



**ST DAVID'S FOUNDATION
HOSPICE CARE**

**TRUSTEES' ANNUAL REPORT AND
CONSOLIDATED FINANCIAL
STATEMENTS**

**FOR THE YEAR ENDED
31 MARCH 2022**

CONTENTS

YEAR ENDED 31 MARCH 2022

TRUSTEES REPORT	2
COVID-19 Pandemic	2
Objectives and activities	2
Strategic report	5
Achievements and performance	5
Financial review	7
Plans for future periods	11
Structure, governance and management	11
Reference and administrative details	13
Trustees' responsibilities in relation to the financial statements	14
Statement of disclosure to our auditors	14
INDEPENDENT AUDITORS' REPORT	15
CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES	17
BALANCE SHEETS	18
CONSOLIDATED STATEMENT OF CASH FLOWS	19
NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT	19
NOTES TO THE FINANCIAL STATEMENTS	21

The Trustees are pleased to present their annual report with the audited, consolidated financial statements of St David's Foundation Hospice Care ("the Hospice") for the year ending 31 March 2022.

This Trustees report incorporates the requirements of a Directors' report required by company law.

COVID-19 Pandemic

The last twelve months presented a new chapter in the pandemic which has continued to place demands on the hospice from various quarters.

Welsh Government announced early in the financial year that they would continue with the emergency funding which gave us assurance to continue to offer the same levels of services to patients pre-pandemic.

PPE was supported by Aneurin Bevan University Health Board and our Health and Safety Manager worked tirelessly to ensure plentiful and appropriate supplies.

The clinical teams continued to deliver services within the parameters of Welsh Government guidelines.

In September 2021 we were able to re-open our Day Hospices and by the end of the financial year the Day Hospice was operating normally.

Pressure, however, continued throughout the year with staff sickness and the need to isolate.

Fundraising events by the end of the year were back up and running but retail took more time to recover.

Objectives and activities

The principal objective of the Hospice is to relieve sickness and pain among persons who are suffering from any chronic or life-threatening illness in England and Wales. The Hospice currently confines its work to Caerphilly, Monmouthshire, Newport, Torfaen and in South & Mid Powys.

The Hospice provides a specialist, multi-professional palliative care service in community, Day Hospice and in-patient settings.

The main focus of our work is to provide 24-hour supportive palliative nursing care in patients' own homes via our Clinical Nurse Specialists, Hospice at Home team, our In-Patient Unit, our Day Hospices and to provide support through our Family Support Team.

The Hospice aims to meet this objective by:

Putting patients and their carers first

- delivering excellent high quality and responsive care, free of charge at the right time and in the right place;
- providing bespoke care that meets the individual needs of patients, carers and their families;
- working with Health Boards and other health and social care professionals to support and care for those who need our service;

Supporting and empowering staff and volunteers

- developing a workforce with the skills and ability to deliver our purposes;
- creating a supportive, respectful, listening environment for our valued staff and volunteers;

Strengthening our foundations as a charitable organisation

- making the best use of existing resources to ensure efficiency and effectiveness;
- maximising and diversifying our income generation to fund and develop our services;

Engaging with our communities

- working with and developing mutually beneficial relationships;
- building on and enhancing our excellent reputation and profile;
- being committed to widening access and being inclusive;

Looking forward

- responding and adapting to external influences and changing in a timely manner;
- being innovative and pro-active leaders in our field;
- developing a hospice for the future by always seeking to improve methods and practices;

Striving to be the best at what we do

- aspiring to always exceed quality standards for all aspects of the care and services that we deliver;
- listening and responding to the needs of our patients and communities to keep them at the heart of everything we do;
- being a developing and learning organisation through evaluating our delivery and sharing best practice.

The Hospice undertakes nine core charitable activities to meet its objectives:

- Community Clinical Nurse Specialists
- Hospice at Home
- The Day Hospices
- Fifteen bed In-Patient Unit
- The Family Support Team
- Adult and children bereavement care
- Complementary therapies
- Chaplain service
- Education

Community Clinical Nurse Specialists

"We can't thank you enough for all the support and care you showed towards our mum during your visits. Your guidance helped us through a difficult time and we will always be grateful.

A relative

The Hospice employs a large team of Clinical Nurse Specialists. They are highly trained, skilled palliative care professionals. The Clinical Nurse Specialists are allocated to GP practices and work as core members of the primary

TRUSTEES REPORT

YEAR ENDED 31 MARCH 2022

healthcare team. The role of the Clinical Nurse Specialist is to:

- support the patient and family by managing symptom control such as pain and nausea;
- provide information regarding diagnosis and treatment;
- liaise with the Primary Healthcare Team on a plan of care;
- be the key worker within the Hospice and refer patients to other hospice services and other community services;
- work with patients regarding their preferred place of care and preferred place of death.

Hospice at Home

The Hospice at Home team aims to provide end of life care at home and to enable patients to have choice about where they die. The service also provides respite care to patients to help relieve carer fatigue. The service is delivered with a skill mix of qualified palliative care nurses and health care assistants. Each patient and their family are assessed individually to ensure the Hospice develops the best possible package of care for each situation.

"As soon as the nurse arrived at the house everything felt better, like we could cope and we could do the right thing for mum which was to keep her at home. As a family, we felt supported and we had total faith in the care offered. I was able to get some sleep for the first time in what felt like a long time, reassured that mum was being well looked after.

A relative

In-Patient Unit

"I would like to thank you for everything you did for my mother. My mum was at the hospice for a short time but she was treated with kindness and respect, as was I and my family. My mum passed away in beautiful, peaceful surroundings and I cannot thank you enough for all the support, care and love you provided."

A relative

The In-Patient Unit is a Consultant led Specialist Palliative Care unit with 15 beds for adult patients who suffer from progressive life limiting conditions and live within the five localities of Aneurin Bevan University Health Board (ABUHB). The service is free for patients and families who fulfil the criteria for admission, which include short term care for the management of complex symptoms, assessment, emotional or psychological distress, rehabilitation following treatment and care at the end of life. The In-Patient Unit

does not provide long term nursing care. Holistic care is coordinated by a multi-professional team, with a mix of skills that encompass the physical, spiritual, psychological and social requirements of patients and families. All admissions to the In-patient Hospice are decided by the ABUHB medical team.

Day Hospices

We have 4 Day Hospices which run throughout the week with patients attending between 10am and 4pm at the service most local to them. They are:

- Ysbyty Ystrad Fawr, Ystrad Mynach
- County Hospital, Pontypool
- Usk House, Brecon
- Blackett Avenue, Newport

Day Hospice is a friendly and comfortable place for patients to meet and gain support from others who are in a similar situation, and take part in a range of activities and interests. Patients are able to choose breakfast and lunch from our menu and can enjoy a relaxing bath at some of the locations. Group or individual relaxation sessions and complementary therapy treatments are also available. There is always a Palliative Care Nurse on hand for patients to discuss their condition or medication.

The Hospice Harmony Choir

The Hospice Harmony Choir have been singing together for over three years and have performed at music concerts and festivals. Any patient, their carer or family member can join the Choir which usually meets in Blackett Avenue Day Hospice. Those that attend will often report feeling much more energised and uplifted after attending and the group have become a new form of support for each other. On average we have around 30 participants and have more concerts and activities planned, including percussion sessions to be introduced.

The Family Support Team

The Family Support Team are part of the multi-professional team supporting patients and their families with a wide range of social, financial, practical and emotional needs. The team includes:

- Social Workers;
- Welfare Rights Advisors;
- Carer Support;
- Bereavement Support;
- The Unicorn Service supporting children, young people and their families.

Social workers work across the community and in patient services supporting patients, families and carers with a wide range of issues.

Welfare Rights Advisors ensure that our patients and families have support to navigate the welfare reforms, access their full entitlements and have fewer money worries.

The Bereavement Service provides support to anyone coping with the loss of a patient of the Hospice.

TRUSTEES REPORT

YEAR ENDED 31 MARCH 2022

"T. just listened which really helped me as I am not good at talking about feelings, she was so nice and made me feel at ease. I found her easy to chat to."

A bereaved relative

Wellbeing group

During the year wellbeing groups were established by the Family Support Team. The aim of our Wellbeing groups was to give individuals the opportunity to gain some helpful self-management techniques for symptoms such as fatigue, breathlessness and anxiety and to meet with other individuals who were in a similar position in order that they could share some of their experiences and helpful strategies which have improved their wellbeing.

Our first group ran for 6 weeks in February 2022 and received some very positive feedback which included

"I found it reassuring to share my feelings of wellness with like-minded people that understand the subtleties of the complexity of living well with cancer"

A patient who attended a wellbeing group

Further groups are planned which will include group sessions for carers to enable them to support their own wellbeing, particularly as many have been isolated during lockdown and would benefit from the social interaction and also to develop their own strategies to manage stress, anxiety and worry.

Complementary Therapy

The Complementary Therapy Team at St David's Hospice is made up of experienced therapists. Complementary therapies are offered in conjunction with conventional medical treatment and are offered primarily for the relief of stress and anxiety but can also assist in relieving physical symptoms such as pain, insomnia, nausea and muscle tension. In general, complementary therapies can be used to induce a feeling of well-being and of 'letting go' and are also aimed at giving the patient a 'treat' rather than a treatment.

Therapies include massage, aromatherapy, reflexology and Reiki and are provided at patient's homes or within the Day Hospice or In-Patient Unit setting.

Chaplaincy Service

The Hospice has been providing a chaplaincy service since June 2019. The Hospice has its own Chaplain but also has a very dedicated volunteer spiritual care team who are much appreciated by parents and families alike.

Occupational Therapy

Historically this service was purchased from ABUHB but now the Hospice employees the OT directly. The service is provided primarily in the In Patient Hospice but the OT also provides community and Day Hospice sessions. This has been a positive development.

Education

The Education Department works closely with local Universities through endorsements of specific courses and mentoring of student nurses. A wide range of teaching strategies are used to improve the knowledge and skills of staff to care for people, their families and carers facing a progressive life-threatening illness which is no longer curable. Regular courses are provided for nursing and residential homes in palliative care.

Public benefit

Our charitable services are provided without charge to all members of the public with a life threatening illness who are referred by a health care professional and who live in Caerphilly, Monmouthshire, Newport, Torfaen and in South & Mid Powys.

The Trustees are of the opinion that they have complied with their duties to have due regard for the guidance on public benefit. We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the Hospice's aims and objectives and in planning our future activities.

Statement of purpose

St. David's Hospice Care aims to:

- provide a comprehensive range of holistic hospice and palliative care services within the unitary authorities of Caerphilly, Monmouthshire, Newport, Torfaen and in South & Mid Powys;
- ensure all staff are appropriately trained and encouraged to participate in continued professional development;
- respect the dignity and privacy of service users at all times and respect the individuals' rights and choice in their care;
- receive referrals of patients who have a diagnosis of a life-threatening illness (either cancer or non-cancer of patients aged 17 years and over);
- promote and disseminate current research and good practice to the wider healthcare community;
- work within the requirements of the Care Standards Act 2000, the Nurses Agencies (Wales) Regulations 2003, the Domiciliary Care Agencies (Wales) Regulations 2004 and the National Minimum Standards for Independent Health Care Services in Wales 2011;
- support the need of patients' carers and families during the patients' illness and into bereavement;
- provide personal care to young people and adults (aged 17 years and over) within an agreed criteria;
- provide respite care through Day Hospice, Hospice at Home, in-patient care and carer support.

Strategic report








The strategic report required under company law comprises the three sections *Achievements and performance*, *Financial review* and *Plans for future periods* below.

Key performance indicators

The Hospice uses a range of performance measures to monitor its performance. The key measures related to its charitable work are given in the achievements and performance section starting on page 5. The key financial performance indicators, including the Hospice's reserves, are disclosed in the financial review starting on page 7.

Achievements and performance

In last year's financial statements we set out the following priorities for the forthcoming year:

Priority	Outcome
Consolidate and review lessons learnt from the COVID-19 pandemic – Review all infection control procedures and St David's Hospice Care responses to the pandemic.	 Achieved COVID policies and plans updated and reviewed as changes in legislation dictated.
Work to re-open all clinical services to a pre-pandemic service delivery level as Welsh Government guidance allows.	 By March 2022, all services were back to normal apart from Usk House which reopened on 6th June 2022.
Review and develop retail operation to ensure it is fit for purpose for the next 10 years.	 A review of retail took place in 2021 and will continue into 2022.
Continue to evaluate the occupancy of the In-Patient Hospice and take all opportunities to increase access to patients and families.	 Not achieved – Occupancy remains at an average of 57%.
Develop our work on widening access to under-represented groups including the travelling community, BAME communities, Eastern Europeans, the homeless, asylum seekers, the LGBT+ community and people with learning difficulties.	 The Hospice Under-represented Groups Group (HUGG) was established and continuing.
Develop our Clinical Nurse Specialist workforce to meet the changing demand for our expertise and skills.	 We have introduced a skill mix within the teams which is evaluating well.
Develop our Hospice at Home team to offer increased day care.	 Recruitment and the pandemic has delayed the development of day care.

Community Clinical Nurse Specialists

	2022	2021
Number of patients	3,386	3,455
Average caseload	1,355	1,305
New referrals	2,095	2,143
Discharges	195	231
Deaths	1,736	1,734
Deaths at home	1,259	1,291
% died at home	73%	75%

"I cannot express my gratitude to St David's for the palliative care provided by the Clinical Nurse Specialists. It's hard to imagine anyone having more expertise and providing more compassionate support than they did."

A patient

- The five teams work through Caerphilly, Monmouthshire, Newport, Torfaen and South & Mid Powys. Each Clinical Nurse Specialist (CNS) is assigned to one or more GP surgeries. The CNS team cared for 3,386 patients which is a small decrease on the previous year (2021 – 3,455).
- Overall referrals fell slightly to 2,095 from 2,143 in 2021.
- We aim to ensure across the service that at least 60% of patients die in their usual place of residence

TRUSTEES REPORT

YEAR ENDED 31 MARCH 2022

(excluding Hospice at Home). In 2022 we achieved this with 1,259 of 1,736 (2021 - 1,291 of 1,734) patients dying at home.

Hospice at Home

	2022	2021
Average monthly caseload	80	84
New referrals	724	737
Hours of care	38,440	48,137

"I thank the nurse who offered us so much support and compassion from the bottom of my heart, she did a great job at a very difficult time. She made the process of mum's dying as good as it could be and allowed her to die at home, exactly where she wanted to be, pain free and comfortable. Thank you so much Best wishes"

The relative of a patient

- The highly valued team support offered by the Hospice at Home remains at the core of what the Hospice aims to achieve, ensuring patients have *real* choice about where to receive their end of life care.
- There has been a 20% decrease in the number of hours of care provided compared to last year (2021 - 3.0% increase), with a total number of hours of care provided of 38,440 (2021 - 48,137). This was due to Covid 19 and recruitment of staff.
- We continue to offer a flexible bespoke service which is tailored to each individual patient and their family.
- Our Hospice at Home service is registered with Care Inspectorate Wales. Our latest inspection can be requested directly from Care Inspectorate Wales.

In-Patient Unit

	2022	2021
Admissions	208	195
Discharges	66	57
Deaths	124	113
Average length stay in days	16	17
Average bed occupancy	57%	52%

"I am writing to say how grateful I am to you and all your colleagues at St David's for making me feel so welcome when I stayed at your hospice. It is hard to put into words the difference it has made for both myself and my wife and the feeling of well-being it has given. My thanks to all the staff for their kindness and care during my stay."

An In-Patient Unit patient

- The number of admissions to the Hospice In-Patient Unit has increased from 195 to 208.
- Following a drop in the bed occupancy in 2021 because of a COVID-19 outbreak within the staff group the bed occupancy has increased to the pre-pandemic level.
- A staff questionnaire was undertaken in June 2021. 100% of responses noted the staff felt patients' views were taken into account and patients are listened to regarding the care and support offered by St David's Hospice Care.
- Overall responses were positive but areas for improvement include better communication and more training opportunities to be made available.
- 100% of the received responses noted staff felt they had the right 'tools' to support patients with regards to their ongoing health, development and overall well-being.
- Staff were asked to consider how St David's can help patients to feel more independent and in control of their everyday life and suggestions included trying to maintain the same routine in the hospice as the patient has at home, encouraging patients to have daily goals and helping them to achieve them and by actively listening to them and engaging them in their day to day care.
- The In-Patient Unit is regulated by Healthcare Inspectorate Wales. A quality check was carried out by the Inspectorate body, Health in Wales (HIW) on 23rd March 2022 with two recommendations.

"It's a very relaxed environment. The staff are wonderful - they take time to explain things and go the extra mile."

An In-Patient Unit patient

Day Hospice

	2022	2021
Average monthly caseload	42	-
New referrals	103	-
Attendances	579	-

TRUSTEES REPORT

YEAR ENDED 31 MARCH 2022

- The day Hospices were closed throughout 2021 but are now returning to normal activity.

Complementary Therapy

	2022	2021
Average monthly community caseload	51	41
New referrals	246	81
Treatments given	788	461

The community caseload does not include Day Hospice and IPU patients.

Family Support Team

	2022	2021
Social Work		
Average monthly caseload	55	54
New referrals	149	144
Visits	391	546
Welfare Rights		
Average monthly caseload	138	110
New referrals	730	583
Visits	15	2
Adult bereavement service		
Average monthly caseload	53	58
New referrals	207	186
Sessions	695	710
Children's bereavement service (Unicorn)		
Average monthly caseload	137	143
New referrals (families)	329	236
Sessions	1,580	1,344

- Welfare rights referrals have increased from 583 in 2021 to 730 in 2022.
- Referrals to the Unicorn Service rose in the year from 236 to 329).

"The service offered a safe place for my child to talk and discuss the bereavement. He was able to talk to someone who could give him age appropriate answers and clarity. Help him understand emotions and that it is ok to cry and be sad sometimes. "

A parent whose child had used the Unicorn service

Chaplaincy Service

	2022	2021
Average monthly caseload	55	26
New referrals	60	79
Visits	2,424	1,162

Out of hours – on call

This 24-hour a day advice line provides invaluable support to patients, families and healthcare professionals. The demand for this service has remained similar to previous years. A total of 2,227 calls were made in the year (2021 – 1,742).

Clinical risk management

- The team managers complete quality and patient safety reports monthly and these are assessed and actioned at a monthly Quality and Assurance meeting.
- Senior clinical managers meet weekly to discuss and action any issues arising.
- Policies and procedures are updated regularly.
- The Trustee clinical governance sub-group meets four times a year.
- A monthly SMT meeting for the In-Patient Unit is held with representatives from ABUHB.
- Risk assessments are completed for every patient and their family.

Compliments and complaints

Although the Hospice aims to provide the very best care to our patients and families there are rare occasions where we do not meet the standard we would expect. As a hospice we take every complaint or concern very seriously and aim to learn from these occasions. A copy of our complaints policy can be obtained from the Hospice.

We receive many compliments and always take the opportunity to learn from these situations and share good practice.

Financial review

Overall the Hospice's income decreased from £9,037,000 to £8,697,000. The Hospice's total expenditure increased by £457,000 to £7,876,000. The Hospice's spending on charitable activities increased by £10,000 from £4,627,000 to £4,637,000.

The financial impact of COVID-19

The pandemic had a substantial impact on the traditional income streams of the hospice. In 2021 the hospice was reliant on substantial government support from various sources to replace this lost income.

The hospice received the last support under the Job Retention Scheme in the early part of the year. 2022 has seen a return to our traditional retail and fundraising activity.

The hospice is also very grateful for the public's response to our donation appeal during the year.

Legacy income

The Hospice has recognised legacy income of £629,000. This represents a decrease of £89,000 compared to 2021. It compares to an average per year over the five years to 31 March 2022 of £764,000.

Funding sources

The Hospice receives funding to provide its services from a variety of sources. The Hospice received the following from the Welsh Government and NHS Health Boards under long term agreements:

	Income £000		% of the expenditure on charitable activities	
	2022	2021	2022	2021
NHS service level agreements	1,718	1,770	37%	38%
Welsh Government	19	23	0%	0%
	1,737	1,793	37%	38%

The Hospice receives additional NHS funding for individual continuing health care packages.

	Income £000		% of the expenditure on charitable activities	
	2022	2021	2022	2021
Care packages	427	436	9%	9%

The Hospice augments this public funding with donations, legacies and grants from trusts. In addition the Hospice operates three core fundraising activities:

- running a network of charity shops;
- organising fundraising events;
- and operating a lottery.

The hospice's ability to raise funds from its charity shops and fundraising events was severely restricted in the year.

Charity shops (retail trading)

The Hospice operates 38 (2021 - 38) charity shops. The shops primarily sell second hand goods donated by members of the public. In addition new goods are sold by the Hospice's trading subsidiary within the shops. The sale of new goods represented 6% (2021 - 6%) of retail trading income.

The shops were able to reopen on 12 April 2021 and have returned to profit in the year. They have provided a surplus of £476,000 in the year to support patient care.

£13,000

Provided
per shop
for patient
care

Fundraising

The fundraising department incorporates both the work associated with appealing for donations and the subsequent administration together with the work associated with organising fundraising events. The net surplus from all fundraising, after the allocation of support costs, was £1,790,000 (2021 - £1,762,000). A return in the year to more fundraising events has necessarily led to a decrease in surplus margin to 81% (2021 - 86%).

Pence in the pound

£2,198,000
Total
income
from
fundraising

£1,790,000
Total
income
available
for patient
care

£408,000
fundraising
expenditure

For every
£1 donated
81p
is available
for patient
care

Lottery

The Hospice operates a weekly lottery draw. Most members play every week. Twice a year extra prizes are awarded for the draw. On these weeks additional tickets are sold more widely to the general public.

The net surplus from the lottery after the allocation of support costs was £157,000 (2021 - £120,000). This represents a surplus margin of 45% (2021 - 36%).

VAT

The Hospice continues to benefit from the VAT refund scheme for palliative care charities which means it has been able to reclaim the VAT on its non-business activities. The additional VAT that the Hospice would not otherwise have been able to recover was £112,000 (2021 - £94,000). The Hospice continues to suffer irrecoverable VAT on some of its expenditure notably expenditure on its lottery and on most fundraising events. The total irrecoverable VAT suffered was £25,000 (2021 - £11,000).

Investment policy

The Trustees reviewed and approved the investment policy on 27 April 2022.

Purpose of the Hospice's investment

The Hospice's investment policy is closely aligned with its reserves policy which sets out that free reserves are primarily held to cover an unexpected reduction in income over the forthcoming twelve months. As such the Hospice's policy is to keep most surplus cash on deposit with UK based institutions. The terms of deposits may range from instant access to twelve months term deposits to ensure the funds are available if required without loss of capital or interest.

However in order to mitigate the risk of a real term loss in the value of reserves due to inflation the Hospice will invest a limited proportion of reserves in asset classes other than cash (the investment portfolio).

The Hospice calculates a risk based, free reserves requirement every year as set out in the reserves policy. This sets out the level of free reserves that the Hospice will seek to hold. The Hospice will retain at least 100% of the free reserves requirement as cash on deposit. Any additional funds may be invested in the portfolios at the discretion of the Senior Management Team.

The level of funds invested in the portfolio will be reported to the Governance Committee as part of the routine management accounts reporting.

Investment Manager

The investment portfolio will be managed on a discretionary basis which means the buy and sell decisions will be made by an Investment Manager subject to the conditions and ethical considerations set out in this policy. The Investment Manager will be appointed by the Governance Committee.

The Governance Committee may select one or more Investment Managers to manage the portfolio.

The Governance Committee will review the appointment of the Investment Managers at least every five years. This review may include a formal tender for the role at the discretion of the committee.

Objectives of the investment portfolio

Funds in the investment portfolio will be invested to produce the best financial return with an acceptable level of risk.

In the short term, income from the investment portfolio will not be used to fund charitable activities. The investment objective is therefore to increase the overall total return of the fund. Since the expectation is that any income from the investment portfolio will be reinvested in the portfolio, the Hospice does not have a preference for either income or capital growth.

To meet its objectives the Hospice investment portfolio can be invested widely according to the Trustees' general power of investment and should be diversified by asset class, and by security. Asset classes could include cash, bonds, equities, commodities and any other assets that are deemed

suitable for the Hospice. The weighting of the classes of assets will be at the discretion of the Investment Manager subject to the conditions of this policy.

It is anticipated that investments will primarily be in UK based assets.

Risk

Giving due consideration to the proportion of the overall free reserves the investment portfolio represents, the low risk to which the rest of the free reserves are subject and the acceptance of risk identified following the analysis undertaken the risk level has been set as medium high.

A medium high risk level means that a large proportion of the investment portfolio may be held in equity investments. A broader range of equity markets and sectors is likely to be used. However fixed interest and non-equity investments may form part of the portfolio.

Time horizon

The Hospice is expected to exist in perpetuity therefore the Hospice can adopt a long term investment time horizon. For the purpose of this policy, the anticipated investment time horizon is over ten years.

Reporting and monitoring

The Investment Managers will be required to produce a valuation and performance report every month.

The Investment Managers will present a performance report at least once a year.

The Governance Committee have responsibility for agreeing the investment objectives and monitoring the investment assets. The committee will meet at least once a year to review the portfolio, including an analysis of return, risk and asset allocation and to review this policy.

Benchmarking

Performance of the investment portfolio will be monitored against the FTSE UK Private Investor Balanced index.

Restricted funds

The investment portfolio will not include any restricted funds of the Hospice.

Ethical investment policy

The Hospice will not invest in companies that produce more than 5% of their revenues from the production and distribution of tobacco and alcohol products. This is in line with the overall objectives of the Hospice.

Principal risks and uncertainties***COVID-19***

The global pandemic continues to represent a significant risk to the hospice's ability to deliver its services effectively. The UK vaccine rollout appears to be effectively controlling the worst aspects of the pandemic and governments internationally and at all levels in the UK have demonstrated

an unparalleled commitment to tackling the pandemic. However there remain risks at the wider level such as impacts on the national economy as well as localised risks such as infections within the staff group. These risks may continue for some years.

Financial risks

The Trustees identify the financial risks facing the Hospice as part of the review of the reserves policy. The risk based policy identifies over 20 potential risks to the Hospice's income and expenditure. These may be general, covering a broad class of income or expenditure, or may identify a more specific risk. The principal risks by value are:

- a general risk of over estimation of charity shop sales due to unforeseen external market conditions;
- a risk of an unforeseen reduction of the quality and quantity of stock donations to our shops;
- a general risk of spending over budget within retail shops due to necessary but unbudgeted costs;
- a risk of increased demand to the Hospice At Home service leading to unbudgeted additional costs.

The Hospice primarily mitigates these risks by a regular review of the reserves policy which is aligned closely with the risks identified. Action is taken to ensure reserves remain sufficient. Regular management accounts and other management information is prepared monthly and reviewed by management and Trustees to monitor whether, in light of any risks occurring, any mitigating action is necessary.

Non-financial risks

The Hospice also faces non-financial risks. These may ultimately have a financial impact but would principally affect the services we provide in other ways. The principal non-financial risks are:

- the risk of reputational damage that negatively affects engagement with the Hospice by the public, the NHS and other bodies caused by:
 - a clinical error or omission leading to the mistreatment of a patient;
 - injury or other harm coming to a patient or other member of the public, such as through abuse, by staff, volunteers or members of the public;
 - injury or other harm coming to a member of staff through a failure in their duty of care by management;
 - injury or other harm coming to a participant at a fundraising event.
- The risk to the Hospice caused by the loss of senior staff.

The Hospice's strategy for mitigating the impact of reputational risk is primarily to ensure appropriate clinical governance is in place to monitor and improve our service. The Hospice follows best practice for protecting vulnerable adults and others. Monitoring of staff and public health and safety is core to governance at all levels and is supported by a qualified Health and Safety Officer.

Plans are in place in the case of the loss of a senior member of staff. The Hospice has a strong senior team who would provide proficient management in the short term.

Reserves policy

The Trustees have determined that the Hospice maintains reserves:

- to ensure the continuity of service in the event of an unexpected reduction in income whilst alternative funding is sought or expenditure on services is modified;
- to provide funds to replace fixed assets without having to finance the purchase;
- to provide working capital so that the Hospice can manage settling its liabilities when they become due efficiently.

As a mature organisation with a variety of established income streams and predictable, well-planned expenditure the Trustees consider it most appropriate for the Hospice to operate a reserves policy centred on an analysis of the potential risks to the amounts of those income streams and of the potential risks of over-expenditure. In order to quantify the reserves required, the following steps were undertaken as part of the annual budgeting process:

- the expected income for the forthcoming year was identified and classified;
- the potential risks of each class of income were identified;
- the potential proportion of each class of income that was at risk of not being received was estimated and multiplied by the total expected income for that class of income to provide the value of income at risk for that class of income;
- a similar exercise was undertaken to identify and quantify the risk of over-expenditure for the different classes of expenditure;
- all the individual amounts were added together to give a basic risk reserve requirement;
- a general provision of 5% of the basic risk requirement was then added to the total to give the total risk reserve requirement;
- finally, the reserves required for future fixed asset purchases were added to give the overall total reserves requirement.

It is the opinion of the Trustees that the total reserves requirement need only cover a 12 month period since this would provide sufficient time to reduce expenditure or seek alternative sources of income.

The Trustees have included an additional £870,000 (2021 - £860,000) in the reserves requirement to cover expected loss of income due to the COVID-19 pandemic.

From this exercise the Trustees have determined that the Hospice requires reserves of £2,596,000 (2021 - £2,591,000). The following table compares reserves required by the policy and reserves held. In accordance with Charities SORP (FRS 102) paragraph 1.48, reserves held are considered after making allowance for

- restricted funds;
- any fund that can only be realised by disposing of tangible fixed assets;
- and any designated funds that have been established.

TRUSTEES REPORT

YEAR ENDED 31 MARCH 2022

	2022	2021
	£000	£000
Total funds	15,256	14,435
Less restricted funds	(68)	(48)
Less fixed assets held in unrestricted funds	(8,472)	(8,632)
Total reserves before designation of funds	6,716	5,755
Designated funds	-	-
Undesignated reserves	6,716	5,755
Reserves required by the policy	2,596	2,591
Undesignated reserves above policy	4,120	3,164

The Hospice holds £4,120,000 (2021 - £3,164,000) of undesignated reserves above the policy.

The COVID-19 pandemic remains an issue to watch during 2022/23, even with the vaccine rollout.

The Trustees are mindful that the last two years have been exceptional in terms of legacy income and therefore it is appropriate that at this point undesignated reserves are in excess of the policy. It is expected that legacy income will not remain at this level in forthcoming years and will continue to be volatile.

Plans for future periods

Our key priorities for the forthcoming year are to:

- Continue with retail redesign focusing on sustainability, maximising income and working efficiently.
- Further develop the Hospice at Home team, being innovative to increase recruitment.
- Continue to develop the skill mix within CNS teams and In-Patient Hospice.
- Extend family support services to meet the growing demand/complexity of our patients and families.
- Invest in our digital/on-line presence.
- Work with Welsh Government to increase funding to voluntary hospices.
- Drive forward the inspection process for hospices in Wales.
- Develop a three year education plan.

Structure, governance and management

Governing document

St David's Foundation Hospice Care is a company limited by guarantee and a registered charity governed by its Memorandum and Articles of Association.

The Hospice was incorporated on 24th March 1992 and its Memorandum and Articles of Association were altered by Special Resolutions passed on 9th January 1995, 29th March 2001, 26th May 2005 and 27th September 2007.

Wonderful with my first husband and wonderful again after 17 years.

A patient

Operating name

The Hospice operates under the name "St David's Hospice Care".

Directors and Trustees

The directors of the charitable company are its Trustees for the purpose of charity law and throughout this report are collectively referred to as the Trustees.

Recruitment and appointment of Trustees

The Chair, Board and Chief Executive review the Board performance yearly through an appraisal system. During this process it is identified if there are any skills or experience gaps on the Board. If and when a vacancy becomes available the Board will look to recruit a member to the Board with the necessary knowledge and experience. Appointments are made via an application and interview process. References are obtained and an enhanced DBS check completed.

Anyone co-opted onto the Board during the year is formally elected at the AGM as set out in the Articles of Association.

Trustee induction and training

The Hospice ensures each Trustee has a comprehensive induction when appointed. Trustees are provided with various Charity Commission documents and guidelines to support them in their role. An annual appraisal system for Trustees highlights any training needs.

Organisation

The Board of Trustees are voluntary members, who meet six times per year and administer the Hospice. The following sub-groups advise the Board: Governance Committee; Retail; Clinical; Safeguarding and Income Generation. The remit of the Governance Committee includes Finance, Health & Safety, the reporting of Clinical Incidents and Risk Management. Health & Safety matters are discussed by an employee Health & Safety Committee in the first instance and issues are forwarded to the Governance Committee. The

TRUSTEES REPORT

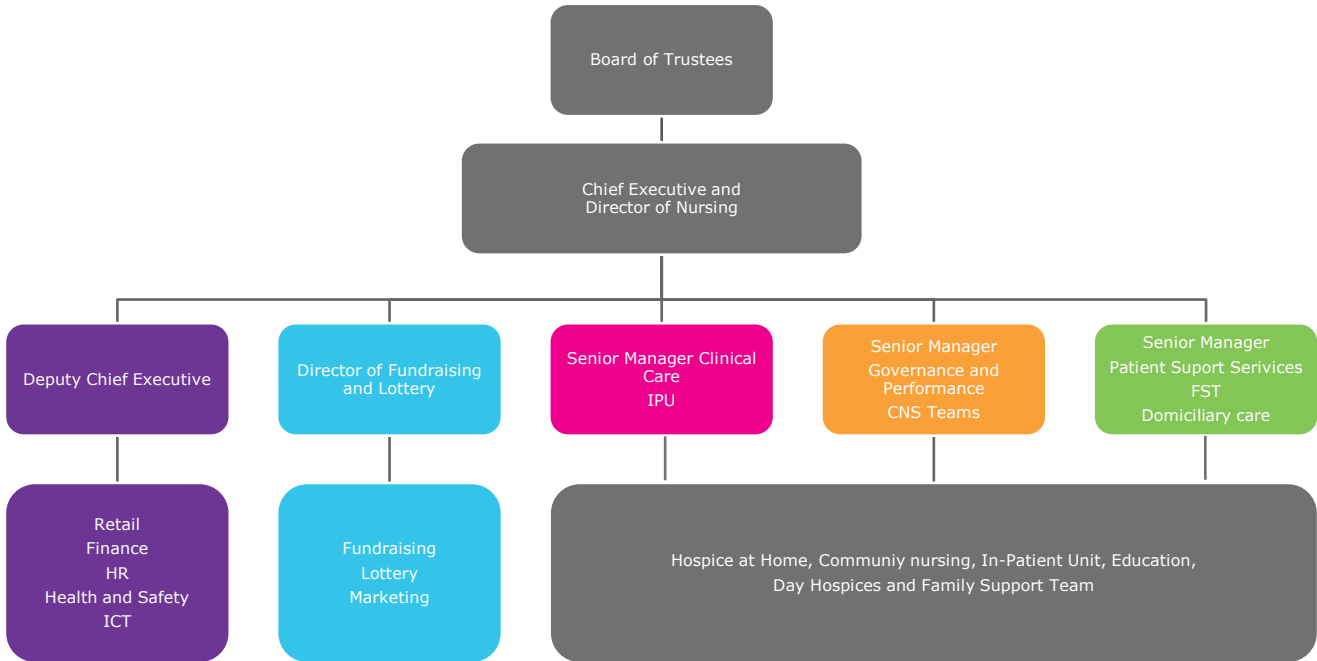
YEAR ENDED 31 MARCH 2022

Governance Committee report back to the Board of the Trustees on a bi-monthly basis.

The Trustees appoint a Chief Executive to take overall responsibility for the management of the Hospice by providing professional leadership through the development of strategic plans agreed with the Board of Trustees. The Chief Executive is supported by other members of the Senior Management Team, who prepare reports for the bi-monthly

meetings of the Board of Trustees. The key management personnel comprise the Board of Trustees and the members of the Senior Management Team. The structure of the key management team is set out in the chart below.

The subsidiary company has two directors who are the Chair and Chief Executive of the Hospice.



The key management personnel

Pay policy for key management personnel

The Trustees consider the key management personnel of the Hospice to be the Board of Trustees and the Senior Management Team.

All Trustees give their time freely and no trustee received remuneration in the year. Details of Trustees’ expenses and related party transactions are disclosed in notes 29 and 30 of the accounts.

The pay of the Senior Management Team is benchmarked against similar roles in the NHS or other comparable organisations. There is an emphasis on ensuring value for money for the Hospice whilst enabling the recruitment and retention of staff with appropriate skills and experience.

For the Chief Executive / Director of Nursing this exercise may be undertaken by the Chair or an external consultant. Any increases are related to performance and approved by the Board of Trustees.

For other members of the Senior Management Team, benchmarking is undertaken informally by the Chief Executive / Director of Nursing.

The remuneration paid to key management personnel is set out in note 28.

Disabled employees

The Hospice gives full consideration to applications for employment from disabled persons where the candidate’s particular aptitudes and abilities are consistent with adequately meeting the requirements of the job. Opportunities are available to disabled employees for training, career development and promotion.

Where existing employees become disabled, it is the group’s policy to provide continuing employment wherever practicable in the same or an alternative position and to provide appropriate training to achieve this aim.

Volunteers

The Hospice benefits greatly from the support of general volunteers who contribute throughout the organisation supporting both our charitable work and our fundraising activities. Roles include assisting in charity shops, marshalling at fundraising events, volunteering on reception and in our Day Hospices.



Volunteers in our shops donated more than 98,000 hours of their time to help raise funds to support our work.

TRUSTEES REPORT

YEAR ENDED 31 MARCH 2022

Special acknowledgements

The Board wishes to record its appreciation for the generosity of the many supporters of St David's for their donations and bequests and to the hundreds of volunteers who give so willingly of their time and expertise. Thanks are also expressed to the President, Vice-Presidents and Patrons who serve in an honorary capacity.

The Board also wishes to acknowledge the tremendous dedication of the clinical, fundraising, retail and administrative staff to fulfilling the objectives of the Hospice. The continued increase in the level and quality of the service is a tribute to their commitment and loyalty.

Reference and administrative details

Charity number: 1010576
 Company number: 2700097
 Registered Office: St David's Hospice Care, Blakett Avenue, Newport, NP20 6NH

President: Brigadier Robert Aiken CBE, Lord Lieutenant of Gwent

Vice-Presidents: Mr J. Capel
 Dr R. Lurvey MBE
 Prof W. B. Peeling CBE

Mr W. Jenkyn-Jones
 Mr R. Noble OBE
 Mrs P. A. White MBE

Patrons: Baron Touhig of Islwyn and Glansychan
 Mr J. Over QPM, CPM, DL
 Mrs S. Lloyd
 Mr R. O'Shea
 Mr A. Jones

Key Management Personnel: Trustees

Chair: Mr M. Davies OBE CStJ
 Vice-Chair: Mr J. O. Thompson
 Treasurer: Mrs M. Van de Weyer

Trustees: Dr R. C. G. Bracchi
 Mrs J. E. Child
 Dr C. C. Gaffney
 Rev E. Hills
 Dr J. W. Holland

Dame R. Butler DBE
 Mr J. L. M. Felvus
 Mr R S Hall (appointed 31 March 2022)
 Mr M. Hine

Key Management Personnel: Senior Management Team

Chief Executive: Mrs K.E. Saysell MBE
 Deputy Chief Executive: Mr A. Hadley
 Director of Fundraising and Lottery: Mr K. Broome
 Senior Manager Governance and Performance: Ms K. Hughes
 Senior Manager Clinical Care: Ms S. Thomas
 Senior Manager Patient Support Services: Ms G. Tanner

Advisors

Auditors: Advantage Accountancy & Advisory Ltd, Avalon House, 5-7 Cathedral Road, Cardiff, CF11 9HA
 Bankers: National Westminster Bank plc, High Street, Newport, NP20 1GG
 Solicitors: Robert Davies Partnership LLP, Wentwood House, Langstone Business Village, Newport, NP18 2HJ
 Temple Bright LLP, 29 Great George Street, Bristol, BS1 5QT
 Investment Managers: Charles Stanley & Co. Ltd, 7/8 Park Place Cardiff CF10 3DP
 Brewin Dolphin, 2nd Floor, 5 Callaghan Square, Cardiff, CF10 5BT

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also directors of St David's Foundation Hospice Care for the purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and the 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 the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- 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 that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Internal controls over all forms of commitment and expenditure continue to be refined to improve efficiency. Processes are in place to ensure that performance is monitored and that appropriate management information is prepared and reviewed regularly by both the Senior Management Team and the Board of Trustees. The systems of internal control are designed to provide reasonable, but not absolute assurance against material misstatement or loss.

They include:

- A strategic plan and annual budget approved by the Trustees;
- Regular consideration by the Trustees of financial results, variances from budgets, non-financial performance indicators and benchmarking reviews;
- Delegation of day to day management authority and segregation of duties;
- Identification and management of risks.

Statement of disclosure to our auditors

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

In approving this Trustees' Report, the Trustees are also approving the Strategic Report (which comprises the three sections *Achievements and performance*, *Financial review* and *Plans for future periods*) in their capacity as company directors.

Approved by the Board of Trustees on 28 July 2022.



Mrs K.E. Saysell
Company Secretary
Registered Office
St David's Hospice Care
Blackett Avenue
Newport
NP20 6NH

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST DAVID'S FOUNDATION HOSPICE CARE

YEAR ENDED 31 MARCH 2022

Opinion

We have audited the financial statements of St David's Foundation Hospice Care for the year ended 31 March 2022 which comprise of the Group Statement of Financial Activities, the Group and Parent Charitable Company's Balance Sheet, the Group Statement of Cashflows and the notes to the accounts, 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 accounts:

- give a true and fair view of the state of the Group's and the Parent Charitable Company's affairs as at 31 March 2022 and of the Group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, other than the accounts and our auditor's report thereon. The Trustees are responsible for the other information. Our opinion on the accounts does not cover the other information and, except to the extent otherwise

explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the accounts or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Companies Act 2006

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

- The information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The Trustees' Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements within the Trustees' Report.

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

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibility of Trustees

As explained more fully in the Trustees' Responsibilities Statement [set out on page 14], the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the accounts 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 accounts that are free from material misstatement, whether due to fraud or error.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST DAVID'S FOUNDATION HOSPICE CARE

YEAR ENDED 31 MARCH 2022

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

Auditor's responsibilities for the audit of the financial statements

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

- Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:
- We obtained understanding of the legal and regulatory frameworks applicable to the charitable company and the sector in which they operate. We determined that the following laws and regulations were most significant: The Companies Act 2006 and UK corporate taxation laws.
- We obtained an understanding of how the charitable company is complying with the legal and regulatory frameworks by making enquiries with management. We corroborated our inquiries through our review of board papers, minutes and legal correspondence.
- We assessed the susceptibility of the charitable company's financial statements to material misstatements, including how fraud might occur. Audit procedures performed by the engagement team included:
 - identifying and assessing the design effectiveness of controls management has in place to prevent and detect fraud;
 - understanding how those charged with governance considered and addressed the potential override of controls or other inappropriate influence over the financial reporting process;
 - challenging assumptions and judgements made by management in its significant accounting estimates;
 - identifying and testing journal entries, in particular any journal entries posted with unusual account combinations; and
 - assessing the extent of compliance with relevant laws and regulations.

A further description of our responsibilities available on the Financial Reporting Council's website at:

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



Stephen John Bickerton (Senior Statutory Auditor)
For and on behalf of Advantage Accountancy & Advisory Ltd
Chartered Certified Accountants & Statutory Auditors

Avalon House
5-7 Cathedral Road
Cardiff
CF11 9HA

Date:

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (Including Income & Expenditure Account)

YEAR ENDED 31 MARCH 2022

		Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total funds 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total funds 2021 £000
	Note						
Income							
Donations and legacies	3	1,756	125	1,881	1,877	59	1,936
Charitable activities	4	2,815	94	2,909	3,529	-	3,529
Other trading activities	5	3,772	-	3,772	1,823	-	1,823
Investments	6	37	-	37	28	-	28
Other	7	98	-	98	1,721	-	1,721
Total Income		8,478	219	8,697	8,978	59	9,037
Expenditure							
Raising funds	9/10	3,233	6	3,239	2,792	-	2,792
Charitable activities	11/12	4,452	185	4,637	4,579	48	4,627
Total expenditure		7,685	191	7,876	7,371	48	7,419
Net gains on investments	15	-	-	-	102	-	102
Net income		793	28	821	1,709	11	1,720
Transfers between funds	22	8	(8)	-	6	(6)	-
Net movement in funds		801	20	821	1,715	5	1,720
Reconciliation of funds:							
Total funds brought forward	22	14,387	48	14,435	12,672	43	12,715
Total funds carried forward		15,188	68	15,256	14,387	48	14,435

BALANCE SHEETS

YEAR ENDED 31 MARCH 2022

		Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
	Note				
FIXED ASSETS					
Tangible assets	14	8,472	8,632	8,614	8,776
Investments	15	1,627	610	1,627	610
		10,099	9,242	10,241	9,386
CURRENT ASSETS					
Stock and work in progress	17	58	47	5	2
Debtors	18	1,520	2,376	1,581	2,419
Cash at bank and in hand	19	4,239	3,355	4,230	3,354
		5,817	5,778	5,816	5,775
LIABILITIES					
Creditors: Amounts falling due within one year	20	619	525	617	523
NET CURRENT ASSETS		5,198	5,253	5,199	5,252
TOTAL ASSETS LESS CURRENT LIABILITIES		15,297	14,495	15,440	14,638
Creditors: Amounts falling due after more than one year	21	41	60	41	60
TOTAL NET ASSETS		15,256	14,435	15,399	14,578
THE FUNDS OF THE CHARITY					
Restricted income funds	22	68	48	68	48
Unrestricted income funds	22	15,188	14,387	15,331	14,530
TOTAL CHARITY FUNDS		15,256	14,435	15,399	14,578

Signed and authorised for issue on behalf of the Board of Trustees



Mr M Davies OBE CStJ

Approved and authorised for issue by the Board on 28 July 2022.

CONSOLIDATED STATEMENT OF CASH FLOWS

YEAR ENDED 31 MARCH 2022

	Note	2022 £000	2021 £000
Cash flows from operating activities			
Net cash provided by operating activities	A	2,002	961
Cash flows from investing activities			
Dividends, interest and rents from investments		37	28
Sale of plant and equipment		9	-
Purchase of plant and equipment		(125)	(43)
Purchase of investments		(1,017)	(11)
Net cash used in investing activities		(1,096)	(26)
Cash flows from financing activities			
Repayment of finance leases		(19)	(18)
Finance lease interest paid		(3)	(4)
Net cash used in financing activities		(22)	(22)
Change in cash and cash equivalents in the reporting period		884	913
Cash and cash equivalents at the beginning of the reporting period		3,355	2,442
Cash and cash equivalents at the end of the reporting period	B	4,239	3,355

NOTES TO THE CONSOLIDATED CASH FLOW STATEMENT**A Reconciliation of net income to net cash flow from operating activities**

	2022 £000	2021 £000
Net income for the reporting period (as per the Statement of Financial Activities)	821	1,720
Adjustments for:		
Depreciation charges	279	316
(Gains)/losses on investments	-	(102)
Dividends, interest and rents from investments	(37)	(28)
Interest payable	3	4
Profit on the disposal of fixed assets	(3)	-
Increase in stocks	(11)	(6)
Decrease / (Increase) in debtors	856	(903)
Increase / (Decrease) in creditors	94	(40)
Net cash provided by operating activities	2,002	961

CONSOLIDATED STATEMENT OF CASH FLOWSYEAR ENDED 31 MARCH 2022

B Analysis of cash and cash equivalents

	2022	2021
	£000	£000
Cash at Bank	969	1,353
Cash on short term deposit	3,270	2,002
Total cash and cash equivalents	4,239	3,355

1. Accounting policies

Basis of Accounts Preparation

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

The 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 note(s).

All financial information is rounded to the nearest £1000 except for the Trustees' expenses set out in note 29 and the subsidiary undertaking table in note 15.

Group financial statements

The financial statements consolidate the results of the Hospice and its wholly owned subsidiary St David's Trading Limited on a line by line basis. A separate *Statement of financial activities and income and expenditure account* for the Hospice has not been presented because the Hospice has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

Income

Income arises when an event (such as a financial transaction) results in either an increase in the Hospice's assets or a reduction in its liabilities. Income is recognised by the Hospice when all of the following criteria are met:

- Entitlement – control over the rights or other access to the economic benefit has passed to the Hospice.
- Probable – it is more likely than not that the economic benefits associated with the event will flow to the Hospice.
- Measurement – the monetary value or amount of the income can be measured reliably and the costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

Legacies

Entitlement to legacy income is deemed to occur when either the Hospice is aware probate has been granted, the estate has been finalised and the Hospice has been notified by the executor that a distribution will be made or when a distribution is received from the estate if that is earlier.

Where legacies have been notified to the Hospice or the Hospice is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset. This most commonly occurs when the Hospice has been notified of residuary legacy but it is unable to reliably measure the amount of the income.

Grants

Grants are recognised when the Hospice has entitlement to the funds. This includes grants received for the purpose of purchasing fixed assets. When a grant cannot be claimed until certain expenditure has been defrayed entitlement is not deemed to have passed to the Hospice until the expenditure has been so defrayed.

Fundraising events

Fundraising income from the sale of entry fees for events is included in income when received even if this is before the event. The likelihood of cancellation of the event is remote so it is more likely than not that the economic benefit will flow to the Hospice.

Donations that are closely associated with fundraising events such as sponsorship of event participants by their friends and family are included in fundraising within other trading activities.

Retail

The Hospice receives a high volume of donations of low value second hand goods for resale in its network of charity shops. The Trustees consider it would be impracticable to recognise the income when the Hospice becomes entitled to the economic benefit of the donated goods since the cost of doing so would outweigh the benefits. Therefore in accordance with FRS102 paragraph 34B.4 the income is recognised in the period in which the donated goods are sold.

The Hospice operates a retail gift aid scheme. Under the scheme the legal form of the transaction is that the Hospice operates as an agent on behalf of the donor. Once the goods have been sold on behalf of the donor, the donor offers to donate the proceeds of the sale to the Hospice. This allows the Hospice to claim gift aid on the cash donation. However the substance of the transaction is such that the donor is donating the goods to the Hospice and is therefore treated as such.

NOTES TO THE FINANCIAL STATEMENTSYEAR ENDED 31 MARCH 2022

Lottery

Lottery tickets sold in advance are deferred and included in the period in which the draw takes place.

Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

Irrecoverable VAT

The Hospice suffers from irrecoverable VAT due to the fact that it makes exempt supplies and therefore not all input VAT is recoverable. This is written off to the Statement of Financial Activities in the period in which it arises. Under sections 33C and 33D of the VAT Act 1994 the Hospice can recover the VAT on its non-business transactions.

Support costs

Support costs are those costs that whilst necessary to deliver an activity, do not themselves produce or constitute the output of the charitable activity. These costs include Governance, Finance, Human resources, ICT and Health and Safety as well as corporate costs including the costs of employing the Chief Executive, financing costs, insurance and legal and professional fees.

Where these costs are directly attributable to specific activities they have been included in those cost categories. Where these costs are attributable to more than one activity they are apportioned across cost categories on the basis of direct staff hours. The Trustees consider this to be the most equitable method of splitting expenditure attributable to more than one activity.

Pensions

Details of the pension schemes including the accounting policies adopted can be found in note 26.

Termination payments

Termination payments are payable when employment is terminated by the Hospice before the normal retirement date or end of employment contract. Termination payments are recognised when the Hospice can no longer withdraw the offer of the benefits.

Fixed assets***Intangible fixed assets***

Negative goodwill arising from business acquisitions is capitalised and amortised over 2 years.

Tangible fixed assets

Tangible fixed assets are recorded at cost, or in cases where fixed assets have been donated to the Hospice, at valuation at time of acquisition. Fixed assets with an initial cost of less than £1,000 are not capitalised but are included in full in expenditure in the year of acquisition. Depreciation is charged to write off the cost of fixed assets over their estimated useful lives at the following annual rates:

Freehold buildings	2% Straight Line
Leasehold buildings	Life of Lease Straight Line (current leasehold buildings have a 99 year lease)
Fixtures, fittings and equipment	20% Straight Line
Computer equipment	33% Straight Line
Motor vehicles	20% Straight Line

Computer equipment is included within fixtures, fittings and equipment in note 14.

Investments***Investment properties***

Investment properties are included in the balance sheet at fair value. The Hospice arranges a full professional valuation by an independent valuer every five years. In the intervening years the Hospice management obtain advice from an independent valuer to ensure the asset is held at fair value. The next full professional independent five year valuation will be at 31 March 2023.

Listed investments

Listed investments held are shown at fair value which is their market value.

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

Stock

Stock consists of purchased goods for resale. Stocks are valued at the lower of cost and net realisable value. Donations of low value second hand goods that remain unsold at the balance sheet date are not included in stock since they are recognised when sold as set out above.

Funds structure

The Hospice's funds are split into restricted funds and unrestricted funds.

Restricted funds

These are funds that can only be used for a particular restricted purposes within the objects of the Hospice.

Restrictions arise when they are specified by the donor or when funds are raised for particular restricted purposes.

Unrestricted funds

These funds are available for the general purposes of the Hospice, to be used in accordance with the charitable objects at the discretion of the Trustees. From time to time the Trustees may allocate part of the unrestricted funds to be used for particular purposes within the Hospice's objects. Such sums are described as 'designated funds'.

2. Auditor's remuneration

The net income for the year is stated after charging:

	Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total funds 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total funds 2021 £000
Statutory audit fees	7	-	7	8	-	8
Other services	-	-	-	-	-	-

3. Donations and legacies

	Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total funds 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total funds 2021 £000
Legacies	593	36	629	718	-	718
In memory	440	2	442	353	2	355
Individuals	439	4	443	600	1	601
Corporate, clubs and societies	28	2	30	16	-	16
Trusts and foundations	87	78	165	65	56	121
Community fundraising	150	3	153	102	-	102
Welsh Government	19	-	19	23	-	23
	1,756	125	1,881	1,877	59	1,936

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

4. Income from charitable activities

	Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total funds 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total funds 2021 £000
Service level agreements	1,718	-	1,718	1,770	-	1,770
Covid-19 emergency funding	630	-	630	1,288	-	1,288
Continuing health care	427	-	427	436	-	436
Other charitable activities	40	94	134	35	-	35
	2,815	94	2,909	3,529	-	3,529

5. Income from other trading activities

	Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total funds 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total funds 2021 £000
Retail trading	3,106	-	3,106	1,374	-	1,374
Fundraising	317	-	317	113	-	113
Lottery	349	-	349	336	-	336
	3,772	-	3,772	1,823	-	1,823

6. Income from investments

	Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total funds 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total funds 2021 £000
Interest received	16	-	16	13	-	13
Rent from investment property	4	-	4	4	-	4
Dividend income	17	-	17	11	-	11
	37	-	37	28	-	28

7. Other income

	Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total funds 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total funds 2021 £000
Job Retention Scheme	44	-	44	648	-	648
Retail Business grants	-	-	-	597	-	597
Insurance Claim	52	-	52	470	-	470
Other	2	-	2	6	-	6
	98	-	98	1,721	-	1,721

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

8. Support costs

The Hospice allocates its support costs as shown in the table below in accordance with the basis of allocation set out in the accounting policies.

	Governance £000	Corporate £000	Finance £000	HR £000	Health and Safety £000	ICT £000	Total £000
Raising funds							
Retail trading	18	86	46	34	18	12	214
Fundraising	2	7	4	3	2	1	19
Lottery	-	2	1	1	-	-	4
Investment management	-	-	-	-	-	-	-
Charitable activities							
In-Patient Unit	8	40	22	17	9	5	101
Community Nursing	6	26	14	11	6	4	67
Hospice At Home	9	40	22	17	9	6	103
Day Hospice	1	6	3	3	1	1	15
Family Support Team	2	8	4	3	2	1	20
Chaplaincy	-	1	1	1	-	-	3
Education	-	-	-	-	-	-	-
Complementary Therapy	-	1	1	1	-	-	3
Clinical Governance	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
	46	217	118	91	47	30	549

9. Expenditure on raising funds by cost type

	Direct costs 2022 £000	Support costs 2022 £000	Total costs 2022 £000	Direct costs 2021 £000	Support costs 2021 £000	Total costs 2021 £000
Retail trading	2,416	214	2,630	2,109	177	2,286
Fundraising	389	19	408	271	16	287
Lottery	188	4	192	208	8	216
Investment management	9	-	9	3	-	3
	3,002	237	3,239	2,591	201	2,792

10. Expenditure on raising funds by fund

	Unrestricted funds 2022 £000	Restricted funds 2022 £000	Total costs 2022 £000	Unrestricted funds 2021 £000	Restricted funds 2021 £000	Total costs 2021 £000
Retail trading	2,630	-	2,630	2,286	-	2,286
Fundraising	402	6	408	287	-	287
Lottery	192	-	192	216	-	216
Investment management	9	-	9	3	-	3
	3,233	6	3,239	2,792	-	2,792

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

11. Expenditure on charitable activities by cost type

	Direct costs	Support costs	Total costs	Direct costs	Support costs	Total costs
	2022	2022	2022	2021	2021	2021
	£000	£000	£000	£000	£000	£000
In-Patient Unit	1,544	101	1,645	1,437	80	1,517
Community Nursing	1,042	67	1,109	1,007	57	1,064
Hospice At Home	1,095	103	1,198	1,200	92	1,292
Day Hospice	286	15	301	305	18	323
Family Support Team	216	20	236	221	20	241
Chaplaincy	40	3	43	39	2	41
Education	39	-	39	71	2	73
Complementary Therapy	31	3	34	35	3	38
Clinical Governance	18	-	18	18	-	18
Occupational Therapy	14	-	14	20	-	20
	4,325	312	4,637	4,353	274	4,627

12. Expenditure on charitable activities by fund

	Unrestricted funds	Restricted funds	Total costs	Unrestricted funds	Restricted funds	Total costs
	2022	2022	2022	2021	2021	2021
	£000	£000	£000	£000	£000	£000
In-Patient Unit	1,610	35	1,645	1,513	4	1,517
Community Nursing	1,089	20	1,109	1,064	-	1,064
Hospice At Home	1,134	64	1,198	1,287	5	1,292
Day Hospice	296	5	301	322	1	323
Family Support Team	175	61	236	203	38	241
Chaplaincy	43	-	43	41	-	41
Education	39	-	39	73	-	73
Complementary Therapy	34	-	34	38	-	38
Clinical Governance	18	-	18	18	-	18
Occupational Therapy	14	-	14	20	-	20
	4,452	185	4,637	4,579	48	4,627

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

13. Intangible fixed assets

	Negative goodwill £000
Asset cost	
Brought forward	(278)
Additions	-
Carried forward	(278)
Accumulated amortisation	
Brought forward	(278)
Carried forward	(278)
Net book value	
Carried forward	-
Brought forward	-

Negative goodwill arose following the acquisition of St Anne's In-Patient Unit in June 2013.

14. Tangible fixed assets**Group**

	Freehold land and buildings £000	Leasehold land and buildings £000	Motor vehicles £000	Fixtures, fittings and equipment £000	Total £000
Asset cost					
Brought forward	225	8,623	208	1,867	10,923
Additions	-	1	34	90	125
Disposals	-	-	(79)	(1)	(80)
Carried forward	225	8,624	163	1,956	10,968
Accumulated depreciation					
Brought forward	45	533	166	1,547	2,291
Disposals	-	-	(74)	-	(74)
Charge for the year	5	90	18	166	279
Carried forward	50	623	110	1,713	2,496
Net book value					
Carried forward	175	8,001	53	243	8,472
Brought forward	180	8,090	42	320	8,632

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

Company

	Freehold land and buildings £000	Leasehold land and buildings £000	Motor vehicles £000	Fixtures, fittings and equipment £000	Total £000
Asset cost					
Brought forward	225	8,776	208	1,867	11,076
Additions	-	1	34	90	125
Disposals	-	-	(79)	(1)	(80)
Carried forward	225	8,777	163	1,956	11,121
Accumulated depreciation					
Brought forward	45	542	166	1547	2,300
Disposals	-	-	(74)	-	(74)
Charge for the year	5	92	18	166	281
Carried forward	50	634	110	1,713	2,507
Net book value					
Carried forward	175	8,143	53	243	8,614
Brought forward	180	8,234	42	320	8,776

The fixed assets of the Hospice includes £59,000 (2021 - £59,000) under Leasehold land and buildings which relate to depreciated, capitalised cost of services provided to the Hospice by its subsidiary for the construction of the Blackett Avenue site. In the year depreciation of £1,000 (2021 - £1,000) has been charged against this asset.

The fixed assets of the Hospice also includes £83,000 (2021 - £84,000) under Leasehold land and buildings which relate to capitalised cost of services provided to the Hospice by its subsidiary for the construction of the In-Patient Unit. In the year depreciation of £1,000 (2021 - £1,000) has been charged against this asset.

Included in Fixtures, fittings and equipment are assets that were acquired under finance leases with a net book value of £51,000 (2021 - £74,000).

15. Investments**Group and company**

	Property £000	Listed £000	Total £000
Fair value brought forward	65	545	610
Additions	-	1,017	1,017
Gains / (Losses)	15	(15)	-
Fair value carried forward	80	1,547	1,627

The Hospice's Investment Property was revalued as at 31 March 2022. A "desktop" valuation was undertaken by independent RICS Registered Valuers, Linnells Property Consultants and in their opinion the fair value, which is the market value, was £80,000. As set out in note 1 the next full professional independent five year valuation will be at 31 March 2023.

Listed investments comprise two investment portfolios managed by two independent investment managers and listed investments held outside the investment portfolios. Cash held from time to time within the investment portfolios as part of normal trading within the portfolios is included in listed investments. The asset classes held in listed investments at 31 March 2022 are shown below:

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

	Portfolio 1	Portfolio 2	Other listed	2022 £000	2021 £000
Fixed income - UK	27	36	-	63	33
Fixed income - International	22	97	-	119	40
Equity - UK	105	262	-	367	75
Equity - International	212	485	1	698	1
Equity funds - UK	-	-	-	-	72
Equity funds - International	-	-	-	-	229
Property funds	34	22	-	56	23
Commodities	-	16	-	16	-
Absolute return funds	11	80	-	91	20
Infrastructure funds	13	-	-	13	20
Alternative structured investments	27	-	-	27	6
Mixed investment Funds	9	-	-	9	9
Cash	58	30	-	88	17
Total investment	518	1,028	1	1,547	545

The Hospice owns the entire ordinary share capital in its subsidiary undertaking St David's Trading Limited (company number 05734138). This unlisted investment cannot be measured reliably at fair value so has been measured at cost.

	Subsidiary undertaking £
Group	
Cost brought forward and carried forward	-
Charity	
Cost brought forward and carried forward	1

16. Subsidiary company

St David's Trading Limited, the Hospice's wholly owned subsidiary undertakes two core activities: the sale of new, bought in goods within the Hospice's network of charity shops and the development of a new In-Patient Unit. The development of the new In-Patient Unit is now complete. Profits in St David's Trading Limited are remitted to the Hospice by way of a gift aid payment. At 31 March 2022 St David's Trading Limited had assets of £76,000 (2021 - £46,000) and liabilities of £76,000 (2021 - £46,000). Its funds at the end of the reporting period were therefore £nil (2021 - £nil). The turnover during the year was £189,000 (2021 - £71,000) and expenditure was £189,000 (2021 - £71,000).

17. Stock

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Stock	58	47	5	2
	58	47	5	2

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

18. Debtors

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Trade debtors	679	873	679	873
Amounts owed by group undertakings	-	-	75	6
Prepayments and accrued income	765	1,448	765	1,486
Other debtors	76	55	62	54
	1,520	2,376	1,581	2,419

19. Cash at bank and in hand

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Cash and bank balances	969	1,353	960	1,352
Cash on short term deposit	3,270	2,002	3,270	2,002
	4,239	3,355	4,230	3,354

20. Creditors: Amounts falling due within one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Trade creditors	149	77	149	77
Amounts owed to group undertakings	-	-	-	-
Accruals and deferred income	308	297	306	295
Taxation and social security	88	84	88	84
Obligations under finance leases	19	19	19	19
Pension liability	43	43	43	43
Other creditors	12	5	12	5
	619	525	617	523

21. Creditors: Amounts falling due after one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Obligations under finance leases	41	60	41	60
	41	60	41	60

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

22. Movement in funds

	Balance at 1 April 2021 £000	Income £000	Expenditure £000	Gains and losses £000	Transfers £000	Balance at 31 March 2022 £000
UNRESTRICTED FUNDS						
General fund	14,387	8,478	(7,685)	-	8	15,188
Total unrestricted funds	14,387	8,478	(7,685)	-	8	15,188
RESTRICTED FUNDS						
Bereavement Support	1	1	(2)	-	-	-
Blackett Ave Day Hospice General	-	1	(1)	-	-	-
Bonus for NHS commissioned health care services	-	75	(75)	-	-	-
Children in Need 2019	4	40	(35)	-	-	9
Financial Recognition for Social Care Worker Scheme	-	19	(19)	-	-	-
Hoist	1	-	-	-	-	1
Hospice at Home general	-	2	(2)	-	-	-
Hospice at Home Health Care Assistant	-	22	(22)	-	-	-
IPU Family refreshments	1	-	-	-	-	1
New Website Project	-	13	(6)	-	-	7
Panteg garden furniture	1	-	-	-	(1)	-
Refurbishment of Day Hospice	7	-	-	-	(7)	-
Social worker fund	2	-	-	-	-	2
Syringe driver	-	3	-	-	-	3
Spiritual Room Furniture	-	-	-	-	-	-
Trevor Gray Education Centre	9	-	(9)	-	-	-
Unicorn Project	2	3	(3)	-	-	2
Usk House Day Hospice general	-	41	-	-	-	41
Welfare Rights Advisor salary	16	-	(16)	-	-	-
Other restricted funds	4	(1)	(1)	-	-	2
Total restricted funds	48	219	(191)	-	(8)	68
Total funds	14,435	8,697	(7,876)	-	-	15,256

During the year the balance of certain restricted funds were transferred to unrestricted funds. The original use of these funds was restricted to the purchase of fixed assets. Since the assets are held for a general and not a restricted purpose the balance has been transferred to unrestricted funds in accordance with Charities SORP (FRS 102) paragraph 2.26.

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

Name of Fund	Description, nature and purpose of the fund
Unrestricted funds	
General fund	The undesignated unrestricted funds of the Hospice.
Restricted funds	
Bereavement Support	This fund received from various sources is used to support our bereavement service.
Blackett Ave. Day Hospice General	Funded from various sources to support our work in the Blackett Avenue Day Hospice.
Bonus for NHS commissioned health care services	Funded by NHS Wales to provide a bonus to Health Care workers providing commissioned services to NHS.
Children in Need 2019	Funded by BBC Children in Need to fund our Unicorn Project, our Children and young people's service.
Financial Recognition for Social Care Worker Scheme	Provided by Welsh Government to make a payment to Social Care Workers in recognition of their work during the Covid-19 pandemic.
Hoist	Provided by Welsh Church Fund to fund a hoist.
Hospice at Home general	Funded from various sources to support our Hospice at Home Service.
Hospice at Home Health Care Assistant	Provided by the Waterloo Foundation to fund the full time equivalent salary of a Health Care Assistant caring for patients in our Hospice at Home service.
IPU Family refreshments	Support from a private donation to provide refreshments for relatives visiting patients in our IPU.
New Website Project	Funded by WCVA for the development of a new website.
Panteg garden furniture	To fund the re-development of the garden at Panteg.
Refurbishment of Day Hospice	Provided by Plutus Health to fund the refurbishment of our Day Hospice.
Social worker fund	This fund received from various sources is used to support patients who are facing financial hardship.
Syringe driver	Provided by a private donor for the purchase of a syringe driver.
Spiritual Room Furniture	Provided by E Lewis for furniture for the Spiritual Room.

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

Name of Fund	Description, nature and purpose of the fund
Trevor Gray Education Centre	Provided to fund an e-learning suite and staff training.
Unicorn Project	Fund to support the Unicorn project. Provided by various funders.
Usk House Day Hospice general	Funded from various sources to support our work in the Usk House Day Hospice.
Welfare Rights Advisor salary	Provided by the Moondance Foundation towards the salary of A Welfare Rights Advisor.
Other restricted funds	Other restricted funds with balances less than £500.

23. Analysis of group net assets between funds

	Investments £000	Tangible fixed assets £000	Other net assets £000	Total £000
Restricted income funds	-	-	68	68
Unrestricted income funds	1,627	8,472	5,089	15,188
	1,627	8,472	5,157	15,256

24. Commitments

The group and company's future minimum operating and finance lease payments are as follows:

	Finance leases		Operating leases	
	2022 £000	2021 £000	2022 £000	2021 £000
Not later than one year	22	22	419	456
later than one year but not later than five years	43	64	503	706
later than five years	-	-	-	-
	65	86	922	1,162

The net book value of fixed assets held under finance lease are given in note 14.

25. Staff costs

	Total 2022 £000	Total 2021 £000
Wages and salaries	4,586	4,585
Social security costs	365	363
Pension costs	309	313
	5,260	5,261

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

Included in Wages and salaries are termination payments of £18,000 (2021 – £18,000).

The number of employees, whose total employee benefits (excluding employer pension costs) for the reporting period, fell within each banding of £10,000 from £60,000 were as follows:

	2022	2021
£60,001 - £70,000	1	1
£70,001 - £80,000	-	-
£80,001 - £90,000	-	-
£90,001 - £100,000	-	-
£100,001 - £110,000	1	1

26. Pensions

The Hospice contributed to two pension schemes in the financial year: the Royal London scheme and the NHS pension scheme.

Royal London scheme

The Hospice operates a defined contribution pension scheme for its employees, where all the assets are held in a separately administered fund, which is outside the control of the Hospice. At the year-end there were 154 (2021 – 155) employees who were members of the scheme. Employer contributions charged against income in the year were £121,000 (2021 - £127,000). Outstanding contributions (both employer and employee) at the balance sheet date were £18,000 (2021 - £17,000).

Employees who are enrolled into a pension under "automatic enrolment" are enrolled into this scheme.

NHS scheme

Staff transferring from the NHS may continue to contribute to the NHS scheme. The scheme is a multi-employer, unfunded defined benefit scheme but the Hospice is unable to identify its share of the underlying assets and liabilities of the Plan on a consistent and reasonable basis and therefore, as permitted by FRS 102 para 28.11, it accounts for the Plan as if it were a defined contribution scheme. As a result, the amount charged to the income and expenditure account represents the Hospice's contributions payable to the Plan in respect of the accounting period. The employee contribution percentage rates under this scheme vary depending on pensionable earnings. At the year end there were 40 (2021 - 39) who were members of the scheme. Employer contributions charged against income in the year were £188,000 (2021 - £186,000). Outstanding contributions (both employer and employee) at the balance sheet date were £26,000 (2021 - £26,000).

27. Staff numbers

The average number of staff employed by the Hospice during the year was 249 (2021 – 258). Some of the Hospice's employees do not undertake work every month. The average number of staff paid each month was 230 (2021 - 235).

28. Key management personnel

The key management personnel comprise the Trustees and the Senior Management Team as set out on page 13. None of the Trustees were paid any remuneration or received any other benefits from an employment with the Hospice or its subsidiary. Trustees' expenses are set out in note 29. The total employee benefits paid to the key management personnel was £374,000 (2021 - £370,000).

29. Trustees' expenses

No Trustee claimed expenses in the previous two years.

30. Related party transactions

There were no related party transactions in the previous two years.

31. Legal status of the Hospice

St David's Foundation Hospice Care is a company limited by guarantee, not having a share capital, exempt from the requirement to use the word "limited" and is a registered charity. The liability of each member in the event of a winding-up is limited to £1.

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2022

32. Taxation

The company has obtained charitable status under Section 505(1a) and (1c) Income and Corporation Taxes Act 1988 and has only undertaken primary purpose activities during the year and is therefore exempt from Corporation Tax.