



The Mary Stevens Hospice  
Trustees and Directors Annual  
Report including consolidated  
audited financial statement for  
the year ending 31 March 2021

Care | Compassion | Kindness



# The Mary Stevens Hospice Limited Annual Report 2020/21 | Contents

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## A word from our Chair

I am pleased to present to you the Trustees' Annual Report. What a challenging year it has been. I don't recall a time in my working life, nor in my time at Mary Stevens which compares to the tumultuous year we have just experienced. To a large extent we are still experiencing the impact of the Covid pandemic which has impacted across our organisation as it has across the world, necessitating a new approach to the way we all work. I would like to thank everyone at the Hospice for their remarkable adaptability and the resilience they have shown in continuing to perform to the best of their abilities in such challenging circumstances. It is greatly appreciated by all.

The pandemic has constrained all of us in what we want to do and achieve, and we each have our own stories to tell. There are those who have been subject to furlough or worse, those who have found workloads increase, and new technology quickly adopted as we've embraced alternative ways of doing things. Zoom, Microsoft Teams and similar digital innovations have enabled the Trustees to continue meeting, ensuring good governance is maintained.

There have been many practical challenges to be managed including the relocation and reassignment of accommodation of the Inpatient area. The Board has agreed for the consolidation of the built environment to future proof and maximise the potential increase of service delivery.

Understanding equality, diversity and inclusion are key business drivers. We have been very successful in promoting and creating an inclusive culture where people can feel valued and safe.

We should also welcome change and prepare our staff to meet new challenging work regimes and take the opportunity to upskill our staff. Our collaboration with other agencies within the healthcare economy is assisting the formation of a strategy that compliments the emerging needs of the organisation, which in turn will hopefully

bring about a balance of economic change and stability and enhance our reputation and drive organic growth. The historic approach of qualify once, practice for life will fade from view.

Despite the financial challenges and the economic downturn which has affected our income from all fundraising streams, we are creating new and imaginative ways of engaging with the wider community, which is resulting in 'better-than-expected' donations. It is imperative that the Board encourage these initiatives to continue. I would also give my sincere thanks to all our loyal supporters. Their donations have enabled the organisation to continue to deliver outstanding care.

The report gives a clear insight to the past 12 months, and I wholeheartedly thank the Senior Leadership Team and the Trustees for their hard work and commitment.

**Peter Marsh**

*Chair of Trustees, The Mary Stevens Hospice*





## A word from the CEO

It gives me immense pleasure to present this report to you and share the challenges and successes that the Hospice has seen throughout this year.

During this reporting period the ability to generate income was negatively impacted and the future sustainability of the Hospice was critical. The sector worked tirelessly together with Hospice UK to ensure financial support from the Treasury. Although this report is written retrospectively to accompany the year end audited accounts it reflects how the challenges faced will inform future ways of generating income and collaborative working.

Mary Stevens Hospice serves a population of over 313,000 people and in line with our strategic aims we have continued to work collaboratively within the local healthcare economy to enhance the reach, effectiveness, and accessibility to our services.

The core values of the Hospice are care, compassion, and kindness and are intrinsic to all service delivery. During what has been one of the most challenging years in the history of the Hospice these values have not been waived. The adaptability, innovation, and dedication of all members of the Hospice team to maintain outstanding care delivery to patients, families and carers are reflected in the report. It is a privilege to work with such an outstanding team.

This year the initial priority for the Hospice senior leadership team was to ensure the safety of staff and patients whilst ensuring that service delivery was maintained. This necessitated temporary changes to the Hospice environment that will require permanent alteration over the next year. Their work then focused on critically addressing all areas of income generation including commissioning and developing new ways of working to assure ongoing financial sustainability.

Across this period Trustees have continued to focus on good governance. Looking forwards their priorities for the Hospice are to assess that we have addressed the diverse needs of our community and structured services to meet

them, improve upon our clinical models, the environment, and organisational processes and ensure financial sustainability.

I am confident that these plans will help us to maximise our income and improve our services, moving forward to equip us to reach more people in collaboration with our health care partners.

**Claire Towns**  
Matron/CEO



## Meet the Trustees

**Peter Marsh (Chair)** Peter's career spanned 44 yrs working in the N.H.S. managing Major Capital Development, the last 15yrs of which Peter was responsible for delivering non-medical facilities over multiple sites. Peter was appointed a Magistrate in 1997. He now chairs Fundraising Governance Committee.

**John Turner (Vice Chair)** Originally from Hereford, John obtained a degree in theoretical physics before qualifying as a chartered accountant, specialising in taxation, and subsequently becoming a partner in Deloitte. Formerly the treasurer of Stourbridge Tennis Club and a West Bromwich Albion season-ticket holder. He chairs the Finance and Resources Committee for The Mary Stevens Hospice.

**Brian Blakemore** Brian has over 40 years' experience in financial services covering Corporate Banking and Private Equity. He has a range of non-executive positions covering venture capital, corporate finance, private equity and online retail. Member and from 2020 Chair of Trading Board of Mary Stevens Hospice.

**Spencer Hodgson** Before retiring, Spencer had 30 years experience as a senior manager, gaining a mix of commercial, operational and administrative/financial experience gained across a range of industries and company sizes in the private and semi-public sectors. Spencer has been a fundraising volunteer for MSH and is a member of the Finance and Fundraising Governance Committees and a Director of The Lottery.

**Angus Lees** Strong commercial background and qualified to MBA standard. Cabinet Member at Dudley MBC holding the portfolio for the West Midlands Combined Authority. Member of the WMCA Overview & Scrutiny Committee, Housing & Land Board, Strategic Economic Development Board & Transport Development Committee. Previously worked within large corporations, and subsequently ran his own company for 11 years.

**Nigel Dace** Nigel worked as a solicitor in private practice for over 40 years, retiring in 2015. During the next year he became a Trustee of Mary Stevens Hospice and values considerably the high regard in which the Hospice is held within and beyond the Stourbridge community. He serves on Governance and Clinical Standards Committee.

**Steve Waltho MBE** Steve is a Dudley Councillor and former Mayor of Dudley with 21 years of public service to date for which, along with a lifetime of charity fundraising, he was awarded the MBE in 2018. He has also served on Health Boards in various capacities and currently serves on both the Fundraising and Trading Board Committees at MSH.

**David Martin** David is a Chartered Accountant with over 30 years of experience working as an accountant in industry and now in practice. Many of his clients are owners of SMEs who he helps to understand the numbers and this experience is proving to be invaluable in his roles as a Trustee of MSH and as a member of the Resources and Fundraising Governance Committees.

**Karen Shakespeare** *Karen has 25 years experience as a Customer Service Manager in the Manufacturing, Utility and Logistics industry. She has served as a Councillor on Dudley Council for the past 19 years, much of that time as the Cabinet Member for Environment.*

**Arthur Baker** Arthur was a senior Finance Director for an international construction company, followed by many years working for a leading London merchant bank. For the ten years prior to retirement he was Chief Executive of a UK Casino company. Arthur is a Director of Lottery, and now Chairs the Lottery Board.

**Dr Jane Flint-Bridgewater** Retired Consultant Cardiologist/Hon. Senior Lecturer; first Clinical Director of Black Country Cardiovascular Network 2003-2008; Trustee British Heart Foundation 2006-2014; Medical Director of Action Heart Prevention and CR Programme 1988-2020; ad hoc adviser to CQC, PHSO to March 2020. Chaired Clinical Standards Committee at MSH 2016 to date.

**Barbara Coles** Barbara is a retired teacher having worked for over forty years in Birmingham and Sandwell schools. Barbara had links with several hospices in past years and seeing the wonderful work they do, was keen to help in some way. Member of the Clinical Standards Committee.

**Andrew Bagnall** Andrew qualified from Guy's Hospital, London as a Registered General Nurse in 1993 and has worked in hospices in both Oxford and Wolverhampton throughout his career. Alongside his extensive clinical knowledge and experience, Andrew has delivered palliative and end of life training across all settings and presently works as a Senior Lecturer at the University of Wolverhampton teaching undergraduate to doctoral level students. As a Trustee at The Mary Stevens Hospice, Andrew is co-opted to the Clinical Standards Committee.

## Summary of Main Activities

At Mary Stevens Hospice we believe that people with progressive, incurable, life-shortening illness should be helped to live as fulfilling a life as possible until achieving a natural, peaceful and dignified death free from pain or anxiety and surrounded by those whom they love.

### Clinical

- Provide care, compassion and kindness for patients, families and carers from a consultant led, multi-disciplinary team.
- Aspire to be a centre of excellence in the provision of specialist palliative and end-of-life care which is safe, caring, effective and responsive to people's needs.
- Provide training and education to improve care at various stages along the patient journey.
- Sustain a diverse, adaptable, well-motivated team of volunteers to support service delivery.

### Fundraising

- Mary Stevens Hospice aims to minimise the cost of fundraising activities.
- To ensure we are making the best use of generous donations we benchmark different fundraising channels and techniques to ensure that they are competitive.
- We work hard to ensure that we can report back to our donors on the results and impacts that their giving achieves for the Hospice.

### Income Generation

- Develop a sustainable income generation model.
- Raise income ethically and in a responsible way.
- Develop an improved range of activities for the Trading subsidiary.
- Develop local fundraising support.
- Develop and implement a revised legacy strategy that encourages people to leave us a gift in their will.
- Recruit corporate supporters.
- Develop strong fundraising links with the local community.
- Promote membership of The Mary Stevens Hospice Lottery.

### Principal Risks and Uncertainties

The Trustees are acutely aware of the need to identify and assess the principal risks and uncertainties faced by the Hospice. A risk register is maintained and is reviewed at all meetings of Trustees. The register extends to 71 separate risks and assesses both the likelihood of a risk occurring and its consequence, enabling the relative significance to be determined. The risks cover clinical, financial and regulatory issues. The principal financial risks and the measures being adopted to minimise them are detailed elsewhere in this report. Risks are also minimised by appropriate training both in clinical areas but also regulatory areas. The impact of the Covid-19 pandemic has necessitated significant operational changes across all departments. Significant financial support from the Treasury was secured for the Hospice sector by Hospice UK which has mitigated negative financial impact on the Hospice. The senior leadership team and Trustees are focused on continued risk to the business as the pandemic creates future uncertainty.

### Our Fundraising Standards

We abide by the Fundraising Code of Practice which covers all aspects of fundraising and good practice. We work hard to protect our supporters' data, as well as evolving our systems to ensure that our supporters can choose how they would like to be contacted and with what types of communication. We have acted to ensure we are fully compliant with General Data Protection Regulations (GDPR 2016). The Hospice recognises its duty of care to members of the public and, in particular, to vulnerable persons. The Trustees have approved a Safeguarding Policy and all members of the Fundraising Department and all Trustees are DBS registered. Risk assessments are carried out for all the fundraising events, wherever held. The fundraising department received no formal complaints during the year.

### Success and Objectives

Our performance against key long-term objectives

#### Strategic Objectives

- To improve the effectiveness, quality, and accessibility of our services
- Become a consultant led service in accordance with national guidelines
- To collaborate within the local healthcare economy
- Further improve access to adult and child bereavement services
- To lead a piece of palliative care research

#### Successes

- Commencement of a 12-month pilot project to tackle inequalities that people with learning disabilities experience accessing palliative and end of life care.
- Approval for a qualitative research proposal in collaboration with local acute NHS Trust as part of the NHS Charities Together funding.
- Following completion of a pilot project, the Hospice team have launched a bespoke bereavement information hub for the wider community.
- Joint Palliative Medicine Consultant post commenced

#### Further Aims

- Deliver Hospice care within the community
- To ensure the Hospice is efficiently resourced and financed





## Success and Achievements

The following pages highlight the delivery of key projects during 2020 - 2021. Each of these projects has contributed towards the delivery of the Hospice strategic aims. Despite being constrained by the boundaries of the Covid-19 pandemic the team at the Hospice have continued to work at an outstanding level to ensure that patients, families, and carers needs have been met, which has allowed us to:

- Maximise the usage of our facilities by providing services tailored to needs.
- Improve the effectiveness, quality, and accessibility of the services provide by the Hospice.

- Be a mainstream provider to ensure the Mary Stevens Hospice is at the centre of palliative and end of life care in Dudley Metropolitan Borough.

- Establish The Mary Stevens Hospice as a provider of community-based services meeting the needs of the populations we serve.

Please note that some information is not included in the strategic report because it is included in the Directors' Report and vice-versa.









## Hospice care rated as Outstanding

**On the 24 April 2020, following an unannounced inspection from the Care Quality Commission the Hospice was awarded an Outstanding rating.**

Inspectors assessed patients' experiences of care and treatment by rating services based on whether they were safe, effective, caring, responsive to people's needs, and well led. The rating of the Hospice service improved from its 2016 rating of Good.

The Inspectors report included the following observations.

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patient's needs were constantly assessed and identified with treatments and opportunities aligned to their needs and wishes. Patients nearing the end of their life were encouraged to think about wish lists to allow the staff and those close to fulfil those that were possible.
- People's individual needs and preferences were central to the delivery of tailored services. The service had innovative ways to provide integrated

person-centred pathways. Services were flexible to meet patients' needs.

- The service took a proactive approach in understanding the needs and preferences of diverse groups of people and delivered care which met these needs. Staff made reasonable adjustments to meet the needs of patients, including those with protected characteristics.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and fully aligned to local plans within the wider health economy.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

### Outstanding practice

Inspectors highlighted the following areas of practice within the Hospice which contributed to the Hospice receiving its outstanding rating.

The Australian Karnofsky Performance Status (AKPS) and Integrated Palliative Care Outcome Scale (IPOS) measures were embedded into practice to assess and monitor symptoms and concerns of patients with advanced illnesses, to monitor impact of interventions and to demonstrate quality of care. The service had engaged with local schools for each to nominate a bereavement link who received training on supporting bereaved children in the school environment through the onsite education centre.





Inspected and rated

Outstanding ☆



Patients using the InPatient service had their needs and wishes extensively assessed through holistic preadmission assessment and care planning. Care plans and assessments took account of medical, social, religious, and cultural needs to ensure these were all addressed with equal importance.

The Hospice was a key part of the Dudley palliative and end of life care network which saw different providers working together to improve provision and to simplify the process of moving between different health care providers.

The Hospice had a strong record of sharing work locally, nationally, and internationally. Staff were supported to attend and present research at national and international conferences. For example, the service had presented their innovative hard to reach population investigation nationally and internationally.

The Hospice was a member of the national association of clinical educators and a teaching Hospice providing placements for students from local universities and the ministry of defence. The Hospice had its own education and research facility onsite where training sessions for internal and external professionals were held.

“People’s individual needs and preferences were central to the delivery of tailored services.”

“The service took a proactive approach in understanding the needs and preferences of different groups of people and delivered care which met these needs.”

“Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.”

“Staff monitored effectiveness of care and treatment, using findings to make improvements and achieved good outcomes for patients.”

“All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.”

## In Patient Unit

April 2020 - March 2021

The team on the inpatient unit at The Mary Stevens Hospice have shown continued professionalism and resilience during the challenges faced over the past 18 months.

Despite COVID-19 lockdown restrictions the team have ensured that all palliative care patients have maintained connections with those closest to them. The team have continued to provide extraordinary care whilst supporting each other and maintaining high standards of infection prevention and control measures, to protect the Hospice as a whole and the wider community.

In addition to safe visiting practices from loved ones, the team arranged for patients to be visited by their much-loved pets which encompasses a holistic approach to nursing people at the end of their life, crisis intervention and symptom control. This not only improves mental health but also improves physical well-being.

The team follow national and local guidance related to COVID-19 and adapt according to updates and changes which is communicated via the COVID-19 planning group.

### Patient comfort

The IPU are proud to have acquired **Linet Eleganza 5** intensive care beds, which boast many features to further aid high standards of patient care. Pictured below are two members of the team demonstrating some of the features.



Some of the many functions include integrated patient scales. This allows regular weighing of patients when appropriate, without the need for moving and handling interventions. This helps us to maintain patient comfort whilst enabling enhanced monitoring.

The Linet beds have many other features that can promote safe independence for ambulant patients.



The innovative tilting technology can promote effective pressure damage management, with the safety and comfort of both the patient and nursing team. With a built-in sensory alarm that can be enabled for high falls risk patients.

Many patients and their families have given positive feedback regarding the comfort and ease these beds provide, which enhances the specialised care provided on the unit.



## Future improvements

The Hospice team continue to strive to continually improve the environment for not only the patients and families, but also for the valued members of the team.

The future plans include air conditioning for the patient rooms and redeveloping and enlarging the current nurse's office, including replacement of the front wall with glass panels. This will improve the environment by making the clinical staff more visible to patients and families, enabling them to feel more included in the inpatient unit.

## E-Roster

Recently the newly appointed ward manager has appraised an e-roster system available on the existing BreatheHR application. Some of the benefits of using the e-roster, can help to increase productivity, giving the team more choice around their personal preferences. This has been proven to reduce absenteeism and improve staff retention. It also reduces the amount of time spent preparing a paper copy, encouraging team leaders to utilise their time on patient care and supporting the developmental needs of the new and existing team.

## Staff turnover

Following the outbreak of COVID-19 we have seen some team members move on from the Hospice, which has proven challenging at times. We are proud to welcome many new members to the clinical specialist team who have varied experience in palliative and general nursing, complex care and management expertise. This further enhances the existing knowledge, skill and experience throughout the Hospice.



## Nurses' day on IPU

*Celebrating the dedication and hard work from all of the nursing and healthcare assistant team.*



## Community links during lockdown

*During the festive period 2020/21 the local primary school children sent in messages of thanks to the team on IPU, which were gratefully received.*



## Outdoor patio

*The outdoor patio area was made festive for our patients and visitors to enjoy.*

## In Patient Unit Figures

April 2020 - March 2021

New Referrals - 287



Admissions - 171



Discharges - 29



Deaths - 140



Hospital  
Avoidance  
15

Pain &  
Symptom Control  
18

Terminal Care  
138











## Day Unit Activity

April 2020 - March 2021

The services usually offered by day unit were heavily impacted by the Covid 19 pandemic. With a cohort of extremely clinically vulnerable patients and the national lockdown the service had to evolve to continue care delivery.

Face to face visits from patients had to be suspended so the service adapted to deliver remote care. Telephone support was offered to all patients. Any new patients referred during this time were automatically added to the support list. Over one hundred patients and relatives were contacted a minimum of weekly across the year. Close liaison was maintained with the community teams if patients had symptoms or issues that could not be resolved via the phone. The team used the IPOS tool to triage patients' needs.

A successful funding application enabled the purchase of 4G handheld tablets. These were programmed by the Hospice to allow any patient or relative to access Zoom sessions from home, offering both group activities and one to one consultations for any issues that could not be addressed in a group. The tablets were delivered out to patients each week ahead of the sessions.

During this year the day unit team began the process of becoming a paperless service. All existing paper records were migrated onto the ICARE system used within the hospice. The system was expanded to create smart forms for all clinical assessments and evaluations.

In September following strict Covid guidelines Day Unit reopened. Following a new model of care patients began coming into clinic appointments to see a nurse or doctor for review. The complementary therapy service also recommenced.

Home visits were offered to patients who had symptoms or needed support with advance care planning. The physiotherapy service contracted by the Hospice was able to offer a peripatetic service to patients at home who had been impacted by not leaving the house and were experiencing mobility and physical issues.

Alongside the telephone support calls the day unit team delivered monthly well-being packages to patients in the community. 132 Christmas dinners were delivered by staff and volunteers in the week before the festive period.

Moving forward the enforced changes to service delivery made during the pandemic have shaped the model of day care for the future. 8 week focussed support programmes have been developed that will be delivered both to patients attending the day unit and virtually via zoom. Offering care in this way has improved the effectiveness and accessibility of the Day Services Unit.

## Trusts that supported us during 2020/21

AF Blakemore - Community Cashback Grant  
Amrit and Ajit Charitable Trust  
Baron Davenports Charity  
C.B and H.H Taylor 1984 Trust  
Co-Op Local Community Fund  
D Oyly Carte Charitable Trust  
Dudley Workforce Capacity Fund  
Hopkins / Sayer Charity  
Hospice Aid  
Hospital Saturday Fund  
Jarman Charitable Trust  
Kate Wilson Oliver Charitable Trust  
Lasletts Charities  
M K Rose Charitable Trust  
Mercian Community Trust  
Orbis Investments (Buchanan & Keith Halewood)  
Pedmore Sporting Trust  
Richardson Brothers Charity Foundation  
Sir Jules Thorne Charitable Trust  
Souter Charitable Trust  
St James Place Charitable Foundation  
Tesco Bags of Help / Groundworks  
The Albert Hunt Trust  
The Anthony and Gwendoline Wylde Charitable Trust  
The Birmingham District Nursing Charitable Trust  
The Brian Shaw Memorial Trust  
The DMF Ellis Charitable Trust  
The Dumbreck Charity  
The Edward Cadbury Charitable Trust  
The Eric W. Vincent Trust Fund  
The Eveson Charitable Trust  
The Geoff Hill Charitable Trust  
The George Henry Collins Trust  
The GJW Turner Trust  
The Grimley Trust  
The Grimmit Trust  
The Hilary Awdry Charitable Trust  
The Ken Wrigley Memorial Charity  
The Masonic Charitable Foundation

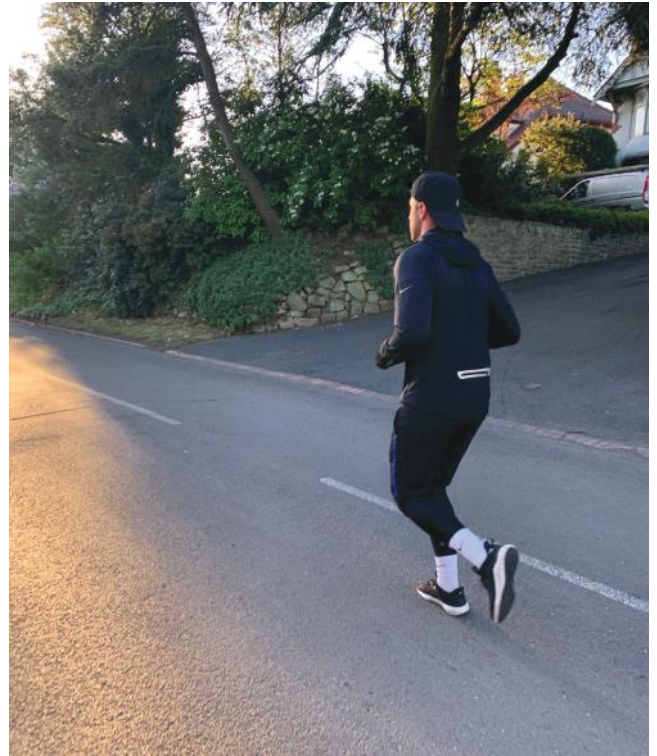
The National Lottery  
The Owen Family Trust  
The Roger and Douglas Turner Trust  
The Rowlands Trust  
The Thousandth Man Richard Burns Charitable Trust  
The WED Charitable Trust  
W A Cadbury Charitable Trust  
West Midlands Police - Community Initiative Fund  
Wilmcote Chariturst

We had 54 grants  
awarded by 48 different  
trusts/foundations.  
These totalled £304,920

54% of the total value  
were for unrestricted/  
core costs

46% of the total value  
were restricted for  
specific services/  
projects/equipment





### No Barriers Here

The 'No Barriers Here' project launched in June 2020 following a successful grant outcome from Hospice UK and The Masonic Charitable Foundation Trust. £23,350 was awarded to develop a 12-month pilot project to tackle inequalities that people with learning disabilities experience in accessing palliative and end of life care.

The entire project was developed and delivered in co-production with people with learning disabilities and demonstrated the importance of advance care planning and open conversations about what matters most at the end of life. 'No Barriers Here' provided a space outside of the clinical environment for rich conversations about death and dying for people with learning disabilities, and used a unique art-based approach to guide discussions.

### Outcomes

1. People with learning disabilities had their voices heard and were given the opportunity to discuss and plan for end of life.
2. Health care professionals and students received education in palliative care for people with learning disabilities.
3. Long term impact and learning for hospices and palliative care, of a different approach for advance care planning conversations.

This project has been innovative in tackling inequalities and has made a difference to hospice and palliative care. It established a public health and compassionate community approach to palliative care and highlighted the need for early conversations. Funding was awarded for a film and The Mary Stevens Hospice developed a Train the Trainer package for other hospices and palliative care teams to deliver within their local area and this in turn will generate additional income.

No Barriers Here has made a fundamental

difference to The Mary Stevens Hospice, raising the Hospice profile with the project shared in the UK and internationally with interest and positive feedback from Canada, America, Australia, New Zealand and Europe. Furthermore, The Mary Stevens Hospice was awarded £86,960 from NHS Charities Together to deliver No Barriers Here with people from ethnic minority communities as a two-year research project. This commenced April 2021.

### Education

Education concentrated on inequalities and palliative care, compassionate communities and public health palliative care with new education sessions developed and delivered to local and national audiences using Zoom and MS Teams. We educated over 200 health care professionals with our bespoke No Barriers Here education that focussed on people with learning disabilities and palliative care. This covered important aspects of palliative care including communication, advance care planning, health inequalities for underserved populations and bereavement.

### Research

The Mary Stevens Hospice are co-applicants and worked closely with Kingston and St Georges University, The Open University and several national organisations to submit a research proposal to NIHR. This is a large piece of research that focuses on palliative care and people with learning disabilities.

A qualitative research proposal was approved as part of the NHS Charities Together funding. Dr Jed Jerwood and Gemma Allen will be leading this work.

### Conferences and webinars

We continued to share our work during the COVID-19 restrictions and presented at the Palliative Care Congress, Palliative Care for People with Learning Disabilities Network and Hospice annual conferences in addition to regional meetings and events.





*“Who is important to me? My sister and my support worker, I would want them to make decisions for me at the end of life.” - No Barriers Here workshop participant*

*“Beautiful because it is courageous. And beautiful because it is woven with truth. And beautiful just because it exists.” - Twitter post*

*“This is an example of work hospices are doing to improve access to services and approaches like this should be replicated across the UK.” - Hospice UK*



*Photo: Our creative community advance care plan! Art work from No Barriers Here participants was collected and sewn into a quilt by Clover Leaf Community Group- a community based learning disability day service.*

# Bereavement Service

April 2020 to March 2021

## Summary of Activity

### The Hospices' bereavement service typically provides:

- Sessional support at Hospice or at home
- Telephone support
- Collaboration with schools and public health
- Complementary Therapies
- Group and one to one supervision
- Education & training in-house and externally
- Legacy work in-house and externally
- Bereavement information hub
- Young widows support group
- External counselling sessions (adult/children)
- Biannual bereavement support training for Dudley schools, supporting children and staff



During the pandemic the bereavement service had to adapt and find new ways to deliver support to individuals adjustments were made where possible, to maintain the high standards of the service whilst also considering the safety of the public, staff and volunteers.

Literature was amended to reflect the changes in the service provision and telephone only support was offered at this time. We continued to send condolence cards and 2,6 and 12-month letters offering support. Numerous resources for adults and children were uploaded to the Hospice website with links to various organisation's locally and nationally.

All bereavement volunteers were given support and training to enable them to offer telephone support. The 5 volunteers adapted very well to the telephone support, some actually "preferring this method". 141 members of the public were supported in the period between May 2020 and March 2021. The majority through telephone contact.

These numbers do not reflect the ad-hoc conversations and support given via telephone for other members of the public, not already receiving support from the bereavement team.

Sessional support ceased during lockdown as advised by public health, however as guidance changed, some face-to-face sessions were allowed at the Hospice following a Covid risk assessment for staff and public. Volunteers preferred not to support via zoom. Complimentary therapies ceased during lockdown and only resumed as guidance changed and when deemed an essential part of the persons health and wellbeing.

Education and training continued via 'Zoom' or 'Teams'. This was challenging to begin with however the monthly webinars provided by the National Bereavement Alliance proved to be invaluable and much appreciated by the team. Monthly supervision for volunteers was delivered via 'Teams' but offered during the day instead of the usual evening sessions.



Legacy work continued on the IPU where possible; however, risk was assessed prior to any hands-on project, in line with health and safety guidelines. The team felt very strongly that this form of memory making was crucial for patients



and families, especially as access was limited and visiting times were reduced.

Following completion of the bereavement hub pilot, the team continued to offer the monthly session at St Thomas church in Stourbridge. The focus being on supportive listening, peer support and encouragement around the 5 ways to wellbeing. The hub at this time was led by the Senior Sister and coordinator and around 6-8 bereaved members of the public attended. Sadly, the pandemic forced closure of the hub until the end of the year, however the service gained momentum very quickly once reopened and numbers increased considerably. The success of the hub at this time urged us to consider the suitability of the venue and work began to source more appropriate accommodation locally. We worked closely with Dudley Council around this project and were offered a room at Stourbridge Crematorium. Whilst this venue was not suitable for our bereavement support hub, we could see an opportunity for slightly different support for the public visiting the Crematorium. This would include a safe space and refreshments and the opportunity to meet others. This venue is secured for us and is a work in progress.

## Young widows support group

The success of this group depended very much on the ability to bring along the children who were supervised during their parents' session. This was more challenging during the pandemic and to maintain a risk averse approach, the sessions were cancelled but the parents continued to support each other via a WhatsApp group, and the sessional support came to a closure having run for 2 years. This proved to be a very successful model and will be adopted again in the future.

## External counselling sessions

This support has been utilised as necessary, with the counsellor adopting online meetings in line with the regulatory body and resuming face to face from August 2020.

## Teacher and support staff training

This ceased during lockdown however our link with local schools remain strong and we are currently in discussions regarding revised training and other opportunities involving children and young people for next year.

Moving forward it is evident that the pandemic has had a significant impact for our society and consequently how we grieve for those that are gone. In our efforts to continually offer a substantive service that is inclusive and will meet the needs of a growing bereaved population, in October 2020 we increased the substantive hours in the team. Two bereavement support workers covering 67.5 hours were welcomed and more recently Odilia Mabrouk was welcomed to the team as the Bereavement Service Manager.

**"I found the service very helpful, at such a difficult time it was lovely to hear Lynne's friendly voice, I looked forward to our telephone conversations"**

**"My support lady was lovely, she chatted to me for some time each call, and contacted me regularly"**

**"I received ongoing telephone support at an agreed time, staff also facilitated a visit to the Hospice for me which was greatly appreciated."**



## Key achievements from Education perspective

March 2020 to April 2021



### What is Gold Standards Framework (GSF)

GSF is a practical systematic, evidence-based approach to optimising care for

all people nearing the end of life, given by generalist front-line care providers. GSF is all about quality care - quality improvement with training, quality assurance with standards of care and quality recognition with recognised accreditation.



The Hospice and the education team are working closely with Dudley Clinical Commissioning Group (CCG) to support several care homes in Dudley to achieve GSF accreditation, by delivering practical support to work through the processes at the home and by developing study days for care home managers and staff. These study days have been delivered in partnership with the enhanced care home team from Dudley's Clinical hub.

From May 2020 the education team have been a key part of the implementation group for the ReSPECT process across the whole of the Black Country Health economy- Acute Trust, Community and Primary care and all care homes.

### What is ReSPECT?

ReSPECT is a national initiative to deliver best ethical and legal practice around treatment and escalation of care in an emergency and decisions around Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)



ReSPECT is a process where you and the healthcare team talk together and work out a personalised plan for potential future emergency treatment - to ensure that you receive the best possible treatment for your individual situation.

This is Joe's Journey <https://youtu.be/SdkncGjihG0> -(6min 25sec)

### Training

The education team has delivered 50, 1-hour webinars - 3 face-to-face sessions - 7 Promotional days - Walkabouts across Acute Trust.

### Resources

National e-learning modules, Information videos for Staff, patients and carers, Information for Patients and carers in many formats (Easy read guides) and other languages are being developed.

### Sage & Thyme

The education team have been commissioned by Health Education England to deliver a minimum of 24 licensed SAGE & THYME communication workshops - Notice distress, listen carefully and respond helpfully. During the pandemic we developed an online version with the national team so we could, if needed, deliver them in a COVID secure way. We have to date delivered 7 of the commissioned sessions with very positive written feedback from delegates.

*"Excellent training. I have gained so much knowledge and skills to take away. Wish I'd have known about this training years ago, it would have really helped with my previous community nursing role" - Trained nurse, Darlaston Health Centre*

### Palliative Care 'Champions' Training

Along with our existing bespoke palliative and end of life champions training days -

- Symptom control at end of life
- Non-malignancy at end of life and palliative care emergencies
- Communication and advance care planning
- Psychological and spiritual care at end of life
- Loss grief and bereavement



The education team have been joined by an experienced lecturer from Wolverhampton University to develop further study sessions - Redefining palliative and end of life care, Care in the last few months, weeks, days and hours, The importance of planning ahead.

These study days along with a competency folder are available to Hospice staff, acute trust staff Community staff and care home teams. To date over 200 staff have successfully completed this course.

## **Nursing and management competencies**

Role specific care and management competencies are important to provide documentary evidence that our organisation is developing the nursing team and ensuring high standards of care are being provided for the people we look after. These documents offer proof to the Care Quality Commission (CQC) that we are Safe, Effective, Caring, Responsive and Well led. The education team support staff to work through these documents in their own timeframe.

## **Revalidation**

As a professional requirement from the Nursing and Midwifery Council (NMC), every registered nurse must provide proof of revalidation. The education team provide support for staff to complete these requirements and are closely involved with two of the specific elements- Reflective discussion of five pieces of reflection on their practice, linking these closely to The Code and Confirmation that they have achieved all the mandated requirements. During their first revalidation staff felt worried and felt unsure of the process, but the education team supported and guided staff through the process and now entering the second wave of revalidation they feel much more confident and can now also see the importance of these professional requirements.

## **First Aid at work**

Our organisation was previously buying in an accredited first aid at work trainer to train staff and re-new their certificate every 2-3 years. The education department now has a fully accredited first aid at work trainer to make this ongoing training less costly and more efficient for us.

## **Collaborative working**

The education team attended a collaboration of Midlands Hospice educators/managers to look at what we do now, how we can collaborate in the future, shared resources and what might that look like moving forward.

The education department has hosted several events for Hereford and Worcester Palliative care specialist registrars and Hospice UK.

## **Carers Support**

Following discussions at Esther Olivier carers group, several bespoke education sessions were developed for carers- People handling, Emergency First aid and care at end of life. Verbal feedback from these on the day was very positive - "I have learned more today than 2 years of Occupational and physiotherapy input" and "I wish I had known this at the beginning of their illness"

## **Student Support**

The education team have been providing placements and supporting a number of healthcare students

- Nursing students from Birmingham City University and Wolverhampton University
- Physicians Associate Trainees
- 3rd year medical students
- Social worker students
- Access to nursing students

## **Medical involvement**

As part of their role the Hospice medical team have developed several teaching sessions on medical conditions that commonly access Hospice support

- Chronic obstructive pulmonary disease
- Heart failure
- Lung malignancies
- Primary brain tumours and metastases

## Volunteers during the Covid-19 pandemic

In March 2020 the number of volunteers at the Hospice was 190. Due to Covid-19 and the subsequent lockdown all Hospice volunteers were immediately advised to stand down from their volunteering roles. This was a huge loss to the Hospice in the previous 12-month period over 27,000 volunteer hours were covered by volunteers at a notional value to the business of £223,681.45.

The Hospice reception which is normally run by volunteers 365 days a year had to be incorporated into the work of Hospice staff.

A small team of 6 volunteers provided cover for the Day Services reception to keep the footfall into the Hospice to an absolute minimum.

Volunteer support was also provided to the Hospice laundry service. As a direct result of the pandemic the clinical team had to utilise scrubs which were laundered in house, two volunteers came in at weekends to facilitate this service.

Both the community volunteer and bereavement volunteer services had to adapt to different ways of providing support to patients with face-to-face visits suspended. The services were maintained as telephone support until such times as restrictions started to ease. Looking forwards both teams are being expanded allowing the Hospice to reach more people that require support.

April saw the first of the monthly volunteers' newsletters, it was important for those volunteers who were not here to be kept in touch with what was happening at the Hospice, also maintaining telephone contact with some volunteers who were on their own.

In September the volunteer numbers expanded allowing us to share out cover on both receptions, however continuing to keep it to the smallest number we could work with and maintaining adequate cover at the same time.

In January following national guidance a lateral flow testing regime for all visitors began at the hospice. Initially the service was run by staff with volunteer support but eventually volunteers took

over this critical service in a building annexed to the Hospice. Lateral flow testing continues and is vital to maintain the safety of the service for patients and staff. It is carried out adjacent to the Hospice entrance by the reception volunteers.

As we proceeded through 2021 a few more volunteers re-joined the Hospice team, volunteer gardeners resumed maintaining our grounds, 3 spiritual care volunteers came back to offer their support to the patients in the ward area.

The number of active volunteers present at the Hospice is now at 50 in total and increasing steadily as we begin to welcome more of our valued volunteers back.









## Social Work

April 2020 - March 2021

There were 249 referrals received by the Hospice social worker during this period. 88 families received individual support and 66 carers received one to one support. During the lockdown period 69 home visits were made to combat isolation and loneliness during the Covid pandemic. 54 Carers Assessments were completed in addition to 15 statutory Social Work assessments and 23 Fast Track Assessments for Continual healthcare funding.

During the Covid pandemic the carers group moved to Zoom, however with many carers not having access to Wi-Fi door-to-door visits to all patients known to the Day Unit were facilitated.

Service delivery has been adapted because of the pandemic across the Hospice. This is particularly evident in the Day Unit. The social work role plays an important role co-facilitating weekly neurological support groups, a monthly mens group, and separate ladies group alongside a monthly carers group. Extra activities facilitated following user feedback included baking sessions, a Zoom presentation from Harvington Hall, a games day and a musical performance from our own Spiritual Care Coordinator.

Innovative work outside of the Hospice building during this time included collaborations with other organisations in the community like Dudley Healthwatch by arranging a Zoom Conference focussing on how to talk to people about bereavement during the Covid pandemic.

We also set up a virtual "Just Ask" series via Zoom for the community that focussed on advance care planning, power of attorney, wills, probate, emotions during Covid 19, funeral arrangements, 5 ways of wellbeing and secondary trauma for professionals.

Work was also done in deprived areas to raise awareness of the different voluntary groups and services that could be accessed.

In addition to the patient facing aspects of the work during this year the social worker has held the post of Co-representative for the

Association for Palliative Care Social Work in the West Midlands and has played been a member of the educational planning subgroup - arranging and presenting at the National Association for Palliative Care.

### Feedback on the Social Work role:

“Well for start, making yourself very visible as you have. Getting to know something very early on about each patient. You did this with our shared interest in rugby, it is something to latch on to, that’s as normal as possible. You give a lot of yourself, your experiences etc. This makes it safe for people to give more of themselves back emotionally. Being a bit of a character is good for the Hospice situation. You must be approachable for anything and you qualify for that!” - *Patient with MND*

“Demonstration of positive social work practice covers a multitude of activity, it must be patient/client focussed, based on the personal needs of the individual. A good social worker should be seen as an advocate, someone who has the knowledge, expertise, drive and ability to proactively help any individual in need. A diagnosis that necessitates palliative care by the nature of the illness also encompasses a sense of urgency in helping that individual or their family/ carer. That help may be practical, emotional, or financial. Empathetic understanding is key, not to be confused with empathy. A recognition of cognitive ability and potentially Gillick competence when others may be lacking in that understanding, or even trying to take advantage of someone vulnerable would also be a clear demonstration of positive practice. Being able to recognise any benefit that would make the client/patients life more comfortable, competent in assessing that need without necessarily having to question it.” - *Colleague*

“Arranging activities (walks in the park, wine testing and Christmas lunches) to build memories as a family. Educational talks for family carers are very useful.” - *Family who attends the Bereavement service*



“All I can say is: it is important to support the families of the patient, it is a difficult time for them and many do not know what help there is out there for them. Not everyone has families to help so ensure that the patient has a friendly volunteer to help. If it's only someone to chat to. Sorry I can't think of anything else, other than to impress on everyone that a Hospice is not a place where you go to die, but a place where you go to make life more comfortable with lots of very friendly staff.” - *Family Carer, whose husband gets regular respite breaks at the Hospice*

“I think connecting with people is the big thing - establishing a rapport and conditions for trust that people will open about their problems. Getting below the surface of people is vitally important and not easy. They need to feel that you care and are on their side. Approachable. Your wonderful personality takes the edge off sad and stressful situations.” - *Family member who attends the Bereavement services*

“I'd say introducing yourself at the earliest and most appropriate time to families who may not know how a social worker can help them or what their job entails. Utilising nursing staff for information pre meeting them. Building a rapport so they feel they can talk and trust you.

Also making sure they have contact details for the social worker so they can ask questions as they appear because when they are first introduced to the Hospice there is a lot of information to take in especially when dealing with their own or their families ill health.” - *Staff nurse*

“A Hospice social worker has to assist/guide individuals and their loved ones to cope with a whole host of issues that other social workers have to deal with, while at the same time navigating through the ever-changing emotions and needs of the individuals when they may be fast approaching the end of their lives in what for many will be an unfamiliar environment.” - *Board member*

“• Full integration of social care into the multidisciplinary team (not just to sit in on MDT but to have raised the profile of social care within the hospice, so it is something we are thinking of even at the point of admission.)

• Educating the team to understand that social care is so much more than just discharging patients who need a care package.

• That a social care reason can be why a patient is admitted (as with RE), and that social care and care and support for the family socials needs is just as important, here I think of how much work you did with one of the MND in patients and his wife, who was struggling to cope with his deterioration; the work you have done with families around funeral poverty, the things you do for families over and above what we have ever seen before in terms of safeguarding, checking in on bereaved children and relatives and making sure they are known to social services where needs be.

• Your work with day unit patients and even more so their relatives, the carers group.

I think I will coin the phrase that you are truly a holistic social worker, you consider all angles and permutations and you will not stop until the job is done or the required outcome is achieved. Where other social workers in the past may have just accepted statements such as there is no care available in the community, or no nursing home to go to, you do not, your dogged determination and perseverance that such a scenario is not acceptable and should be challenged has worked really well, and you think outside of the box, (in fact you just stamp on the box and rip it right up) to make sure you get the best outcome for the patient and their families. And above all you do it with a smile and an energy that is at times amazing.” - *Pharmacist*

“I think that affording people dignity in palliative care in listening to their needs both physically, mentally and emotionally shows positive social work input in the last few weeks of people's lives.” - *Volunteer - Previous Dudley Safeguarding lead - Dudley Social Services*

“Working hard and fast and pulling everyone together for a patient to go home safely when that is their last wish.” - *Volunteer co-ordinator*

“I feel your role is an essential part of a well coordinated palliative care and bereavement care. You give TIME to patients, family and carers. You deliver advice and act on behalf of vulnerable patients. You help to coordinate elements of appropriate care, support for patients, family and carers. AND MUCH MORE.” - *Physiotherapist*

### Patient & Family Support Services

It is possible the pandemic may have helped us 'gel' as a new Patient & Family Support Services Team (PAFSS). In addition to offering one another individual/ emotional support, we pulled together and helped each other in lots of practical ways.

During this period PAFSS prepared a new edition of our booklet 'When Someone Dies'. The section on funerals needed updating, i.e., changing 'Chaplain' to 'Spiritual Care Coordinator' and making the language more inclusive of different worldviews.

Throughout the pandemic it has been a privilege to continue meeting patients and their families on our In-Patient Unit. The use of 'PPE' etc. was very strange and difficult for everyone. However, in time ways were learnt to overcome reticence and find appropriate ways to come alongside people. No amount of writing or video-making can replace these person-to-person encounters!

### Funerals

It was a privilege to represent the Hospice in conducting 12 funeral services for people we have looked after, all under 'lockdown' restrictions. Everyone has found it a strange experience with limited numbers, social distancing etc. The services were nevertheless well-received and in some cases a smaller congregation seems to have helped mourners by providing a more intimate setting.

One of the above funerals was for our dear colleague and friend Mark Burns, who is greatly missed. It was such a privilege to conduct the service at Mark's request, and much time was dedicated in August to supporting colleagues in the aftermath of Mark's death. This included producing a video tribute, which has since been viewed over 220 times on YouTube.

### In Memoriam

In May 2020 we began to upload funeral service booklets to SharePoint for staff to view. Many of these include photographs and medical staff have appreciated seeing pictures of folk when healthy. It has also given them some sense of connection with the services held in their honour.

A further development has been the installation of electric memorial candles in both Peace Rooms. These are permanently lit in memory of those for whom we have cared, accompanied by a list of names which is updated every couple of weeks. The hope is that as well as being a mark of respect, this might be helpful for staff and something the families of patients will appreciate.

The Book of Remembrance has been available for viewing by arrangement during the pandemic and continues to be updated, with pages being turned each day by our Volunteer Receptionists.

This year we have revised the 'Religion' codes on the Hospice computer system. The previous selection was extremely limited and partially incorrect. Furthermore, there were no options for non-religious, agnostic, or spiritual-but-not-



care • compassion • kindness

*Time to Remember*



religious people. It is hoped the greater range of options will encourage more accurate record-keeping but more importantly underline our commitment to caring for the 'person behind the patient'.

Alongside this we updated section 3 of the Core Care Plan. Spiritual Needs Assessment. The existing template was out-of-date in several ways and consequently under-used.

We have also worked on a smart form designed to capture general information about our patients. By building up a profile, understanding various aspects of a person's life - e.g., background, hobbies, interests, family, experiences, hopes etc., we are better able to identify potential spiritual needs and how we might offer support. Much of this information is already known to hospice staff (and volunteers) but we have lacked a place to collate and share with one another. This is a work in progress, but hope it will prove to be a helpful development.

## Spiritual Care Team

As we entered 'lockdown' it became clear that most of our volunteers would have to be stood down. We stayed connected with the 15 members of our Spiritual Care Team by telephone and a fortnightly e-mail update, taking opportunities to meet with individuals in person when allowed. We also held Zoom meetings to maintain communications and offer encouragement in the strange times through which we were living.

Although wanting to keep these volunteers 'on board,' as the months passed it became increasingly clear that things would never be the same again. This is particularly true of Day Services, which is where most of the team offered support. 2021 may well see some major changes in how we work in future.



## Resources

In April three mindfulness-style video meditations were produced to help with anxiety - 'Air,' 'Fire' & 'Water.' These were uploaded to a new YouTube channel called 'Beacon of Hope.'

Aware that not all our patients would have access to YouTube, a printed resource was produced to offer encouragement and hope. Towards the end of April, staff and the Spiritual Care Team were invited to send poems, quotations, prayers, meditations etc. that they found uplifting. This resulted in a 44-page booklet called 'Hope from the Hospice' which was distributed to all our Day Patients as part of a support package.

Quarterly letters, offering a reflection and words of encouragement were also produced to go in the packs distributed to our Day Patients and their Carers.

I went on to edit words for Daily Prayer in the Christian tradition and a self-help 'Time to Remember' for people to use at home. In addition to printed versions, these resources were also produced in video format and made available on YouTube.

Finally, video versions of Eddie Morton's song 'Lighthouse' were added (with lyrics), which so many found uplifting at the Tree of Light services in 2018, together with a narrated version of Daily Prayer and a selection of blessings from different spiritual perspectives presented as airmail letters.

## Midsummer Service

We created a video alternative to our annual midsummer service or 'Time to Remember'. Around 20 staff, together with 3 volunteers took part in the recording. Once again released on



YouTube, the video went 'live' on 22nd July 2020 and has been very well-received.

## Act of Remembrance

On 11th November 2020 we held a short Act of Remembrance outside on the patio. This was particularly appreciated by one of our patients who had served in the armed forces. He was brought out in his bed and found the experience very moving, as did we all - not least because he was there.

## Tree of Light

We had great plans for our Tree of Light services in 2020! Streaming the lights being turned on via Facebook, a 'Walk Through' experience in the Hospice grounds, a video to guide people through a home-based version of the same and an inclusive service at St Mary's Church, Oldswinford for a limited number of people.

In the event, another 'lockdown' meant we had to settle for the video production. We followed the 'Walk Through' idea and included footage of us switching on the lights. The latter was posted on Facebook and viewed well over a thousand times! The full programme has since been watched over 500 times on YouTube. The most moving section is where a candle lit under the Tree of Light led on to showing 8 other people lighting candles in their own homes. These circled the Borough before returning to the hospice.

## Christmas

We held carol singing on the patio, accompanied by members of the Sovereign Brass Band. The daughter of a patient who died on IPU (Inpatients Unit) in March 2020 is part of the band and offered to bring in an ensemble to play. A respectable number of staff and volunteers joined in.

A group of staff recorded carols to include in a short service for day patients and their carers. Once again conscious that not everyone uses the internet, we decided to produce a CD. 100 copies went out with the Christmas lunches.

## Wassail

On 1st February, our Pagan Adviser guided us through wassailing the Tree of Light. This looks like becoming an annual event, following the success of the 'Spring Awakening' in February

2020. Blessings were shared from 6 different spiritual perspectives.

Outside of the Hospice the spiritual care coordinator facilitates the Midlands Group of AHPCC (Association of Hospice and Palliative Care Chaplains) since April 2018. There are about forty people on the mailing list, with the 'Midlands' covering Stoke to Hereford and Shrewsbury to Leicester. We also presently have members in Grimsby and Milton Keynes due to there being no active groups in these areas.

We were due to host a meeting at Mary Stevens Hospice in March 2020, but this became one of the first things cancelled due to Covid-19. Turning to Zoom, I've facilitated quarterly online meetings and been pleasantly surprised at how well these have gone. The group offers encouragement and support but also many useful insights into best practice.

*- Keith Judson, Spiritual Care Coordinator*







## Fundraising

April 2020 - March 2021

APRIL 2020 - MARCH 2021



### Rainbow Auction

Revenue £23,026.87  
Expenditure £44.00

£22,982.87

APRIL 2020 - JANUARY 2021



### The Big Quiz

Revenue £7,306.00  
Expenditure £143.35

£7,162.65

APRIL - DECEMBER 2021



### Virtual Videos

Revenue £585.75  
Expenditure £0

£585.75

NOVEMBER 2020



### Tree of Light

Revenue £11,231.51  
Expenditure £246.21

£10,985.30

NOVEMBER AND DECEMBER 2020



### Reindeer Run

Revenue £22,740.93  
Expenditure £102.00

£22,638.93



DECEMBER 2020



**Santa Trail**

Revenue £5,655.34  
Expenditure £217.59

**£5,437.75**

JANUARY 2021



**Treecycle**

Revenue £18,381.00  
Expenditure £2,957.56

**£15,423.44**

MAY AND NOVEMBER 2020

**WILLS MONTH**

**Wills Month**

Revenue £1,490.00  
Expenditure £0

**£1,490.00**

JANUARY 2021



**Route 30 Challenge**

Revenue £1,486.05  
Expenditure £0

**£1,486.05**

APRIL 2021



**Easter Egg Sales**

Revenue £1,304.50  
Expenditure £0

**£1,304.50**

## Fundraising

Through unprecedented times, Fundraising continued to plan and execute a reduced number of Hospice events. We replaced some of our usual big earning campaigns with smaller, socially distanced and restricted fundraisers notably successfully replacing our annual “Santa Jog” with “Santa Trail” thereby reducing the deficit from the loss of Santa Jog to just a little over £3,000. Almost £31,000 was raised from the introduction of 3 key online/virtual events, the most successful being the online “Rainbow Auctions” and our weekly virtual “Big Quiz” raising £30,000 between them.



During the year, £149,000 was recorded as income from the sale of “The Black Country Monopoly”. The game was launched on Black Country Day in July 2020 and attracted large media attention including BBC Midland news, Birmingham and Black Country radio stations as well as local press. It was sold and delivered to supporters both nationally and internationally with orders received from countries including Canada, Australia, Spain and Germany.



Fundraising continued to keep expenditure low and gained corporate sponsorship for the larger of our events. A £3,000 sponsorship was received for “Treecycle” after successful partnership working with Brooks Forgings, who continued to support the hHospice throughout the year. Successful Corporate engagement secured a £500 sponsorship of “Tree of Light” (Dudley Building Society) and a further £300 sponsorship of “Santa Trail” (Safer Access Solutions Ltd).



Although community and third-party events were significantly reduced, we continued to engage with supporters through various campaigns and took the opportunity to increase our social media and online presence, almost certainly contributing to the success of our virtual, actual and sponsored events. During 2020 - 2021 we rebranded our Blue Box collection tins, revamped our thank you letters and procedures and introduced QR codes as an additional way for the supporter to engage with and donate to the Hospice.



## Mary Stevens Hospice shows Commitment to Cyber Security by Achieving Government Cyber Essentials Plus Accreditation

After being awarded the Cyber Essentials accreditation in 2020 we are very proud to announce that we have now progressed even further and are currently only the 8th Hospice in the United Kingdom to be allowed to display the government Cyber Essentials Plus award logo.

Cyber Essentials is a UK government-driven initiative to promote a standard in cyber security practices across all industries and sectors; with Cyber Essentials Plus being the much higher standard. To obtain accreditation, we went through an independent assessment of the security controls we have in place to mitigate risks from internet based threats. After being awarded the Cyber Essentials standard earlier this year, we took further steps to protect against cyber-crime and went through extensive inspections and hands-on technical verification checks to achieve the Cyber Essentials Plus Award. On 22nd October 2020 we finally achieved accreditation.

This award certifies that we have invested in strict processes and procedures to prevent cyber threats and other online attacks; which in turn protects the data of our staff, patients, donors and anyone else whose data we have authority to process.

**Claire Towns, our CEO said:**

*“With the massive growth in cyber-attacks since the start of the COVID-19 pandemic this accreditation is proof that we take the security of data extremely seriously and everyone can be assured that we are serious about protecting their personal data and valuable information. This shows that Mary Stevens Hospice is trustworthy and demonstrates the commitment of all of our staff to cyber security.”*

We are now only the 8th Hospice in the United Kingdom included on the register held by the National Cyber Security Centre to have attained the Cyber Essentials Plus standard.



# Trading Report

April 2020 to March 2021

The year for Trading, ended as it had started, in lockdown. For Trading to traverse the year successfully there had been an enormous amount of work, effort, learning and teamwork. If I was to sum up the key to the success of Trading, and it was a success given the challenge, it would be communication and teamwork.

The challenges were unknown, the safety of the team paramount, every decision made would impact on the future, but we did not know what that future was as we made our decisions. So much had to be learnt, implemented, and planned for, below is how Trading made that journey.

## People

All our staff were furloughed, only the leadership team remained on partial retention. As we went through the year and seven months of furlough, we creatively used staffing solutions, to preserve the cash flow, and deploy furlough as much as we were able. There was much uncertainty if there would be jobs to come back to, some did not. We had to review staffing levels, close four of our shops, costs were crucial, they were difficult times.

Volunteer numbers have reduced, many feeling unsafe to return, some deciding not to return now with different priorities. Slowly we are recruiting new volunteers, but the shortage remains.

The team, now smaller, is more closely linked, every person essential to the success of Trading as we go into the future, even if it is still unknown, to a degree.

## Product

This was where the focused planning was needed, three months in lockdown the estimated level of donations was extreme, 67 million items of clothing were waiting in the UK, added to which because of Covid it had to be isolated for 72 hours.

Fortunately, we had just implemented central sorting into the Distribution Centre, before lockdown, this was to prove pivotal in the success of our donation strategy. Knowing volumes would be extreme, we suspended donations into the shops, only accepted timed donations into the Distribution Centre. We hired two 40ft shipping containers, installed on the car park at the Distribution Centre, to control the quarantine cycle and volume.

It was an enormous level of work, but we achieved our goal, donations were contained, shops remained open, the supply chain was uninterrupted, the staff were safe.

We continue today, two donation days at the DC, shops run three donation days a week. Central sorting has proved its' worth, capturing specialist stock for eBay and contributing to increased recycling of all product groups.

## Property

We were in lockdown for seven months, in three blocks of time, the security of our properties was a real concern, either because of break-ins, vandalism or internal water damage. They all





had to be visited once a week, inspected inside and out, to ensure all was well. Remarkably none of them suffered anything more serious than donations left at the front of the shop.

Four shop leases came to an end during this year, the financial liability/risk did not allow a renewal, and so they were closed. Never an easy decision, for so many reasons, but to secure the future of Trading it was an absolute necessity.

When our shops re-opened, they were fully Covid compliant, a safe place for staff and customers, all precautions had been installed, risk assessments completed, all staff briefed. Every shop floor display had to be re merchandised to social distancing, sneeze guards sourced and installed, social distancing marked out. Several inspections from the Councils always gave us a five-star safety rating.

## Pounds

The year was never about sales, more survival, it was always going to be difficult. We did survive, but without furlough or the government grant payments we would be a very different company today. The costs were high, PPE was a constant cost, the way we worked slowed customer flow, there were fewer people allowed in the shop, fewer people on the street.

Online sales were our Christmas lifeline, they ensured our Christmas card sales did not fail during the second lockdown.

We finished the year and broke even, save for the cost of the redundancies and dilapidations for the closed shops, a great achievement. We then went into our last lockdown, in January, which took us to the end of the financial year. No January sales for Trading, but we were ready to reopen.

Trading achieved so much in this year, it had to adapt, make difficult decisions, learn almost a new way of working. We managed it through constant communication with each other, but above all we worked as a team, everyone wanting the same goal, everyone equally important in achieving it: something quite rare.

- William Whitechurch, Trading Director



### Governing Document

The Mary Stevens Hospice Limited is a registered charity, number 517656 and is a company limited by guarantee governed by its Memorandum and Articles of Association dated 4 March 1986, as amended up to 2018. As outlined in our Articles of Incorporation, Mary Stevens Hospice exists first and foremost to promote welfare and relief of suffering so far as such purpose is charitable.

### Recruitment and appointment of new Trustees

Diversity considerations have been focussed upon at Governance Committee and Main Board. Current policy includes advertising to recruit diverse interest in serving on the Board moving forward. Both Chair and CEO may be approached to discuss the role and responsibilities, and an induction programme is provided after interview.

### Organisational Structure

The Hospice is governed by the Directors who form the Board of Trustees. The Directors are volunteers who have or have had careers in a wide variety of business and professional activities. They usually come from the Dudley Metropolitan Borough and its surrounding districts. All elected Directors are also Trustees; the names of the Directors are listed below. Two councillors are nominated by Dudley Metropolitan Borough Council to serve as Directors/Trustees. All nominees are subject to ratification by the Board of Trustees. The Charity is organised so that the Board of Directors of the Company meet regularly, with governance subcommittees (Hospice Governance, Finance & Resources, Clinical Standards, Fundraising Governance and Remuneration) reporting to it, whilst individual directors liaise with senior leadership on a regular basis. The CEO and her Senior Leadership Team are responsible to the Board of Directors for the day-to-day running of The Mary Stevens Hospice and the implementation of policies and strategies decided by the Board.

### Statement of Public Benefit

Trustees aim to observe the 2017 3rd edition Charity Governance Code to support continuous improvement in purpose, leadership, integrity, decision making and risk control systems, Board effectiveness, Board diversity and transparent accountability. The charity operates a system of sub committees, each committee being focused on a particular aspect of the charity's operations. That system is frequently reviewed and changes have recently been introduced to the style of main board meetings to improve their effectiveness. The charity's objective and its principal activity is that of providing palliative and end-of-life care for those with progressive incurable life shortening illness. The activities of the Hospice are of benefit to the public generally and the Trustees actively encourage the availability of the services to all members of the public irrespective of race, gender or any other discriminatory factor. That system is frequently reviewed, and changes have been made to the style of Main Board meetings, independent Chairmanship of Lottery and Trading Boards established, and all Governance Committees strengthened in the 19/20 year. The Trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance.



## Reference and Administrative Details

**Registered Company Number: 1963989 (ENGLAND & WALES)**

**Registered Charity Number: 517656**

### **Charity's Principal Address & Registered Office**

**221 Hagley Road | Oldswinford | Stourbridge | DY8 2JR**

### **Trustees**

Dr E J Flint-Bridgewater

B Coles

N Dace

S Waltho

Cllr K Shakespeare

S Hodgson

Cllr A Lees

P Marsh

J Turner

D Martin

B Blakemore

A Bagnall

There are no corporate Trustees and no Trustees hold title to any property belonging to the Charity.

### **Group Chief Executive**

C Towns BSc (Hons) Palliative Care

### **Matron & Registered Manager**

C Towns BSc (Hons) Palliative Care

### **Our Advisers**

**Auditors:** Crowe U.K. LLP, Black Country House, Rounds Green Road, Oldbury, B69 2DG

**Solicitors:** Higgs & Sons, 3 Waterfront Business Park, Brierley Hill, West Midlands, DY5 1LX  
Wall James Chappell, 15-23 Hagley Road, Stourbridge, West Midlands, DY8 1QW

**Bankers:** NatWest Bank PLC, 141 High Street, Stourbridge, West Midlands, DY8 1BF  
Barclays, 1 Snowhill, Queensway, Birmingham, B4 6GN

**Investment Advisers:** Canaccord Genuity Wealth, Slip House, Princes Drive, Worcester WR1 2AB

## Financial Review

The financial results for the year ended 31 March 2021 are given in the audited Financial Statements attached to this report. Those accounts and the related notes have been prepared in accordance with the relevant law and the Charities SORP (FRS102).

The surplus for the year of £425,000 was an extremely welcome improvement on the previous year's deficit of £1,173,000. The surplus includes £223,000 attributable to the rise in value of the Hospice's listed investments, thereby reversing the fall in value of the Hospice's investments of £224,000 suffered in the year ended 31 March 2020.

The year's results were greatly affected by the Covid 19 pandemic. The pandemic not only necessitated changes in the delivery of our services but it adversely affected the Hospice's various fundraising activities.

The Hospice's retail shops were closed for 7 months and even when open trading conditions were impacted by the need for enhanced health and safety measures and the general reduction in high street activity. Sales fell therefore from £1,927,000 in the year ended 31 March 2020 to £476,000. As a result of the management of costs and the government's financial support packages the loss for the year was limited to £25,000. The position has improved since the year end and the shops are now trading profitably.

The contribution of the Lottery company was also negatively impacted as doorstep collections were ceased and the process of conversion to other means of sale is a gradual one. Sales fell by 19% to £490,000 from £620,000 but through cost savings the company nevertheless realised a surplus of £268,000 (£304,000 in the previous year).

Legacy income was £343,000, a large reduction from the £660,000 received in the previous year. This was mitigated by an increase in donations from £480,000 to £632,000.

In a highly challenging fundraising environment during the COVID 19 pandemic, grants from charitable trusts and foundations performed extremely well with a total income of £305,000 for the year. This was an increase of around

90% over the previous year. This was in part due to grants supporting specific COVID related initiatives, and increased levels of funding from trusts and foundations with whom we have developed long standing relationships. The continued development of our services and facilities, improved internal processes, nurturing of current relationships and a renewed focus on bringing new funders on board should enable this success to continue in the new financial year.

The cost of patient care was well controlled, being reduced by £64,000 to £3,158,000, while the contribution from the local NHS commissioners was £504,000 (£532,000 the previous year).

The Hospice and its subsidiary companies benefited from very substantial support from the Government in the form of support for its high street properties (£395,000), the furlough scheme (£497,000) and most significantly grants targeted specifically at the Hospice sector (£1,441,000). This support has enabled the Hospice to increase its cash reserves from £529,000 at the beginning of the year to £956,000 at the year end.

The Hospice continues to face challenges in establishing its long-term viability. The exceptional funding will not continue but those funds have enabled the Hospice to confront those challenges from a more secure base. While the cost of providing the Hospice's services has been contained this year the pressures on salary levels occasioned by the need to remain competitive with market rates will add to those challenges.

Fundraising initiatives, particularly involving corporate supporters, improvements to the Lottery company structure and the return of high street activity are already producing signs of improvement. The legacy income after five months of the new year is already greater than that for the year ended 31 March 2021. The Hospice is strengthening its connections with the local NHS commissioners to improve the value of collaborative projects and to seek to expand its range of commissioned services and to play an effective role in the local healthcare economy.

The Trustees continue to monitor the resources of the Hospice as its long-term financial viability is their primary concern.



## Reserves Policy

The total funds of the group at the year end were £6,078,000 (2020 £5,653,000) of which £1,158,000 were restricted (2020 £1,144,000). Funds of £3,842,000 (2020 £4,007,000) were designated for specific purposes of a possible Hospice at Home service £200,000 (as last year) and fixed assets, £3,642,000 (2020 £3,807,000) the latter being capable of being realised only by a disposal of fixed assets. Unrestricted free reserves of the group at the year-end were £1,077,000 (2020 £501,000).

Reserves are unspent, unrestricted income and are held to assist in the management of the Hospice's cash requirements. This is important as approximately 85% of the Hospice's income is from volatile sources, namely donations, fundraising events and legacies.

Charities hold reserves only to ensure that they can continue to satisfy their charitable aims. The Hospice has sought to have reserves equivalent to 6 months' running costs and did so on 31 March 2021.

The financial performance in the year to 31 March 2021 which has led to a significant improvement in free reserves to £1,077,000 has been insufficient to attain that target but as already mentioned elsewhere allows the Hospice more time to establish improved financial viability.

## Investment Policy

The Trustees have responsibility for the Hospice's investment policy and have delegated the management of the investment portfolio to professional investment advisers. The appointment of the advisers is reviewed at least every 5 years.

The advisers seek to achieve a reliable income, to assist in meeting the continuing costs of running the Hospice, by maintaining a balanced approach between income and capital growth. The advisers are instructed not to invest in assets which could be detrimental to the Hospice's charitable objects and, in particular, to make no direct investments in tobacco companies.

Following a review of the investment policy in 2019 with the advisers the Trustees moved the risk category from level 6 to level 5 (on a scale

that runs from 1 to 9, with 1 being the most cautious). That move rebalanced the portfolio to include a higher proportion of fixed interest investments so reducing the volatility. At 31 March 2021 approximately 24 % of the fund was invested in fixed interest, 64% in equities and 11% in alternatives, with a small cash balance.

There remains the need to accept some short-term volatility, but the adoption of the risk category 5 is still considered appropriate and during the year the fund grew in value to £1,430,000 from £1,357,000 despite £150,000 having been withdrawn to support the hospice's cash requirements. The portfolio produced an impressive income yield during the year of more than 4%.

## Going Concern

We have set out in the Trustees Report a review of the financial performance, risk management policies, the reserves position and other factors likely to affect future development, including the economic uncertainty on income. The impact of covid-19 was central to these assessments. Our Trustees have concluded that with agreed adjustments to our plans along with ongoing

financial risk management, we believe there are no material uncertainties that call into doubt the charity's ability to continue. The financial statements have therefore been prepared on the basis that the charity is a going concern. More information is included in the accounting policies.

## Trustees / Directors Indemnity Policy

Insurance arrangements are in place with AXA Insurance PLC to indemnify Trustees/Directors. The policy number is LS BDX 6985610/0108 and the indemnity limit is £3,000,000. The premium paid was £1,598.63

### Pay & Remuneration

Remuneration of personnel and senior management is approved by the remuneration committee constituted as below. Whilst we are aware of NHS pay scales, we do not at this time offer matched salaries, but a comparable system which is governed by our financial constraints as an independent Hospice.

A 1.5% general pay rise was awarded across the organisation once again in April 2020.

### Membership of the Remuneration Committee

CEO Claire Towns, Peter Marsh (Chair), John Turner (Vice Chair Finance & Resources Committee), Dr Jane Flint Bridgewater.

### Quorum of Meetings

All present for annual meeting to make above decisions and any exceptional individual awards.

### Accountability

To Finance and Resources and Governance Committee and Main Board



## Statement of Trustee Responsibilities

The Trustees (who are also the directors of The Mary Stevens Hospice Limited for the purposes of company law) are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- ☒ Select suitable accounting policies and then apply them consistently
- ☒ Observe the methods and principles in the charity SORP
- ☒ Make judgements and estimates that are reasonable and prudent
- ☒ Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business

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

In so far as the Trustees are aware:

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

Exemptions from disclosure  
Nil.

The Board of Trustees declare that they have approved the Trustees' report incorporating the Directors' Report and the Strategic Report.

Signed on behalf of the charity's Trustees

Signature: *Peter Marsh*  
Position: *Chairman*

Full Name: *Peter Marsh*  
Date: *25/01/22*

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**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE MARY STEVENS HOSPICE**

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**Opinion**

We have audited the financial statements of The Mary Stevens Hospice (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 Company 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 Auditor's 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 Trustee's 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.



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**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE MARY STEVENS HOSPICE**  
**(CONTINUED)**

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**Other information**

The other information comprises the information included in the Annual report other than the financial statements and our Auditor's report thereon. The Trustee 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 Trustee's Report including the Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustee's 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 Trustee's 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 Trustee's remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

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**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE MARY STEVENS HOSPICE**  
**(CONTINUED)**

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**Responsibilities of trustees**

As explained more fully in the Trustee's 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.

**Auditor's responsibilities for the audit of the financial statements**

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

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

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Charities Act 2011 together with the Charities SORP (FRS 102) and the Companies Act. We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

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 might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The key laws and regulations we considered in this context were CQC regulations, General Data Protection Regulation, health and safety legislation, taxation legislation and employee legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any. We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing and completeness of income recognition and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finance and Audit Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, income testing on a sample basis, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some



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**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE MARY STEVENS HOSPICE**  
**(CONTINUED)**


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material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

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



**Kerry Brown (Senior statutory auditor)**

for and on behalf of

**Crowe U.K. LLP**

Statutory Auditor

Black Country House

Rounds Green Road

Oldbury

West Midlands

B69 2DG

Date: 28 January 2022

**THE MARY STEVENS HOSPICE**  
(A company limited by guarantee)

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND  
EXPENDITURE ACCOUNT)  
FOR THE YEAR ENDED 31 MARCH 2021**

	Note	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
<b>Income from:</b>					
Donations and legacies	4	2,684,116	570,192	3,254,308	1,139,635
Charitable activities	5	504,039	-	504,039	532,266
Other trading activities	6	1,358,603	-	1,358,603	2,967,157
Investments	7	53,445	-	53,445	86,858
Other income		40,656	-	40,656	25,890
<b>Total income</b>		<b>4,640,859</b>	<b>570,192</b>	<b>5,211,051</b>	<b>4,751,806</b>
<b>Expenditure on:</b>					
Raising funds	8	1,850,807	-	1,850,807	2,479,892
Charitable activities	9	2,601,735	556,219	3,157,954	3,221,995
<b>Total expenditure</b>		<b>4,452,542</b>	<b>556,219</b>	<b>5,008,761</b>	<b>5,701,887</b>
<b>Net income/(expenditure) before net gains/(losses) on investments</b>		<b>188,317</b>	<b>13,973</b>	<b>202,290</b>	<b>(950,081)</b>
Net gains/(losses) on investments		222,829	-	222,829	(223,562)
<b>Net movement in funds</b>		<b>411,146</b>	<b>13,973</b>	<b>425,119</b>	<b>(1,173,643)</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		4,508,371	1,144,246	5,652,617	6,826,260
Net movement in funds		411,146	13,973	425,119	(1,173,643)
<b>Total funds carried forward</b>		<b>4,919,517</b>	<b>1,158,219</b>	<b>6,077,736</b>	<b>5,652,617</b>

The Consolidated Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 54 to 80 form part of these financial statements.

**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**  
**REGISTERED NUMBER: 1963989**

**CONSOLIDATED BALANCE SHEET**  
**AS AT 31 MARCH 2021**

	Note	2021 £	2020 £
<b>Fixed assets</b>			
Tangible assets	14	4,685,706	4,875,191
<b>Current assets</b>			
Stocks	15	4,052	3,870
Debtors	16	376,341	397,857
Investments	17	1,430,044	1,357,215
Cash at bank and in hand		955,648	529,476
		<u>2,766,085</u>	<u>2,288,418</u>
Creditors: amounts falling due within one year	18	(405,554)	(574,655)
<b>Net current assets</b>		<u>2,360,531</u>	<u>1,713,763</u>
<b>Total assets less current liabilities</b>		<u>7,046,237</u>	<u>6,588,954</u>
Creditors: amounts falling due after more than one year	19	(968,501)	(936,337)
<b>Total net assets</b>		<u><u>6,077,736</u></u>	<u><u>5,652,617</u></u>



**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**  
**REGISTERED NUMBER: 1963989**

**CONSOLIDATED BALANCE SHEET (CONTINUED)**  
**AS AT 31 MARCH 2021**

	Note	2021 £	2020 £
<b>Charity funds</b>			
Restricted funds	20	1,158,219	1,144,246
Unrestricted funds			
Designated funds	20	3,842,407	4,007,032
General funds	20	1,077,110	501,339
Total unrestricted funds	20	4,919,517	4,508,371
<b>Total funds</b>		<b>6,077,736</b>	<b>5,652,617</b>

The Trustee 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 Trustee and signed on their behalf by:



**Mr P Marsh**  
Chair of Trustees

Date: 25/01/22

The notes on pages 54 to 80 form part of these financial statements.

**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**  
**REGISTERED NUMBER: 1963989**

**COMPANY BALANCE SHEET**  
**AS AT 31 MARCH 2021**

	Note	2021 £	2020 £
<b>Fixed assets</b>			
Tangible assets	14	4,610,187	4,765,392
<b>Current assets</b>			
Debtors	16	628,789	630,316
Investments	17	1,430,044	1,357,215
Cash at bank and in hand		598,061	209,509
		<u>2,656,894</u>	<u>2,197,040</u>
Creditors: amounts falling due within one year	18	(248,013)	(378,090)
<b>Net current assets</b>		<u>2,408,881</u>	<u>1,818,950</u>
<b>Total assets less current liabilities</b>		<u>7,019,068</u>	<u>6,584,342</u>
Creditors: amounts falling due after more than one year	19	(921,001)	(936,337)
<b>Total net assets</b>		<u><u>6,098,067</u></u>	<u><u>5,648,005</u></u>

**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**  
**REGISTERED NUMBER: 1963989**

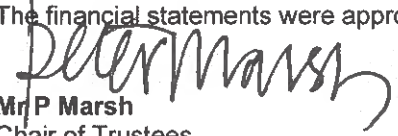
**COMPANY BALANCE SHEET (CONTINUED)**  
**AS AT 31 MARCH 2021**

	Note	2021 £	2020 £
<b>Charity funds</b>			
Restricted funds	20	1,158,219	1,144,246
Restricted funds	20	1,158,219	1,144,246
Unrestricted funds			
Designated funds	20	3,766,888	3,897,233
General funds	20	1,172,960	606,526
Total unrestricted funds	20	4,939,848	4,503,759
<b>Total funds</b>		<b>6,098,067</b>	<b>5,648,005</b>

The company's net movement in funds for the year was £450,062 (2020 - £(1,173,529)).

The Trustee 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 Trustee and signed on their behalf by:

  
**Mr P Marsh**  
Chair of Trustees  
Date: 25/01/22

The notes on pages 54 to 80 form part of these financial statements.



**THE MARY STEVENS HOSPICE**  
(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	234,209	(702,775)
<b>Cash flows from investing activities</b>		
Dividends, interests and rents from investments	53,445	86,858
Profit/loss on disposal of tangible fixed assets	6,326	99
Purchase of tangible fixed assets	(52,472)	(131,465)
Disposal of investments	150,000	250,000
<b>Net cash provided by investing activities</b>	157,299	205,492
<b>Cash flows from financing activities</b>		
Repayments of borrowing	(15,336)	(6,658)
New loans	50,000	-
<b>Net cash provided by/(used in) financing activities</b>	34,664	(6,658)
<b>Change in cash and cash equivalents in the year</b>	426,172	(503,941)
Cash and cash equivalents at the beginning of the year	529,476	1,033,417
<b>Cash and cash equivalents at the end of the year</b>	955,648	529,476

The notes on pages 54 to 80 form part of these financial statements

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**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**1. General information**

The Mary Stevens Hospice (the Charity) is a Company Limited by Guarantee (registered number 1963989), registered in England and Wales. Its charity registration number is 517656. The registered office and principal place of business is 221 Hagley Road, Oldswinford, Stourbridge, DY8 2JR.

Its principal activities are end of life care for people as well as provision of education and training in end of life care to healthcare professionals in the surrounding areas.

**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 2015), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The Mary Stevens Hospice 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 Trustee Report sets out a review of the financial performance of the Hospice, its risk management policies and its reserves position as well as describing the factors that have significantly affected the years results. The Covid-19 pandemic has greatly affected the activities of the Hospice but the very significant government support has brought about an improvement in the Hospices financial position. That support has assisted the Trustees in concluding that these accounts be prepared on the basis that the Hospice is a going concern.

The Trustees nevertheless remain aware that the long term issues remain. In a competitive health care economy, with staff shortages in all sectors, the costs of providing our services are expected to continue to rise. The reserves held by the Hospice will assist in meeting these demands but work continues to make more secure all source of income, from trading subsidiaries top legacies, fundraising initiatives and Governmental support.

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**THE MARY STEVENS HOSPICE**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**2. Accounting policies (continued)**

**2.3 Income**

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

The recognition of income from legacies is dependent on establishing entitlement, the probability of receipt and the ability to estimate with sufficient accuracy the amount receivable. Evidence of entitlement to a legacy exists when the company has sufficient evidence that a gift has been left to them (through knowledge of the existence of a valid will and the death of the benefactor) and the executor is satisfied that the property in question will not be required to satisfy claims in the estate. Receipt of a legacy must be recognised when it is probable that it will be received and the fair value of the amount receivable, which will generally be the expected cash amount to be distributed to the company, can be reliably measured.

Grants are included in the Consolidated statement of financial activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

**2.4 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.



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**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**2. Accounting policies (continued)**

**2.5 Taxation**

The company is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

**2.6 Government grants**

Government grants relating to tangible fixed assets are treated as deferred income and released to the Consolidated statement of financial activities over the expected useful lives of the assets concerned. Other grants are credited to the Consolidated statement of financial activities as the related expenditure is incurred.

**2.7 Tangible fixed assets and depreciation**

Tangible fixed assets costing £1,000 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.

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

Depreciation is provided on the following bases:

Motor vehicles	- 25% on cost
Fixtures and fittings	- 20% on cost
Computer equipment	- 25% on cost

Leasehold buildings prior to 2018 are depreciated on a straight line basis from the date the building is brought into use until the end of the original lease in October 2040 (this lease has since been extended). Leasehold buildings capitalised from 2018 are depreciated on a straight line basis over 50 years.

**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.

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**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**2. Accounting policies (continued)**

**2.9 Stocks**

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow-moving stocks. Cost includes all direct costs and an appropriate proportion of fixed and variable overheads.

**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 and provisions**

Liabilities 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 company 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.

**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**

In respect of former qualifying National Health Service personnel the Company continues their participation in the NHS defined pension scheme. Other contracted staff are offered an opportunity to participate in a separate defined contribution scheme. Employer's contributions payable to both schemes for the year are charged in the Statement of Financial Activities.

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**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**2. Accounting policies (continued)**

**2.15 Fund accounting**

General funds are unrestricted funds which are available for use at the discretion of the Trustee 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 Trustee 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.

**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 Company 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.

Critical areas of judgement:

Accrued income includes legacy income amounts. In recognising accrued legacy income, the Trustees have considered the probability of receiving each legacy. Each legacy is carefully assessed to determine an appropriate allowance which reflects the possibility of not subsequently receiving the full legacy income amounts that the Charity is aware of. The allowance is based on the circumstances behind each legacy and the probability of receiving the income.

£1,387,879 of income related to Government grants from NHS England (NHSE). The NHSE awarded funding to allow the hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose. On this basis the grant has been treated as unrestricted income with the exception of £284,800 for bed funding which has been treated as restricted income.



**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**4. Income from donations and legacies**

	<b>Unrestricted funds 2021 £</b>	<b>Restricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Donations	346,756	285,392	<b>632,148</b>
Legacies	342,773	-	<b>342,773</b>
NHS Grants and contracts for patient care	1,103,079	284,800	<b>1,387,879</b>
Furlough Income	496,849	-	<b>496,849</b>
Business Rates Relief	394,659	-	<b>394,659</b>
	<u>2,684,116</u>	<u>570,192</u>	<u><b>3,254,308</b></u>

The group has been eligible to claim additional funding in the year to 31 March 2021 from the furlough support scheme provided by the government in response to the coronavirus outbreak (CJRS) whereby the company furloughed staff. The funding received relates to staff costs included in note 12.

The group has also been eligible for Business Rates Relief Grants awarded by the government to provide support for shop rates.

	<i>Unrestricted funds 2020 £</i>	<i>Restricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Donations	353,901	125,762	479,663
Legacies	659,972	-	659,972
	<u>1,013,873</u>	<u>125,762</u>	<u>1,139,635</u>

**5. Income from charitable activities**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Local Clinical Commissioning groups - Patient care	504,039	<b>504,039</b>
	<u>504,039</u>	<u><b>504,039</b></u>

**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**5. Income from charitable activities (continued)**

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Local Clinical Commissioning groups - Patient care	532,266	532,266

**6. Income from other trading activities**

**Income from fundraising events**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Fundraising events	383,718	<b>383,718</b>
Shop income	475,549	<b>475,549</b>
Lottery income	499,336	<b>499,336</b>
	<u>1,358,603</u>	<u><b>1,358,603</b></u>

Included in Shop income is £96,420 (2020: £537,484) of gift-aided donated goods and £24,410 (2020: £133,746) of gift aided amounts.

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Fundraising events	423,268	423,268
Shop income	1,927,439	1,927,439
Lottery income	616,450	616,450
	<u>2,967,157</u>	<u>2,967,157</u>

**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**7. Investment income**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Investment income	52,237	<b>52,237</b>
Bank interest	1,208	<b>1,208</b>
	<u>53,445</u>	<u><b>53,445</b></u>

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Rents received	7,672	7,672
Investment income	76,678	76,678
Bank interest	2,508	2,508
	<u>86,858</u>	<u>86,858</u>

**8. Expenditure on raising funds**

**Costs of raising voluntary income**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Costs of raising voluntary income	166,806	<b>166,806</b>
Costs of raising voluntary income - wages and salaries	160,263	<b>160,263</b>
Costs of raising voluntary income - NI	9,600	<b>9,600</b>
Costs of raising voluntary income - pension costs	9,600	<b>9,600</b>
	<u>346,269</u>	<u><b>346,269</b></u>



**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**8. Expenditure on raising funds (continued)**

**Costs of raising voluntary income (continued)**

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Costs of raising voluntary income	206,514	206,514
Costs of raising voluntary income - wages and salaries	161,014	161,014
Costs of raising voluntary income - NI	9,600	9,600
Costs of raising voluntary income - pension costs	9,600	9,600
	<u>386,728</u>	<u>386,728</u>

**Fundraising trading expenses**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Fundraising trading expenditure	613,328	<b>613,328</b>
Fundraising trading expenditure - wages and salaries	727,607	<b>727,607</b>
Fundraising trading expenditure - pension costs	23,192	<b>23,192</b>
Fundraising trading expenditure - depreciation	29,070	<b>29,070</b>
	<u>1,393,197</u>	<u><b>1,393,197</b></u>

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**8. Expenditure on raising funds (continued)**

**Fundraising trading expenses (continued)**

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Fundraising trading expenditure	889,809	889,809
Fundraising trading expenditure - wages and salaries	1,039,333	1,039,333
Fundraising trading expenditure - pension costs	26,975	26,975
Fundraising trading expenditure - depreciation	36,177	36,177
	<u>1,992,294</u>	<u>1,992,294</u>

**Other trading expenses**

	<b>Unrestricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Administration expenses	23,105	<b>23,105</b>
Administration staff costs	88,236	<b>88,236</b>
	<u>111,341</u>	<u><b>111,341</b></u>

	<i>Unrestricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Administration expenses	6,854	6,854
Administration staff costs	94,016	94,016
	<u>100,870</u>	<u>100,870</u>

**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**9. Analysis of expenditure on charitable activities**

**Summary by fund type**

	<b>Unrestricted funds 2021 £</b>	<b>Restricted funds 2021 £</b>	<b>Total funds 2021 £</b>
Patient care	2,601,735	556,219	<b>3,157,954</b>

	<i>Unrestricted funds 2020 £</i>	<i>Restricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Patient care	3,121,645	100,350	3,221,995

**10. Analysis of expenditure by activities**

	<b>Activities undertaken directly 2021 £</b>	<b>Support costs 2021 £</b>	<b>Total funds 2021 £</b>
Patient care	2,857,321	300,633	<b>3,157,954</b>

	<i>Activities undertaken directly 2020 £</i>	<i>Support costs 2020 £</i>	<i>Total funds 2020 £</i>
Patient care	2,729,627	492,368	3,221,995

**Analysis of direct costs**



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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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

**Analysis of direct costs (continued)**

	<b>Total funds 2021 £</b>	<i>Total funds 2020 £</i>
Staff costs	<b>2,476,728</b>	2,327,523
Depreciation	<b>192,894</b>	201,272
Management	<b>187,699</b>	200,832
<b>Total 2021</b>	<b>2,857,321</b>	2,729,627

**Analysis of support costs**

	<b>Total funds 2021 £</b>	<i>Total funds 2020 £</i>
Staff costs	-	62,946
Depreciation	<b>13,667</b>	13,901
Management	<b>221,219</b>	261,100
Support	<b>48,495</b>	133,181
Governance costs	<b>17,252</b>	21,240
<b>Total 2021</b>	<b>300,633</b>	492,368

**11. Net income/(expenditure)**

	<b>2021 £</b>	<i>2020 £</i>
Depreciation of tangible fixed assets	<b>242,738</b>	251,350
Auditors remuneration		
- audit	<b>16,020</b>	13,150
- other services	<b>1,300</b>	1,300
Pension costs	<b>152,989</b>	129,272
Operating Lease Rentals - Property	<b>286,151</b>	345,775

**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**12. Staff costs**

	<b>Group 2021 £</b>	<i>Group 2020 £</i>	<b>Company 2021 £</b>	<i>Company 2020 £</i>
Wages and salaries	3,133,834	3,408,837	2,317,991	2,275,488
Social security costs	208,403	192,898	208,403	192,898
Contribution to defined contribution pension schemes	152,989	129,272	129,797	102,297
	<u>3,495,226</u>	<u>3,731,007</u>	<u>2,656,191</u>	<u>2,570,683</u>

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

	<b>Group 2021 No.</b>	<i>Group 2020 No.</i>
Average number of employees	<u>188</u>	<u>203</u>

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	<b>Group 2021 No.</b>	<i>Group 2020 No.</i>
In the band £70,001 - £80,000	-	1
In the band £80,001 - £90,000	1	-

The key management personnel of the charity trust comprise the trustees and senior management team. The total amount of employee benefits (including employer pension contributions) received by key management personnel for their services to the charity was £295,182 (2020: £414,165).

**13. Trustee's remuneration and expenses**

During the year, no Trustees received any remuneration or other benefits (2020 - £NIL).

During the year ended 31 March 2021, no Trustee expenses have been incurred (2020 - £NIL).

**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**14. Tangible fixed assets**

**Group**

	Long-term leasehold property £	Motor vehicles £	Fixtures and fittings £	Computer equipment £	Total £
<b>Cost or valuation</b>					
At 1 April 2020	6,321,478	32,905	641,072	191,019	7,186,474
Additions	-	-	28,883	23,589	52,472
Disposals	(18,343)	-	(89,186)	(51,049)	(158,578)
At 31 March 2021	6,303,135	32,905	580,769	163,559	7,080,368
<b>Depreciation</b>					
At 1 April 2020	1,676,822	8,226	461,108	165,127	2,311,283
Charge for the year	158,996	6,170	53,620	16,845	235,631
On disposals	(16,854)	-	(84,349)	(51,049)	(152,252)
At 31 March 2021	1,818,964	14,396	430,379	130,923	2,394,662
<b>Net book value</b>					
At 31 March 2021	4,484,171	18,509	150,390	32,636	4,685,706
At 31 March 2020	4,644,656	24,679	179,964	25,892	4,875,191



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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**14. Tangible fixed assets (continued)**

**Company**

	Long-term leasehold property £	Fixtures and fittings £	Computer equipment £	Total £
<b>Cost or valuation</b>				
At 1 April 2020	6,097,358	405,527	86,038	6,588,923
Additions	-	28,883	22,473	51,356
Disposals	-	-	(14,915)	(14,915)
At 31 March 2021	6,097,358	434,410	93,596	6,625,364
<b>Depreciation</b>				
At 1 April 2020	1,507,600	252,044	63,887	1,823,531
Charge for the year	145,290	47,604	13,667	206,561
On disposals	-	-	(14,915)	(14,915)
At 31 March 2021	1,652,890	299,648	62,639	2,015,177
<b>Net book value</b>				
At 31 March 2021	4,444,468	134,762	30,957	4,610,187
At 31 March 2020	4,589,758	153,483	22,151	4,765,392

**15. Stocks**

	Group 2021 £	Group 2020 £
Finished goods and goods for resale	4,052	3,870

**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**16. Debtors**

	<b>Group 2021 £</b>	<i>Group 2020 £</i>	<b>Company 2021 £</b>	<i>Company 2020 £</i>
<b>Due within one year</b>				
Trade debtors	<b>104,951</b>	123,042	<b>99,842</b>	123,042
Amounts owed by group undertakings	-	-	<b>274,715</b>	290,003
Other debtors	<b>28,506</b>	44,824	<b>20,365</b>	32,624
Prepayments and accrued income	<b>208,115</b>	194,892	<b>199,098</b>	162,972
Tax recoverable	<b>34,769</b>	35,099	<b>34,769</b>	21,675
	<b>376,341</b>	397,857	<b>628,789</b>	630,316

**17. Current asset investments**

	<b>Group 2021 £</b>	<i>Group 2020 £</i>	<b>Company 2021 £</b>	<i>Company 2020 £</i>
Listed investments	<b>1,430,044</b>	1,357,215	<b>1,430,044</b>	1,357,215

Within cash deposits the amount of £24,078 (2020: £24,078) in respect of funding for Registrars in Palliative care is held on behalf of designated hospices in the West Midlands region as part of a collaborative working arrangement. Mary Stevens Hospice act only as custodians of the funds and has no ownership of the funds or authority concerning the allocation of funds. The hospice conducts transactions when properly authorised by the appropriate authority in accordance with agreed protocols. Any interest earned on this sum will be retained by Mary Stevens Hospice to offset administrative costs involved in overseeing these funds. The liability for these funds is shown under other creditors.

**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**18. Creditors: Amounts falling due within one year**

	<b>Group 2021 £</b>	<i>Group 2020 £</i>	<b>Company 2021 £</b>	<i>Company 2020 £</i>
Loans	<b>59,505</b>	57,005	<b>57,005</b>	57,005
Trade creditors	<b>79,591</b>	152,490	<b>28,733</b>	73,612
Other taxation and social security	<b>80,410</b>	66,885	<b>69,096</b>	54,708
Other creditors	<b>24,078</b>	35,613	<b>24,078</b>	24,078
Accruals and deferred income	<b>161,970</b>	262,662	<b>69,101</b>	168,687
	<b>405,554</b>	574,655	<b>248,013</b>	378,090
			<b>Group 2021 £</b>	<i>Group 2020 £</i>
Deferred income at 1 April 2020			<b>143,197</b>	87,561
Resources deferred during the year			<b>138,224</b>	143,197
Amounts released from previous periods			<b>(143,197)</b>	(87,561)
			<b>138,224</b>	143,197

Deferred income comprises lottery income received in advance by Mary Stevens Hospice Lottery Limited and training income and sponsorship monies received in advance in Mary Stevens Hospice.



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**NOTES TO THE FINANCIAL STATEMENTS  
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**19. Creditors: Amounts falling due after more than one year**

	<b>Group 2021 £</b>	<i>Group 2020 £</i>	<b>Company 2021 £</b>	<i>Company 2020 £</i>
Loans	<b>968,501</b>	936,337	<b>921,001</b>	936,337

Included within the above are amounts falling due as follows:

	<b>Group 2021 £</b>	<i>Group 2020 £</i>	<b>Company 2021 £</b>	<i>Company 2020 £</i>
<b>Between one and two years</b>				
Bank loans	<b>67,005</b>	57,005	<b>57,005</b>	57,005
<b>Between two and five years</b>				
Bank loans	<b>201,018</b>	171,018	<b>171,018</b>	171,018
<b>Over five years</b>				
Bank loans	<b>700,478</b>	708,314	<b>692,978</b>	708,314

There are two loans in this year's accounts.

The first loan was drawn down in December 2018 and is repayable over a term of 25 years. The total amount drawn down was £1,000,000 and repayment commenced on 21 January 2018. Repayment is paid interest only for the first twelve months, followed by monthly installments of £5,084 (including interest).

Interest is charged at 2.65% per annum over the Bank of England base rate.

The loan is secured by means of a legal mortgage and fixed and floating charge over 221 Hagley Road, Oldswinford, Stourbridge, DY8 2JR and any property or undertaking of The Mary Stevens Hospice.

The second bank loan is a term loan repayable in monthly installments over a 6 year term and bears interest at 2.5% per annum.

There is an unlimited guarantee in place for Mary Stevens Hospice Trading Company Limited and Mary Stevens Hospice Lottery Limited. There is a charge over 221 Hagley Road, Stourbridge, DY8 2JR on the bank accounts.

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**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>						
Fixed assets	3,807,032	-	(170,619)	5,994	-	3,642,407
Hospice at home	200,000	-	-	-	-	200,000
	<u>4,007,032</u>	<u>-</u>	<u>(170,619)</u>	<u>5,994</u>	<u>-</u>	<u>3,842,407</u>
<b>General funds</b>						
General Funds	<u>501,339</u>	<u>4,640,859</u>	<u>(4,281,923)</u>	<u>(5,994)</u>	<u>222,829</u>	<u>1,077,110</u>
<b>Total Unrestricted funds</b>	<u>4,508,371</u>	<u>4,640,859</u>	<u>(4,452,542)</u>	<u>-</u>	<u>222,829</u>	<u>4,919,517</u>
<b>Restricted funds</b>						
Donations	76,087	285,392	(246,559)	-	-	114,920
Additional Bed Funding	-	284,800	(284,800)	-	-	-
Restricted fixed assets	<u>1,068,159</u>	<u>-</u>	<u>(24,860)</u>	<u>-</u>	<u>-</u>	<u>1,043,299</u>
	<u>1,144,246</u>	<u>570,192</u>	<u>(556,219)</u>	<u>-</u>	<u>-</u>	<u>1,158,219</u>
<b>Total of funds</b>	<u><u>5,652,617</u></u>	<u><u>5,211,051</u></u>	<u><u>(5,008,761)</u></u>	<u><u>-</u></u>	<u><u>222,829</u></u>	<u><u>6,077,736</u></u>

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**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**20. Statement of funds (continued)**

**Statement of funds - current year (continued)**

Restricted funds

The restricted funds relate to donations received for specific expenditure that have not yet been expensed.

Designated funds

The Hospice re-development and extension fund is earmarked for the Phase 3 development of the Hospice which commenced in June 2017.

The Hospice at Home fund is earmarked for the potential establishment of a "Hospice at Home" service in the future.

The fixed asset fund represents value embodied in the charity's buildings and equipment.

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**20. Statement of funds (continued)**

**Statement of funds - prior year**

	<i>Balance at 1 April 2019 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Transfers in/out £</i>	<i>Gains/ (Losses) £</i>	<i>Balance at 31 March 2020 £</i>
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
Fixed assets	3,831,325	-	(178,265)	153,972	-	3,807,032
Hospice at home	200,000	-	-	-	-	200,000
	<u>4,031,325</u>	<u>-</u>	<u>(178,265)</u>	<u>153,972</u>	<u>-</u>	<u>4,007,032</u>
<b>General funds</b>						
General Funds	<u>1,676,101</u>	<u>4,626,044</u>	<u>(5,423,272)</u>	<u>(153,972)</u>	<u>(223,562)</u>	<u>501,339</u>
<b>Total Unrestricted funds</b>	<u>5,707,426</u>	<u>4,626,044</u>	<u>(5,601,537)</u>	<u>-</u>	<u>(223,562)</u>	<u>4,508,371</u>
<b>Restricted funds</b>						
Donations	237,540	125,762	(83,098)	-	-	280,204
Department of Health grant	430,282	-	(9,688)	-	-	420,594
Capital appeal	451,012	-	(7,564)	-	-	443,448
	<u>1,118,834</u>	<u>125,762</u>	<u>(100,350)</u>	<u>-</u>	<u>-</u>	<u>1,144,246</u>
<b>Total of funds</b>	<u><u>6,826,260</u></u>	<u><u>4,751,806</u></u>	<u><u>(5,701,887)</u></u>	<u><u>-</u></u>	<u><u>(223,562)</u></u>	<u><u>5,652,617</u></u>



**THE MARY STEVENS HOSPICE**  
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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

**21. Summary of funds**

**Summary of funds - current year**

	Balance at 1 April 2020 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2021 £
Designated funds	4,007,032	-	(170,619)	5,994	-	3,842,407
General funds	501,339	4,640,859	(4,281,923)	(5,994)	222,829	1,077,110
Restricted funds	1,144,246	570,192	(556,219)	-	-	1,158,219
	<u>5,652,617</u>	<u>5,211,051</u>	<u>(5,008,761)</u>	<u>-</u>	<u>222,829</u>	<u>6,077,736</u>

**Summary of funds - prior year**

	Balance at 1 April 2019 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2020 £
Designated funds	4,031,325	-	(178,265)	153,972	-	4,007,032
General funds	1,676,101	4,626,044	(5,423,272)	(153,972)	(223,562)	501,339
Restricted funds	1,118,834	125,762	(100,350)	-	-	1,144,246
	<u>6,826,260</u>	<u>4,751,806</u>	<u>(5,701,887)</u>	<u>-</u>	<u>(223,562)</u>	<u>5,652,617</u>

**22. Analysis of net assets between funds**

**Analysis of net assets between funds - current year**

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	3,642,407	1,043,299	4,685,706
Current assets	2,651,165	114,920	2,766,085
Creditors due within one year	(405,554)	-	(405,554)
Creditors due in more than one year	(968,501)	-	(968,501)
<b>Total</b>	<u>4,919,517</u>	<u>1,158,219</u>	<u>6,077,736</u>

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**NOTES TO THE FINANCIAL STATEMENTS  
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**22. Analysis of net assets between funds (continued)**

**Analysis of net assets between funds - prior year**

	<i>Unrestricted funds 2020 £</i>	<i>Restricted funds 2020 £</i>	<i>Total funds 2020 £</i>
Tangible fixed assets	3,807,032	1,068,159	4,875,191
Current assets	2,212,331	76,087	2,288,418
Creditors due within one year	(574,655)	-	(574,655)
Creditors due in more than one year	(936,337)	-	(936,337)
<b>Total</b>	<b>4,508,371</b>	<b>1,144,246</b>	<b>5,652,617</b>

**23. Reconciliation of net movement in funds to net cash flow from operating activities**

	<i>Group 2021 £</i>	<i>Group 2020 £</i>
Net income/expenditure for the year (as per Statement of Financial Activities)	<b>425,119</b>	(1,173,643)
<b>Adjustments for:</b>		
Depreciation charges	<b>235,631</b>	251,350
Gains/(losses) on investments	<b>(222,829)</b>	223,562
Dividends, interests and rents from investments	<b>(53,445)</b>	(86,858)
Increase in stocks	<b>(182)</b>	(1,920)
Decrease in debtors	<b>21,516</b>	348,215
Decrease in creditors	<b>(171,601)</b>	(263,481)
<b>Net cash provided by/(used in) operating activities</b>	<b>234,209</b>	(702,775)

**24. Analysis of cash and cash equivalents**

	<i>Group 2021 £</i>	<i>Group 2020 £</i>
Cash in hand	<b>955,648</b>	529,476

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FOR THE YEAR ENDED 31 MARCH 2021**

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**25. Analysis of changes in net debt**

	At 1 April 2020 £	Cash flows £	New loan £	Other non- cash changes £	At 31 March 2021 £
Cash at bank and in hand	529,476	426,172	-	-	955,648
Loans due within 1 year	(57,005)	-	(2,500)	-	(59,505)
Loans due after 1 year	(936,337)	15,336	(47,500)	-	(968,501)
Liquid investments	1,357,215	(150,000)	-	222,829	1,430,044
	<u>893,349</u>	<u>291,508</u>	<u>(50,000)</u>	<u>222,829</u>	<u>1,357,686</u>

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**NOTES TO THE FINANCIAL STATEMENTS**  
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**26. Pension commitments**

Staff may opt to join a defined contribution pension scheme, the assets of which are held separately from those of the charity in independently administered funds. The employer's contribution to this scheme is between 3% and 6.5% (2020: 3% and 6.5%) of pensionable pay. Future contributions are expected to be at a similar level.

Staff previously employed by the National Health Service and who were members of the NHS Superannuation Scheme continue to be members of that scheme. The NHS scheme is a defined benefit pension scheme. However, the scheme is a multiple employer scheme and the group is unable to identify its share of the underlying assets and liabilities. The scheme is therefore accounted for as a defined contribution scheme. Contributions are charged to the SOFA so as to spread the cost of pensions over employees' working lives with the charity.

Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.pensions.nhsbsa.nhs.uk](http://www.pensions.nhsbsa.nhs.uk).

The employer's contribution to the scheme is 14.38% (2020: 14.38%) of pensionable pay.

The pension cost charges, representing employer's contributions to both schemes, amounted to £152,989 (2020: £129,272). This is net of a NHS pension contribution of £43,563 (2020 - £43,563) received as part of the Dudley CCG grant. Contributions totalling £Nil (2020:£Nil) were payable at the year end and are included in other creditors.

No trustee qualified for benefits under either of these schemes.

**27. Operating lease commitments**

At 31 March 2021 the Group and the company had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Company 2021 £</b>	<b>Company 2020 £</b>
Not later than 1 year	<b>202,590</b>	218,596	<b>16,180</b>	9,580
Later than 1 year and not later than 5 years	<b>586,768</b>	631,089	<b>26,169</b>	9,314
Later than 5 years	<b>115,617</b>	239,117	<b>1,410</b>	-
	<b>904,975</b>	1,088,802	<b>43,759</b>	18,894

**28. Members' liability**

Each member of the charitable company undertakes to contribute to the assets of the company in the event of it being wound up while he/she is a member, or within one year after he/she ceases to be a member, such amount as may be required, not exceeding £1 for the debts and liabilities contracted before he/she ceases to be a member.



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**NOTES TO THE FINANCIAL STATEMENTS**  
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**29. Related party transactions**

There have been no other related party transactions that require disclosure other than the transactions with the subsidiary companies, The Mary Stevens Hospice Trading Company Limited and Mary Stevens Hospice Lottery Limited, as set out below:

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
The Mary Stevens Hospice Trading Company Limited - Recharge for management and operation of the retail gift aid scheme	<b>(678,010)</b>	<b>(671,230)</b>

Income from donated goods under the retail Gift Aid scheme are sales which were processed by The Mary Stevens Hospice Trading Company Limited on behalf of the Charity and are included under retail income.

The subsidiary companies also made a gift aid distribution to the Charity as disclosed in Note 30.

The balance outstanding at the year end owed from The Mary Stevens Hospice Trading Company Limited was £134,841 (2020 - £139,265).

The balance outstanding at the year end owed from Mary Stevens Hospice Lottery Limited was £139,874 (2020 - £304,899).

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**30. Principal subsidiaries**

The Charity has two wholly owned trading subsidiaries which are registered and incorporated in England.

The following were subsidiary undertakings of the company:

<b>Names</b>	<b>Company number</b>	<b>Registered office or principal place of business</b>	<b>Principal activity</b>
The Mary Steven Hospice Trading Company Limited	02648133	221 Hagley Road, Oldwinsford, Stourbridge, DY8 2JR	Sells goods and gift aids taxable profits to The Mary Stevens Hospice
Mary Stevens Hospice Lottery Limited	03885815	221 Hagley Road, Oldwinsford, Stourbridge, DY8 2JR	Runs a lottery and gift aids taxable profits to The Mary Stevens Hospice

The financial results of the subsidiaries for the year were:

<b>Name</b>	<b>Income</b>	<b>Expenditure</b>	<b>Profit/(Loss) for the year</b>	<b>Net assets/(liabilities)</b>
The Mary Stevens Hospice Trading Company Limited	1,228,621	1,253,564	(24,943)	(24,943)
Mary Stevens Hospice Lottery Limited	530,093	262,526	267,567	4,612

At the end of the financial year, Mary Stevens Hospice Lottery Limited made a gift aid distribution of £267,567 (2020: £304,899) and The Mary Stevens Hospice Trading Company Limited made a gift aid distribution of £nil (2020: £139,265).



Hospice Care - 01384 443010 | Fundraising - 01384 377778 | Lottery - 01384 860011  
Trading & Recycling Centre - 01384 671149 | Telephone Advice & Support Service - 01384 445417  
Bereavement Information Hub - 01384 443010

Report produced by Beth Wheeler, Graphic Designer



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