws and regulations is monitored and discussed policies and procedures in place. We also identified the individuals who have responsibility for ensuring that the Charity complies with laws and regulations and deals with reporting any issues if they arise. As part of our planning procedures, we assessed the risk of any non-compliance with laws and regulations on the Charity's ability to continue trading and the risk of material mis-statement to the accounts.

Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures involved the following:

- Enquiries of management regarding their knowledge of any non-compliance with laws and regulations that could affect the financial statements. As part of these enquiries we also discussed with management whether there have been any known instances, allegations or suspicions of fraud, of which there were none.
- Reviewed filings with the Charity Commission and whether there were any serious incident reports made during the year, of which there were none.
- Reviewed audit documentation from the CQC to confirm compliance with standards, and ensuring continued registration with the CQC through the CQC website.
- Discussed with the Health and Safety Officer if any incidents have been reported during the year under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ("RIDDOR").
- Review of the group's GDPR policy and enquiries to the Data Protection Officer as to the occurrence and outcome of any reportable breaches.
- Reviewed legal and professional costs to identify any possible non-compliance or legal costs in respect of non-compliance.
- Reviewed Board minutes.

As part of our enquiries we discussed with management whether there have been any known instances, allegations or suspicions of fraud, of which there were none. We evaluated the risk of fraud through management override. The key risks we identified were management bias in accounting judgements and estimates. We also evaluated the risk of fraud through misapplication of grant funding.

In response to the identified risk, as part of our audit work we:

- Audited the risk of management override of controls, including through testing journal entries and other adjustments or appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business of which there were none.
- Reviewed estimates and judgements made in the accounts for any indication of bias and challenged assumptions used by management in making the estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material mis-statement in the financial statements. This risk increases the further removed non-compliance with laws and regulations from the events and transactions reflected in the financial statements as we are less likely to become aware of instances of non-compliance. The risk of not detecting a material mis-statement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

This description forms part of our auditor's report.

## Use of our Report

This report is made solely to the Charity'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 Charity'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 Charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

PKF Francis Clark

Neil Hitchings (Senior Statutory Auditor)

For and on behalf of

PKF FRANCIS CLARK, Chartered Accountants & Statutory Auditor

Centenary House,

Peninsula Park

Rydon Lane,

Exeter, EX2 7XE

Date: 7 October 2024

# Financial Statements



## Consolidated Statement of Financial Activities

(including income and expenditure account) for the year ended 31 March 2024

The statement of financial activities includes all gains and losses recognised in the year.

	Notes	Endowment Funds 2024 £	Restricted Funds 2024 £	Unrestricted Funds 2024 £	Total Funds 2024	Total Funds 2023
<b>Income and endowments</b>						
Donations and legacies	4	-	469,841	3,279,988	<b>3,749,829</b>	4,678,378
Charitable activities	5	-	-	1,963,502	<b>1,963,502</b>	1,717,203
Other trading activities	6	-	-	3,265,739	<b>3,265,739</b>	2,948,843
Investment income	7	-	5,969	199,856	<b>205,825</b>	147,051
Other income	8	-	-	87,748	<b>87,748</b>	50,561
<b>Total income and endowments</b>		-	475,810	8,796,833	<b>9,272,643</b>	9,542,036
<b>Expenditure on:</b>						
Expenditure on raising funds	9	-	-	4,054,276	<b>4,054,276</b>	3,823,459
Expenditure on charitable activities	10	-	1,723,981	6,153,954	<b>7,877,935</b>	6,950,386
<b>Total expenditure</b>		-	1,723,981	10,208,230	<b>11,932,211</b>	10,773,845
Net (expenditure)/income before net gains on investments		-	(1,248,171)	(1,411,397)	<b>(2,659,568)</b>	(1,231,809)
Net gains / (losses) on investments	16	-	-	119,295	<b>119,295</b>	(267,652)
<b>Net income / expenditure</b>		-	(1,248,171)	(1,292,102)	<b>(2,540,273)</b>	(1,499,461)
<b>Transfers between funds</b>		(20,000)	7,018	12,982	-	-
<b>Net movement in funds</b>		(20,000)	(1,241,153)	(1,279,120)	<b>(2,540,273)</b>	(1,499,461)
<b>Reconciliation of funds:</b>						
Total funds brought forward		20,000	2,146,005	12,053,712	<b>14,219,717</b>	15,719,178
Net movement in funds		(20,000)	(1,241,153)	(1,279,120)	<b>(2,540,273)</b>	(1,499,461)
<b>Total funds carried forward</b>		-	904,852	10,774,592	<b>11,679,444</b>	14,219,717

# Consolidated Balance Sheet

Year ended 31 March 2024

	Note	2024 £	2023 £
<b>Fixed assets</b>			
Tangible fixed assets	14	4,626,071	4,560,643
Investments	16	5,231,678	4,499,036
Investment properties	15	370,000	370,000
		<b>10,227,749</b>	<b>9,429,679</b>
<b>Current assets</b>			
Stocks		42,981	9,308
Debtors	17	1,320,952	397,164
Investments	16	-	2,500,000
Cash at bank and in hand		1,841,510	2,999,938
		<b>3,205,443</b>	<b>5,906,410</b>
<b>Creditors: amounts falling due within one year</b>	18	<b>(1,556,165)</b>	<b>(929,416)</b>
<b>Net current assets</b>		<b>1,649,278</b>	<b>4,976,994</b>
<b>Total assets less current liabilities</b>		<b>11,877,027</b>	<b>14,406,673</b>
Provision for liabilities	19	(197,583)	(186,956)
<b>Total net assets</b>		<b>11,679,444</b>	<b>14,219,717</b>
<b>Funds of the charity</b>			
Endowment funds	20	-	20,000
Restricted funds	20	904,852	2,146,005
Unrestricted funds	20	10,774,592	12,053,712
<b>Total charity funds</b>	21	<b>11,679,444</b>	<b>14,219,717</b>

These financial statements were approved for issue on 24 September 2024. They have been signed on behalf of the Board by:



Brian Aird

Chair of Trustees

Company registered number: 02164215

# Charity Balance Sheet

Year ended 31 March 2024

	Note	2024 £	2023 £
<b>Fixed assets</b>			
Tangible fixed assets	14	4,626,071	4,512,117
Investments	16	5,321,681	4,609,038
Investment properties	15	370,000	370,000
		<b>10,317,752</b>	<b>9,491,155</b>
<b>Current assets</b>			
Debtors	17	1,320,946	673,691
Investments	16	-	2,500,000
Cash at bank and in hand		1,841,510	2,369,171
		<b>3,162,456</b>	<b>5,542,862</b>
<b>Creditors: amounts falling due within one year</b>	18	<b>(1,597,658)</b>	<b>(805,582)</b>
<b>Net current assets</b>		<b>1,564,798</b>	<b>4,737,280</b>
<b>Total assets less current liabilities</b>		<b>11,882,550</b>	<b>14,228,435</b>
Provisions for liabilities		(197,583)	-
<b>Total net assets</b>		<b>11,684,967</b>	<b>14,228,435</b>
<b>Funds of the charity</b>			
Endowment funds	20	-	20,000
Restricted funds	20	904,852	2,146,005
Unrestricted funds	20	10,780,115	12,062,430
<b>Total charity funds</b>		<b>11,684,967</b>	<b>14,228,435</b>

The Charity's movement in funds for the year was net expenditure £2,543,468 (2023: net expenditure £1,556,243).

The notes on pages 19 form part of these financial statements.

These financial statements were approved for issue on 24 September 2024. They have been signed on behalf of the Board by:



Brian Aird  
Chair of Trustees

# Consolidated Statement of Cash Flows

Year ended 31 March 2024

	Note	2024 £	2023 £
<b>Cash flows from operating activities:</b>			
<i>Net cash provided by operating activities</i>	<b>22</b>	<b>(2,923,655)</b>	1,476,991
<b>Cash flows from investing activities:</b>			
Dividends, interests and rents from investments		<b>205,825</b>	147,051
Purchase of tangible fixed assets		<b>(327,251)</b>	(209,840)
Purchase of investments		<b>(4,023,312)</b>	(3,484,559)
Proceeds from sale of investments		<b>3,409,965</b>	1,811,216
Divestment of short term deposits		<b>2,500,000</b>	-
<i>Net cash used in investing activities</i>		<b>1,765,227</b>	(1,736,132)
<b>Cash flows from financing activities</b>		-	-
<b>Change in cash and cash equivalents in the year</b>		<b>(1,158,428)</b>	(259,141)
Cash and cash equivalents at the beginning of the year		<b>2,999,938</b>	3,259,079
<b>Cash and cash equivalents at the end of the year</b>	<b>23</b>	<b>1,841,510</b>	2,999,938

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

# Notes to the Financial Statements

for the year ended 31 March 2024



## 1. General Information

The Charity is a company limited by guarantee, incorporated in England in the United Kingdom. Its registered office is Searle House, Dryden Road, Exeter, EX2 5JJ. The members of the company are the trustees named on page 41. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the Charity.

## 2. Accounting Policies

### 2.1 Basis of Preparation of Financial Statements

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

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

The Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the Charity and its subsidiary undertakings. The results of the subsidiary are consolidated on a line by line basis.

The Charity has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of Financial Activities in these financial statements.

### 2.2 Going Concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might affect the ability of the Group to continue as a going concern. The trustees have made this assessment for the period to 31 March 2026.

### 2.3 Fund Accounting

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

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements. Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

### 2.4 Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Group that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole

or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where a property is appropriated to the Charity, the value of that appropriation will be recognised in the accounts. If advanced payment is offered to Hospiscare subject to an indemnity being required that means that the money could be repaid, this will not be considered confirmation that the amount should be recognised in the accounts.

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.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income from grants is included in incoming resources when receivable. When donors specify that grants are for a particular restricted purpose, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources within restricted funds when receivable.

When income is received in advance of delivering the service, it is deferred until the Group is entitled to that income.

Investment income is brought into the accounts when it is received.

Lottery income is accounted for based on the date of the lottery for which the ticket has been purchased.

## 2.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs.

All expenditure is inclusive of irrecoverable VAT.

## 2.6 Interest Receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Group; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

## 2.7 Tangible Fixed Assets and Depreciation

Tangible fixed assets costing £2,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably. Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

At each reporting date, the Charity assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined to be the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their

estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

- Freehold Buildings - 2% straight line
- Leasehold Land & Buildings - 2% straight line or over the term of the lease if shorter
- Plant and Machinery - 20% straight line
- Motor Vehicles - 20% straight line
- Fixtures & Fittings - 15-33% straight line

## 2.8 Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment.

Investment gains and losses, whether realised or unrealised, are combined and presented as 'Net Gains on investments' in the consolidated statement of financial activities. Investments in subsidiaries are valued at cost less provision for impairment.

## 2.9 Stocks

FRS 102 recommends that goods donated for resale are valued. However, estimating the fair value of donated goods for resale is impractical because of the high level of low value items received. The trustees have therefore determined that no meaningful valuation can be made and no value has been assigned to the stock of donated goods.

Stocks are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on a weighted average basis. At each reporting date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

## 2.10 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered.

Prepayments are valued at the amount prepaid.

## 2.11 Cash at bank in hand

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

## 2.12 Liabilities

Liabilities and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the Group anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation.

## 2.13 Financial Instruments

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

## 2.14 Pensions

All staff who are eligible to remain within the NHS Pension Scheme do so. The NHS Pension Scheme is an unfunded, multi-employer defined benefit pension scheme. The Group, like similar employers in this sector, is unable to identify its share of the underlying assets and liabilities in the scheme and therefore, as required by FRS 102, accounts for this scheme as if it was a defined contribution scheme. Contributions are paid to the scheme by the Group and by employees.

Additionally, the Group operates a further defined contribution pension scheme for other staff.

The pension charge represents the amounts payable by the Group to the funds in respect of the year.

## 3. Critical Accounting Estimates and Areas of Judgment

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The Group makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. In the application of the Group's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

### Useful Economic Lives of Tangible Assets

The annual depreciation charge is sensitive to any changes in the estimated useful life and residual values of tangible assets. The useful economic lives and residual value is assessed on an annual basis and are amended only when evidence shows a change in the estimated economic lives or residual life. Criteria used to assess the economic life and residual value includes technological advancement, economic utilisation and physical condition of the asset and future investments.

### Dilapidations

The dilapidation provision is assessed on a lease-by-lease basis, calculated as a proportion of the annual rent in light of previous experience of actual dilapidation costs. The provision accrues over the term of the lease.

### Legacies

Entitlement to legacies is assessed on a case by case basis taking into account factors such as whether probate has been granted and whether the amount receivable can be reliably estimated. Legacies are only accrued when the conditions set out in note 2.4 have been met.

## 4. Donations and legacies

	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £	Total Funds 2023 £
Donations and fundraising	469,841	1,667,119	<b>2,136,960</b>	2,311,684
Legacies	-	1,427,338	<b>1,427,338</b>	2,165,387
Grants	-	5,335	<b>5,335</b>	9,552
Gift Aid	-	180,196	<b>180,196</b>	191,755
<b>Total 2024</b>	<b>469,841</b>	<b>3,279,988</b>	<b>3,749,829</b>	4,678,378
Total 2023	504,590	4,173,788	4,678,378	

## 5. Income from Charitable activities

	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £	Total Funds 2023 £
Education	-	204,323	<b>204,323</b>	153,974
New Devon CCG	-	1,416,804	<b>1,416,804</b>	1,242,661
Coastal towns homecare services	-	342,375	<b>342,375</b>	320,568
<b>Total 2024</b>	<b>-</b>	<b>1,963,502</b>	<b>1,963,502</b>	1,717,203
Total 2023	-	1,717,203	1,717,203	

## 6. Income from other trading activities

	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £	Total Funds 2023 £
Hospiscare shops	-	2,697,698	<b>2,697,698</b>	2,385,917
Lottery	-	568,041	<b>568,041</b>	562,926
<b>Total 2024</b>	<b>-</b>	<b>3,265,739</b>	<b>3,265,739</b>	2,948,843
Total 2023	-	2,948,843	2,948,843	

## 7. Investment income

	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £	Total Funds 2023 £
Rental income	-	9,650	<b>9,650</b>	9,600
Income on investments	5,969	187,412	<b>193,381</b>	121,260
Income on cash deposits	-	2,794	<b>2,794</b>	16,191
<b>Total 2024</b>	<b>5,969</b>	<b>199,856</b>	<b>205,825</b>	147,051
Total 2023	29,297	117,754	147,051	

## 8. Other income

	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £	Total Funds 2023 £
Catering income	-	16,069	<b>16,069</b>	11,822
Renewable energy income	-	13,842	<b>13,842</b>	26,361
Property insurance income	-	-	-	12,378
VAT refund	-	57,837	<b>57,837</b>	-
<b>Total 2024</b>	<b>-</b>	<b>87,748</b>	<b>87,748</b>	50,561
Total 2023	-	50,561	50,561	

## 9. Expenditure on Raising funds

	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £	Total Funds 2023 £
Costs of raising voluntary income – direct costs	-	262,789	<b>262,789</b>	225,582
Costs of raising voluntary income – wages and salaries	-	580,044	<b>580,044</b>	560,540
Costs of raising voluntary income - NI	-	55,344	<b>55,344</b>	53,346
Costs of raising voluntary income – pension costs	-	39,541	<b>39,541</b>	34,932
Allocated centrally incurred fundraising and governance costs including depreciation	-	405,628	<b>405,628</b>	509,858
<b>Total 2024</b>	<b>-</b>	<b>1,343,346</b>	<b>1,343,346</b>	1,384,258
Total 2023	-	1,384,258	1,384,258	

## 9. Expenditure on Raising funds (continued)

Other Trading Expenses	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £	Total Funds 2023 £
Hospiscare shops' expenditure	-	1,051,725	<b>1,051,725</b>	1,010,424
Lottery expenditure	-	198,813	<b>198,813</b>	191,389
Staff costs	-	1,459,678	<b>1,459,678</b>	1,217,053
Hospiscare shops' depreciation	-	714	<b>714</b>	20,335
<b>Total 2024</b>	-	<b>2,710,930</b>	<b>2,710,930</b>	2,439,201
Total 2023	-	2,439,201	2,439,201	

Staff costs comprise up to £1,391,671 (2023: £1,184,232) attributable to Hospiscare Shops' expenditure and £68,007 (2023: £32,821) attributable to lottery expenditure.

Costs of raising voluntary income £1,343,346 (2023: £1,384,258) and other trading expenses £2,710,930 (2023: £2,439,201) total £4,054,276 (2023: £3,823,459).

## 10. Analysis of Expenditure by Activities

	Activities undertaken directly £	Support Costs £	Total Funds 2024 £	Total Funds 2023 £
Ward	1,678,443	984,475	<b>2,662,918</b>	2,390,013
Community nursing services	2,995,172	1,534,479	<b>4,529,651</b>	3,911,853
Supportive care services	64,329	45,439	<b>109,768</b>	80,461
Education	71,367	15,351	<b>86,718</b>	81,485
Other clinical	391,714	97,166	<b>488,880</b>	486,574
<b>Total 2024</b>	<b>5,201,025</b>	<b>2,676,910</b>	<b>7,877,935</b>	6,950,386
Total 2023	4,576,414	2,373,972	6,950,386	

Expenditure on charitable activities totalling £7,877,935 (2023: £6,950,386) includes £1,723,981 on restricted funds (2023: £987,256) and £6,153,954 (2023: £5,963,256) on unrestricted funds.

## 10. Analysis of Expenditure by Activities (continued)

### Analysis of Direct Costs

	Ward	Community nursing services	Supportive care services	Education	Other clinical	Total Funds 2024	Total Funds 2023
Staff costs	1,485,522	2,740,545	54,492	64,847	355,458	<b>4,700,864</b>	4,048,374
Medical supplies	29,338	477	26	7	25	<b>29,873</b>	23,530
Bank staff	101,143	163,982	8,321	5,072	12,598	<b>291,116</b>	282,555
Travel expenses	2,999	48,036	1,114	443	1,098	<b>53,690</b>	45,491
Other direct costs	59,083	41,937	373	997	22,426	<b>124,816</b>	135,553
Administration & overheads	358	195	3	1	109	<b>666</b>	40,911
<b>Total 2024</b>	<b>1,678,443</b>	<b>2,995,172</b>	<b>64,329</b>	<b>71,367</b>	<b>391,714</b>	<b>5,201,025</b>	4,576,414
Total 2023	1,541,824	2,569,202	46,771	62,077	356,540	4,576,414	

### Analysis of Support Costs

	Ward	Community nursing services	Supportive care services	Education	Other clinical	Total Funds 2024	Total Funds 2023
Staff costs	573,301	893,590	26,461	8,940	56,584	<b>1,558,876</b>	1,354,806
Depreciation	60,681	94,583	2,801	946	5,989	<b>165,000</b>	115,474
Administration & overheads	336,171	523,982	15,516	5,242	33,179	<b>914,090</b>	847,822
Catering	10,335	16,109	477	161	1,020	<b>28,102</b>	20,837
Governance	3,987	6,215	184	62	394	<b>10,842</b>	35,033
<b>Total 2024</b>	<b>984,475</b>	<b>1,534,479</b>	<b>45,439</b>	<b>15,351</b>	<b>97,166</b>	<b>2,676,910</b>	2,373,972
Total 2023	848,189	1,342,651	33,690	19,408	130,034	2,373,972	

Support costs are allocated based on staff numbers.

## 11. Auditors' Remuneration

	2024 £	2023 £
Fees payable to the Group's auditor for the audit of the Group's annual accounts	<b>10,530</b>	9,750
Fees payable to the Group's auditor in respect of: The audit of the annual accounts of the Group's subsidiary undertakings	<b>3,240</b>	3,000

## 12. Staff costs

The total staff costs and employees with benefits for the reporting period are analysed as follows:

	Group 2024 £	Group 2023 £	Charity 2024 £	Charity 2023 £
Wages and salaries	<b>7,579,199</b>	6,660,902	<b>7,579,199</b>	5,619,978
Social security costs	<b>663,579</b>	615,170	<b>663,579</b>	533,969
Pension costs	<b>681,997</b>	600,839	<b>681,997</b>	538,734
	<b>8,924,775</b>	7,876,911	<b>8,924,775</b>	6,692,681

During 2023/24, Hospiscare made termination payments (including PILON) totalling £53,549. This has been recognised within the 2023/24 annual accounts, with no provision being required in either the current or previous financial years.

The increase in Charity total staff costs and employee benefits in 2024 is due to the hive up in the year of retail trade into the Charity, including employment contracts and attached costs.

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

	2024 Group No.	2023 Group No.	2024 Charity No.	2023 Charity No.
Doctors	<b>9</b>	8	<b>9</b>	8
Nurses	<b>105</b>	100	<b>105</b>	100
Health care assistants	<b>22</b>	20	<b>22</b>	20
Care Managers	<b>1</b>	1	<b>1</b>	1
Volunteer co-ordinators	<b>2</b>	2	<b>2</b>	2
Fundraising staff	<b>23</b>	22	<b>23</b>	22
Administration	<b>39</b>	43	<b>39</b>	43
Trading	<b>62</b>	57	<b>62</b>	-
Lottery	<b>2</b>	1	<b>2</b>	1
Complementary therapies	<b>5</b>	3	<b>5</b>	3
Catering/cleaning	<b>17</b>	11	<b>17</b>	11
Education	<b>3</b>	3	<b>3</b>	3
	<b>290</b>	271	<b>290</b>	214

The average headcount expressed as full-time equivalents was:

	2024 Group No.	2023 Group No.	2024 Charity No.	2023 Charity No.
Employees	<b>208</b>	209	<b>208</b>	152

The number of employees with benefits (excluding employer pension costs) exceeding £60,000 was:

	2024 Group No.	2023 Group No.
In the band £60,001 - £70,000	3	4
In the band £70,001 - £80,000	3	3
In the band £80,001 - £90,000	3	1
In the band £90,001 - £100,000	-	2
In the band £100,001 - £110,000	2	-

Senior Management Team personnel of the Parent Charity and Group comprises the Trustees and senior management team. The total employee benefits (including employer pension contributions and employer national insurance contributions) of the key management personnel were £578,389 (2023: £581,442).

Although Trustees are within the definition of key management personnel, none of the remuneration reported relates to them.

### 13. Trustees' Remuneration and Expenses

During the year, no Trustees received any remuneration or other benefits (2023: £Nil).

During the year ended 31 March 2024, expenses totalling £76 were reimbursed to one trustee (2023: £152).

### 14. Tangible Fixed Assets

Group	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and Fittings £	Total £
<b>Cost or valuation</b>							
At 1 April 2023	2,305,303	3,821,636	9,725	444,779	31,050	1,075,595	7,688,088
Additions	79,575	78,526	-	69,698	-	99,452	327,251
Disposals	-	-	-	-	-	-	-
<b>At 31 March 2024</b>	<b>2,384,878</b>	<b>3,900,162</b>	<b>9,725</b>	<b>514,477</b>	<b>31,050</b>	<b>1,175,047</b>	<b>8,015,339</b>
<b>Depreciation</b>							
At 1 April 2023	383,483	1,549,423	535	310,555	29,616	853,833	3,127,445
Charge for the year	42,245	64,185	195	49,944	1,434	103,820	261,823
On disposals	-	-	-	-	-	-	-
<b>At 31 March 2024</b>	<b>425,728</b>	<b>1,613,608</b>	<b>730</b>	<b>360,499</b>	<b>31,050</b>	<b>957,653</b>	<b>3,389,268</b>
<b>Net book value</b>							
<b>At 31 March 2024</b>	<b>1,959,150</b>	<b>2,286,554</b>	<b>8,995</b>	<b>153,978</b>	<b>-</b>	<b>217,394</b>	<b>4,626,071</b>
At 31 March 2023	1,921,820	2,272,213	9,190	134,224	1,434	221,762	4,560,643

## 14. Tangible Fixed Assets *(continued)*

Charity	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicle £	Fixtures and Fittings £	Total £
<b>Cost or valuation</b>							
At 1 April 2023	2,305,303	3,821,636	-	444,779	31,050	944,939	7,547,707
Additions	79,575	78,526	9,190	70,867	-	137,619	375,777
Disposal	-	-	-	-	-	-	-
<b>At 31 March 2024</b>	<b>2,384,878</b>	<b>3,900,162</b>	<b>9,190</b>	<b>515,646</b>	<b>31,050</b>	<b>1,082,558</b>	<b>7,923,484</b>
<b>Depreciation</b>							
At 1 April 2023	383,483	1,549,423	-	310,555	29,616	762,513	3,035,590
Charge for the year	42,245	64,185	195	49,944	1,434	103,820	261,823
On disposals	-	-	-	-	-	-	-
<b>At 31 March 2024</b>	<b>425,728</b>	<b>1,613,608</b>	<b>195</b>	<b>360,499</b>	<b>31,050</b>	<b>866,333</b>	<b>3,297,413</b>
<b>Net book value</b>							
<b>At 31 March 2024</b>	<b>1,959,150</b>	<b>2,286,554</b>	<b>8,995</b>	<b>155,147</b>	<b>-</b>	<b>216,225</b>	<b>4,626,071</b>
At 31 March 2023	1,921,820	2,272,213	-	134,224	1,434	182,426	4,512,117

## 15. Investment Property

Group Valuation	Freehold investment property £
At 1 April 2023	370,000
<b>At 31 March 2024</b>	<b>370,000</b>

Charity	
Valuation	
At 1 April 2023	370,000
<b>At 31 March 2024</b>	<b>370,000</b>

### Valuation

Investments are based on Trustees' valuation based on market data and previous professional valuations.

## 16. Investments

Group Cost or valuation	Listed investments
At 1 April 2023	4,499,036
Additions	4,023,312
Disposals	(3,409,965)
Revaluations	119,295
<b>At 31 March 2024</b>	<b>5,231,678</b>
<b>Net book value</b>	
Fixed asset investments	5,231,678
Current asset investments	-
<b>At 31 March 2024</b>	<b>5,231,678</b>
At 31 March 2023	6,999,036

### Fixed Asset Investments

Charity Cost or valuation	Investments in subsidiary companies £	Listed investments £	Total £
At 1 April 2023	110,002	4,499,036	4,609,038
Additions	-	4,023,312	4,023,312
Disposals	(19,999)	(3,409,965)	(3,429,964)
Revaluations	-	119,295	119,295
<b>At 31 March 2024</b>	<b>90,003</b>	<b>5,231,678</b>	<b>5,321,681</b>
<b>Net book value</b>			
Fixed asset investments	90,003	5,231,678	5,321,681
Current asset investments	-	-	-
<b>At 31 March 2024</b>	<b>90,003</b>	<b>5,231,678</b>	<b>5,321,681</b>
At 31 March 2023	110,002	6,999,036	7,109,038

## Principal Subsidiaries

The following were subsidiary undertakings of the Charity:

Names	Company number	Included in consolidation	Holding
Hospiscare (Shops) Limited	02201730	Yes	100%
Hospiscare Exmouth and Lympstone	02927336	Yes	100%

The financial results of the subsidiary for the year were:

Names	Income £	Expenditure £	Profit for the year £	Net assets £
Hospiscare (Shops) Limited	188,970	154,294	34,676	84,475

Hospiscare Exmouth and Lympstone merged with Hospiscare in 2019 and all operations, assets and liabilities of that charity were transferred to Hospiscare. Accordingly, after the date of the merger, there has been no income or expenditure recognised by Hospiscare Exmouth and Lympstone and its net assets at the year-end were nil.

## 17. Debtors

	Group		Charity	
	2024 £	2023 £	2024 £	2023 £
Due within one year				
Trade debtors	<b>1,020,530</b>	89,384	<b>1,020,530</b>	70,438
Amounts owed by group undertakings	-	-	-	325,256
Other debtors	<b>97,831</b>	92,164	<b>97,825</b>	68,243
Prepayments and accrued income	<b>202,591</b>	215,616	<b>202,591</b>	209,754
	<b>1,320,952</b>	397,164	<b>1,320,946</b>	673,691

## 18. Creditors: amounts falling due within one year

	Group		Charity	
	2024 £	2023 £	2024 £	2023 £
Trade creditors	<b>260,540</b>	155,550	<b>260,540</b>	130,527
Social security and other taxes	<b>161,386</b>	142,960	<b>161,386</b>	126,400
Amounts owed to group	-	-	<b>41,492</b>	
Other creditors	<b>8,914</b>	39,632	<b>8,915</b>	25,341
Accruals and deferred income	<b>1,125,325</b>	591,274	<b>1,125,325</b>	523,314
	<b>1,556,165</b>	929,416	<b>1,597,658</b>	805,582
Deferred income				
Deferred income at 1 April 2023	<b>9,790</b>	73,687	<b>9,790</b>	73,687
Resources deferred during the year	<b>521,522</b>	9,790	<b>521,522</b>	9,790
Amounts released from previous periods	-	(73,687)	-	(73,687)
<b>At 31 March 2024</b>	<b>531,312</b>	9,790	<b>531,312</b>	9,790

## 19. Provisions

	Dilapidations £
At 1 April 2023	186,956
Additions	10,627
<b>At 31 March 2024</b>	<b>197,583</b>

### Dilapidations

The Group dilapidations provision is based on the future expected repair costs required to restore the leased buildings to their fair condition at the end of their respective lease terms.

## 20. Consolidated Statement of Funds

Consolidated Statement of Funds – Current Year

	Balance at 1 April 2023 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2024 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,184,175	327,253	(261,209)	-	-	<b>4,250,219</b>
Stability & working capital	5,003,342	-	(1,807,957)	1,060,540	-	<b>4,255,925</b>
Hospiscare@Home	1,060,540	-	-	(1,060,540)	-	-
	<b>10,248,057</b>	<b>327,253</b>	<b>(2,069,166)</b>	<b>-</b>	<b>-</b>	<b>8,506,144</b>
<b>General Funds</b>						
General reserves	1,805,655	8,469,580	(8,139,064)	12,982	119,295	<b>2,268,448</b>
<b>Total unrestricted funds</b>	<b>12,053,712</b>	<b>8,796,833</b>	<b>(10,208,230)</b>	<b>12,982</b>	<b>119,295</b>	<b>10,774,592</b>
<b>Endowment funds</b>						
<b>Endowment funds – all funds</b>	<b>20,000</b>	<b>-</b>	<b>-</b>	<b>(20,000)</b>	<b>-</b>	<b>-</b>

## Consolidated Statement of Funds (continued)

	Balance at 1 April 2023 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2024 £
<b>Restricted funds</b>						
Medical research fund	62,441	8,263	(9,107)	-	-	<b>61,597</b>
Dementia project	-	10,000	(10,000)	-	-	-
Early referral research fund	47,940	-	(47,940)	-	-	-
Hospiscare Exmouth and Lypstone	1,211,737	35,484	(862,106)	-	-	<b>385,115</b>
Other restricted funds	6,521	-	(2,204)	(4,317)	-	-
LGBTQ+ project	-	-	-	-	-	-
Fundraising - Pine Lodge	-	2,332	(2,332)	-	-	-
Fundraising - Searle House	-	79,314	(79,314)	-	-	-
Fundraising - Kings House	-	36,555	(36,555)	-	-	-
Fundraising	87,348	31,512	(101,123)	6,000	-	<b>23,737</b>
Hospiscare@Home	730,018	170,814	(487,600)	-	-	<b>413,232</b>
CNS Mid Devon	-	2,738	(2,738)	-	-	-
CNS East Devon	-	75,813	(63,313)	-	-	<b>12,500</b>
CNS Exeter	-	1,035	(6,370)	5,335	-	-
Admiral Nursing	-	3,450	-	-	-	<b>3,450</b>
Hearts and Bags	-	3,000	-	-	-	<b>3,000</b>
Wellbeing Hub	-	10,500	(10,500)	-	-	-
Family Room	-	5,000	(2,779)	-	-	<b>2,221</b>
<b>Total restricted funds</b>	<b>2,146,005</b>	<b>475,810</b>	<b>(1,723,981)</b>	<b>7,018</b>	-	<b>904,852</b>
<b>Total Funds</b>	<b>14,219,717</b>	<b>9,272,643</b>	<b>(11,932,211)</b>	-	<b>119,295</b>	<b>11,679,444</b>

## **Designated Funds**

### **Capital**

This fund represents the net book value of the tangible fixed assets employed by the group, excluding those held in restricted funds.

### **Stability and Working Capital**

This fund is intended to provide a buffer for working capital requirements and against unexpected shortfalls in fundraising and legacy income and falls in the value of investments.

### **Hospicare @ Home**

This fund was designed to support the ongoing delivery of the Exmouth and Lypstone and Hospicare @ Home services when the associated restricted reserves were fully utilised. A review of the reserves has been undertaken by Trustees and a decision made to repurpose this designation into the Stability and Working Capital reserve to provide an increased buffer across all of the organisation's services.

### **General Reserves**

This fund represents the free reserves of the Charity and are available for general use.

### **Restricted Funds**

#### **Exmouth and Lypstone Hospicare**

This fund represents the net assets remaining following the transfer of assets from Exmouth and Lypstone Hospicare in 2019 and includes income and gains from the underlying assets. The fund will be used to meet the costs of palliative care for persons terminally ill in the Exmouth and Lypstone area and to support those patients and their families.

#### **Hospicare @ Home**

This fund was developed to provide funding for the Hospicare @ Home service in the Mid Devon region.

#### **Medical Research**

This is a general fund operated by the medical team. At their discretion it may be used for capital purchasing, professional fees, books, educational costs etc.

#### **Community Nursing Services**

This provides funding to enable services to be delivered in patients' homes across Exeter, East, and Mid Devon.

## 20. Consolidated Statement of Funds (continued)

Consolidated Statement of Funds – Prior Year

	Balance at 1 April 2022 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2023 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,214,995	-	(251,555)	220,735	-	<b>4,184,175</b>
Stability & working capital	3,400,000	-	-	1,603,342	-	<b>5,003,342</b>
Budgeted deficit	2,400,000	-	(796,658)	(1,603,342)	-	-
Hospiscare@Home	1,060,540	-	-	-	-	<b>1,060,540</b>
	<b>11,075,535</b>	<b>-</b>	<b>(1,048,213)</b>	<b>220,735</b>	<b>-</b>	<b>10,248,057</b>
<b>General Funds</b>						
General reserves	1,956,850	9,008,149	(8,738,376)	(220,735)	(200,233)	<b>1,805,655</b>
<b>Total unrestricted funds</b>	<b>13,032,385</b>	<b>9,008,149</b>	<b>(9,786,589)</b>	<b>-</b>	<b>(200,233)</b>	<b>12,053,712</b>
<b>Endowment funds</b>						
<b>Endowment funds – all funds</b>	<b>20,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20,000</b>

Consolidated Statement of Funds (continued)

	Balance at 1 April 2022 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2023 £
<b>Restricted funds</b>						
Medical research fund	60,222	7,230	(5,011)	-	-	<b>62,441</b>
Dementia project	-	31,082	(31,082)	-	-	-
Early referral research fund	47,940	-	-	-	-	<b>47,940</b>
Hospiscare Exmouth and Lympstone	1,742,671	104,273	(567,788)	-	(67,419)	<b>1,211,737</b>
Legacies		3,992	-	(3,992)	-	-
Other restricted funds	2,686	-	(2,165)	6,000	-	<b>6,521</b>
LGBTQ+ project	18,295	5,945	(24,240)	-	-	-
Fundraising	6,200	141,824	(55,894)	(4,782)	-	<b>87,348</b>
Hospiscare@Home	788,779	189,120	(247,881)	-	-	<b>730,018</b>
CNS Mid Devon	-	3,038	(3,038)	-	-	-
CNS East Devon	-	47,383	(50,157)	2,774	-	-
Total restricted funds	2,666,793	533,887	(987,256)	-	(67,419)	<b>2,146,005</b>
<b>Total Funds</b>	<b>15,719,178</b>	<b>9,542,036</b>	<b>(10,773,845)</b>	-	<b>(267,652)</b>	<b>14,219,717</b>

## 21. Analysis of Net Assets between Funds

### Analysis of Net Assets between Funds – Current Year

	Endowment funds 2024 £	Restricted Funds £	Unrestricted Funds £	Total Funds 2024 £
Tangible fixed assets	-	367,738	4,258,333	<b>4,626,071</b>
Fixed asset investments	-	-	5,231,678	<b>5,231,678</b>
Investment property	-	370,000	-	<b>370,000</b>
Current assets	-	167,114	3,038,329	<b>3,205,443</b>
Creditors due within one year	-	-	(1,556,165)	<b>(1,556,165)</b>
Provisions for liabilities and charges	-	-	(197,583)	<b>(197,583)</b>
	-	904,852	10,774,592	<b>11,679,444</b>

### Analysis of Net Assets between Funds – Prior Year

	Endowment funds 2023 £	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £
Tangible fixed assets	-	376,578	4,182,065	<b>4,560,643</b>
Fixed asset investments	-	810,433	3,688,603	<b>4,499,036</b>
Investment property	-	370,000	-	<b>370,000</b>
Current assets	20,000	589,444	5,296,966	<b>5,906,410</b>
Creditors due within one year	-	-	(929,416)	<b>(929,416)</b>
Provisions for liabilities and charges	-	-	(186,956)	<b>(186,956)</b>
	20,000	2,146,005	12,053,712	<b>14,219,717</b>

## 22. Reconciliation of Net Movement in Funds to Net Cash Flow from Operating Activities

	2024 £	2023 £
Net income for the year (as per Statement of Financial Activities)	(2,540,273)	(1,499,461)
Adjustments for:		
Depreciation charges	261,823	229,781
Losses/(Gains) on investments	(119,295)	267,652
Dividends, interests and rents from investments	(205,825)	(147,051)
Loss on the sale of fixed assets	-	20,456
(Increase)/decrease in stocks	(33,673)	(6,475)
(Increase)/decrease in debtors	(923,788)	2,527,555
Increase in creditors	637,376	84,534
Net cash generated by operating activities	(2,923,655)	1,476,991

## 23. Analysis of Cash and Cash Equivalents

	2024 Group £	2023 Group £
Cash in Hand	1,841,510	2,999,938
	1,841,510	2,999,938

## 24. Analysis of Changes in Net Funds

	2023 £	Cash flows £	2024 £
Cash at bank and in Hand	2,999,938	(1,158,428)	1,841,510
	2,999,938	(1,158,428)	1,841,510

## 25. Contingent Assets

Legacies are not recognised until Hospiscare has entitlement to the funds, the amount can be quantified and there is probability of receipt. The estimated value of legacies, not included as income in these accounts and which have been notified but not received as at 31 March 2024, was £1,259,176 (2023: £1,278,377).

## 26. Pension Commitments

The Group pays contributions to a defined contributions pension scheme. The assets of the scheme are held separately from those of the Group in an independently administered fund. The pension cost charge represents contributions payable by the Group to the fund and amounted to £262,915 (2023: £234,812). Contributions totalling £51,864 (2023: £53,020) were payable to the fund at the balance sheet date and are included in creditors.

Additionally, the Charity pays contributions to the NHS Pension Scheme. Although the scheme provides defined benefits to members, it is an unfunded multi-employer scheme, with no ongoing liability for the Charity beyond the level of employer contributions specified by the Scheme. Accordingly, it is accounted for as if it was a defined contribution scheme. The pension cost charge represents contributions payable by the Group to the fund and amounted to £426,333 (2023: £354,313). Contributions totalling £133,752 (2023: £20,304) were payable to the fund at the balance sheet date and are included in creditors.

## 27. Operating Lease Commitments

	2024 Group £	2023 Group £	2024 Charity £	2023 Charity £
Not later than 1 year	301,903	310,634	301,903	310,634
Later than 1 year but not later than 5 years	413,919	640,580	413,919	640,580
Later than 5 years	—	—	—	—
	<b>715,822</b>	<b>951,214</b>	<b>715,822</b>	<b>951,214</b>

## 28. Related Party Transactions

The Charity is taking advantage of the exemption allowed under FRS102 from the requirement of Section 33 “Related Party Disclosures” not to disclose related party transactions with members of the Group. There are no other related party transactions other than those disclosed in note 13. There were no amounts outstanding from any Trustee at the year end.

## **Help make every day matter, now and in the future**

We have remained by the side of our community for over forty years and this is largely thanks to people who think of us when making their Will.

**Discover the power of a gift in your Will today**

Call Louise on 01392 688020 or  
email [legacyinfo@hospiscare.co.uk](mailto:legacyinfo@hospiscare.co.uk)

**HOSPISCARE**

England & Wales - Charity number 297798

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# Accounts

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# Impact Report and Annual Accounts

April 2022 to March 2023



**Because every day matters**

[www.hospiscare.co.uk](http://www.hospiscare.co.uk)

Registered charity no. 297798



**Hospiscare**  
Your local hospice



# Welcome

## to Hospiscare's Impact Report and Annual Accounts for 2022-2023

We are proud to present Hospiscare's 2022-23 Annual Accounts, also incorporating our Impact Report, which demonstrates the high level of care our dedicated staff, volunteers and supporters provide Hospiscare and the community we serve.

A highlight of 2022-23 was launching a new Hospiscare@ Home service covering Crediton, Okehampton and parts of North Dartmoor – a rural area with limited social care support and no local community hospital beds. In Year One the team supported 100 patients and families, enabling 98% of them to die in their preferred place – for many this was at home. This new service was enabled by generous support of a small number of individuals and organisations who have pump-primed this team for its first two years, and its future will only be made possible with continued support through fundraising and gifts in wills.

This year, and in line with our charitable objectives, we have continued to provide care for those who have a life-limiting illness through the provision of bed-based and home-based care, complementary therapy and support, and counselling. In addition, we have continued to promote the importance of high-quality end-of-life care through our education programme.

We have set out our challenges for the future and how we will address these through our new 2023-26 strategic plan. To define our three-year strategy, the Trustees and Senior Management Team collated the organisation's priorities from across the teams. This was challenging with the continued volatility in the world around us, but we believe these are

the priorities – outlined in the Looking Ahead section on p.24 – that will remain at the heart of our work, regardless of external changes.

Our main challenges continue to be financial sustainability, recruitment and, at times, staff retention. This is mostly due to the cost-of-living crisis and pressure to keep pace with NHS pay and we took proactive action to match our pay scales with the NHS pay rise in 2023/24. We work closely with the Integrated Care System Devon to explore opportunities to increase our NHS contribution from 18% of service delivery costs closer to the national average of 33%. We receive the lowest contribution of all the four Devon hospices with some receiving closer to 40%. This inequality needs addressing to ensure our future.

Looking ahead, the Board of Trustees and Senior Management Team continue to work on future sustainability plans including accelerating income and controlling costs.

We hope you find the following report insightful and that the incredible work Hospiscare achieves in ensuring every day matters for those we care for and their loved ones is clear. With over 80% of our funds coming from voluntary income, our work is only possible thanks to the volunteers, individuals, groups, organisations and trusts who support us every year. From everyone at Hospiscare, thank you.

With best wishes

**Brian Aird**  
Chair of Trustees

**Andrew Randall**  
CEO



Andrew Randall, Chief Executive



Brian Aird, Chair of the Board of Trustees

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Pages 3 to 42 constitute the Trustee's Report for the purposes of the Companies Act 2006 and Charities SORP, including the requirement for a Strategic Report (covered on pages 32 to 40)

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Part 1:  
**Our Impact**

# Vision, Mission, Values



## Our Vision

Our vision is to ensure those in need receive outstanding end-of-life care in the place of their choice.

## Our Mission

We provide compassionate, expert end-of-life care to those in need – before, during and after death. Together with our local community, we make every day matter.

At Hospiscare, we understand how precious life is. That is why we strive to make every day matter to our patients and their families.

Our specialist doctors and nurses are available 24 hours a day, seven days a week to support our patients and their loved ones when they need it most.

We believe that everyone deserves a good death and we are committed to making this happen by:

## Our Values

Our values are the foundations upon which our strategic ambitions are built. They determine how Hospiscare is run on a day-to-day basis. In everything we do, we strive to be:



### Compassionate

towards every member of our community, from our patients and families to our staff members, volunteers and supporters.



### Respectful

to the needs and beliefs of the people we serve.



### Professional

in our provision of specialist end-of-life care.



### Inclusive

of all needs and circumstances, ensuring end-of-life care remains accessible to all.



### Caring for patients in the place of their choice

Our specialist doctors, nurses and therapists care for patients on our ward in Exeter, at the Royal Devon University Healthcare NHS Foundation Trust, at home, in care homes, in Exeter Prison and those who are homeless or have complex housing needs.



### Sharing our voice

By training the next generation of doctors and nurses and sharing our expertise, both locally and nationally, we aim to improve the standard of end-of-life care for all.



### Making every day matter

We can't give our patients and their families more time, but we can support them to make their final days matter. From supporting patients to achieve bucket list goals to advising them on how to make their final wishes known, we are there to make every moment count.



### Being there after death

For many of our patients, leaving loved ones behind is one of the most worrying things about a terminal diagnosis. At Hospiscare, our care doesn't stop after the patient has died. We remain by the side of families for as long as they need us.

# Objectives & Activities

What we said and What we did



## We said

### We would accelerate our income for financial stability and seek to achieve a sustainable level of income...

We have developed three-year targets to grow our current income streams including Fundraising, Lottery and Retail. To achieve this, we have grown our community campaigns with focused marketing, prepared new fundraising activities for 2023-24 (including our new Summer Walk and Reindeer Run), increased our Gifts in Wills marketing and testing of new methods to improve our reach, increased our canvassing for Lottery and Regular Giving, as well as introducing door-to-door canvassing, and working to develop our support for donors who can give £5,000 and over.

Throughout the year we focused on three key areas for exploring new income generation opportunities, including businesses to invest in, researching other charities to see if we can replicate ideas, and new idea development. During this time, we also explored a mobility franchise, wellbeing areas, education development and online businesses; we have not pursued these but will continue to focus on further new income development opportunities throughout 2023-24.

We did, however, launch a new online shop selling men's and womenswear, vintage clothing and branded merchandise, generating £6,500 in the financial year 2022/23.

During the pandemic, our Public Fundraising income streams were the main areas to suffer, including from businesses, community and events. Overall, these recovered well in 2022-23:

Community ended the year on £352,000 compared to £223,000 from 2018/19 (a full year pre-pandemic) – a 58% uplift due to the great response we have seen from campaigns like Open Gardens.

Corporate ended the year on £121,000 compared to £199,000 from 2018/19 – with approximately £50,000 worth of corporate support from the 40 Club. Within events and community this area is recovering well.

Events and Challenges ended the year on £328,000 which was on par with 2018/19 income. The biggest event was the annual Mens Walk, experiencing a record-breaking year and achieving over £100,000.

As Hospiscare receives the lowest contribution from the ICSD of all the Devon hospices at just 18% of direct costs while others receive up to 40%, we rely on growing our fundraising income streams. As a result of this, we continued to hold regular meetings with key staff within the Integrated Care System Devon (ICSD). They acknowledged our difficulties, but explained there is no additional funding. We continue to make clear that if our contribution cannot be levelled up, it will impact the future of our services. Talks continue to explore what can be done to improve this situation.

## We said

### We would care for all of our patients' needs and bring our care closer to home...

In April 2022, we expanded our specialist Hospiscare@Home service into the areas surrounding Crediton, Okehampton and North Dartmoor. We also introduced monthly bereavement drop-in groups in local cafés and garden centres within these areas.

We will soon be launching new supportive care groups for managing anxiety, fatigue and breathlessness, physiotherapy and complementary therapy with the help of our occupational therapy volunteers. As well as this, we have contacted patients and carers via questionnaires to gain an understanding of their needs and will use the findings to introduce additional supportive care groups and inform our carers' strategy.

We have employed a bereavement lead/counsellor to broaden our pre- and post-bereavement service, collaborating with

other local charities to expand our support further, including FORCE Cancer Charity, Elf (Exeter Leukaemia Fund) and Balloons (Bereavement and loss looking onwards).

We also recruited a full-time occupational therapist in partnership with the Royal Devon University Healthcare NHS Foundation Trust and will be employing a bank therapy assistant, allowing us to increase our rehab offering on our ward and within the community.

Finally, we collaborated with Exeter Citizens Advice Bureau to run a pilot scheme regarding financial support for patients and families. We are pleased to share that this is now an ongoing service.



## We said

### We would create a strong presence in our community, engage with current and new supporters and clearly communicate that we are a local charity...

We have developed a 2023-26 strategy outlining our top priorities for future success, enabling us to remain at the heart of our community delivering specialist end-of-life care.



To ensure that the importance of our charity is understood within the community, we updated our visual branding, adding a 'Your local hospice' strapline and increased local messaging on our social media channels. We also ran a marketing campaign in early 2023 that focused on raising awareness of Hospiscare as a local charity.

Our area fundraisers are at the heart of our community and delivered over 30 talks to community-based organisations and 14 talks to the local business community. As a result of these connections, 62 organisations joined the Hospiscare 40 Club, raising over £85,000. In addition to this, six local businesses chose us as their Charity of the Year.

Our supporters held over 40 Open Garden events across Devon, bringing communities together in support of their local hospice. We shared 12 family, patient and supporter stories on our website and social media and prepared 39 Hospiscare Heroes blogs to celebrate our supporters and thank them for their fundraising endeavours.

We have also been preparing messaging and case studies about the expansion of our Hospiscare@Home service within Okehampton, Crediton and North Dartmoor, as well as working closely with St Petrock's (a local homelessness charity) to prepare a short film about our collaboration, providing palliative care for the homeless in Exeter.

## We said

### We would prioritise wellbeing using inclusive and flexible approaches...

We have introduced a dedicated budget for staff wellbeing and have arranged several wellbeing webinars and practical wellbeing workshops.

We also relaunched our Wellbeing Group which now has formal Terms of Reference and is accountable to the Senior Management Team; it is also responsible for the action plan drawn up following the results of Mind's Workplace Wellbeing Index survey held at the start of 2022.

In addition to this, we developed Mental Health First Aider support which is available to all staff and volunteers, and we continue to work with our physiotherapy partner, Quay Kinetics, to support staff with physical injuries or conditions.

Finally, we reviewed and updated our Wellbeing Policy, introduced a Menopause Policy and carry out regular staff welfare checks.



## We said

### We would continue to find new ways to recruit and retain skilled staff and volunteers using a pro-active approach for professional development, reward and recognition...

We developed our recruitment portal and applicant tracking system for flexible recruitment, accepting applicants for critical roles at any time and arranging interviews for shortlisted candidates as soon as possible.

We changed our job adverts and descriptions to highlight the benefits of working for Hospiscare, including wellbeing and mental health support. We also reviewed and improved our Recruitment and Appointment Policy and Procedures.

We explored new ways to recruit, advertising career opportunities in new locations and attending recruitment events, including a nursing event in London. We offered clinical applicants the chance to visit Hospiscare and meet with a senior manager to ask questions and learn more.

We have over 600 volunteers within 32 different roles – with over 52% with us for five years or more. Every volunteer receives essential and role-specific training, support and supervision and we keep in touch via dedicated communications and celebrate key milestones and achievements.

Volunteers support our clinical, supportive care, estates, retail, marketing and fundraising teams in many ways, such as Care Navigators providing patients and families with support, Ward Support assisting during mealtimes, Gardeners maintaining our gardens, Fundraising Volunteers collecting donation tins and Retail Volunteers sorting donations for our charity shops. We are grateful for the many ways our volunteers contribute to our cause.

To help train the next generation, we took on more apprentices, helping develop skills and expertise. We continue to support the training of medical students, doctors, student nurses and nursing associates. We are exploring student social work and counselling placements for 2024 and are in conversation with the University of Plymouth regarding occupational and physiotherapy student placements. We continue to work closely with local universities and other training providers regarding placements and job opportunities.

Finally, we aligned our pay scales with the 2022/23 NHS Agenda for Change in March 2023 and we followed the 5% NHS pay increase for 2023/24.

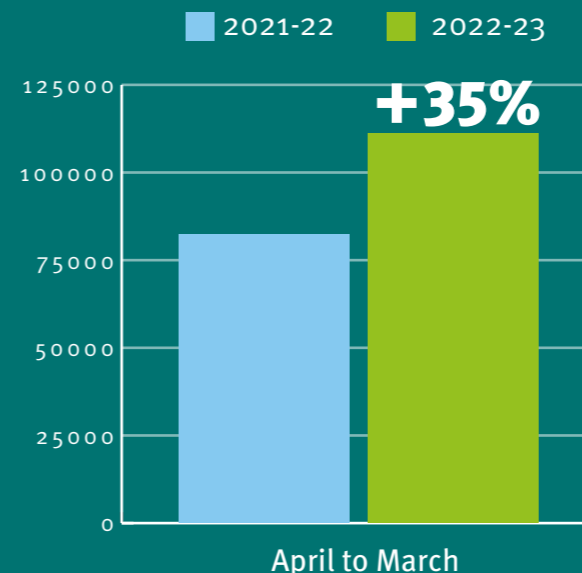
# Our Year in Numbers



Our care spans 1,028 square miles of Devon's heartland.



**10,474 people played** our weekly lottery



**111,867 people visited our website** for advice and support, an increase of 35% from the previous year



**A record-breaking 1,450 people** took part in our annual Men's Walk fundraising event, raising over **£100,000**



**838 family members & friends** received bereavement support



**732 patients** were supported by Hospiscare to die at home



**Over 435 people** volunteered for Hospiscare donating almost 50,000 hours



**Over 5,000 meals** delivered to patients on our specialist ward by our ward support volunteers



**6,284 home visits** were made by our Hospiscare@Home and Community Nurse Specialists



**11,059 calls answered** by our Clinical Coordination Centre from patients, family members or health care professionals



**6 businesses** supported us as their Charity of the Year



**780 hours** of training provided for medical students

Case Study

## Phil's story: Hospiscare is a vital part of our society



Phil was diagnosed with cancer, and in the few years since has spent time on our specialist ward on multiple occasions to manage his symptoms and provide respite.

Phil explained, "I've come out better for the experience of being in the hospice, and the quality of the nursing and whole organisation: the food, the ambience, the gardens, whatever it is, it's done beautifully for you. I look forward to going in there and meeting the friends I've made, it'll be an enjoyable experience to look forward to, not one that I'll worry about in any way at all.

"It's really important that people realise that Hospiscare is a vital part of our society and it should be looked after. It helps so many people in so many wonderful ways and it's not a just place to die, it's a place where you can go and get some respite whenever you need it on your journey through cancer or other diseases. You can go there, get some care, and truly understand what your own mission is in the short time you've got left."

"The volunteers and staff are fantastic - I couldn't say more about any of the people that work within the hospice, it's an amazing place."

Case Study

## Expanding our care with Hospiscare@Home

In spring 2022, we expanded our Hospiscare@Home service to Crediton, Okehampton and North Dartmoor, allowing us to provide our specialist end-of-life care for patients who wish to remain at home for the last few weeks or days of their life.

Hannah is a senior nurse working for the new Hospiscare@Home service in Mid Devon.

Hannah said, "In the short time that Hospiscare@Home in Mid Devon has been around, we've seen a huge need for the service. We cover a large patch of Devon, including rural places where other services struggle to get to, providing the care you would receive on the ward but in your own home.

"We had the privilege of looking after a gentleman with end stage liver failure, providing symptom management and practical support. He had a

stepmum who visited but she couldn't provide the practical hands-on care that he needed.

"We supported her during the time we were visiting, as well as providing practical support on the next stages after death and supporting her at a really difficult time."

"He died peacefully at home, with his dog, as he wished. Without the support of Hospiscare, he probably would've ended up in hospital."





Case Study

## Peter's story: Hospiscare live the suffering with us



After 34 years together, Peter's wife, Tina, was diagnosed with cancer. After being cared for at home by Hospiscare's community nurses, Tina was admitted to our ward. Peter wasn't sure at first but explained:

"The head nurse from Hospiscare talked to me outside the house and she said, you're going to get burnt out and you need to rest. I said I don't mind but she said, you're just going to crash, and you'll be no help to Tina. She advised me to take Tina to the hospice. I spoke to Tina and she said yes, if I don't like it, I'll come home."

"When I got to the hospice, I felt calmness, understanding and love."

Tina died on our ward, and since her death, Peter has been supported by our Supportive Care Team.

"When I started the sessions on the phone, because of the COVID situation, it was not easy but after a few sessions, you started to realise where it was going.

"It's a very hard thing to talk about but it's got to be talked about because somewhere along the line, you've got to get on with your life and carry on. Hospiscare can't solve your problems. It can't create a cure where you have three sessions and you're alright now. You're the only one that can do it, but they will help you.

"We go through the suffering, but they understand and they live it with us.

"You always will be in that tunnel of not knowing what's going on and how you're going to get on with your life. Unfortunately, I'm still in that tunnel but I'm starting to see a bit of light. You've got to say to

yourself, if you can see it, then control it and carry on. Then, maybe at the end of it, there is light at the end of the tunnel."

After being supported over the phone during the pandemic by Sarah, our Complementary Therapist, Peter and Sarah were finally able to meet in person after 14 months.

"Supporting Peter during the pandemic by phone showed me the power of human connection. This is something that enlivens the work we do – *listening*. It was a joy to meet with him in person and for us both to put a face to the voice! A special moment in my career."

Since being supported by Hospiscare, Peter has found the light at the end of his tunnel and since found new joys in his life that help him to live with his grief.

"Supporting Peter during the pandemic by phone showed me the power of human connection."

# Learning and Developing



This year has seen many changes within the Learning and Development department and the expansion of the team has enabled us to offer a wider programme of education to Hospiscare staff and external organisations.

Our educational programme continues to provide high quality, evidence-based training to our staff. Some of these continue to be provided online, but many of our training sessions are starting to return to face-to-face. We are also offering a wider range of teaching sessions to volunteers.

We have provided new sessions for both staff and volunteers on personal safety to ensure that they can work in a way which maintains the service of the organisation but also their own safety and the safety of the public is.

We redesigned the two-day Confidence in Advanced Communication Skills training into a course which enables and empowers learners to have the confidence to engage in delicate conversations with patients, relatives and colleagues. It is now also available to Health Care Assistants who have provided valuable insights into the challenges and rewards associated with developing these skills.

We continue to provide educational placements for Nursing and Medical students and Trainee Nursing Associates, and these placements are positively evaluated by the students, with many commenting on how welcome they felt while they were with us.

We continue to offer training to build skills and confidence in supporting dementia patients, both externally and within Hospiscare. This has been well received by staff and volunteers who have an interest in communicating with people with dementia, whether professionally or personally.

The training we provide for external organisations, such as nursing homes, the NHS and the University of Exeter has expanded and continues to grow. We provide training for their staff and students on a range of subjects, including syringe drivers, verification of expected death, communication skills and end-of-life care in dementia training.

*Our educational programme continues to provide high quality, evidence-based training to our staff. Some of these continue to be provided online, but many of our training sessions are starting to return to face-to-face.*

Finally, we are delighted that we can now open our internal training programme to external learners and we are enjoying welcoming them back into the Hospiscare buildings. This has provided us with a great opportunity to generate income but also ensure that other organisations are able to provide high quality care to patients requiring palliative and end-of-life care. It has also helped to grow our links with local healthcare providers and ensure that they are aware of the services we offer.

## From April 2022 to March 2023:



**120** medical students undertook placements at Hospiscare



**132** workshops and courses were delivered in-person or digitally



**16** courses were delivered to external organisations



# Hear from our People



*“Working for Hospiscare@Home is an absolute honour and privilege. No two days are the same and I work with a wonderful team of nurses. I feel passionate about living and working in the same place, being part of that community and I feel proud to be a Hospiscare nurse and wear my uniform.”*

**Hannah Thomas, Hospiscare@Home Nurse**

*“People are so supportive of Hospiscare, I feel they know we work hard and why we do it. Volunteering brings you many opportunities to make friends and have an active social life; as well as raising money for such an important charity, I enjoy all that I do. Being a volunteer, wearing your shirt, people talk to you about the loved ones they have lost and how important Hospiscare was to them for the care and comfort that was given to both the patient and the family. You are raising money to help provide that care, comfort and love. What can be better than that?”*

**Pam Joy, Volunteer**



*“It’s a personal letter of thanks from a patient or family member. It’s being able to wash and prepare a patient who has died with her husband and 15-year-old son. It’s a patient telling you that they are happy you’re on shift. It’s being told you’re amazing for listening to them and following through with what they need from you. It’s sharing a memory box with a patient to give them a little idea of what they could do for their children. It’s a cuddle that never seems to end. It’s holding a family member’s hand while their loved one takes their last breath. It’s holding a patient’s hand while they take their last breath. That’s why I come to work.”*

**Danielle Vinnicombe, Health Care Assistant on our specialist in-patient ward at Searle House**

*“My dear friend was wonderfully cared for during her final weeks by Hospiscare, so I held a Coffee Morning, inviting people for coffee, cake, a raffle and an auction. The prizes were generously donated by members and local businesses and the day was a great success. I was gobsmacked by everyone’s generosity and it is a privilege when someone shares with you their own personal experience as to why they are donating. Whether you hold a Coffee Morning for a few friends, or on a larger scale, you are helping a tremendous charity!”*

**Janice Haynes, Supporter**



# Maintaining our Standards



*"They understand, they listen, they care and they are honest!"*

*"What an amazing service. The staff are empathetic and genuinely care. Nothing was too much trouble."*

As a healthcare charity, we are registered with the Care Quality Commission (CQC). The CQC's five lines of enquiry – caring, responsive, effective, safe and well-led – form the basis of our care.

## Caring

It's vital that we seek the views of our service users. iWantGreatCare is an independent healthcare rating scheme that enables patients and those close to them to give anonymous feedback on our services. In 2022/23, we received 420 responses across our services, and a rating of 4.92 out of five.

We have introduced our new supportive care services for patients, family members and friends, including community-based bereavement groups, monthly walking groups, film nights, drop-in sessions and a HEAL (Hope, Encouragement, Acceptance and Look forward) group.

Staff wellbeing remains a priority and we continue to offer Compassionate Conversations sessions, attended by staff from all areas of the hospice. We have also appointed Mental Health First Aiders who can provide support if required, and staff from our clinical and people teams have completed J9 training in awareness of domestic and sexual abuse.

## Responsive

Due to changing patient needs, we have developed new roles and services within our teams to ensure we're offering patients 'the right person, in the right place, at the right time'. Having a multidisciplinary team to support our patients is essential to providing outstanding care, and in 2022/23 we welcomed allied healthcare professionals to our team, including paramedics and an occupational therapist.

We continually monitor data around access to our service to ensure all patients are responded to in a timely manner, preventing two unnecessary hospital admissions per day and supporting approximately 70% of our patients to die in the place of their choice, almost 20% higher than the national average.

We are also working alongside St Petrock's, a local charity, to support those in the local homeless community living with life-limiting illness. Our specialist nurses join their outreach team on a monthly walk in Exeter and join nurses from the local GP surgery at their clinics. This project aims to increase knowledge and understanding around end-of-life care within this community and improve awareness among healthcare professionals of the challenges faced.

This work is part of our 'opening the door' outreach work within our community, which we hope to expand further.

## Effective

We continue to focus on quality improvement, including engagement with external research and audits. We have increased our research awareness by building links with colleagues at the National Institute for Health Research (NIHR), Plymouth and Exeter universities, and Hospice UK. Our growing relationships with partners allows our teams to access education and opportunities so we can be research active as a hospice, and ensures we are continually providing evidence-based care and remain at the forefront of clinical developments for those with life-limiting illnesses.

## Safe

In response to the complexity of our patients' needs combined with the challenging nationwide recruitment crisis, we have designed a safe staffing model tool. This covers all clinical services daily and allows the senior team to be agile to the demands of the service and work flexibly.

We also have a strong learning culture, which enables us to reflect on incidents within our governance meetings and maximise learning, ensuring we continually improve service delivery. As part of our governance meeting, we review all safeguarding conversations. Over the past year, reports have doubled – we believe this is due to our mandatory education sessions introduced for all staff. We have also introduced a quarterly safeguarding newsletter covering a variety of topics to ensure awareness of abuse and how to escalate concerns remains clear.

Finally, we adopted the NHS Patient Safety Framework. This gives an approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving safety, formalising many of our current practices. We have nominated a trustee to be part of the facilitation group and we are seeking a volunteer to join the group.

We continue working with the CQC to maintain a transparent and proactive approach to our service. Our biannual meetings provide the opportunity to share developments within our clinical service and the challenges we are experiencing.

## Well-led

Our Clinical Director and senior clinical team are engaged with end-of-life groups at a local and national level, debating and considering how services can be planned and delivered in the future. This is an ever-changing field and it is important we are at the forefront of these discussions to enable the best opportunities for our patients and their loved ones.

We were thrilled to welcome several professional visitors to the hospice this year, including Dr Sarah Wollaston (Chair, ICB Devon) and to host the Nursing and Midwifery Council Committee during their tour of Devon. Hosting visits is essential as it gives our teams the opportunity to showcase and demonstrate the importance of our work and the challenges we face in an ever-changing healthcare landscape.

As part of our local partnerships, we seconded one of our Advanced Care Practitioners to the RD&E in a Discharge Facilitation role funded by the ICB. This was a huge success that enabled hundreds of patients to share their wishes at the end of life and facilitated effective discharges into the community. We continue to have excellent working relationships with other local charities, enabling us to collaborate and develop services.

# Looking Ahead



Our Trustees and Senior Management teams will work together to ensure our charity's sustainability for the future, with our mission remaining at the heart of our decisions and our work.

Our new three-year strategy gives us four key pillars, with our mission, values, goals and objectives listed on the pages 26-27.

We have identified the key challenges we need to focus on. Though these are not new, each has been made worse and/or accelerated by the pandemic and the cost-of-living crisis.

Over the next three years, we will prioritise addressing these challenges and ensuring that the patient remains at the centre of all that we do.

Our identified challenges are:

## Greater demand on our services

- Devon's elderly population will significantly rise, with a 27% increase in those aged 65+ and a 93% increase in those aged 85+ by 2030.
- Increased complexity of conditions; by 2050 one in three people will die with dementia and many will be living with three or more illnesses.
- Reduced care-home provision, which can increase admissions, or make it difficult to discharge a patient into a safe environment.
- Lack of domiciliary and social care support in the system, putting pressure on our service, with unnecessary admissions and increasing distress for carers.

## Workforce reduction

- The ability of the hospice sector to match NHS salaries to retain and recruit staff.
- 40,000 nurses left the healthcare sector in 2022, which has put pressure on recruitment throughout the industry.

- The lack of developing new healthcare staff in the sector has been an issue for several years.
- Brexit has impacted the healthcare recruitment market, making it harder to hire healthcare staff from overseas.

## Financial pressures

- The NHS contribution to our costs is significantly lower than the 33% national average, and the lowest of the four Devon hospices.
- Our running costs are increasing at a rate our income cannot match – rising by 11% in one year (2023/24 compared with 2022/23).
- The impact on the economy from the pandemic, the cost-of-living crisis and the recession have affected our income generation.
- Pressure on the baby boomer generation to support their children and grandchildren – both financially and in terms of time – is affecting giving and volunteering, especially gifts in wills.

## National and local changes in the healthcare system

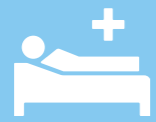
- The formation of the Integrated Care Systems in summer 2022 – this level of restructuring of our NHS commissioning body can disrupt the system and delay key decisions.
- The pandemic and its aftermath created change in our patient group. Our average length of stay from referral to death is now 11 days (April 2023), compared to the pre-pandemic timeframe of 180 days (2019).



# Our Three Year Strategy

2023/24 to 2025/26

We will be delivering our mission through achieving our objectives set out in the following four key pillars:



## CARE

**Goal: To provide care reflecting the wishes and needs of our patients and those close to them**

Objectives: We will...

- Ensure care is individualised, responsive and accessible
- Listen to our patients and those close to them, to maintain and develop our quality of care
- Engage and educate our partners and communities to champion expert end-of-life care
- Adopt innovative and flexible ways of working to improve efficiency



## PEOPLE

**Goal: To develop and support a sustainable and stable workforce**

Objectives: We will...

- Identify effective and forward-thinking ways to recruit and retain staff and volunteers
- Develop our wellbeing offer to ensure a healthy working life for staff and volunteers
- Ensure staff and volunteers have access to learning and development, enabling us to remain expert and specialist
- Improve inclusivity by listening to staff and volunteer needs



## PLACE

**Goal: To create a workplace that is fit for the future**

Objectives: We will...

- Implement a digital strategy that supports a modern workplace
- Ensure buildings are fit for purpose, welcoming, and meet our future needs
- Drive efficiency to support environmental and financial sustainability, focusing on effective procurement, energy management and waste reduction



## INCOME

**Goal: To increase income to fund our care**

Objectives: We will...

- Engage and develop relationships with strategic funding partners
- Improve our customer experience to increase revenue from our retail estate
- Develop opportunities to maximise growth from our existing fundraising streams
- Identify and invest in new business development opportunities

# Your Money



*“Hospiscare cared for my Mum at Searle House and we’ve been doing the Men’s Walk as a family ever since. It’s an emotional day but it’s nice to come out and support each other.*

*“We’re here because my wife, Jenny, and the whole family, received amazing care from Hospiscare. It’s difficult to describe sometimes for people to understand the impact of their care, unless you’ve been through it, you don’t really understand.”*

The Roberts family have been taking part in Men’s Walk for five years, in memory of their loved one, Jenny. In 2023, Marc Roberts got the family together again, including his father Roger, brother Paul and young son Jacob.

Our funding remains challenging, especially with the impact on our costs from the cost-of-living crisis and the fact that we receive less than 20% of our funding need from the NHS, where the national average is over 30%. We remain very grateful to our wonderful community who make cakes, open gardens, fundraise through their work and clubs, jump out of planes and give generously via gifts in their wills – to name just a few ways of supporting.

We ended on a deficit of £1.5m in 2022-23, mainly due to the large amount of gifts in wills income that had to be accrued into the 2021-22 accounts (£1.94m) and ongoing cost pressures. Thanks to these large gifts in wills we are able to ensure this deficit is covered from our reserves.

Fundraising had a strong year in 2022-23, reaching pre-pandemic levels and above in a few areas, with a continued high response to our mailing campaigns and a number of large gifts from individuals, great support from Trusts and Foundations, and businesses supporting us generously through our new 40 Club. We have been focusing on building our Lottery Players up by introducing face-to-face fundraising post-pandemic and encouraging people to give regularly through direct debits – one of the best ways for us to create sustainable income for the hospice.

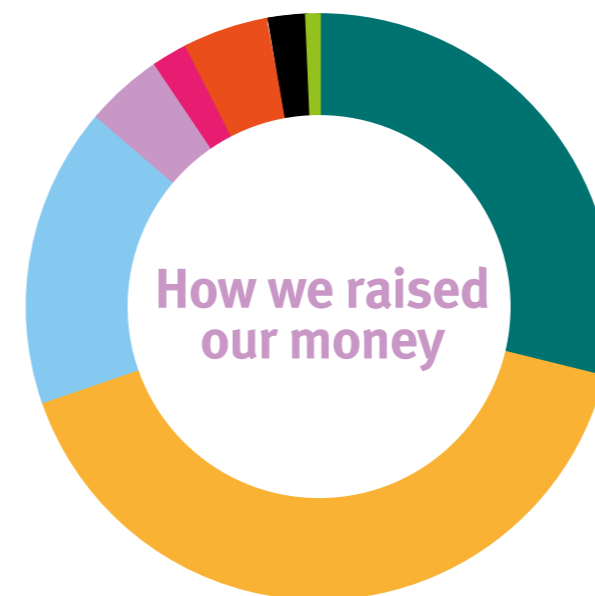
Our shops are starting to recover from the multiple

lockdowns, and working hard on what can be done to improve income across the shops and ecommerce teams.

Expenditure in our community team has increased due to the introduction of a new Hospiscare@Home service supporting Okehampton, Crediton and North Dartmoor. This was thanks to a generous group of individual private donors and organisations who raised enough to pump-prime this service, enabling more people in our most rural area of care to die at home. However, with no government funding for this service it is reliant on public support to ensure it continues.

We will have planned deficit budgets for the next two years thanks to our reserves, while we work on plans to increase income and reduce costs carefully to combat the impact of the cost-of-living crisis. We will continue our conversations with the NHS commissioners (the Integrated Care System) to push for its contribution to be increased in line with others in Devon.

A special thank you to Hospice UK, League of Friends, Ottery Hospital, The Norman Family Charitable Trust, The Ashworth Charitable Trust, The Albert Hunt Charitable Trust, The David Gibbons Foundation, and all who have supported us in our efforts to raise funds to continue our work. Together we make every day matter for those who need us.





Part 2:

## **Governance & Accounts**



The consolidated financial statement comprises the result of the Charity together with its subsidiary company, Hospiscare (Shops) Limited (collectively ‘the Group’).

## a. Going Concern

Hospiscare’s Trustees have assessed the ability of the Charity to continue in operational existence to at least 31 March 2025. The UK is facing significant cost-of-living pressure, and the charity sector is not immune to the effects of this. Over recent years, Hospiscare has been able to generate reserves to ensure that any shortfall in income raised or increases in costs incurred can be absorbed without affecting service delivery. Having reviewed the organisation’s latest financial information, the Trustees are assured of the Charity’s financial viability.

The Charity has reviewed its compliance with the CQC framework and believes that after this assessment, the organisation continues to meet the requirements in respect of its regulatory requirements.

The Trustees have no knowledge of any other financial or regulatory action which could cause the Charity to cease operations. For this reason, they continue to adopt the Going Concern basis in preparing the financial statements. Further details regarding the adoption of the Going Concern basis can be found in the Accounting Policies (see page 42).

## b. Financial Position at Year End

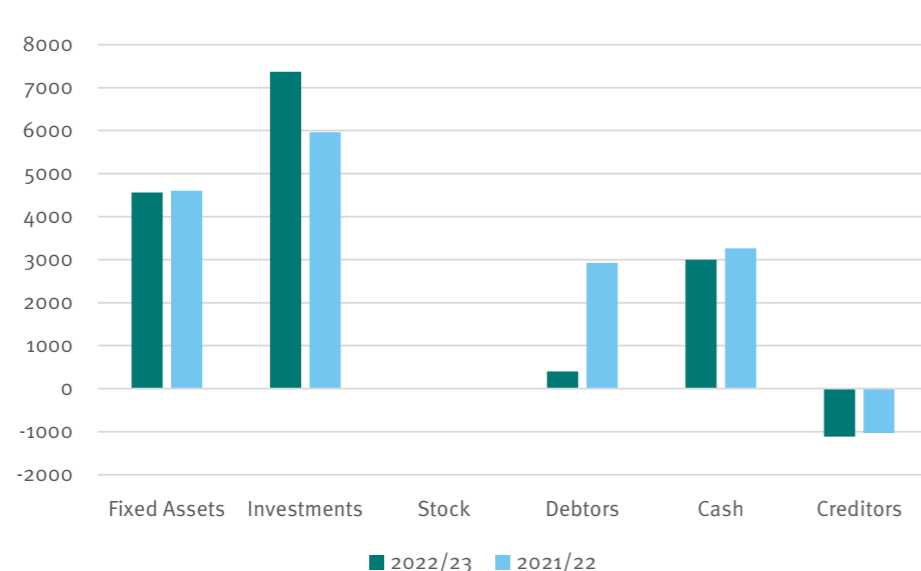
The financial statements show the consolidated financial position of the Group. At 31 March 2023, the net assets of the Group were £14,219,717 (2022: £15,719,178), a decrease of £1,499,461 over the year.

Tangible fixed assets mainly comprise the depreciated cost of the Charity’s hospices and the plant, fixtures and fittings therein. Investments comprise a property held for the generation of rental income, investment portfolios managed by external professional investment managers, and longer term cash deposits placed with UK banks. The Group’s cash balances are receivable on demand and are held in sterling by leading UK banks and financial institutions. Debtors and creditors represent normal working capital. Provisions represent the expected cost of future lease dilapidations in respect of the Retail estate.

The main changes in the make up of the balance sheet during 2022/23 are as follows:

- change in overall value due to financial performance during the year
- increased level of current asset investments held at the year end due to Hospiscare placing money in short term (less than 12 months) treasury deposits to maximise interest earned
- decrease in debtors at year end due to a £1.9m reduction in the level of legacy income accrued at the end of the current financial year.

Hospiscare Balance Sheet £'000



## c. Financial Review and Significant Events

The overall performance for the financial year was better than expected due to an increase in the level of legacy, fundraising and retail income, offset by a reduction compared to budget in the level of expenditure (especially clinical staffing) throughout the year.

The total level of income generated during 2022/23 fell by £2,970k compared to the previous year. In part this was due to the accrual of £1.9m of legacy income in the 2021/22 accounts that was actually received in 2022/23. Additionally, £1.4m of Covid-related grant income was received in 2021/22 which was not received in 2022/23. This is offset by an increase in the level of fundraising income for the year. Despite the reduction compared to the prior year, more income was generated than had been included in the budget.

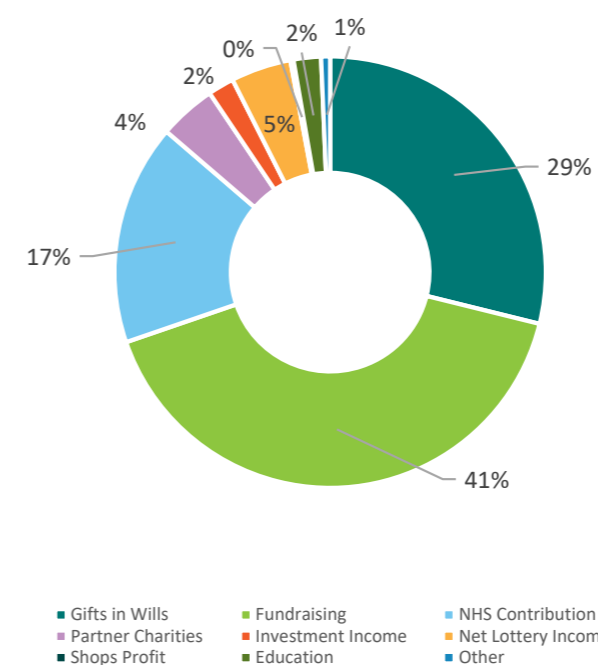
Fundraising income increased by 59% during the year as the organisation continued to expand its fundraising work following the easing of Covid-19 rules. As a result, the organisation incurred an increase in associated fundraising costs (35%). Funding from Devon Integrated Care Board (ICB) represents 13% (2021/22 – 12%) of total income, and 18% of the cost of provision. This compares to the national average of over 30% with some hospices locally getting 40%. Hospiscare is working with Devon ICB to secure additional funding to achieve parity with other hospices within Devon and across the UK.

Income from investments and treasury deposits was higher than in previous years. This was caused by stability in the receipt of income from the investment portfolios combined with higher interest rates enabling the charity to take advantage of treasury management opportunities. Despite income received being comparable with previous years, the overall value of the investment holdings fell by £268k last year due to political and economic uncertainty driving a reduction in stock and bond market valuations.

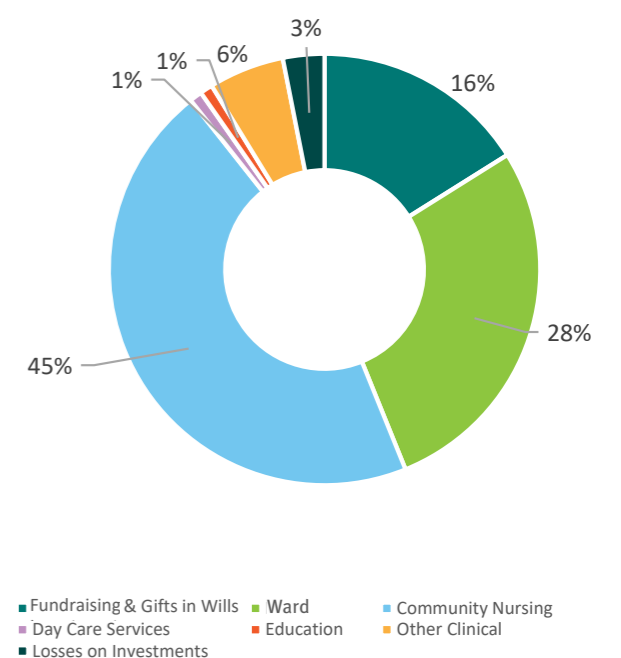
All the above funding sources are primarily used to meet the direct cost of the Charity providing services to patients and their families and necessary central costs.

Expenditure on Charitable Activities increased during the year due to inflationary pressures on both pay and non-pay expenditure. During the year, the organisation has continued to face the ongoing challenge of recruiting staff. This phenomenon has been seen across health and social care providers within Devon and the wider South West of England. The inflationary pressure experienced during the 2022/23 financial year is expected to continue for the 2023/24 financial year and into the 2024/25 financial year.

Hospiscare Income



Hospiscare Expenditure



# Investment Policy, Performance and Objectives



## d. Reserves and Reserves Management Policy

Hospiscare utilises reserves to fund future service provision where the level of funding raised is not sufficient to meet the cost of delivering services. This enables the organisation to spread the use of money across multiple years and use surpluses from one year to fund deficits in subsequent years. This enables Hospiscare to provide the wide range of services across Exeter, East and Mid Devon without having to adjust the delivery model on an annual basis.

Hospiscare holds the following reserves:

**Restricted reserves** (2023: £2,146k) are the value of monies which have been donated with a specific charitable purpose in mind. These cannot be spent on the overall running of the Charity without the express permission of the donor.

**Designated reserves** (2023: £6,064k) are split between those that are needed to fund an anticipated short term gap in funding (as per the Working Capital Reserve), and those which have been set aside for the future provision of services (including the Hospiscare@Home designated reserve). In order to manage the expected shortfall in funding from the ICB and legacies during 2023/24, 2024/25 and beyond, the Charity's Trustees have identified a working capital reserve to enable the organisation to continue to provide services while further income streams are secured.

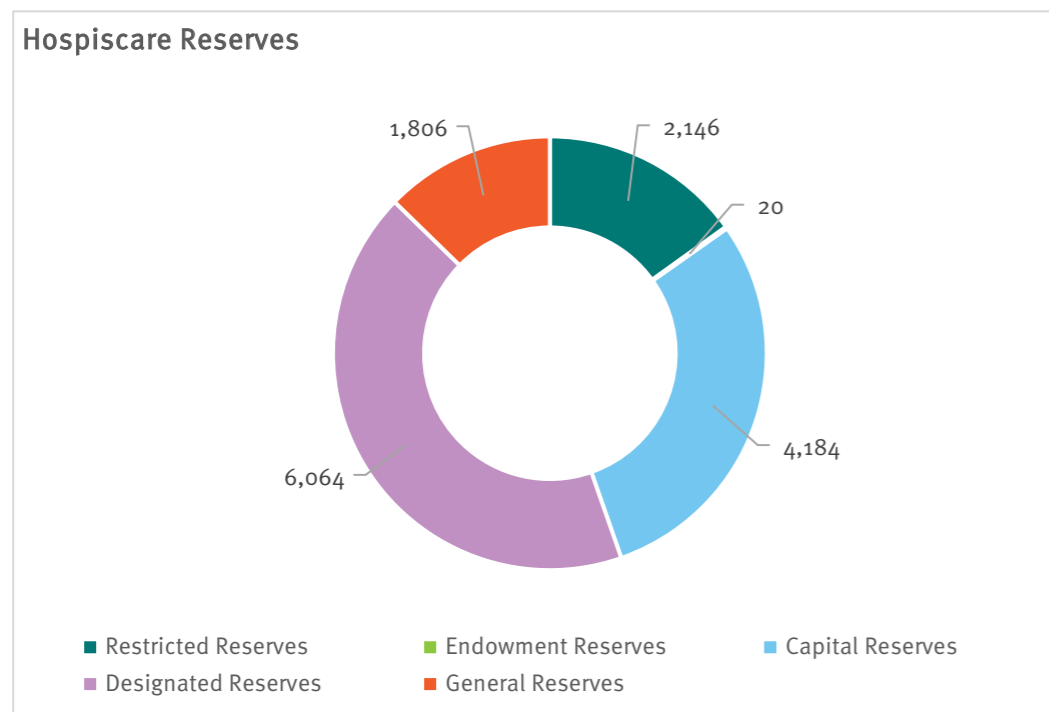
**Capital reserves** (2023: £4,184k) are the value of reserves which are funded by capital assets. These funds are reported separately as they are not readily converted to cash for the provision of services.

**General Reserves** (2023: £1,806k) are available to fund future projects and are not limited in scope.

Hospiscare had a total of £14,219,717 in reserves on 31 March 2023. Hospiscare's current reserves policy is to keep 6-12 months expenditure within free reserves (Total reserves less restricted and capital reserves) unless the Trustees identify a specific future use for the monies which mean that it needs to be retained for a longer period. The full breakdown of the reserves and their use can be found in note 20 to the financial statements.

## e. Future Income Streams

The Trustees recognise that significant funds are required to finance the Group's working capital requirements and to provide a buffer against unexpected shortfalls in income, particularly in respect of fundraising activities, legacies that are unpredictable in amount and timing, and against falls in the value of the Charity's investments. The organisation is seeking opportunities for income generation which are outside the Group's current remit. Once the necessary detailed due diligence has been completed, the Board of Trustees will determine whether the proposed reward outweighs the risks within the business and the outlay of an initial capital sum to fund the project.



## Asset Allocation

Any cash which is not required for the immediate payment of the charity's costs is held as either investments or cash.

Short term (less than 12 months) treasury deposits are made which secure a fixed return on investment. There is limited risk to the capital sum invested (the risk being created by a default of a UK bank and the limited protection being offered by the UK government) and the returns are known, however, the overall gain tends to be lower than is achievable with longer term investments.

Medium to long term investments are held by two fund managers (Investec and Charles Stanley) who invest in portfolios comprising cash, bonds, equities, property, hedge funds, structured products, private equity, and commodities. These investments should generate a return which is greater than inflation over a medium to long term investment period but can result in losses within a given year (as has happened in 2022/23). Medium to long term investments are necessary to protect the value of the organisation's long-term reserves from being eroded by inflation. The Charity's portfolios are classified as being either low or low/medium risk. This means that the risk of capital reduction is low; however, the rate of appreciation is predicted to be lower compared to higher risk portfolios.

## Benchmarking

Portfolio performance is measured against an agreed index plus a performance premium. The indices used and the performance premium have been reviewed by the Finance and Income Generation Committee during the year in discussion with the appointed investment managers.

## Method of Review

During the year, the Charity's investments are kept under regular review by the Finance and Income Generation Committee on the advice of the investment portfolio managers. This helps to ensure that the Charity's investments are positioned to meet the strategy detailed in the investment policy. The Board considers a report on investment performance on an annual basis.

## Restrictions and Ethical Policy

The Trustees take account of social, environmental and ethical issues in the Charity's investment policy, and endeavour not to invest in companies that draw a major part of their income from tobacco-related products and arms manufacturers.

# The Governance of Fundraising



## Fundraising Standards Information

We adhere to the Fundraising Regulator and its Fundraising Code along with the Gambling Commission and its License Conditions and Codes of Practice. We have not had any breaches of these during 2022/23. We regularly monitor and report on all of our fundraising activities and provide training and guidance to those taking on our fundraising activities, meeting regularly with our volunteer fundraising groups.

We are very mindful of how we engage with vulnerable people and ensure we work within the Data Protection Laws and Fundraising Code of Practice. We also have excellent support from our clinical colleagues if we have a concern about a supporter, and we have a Safeguarding Lead we can seek advice from if needed.

## Complaints

During the year, we received two complaints linked to fundraising. While neither of the complaints received were of a serious nature, we worked in each case with the complainant to understand their concerns and make suitable adjustments to our fundraising approach where this has been necessary for future events.

# Structure, Governance and Management



Hospiscare is a registered charitable company limited by guarantee. The Charity is constituted under Articles of Association and is a registered charity, number 297798. The Charity was set up in 1982 and was established as a company limited by guarantee in 1987. In the event of the company being wound up, members are required to contribute an amount of £1.

The company has a wholly owned trading subsidiary, Hospiscare (Shops) Limited (company number 02201730 (England & Wales), whose sole purpose is to raise funds for the Charity by operating a chain of local charity shops and a warehouse.

## Organisational Structure

Hospiscare is governed by its Board of Trustees. Throughout 2022/23 there have been six sub-committees of the Board which scrutinise specific areas in detail. These sub-committees are:

- Finance and Income Generation Committee
- Audit, Risk and Corporate Governance Committee
- Quality Assurance and Improvement Committee
- People and Estates Committee
- Nominations Committee
- Remuneration Committee.

The Chair of the Trustees is Brian Aird, whose career in NHS management encompassed periods as a Director and a CEO of NHS organisations. The Charity is organised so that the Trustees meet collectively four times a year to direct the management of its affairs. Strategy days are also held twice a year.

The operational management of the Charity lies with the Senior Management Team (SMT). The SMT meets monthly.

Hospiscare (Shops) Limited is managed by its Board of Directors comprising a Trustee of the Charity, members of the Charity's Senior Management Team and non-executive directors with relevant experience.

The Trustees consider they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties.

Hospiscare has reviewed the Charity Governance Code and aspires to meet its principles.

## Appointment, Induction and Training of Trustees

The Board seeks to ensure that it encompasses an appropriate range of skills and talent. Hospiscare's Nominations Committee oversees the recruitment of new Trustees, following the Charity's policy on Trustee recruitment. Trustees are appointed by the Board and serve for three years after which period they may put themselves forward for re-appointment. Trustees may be appointed for a maximum of three consecutive terms of three years after which they must stand down for at least one year.

New Trustees are offered a programme of induction which includes an induction pack and a comprehensive induction programme, which includes spending time with each of the key services that Hospiscare provides and visiting its shops. The Trustees also receive training on other topics relevant to governance and their committee membership. Trustees may identify topics on which they would like further information or training, and appropriate measures are put in place to provide this. A presentation about patient experience is made by clinical staff, anonymously, at the beginning of every Board meeting.

## Management

The day-to-day operation of the Charity is carried out by the SMT, who have delegated responsibility and are employees of the Charity. This work is overseen by Andrew Randall, Chief Executive. Other key members of the SMT are:

- Wayne Gale – Operations Director and Deputy CEO
- Ann Rhys – Clinical Director
- Katie Chantler – Director of Fundraising and Marketing
- Martin Cordy – Director of Finance and Governance
- Rhodri Morgan – Retail Director

## Senior Management Team Remuneration

The Charity has a Remuneration Committee, which reviews the pay and benefits of its senior staff annually. The committee comprises up to six Trustees, one of which is the Chair of Trustees. The committee considers information from a variety of available sources to benchmark the pay and benefits of its senior staff and makes recommendations to the Board accordingly.

## Employees

Hospiscare is committed to the principle of equal opportunities in employment and recognises its obligations under the Equality Act 2010. Hospiscare declares its opposition to any form of less favourable treatment, whether through direct or indirect, associated or perceived discrimination accorded to Hospiscare staff, or job applicants, on the grounds of their race/nationality or ethnic origin, disability, sex, age, sexual orientation or gender reassignment, marital or civil partnership status, pregnancy or maternity, religion or belief (otherwise known as ‘protected characteristics’ as defined by the Equality Act 2010), and in accordance with Human Rights.

Hospiscare is committed to creating a positive culture that fosters respect for all staff and promotes positive practice, valuing the diversity of all individuals and communities.

Hospiscare embraces and recognises the importance of diversity, knowing that different people bring different perspectives, ideas, knowledge and culture that brings great strength to our organisation.

Our aim is to create a culture that respects and values each person’s differences and promotes dignity, equality, diversity and inclusivity to encourage individuals to develop and maximise their true potential.

Continued close attention is paid to the health and safety of employees, all staff are provided with regular health and safety training in compliance with Hospiscare’s Health and Safety Policy.

Employee views are sought through a number of forums including one-to-ones, team meetings and our ‘Staff Voice’ forum. Hospiscare’s strong ‘Speaking Up’ culture is also encouraged by our ‘Freedom to Speak Up Guardians’ from across the organisation. Information concerning the Charity and its activities and performance are shared with employees through several mediums including email, the staff intranet and organisational meetings.

## Risk Management, Principal Risks and Uncertainties

The responsibility for the management and control of a charity rests with the Trustee body and therefore their involvement in key aspects of the risk management process is essential, particularly in setting the parameters of the process and reviewing and considering the results. The corporate risk register is reviewed by all committees, and by the Board and the Assurance, Risk and Corporate Governance Committee annually. Departmental risks are reviewed by the SMT and appropriate departments. Update reports are presented to Committees and the Board.

The Board has considered risk appetite and recognises that the Charity’s long-term sustainability depends upon the delivery of its strategic objectives and its relationships with patients, supporters, the local community and strategic partners.

The principal risks and uncertainties facing the Charity and the Trustees’ plans and strategies for managing those risks are set out in the table below:

Risk Title	Summary of Control
Insufficient quality of care	Adherence to CQC regulation and statutory obligations Systematic quality review and audit In-house monitoring by Quality Assurance and Improvement Committee and Patient Experience and Safety meetings Robust systems and processes for clinical and care work
The Charity not having enough money to ensure the continuation of services and levels of care	The 2023/24 budget-setting process produced a 12 month financial framework. This is due to be reviewed by the Board in September 2023. The short term budget is accompanied by a six year overview for the period ending 31 March 2029.
Potential breach of legislation and guidelines/ regulatory compliance	Appropriate policies and procedures put into place and updated as and when required so all staff and volunteers are aware of their obligations to uphold required legislation
Inability to recruit and retain appropriately skilled staff at the levels required to deliver Hospiscare’s services	Collaborative working between People and Clinical Leaders on Clinical Careers Days, and future initiatives planned for targeted recruitment campaigns. Ongoing review of pay and wider remuneration to ensure that the Group remains competitive with other large employers in the area.

The trading company also has a corporate and departmental risk register which its Board reviews at each meeting. Risk surgeries are carried out every two months with the Directors and Head of Retail to ensure risks are kept up to date and managed.

Hospiscare will not accept risks that materially impact on patient safety. However, Hospiscare has a greater appetite to take considered risks in terms of their impact on organisational issues and reputation. Hospiscare has appetite to pursue innovation and to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environments.

Hospiscare is compliant with all relevant legal, statutory and regulatory standards. It has followed Charity Commission guidance and complies with Principle 4 of the Charity Governance Code: Decision making, risk and control.

Hospiscare has updated its information governance and security in line with the General Data Protection Regulation (GDPR) and has appointed a Data Protection Officer who is the Head of Governance and Company Secretary. The Senior Information Risk Owner (SIRO) role has been held by the Director of Estates and Facilities with overall responsibility for the Charity’s Data Security and Protection policy and other information governance policies. The SIRO is accountable and responsible for information risk across the organisation.

## Related Parties

The Articles of Association of Hospiscare (Shops) Limited give the Charity power to control the decisions of that company. There are no other related parties.

### Corporate Governance Redesign: Effective 01 April 2023

At midnight on 01 April 2023, Hospiscare (Shops) Limited was merged into Hospiscare to combine the retail and charitable arms of the Group. This decision was taken to improve the link across the organisation and ensure that all staff could see the clear link to the charitable aims of the Group.

During 2022/23 work was undertaken to redesign the Group's Board and Committee Structure. This has resulted in the following changes becoming effective from 01 April 2023:

- Streamlining of Corporate Governance processes so that papers are only presented to one committee or board meeting.
- Review of the Articles of Association and Scheme of Delegation to enable SMT to have greater control of the day-to-day running of the organisation, enabling the Board to focus on strategic matters.
- Creation of Audit and Risk Committee to take on the work from Finance and Income Generation Committee, People and Estates Committee, and Audit, Risk and Corporate Governance Committee
- Merger of Remuneration Committee and Nominations Committee to create one Nominations and Remuneration Committee
- Retention of Quality Assurance and Improvement Committee, but with a remit which covers elements of People and Estates Committee as required.

# Reference and Administration



Company Number	02164215
Charity Number	297798

### Directors and Trustees

Secretary	Kelly Prince
Registered Office	Searle House, Dryden Road, Exeter, Devon, EX2 5JJ
Brian Aird	Chair of Trustees
Dr Helen Enright	Vice Chair of Trustees
Barbara Sweeney	Trustee (Resigned 23 July 2022)
Cathy Durston	Trustee
Greg Allen	Trustee
Jenny Winslade	Trustee
John Hawkins	Trustee (Resigned 13 December 2022)
Jose Cortizo	Trustee
Matthew Bryant	Trustee (Resigned 26 September 2023)
Mike Williams	Trustee
Nicholas Frost	Trustee (Appointed 02 June 2023)
Peter Serjeant	Trustee (Resigned 26 September 2023)
Sarah Jackson	Trustee

### Senior Management Team

Chief Executive Officer	Andrew Randall
Operations Director and Deputy CEO	Wayne Gale
Clinical Director	Ann Rhys
Director of Finance and Governance	Martin Cordy
Director of Fundraising and Marketing	Katie Chantler
Retail Director	Rhodri Morgan

### Advisors

Principal Bankers	National Westminster Bank Plc, 59 High Street, Exeter, EX4 3DL
Independent Auditors	Francis Clark LLP, Centenary House Peninsula Park, Rydon Ln, Exeter EX2 7XE

# Statement of Trustees' Responsibilities



The Trustees (who are also directors of Hospiscare for the purposes of company law) are responsible for preparing the Trustees' report (including the group strategic report) and the financial statements in accordance with applicable law and Generally Accepted Accounting Practice in the UK.

Charity and company law requires the Trustees to prepare financial statements for each financial year. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Charitable Company and the Group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities' SORP (Statement of Recommended Practice) 2019 (FRS 102)
- make judgements and accounting estimates that are reasonable and prudent
- prepare the financial statements on the Going Concern basis, provided it is appropriate to presume that the Charitable Company and the Group will continue in operation.

The Trustees are responsible for keeping adequate accounting records, that are sufficient to show and explain the Charitable Company and the Group's transactions; that disclose, with reasonable accuracy at any time, the financial position of the Charitable Company and the Group; and that enable the Trustees to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charitable Company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

## Disclosure of Information to Auditors

Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

- so far as that Trustee is aware, there is no relevant audit information of which the charitable group's auditors are unaware, and
- that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any information needed by the charitable group's auditors in connection with preparing their report, and to establish that the auditors are aware of that information.

This report, incorporating the group strategic report, was approved by the Trustees in their capacity as company directors, and signed on their behalf by:

Brian Aird  
Chair of Trustees  
26 September 2023

# Independent Auditors' report to the Members of Hospiscare

for the year ended 31 March 2023



## Opinion

We have audited the Financial Statements of Hospiscare (the "Charity") for the year ended 31 March 2023 which comprise the Group Statement of Financial Activities, Group and Parent Company Balance Sheets, Statement of Consolidated Cash flows and notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and charity's affairs as at 31 March 2023 and of its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (GAAP)
- 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 Charity's ability to continue as a going concern for a period of at least twelve months from when the original financial statements were authorised for issue.

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

## Other information

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

In connection with our audit of the Financial Statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such

material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

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

- The information given in the Trustees' report, (which includes the Strategic Report and 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 Directors' Report included within the Trustees' 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 Charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report.

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

- Adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not obtained all the information and explanations necessary for the purposes of our audit.

### Responsibilities of the Trustees

As explained more fully in the Statement of Trustees' Responsibilities set out on page 42, the Trustees (who are also the Directors of the Charity 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 they 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 Charity'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 Charity or to cease operations, or have no realistic alternative but to do so.

### Our 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:

As part of our audit planning, we obtained an understanding of the legal and regulatory framework that is applicable to the Charity. We gained an understanding of the Charity and the industry in which the Charity operates as part of this assessment to identify the key laws and regulations affecting the Charity. As part of this, we reviewed the Charity's website for indication of any regulations and certification in place and discussed

these with the relevant individuals responsible for compliance. The key regulations we identified were Charity Legislation, Ofsted, compliance with the Care Quality Commission ("CQC"), safeguarding, health and safety regulations and The General Data Protection Regulation ("GDPR"). 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.

We discussed with management and trustees how the compliance with these laws and regulations is monitored and discussed policies and procedures in place. We also identified the individuals who have responsibility for ensuring that the Charity complies with laws and regulations and deals with reporting any issues if they arise. As part of our planning procedures, we assessed the risk of any non-compliance with laws and regulations on the Charity's ability to continue trading and the risk of material mis-statement to the accounts.

Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures involved the following:

- Enquiries of management regarding their knowledge of any non-compliance with laws and regulations that could affect the financial statements. As part of these enquiries we also discussed with management whether there have been any known instances, allegations or suspicions of fraud, of which there were none.
- Reviewed filings with the Charity Commission and whether there were any serious incident reports made during the year, of which there were none.
- Reviewed audit documentation from the CQC to confirm compliance with standards, and ensuring continued registration with the CQC through the CQC website.
- Discussed with the Health and Safety Officer if any incidents have been reported during the year under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ("RIDDOR").
- Review of the group's GDPR policy and enquiries to the Data Protection Officer as to the occurrence and outcome of any reportable breaches.
- Reviewed legal and professional costs to identify any possible non-compliance or legal costs in respect of non-compliance.
- Reviewed Board minutes.

As part of our enquiries we discussed with management whether there have been any known instances, allegations or suspicions of fraud, of which there were none. We evaluated the risk of fraud through management override. The key risks we identified were management bias in accounting judgements and estimates. We also evaluated the risk of fraud through misapplication of grant funding.

In response to the identified risk, as part of our audit work we:

- Audited the risk of management override of controls, including through testing journal entries and other adjustments or appropriateness, and evaluating the business rationale of significant transactions outside the normal course of business, of which there were none.
- Reviewed estimates and judgements made in the accounts for any indication of bias and challenged assumptions used by management in making the estimates.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material mis-statement in the financial statements. This risk increases the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, as we are less likely to become aware of instances of non-compliance. The risk of not detecting a material mis-statement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

This description forms part of our auditor's report.

## Use of our Report

This report is made solely to the Charity'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 Charity'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 Charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

Neil Hitchings (Senior Statutory Auditor)

For and on behalf of

PKF FRANCIS CLARK, Chartered Accountants & Statutory Auditor

Centenary House,

Peninsula Park

Rydon Lane,

Exeter, EX2 7XE

Date: 26 September 2023

*PKF Francis Clark*

# Financial Statements



## Consolidated Statement of Financial Activities

(including income and expenditure account) for the year ended 31 March 2023

The statement of financial activities includes all gains and losses recognised in the year.

	Note	Endowment Funds 2023 £	Restricted Funds 2023 £	Unrestricted Funds 2023 £	Total funds 2023 £	Total funds 2022 £
<b>Income and endowments:</b>						
Donations and legacies	4	-	504,590	4,173,788	4,678,378	7,347,095
Charitable activities	5	-	-	1,717,203	1,717,203	2,080,436
Other trading activities	6	-	-	2,948,843	2,948,843	2,823,692
Investment income	7	-	29,297	117,754	147,051	128,723
<b>Other income</b>	8	-	-	50,561	50,561	132,321
<b>Total income and endowments</b>		-	533,887	9,008,149	9,542,036	12,512,267
<b>Expenditure on:</b>						
Expenditure on raising funds	9	-	-	3,823,459	3,823,459	3,341,539
Expenditure on charitable activities	10	-	987,256	5,963,130	6,950,386	6,391,413
<b>Total expenditure</b>		-	987,256	9,786,589	10,773,845	9,732,952
Net (expenditure)/income before net gains on investments		-	(453,369)	(778,440)	(1,231,809)	2,779,315
Net gains / (losses) on investments	16	-	(67,419)	(200,233)	(267,652)	249,729
<b>Net income / expenditure</b>		-	(520,788)	(978,673)	(1,499,461)	3,029,044
<b>Transfers between funds</b>		-	-	-	-	-
<b>Net movement in funds</b>		-	(520,788)	(978,673)	(1,499,461)	3,029,044
<b>Reconciliation of funds:</b>						
Total funds brought forward		20,000	2,666,793	13,032,385	15,719,178	12,690,134
Net movement in funds		-	(520,788)	(978,673)	(1,499,461)	3,029,044
<b>Total funds carried forward</b>		20,000	2,146,005	12,053,712	14,219,717	15,719,178

## Consolidated Balance Sheet

Year ended 31 March 2023

	Note	2023 £	2022 £
<b>Fixed assets</b>			
Tangible fixed assets	14	4,560,643	4,601,040
Investments	16	4,499,036	5,593,345
Investment properties	15	370,000	370,000
		<b>9,429,679</b>	<b>10,564,385</b>
<b>Current assets</b>			
Stocks		9,308	2,833
Debtors	17	397,164	2,924,719
Investments	16	2,500,000	-
Cash at bank and in hand		2,999,938	3,259,079
		<b>5,906,410</b>	<b>6,186,631</b>
<b>Creditors: amounts falling due within one year</b>	18	(929,416)	(845,048)
<b>Net current assets</b>		<b>4,976,994</b>	<b>5,341,583</b>
<b>Total assets less current liabilities</b>		<b>14,406,673</b>	<b>15,905,968</b>
Provision for liabilities	19	(186,956)	(186,790)
<b>Total net assets</b>		<b>14,219,717</b>	<b>15,719,178</b>
<b>Funds of the charity</b>			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,146,005	2,666,793
Unrestricted funds	20	12,053,712	13,032,385
<b>Total charity funds</b>	21	<b>14,219,717</b>	<b>15,719,178</b>

These financial statements were approved by the board of trustees and authorised for issue on 26 September 2023, and are signed on behalf of the board by:



Brian Aird  
Chair of Trustees  
Company registered number: 02164215

## Charity Balance Sheet

Year ended 31 March 2023

	Note	2023 £	2022 £
<b>Fixed assets</b>			
Tangible fixed assets	14	4,512,117	4,571,461
Investments	16	4,609,038	5,703,347
Investment properties	15	370,000	370,000
		<b>9,491,155</b>	<b>10,644,808</b>
<b>Current assets</b>			
Debtors	17	673,691	3,073,839
Investments	16	2,500,000	-
Cash at bank and in hand		2,369,171	2,833,246
		<b>5,542,862</b>	<b>5,907,085</b>
<b>Creditors: amounts falling due within one year</b>	18	(805,582)	(767,215)
<b>Net current assets</b>		<b>4,737,280</b>	<b>5,139,870</b>
<b>Total assets less current liabilities</b>		<b>14,228,435</b>	<b>15,784,678</b>
<b>Total net assets</b>		<b>14,228,435</b>	<b>15,784,678</b>
<b>Funds of the charity</b>			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,146,005	2,666,793
Unrestricted funds	20	12,062,430	13,097,885
<b>Total charity funds</b>		<b>14,228,435</b>	<b>15,784,678</b>

The Charity's movement in funds for the year was net expenditure £1,556,243 (2022: net income £3,090,756). The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The notes on pages 51 to 70 form part of these financial statements.

These financial statements were approved by the board of trustees and authorised for issue on 26 September 2023, and are signed on behalf of the board by:



Brian Aird  
Chair of Trustees  
Company registered number: 02164215

## Consolidated Statement of Cash Flows

Year ended 31 March 2023

	Note	2023 £	2022 £
<b>Cash flows from operating activities:</b>			
<i>Net cash provided by operating activities</i>	22	1,476,991	1,184,054
<b>Cash flows from investing activities:</b>			
Dividends, interests and rents from investments		147,051	128,723
Purchase of tangible fixed assets		(209,840)	(102,635)
Purchase of investments		(3,484,559)	(738,533)
Proceeds from sale of investments		1,811,216	1,154,562
<i>Net cash used in investing activities</i>		(1,736,132)	442,117
<b>Cash flows from financing activities</b>		-	-
<b>Change in cash and cash equivalents in the year</b>		(259,141)	1,626,171
Cash and cash equivalents at the beginning of the year		3,259,079	1,632,908
<b>Cash and cash equivalents at the end of the year</b>	23	2,999,938	3,259,079

The notes on pages 51 to 70 to form part of these financial statements.

# Notes to the Financial Statements

for the year ended 31 March 2023



## 1. General Information

The Charity is a company limited by guarantee, incorporated in England in the United Kingdom. Its registered office is Searle House, Dryden Road, Exeter, EX2 5JJ. The members of the company are the Trustees named on page 41. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the Charity.

## 2. Accounting Policies

### 2.1 Basis of Preparation of Financial Statements

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

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

The Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the Charity and its subsidiary undertakings. The results of the subsidiary are consolidated on a line by line basis.

The Charity has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of Financial Activities in these financial statements.

### 2.2 Going Concern

The Trustees have assessed whether the use of the Going Concern basis is appropriate and have considered possible events or conditions that might affect the ability of the Group to continue as a going concern. The Trustees have made this assessment for the period to 31 March 2025.

### 2.3 Fund Accounting

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

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements. Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

### 2.4 Income

All income is recognised once the Charity has entitlement to the income. It is probable that the income will be received and the amount of income receivable can be measured reliably.

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Group that a distribution will be made; or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where a property is appropriated to the Charity, the value of that appropriation will be recognised in the accounts. If advanced payment is offered to Hospiscare subject to an

indemnity being required that means that the money could be repaid, this will not be considered confirmation that the amount should be recognised in the accounts. 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.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income from grants is included in incoming resources when receivable. When donors specify that grants are for a particular restricted purpose, which do not amount to preconditions regarding entitlement, this income is included in incoming resources within restricted funds when receivable.

When income is received in advance of delivering the service, it is deferred until the Group is entitled to that income.

Investment income is brought into the accounts when it is received.

Lottery income is accounted for based on the date of the lottery for which the ticket has been purchased.

## 2.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, or it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs.

All expenditure is inclusive of irrecoverable VAT.

## 2.6 Interest Receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Group; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

## 2.7 Tangible Fixed Assets and Depreciation

Tangible fixed assets costing £2,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably. Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

At each reporting date the Charity assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined to be the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

- Freehold Buildings - 2% straight line
- Leasehold Land & Buildings - 2% straight line or over the term of the lease if shorter
- Plant and Machinery - 20% straight line

- Motor Vehicles - 20% straight line
- Fixtures & Fittings - 15-33% straight line

## 2.8 Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment.

Investment gains and losses, whether realised or unrealised, are combined and presented as 'Net Gains on investments' in the consolidated statement of financial activities. Investments in subsidiaries are valued at cost less provision for impairment.

## 2.9 Stocks

FRS 102 recommends that goods donated for resale are valued. However, estimating the fair value of donated goods for resale is impractical because of the high level of low value items received. The Trustees have therefore determined that no meaningful valuation can be made and no value has been assigned to the stock of donated goods.

Stocks are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on a weighted average basis. At each reporting date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

## 2.10 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered.

Prepayments are valued at the amount prepaid.

## 2.11 Cash at bank and in hand

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

## 2.12 Liabilities

Liabilities and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event. It is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the Group anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation.

## 2.13 Financial Instruments

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

## 2.14 Pensions

All staff who are eligible to remain within the NHS Pension Scheme do so. The NHS Pension Scheme is an unfunded, multi-employer defined benefit pension scheme. The Group, like similar employers in this sector, is unable to identify its share of the underlying assets and liabilities in the scheme and therefore, as required by FRS 102, accounts for this scheme as if it was a defined contribution scheme. Contributions are paid to the scheme by the Group and by employees.

Additionally, the Group operates a further defined contribution pension scheme for other staff.

The pension charge represents the amounts payable by the Group to the funds in respect of the year.

### 3. Critical Accounting Estimates and Areas of Judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

#### Critical accounting estimates and assumptions

The Group makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. In the application of the Group's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

#### Useful Economic Lives of Tangible Assets

The annual depreciation charge is sensitive to any changes in the estimated useful life and residual values of tangible assets. The useful economic lives and residual value is assessed on an annual basis and are amended only when evidence shows a change in the estimated economic lives or residual life. Criteria used to assess the economic life and residual value include technological advancement, economic utilisation and physical condition of the asset and future investments.

#### Dilapidations

The dilapidation provision is assessed on a lease-by-lease basis, calculated as a proportion of the annual rent in light of previous experience of actual dilapidation costs. The provision accrues over the term of the lease.

#### Legacies

Entitlement to legacies is assessed on a case by case basis taking into account factors such as whether probate has been granted and whether the amount receivable can be reliably estimated. Legacies are only accrued when the conditions set out in note 2.4 have been met.

### 4. Donations and legacies

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Donations and fundraising	500,598	1,811,068	<b>2,311,684</b>	1,798,919
Legacies	3,992	2,161,395	<b>2,165,387</b>	3,926,834
Grants	-	9,552	<b>9,552</b>	1,444,953
Gift Aid	-	191,755	<b>191,755</b>	176,389
<b>Total 2023</b>	<b>504,590</b>	<b>4,173,788</b>	<b>4,678,378</b>	7,347,095
Total 2022	1,603,067	5,744,028	7,347,095	

### 5. Income from Charitable activities

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Education	-	153,974	<b>153,974</b>	126,370
New Devon CCG	-	1,242,661	<b>1,242,661</b>	1,460,981
Coastal towns homecare services	-	320,568	<b>320,568</b>	493,085
<b>Total 2023</b>	<b>-</b>	<b>1,717,203</b>	<b>1,717,203</b>	2,080,436
Total 2022	-	2,080,436	2,080,436	

### 6. Income from other trading activities

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Hospiscare shops	-	2,385,917	<b>2,385,917</b>	2,234,267
Lottery	-	562,926	<b>562,926</b>	589,425
<b>Total 2023</b>	<b>-</b>	<b>2,948,843</b>	<b>2,948,843</b>	2,823,692
Total 2022	-	2,823,692	2,823,692	

## 7. Investment income

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Rental income	-	9,600	<b>9,600</b>	3,567
Income on investments	29,297	91,963	<b>121,260</b>	115,707
Income on cash deposits	-	16,191	<b>16,191</b>	9,449
<b>Total 2023</b>	<b>29,297</b>	<b>117,754</b>	<b>147,051</b>	128,723
Total 2022	48,647	80,076	128,723	

## 8. Other income

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Government grants and insurance claims receivable relating to COVID-19	-	-	-	97,850
Catering income	-	11,822	<b>11,822</b>	8,630
Renewable energy income	-	26,361	<b>26,361</b>	18,359
Property insurance income	-	12,378	<b>12,378</b>	7,482
<b>Total 2023</b>	<b>-</b>	<b>50,561</b>	<b>50,561</b>	132,321
Total 2022	-	132,321	132,321	

## 9. Expenditure on Raising funds

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Costs of raising voluntary income – direct costs	-	225,582	<b>225,582</b>	301,066
Costs of raising voluntary income – wages and salaries	-	560,540	<b>560,540</b>	388,951
Costs of raising voluntary income - NI	-	53,346	<b>53,346</b>	33,547
Costs of raising voluntary income – pension costs	-	34,932	<b>34,932</b>	25,972
Allocated centrally incurred fundraising and governance costs including depreciation	-	509,858	<b>509,858</b>	274,483
<b>Total 2023</b>	<b>-</b>	<b>1,384,258</b>	<b>1,384,258</b>	1,024,019
Total 2022	-	1,024,019	1,024,019	

## 9. Expenditure on Raising funds (continued)

Other Trading Expenses	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Hospiscare shops expenditure	-	1,010,424	<b>1,010,424</b>	969,440
Lottery expenditure	-	191,389	<b>191,389</b>	147,544
Staff costs	-	1,217,053	<b>1,217,053</b>	1,163,639
Hospiscare shops depreciation	-	20,335	<b>20,335</b>	36,897
<b>Total 2023</b>	<b>-</b>	<b>2,439,201</b>	<b>2,439,201</b>	2,317,520
Total 2022	-	2,317,520	2,317,520	

Staff costs are made up from £1,184,232 (2022: £1,109,402) attributable to Hospiscare Shops' expenditure and £32,821 (2022: £54,237) attributable to lottery expenditure.

Costs of raising voluntary income £1,384,258 (2022: £1,024,019). Costs of other trading expenses £2,439,201 (2022: £2,317,520).

Total **£3,823,459** (2022: £3,341,539).

## 10. Analysis of Expenditure by Activities

	Activities undertaken directly £	Support Costs £	Total funds 2023 £	Total fund 2022 £
Ward	1,541,824	848,189	<b>2,390,013</b>	3,284,770
Community nursing services	2,569,202	1,342,651	<b>3,911,853</b>	2,884,067
Supportive care services	46,771	33,690	<b>80,461</b>	123,022
Education	62,077	19,408	<b>81,485</b>	99,554
Other clinical	356,540	130,034	<b>486,574</b>	-
<b>Total 2023</b>	<b>4,576,414</b>	<b>2,373,972</b>	<b>6,950,386</b>	6,391,413
Total 2022	4,504,674	1,886,739	6,391,413	

Expenditure on charitable activities totalling **£6,950,386** (2022 £6,391,413) includes £987,256 from restricted funds (2022 £1,682,972) and £5,963,130 (2022 £4,708,441) from unrestricted funds.

## Analysis of Direct Costs

	Ward £	Community nursing services £	Supportive care services £	Education £	Other clinical £	Total funds 2023 £	Total funds 2022 £
Staff costs	1,360,948	2,253,198	41,499	59,170	333,559	<b>4,048,374</b>	4,062,531
Medical supplies	20,622	2,748	39	10	111	<b>23,530</b>	26,146
Bank staff	90,169	184,092	3,604	1,595	3,095	<b>282,555</b>	76,175
Travel expenses	2,139	41,868	790	228	466	<b>45,491</b>	37,104
Other direct costs	56,779	60,916	468	738	16,652	<b>135,553</b>	227,195
Administration & overheads	11,167	26,380	371	336	2,657	<b>40,911</b>	75,523
<b>Total 2023</b>	<b>1,541,824</b>	<b>2,569,202</b>	<b>46,771</b>	<b>62,077</b>	<b>356,540</b>	<b>4,576,414</b>	4,504,674
Total 2022	2,511,215	1,869,321	70,332	53,806	-	4,504,674	

## Analysis of Support Costs

	Ward £	Community nursing services £	Supportive care services £	Education £	Other clinical £	Total funds 2023 £	Total funds 2022 £
Staff costs	484,054	766,240	19,226	11,077	74,209	<b>1,354,806</b>	1,134,654
Depreciation	41,257	65,309	1,639	944	6,325	<b>115,474</b>	178,551
Administration & overheads	302,916	479,503	12,032	6,931	46,440	<b>847,822</b>	540,811
Catering	7,445	11,785	296	170	1,141	<b>20,837</b>	17,999
Governance	12,517	19,814	497	286	1,919	<b>35,033</b>	14,814
<b>Total 2023</b>	<b>848,189</b>	<b>1,342,651</b>	<b>33,690</b>	<b>19,408</b>	<b>130,034</b>	<b>2,373,972</b>	1,886,739
Total 2022	773,555	1,014,746	52,690	45,748	-	1,886,739	

## 11. Auditors' Remuneration

	2023 £	2022 £
Fees payable to the Group's auditor for the audit of the Group's annual accounts	<b>9,750</b>	9,950
Fees payable to the Group's auditor for the: The audit of the annual accounts of the Group's subsidiary undertakings	<b>3,000</b>	6,100

## 12. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	Group 2023 £	Group 2022 £	Charity 2023 £	Charity 2022 £
Wages and salaries	<b>6,660,902</b>	5,925,928	<b>5,619,978</b>	4,937,014
Social security costs	<b>615,170</b>	520,629	<b>533,969</b>	452,634
Pension costs	<b>600,839</b>	507,014	<b>538,734</b>	454,521
	<b>7,876,911</b>	6,953,571	<b>6,692,681</b>	5,844,169

During 2022/23, Hospiscare made termination payments (including PILON) totalling £33,296. This has been recognised within the 2022/23 annual accounts, with no provision being required in either the current or previous financial years.

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

	2023 Group No.	2022 Group No.	2023 Charity No.	2022 Charity No.
Doctors	<b>8</b>	7	<b>8</b>	7
Nurses	<b>100</b>	96	<b>100</b>	96
Health care assistants	<b>20</b>	20	<b>20</b>	20
Care Managers	<b>1</b>	2	<b>1</b>	2
Volunteer co-ordinators	<b>2</b>	1	<b>2</b>	1
Fundraising staff	<b>22</b>	16	<b>22</b>	16
Administration	<b>43</b>	41	<b>43</b>	41
Trading	<b>57</b>	61	-	-
Lottery	<b>1</b>	2	<b>1</b>	2
Complementary therapies	<b>3</b>	1	<b>3</b>	1
Catering/cleaning	<b>11</b>	11	<b>11</b>	11
Education	<b>3</b>	3	<b>3</b>	3
	<b>271</b>	261	<b>214</b>	200

The average headcount expressed as full-time equivalents was:

	2023 Group No.	2022 Group No.	2023 Charity No.	2022 Charity No.
Employees	<b>209</b>	205	<b>152</b>	144

The number of employee benefits (excluding employer pension costs) exceeded £60,000 was:

	2023 Group No.	2022 Group No.
In the band £60,001 - £70,000	4	5
In the band £70,001 - £80,000	3	1
In the band £80,001 - £90,000	1	-
In the band £90,001 - £100,000	2	2

The Senior Management Team personnel of the Parent Charity and Group comprises the Trustees and senior management team. The total employee benefits (including employer pension contributions and employer national insurance contributions) of the key management personnel were £581,442 (2022: £393,101).

Although Trustees are within the definition of key management personnel, none of the remuneration reported relates to them.

### 13. Trustees' Remuneration and Expenses

During the year, no Trustees received any remuneration or other benefits (2022: £Nil).

During the year ended 31 March 2023, expenses totalling £152 was reimbursed to one trustee (2022: Nil).

### 14. Tangible Fixed Assets

Group	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and Fittings £	Total £
<b>Cost or valuation</b>							
At 1 April 2022	2,294,976	3,848,262	9,725	324,352	31,050	1,152,974	7,661,339
Additions	18,647	9,067	-	120,427	-	61,699	209,840
Disposal	(8,320)	(35,693)	-	-	-	(139,078)	(183,091)
<b>At 31 March 2023</b>	<b>2,305,303</b>	<b>3,821,636</b>	<b>9,725</b>	<b>444,779</b>	<b>31,050</b>	<b>1,075,595</b>	<b>7,688,088</b>
<b>Depreciation</b>							
At 1 April 2022	345,330	1,522,420	1,221	282,403	25,550	883,375	3,060,299
Charge for the year	38,159	74,243	195	28,152	4,066	84,966	229,781
On disposals	(6)	(47,240)	(881)	-	-	(114,508)	(162,635)
<b>At 31 March 2023</b>	<b>383,483</b>	<b>1,549,423</b>	<b>535</b>	<b>310,555</b>	<b>29,616</b>	<b>853,833</b>	<b>3,127,445</b>
<b>Net book value</b>							
<b>At 31 March 2023</b>	<b>1,921,820</b>	<b>2,272,213</b>	<b>9,190</b>	<b>134,224</b>	<b>1,434</b>	<b>221,762</b>	<b>4,560,643</b>
At 31 March 2022	1,949,646	2,325,842	8,504	41,949	5,500	269,599	4,601,040

### 14. Tangible Fixed Assets (continued)

Charity	Freehold property £	Long-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and Fittings £	Total £
<b>Cost or valuation</b>						
At 1 April 2022	2,294,976	3,815,542	324,352	31,050	940,260	7,406,180
Additions	18,647	9,076	120,427	-	61,699	209,849
Disposal	(8,320)	(2,982)	-	-	(57,020)	(68,322)
<b>At 31 March 2023</b>	<b>2,305,303</b>	<b>3,821,636</b>	<b>444,779</b>	<b>31,050</b>	<b>944,939</b>	<b>7,547,707</b>
<b>Depreciation</b>						
At 1 April 2022	345,330	1,489,660	282,403	25,550	691,776	2,834,719
Charge for the year	38,159	74,243	28,152	4,066	64,826	209,446
On disposals	(6)	(14,480)	-	-	5,911	(8,575)
<b>At 31 March 2023</b>	<b>383,483</b>	<b>1,549,423</b>	<b>310,555</b>	<b>29,616</b>	<b>762,513</b>	<b>3,035,590</b>
<b>Net book value</b>						
<b>At 31 March 2023</b>	<b>1,921,820</b>	<b>2,272,213</b>	<b>134,224</b>	<b>1,434</b>	<b>182,426</b>	<b>4,512,117</b>
At 31 March 2022	1,949,646	2,325,882	41,949	5,500	248,484	4,571,461

### 15. Investment Property

Group Valuation	Freehold investment property £
At 1 April 2022	370,000
<b>At 31 March 2023</b>	<b>370,000</b>

Charity Valuation	Freehold investment property £
At 1 April 2022	370,000
<b>At 31 March 2023</b>	<b>370,000</b>

#### Valuation

Investments are based on Trustees' valuation based on market data and previous professional valuations.

## 16. Investments

Group Cost or valuation	Listed investments
At 1 April 2022	5,593,345
Additions	3,484,559
Disposals	(1,811,216)
Revaluations	(267,652)
<b>At 31 March 2023</b>	<b>6,999,036</b>
<b>Net book value</b>	
Fixed asset investments	4,499,036
Current asset investments	2,500,000
<b>At 31 March 2023</b>	<b>6,999,036</b>
At 31 March 2022	5,593,345

### Investments

Charity Cost or valuation	Investments in subsidiary companies £	Listed investments £	Total £
At 1 April 2022	110,002	5,593,345	5,703,347
Additions	-	3,484,559	3,484,559
Disposals	-	(1,811,216)	(1,811,216)
Revaluations	-	(267,652)	(267,652)
<b>At 31 March 2023</b>	<b>110,002</b>	<b>6,999,036</b>	<b>7,109,038</b>
<b>Net book value</b>			
Fixed asset investments	110,002	4,499,036	4,609,038
Current asset investments	-	2,500,000	2,500,000
<b>At 31 March 2023</b>	<b>110,002</b>	<b>6,999,036</b>	<b>7,109,038</b>
At 31 March 2022	110,002	5,593,345	5,703,347

## Principal Subsidiaries

The following were subsidiary undertakings of the Charity:

Names	Company number	Included in consolidation	Holding
Hospiscare (Shops) Limited	02201730	Yes	100%
Hospiscare Exmouth and Lymptone	02927336	Yes	100%

The financial results of the subsidiary for the year were:

Names	Income £	Expenditure £	Profit for the year £	Net assets £
Hospiscare (Shops) Limited	2,221,193	2,203,693	17,500	101,284

Hospiscare Exmouth and Lymptone merged with Hospiscare in 2019 and all operations, assets and liabilities of that charity were transferred to Hospiscare. Accordingly, after the date of the merger, there has been no income or expenditure recognised by Hospiscare Exmouth and Lymptone and its net assets at the year-end were nil.

## 17. Debtors

	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Due within one year				
Trade debtors	89,384	146,540	70,438	171,009
Amounts owed by group undertakings	-	-	325,256	182,498
Other debtors	92,164	82,507	68,243	58,139
Prepayments and accrued income	215,616	2,695,672	209,754	2,662,193
	<b>397,164</b>	<b>2,924,719</b>	<b>673,691</b>	<b>3,073,839</b>

## 18. Creditors: amounts falling due within one year

	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Trade creditors	155,550	392,529	130,527	363,782
Social security and other taxes	142,960	124,942	126,400	112,000
Other creditors	39,632	102,385	25,341	66,241
Accruals and deferred income	591,274	225,192	523,314	225,192
	<b>929,416</b>	<b>845,048</b>	<b>805,582</b>	<b>767,215</b>
Deferred income				
Deferred income at 1 April 2022	73,687	11,059	73,687	11,059
Resources deferred during the year	9,790	73,687	9,790	73,687
Amounts released from previous periods	(73,687)	(11,059)	(73,687)	(11,059)
	<b>9,790</b>	<b>73,687</b>	<b>9,790</b>	<b>73,687</b>

## 19. Provisions

	Dilapidations £
At 1 April 2022	186,790
Additions	166
	<b>186,956</b>

### Dilapidations

The Group dilapidations provision is based on the future expected repair costs required to restore the leased buildings to their fair condition at the end of their respective lease terms.

The Charity has no provisions.

## 20. Statement of Funds

### Current Year

	Balance at 1 April 2022 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2023 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,214,995	-	(251,555)	220,735	-	<b>4,184,175</b>
Stability & working capital	3,400,000	-	-	1,603,342	-	<b>5,003,342</b>
Budgeted deficit	2,400,000	-	(796,658)	(1,603,342)	-	-
Hospiscare@Home	1,060,540	-	-	-	-	<b>1,060,540</b>
	<b>11,075,535</b>	<b>-</b>	<b>(1,048,213)</b>	<b>220,735</b>	<b>-</b>	<b>10,248,057</b>
<b>General Funds</b>						
General reserves	1,956,850	9,008,149	(8,738,376)	(220,735)	(200,233)	<b>1,805,655</b>
<b>Total unrestricted funds</b>	<b>13,032,385</b>	<b>9,008,149</b>	<b>(9,786,589)</b>	<b>-</b>	<b>(200,233)</b>	<b>12,053,712</b>
<b>Endowment funds</b>						
Endowment funds – all funds	20,000	-	-	-	-	<b>20,000</b>

## Statement of Funds (continued)

	Balance at 1 April 2022 £	Income £	Expenditure £	Transfers in/out £	Gains/ (losses) £	Balance at 31 March 2023 £
<b>Restricted funds</b>						
Medical research fund	60,222	7,230	(5,011)	-	-	<b>62,441</b>
Dementia project	-	31,082	(31,082)	-	-	-
Early referral research fund	47,940	-	-	-	-	<b>47,940</b>
Hospiscare Exmouth and Lypstone	1,742,671	104,273	(567,788)	-	(67,419)	<b>1,211,737</b>
Legacies		3,992	-	(3,992)	-	-
Other restricted funds	2,686	-	(2,165)	6,000	-	<b>6,521</b>
LGBTQ+ project	18,295	5,945	(24,240)	-	-	-
Fundraising	6,200	141,824	(55,894)	(4,782)	-	<b>87,348</b>
Hospiscare@Home	788,779	189,120	(247,881)	-	-	<b>730,018</b>
CNS Mid Devon	-	3,038	(3,038)	-	-	-
CNS East Devon	-	47,383	(50,157)	2,774	-	-
Total restricted funds	2,666,793	533,887	(987,256)	-	(67,419)	<b>2,146,005</b>
<b>Total Funds</b>	<b>15,719,178</b>	<b>9,542,036</b>	<b>(10,773,845)</b>	<b>-</b>	<b>(267,652)</b>	<b>14,219,717</b>

## Designated Funds

### Capital

This fund represents the net book value of the tangible fixed assets employed by the group, excluding those held in restricted funds.

### Stability and Working Capital

This fund is intended to provide a buffer for working capital requirements and against unexpected shortfalls in fundraising and legacy income and falls in the value of investments.

### Budgeted deficit

This reserve was identified in the prior year by the Trustees to cover the anticipated shortfall in funding for services during the 2022/23 financial year. The remainder of this reserve has now been consolidated within the working capital reserve as part of the revised reserves policy.

### Hospiscare@Home

This fund is to support the ongoing delivery of the Exmouth and Lypstone and Hospiscare@Home services when the associated restricted reserves are fully utilised if additional funding is not identified. This reserve (based on the latest forecast) provides funding if required until 2025/26.

## General Reserves

This fund represents the free reserves of the Charity and are available for general use.

## Restricted Funds

### Exmouth and Lypstone Hospiscare

This fund represents the net assets remaining following the transfer of assets from Exmouth and Lypstone Hospiscare in 2019 and includes income and gains from the underlying assets. The fund will be used to meet the costs of palliative care for persons terminally ill in the Exmouth and Lypstone area and to support those patients and their families.

### Hospiscare@Home

This fund is to support the Charity's plans to roll-out the service in the Mid and West Devon areas.

### Medical Research

This is a general fund operated by the medical team. At their discretion it may be used for capital purchasing, professional fees, books, educational costs etc.

### Community Nursing Services

This provides funding to enable services to be delivered in patients homes across Exeter, East, and Mid Devon.

## Statement of Funds (prior year)

	Balance at 1 April 2021	Income	Expenditure	Transfers in/out	Gains/ (losses)	Balance at 31 March 2022
	£	£	£	£	£	£
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,387,654	-	(268,799)	96,140	-	4,214,995
Stability & working capital	3,000,000	-	-	400,000	-	3,400,000
Budgeted deficit 22/23	-	-	-	2,400,000	-	2,400,000
COVID-19 reserve	1,800,000	-	-	(1,800,000)	-	-
Hospiscare@Home	-	-	-	1,060,540	-	1,060,540
	<b>9,187,654</b>	<b>-</b>	<b>(268,799)</b>	<b>2,156,680</b>	<b>-</b>	<b>11,075,535</b>
<b>General Funds</b>						
General reserves	809,854	10,860,553	(7,781,181)	(2,156,680)	224,304	1,956,850
<b>Total unrestricted funds</b>	<b>9,997,508</b>	<b>10,860,553</b>	<b>(8,049,980)</b>	<b>-</b>	<b>224,304</b>	<b>13,032,385</b>
<b>Endowment funds</b>						
Endowment funds	20,000	-	-	-	-	20,000
<b>Restricted funds</b>						
Medical research fund	63,492	6,850	(10,120)	-	-	60,222
Dementia project	-	35,744	(35,744)	-	-	-
Early referral research fund	47,940	-	-	-	-	47,940
Hospiscare Exmouth and Lypstone	2,271,275	79,879	(633,908)	-	25,425	1,742,671
Other restricted funds	-	2,500	(7,314)	7,500	-	2,686
LGBTQ+ project	21,435	-	(3,140)	-	-	18,295
Fundraising	2,810	373,933	(363,043)	(7,500)	-	6,200
Hospiscare@Home	265,674	523,105	-	-	-	788,779
Hospice UK	-	629,703	(629,703)	-	-	-
<b>Total</b>	<b>2,672,626</b>	<b>1,651,714</b>	<b>(1,682,972)</b>	<b>-</b>	<b>25,425</b>	<b>2,666,793</b>
<b>Total of funds</b>	<b>12,690,134</b>	<b>12,512,267</b>	<b>(9,732,952)</b>	<b>-</b>	<b>249,729</b>	<b>15,719,178</b>

## 21. Analysis of Net Assets between Funds

### Analysis of Net Assets between Funds – Current Year

	Endowment funds 2023 £	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £
Tangible fixed assets	-	378,578	4,182,065	<b>4,560,643</b>
Fixed asset investments	-	810,433	3,688,603	<b>4,499,036</b>
Investment property	-	370,000	-	<b>370,000</b>
Current assets	20,000	589,444	5,296,966	<b>5,906,410</b>
Creditors due within one year	-	-	(929,416)	<b>(929,416)</b>
Provisions for liabilities and charges	-	-	(186,956)	<b>(186,956)</b>
	<b>20,000</b>	<b>2,146,005</b>	<b>12,053,712</b>	<b>14,219,717</b>

### Analysis of Net Assets between Funds – Prior Year

	Endowment funds 2022 £	Restricted Funds £	Unrestricted Funds £	Total Funds 2022 £
Tangible fixed assets	-	386,045	4,214,995	<b>4,601,040</b>
Fixed asset investments	-	1,708,963	3,884,382	<b>5,593,345</b>
Investment property	-	370,000	-	<b>370,000</b>
Current assets	20,000	201,785	5,964,846	<b>6,186,631</b>
Creditors due within one year	-	-	(845,048)	<b>(845,048)</b>
Provisions for liabilities and charges	-	-	(186,790)	<b>(186,790)</b>
	<b>20,000</b>	<b>2,666,793</b>	<b>13,032,385</b>	<b>15,719,178</b>

## 22. Reconciliation of Net Movement in Funds to Net Cash Flow from Operating Activities

	2023 £	2022 £
Net income for the year (as per Statement of Financial Activities)	<b>(1,499,461)</b>	3,029,044
Adjustments for:		
Depreciation charges	<b>229,781</b>	245,997
Losses/(Gains) on investments	<b>267,652</b>	(249,729)
Dividends, interests and rents from investments	<b>(147,051)</b>	(128,723)
Loss on the sale of fixed assets	<b>20,456</b>	39,934
(Increase)/Decrease in stocks	<b>(6,475)</b>	9,953
(Increase)/decrease in debtors	<b>2,527,555</b>	(1,881,489)
Increase in creditors	<b>84,534</b>	119,067
Net cash generated by operating activities	<b>1,476,991</b>	1,184,054

## 23. Analysis of Cash and Cash Equivalents

	2023 Group £	2022 Group £
Cash in Hand	<b>2,999,938</b>	3,259,079
	<b>2,999,938</b>	3,259,079

## 24. Analysis of Changes in Net Funds

	2022 £	Cash flows £	2023 £
Cash at bank and in Hand	3,259,079	(259,141)	<b>2,999,938</b>
	3,259,079	(259,141)	<b>2,999,938</b>

## 25. Contingent Assets

Legacies are not recognised until Hospiscare has entitlement to the funds, the amount can be quantified and there is probability of receipt. The estimated value of legacies, not included as income in these accounts and which have been notified but not received as at 31 March 2023, was £1,278,377 (2022: £1,166,767).

## 26. Pension Commitments

The Group pays contributions to a defined contributions pension scheme. The assets of the scheme are held separately from those of the Group in an independently administered fund. The pension cost charge represents contributions payable by the Group to the fund and amounted to £234,812 (2022: £276,443). Contributions totalling £53,020 (2022: £49,944) were payable to the fund at the balance sheet date and are included in creditors.

Additionally, the Charity pays contributions to the NHS Pension Scheme. Although the scheme provides defined benefits to members, it is an unfunded multi-employer scheme, with no ongoing liability for the Charity beyond the level of employer contributions specified by the Scheme. Accordingly, it is accounted for as if it was a defined contribution scheme. The pension cost charge represents contributions payable by the Group to the fund and amounted to £354,313 (2022: £230,571). Contributions totalling £20,304 (2022: £20,361) were payable to the fund at the balance sheet date and are included in creditors.

## 27. Operating Lease Commitments

	2023 Group £	2022 Group £	2023 Charity £	2022 Charity £
Not later than 1 year	310,634	300,395	310,634	288,820
Later than 1 year but not later than 5 years	640,580	787,983	640,580	787,983
Later than 5 years	-	-	-	-
	951,214	1,113,953	951,214	1,102,378

## 28. Related Party Transactions

The Charity is taking advantage of the exemption allowed under FRS102 from the requirement of Section 33 “Related Party Disclosures” not to disclose related party transactions with members of the Group. There are no other related party transactions other than those disclosed in note 13. There were no amounts outstanding from any Trustee at the year end.

### Help make every day matter, now and in the future

Gifts in Wills funds the care of one in five of our patients. We have remained by the side of our community for forty years and this is largely thanks to people who think of us when making their Will.

#### Discover the power of a gift in your Will today

Call Louise on 01392 688020 or  
email [legacyinfo@hospiscare.co.uk](mailto:legacyinfo@hospiscare.co.uk)

**HOSPISCARE**

England & Wales - Charity number 297798

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# Accounts

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# Annual Report and Accounts

April 2021 to March 2022



**Because every day matters**

[www.hospiscare.co.uk](http://www.hospiscare.co.uk)

Registered charity no. 297798



**Hospiscare**

Caring in the heart of Devon

# Welcome

to Hospiscare's Annual Report and Accounts for 2021-2022.





**Andrew Randall, Chief Executive**



**Brian Aird, Chair of the Board of Trustees**

Joining me in welcoming you to our combined Directors' and Trustees' Annual Report incorporating the Strategic Report and Financial Statements is Brian Aird, our new Chair of Trustees. Brian joined our Board in March 2022, picking up the reins from Dr Helen Enright who has so brilliantly steered our charity for the past 12 months. From all of us here at Hospiscare, we extend our thanks to Helen.

Despite the challenges of the last two years, we have continued to provide our specialist end-of-life care across the heart of Devon. As a healthcare charity that cares for people at such a vulnerable time in their lives, we have continued to keep strict COVID-19 restrictions in place across our sites and when visiting patients at home.

Despite the pressures caused by the pandemic, we also have much to celebrate. We have benefitted from a grant that has enabled us to establish a permanent Clinical Co-ordination Centre, turning a temporary response to the pandemic into a dedicated hub for patients, family members and healthcare professionals to access advice and support.

2022 gives us further cause for celebration as it is a special year for our charity, marking 40 years of caring in the heart of Devon. Our hospice has grown in so many ways since its founding in 1982 by Dr John Searle and we are so grateful to everyone who has been a part of our journey.

Our wonderful family of staff, volunteers and supporters continue to pull together to support each other and Hospiscare as a whole. The response to our 'Save our Services' appeal demonstrates this dedication as, thanks to our community, we reached our £1 million target and secured our services for the year ahead.

After two of the most difficult years in our 40-year history, we would like to sincerely thank our wonderful teams of staff and volunteers, as well as every person, group, organisation, business and trust for supporting us every step of the way. Together, we will continue to deliver the vital end-of-life care that our local communities of Exeter, Mid and East Devon need.

*Andrew*

I am delighted to have been appointed the new Chair of Trustees at Hospiscare. This follows a long career in the healthcare sector where I have had the privilege of being CEO of an NHS Trust and also held positions on a number of Boards, including the Royal Devon & Exeter.

My first priority with the Trustee Board and Senior Management Team is to work together to create our new three-year strategy with our mission, vision and values at the centre. This will focus on four key pillars: patient services, financials, infrastructure and people and culture and will be available from early 2023.

Financially, we have prepared for the possibility of a further three year deficit and one of our key aims will be working towards a sustainable budget over the long term. Due to the hard work of our teams, we have been fortunate to secure COVID-19 support grants and so this, alongside the fantastic response from our SOS Appeal, means we have not had to dip into our reserves. This has given us stability for at least the year ahead.

We are working to re-build our long-term sustainable income streams and are investigating new ones. This will also involve working closely with the NHS commissioners and the newly established Integrated Care System Devon to champion the need to increase our funding from 19% of costs to a level closer to the national average of 33%.

Our income numbers for 2021/22 include legacies totaling £1.9 million, despite the cash not being received until the following financial year. This is due to income recognition accounting rules. This income has been put in a designated reserve to fund services in 2022/23.

Despite the challenging times that Hospiscare has faced, I am confident that the future is brighter and I look forward to working with and being part of such an important local charity.

*Brian*

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# Trustees' Report



## Our Objectives and Activities

Hospiscare is the principal provider of specialist end-of-life care to the communities of Exeter, Mid and East Devon. Our clinical teams care for patients and their families in the community – visiting homes, care homes, community hospitals and Exeter prison – on our specialist ward in Exeter, at our day hospice units in East and Mid Devon, in the acute hospital and through a 24/7 telephone advice service.

### Our Mission

We provide compassionate, expert end-of-life care to those in need – before, during and after death. Together with our local community, we make every day matter.

### Our Vision

Our vision is to ensure those in need receive outstanding end-of-life care in the place of their choice.

### Our Values

Our values are the foundations upon which our strategic ambitions are built and determine how Hospiscare is run on a day-to-day basis. In everything we do, we strive to be:

**Compassionate** towards every member of our community, from our patients and families to our staff members, volunteers and supporters.

**Respectful** to the needs and beliefs of the people we serve.

**Professional** in our provision of specialist end-of-life care.

**Inclusive** to all needs and circumstances, ensuring end-of-life care remains accessible to all.



# Our Priorities

Following a review in 2022, our priorities for the year ahead, as well as our longer term vision for the next three years are as follows:

## Care

To care for all of our patients' needs and bring our care closer to home.

### Strategic Priorities for the Year Ahead:

- Continue to find new ways to recruit and retain our specialist work force
- Launch our new Hospiscare@Home service in the Okehampton and Crediton area
- Launch our new day services model to provide our patients and carers with access to a range of support
- Position Hospiscare at the centre of end-of-life care in our locality and continue to take an active part in the health and care system

## Funding

To accelerate our income for financial stability in light of the challenges we face due to the pandemic and seek to achieve a sustainable level of income.

### Strategic Priorities for the Year Ahead:

- Continue our discussions with the Integrated Care System Devon (ICSD)
- Research new income generation opportunities
- Re-grow our current fundraising income streams following the pandemic
- Revitalise our retail operation by accelerating our growth of e-commerce

## Marketing

To create a strong presence in our community, engage with current and new supporters and clearly communicate that we are a local charity.

### Strategic Priorities for the Year Ahead:

- Update our brand identity with messaging to reflect our 'we are local' message
- Embed ourselves within the community through involvement with events, providing education and partnering with local businesses and media
- Communicate a clear message on our services and the impact these have on our community

## Hospiscare's Strategic Priorities for the Next Three Years:

Following the last two years of the pandemic, we are taking 2022 to design our new three-year strategy for Hospiscare. Our Trustees and the Senior Management Team are working together on this plan and will be engaging staff for input to ensure it works for the whole charity.

In developing the strategic direction for the next three years, the Trustees and Management are reviewing how services have been delivered over the last two years, including how services have developed during the pandemic. This has included the development of our Clinical Coordination Centre and Afrai services. Where appropriate, this, coupled with knowledge of the current system pressures and the need to explore new opportunities will shape the strategic direction for the next three years. As the impact of the pandemic reduces, and traditional fundraising models become viable again, previous initiatives will be reinstated to generate income, while new opportunities will be identified.

We will be focussing on pulling together the key aims and measurable goals that sit under the following strategic pillars:



Patient Services



People & Culture



Infrastructure



Finance

What we said	What we did
<p>We would help people with advance care planning to ensure that our patients' final wishes are known.</p>	<p>We opened up a conversation about dying and what it means to plan for the time you have left by sharing the video diaries of our patient, Lizzie, who spoke about her plans for her final months.</p> <p>To continue this conversation, our Chief Nurse, Ann, shared her advice for planning ahead and we dedicated a space on our website to Ann's advice and to resources that can be accessed at any time.</p> <p>We also aimed to increase our numbers of Care Navigators to assist patients with advance care planning. Unfortunately, as a result of the pandemic, we were not able to introduce this at this stage.</p>
<p>We would utilise our five ways of connecting with and supporting people:</p> <ul style="list-style-type: none"> <li>● Visiting people in their homes</li> <li>● A short stay on our specialist ward</li> <li>● A telephone call</li> <li>● A virtual consultation</li> <li>● An outpatient clinic appointment</li> </ul>	<p>We introduced virtual visiting and patient consultations through secure video calling and developed a new Clinical Co-ordination Centre to ensure we were just a phone call away.</p>
<p>We would continue to provide more care closer to home, working towards equal access to hospice care regardless of diagnosis, circumstances or economic standing. We would continue to support people to live well until they die and ensure that Searle House remains a centre of expertise with facilities that are fit for the future.</p>	<p>Throughout the pandemic, we continued to deliver care on our ward in Exeter, in patients' homes and in the community through our partnerships with local care homes, Exeter Prison and local homelessness charity, St Petrock's.</p>
<p>We would provide a range of services that are reflective of relevant quality standards.</p>	<p>We continued to be rated 'Outstanding' by the Care Quality Commission and we are working continuously to improve our service and ensure that it meets all possible quality standards.</p>
<p>We would work with GP networks and promote our referral criteria.</p>	<p>We work with all GP networks within our locality, but the pandemic reduced the level of promotion that we had planned to carry out during this period.</p>
<p>We would promote our work to all stakeholders.</p>	<p>The publication of our yearly Impact Report, our bi-annual Together newsletter and other mailings throughout the year promote our work to stakeholders. In addition, we work with local support groups and businesses to share our messages to as wide an audience as possible.</p>
<p>We would work collaboratively with other health and social care providers.</p>	<p>The nature of healthcare encourages a collegiate approach and we work in this way with many other health and social care professionals across a spectrum of services.</p>
<p>We would engage and share expertise with the Integrated Care System and clinical commissioners.</p>	<p>We have worked closely with the ICSD and clinical commissioners and taken part in various forums and discussion groups. We contributed to research for a report on end-of-life care and the formulation of their commissioning requirement. We also contributed to a national NHS end-of-life care programme through Hospice UK, of which we are a member.</p>

# Our Family of Staff and Volunteers

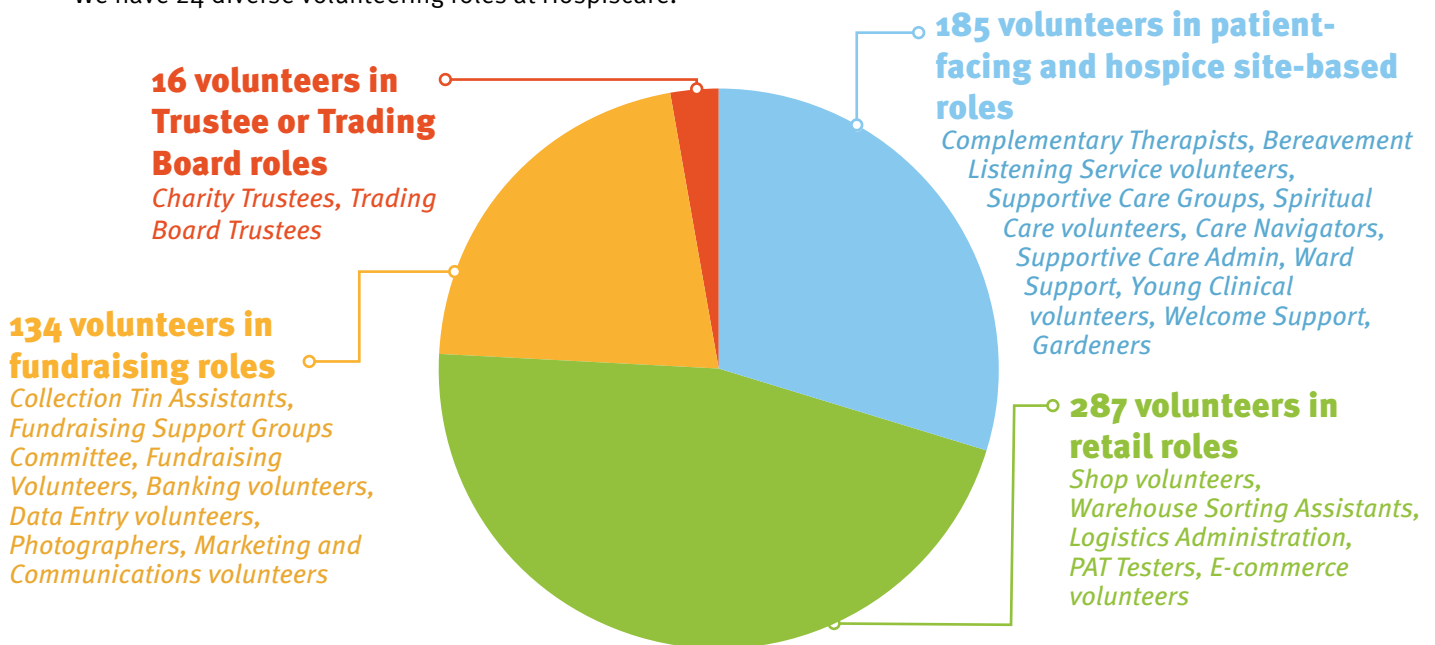
Here at Hospiscare, we are extremely fortunate to benefit from the wide-ranging skills and dedication of our staff and volunteers.

It is the people who shape our organisation. Every person within our Hospiscare family is dedicated to making every day matter to our patients and their loved ones. As many of our staff and volunteers have a personal connection with our hospice through the care of a loved one, this makes our charity truly unique.

Wellbeing is at the centre of what we do and, as an employer, we are committed to the wellbeing of our staff and volunteers. Hospiscare has been awarded the Mind Bronze Award for wellbeing at work and has been recognised as a Disability Confident employer. Hospiscare gives full and fair consideration to all applications for roles within the organisation, and is supportive of ongoing education and training needs, development, and progression of staff irrespective of their protected characteristics including sex, race, disability, and sexual orientation.

Hospiscare could not exist without the dedication of our volunteers. We have almost 600 volunteers who donate over 900 hours of their time per week, which equates to approximately 45,000 hours annually. Their incredible contribution has saved our charity over £400,000 from April 2021 to March 2022.

We have 24 diverse volunteering roles at Hospiscare:



"I've never worked anywhere like Hospiscare before. Everyone I speak to has a story and a link with Hospiscare. It's

really quite wonderful – you know everyone is here because they genuinely want to be."

Becci Stone joined the Hospiscare family as Volunteering Administrator in May 2021.



"Not long after my stepdad, Malcolm, passed away, I knew I wanted to give back to Hospiscare

and become a volunteer. After the support Hospiscare gave to us when Malcolm was ill, it is humbling to be able to give something back."

Kelly Preece joined the Hospiscare family as a volunteer in our Marketing and Communications department in 2019.

# Making Every Day Matter to our Patients and their Families



Hospiscare serves the people of Exeter, Mid and East Devon, delivering specialist end-of-life care across 1,068 square miles of Devon's heartland.

## Who are we supporting?

 **15,468**

calls from patients, family members and healthcare professionals were answered by our Clinical Co-ordination Centre



We cared for **2,247** patients

**204**



family members and friends received support

## How did we support friends, families and loved ones?



**86**

family members and friends received bereavement support

**82,730**

people visited our website for advice and support



**582**

people joined our Light up a Life broadcast to remember their loved ones

## How did we support our patients?



**201** 

patients cared for on our specialist ward

**2,046**

patients cared for at home and in the community



**880**

patients supported to die at home

# April 2021 to March 2022

## Activities and Performance in 2021/22

During the year, Hospiscare cared for over 2,000 patients and provided support to family members and friends in delivering services for the public benefit. We provided care on our specialist ward to 201 patients (2020/21 194 patients), and a further 2,046 patients (2020/21 2,092 patients) in their own home or community setting. This shows a slight increase in patients on our ward and decrease in the community in comparison to the previous year.

Since 31 March 2022, the demand for services has continued to increase, with Hospiscare treating patients with more complex health needs on our specialist ward and within community settings. Service delivery models have been reviewed to enable our charity to respond to increased demand.

Hospiscare continues to provide support to the friends and loved ones of our patients. During 2021/22, we provided bereavement support to 86 family members, and provided online support to over 82,000 members of the public (2020/21 73,611 individuals). In addition, we provided an online Light up a Life service to enable families and friends to remember their loved ones. Historically this service has been held in person, however, an online service was necessary due to COVID-19 restrictions. The level of support provided to patients has increased compared to previous years, with more people seeking guidance and support as a result of the pandemic restricting the usual sources of information.

Improvements have been made to our services in response to the pandemic and changing patient needs and system-wide demand. Indeed, services are continuing to develop to meet the ever increasing demand, and change in patients wishes with more patients choosing to die at home on a yearly basis.

Throughout 2021/22, the Trustees have had regard to the Charity Commission's guidance on public benefit in making decisions on the services provided.



## Hear from the families we've supported this year

"On 26 November 2021, Mum died peacefully at home. My main concern was that she was able to remain at home with me so that we could be together at the end. Julie made this possible by communicating with Mum's doctors and care providers, ensuring that I had everything I needed.

"I will always be grateful to Julie, whose care and compassion was without doubt very significant in allowing my mum to be with me at the end of her life."

Lindsay's mum, Iris, was cared for by our Admiral Nursing team. Their support enabled Iris to die at home with Lindsay by her side.



"My dad spend the last five days of his life with the wonderful Hospiscare team at Searle House on the ward. On that morning when my wonderful dad took his last breath, their incredible support and care meant that I was right there with him, holding his hand and telling him I loved him. I will never forget that moment."

Ellie's dad was cared for by our community nursing team before being admitted to our ward for his final days. Our ward team arranged for Mike to be cared for in the Wisteria Room, which opens up onto the beautiful garden at Searle House, and allowed all of the family, including dog Scooby, to be there at the end of his life.

"We go through the suffering, but Hospiscare understands that we're suffering and they live it with us. You will always be in that tunnel of not knowing what's going on and how you're going to get on with your life. Unfortunately, I'm still in that tunnel, but I'm starting to see a bit of light."

Peter's wife, Tina, died on our ward in August 2020. Since Tina's death, Peter has been supported by Sarah and members of our Supportive Care Team.



"18 years ago, my dad lost his beloved wife, Jane, to cancer. Being back on the hospice ward and in the room next to hers brought Dad a sense of calm and belonging.

"Dad was blown away to meet a Hospiscare nurse who remembered treating Jane and supporting her young boys and Dad in the year that she joined Hospiscare. Dad really needed to feel the personal connection with those he spent time with and the nursing team went above and beyond to spend time with him."

Tom remembers his dad, Hugh, who died on our ward in 2021. Tom and his family have been fundraising for Hospiscare as it has brought them comfort to know that the money raised in Hugh's memory will ensure those living with a terminal illness get the support they need.

# Income Generation



## Making every day matter to our patients and their families

The second year of the pandemic was again very challenging on our income streams and we made the decision to launch our 'Save Our Services' Appeal in November 2021 with the aim of raising an additional £1 million by March 2022 to close our deficit.

We are extremely grateful for each and every donation and we would like to take this opportunity to say thank you. Without your incredible support this year, we would have been in a very difficult place.

Take a look at some of the highlights of our fundraising activities from the past year:

**£132K**

from supporters who generously donated with a monthly regular gift

**£347K**

from friends and family members who chose to remember their loved ones with a donation

**£278K**

from Men's Walk, Twilight Walk, Marathon in a Month, Tour de Devon and many more events and challenges

**£43K**

raised by our amazing Friends of Hospiscare support groups across Exeter, Mid and East Devon

**£590K**

from our weekly lottery, with over 8,000 regular players providing a stable source of income for our charity

**£477K**

received from charitable trusts and foundations

**£109K**

from local businesses supporting our work

Gifts in Wills continues to be our most valuable income stream, and this year we have needed to accrue much more than expected – pushing our legacy income to £3.9 million. This is due to having to account in 2021/22 for £1.9 million of income expected in 2022/23 due to income recognition rules.

This has resulted in an increased budget deficit in 2022/23, but we will be ring fencing this income to use in the 2022/23 financial year as planned. We continue to focus on gifts in wills promotion to ensure our community and supporters know how invaluable a gift can be to help secure our future.

## Our incredible supporters share their stories

"The nurses cared for my wife Mary, and for me, as we spent her final days in the hospice. I wanted to show my appreciation of the wonderful care we received by leaving a gift in my Will to Hospiscare. It was easy to do and it is lovely to be able to say thank you to the doctors and nurses in this way."

Brian pledged his gift to Hospiscare in 2021 in memory of Mary.



"My wife was diagnosed with pancreatic cancer and there was always someone from Hospiscare there for me and Debbie, even during the pandemic. By supporting Hospiscare through playing their lottery, I know there's always going to be someone there when you need them."

Jeff began playing Hospiscare's Lottery in 2011 after we cared for his brother and continues to support our hospice in memory of his wife, Debbie.



"When Dad was first diagnosed, you don't get a first shot at fighting cancer. You face that head-on. Facing the triathlon for Hospiscare head-on was my way of honouring that."

Will raised double his fundraising target in memory of his dad, Mark.



"We wanted to do something for the Hospiscare@Home team and the doctors and nurses on the ward who were all so wonderful. Marathon in a Month coincided with the anniversary of Keith's death, and also his birthday on 19 October, so it just felt right to honour him in this way and get something positive out of something so devastating."

Gill and her family raised over £2,500 in Keith's memory with their Marathon in a Month.



# Financial Review



The consolidated financial statement comprises the result of the Charity together with its subsidiary company, Hospiscare (Shops) Limited.

## a. Going Concern

After making appropriate enquiries, the trustees have a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. Furthermore, the trustees have no knowledge of any other financial or regulatory action which could cause the Charity to cease operations.

For this reason, they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

## b. Financial Position at Year-end

The financial statements show the consolidated financial position of the charitable company ('the Charity') and its subsidiary company ('the Trading Company') (collectively 'the Group'). At 31 March 2022, the net assets of the Group were £15,719,178 (2021 - £12,690,134) an increase of £3,029,044 during the year.

Net assets comprise:

<b>Net assets</b>	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
<b>Fixed assets</b>		
Tangible fixed assets	4,601,040	4,784,336
Investments	5,963,345	6,129,645
	<hr/>	<hr/>
	10,564,385	10,913,981
<b>Current assets</b>		
Stocks	2,833	12,786
Debtors	2,924,719	1,043,230
Cash	3,259,079	1,632,908
	<hr/>	<hr/>
	6,186,631	2,688,924
<b>Less: creditors &amp; provisions</b>		
Creditors	845,048	742,056
Provisions	186,790	170,715
	<hr/>	<hr/>
	1,031,838	912,771
<b>Net assets</b>	<hr/>	<hr/>
	15,719,178	12,690,134

Tangible fixed assets mainly comprise the depreciated cost of the Charity's hospices and the plant, fixtures and fittings therein.

Investments comprise the investment portfolio managed by external professional investment managers and investment property. The Group's cash balances are receivable on demand and are held in sterling by leading UK banks and financial institutions.

Debtors and creditors represent normal working capital. Provisions represent the expected cost of future lease dilapidations in respect of the shops estate operated by the Trading Company.

The principal change in the composition of net assets during the year was an increase in the level of Cash and Debtors within the accounts. Both of these increased due to the level of legacy and fundraising income received in the last quarter of the year and accrued at the year end.

### c. Financial Review and Significant Events

The principal items of the Group's income and expenditure for the year were:

	2021/22 £	2020/21 £
<b>Income</b>		
Donations and legacies	7,347,095	3,046,001
Charitable activities	2,080,436	2,161,327
Other trading activities	2,823,692	1,536,471
Investments	128,723	139,573
Other income	132,321	2,398,732
<b>Total income and endowments</b>	<b>12,512,267</b>	<b>9,282,104</b>
<b>Expenditure</b>		
Raising funds	3,341,539	3,016,972
Charitable activities	6,391,413	6,430,366
<b>Total expenditure</b>	<b>9,732,952</b>	<b>9,447,338</b>
<b>Operating surplus / (deficit)</b>	<b>2,779,315</b>	<b>(165,234)</b>
Investment gains	249,729	932,404
<b>Net income</b>	<b>3,029,044</b>	<b>767,170</b>

Net income has improved compared to last year. Legacy and fundraising income were both higher this year. This was due, in part, to accounting for legacies totalling £1.9 million within the 2021/22 accounts which was not expected to be received until 2022/23, and significant donations during the year.

The Investment portfolios have continued to perform well during 2021/22, although the value of investments held did fall during the last quarter of the year reducing the net gains that were seen. Our investments continue to be managed by external investment managers in line with our Investment Policy.

## Trustees' Report

Fundraising income increased by 68% during the year as the organisation was able to return to its normal fundraising programme as COVID-19 restrictions were reduced. As a result, the organisation incurred an increase in associated fundraising costs (11%).

Funding from NEW Devon CCG represents 12% (2020/21 – 13%) of total income.

Income from shops and lottery increased by £1,287,221 as shops were able to trade more normally as COVID-19 restrictions were relaxed.

All the above funding sources are primarily used to meet the direct cost of the Charity providing services to patients and their families and necessary central costs.

Expenditure on Charitable Activities fell by £38,953 due to the ongoing challenges of recruiting staff. This phenomenon is seen across health and social care providers within Devon and the wider South West of England. The Group continues to face pressure on salary costs, particularly clinical staff, as it seeks to ensure that it can attract the appropriate level of staff to continue and grow the services offered.

### d. Reserves and Reserves Management Policy

Hospiscare had a total of £15,719,178 in reserves on 31 March 2022. This is analysed into unrestricted and restricted reserves.

Unrestricted funds are spent or applied at the discretion of the Trustees to further the purpose of the Charity. The Trustees set aside part of the unrestricted funds to be used for specific purposes including the financing of capital assets, providing financial stability, and funding future projects or commitments. At the year-end, funds had been designated for the following purposes:

	2021/22	2020/21
	£	£
Financing current capital assets	4,214,995	4,387,654
COVID-19 recovery and future deficits	3,460,540	1,800,000
Stability and working capital	3,400,000	3,000,000
	<u>11,075,535</u>	<u>9,187,654</u>

Further details are disclosed in note 20 to the financial statements.

At the year-end, undesignated "free" funds amount to £1,956,850 (2021: £809,854)

### Restricted and Endowment Funds

The following restricted funds are in place within the Hospiscare accounts:

- Exmouth and Lymstone (£1,742,671). This reserve is used to deliver services to patients within this geographic area.
- Hospiscare@Home (£788,779). This reserve was set up during 2021/22 following generous donations to provide end of life care within patients' own homes to prevent them being cared for in hospital or within a hospice during their illness.
- Other smaller Restricted Funds: (£135,343)

Endowment funds amounted to £20,000 (2020/21: £20,000)

**e. Future Income Streams**

The Charity continues to be managed prudently recognising that economic growth remains fragile and uncertain in the wake of current national and international factors. The level of legacy income is also difficult to predict and based on the current 'pipeline' the amount received in 2022/23 is likely to be lower than that received in 2021/22, not least due to the earlier recognition of two significant legacies in the prior year.

The Trustees recognise that significant funds are required to finance the Group's working capital requirements and to provide a buffer against unexpected shortfalls in income, particularly in respect of fundraising activities, legacies that are unpredictable in amount and timing, and against falls in the value of the Charity's investments. Hospiscare's Reserve Policy states that unallocated reserves should be less than 12 months expenditure. At the year end, the total value of unallocated reserves was £8.8 million compared to costs for the year of £9.7 million. While the reserves holding is in line with the Organisation's Reserve Policy, the balance is larger than normal due to the £1.9 million of legacy income recognised in 2021/22 rather than as expected within 2022/23. As such, these funds will be used to fund expenditure during the 2022/23 financial year and will reduce the level of reserves held by the organisation.

# Our Investment Approach



## Investment Policy, Performance and Objectives

### Asset Allocation

Hospiscare is reliant on fundraising and donations for its activities. Its assets are principally held as investments and cash. The key risk to long-term funds is inflation and the assets are invested to mitigate this risk over the long term. The Trustees understand that this is likely to mean that investments will be concentrated in real assets and that their capital value can fluctuate.

The investment portfolios are split into two risk profiles defined by the managers as, 'low risk' and 'low-medium risk', with the ratio and profile reviewed and monitored by the Finance and Income Generation Committee and approved by the Board. The risk profile is determined to mitigate the key risk of inflation.

The Charity's investment assets can be invested widely and should be diversified by asset class, by fund manager and by security. Asset classes may include cash, bonds, equities, property, hedge funds, structured products, private equity, commodities and any other asset that is deemed suitable for the Charity.

The asset class invested in are decided by external professional investment managers according to the risk profile determined by the Trustees.

Short term reserves are held to provide financial security, as they may be required at short notice. As such, capital volatility cannot be tolerated and these assets are maintained in cash with highly rated banks and financial institutions.

### Benchmarking

Performance of the portfolios is measured against an agreed index plus a performance premium. The indices used and the performance premium are reviewed by the Finance and Income Generation Committee in discussion with the appointed investment manager. A recommendation will then be made to the Board for approval.

### Method of Review

The Trustees have delegated their day-to-day investment responsibilities to Charles Stanley and Investec on a discretionary basis. The Charity's investments are kept under regular review by the Finance and Income Generation Committee, which is advised by the investment portfolio managers, with a view to ensuring that the Charity's investments are positioned to meet the strategy detailed in the investment policy. The Board considers a report on investment performance at least annually.

### Restrictions and Ethical Policy

The Trustees take account of social, environmental and ethical issues in the charity's investment policy and endeavour not to invest in companies that draw a major part of their income from tobacco-related products.

# How we Manage Risks and Uncertainties

Hospiscare has a clear risk management framework in place which is overseen by the Audit, Risk, and Corporate Governance Committee as delegated by the Board of Trustees. The corporate risk register is reviewed at all committees and by the Board and the Audit, Risk and Corporate Governance Committee annually. Departmental risks are reviewed by the Senior Management Team (SMT) and appropriate departments. In addition, the trading company has a corporate and departmental risk register and its board reviews this at each meeting.

## Risk Management

Hospiscare has a clear risk management framework in place which is overseen by the Audit, Risk, and Corporate Governance Committee as delegated by the Board of Trustees. The corporate risk register is reviewed at all committees and by the Board and the Assurance, Risk and Corporate Governance Committee annually. Departmental risks are reviewed by the Senior Management Team (SMT) and appropriate departments. In addition, the trading company has a corporate and departmental risk register and its board reviews this at each meeting.

The responsibility for the management and control of a charity rests with the Trustee body and therefore their involvement in the key aspects of the risk management process is essential, particularly in setting the parameters of the process and reviewing and considering the results.

The risk register is managed by an electronic data management system.

Bi-monthly risk surgeries are carried out with the Directors and Head of Retail to ensure the risks are kept up-to date and managed.

The Board has considered risk appetite and recognises that the charity's long-term sustainability depends upon the delivery of its strategic objectives and its relationships with patients, supporters, the local community and strategic partners.

Hospiscare will not accept risks that materially impact on patient safety. However, Hospiscare has a greater appetite to take considered risks in terms of their impact on organisational issues and reputation. Hospiscare has appetite to pursue innovation and to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environments.

Hospiscare is compliant with all relevant legal, statutory and regulatory standards. It has followed Charity Commission guidance and complies with Principle 4 of the Charity Governance Code, Decision Making, Risk and Control.

It has updated its information governance and security in line with the General Data Protection Regulation (GDPR) and has appointed a Data Protection Officer who is the Head of Governance and Data Protection.

The Senior Information Risk Owner (SIRO) role is held by the Director of Estates and Facilities with overall responsibility for the charity's information risk policy. The SIRO is accountable and responsible for information risk across the organisation.

## Principal Risks and Uncertainties

The principal risks and uncertainties facing the Charity and the Trustees' plans and strategies for managing those risks are set out in the table below:

Risk Title	Summary of Control
Insufficient quality of care	<ul style="list-style-type: none"> <li>• Adherence to CQC regulation and statutory obligations</li> <li>• Systematic quality review and audit</li> <li>• In-house monitoring by Quality Assurance and Improvement Committee and Patient Experience and Safety meetings</li> <li>• Robust systems and processes for clinical and care work</li> </ul>
The Charity not having enough money to ensure the continuation of services and levels of care	<ul style="list-style-type: none"> <li>• Annual Budget Process gives a 12 month forecast of financial performance and allows comparison of actual results against the forecast</li> <li>• This is supported by a six year overview for the period ending 31 March 2029</li> </ul>
Care falls below required CQC standards and does not meet Hospiscare ambition of excellence	<ul style="list-style-type: none"> <li>• Demonstrate effective corporate governance contributing to the mitigation of this risk</li> <li>• This is overseen by the CEO and company secretary</li> </ul>
Potential breach of legislation and guidelines/regulatory compliance	<ul style="list-style-type: none"> <li>• Appropriate policies and procedures put into place and updated as and when required so all staff and volunteers are aware of their obligations to uphold required legislation</li> </ul>
Inability to recruit and retain appropriately skilled staff at the levels required to deliver Hospiscare's services	<ul style="list-style-type: none"> <li>• Collaborative working between People and Clinical Leaders on Clinical Careers Days, and future initiatives planned for targeted recruitment campaigns.</li> </ul>

### Fundraising Standards Information

We adhere to the Fundraising Regulator and its Fundraising Code along with the Gambling Commission and its License Conditions and Codes of Practice. We have not had any breaches against these during 2021/22. We regularly monitor and report on all of our fundraising activities and provide training and guidance to those taking on our fundraising activities, meeting regularly with our volunteer fundraising groups.

We are very mindful of how we engage with vulnerable people and ensure we work within the Data Protection Laws and Fundraising Code of Practice. We also have excellent support from our clinical colleagues if we have a concern about a supporter and we have a Safeguarding Lead we can seek advice from if needed.

### Complaints

During the year, we received 10 complaints linked to its fundraising. While none of the complaints received were of a serious nature, we have worked with the complainant to understand their concerns and make suitable adjustments to our fundraising approach where this has been necessary for future events.

# Structure, Governance and Management



Hospiscare is a registered charitable company limited by guarantee.

The Charity is constituted under Articles of Association and is a registered charity, number 297798. The Charity was set up in 1982 and was established as a company limited by guarantee in 1987. In the event of the company being wound up, members are required to contribute an amount of £1.

The company has a wholly-owned trading subsidiary Hospiscare (Shops) Limited (company number 02201730 (England & Wales), whose sole purpose is to raise funds for the Charity by operating a chain of local charity shops and a warehouse.

## Organisational Structure

Hospiscare is governed by its Board and there are six sub-committees of the Board which scrutinise specific areas in detail. These sub-committees are: Finance and Income Generation Committee, the Audit, Risk and Corporate Governance Committee, the Quality Assurance and Improvement Committee, the People and Estates Committee, the Nominations Committee and the Remuneration Committee.

The Chair of the Trustees is Brian Aird, whose career in NHS management encompassed periods as a Director and a CEO of NHS organisations. Brian was appointed as Chair in March 2022.

The Charity is organised so that the Trustees meet collectively four times a year to direct the management of its affairs. Strategy days are also held twice a year.

The operational management of the Charity lies with the Senior Management Team (SMT). The SMT meets monthly.

Hospiscare (Shops) Limited is managed by its Board of Directors comprising a Trustee of the Charity, members of the Charity's senior management team and non-executive directors with relevant experience. Hospiscare has reviewed the 2018 Charity Governance Code and aspires to meet its principles.

## Appointment, Induction and Training of Trustees

The Board seeks to ensure that it encompasses an appropriate range of skills and talent. Hospiscare's Nominations Committee oversees the recruitment of new Trustees, following the Charity's policy on Trustee recruitment. Trustees are appointed by the Board and serve for three years after which period they may put themselves forward for re-appointment. Trustees may be appointed for a maximum of three consecutive terms of three years after which, they must stand down for at least one year. The Trustees also receive training on other topics relevant to governance and their committee membership.

New Trustees are offered a programme of induction which includes an induction pack and a comprehensive induction programme, which includes spending time with each of the key services that Hospiscare provides and visiting its shops. Trustees identify topics on which they would like further information or training and appropriate measures are put in place to provide this. A presentation about patient experience is made by clinical staff, anonymously, at the beginning of every Board meeting.

## Management

The day to day operation of the Charity is carried out by the SMT, who have delegated responsibility and are employees of the Charity.

During 2021/22 care services throughout the Charity were provided under the direction of the Director of Care, Tina Naldrett.

## Trustees' Report

Fundraising and marketing and communications staff work under the direction of the Director of Fundraising and Marketing, Katie Chantler. The finance function was overseen by the Director of Finance, Dominic Rogers. The Director for People, Annette Hill, is responsible for HR and Volunteering. The Operations Director, Wayne Gale, is responsible for facilities management and health and safety.

The above members of the SMT report to the Chief Executive, Andrew Randall, who oversees all operational and strategic matters.

## Senior Management Team Remuneration

The Charity has a Remuneration Committee, which reviews the pay and benefits of its senior staff annually.

The committee comprises of up to six Trustees, one of which must be the Chair of Trustees. The committee considers information from a variety of available sources to benchmark the pay and benefits of its senior staff and makes recommendations to the Board accordingly.

## Employees

Hospiscare is committed to the principle of equal opportunities in employment and recognises its obligations under the Equality Act 2010. Hospiscare declares its opposition to any form of less favourable treatment, whether through direct or indirect, associated or perceived discrimination accorded to Hospiscare staff, or job applicants, on the grounds of their race/nationality or ethnic origin, disability, sex, age, sexual orientation and gender reassignment, marital and civil partnership status, pregnancy and maternity, religion or belief (otherwise known as 'protected characteristics' as defined by the Equality Act 2010), including Human Rights.

Hospiscare is committed to creating a positive culture that fosters respect for all staff and promotes positive practice, valuing the diversity of all individuals and communities.

Hospiscare embraces and recognises the importance of diversity, knowing that different people bring different perspectives, ideas, knowledge and culture that brings great strength to our organisation.

Our aim is to create a culture that respects and values each person's differences and promotes dignity, equality, diversity and inclusivity to encourage individuals to develop and maximise their true potential.

Continued close attention is paid to the health and safety of employees and as such, all staff are provided with regular health and safety training that is in compliance with Hospiscare's Health and Safety Policy.

Employee views are sought through a number of forums including one to ones, team meetings and our 'Staff Voice' forum. Hospiscare's strong 'Speaking Up' culture is also encouraged by our 'Freedom to Speak Up Guardians' from across the organisation. Information concerning the Charity and its activities and performance are shared with employees through several mediums including email, the staff intranet and organisational meetings.

## Risk Management

The responsibility for the management and control of a charity rests with the Trustee body and therefore their involvement in the key aspects of the risk management process is essential, particularly in setting the parameters of the process and reviewing and considering the results.

The corporate risk register is reviewed at all committees and by the Board and the Assurance, Risk and Corporate Governance Committee annually. Departmental risks are reviewed by SMT and appropriate departments. Update reports will be presented to Committees and the Board.

The trading company also has a corporate and departmental risk register and its Board reviews this at each meeting.

The risk register is managed by an electronic data management system.

Bi-monthly risk surgeries are carried out with the Directors and Head of Retail to ensure the risks are kept up-to-date and managed.

The Board has considered risk appetite and recognises that the Charity's long-term sustainability depends upon the delivery of its strategic objectives and its relationships with patients, supporters, the local community and

strategic partners.

Hospiscare will not accept risks that materially impact on patient safety. However, Hospiscare has a greater appetite to take considered risks in terms of their impact on organisational issues and reputation. Hospiscare has appetite to pursue innovation and to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environments.

Hospiscare is compliant with all relevant legal, statutory and regulatory standards. It has followed Charity Commission guidance and complies with Principle 4 of the Charity Governance Code, Decision Making, Risk and Control.

Hospiscare has updated its information governance and security in line with the General Data Protection Regulation (GDPR) and has appointed a Data Protection Officer who is the Head of Governance and Data Protection. The Senior Information Risk Owner (SIRO) role is held by the Director of Estates and Facilities with overall responsibility for the Charity's information risk policy. The SIRO is accountable and responsible for information risk across the organisation.

## **Related Parties**

The Articles of Association of Hospiscare (Shops) Limited give the charity power to control the decisions of that company.

# Reference and Administration



Company Number	02164215
Charity Number	297798

## Directors and Trustees

Secretary	Andrew Randall
Registered Office	Searle House, Dryden Road, Exeter, Devon, EX2 5JJ
Brian Aird	Chair of Trustees (Appointed 10 January 2022)
Dr Helen Enright	Vice Chair of Trustees
John Hawkins	Trustee (Resigned 13 December 2022)
Jose Cortizo	Trustee
Peter Serjeant	Trustee
Sarah Jackson	Trustee
Jenny Winslade	Trustee
Matthew Bryant	Trustee
Cathy Durston	Trustee
Mike Williams	Trustee (Appointed 10 January 2022)
Greg Allen	Trustee
Barbara Sweeney	Trustee (Resigned 23 July 2022)
Robert (Geoff) Pringle	Chair of Trustees (Resigned 6 April 2021)
Charlotte McGregor	Trustee (Resigned 28 September 2021)
Geoffrey Bush	Trustee (Resigned 28 September 2021)
Ben Turner	Trustee (Resigned 28 September 2021)

## Senior Management Team

Chief Executive	Andrew Randall
Director of Care	Tina Naldrett
Director of Finance	Dominic Rogers
Director for People	Annette Hill
Director of Fundraising and Marketing	Katie Chantler
Operations Director	Wayne Gale

## Advisors

Principal Bankers	National Westminster Bank Plc, 59 High Street, Exeter, EX4 3DL
Independent Auditors	Bishop Fleming LLP, Chartered Accountants, 2nd Floor Stratus House, Emperor Way, Exeter Business Park, Exeter, EX1 3QS

# Statement of Trustees' Responsibilities

The Trustees (who are also directors of Hospiscare for the purposes of company law) are responsible for preparing the Trustees' report (including the group strategic report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Charity and company law requires the Trustees to prepare financial statements for each financial year. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Charitable Company and the Group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities' SORP 2019 (FRS 102)
- make judgements and accounting estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis, unless it is appropriate to presume that the Charitable Company and the Group will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Charitable Company and the Group's transactions; to disclose, with reasonable accuracy at any time, the financial position of the Charitable Company and the Group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charitable Company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

## Disclosure of Information to Auditors

Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

- so far as that Trustee is aware, there is no relevant audit information of which the charitable group's auditors are unaware, and
- that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any information needed by the charitable group's auditors in connection with preparing their report and to establish that the charitable group's auditors are aware of that information.

This report, incorporating the group strategic report, was approved by the Trustees, in their capacity as company directors, and signed on their behalf by:

*Brian Aird*

Brian Aird

Chair of Trustees

# Independent Auditors' Report to the Members of Hospiscare



## Opinion

We have audited the financial statements of Hospiscare (the 'Parent Charitable Company') and its subsidiaries (the 'Group') for the year ended 31 March 2022 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Charity balance sheet, the Consolidated statement of cash flows and the related notes, 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 Group's and of the Parent Charitable Company's affairs as at 31 March 2022 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for Opinion

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

## Conclusions Relating to Going Concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group's or the Parent Charitable Company's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

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

## **Other Information**

The other information comprises the information included in the Annual Report and Accounts other than the financial statements and our Auditors' report thereon. The Trustees are responsible for the other information contained within the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinion on Other Matters Prescribed by the Companies Act 2006**

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

- the information given in the Trustees' report including the Strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report and the Strategic report have been prepared in accordance with applicable legal requirements.

## **Matters on which we are Required to Report by Exception**

In the light of our 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' report including the Strategic 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:

- the Parent Charitable Company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the Parent Charitable Company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

## **Responsibilities of Trustees**

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

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

## **Auditors' 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 Auditors' 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:

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

- the nature of the sector, control environment and the Group and Parent Company's performance;
- results of our enquiries of management and the Trustees, about their own identification and assessment of the risks of irregularities;
- any matters we identified having obtained and reviewed the Group and Parent Company's documentation of their policies and procedures relating to: identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance; detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; the internal controls established to mitigate risks of fraud or non-compliance with laws and regulations; and
- the matters discussed among the audit engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.
- As a result of these procedures, we have considered the opportunities and incentives that may exist within the Group and Parent Company for fraud and identified the highest area of risk to be in relation to income recognition, with a particular risk in relation to year-end cut-off. We also identified lease disclosures and the provision for dilapidations as risks. In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override of controls using manual journal entries.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override.

We have also obtained an understanding of the legal and regulatory frameworks that the charity operates in, focusing on provisions of those laws and regulations that had a direct effect on the determination of material amounts and disclosures in the financial statements. Laws and regulations that are of direct significance to the Group, and of which non-compliance could result in material misstatement, are considered to be the UK Companies Act, Charities SORP, FRS 102, Charities Legislation and UK tax legislation.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which may be fundamental to the Group's ability to operate or to avoid a material penalty. These included data protection regulations, health and safety regulations, employment legislation and care quality commission compliance.

Our procedures to respond to risks identified included the following for the Parent Company and its subsidiaries, as was considered appropriate:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- reviewing the financial statement disclosures and testing to supporting documentation to assess the recognition of revenue;
- enquiring of Trustees and management concerning actual and potential litigation and claims;
- performing procedures to confirm material compliance with the requirements of the above regulations;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgments made in accounting estimates are indicative of potential bias; and
- reviewing calculations relating to leases and dilapidations and testing to supporting documentation.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from an error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it.

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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditors' 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 Auditors' 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 its members, as a body, for our audit work, for this report, or for the opinions we have formed.

Tim Borton FCA (Senior Statutory Auditor) for and on behalf of  
Bishop Fleming LLP, Chartered Accountants, Statutory Auditors  
2nd Floor Stratus House, Emperor Way  
Exeter Business Park, Exeter, EX1 3QS

**Date: 15 December 2022**

# Financial Statements

for the year ended 31 March 2022



## Consolidated Statement of Financial Activities

(including income and expenditure account) for the year ended 31 March 2022

	Note	Endowment funds 2022 £	Restricted funds 2022 £	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
<b>Income and endowments from:</b>						
Donations and legacies	4	-	1,603,067	5,744,028	7,347,095	3,046,001
Charitable activities	5	-	-	2,080,436	2,080,436	2,161,327
Other trading activities	6	-	-	2,823,692	2,823,692	1,536,471
Investments	7	-	48,647	80,076	128,723	139,573
Other income	8	-	-	132,321	132,321	2,398,732
<b>Total income and endowments</b>		-	1,651,714	10,860,553	12,512,267	9,282,104
<b>Expenditure on:</b>						
Raising funds	9	-	-	3,341,539	3,341,539	3,016,972
Charitable activities	10	-	1,682,972	4,708,441	6,391,413	6,430,366
<b>Total expenditure:</b>		-	1,682,972	8,049,980	9,732,952	9,447,338
<b>Net (expenditure)/income before net gains on investments</b>		-	(31,258)	2,810,573	2,779,315	(165,234)
Net gains on investments		-	25,425	224,304	249,729	932,404
<b>Net movement in funds</b>		-	(5,833)	3,034,877	3,029,044	767,170
<b>Reconciliation of funds:</b>						
Total funds brought forward		20,000	2,672,626	9,997,508	12,690,134	11,922,964
Net movement in funds		-	(5,833)	3,034,877	3,029,044	767,170
<b>Total funds carried forward</b>		20,000	2,666,793	13,032,385	15,719,178	12,690,134

The consolidated statement of financial activities includes all gains and losses recognised in the year.

The notes on pages 34 to 55 form part of these financial statements.

## Consolidated Balance Sheet

as at 31 March 2022

	Note	2022 £	2021 £
<b>Fixed assets</b>			
Tangible assets	14	4,601,040	4,784,336
Investments	16	5,593,345	5,759,645
Investment property	15	370,000	370,000
		10,564,385	10,913,981
<b>Current assets</b>			
Stocks		2,833	12,786
Debtors	17	2,924,719	1,043,230
Cash at bank and in hand		3,259,079	1,632,908
		6,186,631	2,688,924
Creditors: amounts falling due within one year	18	(845,048)	(742,056)
<b>Net current assets</b>		5,341,583	1,946,868
<b>Total assets less current liabilities</b>		15,905,968	12,860,849
Provisions for liabilities	19	(186,790)	(170,715)
<b>Total net assets</b>		15,719,178	12,690,134
<b>Charity funds</b>			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,666,793	2,672,626
Unrestricted funds	20	13,032,385	9,997,508
<b>Total funds</b>		15,719,178	12,690,134

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

*Brian Aird*

Brian Aird

Chair of Trustees

Date: 13 December 2022

The notes on pages 34 to 55 form part of these financial statements.

## Charity Statement of Financial Position (as at 31 March 2022)

	Note	2022 £	2021 £
<b>Fixed assets</b>			
Tangible assets	14	4,571,461	4,681,391
Investments	16	5,703,347	5,869,647
Investment property	15	370,000	370,000
<b>Current assets</b>			
Debtors	17	3,073,839	1,142,525
Cash at bank and in hand		2,833,246	1,305,423
Creditors: amounts falling due within one year	18	(767,215)	(675,064)
<b>Net current assets</b>		5,139,870	1,772,884
<b>Total assets less current liabilities</b>		15,784,678	12,693,922
<b>Total net assets</b>		15,784,678	12,693,922
<b>Charity funds</b>			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,666,793	2,672,626
Unrestricted funds	20	13,097,885	10,001,296
<b>Total funds</b>		15,784,678	12,693,922

The Charity's net movement in funds for the year was £3,090,756 (2021: (£478,951)).

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The notes on pages 34 to 55 form part of these financial statements.

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



Brian Aird

Chair of Trustees

## Consolidated Statement of Cash Flows

(for the year ended 31 March 2022)

	Note	2022 £	2021 £
<b>Cash flows from operating activities</b>			
Net cash generated by operating activities	22	1,144,120	4,014
<b>Cash flows from investing activities</b>			
Dividends, interests and rents from investments		128,723	139,573
Purchase of tangible fixed assets		(102,635)	(73,748)
Loss on sale of tangible fixed assets		39,934	8,015
Proceeds from sale of investments		1,154,562	163,460
Purchase of investments		(738,533)	(190,291)
<b>Net cash provided by investing activities</b>		482,051	47,009
<b>Cash flows from financing activities</b>			
Net cash provided by financing activities		-	-
<b>Change in cash and cash equivalents in the year</b>		1,626,171	51,023
Cash and cash equivalents at the beginning of the year		1,632,908	1,581,885
<b>Cash and cash equivalents at the end of the year</b>	23	3,259,079	1,632,908

The notes on pages 34 to 55 form part of these financial statements.

## **Notes to the Financial Statements** (for the year ended 31 March 2022)

### **1. General Information**

The Charity is a company limited by guarantee, incorporated in England in the United Kingdom. Its registered office is Searle House, Dryden Road, Exeter, EX2 5JJ. The members of the company are the Trustees named on page 24. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the Charity.

### **2. Accounting Policies**

#### **2.1 Basis of Preparation of Financial Statements**

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

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

The Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the Charity and its subsidiary undertakings. The results of the subsidiary are consolidated on a line by line basis.

The Charity has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of Financial Activities in these financial statements.

#### **2.2 Going Concern**

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might affect the ability of the Group to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The organisation has reviewed its compliance with the CQC regulatory framework and does not believe that the organisation would be placed in special measures based on the outcome of the assessment. As such, there are no concerns regarding the ability of the Charity to continue to deliver its principal objectives.

#### **2.3 Fund Accounting**

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

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed

by donors or which have been raised by the Group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

#### **2.4 Income**

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

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

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income from grants is included in incoming resources when receivable. When donors specify that grants are for a particular restricted purpose, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources within restricted funds when receivable.

When income is received in advance of delivering the service, it is deferred until the Group is entitled to that income.

Investment income is brought into the accounts when it is received.

Lottery income is accounted for based on the date of the lottery for which the ticket has been purchased.

#### **2.5 Expenditure**

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs.

All expenditure is inclusive of irrecoverable VAT.

## **2.6 Interest Receivable**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Group; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

## **2.7 Tangible Fixed Assets and Depreciation**

Tangible fixed assets costing £2,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

At each reporting date the Charity assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined to be the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

Freehold Buildings	- 2% straight line
Leasehold Land & Buildings	- 2% straight line or over the term of the lease if shorter
Plant and Machinery	- 20% straight line
Motor Vehicles	- 20% straight line
Fixtures & Fittings	- 15-33% straight line

## **2.8 Investments**

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'Net Gains on investments' in the consolidated statement of financial activities.

Investments in subsidiaries are valued at cost less provision for impairment.

## **2.9 Stocks**

Stocks are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on a weighted average basis. Work in progress and finished goods include labour and attributable overheads.

At each reporting date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

FRS 102 recommends that goods donated for resale are valued. However, estimating the fair value of donated goods for resale is impractical because of the high level of low value items received. The Trustees have therefore determined that no meaningful valuation can be made and no value has been assigned to the stock of donated goods.

#### **2.10 Debtors**

Trade and other debtors are recognised at the settlement amount after any trade discount offered.

Prepayments are valued at the amount prepaid.

#### **2.11 Cash at bank in hand**

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

#### **2.12 Liabilities**

Liabilities and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Group anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation.

#### **2.13 Financial Instruments**

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

#### **2.14 Pensions**

All staff who are eligible to remain within the NHS Pension Scheme do so. The NHS Pension Scheme is an unfunded, multi-employer defined benefit pension scheme. The Group, like similar employers in this sector, is unable to identify its share of the underlying assets and liabilities in the scheme and therefore, as required by FRS 102, accounts for this scheme as if it was a defined contribution scheme. Contributions are paid to the scheme by the Group and by employees.

Additionally, the Group operates a further defined contribution pension scheme for other staff.

The pension charge represents the amounts payable by the Group to the funds in respect of the year.

### **3. Critical Accounting Estimates and Areas of Judgment**

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The Group makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

In the application of the Group's accounting policies, the Trustees are required to make judgements,

## **Notes to the Financial Statements (for the year ended 31 March 2022)**

estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

### **Useful Economic Lives of Tangible Assets**

The annual depreciation charge is sensitive to any changes in the estimated useful life and residual values of tangible assets. The useful economic lives and residual value is assessed on an annual basis and are amended only when evidence shows a change in the estimated economic lives or residual life. Criteria used to assess the economic life and residual value includes technological advancement, economic utilisation and physical condition of the asset and future investments.

### **Dilapidations**

The dilapidation provision is assessed on a lease-by-lease basis, calculated as a proportion of the annual rent in light of previous experience of actual dilapidation costs. The provision accrues over the term of the lease.

### **Legacies**

Entitlement to legacies is assessed on a case by case basis taking into account factors such as whether probate has been granted and whether the amount receivable can be reliably estimated. Legacies are only accrued when the conditions set out in note 2.4 have been met.

#### 4. Income from Donations and Legacies

	Restricted funds 2022 £	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Donations and fundraising	418,915	1,380,004	1,798,919	1,068,782
Legacies	77,850	3,848,984	3,926,834	1,293,763
Grants	1,101,552	343,401	1,444,953	519,234
Gift Aid	4,750	171,639	176,389	164,222
<b>Total 2022</b>	<b>1,603,067</b>	<b>5,744,028</b>	<b>7,347,095</b>	<b>3,046,001</b>
Total 2021	462,317	2,583,684	3,046,001	

#### 5. Income from Charitable Activities

	Restricted funds 2022 £	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Education	-	126,370	126,370	118,701
NEW Devon CCG	-	1,460,981	1,460,981	1,295,570
Coastal towns homecare services	-	493,085	493,085	747,056
<b>Total 2022</b>	<b>-</b>	<b>2,080,436</b>	<b>2,080,436</b>	<b>2,161,327</b>
Total 2021	75,000	2,086,327	2,161,327	

## 6. Income from other Trading Activities

Income from non-charitable trading activities

	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Hospiscare shops	2,234,267	2,234,267	936,497
Lottery	589,425	589,425	599,974
<b>Total 2022</b>	<b>2,823,692</b>	<b>2,823,692</b>	<b>1,536,471</b>
Total 2021	1,536,471	1,536,471	

## 7. Investment Income

	Restricted funds 2022 £	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Retail income	3,567	-	3,567	14,644
Income on investments	39,203	76,504	115,707	123,865
Income on cash deposits	5,877	3,572	9,449	1,064
<b>Total 2022</b>	<b>48,647</b>	<b>80,076</b>	<b>128,723</b>	<b>139,573</b>
Total 2021	64,014	75,559	139,573	

## 8. Other Income

	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Government grants and insurance claims receivable relating to COVID-19	97,850	97,850	2,355,964
Catering income	8,630	8,630	7,800
Renewable energy income	18,359	18,359	30,045
Property insurance income	7,482	7,482	4,923
<b>Total 2022</b>	<b>132,321</b>	<b>132,321</b>	<b>2,398,732</b>
Total 2021	2,398,732	2,398,732	

## 9. Expenditure on Raising Funds

### Costs of Raising Voluntary Income

	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Costs of raising voluntary income – direct costs	301,066	301,066	180,029
Costs of raising voluntary income – wages and salaries	388,951	388,951	369,892
Costs of raising voluntary income – NI	33,547	33,547	31,199
Costs of raising voluntary income – pension costs	25,972	25,972	23,849
Allocated centrally incurred fundraising and governance costs including depreciation	274,483	274,483	250,705
<b>Total 2022</b>	<b>1,024,019</b>	<b>1,024,019</b>	<b>855,674</b>
Total 2021	855,674	855,674	

### Other Trading Expenses

	Unrestricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Hospiscare shops' expenditure	969,440	969,440	848,057
Lottery expenditure	147,544	147,544	126,814
Staff costs	1,163,639	1,163,639	1,143,006
Hospiscare shops' depreciation	36,897	36,897	42,695
Administration expenses	-	-	726
<b>Total 2022</b>	<b>2,317,520</b>	<b>2,317,520</b>	<b>2,161,298</b>
Total 2021	2,161,298	2,161,298	

Staff costs are made up of £1,109,402 (2021: £1,069,529) attributable to Hospiscare Shops' expenditure and £54,237 (2021: £73,477) attributable to lottery expenditure.

Costs of raising voluntary income £1,024,019 and other trading expenses £2,317,520 total £3,341,539 (2021: £3,016,972).

## 10. Analysis of Expenditure by Activities

	Activities undertaken directly 2022 £	Support costs 2022 £	Total funds 2022 £	Total funds 2021 £
Ward	2,511,215	773,555	3,284,770	3,215,710
Community nursing services	1,869,321	1,014,746	2,884,067	2,925,366
Supportive care services	70,332	52,690	123,022	200,098
Education	53,806	45,748	99,554	89,192
<b>Total 2022</b>	<b>4,504,674</b>	<b>1,886,739</b>	<b>6,391,413</b>	<b>6,430,366</b>
Total 2021	4,561,815	1,868,551	6,430,366	

### Analysis of Direct Costs

	Ward 2022 £	Community nursing service 2022 £	Day care services 2022 (Supportive care services?) £	Education 2022 £	Total funds 2022 £	Total funds 2021 £
Staff costs	2,323,785	1,708,895	1,472	28,379	4,062,531	4,015,465
Medical supplies	23,569	2,577	-	-	26,146	45,572
Bank staff	-	74,075	664	1,436	76,175	176,240
Travel expenses	3,175	33,806	123	-	37,104	45,231
Other direct costs	127,612	49,817	44,634	5,132	227,195	213,983
Administration & overheads	33,074	151	23,439	18,859	75,523	65,324
<b>Total 2022</b>	<b>2,511,215</b>	<b>1,869,321</b>	<b>70,332</b>	<b>53,806</b>	<b>4,504,674</b>	<b>4,561,815</b>
Total 2021	2,325,278	2,086,862	105,003	44,672	4,561,815	

## Analysis of Support Costs

	Ward 2022 £	Community nursing service 2022 £	Day care services 2022 (Supportive care services?) £	Education 2022 £	Total funds 2022 £	Total funds 2021 £
Staff costs	549,074	561,428	-	24,062	1,134,564	1,116,797
Depreciation	54,661	75,646	43,153	5,091	178,551	182,398
Administration & overheads	157,867	357,670	9,537	15,737	540,811	534,801
Catering	3,661	13,749	-	589	17,999	18,407
Governance	8,292	6,253	-	269	14,814	16,148
<b>Total 2022</b>	<b>773,555</b>	<b>1,014,746</b>	<b>52,690</b>	<b>45,748</b>	<b>1,886,739</b>	<b>1,868,551</b>
Total 2021	890,432	838,504	95,095	44,520	1,868,551	

Support costs are allocated based on staff numbers.

## 11. Auditors' Remuneration

	2022 £	2021 £
Fees payable to the Group's auditor for the audit of the Group's annual accounts	9,950	8,000
Fees payable to the Group's auditor in respect of: The audit of the annual accounts of the Group's subsidiary undertakings	6,100	5,400

## 12. Staff Costs

	Group 2022 £	Group 2021 £	Charity 2022 £	Charity 2021 £
Wages and salaries	5,925,928	5,836,245	4,937,014	4,871,231
Social security costs	520,629	516,475	452,634	462,103
Pension costs	507,014	497,329	454,521	447,186
<b>Total</b>	<b>6,953,571</b>	<b>6,850,049</b>	<b>5,844,169</b>	<b>5,780,520</b>

**Notes to the Financial Statements**  
(for the year ended 31 March 2022)

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

	Group 2022 No.	Group 2021 No.	Charity 2022 No.	Charity 2021 No.
Doctors	7	10	7	10
Nurses	96	76	96	76
Health care assistants	20	22	20	22
Care managers	2	8	2	8
Volunteer co-ordinators	1	1	1	1
Fundraising staff	16	24	16	24
Administration	41	21	41	21
Trading	61	70	-	-
Lottery	2	4	2	4
Complementary therapies	1	2	1	2
Catering/cleaning	11	17	11	17
Education	3	5	3	5
<b>Total</b>	<b>261</b>	<b>260</b>	<b>200</b>	<b>190</b>

The average headcount expressed as full-time equivalents was:

	Group 2022 No.	Group 2021 No.	Charity 2022 No.	Charity 2021 No.
Employees	205	181	144	130

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	Group 2022 No.	Group 2021 No.
In the band £60,001 - £70,000	2	3
In the band £80,001 - £90,000	-	1
In the band £90,001 - £100,000	1	1

Senior Management Team personnel of the Parent Charity and Group comprises the Trustees and senior management team. The total employee benefits (including employer pension contributions and employer national insurance contributions) of the key management personnel were £393,101. (2021: £519,323).

Although Trustees are within the definition of key management personnel, none of the remuneration reported relates to them.

### 13. Trustees' Remuneration and Expenses

During the year, no Trustees received any remuneration or other benefits (2021 - £NIL).

During the year ended 31 March 2022, expenses totalling £NIL were reimbursed or paid directly to the Trustees (2021: NIL).

During the year, the total amount of donations received from the Trustees without restriction were £9,765 (2021: £1,735).

## 14. Tangible Fixed Assets

### Group

	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and fittings	Total £
<b>Cost or valuation</b>							
At 1 April 2021	2,294,976	3,828,760	9,725	310,952	31,050	1,158,384	7,633,847
Additions	-	22,967	-	13,400	-	66,268	102,635
Disposals	-	(3,465)	-	-	-	(71,678)	(75,143)
At 31 March 2022	2,294,976	3,848,262	9,725	324,352	31,050	1,152,974	7,661,339
<b>Depreciation</b>							
At 1 April 2021	299,100	1,464,366	-	260,978	22,607	802,460	2,849,511
Charge for the year	46,230	58,054	1,221	21,425	2,943	116,124	245,997
On disposals	-	-	-	-	-	(35,209)	(35,209)
At 31 March 2022	345,330	1,522,420	1,221	282,403	25,550	883,375	3,060,299
<b>Net book value</b>							
At 31 March 2022	1,949,646	2,325,842	8,504	41,949	5,500	269,599	4,601,040
At 31 March 2021	1,995,876	2,364,394	9,725	49,974	8,443	355,924	4,784,336

**Notes to the Financial Statements**  
(for the year ended 31 March 2022)

**Charity**

	Freehold property £	Long-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and fittings	Total £
<b>Cost or valuation</b>						
At 1 April 2021	2,294,976	3,796,040	310,952	31,050	873,992	7,307,010
Additions	-	22,967	13,400	-	66,268	102,635
Disposals	-	(3,465)	-	-	-	(3,465)
At 31 March 2022	2,294,976	3,815,542	324,352	31,050	940,260	7,406,180
<b>Depreciation</b>						
At 1 April 2021	299,100	1,431,606	260,978	22,607	611,328	2,625,619
Charge for the year	46,230	58,054	21,425	2,943	80,448	209,100
At 31 March 2022	345,330	1,489,660	282,403	25,550	691,776	2,834,719
<b>Net book value</b>						
At 31 March 2022	1,949,646	2,325,882	41,949	5,500	248,484	4,571,461
At 31 March 2021	1,995,876	2,364,434	49,974	8,443	262,664	4,681,391

**15. Investment Property**

Group	Freehold investment property £
<b>Valuation</b>	
At 1 April 2021	370,000
At 31 March 2022	370,000

Charity	Freehold investment property £
<b>Valuation</b>	
At 1 April 2021	370,000
At 31 March 2022	370,000

**Valuation**

Investments are based on Trustees' valuation based on market data and previous professional valuations.

## 16. Fixed Asset Investments

### Fixed Asset Investments

Group	Listed investments
<b>Cost or valuation</b>	
At 1 April 2021	5,759,645
Additions	738,533
Disposals	(1,095,913)
Revaluations	191,080
At 31 March 2022	5,593,345
<b>Net book value</b>	
At 31 March 2022	5,593,345
At 31 March 2021	5,759,645

Charity	Investments in subsidiary companies £	Listed investments £	Total £
<b>Cost or valuation</b>			
At 1 April 2021	110,002	5,759,645	5,869,647
Additions	-	738,533	738,533
Disposals	-	(1,095,913)	(1,095,913)
Revaluations	-	191,080	191,080
At 31 March 2022	110,002	5,593,345	5,703,347
<b>Net book value</b>			
At 31 March 2022	110,002	5,593,345	5,703,347
At 31 March 2021	110,002	5,759,645	5,869,647

### Principal Subsidiaries

The following were subsidiary undertakings of the Charity:

Names	Company number	Included in consolidation	Holding
Hospiscare (Shops) Limited	02201730	Yes	100%
Hospiscare Exmouth and Lymptone	02927336	Yes	100%

The financial results of the subsidiary for the year were:

Name	Income £	Expenditure £	Loss for the year £	Net assets £
Hospiscare (Shops) Limited	2,072,942	(2,134,654)	(61,712)	44,502

Hospiscare Exmouth and Lymptone merged with Hospiscare in 2019 and all operations, assets and liabilities of that charity were transferred to Hospiscare. Accordingly, after the date of the merger, there has been no income or expenditure recognised by Hospiscare Exmouth and Lymptone and its net assets at the year-end were nil.

## 17. Debtors

	Group 2022 £	Group 2021 £	Charity 2022 £	Charity 2021 £
<b>Due within one year</b>				
Trade debtors	146,540	237,492	171,009	245,909
Amounts owed by group undertakings	-	-	182,498	445,324
Other debtors	82,507	363,235	58,139	47,197
Prepayments and accrued income	2,695,672	442,503	2,662,193	404,095
<b>Total</b>	<b>2,924,719</b>	<b>1,043,230</b>	<b>3,073,839</b>	<b>1,142,525</b>

## 18. Creditors: Amounts Falling due within One Year

	Group 2022 £	Group 2021 £	Charity 2022 £	Charity 2021 £
Trade creditors	392,529	368,975	363,782	341,647
Other taxation and social security	124,942	122,115	112,000	111,406
Other creditors	102,385	91,734	66,241	62,779
Accruals and deferred income	225,192	159,232	225,192	159,232
<b>Total</b>	<b>845,048</b>	<b>742,056</b>	<b>767,215</b>	<b>675,064</b>
<b>Deferred income</b>				
Deferred income at 1 April 2021	11,059	32,269	11,059	32,269
Resources deferred during the year	73,687	-	73,687	-
Amounts released from previous periods	(11,059)	(21,210)	(11,059)	(21,210)
<b>Total</b>	<b>73,687</b>	<b>11,059</b>	<b>73,687</b>	<b>11,059</b>

## 19. Provisions

### Group

	Dilapidations £
At 1 April 2021	170,715
Additions	16,075
<b>Total</b>	<b>186,790</b>

## Dilapidations

The Group dilapidations provision is based on the future expected repair costs required to restore the leased buildings to their fair condition at the end of their respective lease terms.

The Charity has no provisions.

## 20. Statement of Funds

### Statement of Funds – Current Year

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Gains/( Losses) £	Balance at 31 March 2022 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,387,654	-	(268,799)	96,140	-	4,214,995
Stability & working capital	3,000,000	-	-	400,000	-	3,400,000
Budgeted deficit 22/23	-	-	-	2,400,000	-	2,400,000
COVID-19 reserve	1,800,000	-	-	(1,800,000)	-	-
Hospiscare@ Home	-	-	-	1,060,540	-	1,060,540
<b>Total</b>	<b>9,187,654</b>	<b>-</b>	<b>(268,799)</b>	<b>2,156,680</b>	<b>-</b>	<b>11,075,535</b>
<b>General funds</b>						
General reserves	809,854	10,860,553	(7,781,181)	(2,156,680)	224,304	1,956,850
<b>Total unrestricted funds</b>	<b>9,997,508</b>	<b>10,860,553</b>	<b>(8,049,980)</b>	<b>-</b>	<b>224,304</b>	<b>13,032,385</b>
<b>Endowment funds</b>						
Endowment funds – all funds	20,000	-	-	-	-	20,000

On 1 April 2009, under an arrangement agreed with the Charity Commission, the activities, assets and liabilities of a separate charity were merged with Hospiscare. £20,000 represents the permanent endowment capital. Income arising therefore is unrestricted.

**Notes to the Financial Statements**  
**(for the year ended 31 March 2022)**

	Balance at 1 April 2021 £	Income £	Expenditure £	Transfers in/out £	Gains/( Losses) £	Balance at 31 March 2022 £
<b>Restricted funds</b>						
Medical research fund	63,492	6,850	(10,120)	-	-	60,222
Dementia project	-	35,744	(35,744)	-	-	-
Early referral research fund	47,940	-	-	-	-	47,940
Hospiscare Exmouth and Lypstone	2,271,275	79,879	(633,908)	-	25,425	1,742,671
Other restricted funds	-	2,500	(7,314)	7,500	-	2,686
LGBTQ+ project	21,435	-	(3,140)	-	-	18,295
Fundraising	2,810	373,933	(363,043)	(7,500)	-	6,200
Hospiscare@ Home	265,674	523,105	-	-	-	788,779
Hospice UK	-	629,703	(629,703)	-	-	-
Total restricted funds	2,672,626	1,651,714	(1,682,972)	-	25,425	2,666,793
<b>Total of funds</b>	12,690,134	12,512,267	(9,732,952)	-	249,729	15,719,178

## **Designated Funds**

### **Capital**

This fund represents the net book value of the tangible fixed assets employed by the group, excluding those held in restricted funds.

### **Stability and Working Capital**

This fund is intended to provide a buffer for working capital requirements and against unexpected shortfalls in fundraising and legacy income and falls in the value of investments. The reserve has been increased in year reflecting the increased uncertainty in relation to fundraising and legacy income.

### **Budgeted Deficit 2022/23**

This fund has been set aside to fund the anticipated shortfall in funding during the 2022/23 financial year that was identified during the budget setting process.

### **COVID-19 Reserve**

This fund was set aside to cover additional costs incurred due to the COVID-19 pandemic. These costs are now being managed as business as usual and the reserve has been released.

### **General Reserves**

This fund represents the free reserves of the Charity and are available for general use.

### **Hospiscare@Home**

This fund is to support the ongoing delivery of the Exmouth and Lympstone and Hospiscare@Home services when the associated restricted reserves are fully utilised if additional funding is not identified.

This reserve (based on the latest forecast) provides funding if required until 2025/26.

## **Restricted Funds**

### **Exmouth and Lympstone Hospiscare**

This fund represents the net assets remaining following the transfer of assets from Exmouth and Lympstone Hospiscare in 2019 and includes income and gains from the underlying assets. The fund will be used to meet the costs of palliative care for persons terminally ill in the Exmouth and Lympstone area and to support those patients and their families.

### **Hospiscare@Home**

This fund is to support the Charity's plans to roll-out the service in the Mid and West Devon area.

### **Hospice UK**

One-off funding was provided through Hospice UK to support the organisation in covering additional costs incurred during the 2021/22 finance year because of COVID-19.

### **Other Restricted Funds**

These funds are held in respect of separately identified short-term projects, which are being undertaken or about to commence.

**Notes to the Financial Statements  
(for the year ended 31 March 2022)**

**Statement of Funds – Prior Year**

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Gains/(Losses) £	Balance at 31 March 2021 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Capital	4,573,062	-	(393,664)	208,256	-	4,387,654
Stability & working capital	-	-	-	3,000,000	-	3,000,000
Budgeted deficit 2022/23	533,500	-	-	(533,500)	-	-
Legacy reserve	500,000	-	-	(500,000)	-	-
COVID-19 reserve	1,500,000	-	-	300,000	-	1,800,000
<b>Total</b>	<b>7,106,562</b>	<b>-</b>	<b>(393,664)</b>	<b>2,474,756</b>	<b>-</b>	<b>9,187,654</b>
<b>General funds</b>						
General reserves	2,010,848	8,680,773	(7,746,553)	(2,720,330)	585,116	809,854
<b>Total unrestricted funds</b>	<b>9,117,410</b>	<b>8,680,773</b>	<b>(8,140,217)</b>	<b>(245,574)</b>	<b>585,116</b>	<b>9,997,508</b>
<b>Endowment funds</b>						
Endowment funds	20,000	-	-	-	-	20,000
<b>Restricted funds</b>						
Medical research fund	60,346	7,251	(4,105)	-	-	63,492
Dementia project	-	20,000	(20,000)	-	-	-
Primary care grant – palliative and end-of-life care	-	75,000	(75,000)	-	-	-
Healthy Aging Project	-	58,700	(58,700)	-	-	-
Early referral research fund	47,940	-	-	-	-	47,940
Hospiscare Exmouth and Lympstone	2,447,537	117,878	(641,428)	-	347,288	2,271,275
Legacies	229,016	79,370	(308,386)	-	-	-
Other restricted funds	715	-	(715)	-	-	-
LGBTQ+ project	-	24,055	(2,620)	-	-	21,435
Fundraising	-	198,977	(196,167)	-	-	2,810
Hospiscare@Home	-	20,100	-	245,574	-	265,674
<b>Total</b>	<b>2,785,554</b>	<b>601,331</b>	<b>(1,307,121)</b>	<b>245,574</b>	<b>347,288</b>	<b>2,672,626</b>
<b>Total of funds</b>	<b>11,922,964</b>	<b>9,282,104</b>	<b>(9,447,338)</b>	<b>-</b>	<b>932,404</b>	<b>12,690,134</b>

## 21. Analysis of Net Assets between Funds

### Analysis of Net Assets between Funds – Current Year

	Endowment funds 2022 £	Restricted funds 2022 £	Unrestricted funds 2022 £	Total funds 2022 £
Tangible fixed assets	-	386,045	4,214,995	4,601,040
Fixed asset investments	-	1,708,963	3,884,382	5,593,345
Investment property	-	370,000	-	370,000
Current assets	20,000	201,785	5,964,846	6,186,631
Creditors due within one year	-	-	(845,048)	(845,048)
Provisions for liabilities and charges	-	-	(186,790)	(186,790)
<b>Total</b>	20,000	2,666,793	13,032,385	15,719,178

### Analysis of Net Assets between Funds – Prior Year

	Endowment funds 2021 £	Restricted funds 2021 £	Unrestricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	-	396,682	4,387,654	4,784,336
Fixed asset investments	-	1,636,074	4,123,571	5,759,645
Investment property	-	370,000	-	370,000
Current assets	20,000	269,870	2,399,054	2,688,924
Creditors due within one year	-	-	(742,056)	(742,056)
Provisions for liabilities and charges	-	-	(170,715)	(170,715)
<b>Total</b>	20,000	2,672,626	9,997,508	12,690,134

## 22. Reconciliation of Net Movement in Funds to Net Cash Flow from Operating Activities

	Group 2022 £	Group 2021 £
Net income for the year (as per Statement of Financial Activities)	3,029,044	767,170
<b>Adjustments for:</b>		
Depreciation charges	245,997	251,141
Gains on investments	(249,729)	(921,968)
Dividends, interests and rents from investments	(128,723)	(139,573)
Decrease in stocks	9,953	5,688
Increase in debtors	(1,658,546)	(126,322)
Increase in creditors	125,089	167,878
<b>Net cash generated by operating activities</b>	<b>1,373,085</b>	<b>4,014</b>

## 23. Analysis of Cash and Cash Equivalents

	Group 2022 £	Group 2021 £
Cash in hand	3,259,079	1,632,908
<b>Total cash and cash equivalents</b>	<b>3,259,079</b>	<b>1,632,908</b>

## 24. Analysis of Changes in Net Funds

	At 1 April 2021 £	Cash flows £	At 31 March 2022 £
Cash at bank and in hand	1,632,908	1,626,171	3,259,079
<b>Total</b>	<b>1,632,908</b>	<b>1,626,171</b>	<b>3,259,079</b>

## 25. Contingent Assets

Legacies are not recognised until Hospiscare has entitlement to the funds, the amount can be quantified and there is probability of receipt. The estimated value of legacies, not included as income in these accounts and which have been notified but not received as at 31 March 2022, was £1,166,767 (2021:£702,611.)

## 26. Pension Commitments

The Group pays contributions to a defined contributions pension scheme. The assets of the scheme are held separately from those of the Group in an independently administered fund. The pension cost charge represents contributions payable by the Group to the fund and amounted to £276,443 (2021: £259,238). Contributions totalling £49,944 (2021: £46,704) were payable to the fund at the balance sheet date and are included in creditors.

Additionally, the Charity pays contributions to the NHS Pension Scheme. Although the scheme provides defined benefits to members, it is an unfunded multi-employer scheme, with no ongoing liability for the Charity beyond the level of employer contributions specified by the Scheme. Accordingly it is accounted for as if it was a defined contribution scheme. The pension cost charge represents contributions payable by the Group to the fund and amounted to £230,571 (2021: £238,091). Contributions totalling £20,361 (2021: £16,472) were payable to the fund at the balance sheet date and are included in creditors.

## 27. Operating Lease Commitments

	Group 2022 £	Group 2021 £	Charity 2022 £	Charity 2021 £
Not later than 1 year	300,395	314,060	288,820	302,485
Later than 1 year but not later than 5 years	787,983	846,307	787,983	846,307
Later than 5 years	25,575	154,428	25,575	164,428
	1,113,953	1,324,795	1,102,378	1,313,220

## 28. Related Party Transactions

The Charity is taking advantage of the exemption allowed under FRS102 from the requirement of Section 33 “Related Party Disclosures” not to disclose related party transactions with members of the Group. There are no other related party transactions other than those disclosed in note 13. There were no amounts outstanding from any Trustee at the year end.



**HOSPISCARE**

England & Wales - Charity number 297798

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# Accounts

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Registered number: 02164215  
Charity number: 297798

**HOSPISCARE**  
**(A COMPANY LIMITED BY GUARANTEE)**

**TRUSTEES' REPORT AND FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**HOSPISCARE  
(A COMPANY LIMITED BY GUARANTEE)**

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**HOSPISCARE  
(A COMPANY LIMITED BY GUARANTEE)**

**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS  
FOR THE YEAR ENDED 31 MARCH 2021**

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<b>Trustees</b>	GH Bush RG Pringle, Chairman (resigned 6 April 2021) BH Sweeney M Bryant CM Durston PG Serjeant SJ Jackson J Winslade BA Turner CL McGregor G Allen J Cortizo HM Enright, Interim Chair from 7 April 2021 JT Hawkins
<b>Company registered number</b>	02164215
<b>Charity registered number</b>	297798
<b>Registered office</b>	Dryden Road Exeter Devon EX2 5JJ
<b>Company secretary</b>	AC Randall FCCA
<b>Chief executive officer</b>	AC Randall FCCA
<b>Independent auditors</b>	Bishop Fleming LLP Chartered Accountants 2nd Floor Stratus House Emperor Way Exeter Business Park Exeter EX1 3QS
<b>Bankers</b>	National Westminster Bank Plc 59 High Street Exeter EX4 3DL
<b>Website</b>	<a href="http://www.hospiscare.co.uk">www.hospiscare.co.uk</a>

**TRUSTEES REPORT  
FOR THE YEAR ENDED 31 MARCH 2021**

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**TRUSTEES' REPORT FOR THE YEAR ENDED 31 MARCH 2021**

The Trustees (who are also directors of the charity for the purposes of the Companies Act) present their annual report together with the audited financial statements of Hospiscare (the charity) for the year ended 31 March 2021. The Trustees confirm that the annual report and financial statements of the charity comply with; the current statutory requirements, the requirements of the charity's governing document, and the provisions of the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) effective from 1 January 2015.

**OBJECTIVES AND ACTIVITIES**

**a. POLICIES AND OBJECTIVES**

The objects of the charity are to promote the relief of sickness amongst people suffering from a life limiting illness in such ways as the charity shall from time-to-time think fit and, in particular (but without limitation), to provide services to support the physical, psychological, social and spiritual needs of those affected by life-limiting illnesses.

Hospiscare's vision is:

**To ensure those in need receive outstanding end of life care, in the place of their choice.**

Hospiscare's mission is:

**To provide compassionate, expert end of life care to those in need – before during and after death. Together with our community, we make everyday matter.**

Hospiscare's services are delivered:

- In the community, by clinical teams who visit people in their homes, in nursing homes and in community hospitals.
- In the specialist in-patient ward for patients whose symptoms cannot be managed at home.
- Through a 24/7 telephone advice line.
- In the day hospice units at Searle House (Exeter hospice), at Pine Lodge in Tiverton and at Kings House in Honiton.
- In the acute hospital. Hospiscare's doctors work alongside colleagues in the Royal Devon and Exeter Hospital Foundation Trust (RDEFT) to provide specialist palliative care assessment and advice.
- Supportive care services are delivered in all settings and include care management to enable patients to return home, complementary therapies, spiritual support, carer support and bereavement care.

Hospiscare influences the quality of end of life care by providing specialist advice and education for health and social care practitioners and by contributing to the training of doctors and nurses.

Hospiscare is the principal provider of specialist palliative care to the communities Exeter, Mid and East Devon. You can find where our services are available through our website at [www.hospiscare.co.uk/how-we-help/locations/](http://www.hospiscare.co.uk/how-we-help/locations/)

Hospiscare Trustees and staff are guided in their decision-making by agreed core values, which are:

1. **Compassionate** – Kind and caring in all that we do
2. **Professional** – Experts in our field, accountable and collaborative

**TRUSTEES REPORT (CONTINUED)  
FOR THE YEAR ENDED 31 MARCH 2021**

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3. **Respectful** – Mindful of the feelings and beliefs of others
4. **Inclusive** – Work fairly and equitably, valuing difference

Most of our funding comes from our generous supporters in the local community, we also receive a grant from the local Clinical Commissioning Group (CCG). We are very aware that we need to spend this money wisely for the community we serve.

The Trustees have considered the Charity Commission's guidance on public benefit and are confident that Hospiscare's strategic intentions and activities are congruent with its charitable purpose for the public benefit.

**b. STRATEGIES FOR ACHIEVING OBJECTIVES**

Hospiscare reviews its strategic plan regularly and sets operational objectives, based on the plan, each year.

In March 2021 the Board of Trustees ('the Board') reviewed our progress and committed to:

- Helping people with advanced care planning
- Utilise the 5 ways of connecting and supporting people by
  - Visiting people in their homes
  - A short stay on our specialist ward
  - A telephone call
  - A virtual consultation
  - An outpatient clinic appointment
- Continue to provide more care closer to home, working towards equal access to hospice care regardless of diagnosis, circumstances or economic standing, continuing to support people to live well until they die through day and supportive care services and ensuring Searle House remains a centre of expertise with facilities that are fit for the future.
- Providing a range of services that are reflective of relevant quality standards
- Work with GP networks and promote our referral criteria
- Promote our work to all stakeholders
- Work collaboratively with other health and social care providers
- Engage and share expertise with the Integrated Care System and clinical commissioners.

**c. COVID-19 RESPONSE**

The Covid-19 pandemic continued throughout 2020/2021, during which time the charity took all appropriate steps to ensure the safety and wellbeing of its staff, volunteers, patients and families. We continued to respond with the following measures:

- All staff who were able and could work at home continued to do so.
- Some services that had been stood down, did not restart, e.g. day services.

**TRUSTEES REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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- Weekly meeting of the Senior Management Team took place throughout, and more frequently at times of lockdown and when considered necessary. All meetings and Trustee meetings took place virtually.
- A Gold Committee was formed, consisting of the chairs of all the committees and long-serving Trustees, to provide Trustee oversight and involvement during the crisis. The Gold Committee met frequently. Quality, Assurance and Improvement Committee, which ensures the quality of our care continued to sit, with other committees restarting towards the end of 2020.
- All shops were closed in accordance with the government rules at various times throughout the year and all physical fundraising events cancelled or re-configured to virtual.
- The Trustees have considered the effect of the pandemic on the charity's finances and have reviewed its reserves policy accordingly. The Trustees, having made all necessary enquiries and given due consideration to the current operational and financial conditions and future outlook, are satisfied that the charity will continue to meet its liabilities as they fall due and that the going concern basis of preparation remains appropriate for the foreseeable future being no less than 12 months from the date of approval of these accounts.
- We are grateful to all our supporters who have donated or provided support to us in spite of the current difficulties affecting everyone.

**d. HOW OUR ACTIVITIES BENEFITED PATIENTS AND CARERS IN 2020-2021**

Hospiscare serves the residents of Exeter, Mid and East Devon; a population of 360,000. This area is the same as that covered by the Eastern Locality of North, East and West (NEW) Devon Clinical Commissioning Group, which became the Devon Clinical Commissioning Group on 1 April 2020. The Integrated Care System for Devon was launched on 1 April 2021.

Patients are referred to Hospiscare by their GP, district nurse or by the RDEFT. Referral to Hospiscare enables a patient to access all its services. Referral details can be found on our website.

2,763 patients were supported by Hospiscare in 2020-21. The total number of patients was 15% higher than the previous year.

**In-patient Unit**

Hospiscare's 12 bedded specialist in-patient ward provides acute care for patients whose symptoms cannot be managed in a community setting. The complex nature of patients' needs means that each shift has at least two trained Registered General Nurses (RGN) on duty and, on the first shift of the day, the ratio of staff to patients is as high as 1:2 if patient dependency is high.

Hospiscare's multi-disciplinary team (MDT) meets every day to assess each patient's and family's needs. The MDT can include doctors, nurses, the chaplain, complementary therapists and medical students.

Hospiscare provides accommodation for patients' families to stay at the hospice in its relatives' suite.

Hospiscare's medical team continues to in-reach to the RDEFT and in 2020-21, 20% of admissions were from the Trust, which is lower than the previous year.

195 patients were cared for in the hospice; they accounted for 210 admissions as some were admitted on more than one occasion. This is fewer patients and admissions than the previous year, which we believe is due to delays in patients being referred into our service during lockdown because of the pandemic. The average length of stay was 11.3 days (9.8 days in 2019-20). The 'throughput' or number of admissions per bed in the year was 18, lower than in 2019-20 (23).

**TRUSTEES REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**Royal Devon and Exeter Foundation Trust Specialist Palliative Care Team**

During 2020-21 Hospiscare provided specialist palliative care medical support to the Royal Devon and Exeter Foundation Trust via 6.5 sessions per week of palliative care consultant input.

**Community Nursing**

Hospiscare provides a community specialist palliative care nursing service 7 days a week between 8.30am and 5pm and an out of hours' telephone advice line for patients and professionals. The advice line is open to any professional requiring palliative care advice.

Hospiscare employs 56 clinical staff in the community. These include nurse specialists, assistant practitioners and health care assistants who work in 5 team clusters throughout the area, and in two Hospiscare@Home teams in Axminster and Seaton, in partnership with The League of Friends of Axminster Hospital and Seaton & District Hospital League of Friends, and in Exmouth and Budleigh Salterton. Budleigh Salterton & District Hospiscare fund the community and Hospiscare@Home service in Budleigh Salterton. Following the merger with Exmouth & Lympstone Hospiscare, their funds are held in a restricted fund to be used for funding the community and Hospiscare@Home services in that area.

These staff visit patients at home and offer clinical, spiritual, social and psychological support and expertise. They offer advice to other professionals including GPs and district nurses.

Hospiscare's community nurses supported 2,349 patients in 2020-21, 24% up on the previous year. They made 3,922 visits and 28,362 telephone calls to patients, carers and other professionals. 1,249 of these patients died during the year. 62% died in their own homes; 10% died at the hospice; 1% died in a community hospital; 13% of them died in the acute hospital, 13% died in care homes and 1% died elsewhere. There has been an increase in the percentage of deaths in patients own homes compared to last year.

During the year the Hospiscare@Home teams supported 219 patients. They made 2,496 visits and 1,150 telephone calls. 157 of these patients died during the year, 148 (94%) in their preferred place of death.

**Day Hospice**

Hospiscare provides day hospice services in three localities: at Searle House (Exeter hospice) and at our day hospices at Pine Lodge in Tiverton and Kings House in Honiton.

During March 2020 as the COVID-19 lockdown became into place, we moved quickly to stand down our day services and any activities which involved gatherings. A consultation was undertaken on day services during 2020 and a new model was proposed and adopted. Due to the on-going pandemic the introduction of the new day service model has been delayed until the situation is more certain. The safety of our patients is paramount in our consideration of this service.

**Supportive Care Services**

These are services that support patients' emotional, spiritual and social needs and help them to live as well as possible to the end of their lives. Hospiscare provides:

**Spiritual support** to patients and families by a chaplain and five volunteer assistant chaplains. Religious, spiritual and pastoral support is offered to patients, families, staff and volunteers. This includes in-patients, day patients, bereavement groups and carers' groups. The chaplain also builds bridges with the community via conferences, day courses and working links with educational establishments. Other vital work includes building working relationships with non-Christian faith communities.

**Complementary therapies** from one staff member who is supported by 12 approved volunteers. The team offers massage, reflexology, aromatherapy, reiki and Indian head massage. The team provide treatments to patients and carers in the community, in our 3 Day Hospices and in the in-patient unit. During 2020-21, the team supported 15 patients, much reduced from the previous year due to the service being stood down for most of this time.

**TRUSTEES REPORT (CONTINUED)  
FOR THE YEAR ENDED 31 MARCH 2021**

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**Bereavement support** is offered to the relatives and carers of all the patients who die with Hospiscare. The volunteer bereavement team support carers and families throughout Exeter, Mid and East Devon. 269 people were supported during 2020-21 making 1,396 contacts.

Hospiscare has a partnership agreement with FORCE Cancer Care which enables Hospiscare to access counselling for patients and families with complex support needs. Hospiscare is also able to access financial advice for patients and families via FORCE's Citizens Advice service.

**Care Navigation Service**

We have recruited and trained a team of 49 volunteer care navigators. These volunteers support individual patients, carers and their families and are part of the Hospiscare team. They provide emotional and practical support, visiting patients at home or enabling them to continue to do the things that are important to them. They also help patients, carers and families to navigate the health and social care system and link them to useful agencies and networks. During 2020-21 the team supported 76 patients, making 528 contacts, which is fewer than the previous year due to the pandemic.

**Quality Assurance**

The quality of Hospiscare's clinical services is overseen by the Quality Assurance and Improvement Committee (QA&IC).

This Committee is responsible for promoting the highest quality of care in all service settings. It ensures care is evidence based and meets national and local guidance. It reviews and seeks to improve patient experience through audits, surveys, compliments and complaints.

Hospiscare is registered with the Care Quality Commission under the Health and Social Care Act 2008. The CQC inspected last in March 2016. They rated Hospiscare's services as 'Outstanding', the highest rating available.

The CQC structure their inspection by addressing five key lines of enquiry; they consider whether the service is safe, effective, caring, responsive and well-led. They rated Hospiscare as being outstanding for effectiveness, caring, responsiveness, well-led and good for safety. They concluded that "The service provided outstanding end of life care and people were enabled to experience a comfortable, dignified and pain-free death in the place of their choice as much as possible."

Their report can be found here: [http://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2444263199.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2444263199.pdf)

Hospiscare produces an impact report, which demonstrates the impact of our services on our community, how our services are provided and the priorities for the coming year. It will be available on our website.

**ACHIEVEMENTS AND PERFORMANCE**

**a. HOW WE DELIVER OUR ACTIVITIES**

**Staff**

Hospiscare is able to deliver its activities because it has a committed and skilled workforce of staff and volunteers. It employs 184 whole time equivalent staff, which comprises 259 people, across the charity and the trading company.

The priorities for the year have been to ensure the wellbeing of our staff, with those working at home as well as those continuing to provide the services that we offer. Further work was undertaken on the job evaluation process and development of the HR Information system.

**TRUSTEES REPORT (CONTINUED)  
FOR THE YEAR ENDED 31 MARCH 2021**

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The HR team support and coach line managers, as well as carrying out administrative functions efficiently to support employment contracts and changes, recruitment and the HR information system.

**Learning and Development**

Learning and development is committed to ensuring that our own workforce is fit for purpose, now and in the future, and that we empower others locally to provide sensitive and skilled end of life care. Delivery of clinical skills and updates for our staff and for care partners such as nursing home teams, NHS and social care colleagues, carers and patients' family members, is via L&D team members and our Clinical Nurse Specialist team. The team deliver training sessions on subjects such as, dementia awareness, Advanced communication skills to nurses and doctors, syringe driver training, mental health awareness and verification of death. A total of 689 places were filled by learners and we ran 79 courses.

We support learners by offering placements to nursing and medical students, providing mentorship, supervision and support, and developmental roles for staff that enable them to have a career pathway at Hospiscare. We enable staff to develop specialist skills in clinical examination and prescribing, as well as advanced communication skills, and we offer a range of specialist masterclasses.

The team delivers statutory and mandatory training, designated as 'Safe to go' training and 'Annual Updates' respectively, to ensure the safe delivery of service and care at Hospiscare. Every job role has tailored basic training and updating requirements in place and compliance is monitored. 66% of staff have completed their statutory training and 75% their mandatory training. The completion rates were affected by the continuing Covid-19 crisis. The welcome day runs 4 times a year, which ensures new staff are aware of our values and services to enable them to become ambassadors for Hospiscare.

**Volunteers**

Hospiscare has 890 volunteers and would not be able to offer its range and quality of services without the committed and dedicated support from them; their hard work, generosity of time, skills and high standards remain the hallmark of Hospiscare. They bring empathy and compassion mixed with a cheerful spirit and a 'can do' attitude. Many volunteers work alongside the nurses on the front line, from assisting patients at mealtimes to learning more about using patient equipment or understanding the impact of dementia in patient care.

Volunteers fundraise; working in shops and in support groups. They drive patients to appointments, welcome visitors to the hospice, keep the gardens trim and make floral arrangements, help with administration, and visit patients at home offering emotional support and a listening ear. Volunteer complementary therapists and trained bereavement volunteers not only support patients but families and carers too. Hospiscare's Trustees make sure that Hospiscare is well governed and is meeting the needs of the local population.

Very few of the tasks undertaken by volunteers are easy or straightforward. A kindly and well-timed cup of tea at the bedside can prompt a challenging conversation – as can a journey to the hospice with a volunteer driver. On average volunteers give nearly 3,200 hours of their time every week to Hospiscare. This is equivalent to 85 full time posts and represents over £1.3 million of support each year.

Hospiscare's Trustees are truly grateful for this incredible voluntary support which significantly enhances the experience of patients and families at Hospiscare. During the current year, many volunteers were not able to continue with the work that they do for the charity, due to a variety of reasons. Our shops were shut for much of the year and restrictions were in place around patients in the IPU, while social distancing measures prevented many from seeing people at home.

**TRUSTEES REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**Support Services and Facilities**

Hospiscare's property portfolio has expanded over the years and the type of property we operate is very diverse; from a small high street shop to a large warehouse and a 12-bed clinical in-patient unit. The Estate team look after all the buildings, including all the planned and reactive maintenance, as well as the health, safety and welfare for all its staff, volunteers, patients and visitors.

One of the key targets for Hospiscare is to mitigate increasing energy costs and reduce carbon emissions, to that end we maintain a biomass boiler at Searle House alongside PV panels at Searle House and Kings House in Honiton. We are continuing to introduce LED lighting to many of our sites.

The increase in Information technology and the general expansion of hardware and software in the organisation also forms a large part of the department's workload; the Estates team manage the outsourced IT service as well as helping to deliver the key elements of the IT strategy including equipment replacement, cabling infrastructure upgrade, cyber security improvements as well as initiating tenders for services.

**Income Generation**

**Fundraising**

Hospiscare has continued to benefit from incredible support from individual donors, local businesses and charitable trusts in the last year, despite the pandemic. The hospice is extremely grateful for each and every donation and would like to take this opportunity to say thank you to anyone who has donated. An analysis of income is set out below:

	<b>2020-21</b>	<b>2019-20</b>
	<b>£'000</b>	<b>£'000</b>
Legacies	1,294	1,415
Support groups	24	67
Individual giving	437	375
In-memory giving	303	347
Events & challenges	245	286
Charitable trusts & foundations	362	230
Corporate donations	83	183
Lottery (gross)	600	663
Total fundraising Income	3,348	3,566

Our dedicated support groups have been incredibly creative to find ways to fundraise through the pandemic – including plant sales at end of driveways, pop-up shops, cream tea home deliveries and much more.

The local community has provided overwhelming support for our direct mail activity, regular giving and general donations through the pandemic.

We have seen a dip in in-memory giving, mainly due to the restrictions around funeral gatherings in person.

Though we haven't been able to put on our large events and challenges in the same way – we have turned them into virtual events.

Our lottery canvassers were not able to operate in the same way but tested digital marketing with some success.

Hospiscare takes pride in the way we raise funds to enable us to provide patient care. We are a member of the Fundraising Regulator, follow the Code of Fundraising Practice, registered with the Gambling Commission and with the Information Commissioner's Office.

Hospiscare also has a supporter promise (see below).

We promise:

- To spend your money responsibly and provide outstanding care for terminally ill patients and their families.
- To provide a friendly and honest approach by sharing stories of our work to demonstrate how your money has been spent.
- To communicate in a way that suits you. You decide whether you want to receive information about our services, fundraising and ways to support, and you decide how you want this delivered. So let us know your preferences, and if at any time you change your mind, please call 01392 688020 or email [info@hospiscare.co.uk](mailto:info@hospiscare.co.uk)

**TRUSTEES REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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- To never sell your data to any third party. Hospiscare values your support and respects your privacy. The data we gather and hold is managed in accordance with any statutory legislation and guidance from regulators.
- To be supportive, professional and aim to deal with enquires as quickly as we can. We aim to get it right first time, and if we don't we will explain why.
- To use fair and safe fundraising methods and ensure everyone is treated in a sensitive, respectful way.

To listen to your opinions and make necessary improvements to our work. We want to make sure we are working at our best and are very grateful for feedback. Please email [info@hospiscare.co.uk](mailto:info@hospiscare.co.uk) or call 01392 688020 if you have any compliments or complaints.

**Trading**

Trading activities generated sales, including related Gift Aid, of £936k, significantly down on the previous year (£2.8m) because of the shops being closed for much of the year due to mandatory Covid-related retail shop lockdowns. When open, shops were restricted in the number of customers that could be accommodated due to social distancing restrictions. The trading company furloughed most of its employees when closed.

Other operating income totalled £983k (2020 - £240k) during the year, comprising £668k of government retail sector grants and furlough support, and £315k received in respect of a lockdown-related business interruption insurance claim.

Further performance comparisons with the prior year are uninformative due to the over-arching impact of the pandemic on sales activity.

Our house clearance service continues to develop and is well loved by local people and has an excellent reputation. The donated goods we acquire through the house clearance service are vital to the success of the shops. We are grateful to all our donors and customers for their continued support.

**b. WHAT WE PLANNED TO DEVELOP AND CHANGE; WHAT WE ACHIEVED AND WHAT WE STILL NEED TO DO**

Hospiscare's Trustees set the following objectives as part of their strategic plan for 2017 – 20 and this is how they have been progressed in the year being reported.

- 1. *Provide more care closer to home by extending the Hospiscare@Home service as finances allow***  
Hospiscare@Home is still seen as the way forward for us to meet the needs of the patients in our area at the end of their lives. Due to the impact of COVID-19 these plans have been put on hold but will be kept under review for any opportunities that may arise, although it is not expected that these plans will be able to be resurrected until 2022-23.
- 2. *Extending our reach to more people with a life-threatening illness***  
We have continued with our Admiral Nurse service and increased this to include a development role to support succession planning. They are working to provide specialist dementia support that families need through psychological support, expert advice and information to help families understand, cope and adapt to the changing situation of living with dementia. During this time training and support has been offered to professionals and families and given advice to Hospiscare staff and external agencies, with care homes being the biggest recipients.

Our partnership with RDEFT's cardiology team has continued to deliver a self-management education programme for patients and carers. This has included advice on symptom management, advance care planning, mutual support and complementary therapy. Our joint working has also led to a greater understanding of heart failure, palliative care and the development of a community of practice.

TRUSTEES REPORT (CONTINUED)  
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**3. Support more people to live well by engaging with communities through our day services, volunteer care navigators and supporting carers and the bereaved**

A new day services model was agreed during the current year, but due to Covid-19 restrictions, this has not yet been put into operation. This followed a rehabilitative approach with a newly designed Support Care Service to create a holistic palliative care service utilising a wide range of professions.

**4. Maintain a hub of expertise with facilities that are fit for the future**

During the year, Searle House has been operating under unusual circumstances. A temporary entrance for visitors to use was set up, which has proved successful at managing people movements as they enter and exit the building. The other site in Tiverton and Honiton have not held any day services, as noted elsewhere and has therefore enable nursing staff to operate with social distancing. Our Exmouth site has continued as a base for the Coastal Hospiscare@Home and CNS team.

**5. Develop income generation to meet the charity's ambitions**

The charity has continued to develop its fundraising activity, albeit without the usual type of events that are held. Further work has begun on researching other income generation opportunities to enable the charity to build a sustainable and resilient income.

**6. Develop a multi-skilled and flexible workforce**

We developed a new Nursing Associate role through an apprenticeship with Plymouth University and we are working with the RD&E hospital to train nursing and medical students. Our specialist nurses are now trained in Non-Medical Prescribing and our Learning and Development department continue to run courses for our own staff and other health and care providers.

**7. Further improve responsiveness to patients through the use of technology**

The introduction in 2019 of our electronic patient system proved insightful in light of the Covid-19 pandemic. The system allowed us to manage and run virtual consultations with patients, where appropriate. This was an addition to the range of communication channels that operate and is one that will be continued and built on as we move forward.

The system also allows the analysis of data to better inform where to focus our resources and ensure that we provide the best possible value from the money that is raised. The Trustees agreed a new three-year strategy in March 2021 and the main objectives are set out below. This strategy will be reviewed every year to ensure its continued relevance and the strategy will be rolled forward on each occasion.

**c. STRATEGIC INTENTIONS 2021-24**

The strategic aims of the charity support the objectives as laid out in its Articles of Association and noted at the beginning of this report.

We will achieve this by:

- Utilise our 5 ways of working and new referral criteria
- Reach out to the clinical commissioners, involvement with the Devon Integrated Care System
- Run advanced care planning sessions across our communities
- Work with GPs and their networks, share how we work and how we can work together
- Go out into our communities and build on ambassadors and fundraising collaborative
- Build teams that feel valued and appreciated
- Ensure the charity is well led by people who have the competency to do so,
- A lean and productive framework of systems and procedures.

All areas of the charity will work to support the provision of the above and to ensure that the objectives of the charity are achieved.

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**TRUSTEES REPORT (CONTINUED)  
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**d. WORKING WITH OTHERS**

Hospiscare works with a number of partners in the statutory and voluntary sectors. This includes networking with neighbouring hospices.

The charity works closely with its partner Hospiscare charity in Budleigh Salterton and District. The charity funds the community nurses that Hospiscare employs in that area and they contribute to other services, including the Hospiscare@Home service in Exmouth and Budleigh Salterton.

Hospiscare provides the staffing for the Hospiscare@Home service in Seaton and Axminster, which is funded by the Seaton and District Hospital League of Friends and The League of Friends of Axminster Hospital.

Hospiscare works closely with the RDEFT, providing the specialist palliative care medical input to the hospital; working together on our programme to support people living with heart failure and taking 20% of admissions to our IPU from the hospital.

The charity supports the Exeter Medical School through providing placements for year 4 medical students at the hospice and its clinicians meet significant teaching commitments at the School for which the charity is paid.

Hospiscare is a member of Hospice UK and values its advice and support.

The charity has strong links to the local business community and is a member of Exeter Chamber of Commerce.

**FINANCIAL REVIEW**

**a. GOING CONCERN**

After making appropriate enquiries, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the accounting policies.

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**TRUSTEES REPORT (CONTINUED)  
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**b. FINANCIAL POSITION AT YEAR-END**

The financial statements show the consolidated financial position of the charitable company (the charity) and its subsidiary company, Hospiscare (Shops) Limited ('the trading company') (collectively 'the group'). At 31 March 2021 the net assets of the group were £12,690k (2020 - £11,923k) an increase of £767k during the year.

Net assets comprise:

	2020-21	2019-20
	£'000	£'000
Fixed assets		
Tangible fixed assets	4,784	4,970
Investments	6,130	5,181
	<u>10,914</u>	<u>10,151</u>
Current assets		
Stocks	13	18
Debtors	1,043	915
Cash	1,633	1,582
	<u>2,689</u>	<u>2,516</u>
Less: creditors & provisions		
Creditors	742	607
Provisions	171	137
	<u>913</u>	<u>744</u>
Net assets	<u>12,690</u>	<u>11,923</u>

Tangible fixed assets mainly comprise the depreciated cost of the charity's hospices and the plant, fixtures and fittings therein.

Investments comprise two investment portfolios managed by external professional investment managers and investment properties.

The group's cash balances are receivable on demand and are held in sterling by leading UK banks and financial institutions.

Debtors and creditors represent normal working capital items.

Provisions represent the expected cost of future lease dilapidations in respect of the shops estate operated by the trading company.

The principal change in the composition of net assets during the year was an increase in investments (£949k), primarily due to the recovery of the markets during the year following the falls at the start of the pandemic in March 2020. Cash balances remain high at the year-end, to ensure working capital availability during the Covid-19 crisis and to cover anticipated budget deficits.

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**TRUSTEES REPORT (CONTINUED)**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**c. FINANCIAL REVIEW AND SIGNIFICANT EVENTS**

The principal items of the group's income and expenditure for the year were:

	<b>2020-21</b>	<b>2019-20</b>
	£'000	£'000
Income		
Exmouth & Lypstone transfer of assets	-	2,782
Fundraising, grants (inc. Gift Aid)	1,752	2,090
Legacy income	1,294	1,415
Government grants re Covid support	2,357	240
Trading (losses) profits from shops and lottery	(625)	378
NEW Devon CCG	1,198	1,291
Coastal Towns Homecare services	747	1,128
Other charitable income	217	149
Investment and other income	181	145
	<u>7,121</u>	<u>9,618</u>
Expenditure		
Charitable activities	6,430	6,696
Fundraising (exc. trading costs)	856	866
	<u>7,286</u>	<u>7,562</u>
Operating (deficit) / surplus	(165)	2,056
Investment gains / (losses)	932	(640)
Net movement in funds	<u>767</u>	<u>1,416</u>

This has been a difficult year with underlying income (i.e. excluding the transfer of assets from Exmouth & Lypstone Hospiscare and Government support re Covid) falling by £1,832k from £6,596k to £4,764k.

The Trustees are grateful for this support which was received directly through furlough and retail grants and indirectly through Hospice (UK). We also launched an emergency appeal and our community responded generously. This has significantly offset income lost due to our inability to raise funds through physical events or to operate our shops for many months. As a result, the group has a relatively modest operating deficit for the year, which is a considerable achievement.

Fundraising income fell by 16% during the year, while fundraising costs decreased by 1%. This was mainly due to the difficult operating environment and the loss of events.

Legacy income fell by 9%. The amount and timing of legacies is unpredictable and funds are maintained to provide a buffer against unexpected shortfalls against budget.

Trading profits from the shops and lottery decreased by £1,003k, due to the closure of the shops for much of the year due to Covid restrictions. The loss of £625k is after the receipt of a business interruption insurance claim but excludes Government support received

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Funding from NEW Devon CCG represents 13% (2019-20 – 10%) of total income, including gross trading income. However, there has been no significant increase in the underlying grant.

Income from Coastal Town Homecare services reduced due to changes in service levels. Costs reduced broadly in proportion to income.

All the above funding sources are primarily used to meet the direct cost of the charity providing services to patients and their families and necessary central costs.

Other expenditure decreased by £266k (4%), partially due to the curtailment of activities due to the pandemic. However, the group continues to face pressure on salary costs, both clinical and retail, as it seeks to ensure that it can attract the appropriate level of staff to continue to maintain and grow services and retail estate.

The charity's investment portfolios recovered in value following the falls at the start of the pandemic that impacted on the results last year. The investment gain for the year was £846k. The portfolios continue to be managed by external investment managers in line with our investment policy.

**d. PRINCIPAL RISKS AND UNCERTAINTIES**

The Trustees have considered the major risks to which the charity is exposed and have satisfied themselves that systems or procedures are established to manage those risks

The principal risks and uncertainties facing the charity and the Trustees' plans and strategies for managing those risks are set out in the table below. These are the current principal risks currently facing the charity but all risks are subject to review and will be amended and updated as needed.

<b>Risk Title</b>	<b>Summary of control</b>
Insufficient quality of care	Adherence to CQC regulation and statutory obligations. Systematic quality review and Audit. In-house monitoring by QAIC and PES. Robust systems and processes for clinical and care work
The impact of pandemic on Learning and Development Compliance	The risk of holding some training sessions physically was weighed against the risk of training not being undertaken and knowledge and skills becoming outdated. Alternative methods of supplying the training were investigated and put in place where appropriate and where it could be undertaken with some measure of a successful outcome.
The Charity not having enough money to ensure the continuation of services and levels of care	The annual budget process provides a detailed 12 month forecast of expected financial performance and allows the monitoring of actual results against the forecast. Outline longer term forecasts are also maintained and reviewed.

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Risk Title	Summary of control
Care falls below required CQC standards and does not meet Hospiscare's ambition of excellence	Demonstrating effective corporate governance contributes to the mitigation of this risk. This is overseen by the CEO and company secretary. A board review in March/April 2021 will contribute to this effective with recommendations being made.
Potential Breach of legislation and guidelines/regulatory compliance	Appropriate policies and procedures put into place and updated as and when required so all staff and volunteers are aware of their obligations to uphold required legislation
Reduction/cessation of fundraising activities due to Covid-19 restrictions.	Changes to Covid-19 restrictions, local or national, may impact on our fundraising teams' ability to run and hold events, causing a reduction in our income.
Inability to recruit and retain appropriately skilled staff at the levels required to deliver Hospiscare Services	Collaborative working between HR and clinical leaders on Clinical Careers Days, and future initiatives planned for targeted recruitment campaigns.

An overarching risk of the Covid-19 crisis was added to our risk register, which affects all areas of Hospiscare. To deal with the crisis and to ensure swift and decisive action, a Gold Committee was formed consisting of the Chairs of all the sub-committee and a long serving Trustee. This committee met frequently and as required.

**e. RESERVES AND RESERVES MANAGEMENT POLICY**

The charity's reserves management policy has been reviewed by the Trustees during the year.

The Trustees distinguish between two primary classes of funds: those that are unrestricted in their use, which can be spent on any charitable purpose of the charity and those that are restricted in use (including endowments), which can only be lawfully used for a specific charitable purpose.

**Unrestricted funds**

Unrestricted funds are spent or applied at the discretion of the Trustees to further the purposes of the charity. The Trustees set aside part of the unrestricted funds to be used for specific purposes including the financing of capital assets, providing financial stability and funding future projects or commitments. At the year-end funds had been designated for the following purposes:

	2020-21	2019-20
	£'000	£'000
Financing current capital assets	4,388	4,573
Future property expenditure	-	534
Legacy income fluctuations	-	500
COVID-19 recovery and future deficits	1,800	1,500
Stability and working capital	3,000	-
	9,188	7,107

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Further details are disclosed in note 20 to the financial statements.

The Trustees recognise that significant funds are required to finance the group's working capital requirements and to provide a buffer against unexpected shortfalls in income, particularly in respect of fundraising activities, legacies that are unpredictable in amount and timing and against falls in the value of the charity's investments.

The Trustees consider that to maintain the financial stability of the group and to meet the charity's objectives in an effective manner the group should maintain, as a minimum, funds amounting to:

	£'000
Working capital requirements	500
Shortfalls in fundraising income (c 6 months)	1,000
Shortfalls in legacy income (c 6 months)	850
Shortfalls in retail profits (c 12 months)	250
Falls in the value of the unrestricted investment portfolios	400
	3,000

Following the review of reserves, this amount has been designated as the 'Stability and working capital' fund.

At the year-end undesignated 'free' funds amounted to £810k (2020 - £2,011k).

**Restricted and endowment funds**

The only material restricted fund is the Exmouth & Lympstone fund of £2,271k (2020 - £2,448k). This will be used to provide future services to residents of that area. The fund largely comprises investments and fixed assets transferred on the merger in 2019.

Other restricted funds totalling £401k (2020 - £338k) are generally linked to specific short-term projects, which are being undertaken or about to commence.

Trustees are advised regularly about the level of reserves using a 'traffic lights' approach. These details are presented as part of the monthly management accounts.

Endowment funds amounted to £20k (2020 - £20k).

The level of funds held by the Trading Company is not considered to be material.

**f. FUTURE INCOME STREAMS**

The charity continues to be managed prudently recognising that economic growth remains fragile and uncertain in the wake of the Covid-19 pandemic.

The level of legacy income is always difficult to predict and based on the current 'pipeline' the amount received in 2021-22 is likely to be no more than that received in 2020-2021.

The Trustees recognise that the fundraising environment continues to be challenging, with events having to be held virtually or cancelled and have budgeted on this basis.

**g. OTHER MATTERS**

The majority of the charity's staff are members of the NHS Pension Scheme, which is an unfunded, multi-employer defined pension scheme. As such the charity is exposed to unpredictable changes in the scheme's funding rate. In 2018-19 it was announced that employer contributions to the scheme would be increased

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from 14.38% to 20.68% for the 2019-20 financial year. This would have meant an increase of approximately £125k on our current pension contribution costs. Representations by Hospice UK to the Department for Health and Social Care resulted in the additional costs for 2019-20 being paid from central government funds rather than the hospices, and this arrangement is to continue for 2021-22.

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**a. CONSTITUTION**

Hospiscare is a registered charitable company limited by guarantee.

The charity is constituted under Articles of Association and is a registered charity, number 297798. The charity was set up in 1982 and was established as a company limited by guarantee in 1987. In the event of the company being wound up, members are required to contribute an amount of £1.

The company has a wholly-owned trading subsidiary Hospiscare (Shops) Limited (company number 02201730 (England & Wales), whose sole purpose is to raise funds for the charity by operating a chain of local charity shops and a warehouse.

**b. METHOD OF APPOINTMENT OR ELECTION OF TRUSTEES**

The Board seeks to ensure that it encompasses an appropriate range of skills and talent. Hospiscare's Nominations Committee oversees the recruitment of new Trustees, following the charity's policy on Trustee recruitment. Trustees are appointed by the Board and serve for 3 years after which period they may put themselves forward for re-appointment. Trustees may be appointed for a maximum of 3 consecutive terms of 3 years after which, they must stand down for at least one year. The Trustees also receive training on other topics relevant to governance and their committee membership.

**c. POLICIES ADOPTED FOR THE INDUCTION AND TRAINING OF TRUSTEES**

New Trustees are given an induction pack and undertake a comprehensive induction programme. This includes spending time with each of the services Hospiscare provides and visiting the shops. Trustees identify topics on which they would like further information or training and appropriate measures are put in place to provide this. A presentation about patient experience is made by clinical staff, anonymously, at the beginning of every Board meeting.

**d. PAY POLICY FOR SENIOR STAFF**

The charity has a Remuneration Committee, which reviews the pay and benefits of its senior staff annually. The committee comprises of up to six Trustees, one of which must be the Chair of Trustees. The committee considers information from a variety of available sources to benchmark the pay and benefits of its senior staff and makes recommendations to the Board accordingly.

**e. ORGANISATIONAL STRUCTURE AND DECISION MAKING**

Hospiscare is governed by its Board which met 6 times during 2020-21, including an 'away day' in March 2021. There are 6 sub committees of the Board which scrutinise specific areas in detail; these are the Finance and Income Generation Committee, the Assurance, Risk and Corporate Governance Committee, the Quality Assurance and Improvement Committee, the People and Estates Committee, the Nominations Committee and the Remuneration Committee.

The Interim Chair of the Trustees is Dr Helen Enright a retired GP from Exmouth. Helen was appointed as a trustee and Vice-Chair in November 2019, following the merger with Exmouth & Lymptone Hospiscare, where she was Chair, and was appointed Interim Chair of Hospiscare in April 2021.

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The operational management of the charity lies with the Senior Management Team (SMT). The SMT meets monthly.

Hospiscare (Shops) Limited is managed by its Board of Directors comprising a Trustee of the charity, members of the charity's senior management team and non-executive directors with relevant experience

Hospiscare has reviewed the 2018 Charity Governance Code and aspires to meet its principles.

**f. RISK MANAGEMENT**

The responsibility for the management and control of a charity rests with the Trustee body and therefore their involvement in the key aspects of the risk management process is essential, particularly in setting the parameters of the process and reviewing and considering the results

The corporate risk register is reviewed at all committees and by the Board and the Assurance, Risk and Corporate Governance Committee annually. Departmental risks are reviewed by SMT and appropriate departments. Update reports will be presented to Committees and the Board.

The trading company also has a corporate and departmental risk register and its Board reviews this at each meeting.

The new Hospiscare risk framework was implemented in 2020 after a review by the Head of Governance and Data Protection. There is a new risk management policy and the risk register are managed by an electronic data management system.

Bi-monthly risk surgeries are carried out with the Directors and Head of Retail to ensure the risks are kept up to date and managed.

The Board has considered risk appetite and recognise that the charity's long-term sustainability depends upon the delivery of its strategic objectives and its relationships with patients, supporters, the local community and strategic partners.

Hospiscare will not accept risks that materially impact on patient safety. However, Hospiscare has a greater appetite to take considered risks in terms of their impact on organisational issues and reputation. Hospiscare has appetite to pursue innovation and to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environments.

Hospiscare is compliant with all relevant legal, statutory and regulatory standards. It has followed Charity Commission guidance and complies with Principle 4 of the Charity Governance Code, Decision making, Risk and Control.

It has updated its information governance and security in line with the General Data Protection Regulation (GDPR) and has appointed a Data Protection Officer who is the Head of Governance and Data Protection.

The Senior Information Risk Owner (SIRO) role is held by the Director of Estates and Facilities with overall responsibility for the charity's information risk policy. The SIRO is accountable and responsible for information risk across the organisation

**g. RELATIONSHIPS BETWEEN THE CHARITY AND ITS SUBSIDIARY COMPANY**

The Articles of Association of Hospiscare (Shops) Limited give the charity power to control the decisions of that company.

**h. INVESTMENT POLICY, PERFORMANCE & OBJECTIVES**

**i. ASSET ALLOCATION**

Hospiscare is reliant on fundraising and donations for its activities. Its funds are principally held as investments and cash. The key risk to long-term reserves in the long-term is inflation and the assets are

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invested to mitigate this risk over the long term. The Trustees understand that this is likely to mean that investments will be concentrated in real assets and that their capital value will fluctuate.

The investment portfolios are split into two risk profiles defined by the managers as, 'low risk' and 'low-medium risk', with the ratio and profile reviewed and monitored by the Finance and Income Generation Committee and approved by the Board. The risk profile is determined to mitigate the key risk of inflation. The investment portfolio transferred from Exmouth & Lymptstone Hospiscare is classified as medium risk with an income portfolio objective.

The Charity's assets can be invested widely and should be diversified by asset class, by fund manager and by security. Asset classes may include cash, bonds, equities, property, hedge funds, structured products, private equity, commodities and any other asset that is deemed suitable for the charity.

The asset class invested in are decided by external professional investment managers according to the risk profile determined by the Trustees.

Short term reserves are held to provide financial security, as they may be required at short notice. As such, capital volatility cannot be tolerated and these assets are maintained in cash with highly rated banks and financial institutions.

**ii. BENCHMARKING**

Performance of the portfolios is measured against an agreed index plus a performance premium. The indices used and the performance premium are reviewed by the Finance and Income Generation Committee in discussion with the appointed investment manager. A recommendation will then be made to the Board for approval.

**iii. METHOD OF REVIEW**

The Trustees have delegated their day-to-day investment responsibilities to Charles Stanley and Company Limited and Investec on a discretionary basis. The charity's investments are kept under regular review by the Finance and Income Generation Committee, which is advised by the investment portfolio managers, with a view to ensuring that the charity's investments are positioned to meet the strategy detailed in the investment policy. The Board considers a report on investment performance at least annually.

**iv. RESTRICTIONS AND ETHICAL POLICY**

The Trustees take account of social, environmental and ethical issues in the charity's investment policy and endeavour not to invest in companies that draw a major part of their income from tobacco related products.

**TRUSTEES' RESPONSIBILITIES STATEMENT**

The Trustees (who are also directors of Hospiscare for the purposes of company law) are responsible for preparing the Trustees' report (including the group strategic report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company and charity law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

select suitable accounting policies and then apply them consistently

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observe the methods and principles in the Charities' SORP

make judgments and accounting estimates that are reasonable and prudent

prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company and the group's transactions; to disclose, with reasonable accuracy at any time, the financial position of the charitable group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**DISCLOSURE OF INFORMATION TO AUDITORS**

Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

So far as that Trustee is aware, there is no relevant audit information of which the charitable group's auditors are unaware, and

that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any information needed by the charitable group's auditors in connection with preparing their report and to establish that the charitable group's auditors are aware of that information.

This report, incorporating the group strategic report, was approved by the Trustees, in their capacity as company directors, on \_\_\_\_\_ and signed on their behalf by:



HM Enright  
Interim Chair of Trustees

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF HOSPISCARE**

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**Opinion**

We have audited the financial statements of Hospiscare (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the Consolidated statement of financial activities, the Consolidated balance sheet, the Charity balance sheet, the Consolidated statement of cash flows and the related notes, 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 Group's and of the parent charitable company's affairs as at 31 March 2021 and of the Group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

**Basis for opinion**

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

**Conclusions relating to going concern**

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

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

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

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF HOSPISCARE (CONTINUED)**

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**Other information**

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

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

We have nothing to report in this regard.

**Opinion on other matters prescribed by the Companies Act 2006**

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

- the information given in the Trustees' report including the Strategic report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report and the Strategic report have been prepared in accordance with applicable legal requirements.

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

In the light of our 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' report including the Strategic report.

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

- the parent charitable company has not kept adequate and sufficient accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

**Responsibilities of trustees**

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

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

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF HOSPISCARE (CONTINUED)**

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**Auditors' 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 Auditors' 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:

We have considered:

- the nature of the sector, control environment and business performance;
- results of our enquiries of management and the trustees, about their own identification and assessment of the risks of irregularities;
- any matters we identified having obtained and reviewed the charity's documentation of their policies and procedures relating to: identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance; detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; the internal controls established to mitigate risks of fraud or non-compliance with laws and regulations;
- the matters discussed among the audit engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As a result of these procedures, we considered the opportunities and incentives that may exist within the organisation for fraud, which included incorrect recognition of revenue, management override of controls using manual journal entries, purchase ledger, and identified the greatest potential for fraud as incorrect recognition of revenue, lease and dilapidations, consideration of restricted income, compliance with laws and regulations and management override using manual journal entries.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override.

We have also obtained an understanding of the legal and regulatory frameworks that the charity operates in, focusing on provisions of those laws and regulations that had a direct effect on the determination of material amounts and disclosures in the financial statements. The key laws and regulations we considered in this context included the Charities Commission, UK Companies Act, FRS 102 and UK tax legislation. In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which may be fundamental to the charity's ability to operate or avoid a material penalty. These included data protection legislation, health and safety regulations, and employment law.

Our procedures to respond to risks identified included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- reviewing the financial statement disclosures and testing to supporting documentation to assess the recognition of revenue, in line with longer term contract accounting methodologies;
- enquiring of trustees and management concerning actual and potential litigation and claims;
- performing procedures to confirm material compliance with the requirements of the above regulations;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgments made in accounting estimates are indicative of potential bias; and evaluating the business rationale of significant transactions that are unusual or outside the normal course of business.
- reviewed a sample of income transactions to supporting documentation to ascertain whether correct

**HOSPISCARE  
(A COMPANY LIMITED BY GUARANTEE)**

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF HOSPISCARE (CONTINUED)**

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- classification has been used.
- reviewed key information relating to correct leases and reperformed the calculations.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from an error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it.

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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditors' 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 Auditors' 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 its members, as a body, for our audit work, for this report, or for the opinions we have formed.



**Tim Borton FCA DChA (Senior statutory auditor)**

for and on behalf of  
**Bishop Fleming LLP**

Chartered Accountants  
Statutory Auditors  
2nd Floor Stratus House  
Emperor Way  
Exeter Business Park  
Exeter

EX1 3QS

Date:

22 December 2021

**HOSPISCARE**  
**(A COMPANY LIMITED BY GUARANTEE)**

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)**  
**FOR THE YEAR ENDED 31 MARCH 2021**

	Note	Endowment funds 2021 £	Restricted funds 2021 £	Unrestricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
<b>INCOME AND ENDOWMENTS FROM:</b>						
Donations and legacies:	4					
Transfer in Hospiscare Exmouth & Lymptone		-	-	-	-	2,782,307
Other donations and legacies		-	462,317	2,583,684	3,046,001	3,505,424
Charitable activities	5	-	75,000	2,086,327	2,161,327	2,567,305
Other trading activities	6	-	-	1,536,471	1,536,471	3,419,889
Investments	7	-	64,014	75,559	139,573	96,433
Other income	8	-	-	2,398,732	2,398,732	289,431
<b>TOTAL INCOME AND ENDOWMENTS</b>		-	<b>601,331</b>	<b>8,680,773</b>	<b>9,282,104</b>	<b>12,660,789</b>
<b>EXPENDITURE ON:</b>						
Raising funds	9	-	-	3,016,972	3,016,972	3,908,733
Charitable activities		-	1,307,121	5,123,245	6,430,366	6,695,754
<b>TOTAL EXPENDITURE</b>		-	<b>1,307,121</b>	<b>8,140,217</b>	<b>9,447,338</b>	<b>10,604,487</b>
<b>NET (EXPENDITURE)/INCOME BEFORE NET GAINS/(LOSSES) ON INVESTMENTS</b>						
		-	(705,790)	540,556	(165,234)	2,056,302
Net gains/(losses) on investments		-	347,288	585,116	932,404	(640,075)
<b>NET (EXPENDITURE)/INCOME</b>						
		-	(358,502)	1,125,672	767,170	1,416,227
Transfers between funds	20	-	245,574	(245,574)	-	-
<b>NET MOVEMENT IN FUNDS</b>		-	<b>(112,928)</b>	<b>880,098</b>	<b>767,170</b>	<b>1,416,227</b>

**HOSPISCARE  
(A COMPANY LIMITED BY GUARANTEE)**

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND  
EXPENDITURE ACCOUNT) (CONTINUED)  
FOR THE YEAR ENDED 31 MARCH 2021**

	Endowment funds 2021 £	Restricted funds 2021 £	Unrestricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
<b>RECONCILIATION OF FUNDS:</b>					
Total funds brought forward	20,000	2,785,554	9,117,410	11,922,964	10,506,737
Net movement in funds	-	(112,928)	880,098	767,170	1,416,227
<b>TOTAL FUNDS CARRIED FORWARD</b>	<b>20,000</b>	<b>2,672,626</b>	<b>9,997,508</b>	<b>12,690,134</b>	<b>11,922,964</b>

The Consolidated statement of financial activities includes all gains and losses recognised in the year.

The notes on pages 30 to 55 form part of these financial statements.

**HOSPISCARE**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**REGISTERED NUMBER:02164215**

**CONSOLIDATED BALANCE SHEET**  
**AS AT 31 MARCH 2021**

	Note	2021 £	2020 £
<b>FIXED ASSETS</b>			
Tangible assets	14	4,784,336	4,969,744
Investments	16	5,759,645	4,897,008
Investment property	15	370,000	283,838
		<u>10,913,981</u>	<u>10,150,590</u>
<b>CURRENT ASSETS</b>			
Stocks		12,786	18,474
Debtors	17	1,043,230	915,251
Cash at bank and in hand		1,632,908	1,581,885
		<u>2,688,924</u>	<u>2,515,610</u>
Creditors: amounts falling due within one year	18	(742,056)	(606,791)
<b>NET CURRENT ASSETS</b>		<u>1,946,868</u>	<u>1,908,819</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>12,860,849</u>	<u>12,059,409</u>
Provisions for liabilities		(170,715)	(136,445)
<b>TOTAL NET ASSETS</b>		<u><u>12,690,134</u></u>	<u><u>11,922,964</u></u>
<b>CHARITY FUNDS</b>			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,672,626	2,785,554
Unrestricted funds	20	9,997,508	9,117,410
<b>TOTAL FUNDS</b>		<u><u>12,690,134</u></u>	<u><u>11,922,964</u></u>

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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



**HM Enright**  
 (Interim Chair of Trustees)

The notes on pages 30 to 55 form part of these financial statements.

**HOSPISCARE**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**REGISTERED NUMBER:02164215**

**CHARITY BALANCE SHEET**  
**FOR THE YEAR ENDED 31 MARCH 2021**

	Note	2021 £	2020 £
<b>FIXED ASSETS</b>			
Tangible assets	14	4,681,391	4,832,848
Investments	16	5,869,647	5,007,010
Investment property	15	370,000	283,838
		<u>10,921,038</u>	<u>10,123,696</u>
<b>CURRENT ASSETS</b>			
Stocks		-	574
Debtors	17	1,142,525	990,991
Cash at bank and in hand		1,305,423	1,175,231
		<u>2,447,948</u>	<u>2,166,796</u>
Creditors: amounts falling due within one year	18	(675,064)	(491,865)
		<u>1,772,884</u>	<u>1,674,931</u>
<b>NET CURRENT ASSETS</b>		<b>1,772,884</b>	<b>1,674,931</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>12,693,922</b>	<b>11,798,627</b>
<b>TOTAL NET ASSETS</b>		<b>12,693,922</b>	<b>11,798,627</b>
<b>CHARITY FUNDS</b>			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,586,464	2,785,554
Unrestricted funds	20	10,087,458	8,993,073
		<u>12,693,922</u>	<u>11,798,627</u>
<b>TOTAL FUNDS</b>		<b>12,693,922</b>	<b>11,798,627</b>

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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



**HM Enright**  
 (Interim Chair of Trustees)

The notes on pages 30 to 55 form part of these financial statements.

**HOSPISCARE**  
**(A COMPANY LIMITED BY GUARANTEE)**

**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

	2021 £	2020 £
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net cash used in operating activities	4,014	(737,363)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Dividends, interests and rents from investments	139,573	96,433
Purchase of tangible fixed assets	(73,748)	(200,851)
Loss on sale of tangible fixed assets	8,015	-
Proceeds from sale of investments	163,460	1,542,349
Purchase of investments	(190,291)	(1,405,161)
<b>NET CASH PROVIDED BY INVESTING ACTIVITIES</b>	<b>47,009</b>	<b>32,770</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Cash on transfer of donated assets	-	473,558
<b>NET CASH PROVIDED BY FINANCING ACTIVITIES</b>	<b>-</b>	<b>473,558</b>
<b>CHANGE IN CASH AND CASH EQUIVALENTS IN THE YEAR</b>	<b>51,023</b>	<b>(231,035)</b>
Cash and cash equivalents at the beginning of the year	1,581,885	1,812,920
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	<b>1,632,908</b>	<b>1,581,885</b>

The notes on pages 30 to 55 form part of these financial statements

**HOSPISCARE  
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**1. GENERAL INFORMATION**

The charity is a company limited by guarantee, incorporated in England in the United Kingdom. Its registered office is Searle House, Dryden Road, Exeter, EX2 5JJ. The members of the company are the Trustees names on page 1. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

**2. ACCOUNTING POLICIES**

**2.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS**

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

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

The Consolidated statement of financial activities (SOFA) and Consolidated balance sheet consolidate the financial statements of the Group and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

The Group has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of financial activities in these financial statements.

**2.2 GOING CONCERN**

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might affect the ability of the Charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The Trustees have made appropriate enquiries and have considered the impact of the COVID-19 pandemic on income, expenditure and reserves in the period to 31 March 2021. In particular, they have considered the severe curtailment of traditional fundraising activities due to government restrictions and the impact on net income. This information and experience has been used to inform the forecasts for the forthcoming year and beyond. As a result, the Trustees have a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. The Charity therefore continues to adopt the going concern basis in preparing its financial statements.

**2. ACCOUNTING POLICIES (continued)**

**2.3 FUND ACCOUNTING**

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

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Group for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

**2.4 INCOME**

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

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

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

Income from grants is included in incoming resources when receivable. When donors specify that grants are for a particular restricted purpose, which do not amount to pre-conditions regarding entitlement, this income is included in incoming resources within restricted funds when receivable.

When income is received in advance of delivering the service it is deferred until the Trust is entitled to that income.

Investment income is brought into the accounts when it is received.

Lottery income is accounted for based on the date of the lottery for which the ticket has been purchased.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**2. ACCOUNTING POLICIES (continued)**

**2.5 EXPENDITURE**

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Group to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Group's objectives, as well as any associated support costs.

All expenditure is inclusive of irrecoverable VAT.

**2.6 INTEREST RECEIVABLE**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Group; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

**2.7 TANGIBLE FIXED ASSETS AND DEPRECIATION**

Tangible fixed assets costing £2,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

At each reporting date the Charity assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined to be the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following bases:

Freehold Buildings	- 2% straight line
Leasehold Land & Buildings	- 2% straight line or over the term of the lease
Plant and machinery	- 20% straight line
Motor Vehicles	- 20% straight line
Equipment, Fixtures & Fittings	- 15-33% straight line

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**2. ACCOUNTING POLICIES (continued)**

**2.8 INVESTMENTS**

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'Gains/(Losses) on investments' in the Consolidated statement of financial activities.

Investments in subsidiaries are valued at cost less provision for impairment.

**2.9 STOCKS**

Stocks are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. Cost is based on the cost of purchase on a weighted average basis. Work in progress and finished goods include labour and attributable overheads.

At each reporting date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in profit or loss.

FRS 102 recommends that goods donated for resale are valued. However, estimating the fair value of donated goods for resale is impractical for the company because of the high level of low value items received. The directors have therefore determined that no meaningful valuation can be made and no value has been assigned to the stock of donated goods.

**2.10 DEBTORS**

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

**2.11 CASH AT BANK AND IN HAND**

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

**2.12 LIABILITIES**

Liabilities and provisions are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Consolidated statement of financial activities as a finance cost.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**2. ACCOUNTING POLICIES (continued)**

**2.13 FINANCIAL INSTRUMENTS**

The Group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

**2.14 PENSIONS**

All staff who are eligible to remain within the NHS Pension Scheme do so. The NHS Pension Scheme is an unfunded, multi-employer defined benefit pension scheme. The company, like similar employers in this sector, is unable to identify its share of the underlying assets and liabilities in the scheme and therefore, as required by FRS 102, accounts for this scheme as if it was a defined contribution scheme. Contributions are paid to the scheme by the group and by employees.

Additionally the group operates a further defined contribution pension scheme for other regular staff. The pension charge represents the amounts payable by the group to the fund in respect of the year.

**3. CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGMENT**

In the application of the group's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

**Useful economic lives of tangible assets**

The annual depreciation charge is sensitive to any changes in the estimated useful life and residual values of tangible assets. The useful economic lives and residual value is assessed on an annual basis and are amended only when evidence shows a change in the estimated economic lives or residual life. Criteria used to assess the economic life and residual value includes technological advancement, economic utilisation, physical condition of the asset and future investments.

**Dilapidations**

The dilapidation provision is assessed on a lease-by-lease basis, calculated as a proportion of the annual rent in light of previous experience of actual dilapidation costs. The provision accrues over the term of the lease.

**HOSPISCARE  
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS  
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**4. INCOME FROM DONATIONS AND LEGACIES**

	Restricted funds 2021 £	Unrestricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
Transfer of assets	-	-	-	2,782,307
Donations and fundraising	23,692	1,046,854	<b>1,070,546</b>	1,311,445
Legacies	115,793	1,177,970	<b>1,293,763</b>	1,414,836
Grants	322,832	194,638	<b>517,470</b>	666,674
Gift Aid	-	164,222	<b>164,222</b>	112,469
<b>TOTAL 2021</b>	<u>462,317</u>	<u>2,583,684</u>	<u><b>3,046,001</b></u>	<u>6,287,731</u>
<b>TOTAL 2020</b>	<u>3,220,085</u>	<u>3,067,646</u>	<u>6,287,731</u>	

**5. INCOME FROM CHARITABLE ACTIVITIES**

	Restricted funds 2021 £	Unrestricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
Education	-	118,701	<b>118,701</b>	141,627
NEW Devon CCG	-	1,197,960	<b>1,197,960</b>	1,191,293
Health System Led Investment	75,000	-	<b>75,000</b>	6,667
Coastal Towns Homecare Services	-	747,056	<b>747,056</b>	1,127,718
Primary Care Grant	-	-	-	100,000
Continuing Health Care Funding	-	22,610	<b>22,610</b>	-
<b>TOTAL 2021</b>	<u>75,000</u>	<u>2,086,327</u>	<u><b>2,161,327</b></u>	<u>2,567,305</u>
<b>TOTAL 2020</b>	<u>106,667</u>	<u>2,460,638</u>	<u>2,567,305</u>	

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**6. INCOME FROM OTHER TRADING ACTIVITIES**

**Income from non charitable trading activities**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Hospiscare Shops	936,497	<b>936,497</b>	2,757,015
Lottery	599,974	<b>599,974</b>	662,874
	<u>1,536,471</u>	<u><b>1,536,471</b></u>	<u>3,419,889</u>
TOTAL 2020	<u>3,419,889</u>	<u><b>3,419,889</b></u>	

**7. INVESTMENT INCOME**

	<b>Restricted funds 2021 £</b>	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Rental income	14,644	-	<b>14,644</b>	4,542
Income on investments	49,370	74,495	<b>123,865</b>	89,303
Income on cash deposits	-	1,064	<b>1,064</b>	2,588
	<u>64,014</u>	<u>75,559</u>	<u><b>139,573</b></u>	<u>96,433</u>
TOTAL 2020	<u>30,463</u>	<u>65,970</u>	<u><b>96,433</b></u>	

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**8. OTHER INCOME**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Government grants and insurance claims receivable relating to COVID-19	2,355,964	<b>2,355,964</b>	240,000
Catering income	7,800	<b>7,800</b>	19,098
Renewable energy income	30,045	<b>30,045</b>	22,749
Property insurance income	4,923	<b>4,923</b>	7,584
	<u>2,398,732</u>	<u><b>2,398,732</b></u>	<u>289,431</u>
<b>TOTAL 2020</b>	<u>289,431</u>	<u>289,431</u>	

**9. EXPENDITURE ON RAISING FUNDS**

**Costs of raising voluntary income**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Income from donations and legacies - direct costs	180,029	<b>180,029</b>	189,990
Income from donations and legacies - direct costs - wages and salaries	369,892	<b>369,892</b>	374,419
Income from donations and legacies - direct costs - NI	31,199	<b>31,199</b>	32,011
Income from donations and legacies - direct costs - pension costs	23,849	<b>23,849</b>	25,239
Support costs - fundraising	250,705	<b>250,705</b>	244,711
<b>TOTAL 2021</b>	<u>855,674</u>	<u><b>855,674</b></u>	<u>866,370</u>
<b>TOTAL 2020</b>	<u>866,370</u>	<u>866,370</u>	

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**9. EXPENDITURE ON RAISING FUNDS (CONTINUED)**

Other trading expenses

	Unrestricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
Hospiscare Shops expenditure	848,598	<b>848,598</b>	1,230,251
Lottery expenditure	126,814	<b>126,814</b>	282,987
Staff costs	1,143,006	<b>1,143,006</b>	1,484,682
Hospiscare Shops depreciation	42,695	<b>42,695</b>	44,443
Administration expenses	185	<b>185</b>	-
<b>TOTAL 2021</b>	<u>2,161,298</u>	<u><b>2,161,298</b></u>	<u>3,042,363</u>
<b>TOTAL 2020</b>	<u>3,042,363</u>	<u>3,042,363</u>	

Staff costs are made up of £1,069,649 (2020: £1,403,798) attributable to Hospiscare Shops expenditure and £73,357 (2020: £80,884) attributable to Lottery expenditure.

Costs of raising voluntary income £855,674 and other trading expenses £2,161,298 total £3,016,972 (2020: £3,908,733).

**10. ANALYSIS OF EXPENDITURE BY ACTIVITIES**

	Activities undertaken directly 2021 £	Support costs 2021 £	Total funds 2021 £	Total funds 2020 £
In Patient Unit	2,325,278	890,432	<b>3,215,710</b>	3,264,628
Community Nursing Services	2,086,862	838,504	<b>2,925,366</b>	2,949,346
Day Care Services	105,003	95,095	<b>200,098</b>	304,600
Education	44,672	44,520	<b>89,192</b>	177,180
	<u>4,561,815</u>	<u>1,868,551</u>	<u><b>6,430,366</b></u>	<u>6,695,754</u>
<b>TOTAL 2020</b>	<u>4,845,593</u>	<u>1,850,161</u>	<u>6,695,754</u>	

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**10. ANALYSIS OF EXPENDITURE BY ACTIVITIES (CONTINUED)**

**Analysis of direct costs**

	In Patient Unit 2021 £	Community Nursing Service 2021 £	Day Care Services 2021 £	Education 2021 £	Total funds 2021 £	Total funds 2020 £
Staff costs	2,066,810	1,899,859	27,269	21,527	4,015,465	3,985,530
Medical Supplies	43,674	1,505	393	-	45,572	38,229
Bank Staff	88,120	75,087	12,366	667	176,240	276,574
Travel Expenses	1,854	42,970	-	407	45,231	98,883
Other Direct Costs	101,584	66,156	39,971	6,272	213,983	359,816
Administration & Overheads	23,236	1,285	25,004	15,799	65,324	86,561
	<u>2,325,278</u>	<u>2,086,862</u>	<u>105,003</u>	<u>44,672</u>	<u>4,561,815</u>	<u>4,845,593</u>
<b>TOTAL 2020</b>	<u>2,374,090</u>	<u>2,126,638</u>	<u>211,304</u>	<u>133,561</u>	<u>4,845,593</u>	

**Analysis of support costs**

	In Patient Unit 2021 £	Community Nursing Service 2021 £	Day Care Services 2021 £	Education 2021 £	Total funds 2021 £	Total funds 2020 £
Staff costs	532,195	501,193	56,836	26,573	1,116,797	988,813
Depreciation	86,890	81,829	9,280	4,399	182,398	195,381
Administration & Overheads	254,852	240,007	27,217	12,725	534,801	620,181
Catering	8,800	8,228	940	439	18,407	35,171
Governance	7,695	7,247	822	384	16,148	10,615
	<u>890,432</u>	<u>838,504</u>	<u>95,095</u>	<u>44,520</u>	<u>1,868,551</u>	<u>1,850,161</u>
<b>TOTAL 2020</b>	<u>890,538</u>	<u>822,708</u>	<u>93,296</u>	<u>43,619</u>	<u>1,850,161</u>	

Support costs are allocated based on staff numbers.

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**11. AUDITORS' REMUNERATION**

	2021 £	2020 £
Fees payable to the Charity's auditor for the audit of the Charity's annual accounts	8,000	7,075
Fees payable to the Charity's auditor in respect of: The audit of the annual account of the charity's subsidiary undertakings	<u>5,400</u>	<u>4,575</u>

**12. STAFF COSTS**

	Group 2021 £	Group 2020 £	Charity 2021 £	Charity 2020 £
Wages and salaries	5,836,245	5,988,246	4,871,231	4,721,451
Social security costs	516,475	534,430	462,103	458,004
Pension costs	497,329	500,688	447,186	440,111
	<u>6,850,049</u>	<u>7,023,364</u>	<u>5,780,520</u>	<u>5,619,566</u>

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

	Group 2021 No.	Group 2020 No.	Charity 2021 No.	Charity 2020 No.
Doctors	10	7	10	7
Nurses	76	91	76	91
Health care assistants	22	26	22	26
Care managers	8	1	8	1
Chaplain	-	1	-	1
Volunteer co-ordinators	1	2	1	2
Fundraising staff	24	19	24	19
Administration	21	34	21	34
Trading	70	82	-	-
Lottery	4	3	4	3
Complementary therapies	2	3	2	3
Catering/cleaning	17	13	17	13
Education	5	4	5	4
	<u>260</u>	<u>286</u>	<u>190</u>	<u>204</u>

**HOSPISCARE**  
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**12. STAFF COSTS (CONTINUED)**

The average headcount expressed as full-time equivalents was:

	<b>Group</b> <b>2021</b> <b>No.</b>	Group 2020 No.	<b>Charity</b> <b>2021</b> <b>No.</b>	Charity 2020 No.
Employees	<b>181</b>	205	<b>130</b>	140

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	<b>Group</b> <b>2021</b> <b>No.</b>	Group 2020 No.
In the band £60,001 - £70,000	<b>5</b>	3
In the band £70,001 - £80,000	<b>2</b>	-
In the band £80,001 - £90,000	-	1
In the band £90,001 - £100,000	<b>1</b>	1
In the band £100,001 - £110,000	<b>1</b>	-

Key management personnel of the parent charity and group comprises the trustees and senior management team. The senior management team consists of the Chief Executive, the Finance Director, the Director of Care, the Director of Estates and Facilities, the Director of Income Generation, the Director of Workforce Development and the Head of Governance and Data Protection. The total employee benefits (including employer pension contributions and employer national insurance contributions) of the key management personnel were £519,323. (2020: £500,024). Although Trustees are within the definition of key management personnel, none of the remuneration reported relates to them.

**13. TRUSTEES' REMUNERATION AND EXPENSES**

During the year, no Trustees received any remuneration or other benefits (2020 - £NIL).

During the year ended 31 March 2021, expenses totalling £NIL were reimbursed or paid directly to the Trustees (2020: £719).

During the year, the total amount of donations received from the Trustees without restriction were £1,735 (2020: £2,812).

**HOSPISCARE**  
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**14. TANGIBLE FIXED ASSETS**

**GROUP**

	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and fittings £	Total £
<b>COST OR VALUATION</b>							
At 1 April 2020	2,294,976	3,828,760	-	295,752	31,050	1,121,011	7,571,549
Additions	-	-	9,725	15,200	-	48,823	73,748
Disposals	-	-	-	-	-	(11,450)	(11,450)
At 31 March 2021	<u>2,294,976</u>	<u>3,828,760</u>	<u>9,725</u>	<u>310,952</u>	<u>31,050</u>	<u>1,158,384</u>	<u>7,633,847</u>
<b>DEPRECIATION</b>							
At 1 April 2020	260,473	1,403,356	-	239,038	19,397	679,541	2,601,805
Charge for the year	38,627	61,010	-	21,940	3,210	126,354	251,141
On disposals	-	-	-	-	-	(3,435)	(3,435)
At 31 March 2021	<u>299,100</u>	<u>1,464,366</u>	<u>-</u>	<u>260,978</u>	<u>22,607</u>	<u>802,460</u>	<u>2,849,511</u>
<b>NET BOOK VALUE</b>							
At 31 March 2021	<u><u>1,995,876</u></u>	<u><u>2,364,394</u></u>	<u><u>9,725</u></u>	<u><u>49,974</u></u>	<u><u>8,443</u></u>	<u><u>355,924</u></u>	<u><u>4,784,336</u></u>
At 31 March 2020	<u><u>2,034,503</u></u>	<u><u>2,425,404</u></u>	<u><u>-</u></u>	<u><u>56,714</u></u>	<u><u>11,653</u></u>	<u><u>441,470</u></u>	<u><u>4,969,744</u></u>

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14. TANGIBLE FIXED ASSETS (CONTINUED)

GROUP (CONTINUED)

CHARITY

	Freehold property £	Long-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and fittings £	Total £
<b>COST OR VALUATION</b>						
At 1 April 2020	2,294,976	3,796,040	295,752	31,050	832,203	7,250,021
Additions	-	-	15,200	-	41,789	56,989
At 31 March 2021	<u>2,294,976</u>	<u>3,796,040</u>	<u>310,952</u>	<u>31,050</u>	<u>873,992</u>	<u>7,307,010</u>
<b>DEPRECIATION</b>						
At 1 April 2020	260,473	1,371,768	239,038	19,397	526,497	2,417,173
Charge for the year	38,627	59,838	21,940	3,210	84,831	208,446
At 31 March 2021	<u>299,100</u>	<u>1,431,606</u>	<u>260,978</u>	<u>22,607</u>	<u>611,328</u>	<u>2,625,619</u>
<b>NET BOOK VALUE</b>						
At 31 March 2021	<u>1,995,876</u>	<u>2,364,434</u>	<u>49,974</u>	<u>8,443</u>	<u>262,664</u>	<u>4,681,391</u>
At 31 March 2020	<u>2,034,503</u>	<u>2,424,272</u>	<u>56,714</u>	<u>11,653</u>	<u>305,706</u>	<u>4,832,848</u>

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**15. INVESTMENT PROPERTY**

**Group**

	<b>Freehold investment property £</b>
<b>VALUATION</b>	
At 1 April 2020	283,838
Surplus on revaluation	86,162
At 31 March 2021	<u>370,000</u>

**Charity**

	<b>Freehold investment property £</b>
<b>VALUATION</b>	
At 1 April 2020	283,838
Surplus on revaluation	86,162
At 31 March 2021	<u>370,000</u>

**VALUATION**

All investments are stated at market value at the year end based on market assessments by estate agents.

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**16. FIXED ASSET INVESTMENTS**

<b>Group</b>	<b>Listed investments £</b>
<b>COST OR VALUATION</b>	
At 1 April 2020	4,897,008
Additions	190,291
Disposals	(163,460)
Revaluations	835,806
<b>AT 31 MARCH 2021</b>	<b>5,759,645</b>
<b>NET BOOK VALUE</b>	
<b>AT 31 MARCH 2021</b>	<b>5,759,645</b>
AT 31 MARCH 2020	4,897,008

<b>Charity</b>	<b>Investments in subsidiary companies £</b>	<b>Listed investments £</b>	<b>Total £</b>
<b>COST OR VALUATION</b>			
At 1 April 2020	110,002	4,897,008	5,007,010
Additions	-	190,291	190,291
Disposals	-	(163,460)	(163,460)
Revaluations	-	835,806	835,806
<b>AT 31 MARCH 2021</b>	<b>110,002</b>	<b>5,759,645</b>	<b>5,869,647</b>
<b>NET BOOK VALUE</b>			
<b>AT 31 MARCH 2021</b>	<b>110,002</b>	<b>5,759,645</b>	<b>5,869,647</b>
AT 31 MARCH 2020	110,002	4,897,008	5,007,010

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**16. FIXED ASSET INVESTMENTS (CONTINUED)**

**PRINCIPAL SUBSIDIARIES**

The following were subsidiary undertakings of the Charity:

<b>Names</b>	<b>Company number</b>	<b>Included in consolidation</b>	<b>Holding</b>
Hospiscare (Shops) Limited	02201730	Yes	100%
Hospiscare Exmouth & Lypstone	02927336	Yes	100%

The financial results of the subsidiary for the year were:

<b>Name</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Profit/(Loss) / Surplus/ (Deficit) for the year £</b>	<b>Net assets £</b>
Hospiscare (Shops) Limited	1,888,739	(2,016,864)	(128,125)	106,214

In the prior year Hospiscare Exmouth and Lypstone merged with Hospiscare and all operations, assets and liabilities of that charity were transferred to Hospiscare. Accordingly, after the date of the merger, there has been no income or expenditure recognised by Hospiscare Exmouth and Lypstone and its net assets at the year-end were nil.

**17. DEBTORS**

	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
<b>DUE WITHIN ONE YEAR</b>				
Trade debtors	237,492	76,119	245,909	96,208
Amounts owed by group undertakings	-	-	445,324	423,029
Other debtors	363,235	106,099	47,197	7,893
Prepayments and accrued income	442,503	733,033	404,095	463,861
	<b>1,043,230</b>	<b>915,251</b>	<b>1,142,525</b>	<b>990,991</b>

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**18. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
Trade creditors	368,975	199,393	341,647	134,103
Other taxation and social security	122,115	130,938	111,406	113,503
Other creditors	91,734	98,602	62,779	66,401
Accruals and deferred income	159,232	177,858	159,232	177,858
	<u>742,056</u>	<u>606,791</u>	<u>675,064</u>	<u>491,865</u>
	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
<b>Deferred income</b>				
Deferred income at 1 April 2020	32,269	-	32,269	-
Resources deferred during the year	-	92,217	-	92,217
Amounts released from previous periods	(21,210)	(59,948)	(21,210)	(59,948)
	<u>11,059</u>	<u>32,269</u>	<u>11,059</u>	<u>32,269</u>

Deferred income relates to lottery tickets sold in advance.

**19. PROVISIONS**

**Group and Charity**

	<b>Dilapidations £</b>
At 1 April 2020	136,445
Additions	34,270
	<u>170,715</u>

**DILAPIDATIONS**

The dilapidations provision is based on the future expected repair costs required to restore the leased buildings to their fair condition at the end of their respective lease terms.

The Charity itself has no provision for dilapidations.

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**20. STATEMENT OF FUNDS**

**STATEMENT OF FUNDS - CURRENT YEAR**

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2021 £
<b>UNRESTRICTED FUNDS</b>						
<b>DESIGNATED FUNDS</b>						
Capital	4,573,062	-	(393,664)	208,256	-	4,387,654
Stability & working capital	-	-	-	3,000,000	-	3,000,000
Property	533,500	-	-	(533,500)	-	-
Legacy reserve	500,000	-	-	(500,000)	-	-
COVID-19 reserve	1,500,000	-	-	300,000	-	1,800,000
	<u>7,106,562</u>	<u>-</u>	<u>(393,664)</u>	<u>2,474,756</u>	<u>-</u>	<u>9,187,654</u>
<b>GENERAL FUNDS</b>						
General reserves	2,010,848	8,680,773	(7,746,553)	(2,720,330)	585,116	809,854
<b>TOTAL UNRESTRICTED FUNDS</b>	<u>9,117,410</u>	<u>8,680,773</u>	<u>(8,140,217)</u>	<u>(245,574)</u>	<u>585,116</u>	<u>9,997,508</u>
<b>ENDOWMENT FUNDS</b>						
Endowment Funds	<u>20,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>20,000</u>

On 1 April 2009, under an arrangement agreed with the Charity Commission, the activities, assets and liabilities of a separate charity were merged with Hospiscare. £20,000 represents the permanent endowment capital. Income arising therefore is unrestricted.

**RESTRICTED FUNDS**

Medical Research fund	60,346	7,251	(4,105)	-	-	63,492
Dementia Project	-	20,000	(20,000)	-	-	-
Primary Care Grant - Palliative & End of Life Care	-	75,000	(75,000)	-	-	-
Healthy Aging Project	-	58,700	(58,700)	-	-	-

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**20. STATEMENT OF FUNDS (CONTINUED)**

**STATEMENT OF FUNDS - CURRENT YEAR (continued)**

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2021 £
Early referral research fund	47,940	-	-	-	-	47,940
Hospiscare Exmouth and Lypstone	2,447,537	117,878	(641,428)	-	347,288	2,271,275
Legacies	229,016	79,370	(308,386)	-	-	-
Other restricted funds	715	-	(715)	-	-	-
LGBT+ Project	-	24,055	(2,620)	-	-	21,435
Fundraising - Pine Lodge	-	8,814	(8,814)	-	-	-
Fundraising - Searle House	-	17,880	(17,880)	-	-	-
Fundraising - Kings House	-	18,603	(18,603)	-	-	-
Fundraising - Other	-	153,680	(150,870)	-	-	2,810
Hospicare @ Home	-	20,100	-	245,574	-	265,674
	<u>2,785,554</u>	<u>601,331</u>	<u>(1,307,121)</u>	<u>245,574</u>	<u>347,288</u>	<u>2,672,626</u>
<b>TOTAL OF FUNDS</b>	<u><u>11,922,964</u></u>	<u><u>9,282,104</u></u>	<u><u>(9,447,338)</u></u>	<u><u>-</u></u>	<u><u>932,404</u></u>	<u><u>12,690,134</u></u>

**HOSPISCARE  
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**20. STATEMENT OF FUNDS (CONTINUED)**

**Designated funds**

Capital

This fund represents the net book value of the tangible fixed assets employed by the group, excluding those held in restricted funds.

Stability and working capital

This fund was established during the year and includes the opening legacy fund (£500,000) and amounts previously identified within free reserves as 'core' (£1,600,000) and 'stability' (£667,000) but not designated. The fund is intended to provide a buffer for working capital requirements and against unexpected shortfalls in fundraising and legacy income and falls in the value of investments.

Property

This fund was intended to be used for future property expenditure but has been released as no major expenditure is now anticipated in the medium-term.

Legacy reserve

This fund was intended to reduce the impact of volatile legacy income on general reserves. It has now been absorbed into the stability and working capital fund.

COVID-19 reserve

This fund is intended to be used to finance anticipated deficits in the next two financial years (2020 – 18 months), as the charity recovers from the impact of COVID-19.

General reserves

This fund represents the free reserves of the charity and are available for general use.

**Restricted funds**

Exmouth & Lympstone Hospiscare

This fund represents the net assets remaining following the transfer of assets from Exmouth & Lympstone Hospiscare in 2019 and includes income and gains from the underlying assets. The fund will be used to meet the costs of palliative care for persons terminally ill in the Exmouth and Lympstone area and to support those patients and their families.

Hospiscare @ Home

This fund is to support the charity's plans to roll-out the service in the Mid-Devon area. During the year it was identified that income in the previous year for this restricted purpose was included within the general fund and a transfer has been made to reflect this.

Other restricted funds

These funds are held in respect of separately identified short-term projects, which are being undertaken or about to commence.

**STATEMENT OF FUNDS - PRIOR YEAR**

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2020 £
<b>UNRESTRICTED FUNDS</b>						
<b>DESIGNATED FUNDS</b>						
Capital	4,637,826	-	(265,615)	200,851	-	4,573,062

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**20. STATEMENT OF FUNDS (CONTINUED)**

**STATEMENT OF FUNDS - PRIOR YEAR (CONTINUED)**

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2020 £
Designated property fund	533,500	-	-	-	-	533,500
Hospiscare@Home	650,000	-	-	(650,000)	-	-
Legacy reserve	500,000	-	-	-	-	500,000
COVID-19 reserve	-	-	-	1,500,000	-	1,500,000
	<u>6,321,326</u>	<u>-</u>	<u>(265,615)</u>	<u>1,050,851</u>	<u>-</u>	<u>7,106,562</u>
<b>GENERAL FUNDS</b>						
General reserves	<u>3,736,294</u>	<u>9,303,574</u>	<u>(9,591,591)</u>	<u>(1,050,851)</u>	<u>(386,578)</u>	<u>2,010,848</u>
<b>TOTAL UNRESTRICTED FUNDS</b>	<u>10,057,620</u>	<u>9,303,574</u>	<u>(9,857,206)</u>	<u>-</u>	<u>(386,578)</u>	<u>9,117,410</u>
<b>ENDOWMENT FUNDS</b>						
Endowment Funds	<u>20,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>20,000</u>
<b>RESTRICTED FUNDS</b>						
Health System Led Investment	123,000	-	(123,000)	-	-	-
Medical Research fund	58,177	13,047	(10,878)	-	-	60,346
The Patrick and Marylla Tozer Fund	200,000	-	(200,000)	-	-	-
Early referral research fund	47,940	-	-	-	-	47,940
Other restricted funds	-	92,841	(92,126)	-	-	715
Hospiscare Exmouth & Lympstone	-	2,852,261	(151,227)	-	(253,497)	2,447,537
Primary care grant	-	100,000	(100,000)	-	-	-
Dementia project	-	46,050	(46,050)	-	-	-
IPU beds appeal	-	24,000	(24,000)	-	-	-
Legacies	-	229,016	-	-	-	229,016

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**20. STATEMENT OF FUNDS (CONTINUED)**

**STATEMENT OF FUNDS - PRIOR YEAR (CONTINUED)**

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2020 £
	429,117	3,357,215	(747,281)	-	(253,497)	2,785,554
<b>TOTAL OF FUNDS</b>	<b>10,506,737</b>	<b>12,660,789</b>	<b>(10,604,487)</b>	<b>-</b>	<b>(640,075)</b>	<b>11,922,964</b>

**21. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

**ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR**

	Endowment funds 2021 £	Restricted funds 2021 £	Unrestricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	-	396,682	4,387,654	<b>4,784,336</b>
Fixed asset investments	-	1,636,074	4,123,571	<b>5,759,645</b>
Investment property	-	370,000	-	<b>370,000</b>
Current assets	20,000	269,870	2,399,054	<b>2,688,924</b>
Creditors due within one year	-	-	(742,056)	<b>(742,056)</b>
Provisions for liabilities and charges	-	-	(170,715)	<b>(170,715)</b>
<b>TOTAL</b>	<b>20,000</b>	<b>2,672,626</b>	<b>9,997,508</b>	<b>12,690,134</b>

**ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR**

	Endowment funds 2020 £	Restricted funds 2020 £	Unrestricted funds 2020 £	Total funds 2020 £
Tangible fixed assets	-	396,682	4,573,062	4,969,744
Fixed asset investments	-	1,374,948	3,522,060	4,897,008
Investment property	-	283,838	-	283,838
Current assets	20,000	735,686	1,759,924	2,515,610
Creditors due within one year	-	(5,600)	(601,191)	(606,791)
Provisions for liabilities and charges	-	-	(136,445)	(136,445)
<b>TOTAL</b>	<b>20,000</b>	<b>2,785,554</b>	<b>9,117,410</b>	<b>11,922,964</b>

**HOSPISCARE**  
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**21. ANALYSIS OF NET ASSETS BETWEEN FUNDS (CONTINUED)**

**22. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES**

	Group 2021 £	Group 2020 £
Net income for the year (as per Statement of Financial Activities)	767,170	1,416,221
<b>ADJUSTMENTS FOR:</b>		
Depreciation charges	251,141	265,615
Gains/(losses) on investments	(921,968)	684,167
Dividends, interests and rents from investments	(139,573)	(96,433)
Decrease in stocks	5,688	876
Increase in debtors	(126,322)	(184,571)
Increase/(decrease) in creditors	167,878	(40,937)
Transfer in of donated assets	-	(2,782,307)
<b>NET CASH PROVIDED BY/(USED IN) OPERATING ACTIVITIES</b>	<b>4,014</b>	<b>(737,363)</b>

**23. ANALYSIS OF CASH AND CASH EQUIVALENTS**

	Group 2021 £	Group 2020 £
Cash in hand	1,632,908	1,581,885
<b>TOTAL CASH AND CASH EQUIVALENTS</b>	<b>1,632,908</b>	<b>1,581,885</b>

**24. ANALYSIS OF CHANGES IN NET DEBT**

	At 1 April 2020 £	Cash flows £	At 31 March 2021 £
Cash at bank and in hand	1,581,885	51,023	1,632,908
	<b>1,581,885</b>	<b>51,023</b>	<b>1,632,908</b>

**HOSPISCARE  
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**25. CONTINGENT ASSETS**

Bequests are not recognised until Hospiscare has entitlement to the funds, the amount can be quantified and there is probability of receipt. The estimated value of legacies, not included as income in these accounts and which have been notified but not received as at 31 March 2021 was £702,611 (2020: £514,203).

**26. PENSION COMMITMENTS**

The Group pays contributions to a defined contributions pension scheme. The assets of the scheme are held separately from those of the Group in an independently administered fund. The pension cost charge represents contributions payable by the Group to the fund and amounted to £259,238 (2020: £273,679). Contributions totalling £46,704 (2020: £30,008) were payable to the fund at the balance sheet date and are included in creditors.

Additionally, the Charity pays contributions to the NHS Pension Scheme. Although the scheme provides defined benefits to members, it is an unfunded multi employer scheme, with no ongoing liability for the Charity beyond the level of employer contributions specified by the Scheme. Accordingly it is accounted for as if it was a defined contribution scheme. The pension cost charge represents contributions payable by the Group to the fund and amounted to £238,091 (2020: £227,009). Contributions totalling £16,472 (2020: £40,452) were payable to the fund at the balance sheet date and are included in creditors.

**27. OPERATING LEASE COMMITMENTS**

At 31 March 2021 the Group and the Charity had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
Not later than 1 year	<b>314,060</b>	351,644	<b>302,485</b>	334,406
Later than 1 year and not later than 5 years	<b>846,307</b>	1,038,799	<b>846,307</b>	1,038,799
Later than 5 years	<b>164,428</b>	373,797	<b>164,428</b>	373,797
	<b><u>1,324,795</u></b>	<u>1,764,240</u>	<b><u>1,313,220</u></b>	<u>1,747,002</u>

**28. RELATED PARTY TRANSACTIONS**

The charity is taking advantage of the exemption allowed under FRS102 from the requirement of Section 33 "Related Party Disclosures" not to disclose related party transactions with members of the group. There are no other related party transactions other than those disclosed earlier. There were no amounts outstanding from any Trustee at the year end.

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**29. SUBSIDIARY**

Hospiscare (Shops) Limited

Subsidiary Name	Hospiscare (Shops) Limited
Company registration number	02201730
Basis of control	Subsidiary
Equity shareholding %	100%

Total assets as at 31 March 2021	828,520
Total liabilities as at 31 March 2021	(722,306)
Total Equity as at 31 March 2021	106,214

Turnover for the year ended 31 March 2021	1,888,739
Expenditure for the year ended 31 March 2021	(2,016,864)
Profit for the year ended 31 March 2021	(128,125)

