

Impact Report and Annual Accounts

April 2022 to March 2023



Because every day matters
www.hospiscare.co.uk

Registered charity no. 297798



Hospiscare
Your local hospice



Welcome

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

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

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

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

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

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

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

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

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

With best wishes

Brian Aird
Chair of Trustees

Andrew Randall
CEO

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

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Andrew Randall, Chief Executive



Brian Aird, Chair of the Board of Trustees



Part 1:
Our Impact

Vision, Mission, Values



Our Vision

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

Our Mission

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

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

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

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

Our Values

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



Compassionate

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



Respectful

to the needs and beliefs of the people we serve.



Professional

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



Inclusive

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



Caring for patients in the place of their choice

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



Sharing our voice

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



Making every day matter

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



Being there after death

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

Objectives & Activities

What we said and What we did



We said

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

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

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

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

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

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

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

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

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

We said

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

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

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

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

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

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

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



We said

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

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



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

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

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

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

We said

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

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

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

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

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



We said

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

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

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

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

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

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

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

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

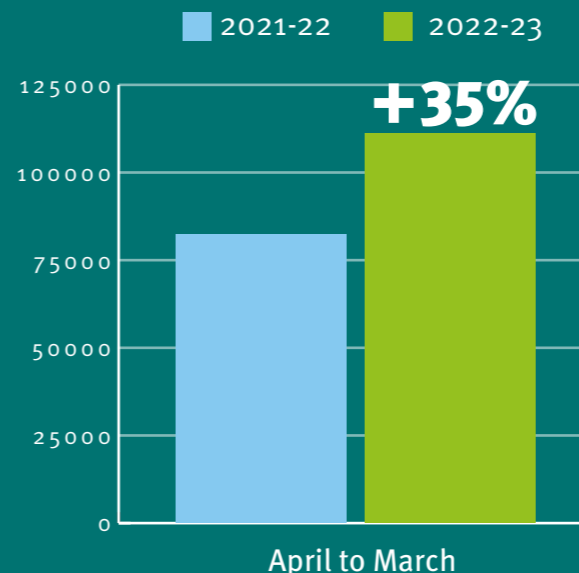
Our Year in Numbers



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



10,474 people played our weekly lottery



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



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



838 family members & friends received bereavement support



732 patients were supported by Hospiscare to die at home



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



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



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



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



6 businesses supported us as their Charity of the Year



780 hours of training provided for medical students

Case Study

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



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

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

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

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

Case Study

Expanding our care with Hospiscare@Home

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

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

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

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

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

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

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





Case Study

Peter's story: Hospiscare live the suffering with us



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

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

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

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

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

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

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

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

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

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

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

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

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

Learning and Developing



This year has seen many changes within the Learning and Development department and the expansion of the team has enabled us to offer a wider programme of education to Hospiscare staff and external organisations.

Our educational programme continues to provide high quality, evidence-based training to our staff. Some of these continue to be provided online, but many of our training sessions are starting to return to face-to-face. We are also offering a wider range of teaching sessions to volunteers.

We have provided new sessions for both staff and volunteers on personal safety to ensure that they can work in a way which maintains the service of the organisation but also their own safety and the safety of the public is.

We redesigned the two-day Confidence in Advanced Communication Skills training into a course which enables and empowers learners to have the confidence to engage in delicate conversations with patients, relatives and colleagues. It is now also available to Health Care Assistants who have provided valuable insights into the challenges and rewards associated with developing these skills.

We continue to provide educational placements for Nursing and Medical students and Trainee Nursing Associates, and these placements are positively evaluated by the students, with many commenting on how welcome they felt while they were with us.

We continue to offer training to build skills and confidence in supporting dementia patients, both externally and within Hospiscare. This has been well received by staff and volunteers who have an interest in communicating with people with dementia, whether professionally or personally.

The training we provide for external organisations, such as nursing homes, the NHS and the University of Exeter has expanded and continues to grow. We provide training for their staff and students on a range of subjects, including syringe drivers, verification of expected death, communication skills and end-of-life care in dementia training.

Our educational programme continues to provide high quality, evidence-based training to our staff. Some of these continue to be provided online, but many of our training sessions are starting to return to face-to-face.

Finally, we are delighted that we can now open our internal training programme to external learners and we are enjoying welcoming them back into the Hospiscare buildings. This has provided us with a great opportunity to generate income but also ensure that other organisations are able to provide high quality care to patients requiring palliative and end-of-life care. It has also helped to grow our links with local healthcare providers and ensure that they are aware of the services we offer.

From April 2022 to March 2023:



120 medical students undertook placements at Hospiscare



132 workshops and courses were delivered in-person or digitally



16 courses were delivered to external organisations



Hear from our People



“Working for Hospiscare@Home is an absolute honour and privilege. No two days are the same and I work with a wonderful team of nurses. I feel passionate about living and working in the same place, being part of that community and I feel proud to be a Hospiscare nurse and wear my uniform.”

Hannah Thomas, Hospiscare@Home Nurse

“People are so supportive of Hospiscare, I feel they know we work hard and why we do it. Volunteering brings you many opportunities to make friends and have an active social life; as well as raising money for such an important charity, I enjoy all that I do. Being a volunteer, wearing your shirt, people talk to you about the loved ones they have lost and how important Hospiscare was to them for the care and comfort that was given to both the patient and the family. You are raising money to help provide that care, comfort and love. What can be better than that?”

Pam Joy, Volunteer



“It’s a personal letter of thanks from a patient or family member. It’s being able to wash and prepare a patient who has died with her husband and 15-year-old son. It’s a patient telling you that they are happy you’re on shift. It’s being told you’re amazing for listening to them and following through with what they need from you. It’s sharing a memory box with a patient to give them a little idea of what they could do for their children. It’s a cuddle that never seems to end. It’s holding a family member’s hand while their loved one takes their last breath. It’s holding a patient’s hand while they take their last breath. That’s why I come to work.”

Danielle Vinnicombe, Health Care Assistant on our specialist in-patient ward at Searle House

“My dear friend was wonderfully cared for during her final weeks by Hospiscare, so I held a Coffee Morning, inviting people for coffee, cake, a raffle and an auction. The prizes were generously donated by members and local businesses and the day was a great success. I was gobsmacked by everyone’s generosity and it is a privilege when someone shares with you their own personal experience as to why they are donating. Whether you hold a Coffee Morning for a few friends, or on a larger scale, you are helping a tremendous charity!”

Janice Haynes, Supporter



Maintaining our Standards



"They understand, they listen, they care and they are honest!"

"What an amazing service. The staff are empathetic and genuinely care. Nothing was too much trouble."

As a healthcare charity, we are registered with the Care Quality Commission (CQC). The CQC's five lines of enquiry – caring, responsive, effective, safe and well-led – form the basis of our care.

Caring

It's vital that we seek the views of our service users. iWantGreatCare is an independent healthcare rating scheme that enables patients and those close to them to give anonymous feedback on our services. In 2022/23, we received 420 responses across our services, and a rating of 4.92 out of five.

We have introduced our new supportive care services for patients, family members and friends, including community-based bereavement groups, monthly walking groups, film nights, drop-in sessions and a HEAL (Hope, Encouragement, Acceptance and Look forward) group.

Staff wellbeing remains a priority and we continue to offer Compassionate Conversations sessions, attended by staff from all areas of the hospice. We have also appointed Mental Health First Aiders who can provide support if required, and staff from our clinical and people teams have completed J9 training in awareness of domestic and sexual abuse.

Responsive

Due to changing patient needs, we have developed new roles and services within our teams to ensure we're offering patients 'the right person, in the right place, at the right time'. Having a multidisciplinary team to support our patients is essential to providing outstanding care, and in 2022/23 we welcomed allied healthcare professionals to our team, including paramedics and an occupational therapist.

We continually monitor data around access to our service to ensure all patients are responded to in a timely manner, preventing two unnecessary hospital admissions per day and supporting approximately 70% of our patients to die in the place of their choice, almost 20% higher than the national average.

We are also working alongside St Petrock's, a local charity, to support those in the local homeless community living with life-limiting illness. Our specialist nurses join their outreach team on a monthly walk in Exeter and join nurses from the local GP surgery at their clinics. This project aims to increase knowledge and understanding around end-of-life care within this community and improve awareness among healthcare professionals of the challenges faced.

This work is part of our 'opening the door' outreach work within our community, which we hope to expand further.

Effective

We continue to focus on quality improvement, including engagement with external research and audits. We have increased our research awareness by building links with colleagues at the National Institute for Health Research (NIHR), Plymouth and Exeter universities, and Hospice UK. Our growing relationships with partners allows our teams to access education and opportunities so we can be research active as a hospice, and ensures we are continually providing evidence-based care and remain at the forefront of clinical developments for those with life-limiting illnesses.

Safe

In response to the complexity of our patients' needs combined with the challenging nationwide recruitment crisis, we have designed a safe staffing model tool. This covers all clinical services daily and allows the senior team to be agile to the demands of the service and work flexibly.

We also have a strong learning culture, which enables us to reflect on incidents within our governance meetings and maximise learning, ensuring we continually improve service delivery. As part of our governance meeting, we review all safeguarding conversations. Over the past year, reports have doubled – we believe this is due to our mandatory education sessions introduced for all staff. We have also introduced a quarterly safeguarding newsletter covering a variety of topics to ensure awareness of abuse and how to escalate concerns remains clear.

Finally, we adopted the NHS Patient Safety Framework. This gives an approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving safety, formalising many of our current practices. We have nominated a trustee to be part of the facilitation group and we are seeking a volunteer to join the group.

We continue working with the CQC to maintain a transparent and proactive approach to our service. Our biannual meetings provide the opportunity to share developments within our clinical service and the challenges we are experiencing.

Well-led

Our Clinical Director and senior clinical team are engaged with end-of-life groups at a local and national level, debating and considering how services can be planned and delivered in the future. This is an ever-changing field and it is important we are at the forefront of these discussions to enable the best opportunities for our patients and their loved ones.

We were thrilled to welcome several professional visitors to the hospice this year, including Dr Sarah Wollaston (Chair, ICB Devon) and to host the Nursing and Midwifery Council Committee during their tour of Devon. Hosting visits is essential as it gives our teams the opportunity to showcase and demonstrate the importance of our work and the challenges we face in an ever-changing healthcare landscape.

As part of our local partnerships, we seconded one of our Advanced Care Practitioners to the RD&E in a Discharge Facilitation role funded by the ICB. This was a huge success that enabled hundreds of patients to share their wishes at the end of life and facilitated effective discharges into the community. We continue to have excellent working relationships with other local charities, enabling us to collaborate and develop services.

Looking Ahead



Our Trustees and Senior Management teams will work together to ensure our charity's sustainability for the future, with our mission remaining at the heart of our decisions and our work.

Our new three-year strategy gives us four key pillars, with our mission, values, goals and objectives listed on the pages 26-27.

We have identified the key challenges we need to focus on. Though these are not new, each has been made worse and/or accelerated by the pandemic and the cost-of-living crisis.

Over the next three years, we will prioritise addressing these challenges and ensuring that the patient remains at the centre of all that we do.

Our identified challenges are:

Greater demand on our services

- Devon's elderly population will significantly rise, with a 27% increase in those aged 65+ and a 93% increase in those aged 85+ by 2030.
- Increased complexity of conditions; by 2050 one in three people will die with dementia and many will be living with three or more illnesses.
- Reduced care-home provision, which can increase admissions, or make it difficult to discharge a patient into a safe environment.
- Lack of domiciliary and social care support in the system, putting pressure on our service, with unnecessary admissions and increasing distress for carers.

Workforce reduction

- The ability of the hospice sector to match NHS salaries to retain and recruit staff.
- 40,000 nurses left the healthcare sector in 2022, which has put pressure on recruitment throughout the industry.

- The lack of developing new healthcare staff in the sector has been an issue for several years.
- Brexit has impacted the healthcare recruitment market, making it harder to hire healthcare staff from overseas.

Financial pressures

- The NHS contribution to our costs is significantly lower than the 33% national average, and the lowest of the four Devon hospices.
- Our running costs are increasing at a rate our income cannot match – rising by 11% in one year (2023/24 compared with 2022/23).
- The impact on the economy from the pandemic, the cost-of-living crisis and the recession have affected our income generation.
- Pressure on the baby boomer generation to support their children and grandchildren – both financially and in terms of time – is affecting giving and volunteering, especially gifts in wills.

National and local changes in the healthcare system

- The formation of the Integrated Care Systems in summer 2022 – this level of restructuring of our NHS commissioning body can disrupt the system and delay key decisions.
- The pandemic and its aftermath created change in our patient group. Our average length of stay from referral to death is now 11 days (April 2023), compared to the pre-pandemic timeframe of 180 days (2019).



Our Three Year Strategy

2023/24 to 2025/26

We will be delivering our mission through achieving our objectives set out in the following four key pillars:



CARE

Goal: To provide care reflecting the wishes and needs of our patients and those close to them

Objectives: We will...

- Ensure care is individualised, responsive and accessible
- Listen to our patients and those close to them, to maintain and develop our quality of care
- Engage and educate our partners and communities to champion expert end-of-life care
- Adopt innovative and flexible ways of working to improve efficiency



PEOPLE

Goal: To develop and support a sustainable and stable workforce

Objectives: We will...

- Identify effective and forward-thinking ways to recruit and retain staff and volunteers
- Develop our wellbeing offer to ensure a healthy working life for staff and volunteers
- Ensure staff and volunteers have access to learning and development, enabling us to remain expert and specialist
- Improve inclusivity by listening to staff and volunteer needs



PLACE

Goal: To create a workplace that is fit for the future

Objectives: We will...

- Implement a digital strategy that supports a modern workplace
- Ensure buildings are fit for purpose, welcoming, and meet our future needs
- Drive efficiency to support environmental and financial sustainability, focusing on effective procurement, energy management and waste reduction



INCOME

Goal: To increase income to fund our care

Objectives: We will...

- Engage and develop relationships with strategic funding partners
- Improve our customer experience to increase revenue from our retail estate
- Develop opportunities to maximise growth from our existing fundraising streams
- Identify and invest in new business development opportunities

Your Money



“Hospiscare cared for my Mum at Searle House and we’ve been doing the Men’s Walk as a family ever since. It’s an emotional day but it’s nice to come out and support each other.

“We’re here because my wife, Jenny, and the whole family, received amazing care from Hospiscare. It’s difficult to describe sometimes for people to understand the impact of their care, unless you’ve been through it, you don’t really understand.”

The Roberts family have been taking part in Men’s Walk for five years, in memory of their loved one, Jenny. In 2023, Marc Roberts got the family together again, including his father Roger, brother Paul and young son Jacob.

Our funding remains challenging, especially with the impact on our costs from the cost-of-living crisis and the fact that we receive less than 20% of our funding need from the NHS, where the national average is over 30%. We remain very grateful to our wonderful community who make cakes, open gardens, fundraise through their work and clubs, jump out of planes and give generously via gifts in their wills – to name just a few ways of supporting.

We ended on a deficit of £1.5m in 2022-23, mainly due to the large amount of gifts in wills income that had to be accrued into the 2021-22 accounts (£1.94m) and ongoing cost pressures. Thanks to these large gifts in wills we are able to ensure this deficit is covered from our reserves.

Fundraising had a strong year in 2022-23, reaching pre-pandemic levels and above in a few areas, with a continued high response to our mailing campaigns and a number of large gifts from individuals, great support from Trusts and Foundations, and businesses supporting us generously through our new 40 Club. We have been focusing on building our Lottery Players up by introducing face-to-face fundraising post-pandemic and encouraging people to give regularly through direct debits – one of the best ways for us to create sustainable income for the hospice.

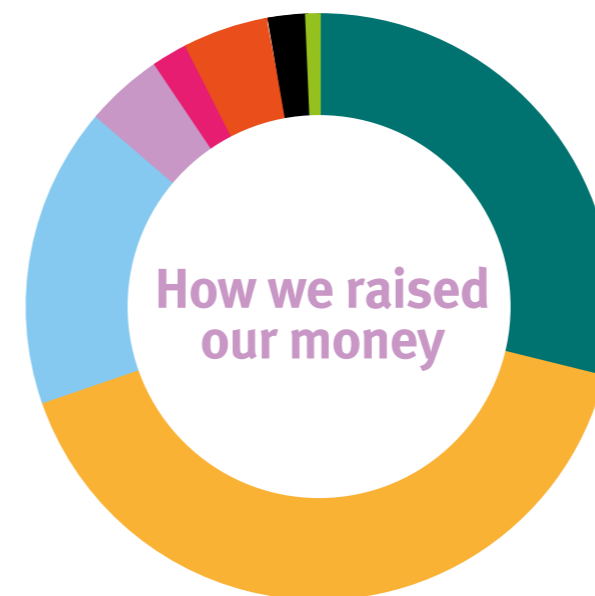
Our shops are starting to recover from the multiple

lockdowns, and working hard on what can be done to improve income across the shops and ecommerce teams.

Expenditure in our community team has increased due to the introduction of a new Hospiscare@Home service supporting Okehampton, Crediton and North Dartmoor. This was thanks to a generous group of individual private donors and organisations who raised enough to pump-prime this service, enabling more people in our most rural area of care to die at home. However, with no government funding for this service it is reliant on public support to ensure it continues.

We will have planned deficit budgets for the next two years thanks to our reserves, while we work on plans to increase income and reduce costs carefully to combat the impact of the cost-of-living crisis. We will continue our conversations with the NHS commissioners (the Integrated Care System) to push for its contribution to be increased in line with others in Devon.

A special thank you to Hospice UK, League of Friends, Ottery Hospital, The Norman Family Charitable Trust, The Ashworth Charitable Trust, The Albert Hunt Charitable Trust, The David Gibbons Foundation, and all who have supported us in our efforts to raise funds to continue our work. Together we make every day matter for those who need us.





Part 2:

Governance & Accounts



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

a. Going Concern

Hospiscare’s Trustees have assessed the ability of the Charity to continue in operational existence to at least 31 March 2025. The UK is facing significant cost-of-living pressure, and the charity sector is not immune to the effects of this. Over recent years, Hospiscare has been able to generate reserves to ensure that any shortfall in income raised or increases in costs incurred can be absorbed without affecting service delivery. Having reviewed the organisation’s latest financial information, the Trustees are assured of the Charity’s financial viability.

The Charity has reviewed its compliance with the CQC framework and believes that after this assessment, the organisation continues to meet the requirements in respect of its regulatory requirements.

The Trustees have no knowledge of any other financial or regulatory action which could cause the Charity to cease operations. For this reason, they continue to adopt the Going Concern basis in preparing the financial statements. Further details regarding the adoption of the Going Concern basis can be found in the Accounting Policies (see page 42).

b. Financial Position at Year End

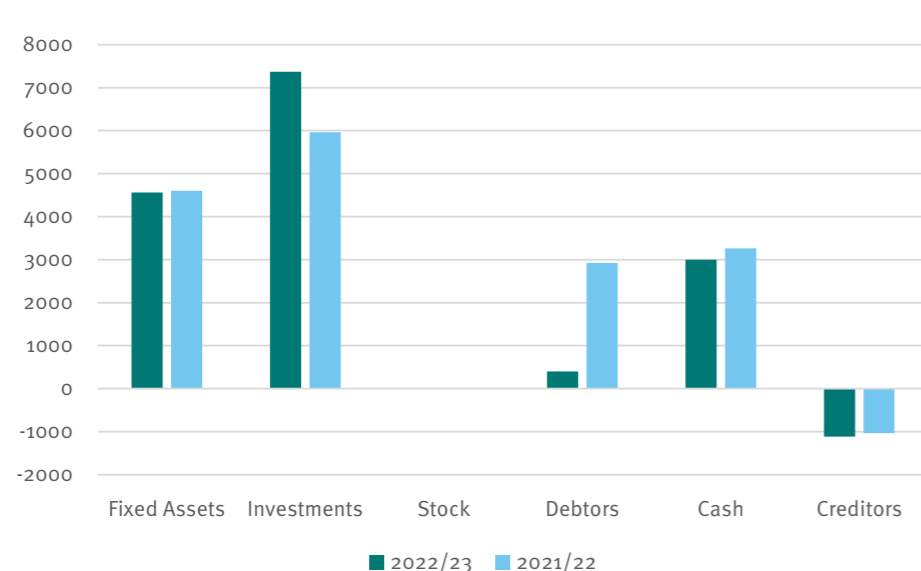
The financial statements show the consolidated financial position of the Group. At 31 March 2023, the net assets of the Group were £14,219,717 (2022: £15,719,178), a decrease of £1,499,461 over the year.

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

The main changes in the make up of the balance sheet during 2022/23 are as follows:

- change in overall value due to financial performance during the year
- increased level of current asset investments held at the year end due to Hospiscare placing money in short term (less than 12 months) treasury deposits to maximise interest earned
- decrease in debtors at year end due to a £1.9m reduction in the level of legacy income accrued at the end of the current financial year.

Hospiscare Balance Sheet £'000



c. Financial Review and Significant Events

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

The total level of income generated during 2022/23 fell by £2,970k compared to the previous year. In part this was due to the accrual of £1.9m of legacy income in the 2021/22 accounts that was actually received in 2022/23. Additionally, £1.4m of Covid-related grant income was received in 2021/22 which was not received in 2022/23. This is offset by an increase in the level of fundraising income for the year. Despite the reduction compared to the prior year, more income was generated than had been included in the budget.

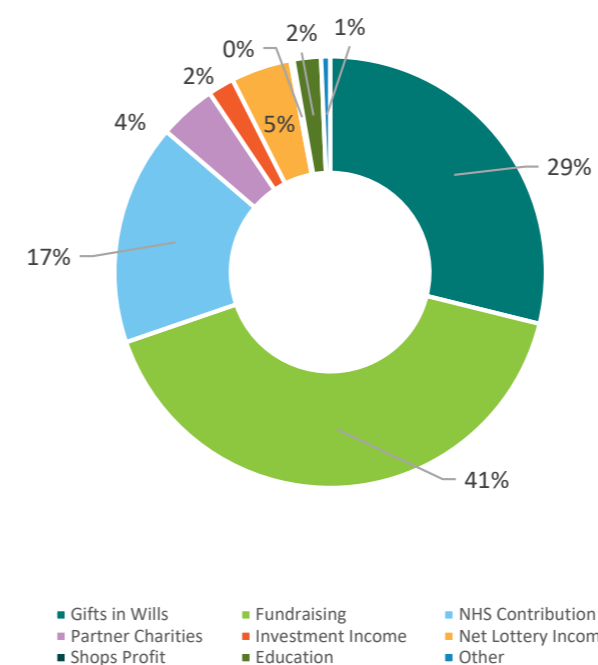
Fundraising income increased by 59% during the year as the organisation continued to expand its fundraising work following the easing of Covid-19 rules. As a result, the organisation incurred an increase in associated fundraising costs (35%). Funding from Devon Integrated Care Board (ICB) represents 13% (2021/22 – 12%) of total income, and 18% of the cost of provision. This compares to the national average of over 30% with some hospices locally getting 40%. Hospiscare is working with Devon ICB to secure additional funding to achieve parity with other hospices within Devon and across the UK.

Income from investments and treasury deposits was higher than in previous years. This was caused by stability in the receipt of income from the investment portfolios combined with higher interest rates enabling the charity to take advantage of treasury management opportunities. Despite income received being comparable with previous years, the overall value of the investment holdings fell by £268k last year due to political and economic uncertainty driving a reduction in stock and bond market valuations.

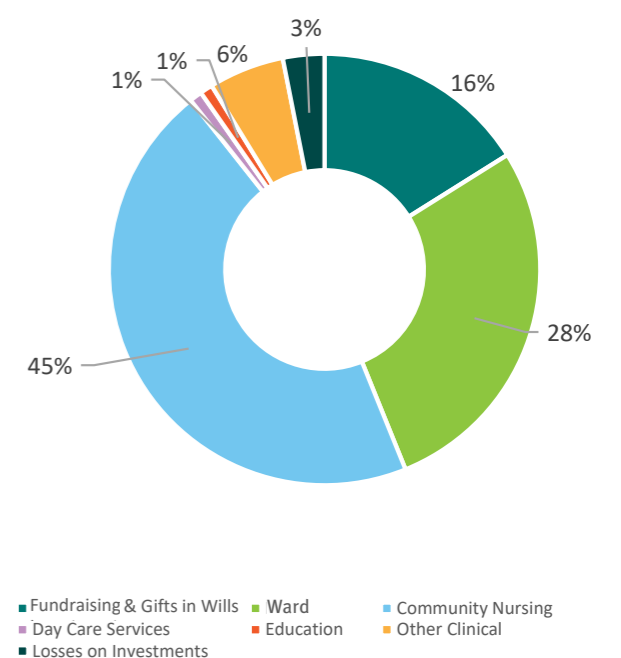
All the above funding sources are primarily used to meet the direct cost of the Charity providing services to patients and their families and necessary central costs.

Expenditure on Charitable Activities increased during the year due to inflationary pressures on both pay and non-pay expenditure. During the year, the organisation has continued to face the ongoing challenge of recruiting staff. This phenomenon has been seen across health and social care providers within Devon and the wider South West of England. The inflationary pressure experienced during the 2022/23 financial year is expected to continue for the 2023/24 financial year and into the 2024/25 financial year.

Hospiscare Income



Hospiscare Expenditure



Investment Policy, Performance and Objectives



d. Reserves and Reserves Management Policy

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

Hospiscare holds the following reserves:

Restricted reserves (2023: £2,146k) are the value of monies which have been donated with a specific charitable purpose in mind. These cannot be spent on the overall running of the Charity without the express permission of the donor.

Designated reserves (2023: £6,064k) are split between those that are needed to fund an anticipated short term gap in funding (as per the Working Capital Reserve), and those which have been set aside for the future provision of services (including the Hospiscare@Home designated reserve). In order to manage the expected shortfall in funding from the ICB and legacies during 2023/24, 2024/25 and beyond, the Charity's Trustees have identified a working capital reserve to enable the organisation to continue to provide services while further income streams are secured.

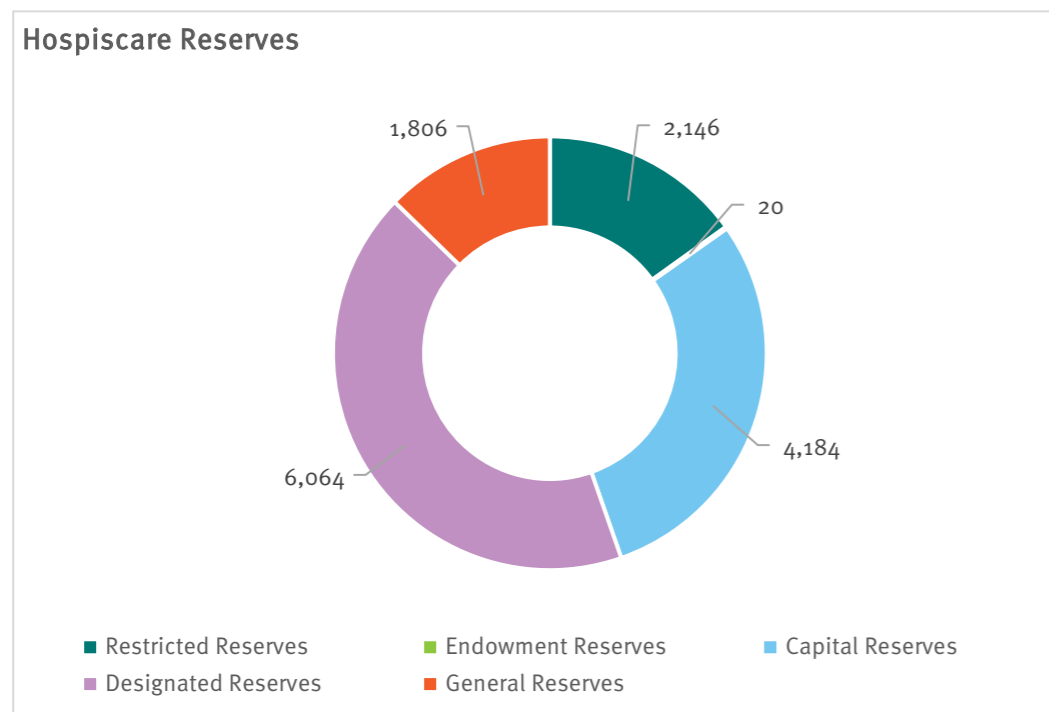
Capital reserves (2023: £4,184k) are the value of reserves which are funded by capital assets. These funds are reported separately as they are not readily converted to cash for the provision of services.

General Reserves (2023: £1,806k) are available to fund future projects and are not limited in scope.

Hospiscare had a total of £14,219,717 in reserves on 31 March 2023. Hospiscare's current reserves policy is to keep 6-12 months expenditure within free reserves (Total reserves less restricted and capital reserves) unless the Trustees identify a specific future use for the monies which mean that it needs to be retained for a longer period. The full breakdown of the reserves and their use can be found in note 20 to the financial statements.

e. Future Income Streams

The Trustees recognise that significant funds are required to finance the Group's working capital requirements and to provide a buffer against unexpected shortfalls in income, particularly in respect of fundraising activities, legacies that are unpredictable in amount and timing, and against falls in the value of the Charity's investments. The organisation is seeking opportunities for income generation which are outside the Group's current remit. Once the necessary detailed due diligence has been completed, the Board of Trustees will determine whether the proposed reward outweighs the risks within the business and the outlay of an initial capital sum to fund the project.



Asset Allocation

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

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

Medium to long term investments are held by two fund managers (Investec and Charles Stanley) who invest in portfolios comprising cash, bonds, equities, property, hedge funds, structured products, private equity, and commodities. These investments should generate a return which is greater than inflation over a medium to long term investment period but can result in losses within a given year (as has happened in 2022/23). Medium to long term investments are necessary to protect the value of the organisation's long-term reserves from being eroded by inflation. The Charity's portfolios are classified as being either low or low/medium risk. This means that the risk of capital reduction is low; however, the rate of appreciation is predicted to be lower compared to higher risk portfolios.

Benchmarking

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

Method of Review

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

Restrictions and Ethical Policy

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

The Governance of Fundraising



Fundraising Standards Information

We adhere to the Fundraising Regulator and its Fundraising Code along with the Gambling Commission and its License Conditions and Codes of Practice. We have not had any breaches of these during 2022/23. We regularly monitor and report on all of our fundraising activities and provide training and guidance to those taking on our fundraising activities, meeting regularly with our volunteer fundraising groups.

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

Complaints

During the year, we received two complaints linked to fundraising. While neither of the complaints received were of a serious nature, we worked in each case with the complainant to understand their concerns and make suitable adjustments to our fundraising approach where this has been necessary for future events.

Structure, Governance and Management



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

The company has a wholly owned trading subsidiary, Hospiscare (Shops) Limited (company number 02201730 (England & Wales), whose sole purpose is to raise funds for the Charity by operating a chain of local charity shops and a warehouse.

Organisational Structure

Hospiscare is governed by its Board of Trustees. Throughout 2022/23 there have been six sub-committees of the Board which scrutinise specific areas in detail. These sub-committees are:

- Finance and Income Generation Committee
- Audit, Risk and Corporate Governance Committee
- Quality Assurance and Improvement Committee
- People and Estates Committee
- Nominations Committee
- Remuneration Committee.

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

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

Hospiscare (Shops) Limited is managed by its Board of Directors comprising a Trustee of the Charity, members of the Charity's Senior Management Team and non-executive directors with relevant experience.

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

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

Appointment, Induction and Training of Trustees

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

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

Management

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

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

Senior Management Team Remuneration

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

Employees

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

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

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

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

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

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

Risk Management, Principal Risks and Uncertainties

The responsibility for the management and control of a charity rests with the Trustee body and therefore their involvement in key aspects of the risk management process is essential, particularly in setting the parameters of the process and reviewing and considering the results. The corporate risk register is reviewed by all committees, and by the Board and the Assurance, Risk and Corporate Governance Committee annually. Departmental risks are reviewed by the SMT and appropriate departments. Update reports are presented to Committees and the Board.

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

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

Risk Title	Summary of Control
Insufficient quality of care	Adherence to CQC regulation and statutory obligations Systematic quality review and audit In-house monitoring by Quality Assurance and Improvement Committee and Patient Experience and Safety meetings Robust systems and processes for clinical and care work
The Charity not having enough money to ensure the continuation of services and levels of care	The 2023/24 budget-setting process produced a 12 month financial framework. This is due to be reviewed by the Board in September 2023. The short term budget is accompanied by a six year overview for the period ending 31 March 2029.
Potential breach of legislation and guidelines/ regulatory compliance	Appropriate policies and procedures put into place and updated as and when required so all staff and volunteers are aware of their obligations to uphold required legislation
Inability to recruit and retain appropriately skilled staff at the levels required to deliver Hospiscare’s services	Collaborative working between People and Clinical Leaders on Clinical Careers Days, and future initiatives planned for targeted recruitment campaigns. Ongoing review of pay and wider remuneration to ensure that the Group remains competitive with other large employers in the area.

The trading company also has a corporate and departmental risk register which its Board reviews at each meeting. Risk surgeries are carried out every two months with the Directors and Head of Retail to ensure risks are kept up to date and managed.

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

Hospiscare is compliant with all relevant legal, statutory and regulatory standards. It has followed Charity Commission guidance and complies with Principle 4 of the Charity Governance Code: Decision making, risk and control.

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

Related Parties

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

Corporate Governance Redesign: Effective 01 April 2023

At midnight on 01 April 2023, Hospiscare (Shops) Limited was merged into Hospiscare to combine the retail and charitable arms of the Group. This decision was taken to improve the link across the organisation and ensure that all staff could see the clear link to the charitable aims of the Group.

During 2022/23 work was undertaken to redesign the Group's Board and Committee Structure. This has resulted in the following changes becoming effective from 01 April 2023:

- Streamlining of Corporate Governance processes so that papers are only presented to one committee or board meeting.
- Review of the Articles of Association and Scheme of Delegation to enable SMT to have greater control of the day-to-day running of the organisation, enabling the Board to focus on strategic matters.
- Creation of Audit and Risk Committee to take on the work from Finance and Income Generation Committee, People and Estates Committee, and Audit, Risk and Corporate Governance Committee
- Merger of Remuneration Committee and Nominations Committee to create one Nominations and Remuneration Committee
- Retention of Quality Assurance and Improvement Committee, but with a remit which covers elements of People and Estates Committee as required.

Reference and Administration



Company Number	02164215
Charity Number	297798

Directors and Trustees

Secretary	Kelly Prince
Registered Office	Searle House, Dryden Road, Exeter, Devon, EX2 5JJ
Brian Aird	Chair of Trustees
Dr Helen Enright	Vice Chair of Trustees
Barbara Sweeney	Trustee (Resigned 23 July 2022)
Cathy Durston	Trustee
Greg Allen	Trustee
Jenny Winslade	Trustee
John Hawkins	Trustee (Resigned 13 December 2022)
Jose Cortizo	Trustee
Matthew Bryant	Trustee (Resigned 26 September 2023)
Mike Williams	Trustee
Nicholas Frost	Trustee (Appointed 02 June 2023)
Peter Serjeant	Trustee (Resigned 26 September 2023)
Sarah Jackson	Trustee

Senior Management Team

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

Advisors

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

Statement of Trustees' Responsibilities



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

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

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

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

Disclosure of Information to Auditors

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

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

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

Brian Aird
Chair of Trustees
26 September 2023

Independent Auditors' report to the Members of Hospiscare

for the year ended 31 March 2023



Opinion

We have audited the Financial Statements of Hospiscare (the "Charity") for the year ended 31 March 2023 which comprise the Group Statement of Financial Activities, Group and Parent Company Balance Sheets, Statement of Consolidated Cash flows and notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and charity's affairs as at 31 March 2023 and of its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (GAAP)
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the Trustees' report, (which includes the Strategic Report and Directors' report prepared for the purposes of company law) for the Financial Year for which the Financial Statements are prepared is consistent with the Financial Statements; and
- The Strategic Report and Directors' Report included within the Trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the Charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report.

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

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

Responsibilities of the Trustees

As explained more fully in the Statement of Trustees' Responsibilities set out on page 42, the Trustees (who are also the Directors of the Charity for the purposes of Company Law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Our responsibilities for the audit of the financial statements

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

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

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

these with the relevant individuals responsible for compliance. The key regulations we identified were Charity Legislation, Ofsted, compliance with the Care Quality Commission ("CQC"), safeguarding, health and safety regulations and The General Data Protection Regulation ("GDPR"). We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006.

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

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

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

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

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

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

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

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

This description forms part of our auditor's report.

Use of our Report

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

Neil Hitchings (Senior Statutory Auditor)

For and on behalf of

PKF FRANCIS CLARK, Chartered Accountants & Statutory Auditor

Centenary House,

Peninsula Park

Rydon Lane,

Exeter, EX2 7XE

Date: 26 September 2023

PKF Francis Clark

Financial Statements



Consolidated Statement of Financial Activities

(including income and expenditure account) for the year ended 31 March 2023

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

	Note	Endowment Funds 2023 £	Restricted Funds 2023 £	Unrestricted Funds 2023 £	Total funds 2023 £	Total funds 2022 £
Income and endowments:						
Donations and legacies	4	-	504,590	4,173,788	4,678,378	7,347,095
Charitable activities	5	-	-	1,717,203	1,717,203	2,080,436
Other trading activities	6	-	-	2,948,843	2,948,843	2,823,692
Investment income	7	-	29,297	117,754	147,051	128,723
Other income	8	-	-	50,561	50,561	132,321
Total income and endowments		-	533,887	9,008,149	9,542,036	12,512,267
Expenditure on:						
Expenditure on raising funds	9	-	-	3,823,459	3,823,459	3,341,539
Expenditure on charitable activities	10	-	987,256	5,963,130	6,950,386	6,391,413
Total expenditure		-	987,256	9,786,589	10,773,845	9,732,952
Net (expenditure)/income before net gains on investments		-	(453,369)	(778,440)	(1,231,809)	2,779,315
Net gains / (losses) on investments	16	-	(67,419)	(200,233)	(267,652)	249,729
Net income / expenditure		-	(520,788)	(978,673)	(1,499,461)	3,029,044
Transfers between funds		-	-	-	-	-
Net movement in funds		-	(520,788)	(978,673)	(1,499,461)	3,029,044
Reconciliation of funds:						
Total funds brought forward		20,000	2,666,793	13,032,385	15,719,178	12,690,134
Net movement in funds		-	(520,788)	(978,673)	(1,499,461)	3,029,044
Total funds carried forward		20,000	2,146,005	12,053,712	14,219,717	15,719,178

Consolidated Balance Sheet

Year ended 31 March 2023

	Note	2023 £	2022 £
Fixed assets			
Tangible fixed assets	14	4,560,643	4,601,040
Investments	16	4,499,036	5,593,345
Investment properties	15	370,000	370,000
		9,429,679	10,564,385
Current assets			
Stocks		9,308	2,833
Debtors	17	397,164	2,924,719
Investments	16	2,500,000	-
Cash at bank and in hand		2,999,938	3,259,079
		5,906,410	6,186,631
Creditors: amounts falling due within one year	18	(929,416)	(845,048)
Net current assets		4,976,994	5,341,583
Total assets less current liabilities		14,406,673	15,905,968
Provision for liabilities	19	(186,956)	(186,790)
Total net assets		14,219,717	15,719,178
Funds of the charity			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,146,005	2,666,793
Unrestricted funds	20	12,053,712	13,032,385
Total charity funds	21	14,219,717	15,719,178

These financial statements were approved by the board of trustees and authorised for issue on 26 September 2023, and are signed on behalf of the board by:



Brian Aird
Chair of Trustees
Company registered number: 02164215

Charity Balance Sheet

Year ended 31 March 2023

	Note	2023 £	2022 £
Fixed assets			
Tangible fixed assets	14	4,512,117	4,571,461
Investments	16	4,609,038	5,703,347
Investment properties	15	370,000	370,000
		9,491,155	10,644,808
Current assets			
Debtors	17	673,691	3,073,839
Investments	16	2,500,000	-
Cash at bank and in hand		2,369,171	2,833,246
		5,542,862	5,907,085
Creditors: amounts falling due within one year	18	(805,582)	(767,215)
Net current assets		4,737,280	5,139,870
Total assets less current liabilities		14,228,435	15,784,678
Total net assets		14,228,435	15,784,678
Funds of the charity			
Endowment funds	20	20,000	20,000
Restricted funds	20	2,146,005	2,666,793
Unrestricted funds	20	12,062,430	13,097,885
Total charity funds		14,228,435	15,784,678

The Charity's movement in funds for the year was net expenditure £1,556,243 (2022: net income £3,090,756). The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The notes on pages 51 to 70 form part of these financial statements.

These financial statements were approved by the board of trustees and authorised for issue on 26 September 2023, and are signed on behalf of the board by:



Brian Aird
Chair of Trustees
Company registered number: 02164215

Consolidated Statement of Cash Flows

Year ended 31 March 2023

	Note	2023 £	2022 £
Cash flows from operating activities:			
<i>Net cash provided by operating activities</i>	22	1,476,991	1,184,054
Cash flows from investing activities:			
Dividends, interests and rents from investments		147,051	128,723
Purchase of tangible fixed assets		(209,840)	(102,635)
Purchase of investments		(3,484,559)	(738,533)
Proceeds from sale of investments		1,811,216	1,154,562
<i>Net cash used in investing activities</i>		(1,736,132)	442,117
Cash flows from financing activities		-	-
Change in cash and cash equivalents in the year		(259,141)	1,626,171
Cash and cash equivalents at the beginning of the year		3,259,079	1,632,908
Cash and cash equivalents at the end of the year	23	2,999,938	3,259,079

The notes on pages 51 to 70 to form part of these financial statements.

Notes to the Financial Statements

for the year ended 31 March 2023



1. General Information

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

2. Accounting Policies

2.1 Basis of Preparation of Financial Statements

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

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

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

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

2.2 Going Concern

The Trustees have assessed whether the use of the Going Concern basis is appropriate and have considered possible events or conditions that might affect the ability of the Group to continue as a going concern. The Trustees have made this assessment for the period to 31 March 2025.

2.3 Fund Accounting

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

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

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

2.4 Income

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

For legacies, entitlement is taken as the earlier of the date on which either: the Charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Group that a distribution will be made; or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor's intention to make a distribution. Where a property is appropriated to the Charity, the value of that appropriation will be recognised in the accounts. If advanced payment is offered to Hospiscare subject to an

indemnity being required that means that the money could be repaid, this will not be considered confirmation that the amount should be recognised in the accounts. Where legacies have been notified to the Charity, or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

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

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

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

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

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

2.5 Expenditure

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

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

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

All expenditure is inclusive of irrecoverable VAT.

2.6 Interest Receivable

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

2.7 Tangible Fixed Assets and Depreciation

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

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

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

Depreciation is provided on the following bases:

- Freehold Buildings - 2% straight line
- Leasehold Land & Buildings - 2% straight line or over the term of the lease if shorter
- Plant and Machinery - 20% straight line

- Motor Vehicles - 20% straight line
- Fixtures & Fittings - 15-33% straight line

2.8 Investments

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

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

2.9 Stocks

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

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

2.10 Debtors

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

Prepayments are valued at the amount prepaid.

2.11 Cash at bank and in hand

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

2.12 Liabilities

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

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

2.13 Financial Instruments

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

2.14 Pensions

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

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

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

3. Critical Accounting Estimates and Areas of Judgement

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

Critical accounting estimates and assumptions

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

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

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

Useful Economic Lives of Tangible Assets

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

Dilapidations

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

Legacies

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

4. Donations and legacies

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Donations and fundraising	500,598	1,811,068	2,311,684	1,798,919
Legacies	3,992	2,161,395	2,165,387	3,926,834
Grants	-	9,552	9,552	1,444,953
Gift Aid	-	191,755	191,755	176,389
Total 2023	504,590	4,173,788	4,678,378	7,347,095
Total 2022	1,603,067	5,744,028	7,347,095	

5. Income from Charitable activities

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Education	-	153,974	153,974	126,370
New Devon CCG	-	1,242,661	1,242,661	1,460,981
Coastal towns homecare services	-	320,568	320,568	493,085
Total 2023	-	1,717,203	1,717,203	2,080,436
Total 2022	-	2,080,436	2,080,436	

6. Income from other trading activities

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Hospiscare shops	-	2,385,917	2,385,917	2,234,267
Lottery	-	562,926	562,926	589,425
Total 2023	-	2,948,843	2,948,843	2,823,692
Total 2022	-	2,823,692	2,823,692	

7. Investment income

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Rental income	-	9,600	9,600	3,567
Income on investments	29,297	91,963	121,260	115,707
Income on cash deposits	-	16,191	16,191	9,449
Total 2023	29,297	117,754	147,051	128,723
Total 2022	48,647	80,076	128,723	

8. Other income

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Government grants and insurance claims receivable relating to COVID-19	-	-	-	97,850
Catering income	-	11,822	11,822	8,630
Renewable energy income	-	26,361	26,361	18,359
Property insurance income	-	12,378	12,378	7,482
Total 2023	-	50,561	50,561	132,321
Total 2022	-	132,321	132,321	

9. Expenditure on Raising funds

	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Costs of raising voluntary income – direct costs	-	225,582	225,582	301,066
Costs of raising voluntary income – wages and salaries	-	560,540	560,540	388,951
Costs of raising voluntary income - NI	-	53,346	53,346	33,547
Costs of raising voluntary income – pension costs	-	34,932	34,932	25,972
Allocated centrally incurred fundraising and governance costs including depreciation	-	509,858	509,858	274,483
Total 2023	-	1,384,258	1,384,258	1,024,019
Total 2022	-	1,024,019	1,024,019	

9. Expenditure on Raising funds (continued)

Other Trading Expenses	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Hospiscare shops expenditure	-	1,010,424	1,010,424	969,440
Lottery expenditure	-	191,389	191,389	147,544
Staff costs	-	1,217,053	1,217,053	1,163,639
Hospiscare shops depreciation	-	20,335	20,335	36,897
Total 2023	-	2,439,201	2,439,201	2,317,520
Total 2022	-	2,317,520	2,317,520	

Staff costs are made up from £1,184,232 (2022: £1,109,402) attributable to Hospiscare Shops' expenditure and £32,821 (2022: £54,237) attributable to lottery expenditure.

Costs of raising voluntary income £1,384,258 (2022: £1,024,019). Costs of other trading expenses £2,439,201 (2022: £2,317,520).

Total **£3,823,459** (2022: £3,341,539).

10. Analysis of Expenditure by Activities

	Activities undertaken directly £	Support Costs £	Total funds 2023 £	Total fund 2022 £
Ward	1,541,824	848,189	2,390,013	3,284,770
Community nursing services	2,569,202	1,342,651	3,911,853	2,884,067
Supportive care services	46,771	33,690	80,461	123,022
Education	62,077	19,408	81,485	99,554
Other clinical	356,540	130,034	486,574	-
Total 2023	4,576,414	2,373,972	6,950,386	6,391,413
Total 2022	4,504,674	1,886,739	6,391,413	

Expenditure on charitable activities totalling **£6,950,386** (2022 £6,391,413) includes £987,256 from restricted funds (2022 £1,682,972) and £5,963,130 (2022 £4,708,441) from unrestricted funds.

Analysis of Direct Costs

	Ward £	Community nursing services £	Supportive care services £	Education £	Other clinical £	Total funds 2023 £	Total funds 2022 £
Staff costs	1,360,948	2,253,198	41,499	59,170	333,559	4,048,374	4,062,531
Medical supplies	20,622	2,748	39	10	111	23,530	26,146
Bank staff	90,169	184,092	3,604	1,595	3,095	282,555	76,175
Travel expenses	2,139	41,868	790	228	466	45,491	37,104
Other direct costs	56,779	60,916	468	738	16,652	135,553	227,195
Administration & overheads	11,167	26,380	371	336	2,657	40,911	75,523
Total 2023	1,541,824	2,569,202	46,771	62,077	356,540	4,576,414	4,504,674
Total 2022	2,511,215	1,869,321	70,332	53,806	-	4,504,674	

Analysis of Support Costs

	Ward £	Community nursing services £	Supportive care services £	Education £	Other clinical £	Total funds 2023 £	Total funds 2022 £
Staff costs	484,054	766,240	19,226	11,077	74,209	1,354,806	1,134,654
Depreciation	41,257	65,309	1,639	944	6,325	115,474	178,551
Administration & overheads	302,916	479,503	12,032	6,931	46,440	847,822	540,811
Catering	7,445	11,785	296	170	1,141	20,837	17,999
Governance	12,517	19,814	497	286	1,919	35,033	14,814
Total 2023	848,189	1,342,651	33,690	19,408	130,034	2,373,972	1,886,739
Total 2022	773,555	1,014,746	52,690	45,748	-	1,886,739	

11. Auditors' Remuneration

	2023 £	2022 £
Fees payable to the Group's auditor for the audit of the Group's annual accounts	9,750	9,950
Fees payable to the Group's auditor for the: The audit of the annual accounts of the Group's subsidiary undertakings	3,000	6,100

12. Staff costs

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

	Group 2023 £	Group 2022 £	Charity 2023 £	Charity 2022 £
Wages and salaries	6,660,902	5,925,928	5,619,978	4,937,014
Social security costs	615,170	520,629	533,969	452,634
Pension costs	600,839	507,014	538,734	454,521
	7,876,911	6,953,571	6,692,681	5,844,169

During 2022/23, Hospiscare made termination payments (including PILON) totalling £33,296. This has been recognised within the 2022/23 annual accounts, with no provision being required in either the current or previous financial years.

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

	2023 Group No.	2022 Group No.	2023 Charity No.	2022 Charity No.
Doctors	8	7	8	7
Nurses	100	96	100	96
Health care assistants	20	20	20	20
Care Managers	1	2	1	2
Volunteer co-ordinators	2	1	2	1
Fundraising staff	22	16	22	16
Administration	43	41	43	41
Trading	57	61	-	-
Lottery	1	2	1	2
Complementary therapies	3	1	3	1
Catering/cleaning	11	11	11	11
Education	3	3	3	3
	271	261	214	200

The average headcount expressed as full-time equivalents was:

	2023 Group No.	2022 Group No.	2023 Charity No.	2022 Charity No.
Employees	209	205	152	144

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

	2023 Group No.	2022 Group No.
In the band £60,001 - £70,000	4	5
In the band £70,001 - £80,000	3	1
In the band £80,001 - £90,000	1	-
In the band £90,001 - £100,000	2	2

The Senior Management Team personnel of the Parent Charity and Group comprises the Trustees and senior management team. The total employee benefits (including employer pension contributions and employer national insurance contributions) of the key management personnel were £581,442 (2022: £393,101).

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

13. Trustees' Remuneration and Expenses

During the year, no Trustees received any remuneration or other benefits (2022: £Nil).

During the year ended 31 March 2023, expenses totalling £152 was reimbursed to one trustee (2022: Nil).

14. Tangible Fixed Assets

Group	Freehold property £	Long-term leasehold property £	Short-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and Fittings £	Total £
Cost or valuation							
At 1 April 2022	2,294,976	3,848,262	9,725	324,352	31,050	1,152,974	7,661,339
Additions	18,647	9,067	-	120,427	-	61,699	209,840
Disposal	(8,320)	(35,693)	-	-	-	(139,078)	(183,091)
At 31 March 2023	2,305,303	3,821,636	9,725	444,779	31,050	1,075,595	7,688,088
Depreciation							
At 1 April 2022	345,330	1,522,420	1,221	282,403	25,550	883,375	3,060,299
Charge for the year	38,159	74,243	195	28,152	4,066	84,966	229,781
On disposals	(6)	(47,240)	(881)	-	-	(114,508)	(162,635)
At 31 March 2023	383,483	1,549,423	535	310,555	29,616	853,833	3,127,445
Net book value							
At 31 March 2023	1,921,820	2,272,213	9,190	134,224	1,434	221,762	4,560,643
At 31 March 2022	1,949,646	2,325,842	8,504	41,949	5,500	269,599	4,601,040

14. Tangible Fixed Assets (continued)

Charity	Freehold property £	Long-term leasehold property £	Plant and machinery £	Motor vehicles £	Fixtures and Fittings £	Total £
Cost or valuation						
At 1 April 2022	2,294,976	3,815,542	324,352	31,050	940,260	7,406,180
Additions	18,647	9,076	120,427	-	61,699	209,849
Disposal	(8,320)	(2,982)	-	-	(57,020)	(68,322)
At 31 March 2023	2,305,303	3,821,636	444,779	31,050	944,939	7,547,707
Depreciation						
At 1 April 2022	345,330	1,489,660	282,403	25,550	691,776	2,834,719
Charge for the year	38,159	74,243	28,152	4,066	64,826	209,446
On disposals	(6)	(14,480)	-	-	5,911	(8,575)
At 31 March 2023	383,483	1,549,423	310,555	29,616	762,513	3,035,590
Net book value						
At 31 March 2023	1,921,820	2,272,213	134,224	1,434	182,426	4,512,117
At 31 March 2022	1,949,646	2,325,882	41,949	5,500	248,484	4,571,461

15. Investment Property

Group Valuation	Freehold investment property £
At 1 April 2022	370,000
At 31 March 2023	370,000

Charity Valuation	Freehold investment property £
At 1 April 2022	370,000
At 31 March 2023	370,000

Valuation

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

16. Investments

Group Cost or valuation	Listed investments
At 1 April 2022	5,593,345
Additions	3,484,559
Disposals	(1,811,216)
Revaluations	(267,652)
At 31 March 2023	6,999,036
Net book value	
Fixed asset investments	4,499,036
Current asset investments	2,500,000
At 31 March 2023	6,999,036
At 31 March 2022	5,593,345

Investments

Charity Cost or valuation	Investments in subsidiary companies £	Listed investments £	Total £
At 1 April 2022	110,002	5,593,345	5,703,347
Additions	-	3,484,559	3,484,559
Disposals	-	(1,811,216)	(1,811,216)
Revaluations	-	(267,652)	(267,652)
At 31 March 2023	110,002	6,999,036	7,109,038
Net book value			
Fixed asset investments	110,002	4,499,036	4,609,038
Current asset investments	-	2,500,000	2,500,000
At 31 March 2023	110,002	6,999,036	7,109,038
At 31 March 2022	110,002	5,593,345	5,703,347

Principal Subsidiaries

The following were subsidiary undertakings of the Charity:

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

The financial results of the subsidiary for the year were:

Names	Income £	Expenditure £	Profit for the year £	Net assets £
Hospiscare (Shops) Limited	2,221,193	2,203,693	17,500	101,284

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

17. Debtors

	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Due within one year				
Trade debtors	89,384	146,540	70,438	171,009
Amounts owed by group undertakings	-	-	325,256	182,498
Other debtors	92,164	82,507	68,243	58,139
Prepayments and accrued income	215,616	2,695,672	209,754	2,662,193
	397,164	2,924,719	673,691	3,073,839

18. Creditors: amounts falling due within one year

	Group		Charity	
	2023 £	2022 £	2023 £	2022 £
Trade creditors	155,550	392,529	130,527	363,782
Social security and other taxes	142,960	124,942	126,400	112,000
Other creditors	39,632	102,385	25,341	66,241
Accruals and deferred income	591,274	225,192	523,314	225,192
	929,416	845,048	805,582	767,215
Deferred income				
Deferred income at 1 April 2022	73,687	11,059	73,687	11,059
Resources deferred during the year	9,790	73,687	9,790	73,687
Amounts released from previous periods	(73,687)	(11,059)	(73,687)	(11,059)
	9,790	73,687	9,790	73,687

19. Provisions

	Dilapidations £
At 1 April 2022	186,790
Additions	166
	186,956

Dilapidations

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

The Charity has no provisions.

20. Statement of Funds

Current Year

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

Statement of Funds (continued)

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

Designated Funds

Capital

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

Stability and Working Capital

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

Budgeted deficit

This reserve was identified in the prior year by the Trustees to cover the anticipated shortfall in funding for services during the 2022/23 financial year. The remainder of this reserve has now been consolidated within the working capital reserve as part of the revised reserves policy.

Hospiscare@Home

This fund is to support the ongoing delivery of the Exmouth and Lypstone and Hospiscare@Home services when the associated restricted reserves are fully utilised if additional funding is not identified. This reserve (based on the latest forecast) provides funding if required until 2025/26.

General Reserves

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

Restricted Funds

Exmouth and Lypstone Hospiscare

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

Hospiscare@Home

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

Medical Research

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

Community Nursing Services

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

Statement of Funds (prior year)

	Balance at 1 April 2021	Income	Expenditure	Transfers in/out	Gains/ (losses)	Balance at 31 March 2022
	£	£	£	£	£	£
Unrestricted funds						
Designated funds						
Capital	4,387,654	-	(268,799)	96,140	-	4,214,995
Stability & working capital	3,000,000	-	-	400,000	-	3,400,000
Budgeted deficit 22/23	-	-	-	2,400,000	-	2,400,000
COVID-19 reserve	1,800,000	-	-	(1,800,000)	-	-
Hospiscare@Home	-	-	-	1,060,540	-	1,060,540
	9,187,654	-	(268,799)	2,156,680	-	11,075,535
General Funds						
General reserves	809,854	10,860,553	(7,781,181)	(2,156,680)	224,304	1,956,850
Total unrestricted funds	9,997,508	10,860,553	(8,049,980)	-	224,304	13,032,385
Endowment funds						
Endowment funds	20,000	-	-	-	-	20,000
Restricted funds						
Medical research fund	63,492	6,850	(10,120)	-	-	60,222
Dementia project	-	35,744	(35,744)	-	-	-
Early referral research fund	47,940	-	-	-	-	47,940
Hospiscare Exmouth and Lypstone	2,271,275	79,879	(633,908)	-	25,425	1,742,671
Other restricted funds	-	2,500	(7,314)	7,500	-	2,686
LGBTQ+ project	21,435	-	(3,140)	-	-	18,295
Fundraising	2,810	373,933	(363,043)	(7,500)	-	6,200
Hospiscare@Home	265,674	523,105	-	-	-	788,779
Hospice UK	-	629,703	(629,703)	-	-	-
Total	2,672,626	1,651,714	(1,682,972)	-	25,425	2,666,793
Total of funds	12,690,134	12,512,267	(9,732,952)	-	249,729	15,719,178

21. Analysis of Net Assets between Funds

Analysis of Net Assets between Funds – Current Year

	Endowment funds 2023 £	Restricted Funds £	Unrestricted Funds £	Total Funds 2023 £
Tangible fixed assets	-	378,578	4,182,065	4,560,643
Fixed asset investments	-	810,433	3,688,603	4,499,036
Investment property	-	370,000	-	370,000
Current assets	20,000	589,444	5,296,966	5,906,410
Creditors due within one year	-	-	(929,416)	(929,416)
Provisions for liabilities and charges	-	-	(186,956)	(186,956)
	20,000	2,146,005	12,053,712	14,219,717

Analysis of Net Assets between Funds – Prior Year

	Endowment funds 2022 £	Restricted Funds £	Unrestricted Funds £	Total Funds 2022 £
Tangible fixed assets	-	386,045	4,214,995	4,601,040
Fixed asset investments	-	1,708,963	3,884,382	5,593,345
Investment property	-	370,000	-	370,000
Current assets	20,000	201,785	5,964,846	6,186,631
Creditors due within one year	-	-	(845,048)	(845,048)
Provisions for liabilities and charges	-	-	(186,790)	(186,790)
	20,000	2,666,793	13,032,385	15,719,178

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

	2023 £	2022 £
Net income for the year (as per Statement of Financial Activities)	(1,499,461)	3,029,044
Adjustments for:		
Depreciation charges	229,781	245,997
Losses/(Gains) on investments	267,652	(249,729)
Dividends, interests and rents from investments	(147,051)	(128,723)
Loss on the sale of fixed assets	20,456	39,934
(Increase)/Decrease in stocks	(6,475)	9,953
(Increase)/decrease in debtors	2,527,555	(1,881,489)
Increase in creditors	84,534	119,067
Net cash generated by operating activities	1,476,991	1,184,054

23. Analysis of Cash and Cash Equivalents

	2023 Group £	2022 Group £
Cash in Hand	2,999,938	3,259,079
	2,999,938	3,259,079

24. Analysis of Changes in Net Funds

	2022 £	Cash flows £	2023 £
Cash at bank and in Hand	3,259,079	(259,141)	2,999,938
	3,259,079	(259,141)	2,999,938

25. Contingent Assets

Legacies are not recognised until Hospiscare has entitlement to the funds, the amount can be quantified and there is probability of receipt. The estimated value of legacies, not included as income in these accounts and which have been notified but not received as at 31 March 2023, was £1,278,377 (2022: £1,166,767).

26. Pension Commitments

The Group pays contributions to a defined contributions pension scheme. The assets of the scheme are held separately from those of the Group in an independently administered fund. The pension cost charge represents contributions payable by the Group to the fund and amounted to £234,812 (2022: £276,443). Contributions totalling £53,020 (2022: £49,944) were payable to the fund at the balance sheet date and are included in creditors.

Additionally, the Charity pays contributions to the NHS Pension Scheme. Although the scheme provides defined benefits to members, it is an unfunded multi-employer scheme, with no ongoing liability for the Charity beyond the level of employer contributions specified by the Scheme. Accordingly, it is accounted for as if it was a defined contribution scheme. The pension cost charge represents contributions payable by the Group to the fund and amounted to £354,313 (2022: £230,571). Contributions totalling £20,304 (2022: £20,361) were payable to the fund at the balance sheet date and are included in creditors.

27. Operating Lease Commitments

	2023 Group £	2022 Group £	2023 Charity £	2022 Charity £
Not later than 1 year	310,634	300,395	310,634	288,820
Later than 1 year but not later than 5 years	640,580	787,983	640,580	787,983
Later than 5 years	-	-	-	-
	951,214	1,113,953	951,214	1,102,378

28. Related Party Transactions

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

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