

HOSPICE

OF THE GOOD SHEPHERD

HOSPICE OF THE GOOD SHEPHERD
COMPANY LIMITED BY GUARANTEE

Group Financial Statements

For the year ended
31st March 2022

Company Registration Number: 1843427

Charity Number: 515516



Our Year in Numbers

145 INPATIENTS CARED FOR



THE HOSPICE SUPPORTED
49 PEOPLE WHO ARE HOMELESS



400 REFERRALS FOR ADULT BEREAVEMENT
82 REFERRALS FOR CHILD BEREAVEMENT



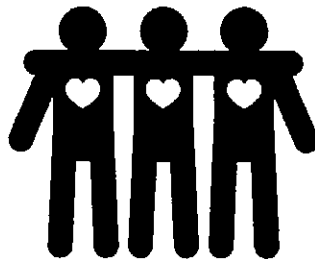
51 OUTPATIENT
MEDICAL PROCEDURES DELIVERED



96 REFERRALS FOR
COMPLEMENTARY THERAPY



26 REFERRALS FOR CARER SUPPORT
COMPLEMENTARY THERAPY



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Chair's Report

As we started the 21/22 year we remained hopeful that the Covid Pandemic was finally in retreat. However, as we now know, it continued to be a recurring problem throughout the year although I am pleased to say that our staff responded magnificently, restricting the infection passing to our patients.

Like almost all organisations we did suffer staff absenteeism either with Covid or the need to isolate to prevent spread but thanks to the flexibility of our staff and many of them working extra hours, our staff continued to provide the very best palliative care to our patients and support to their families.

The pandemic continued to affect fundraising with many events cancelled or operating with a significant reduction in participants. Once again, our team rose to the challenge with evermore innovative ways to keep the Hospice in people's minds and achieving income levels for the running of our essential operations.

We will always be grateful for the support of so many in our community who continue to value the work of our Hospice not only financially but with their greatly appreciated volunteering work. Whether in reception, the café, in-patient unit or collecting clothes and furniture for our retail shops, our volunteers are outstanding and save the Hospice hundreds of thousands of pounds each year. Thank you all.

I'm pleased to report that with the support mentioned above and continued Government support through Hospice UK, we achieved our financial targets once again and remain on a stable footing but only too aware of the cost pressures building through 2022 and into the following year.

We were also made aware of the disbanding of the Clinical Commissioning Groups (CCGs) from 1 July 2022 which have been replaced by Integrated Care Systems and from this, NHS England have established 42 statutory Integrated Care Boards (ICBs) in line with its duty in the Health and Care Act 2022.

The ICBs are partnerships of NHS bodies and local authorities, working with other relevant local organisations such as the Hospice, that come together to plan and deliver joined-up health and care services to improve the lives of people in their area. They are responsible for developing a plan in collaboration with NHS Trusts/Foundation Trusts and other system partners for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the defined area.

It is very positive that for the first time, the 2022 Health and Care Act statutes the need for End-of-Life Care to be commissioned and that there needs to be equality of access to services. However, it is disappointing to learn that even though End-of-Life Care now features, no new money has been allocated to the ICBs.

I reported last year on the appointment of our new CEO, Rhian Edwards, and our hope that she would be able to develop new relationships across the area. I'm pleased to say that Rhian will be chairing the Cheshire and Merseyside Hospice meetings and has been liaising with the Chair of the new ICB. The ICB funding will be allocated to 9 place settings within the Cheshire and Merseyside area with the main drive focusing on collaborative working of which the Hospice strives to work towards.

In June 2022 Rhian was elected on to the Board of Hospice UK which as well as raising the profile of our Hospice gives us the opportunity to give oversight and help shape the strategic direction of our members body.

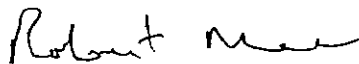
After several years we were also delighted to welcome our new Consultant Dr Alison Coackley. Alison graduated from the University of Aberdeen in 1987 and completed her specialist palliative care training in Merseyside.

Alison has worked at different hospices and hospitals across the region including The Clatterbridge Cancer Centre and prior to joining the Hospice was a Consultant in Palliative Medicine and Director of Medical Education at Warrington and Halton Teaching Hospitals NHS Foundation Trust.

Alison's vision is to ensure patients and those important to them experience care that allows them to express their preferences and meets their needs, which aligns seamlessly with the Hospice's vision.

In closing, I would like to thank all the Team here at the Hospice for their outstanding work and commitment which remains as strong as ever in helping patients with life-limiting illness through to end-of-life care and their own family's bereavement support.

Finally, thank you to my fellow trustees for the time, support and advice that they have given throughout the year.



Robert Mee

Chair of Trustees, Hospice of the Good Shepherd.

Trustees' Report (Incorporating Directors' and Strategic Reports)

About Us

The Hospice of the Good Shepherd is here to help the people of Cheshire West, Chester, Ellesmere Port and Deeside who are living with life-limiting conditions and who need specialist palliative care.

Working closely with other health care professionals, our specialist team of medical and nursing staff delivers quality palliative and end-of-life care to our patients as well as offering support to those important to them. Our services are varied across a range of disciplines and reflect the diverse nature of need experienced by those accessing our care.

Sadly, death is unavoidable and for some people it happens quickly and with no notice. There are then those people that receive a diagnosis of an illness and ultimately an illness that cannot be cured.

We provide specialist palliative care for people with cancer and other life-limiting illnesses at all stages of their illness. Our team is here to work alongside other professionals to support all these people to ensure their quality of life is the best it can be. This can be by managing pain and other distressing symptoms and it can also involve psychological, social and spiritual support for them, their family or their carers.

We believe that everyone deserves the best quality of life and the best quality end-of-life care, and that the earlier we are involved the better. We are here to ensure that people maintain their dignity to the end.

Our care and support are provided totally free of charge at the point of delivery and whilst we receive some essential funding from the local Clinical Commission Group, we also rely on the generosity of our local communities to continue our crucial work.

Public Benefit Statement

The Hospice aims to serve the public by ensuring that everyone in Cheshire West, Chester, Ellesmere Port and Deeside has access to excellent high-quality specialist palliative care and support when they have illnesses which no longer respond to curative treatment. Our main activity continues to be the delivery of specialist medical and nursing care to patients and their families. The Trustees have regard to the Charity Commission guidance on public benefit.

To achieve this, we have established a set of strategic priorities and our business plan is based on these priorities.

Our Strategic Priorities



Care

Our services will provide high-quality, safe, compassionate, person-centred care across all the services we provide.

Culture

To have an open, engaging culture with our colleagues and service users and develop collaborative relationships with our commissioners and communities.

People

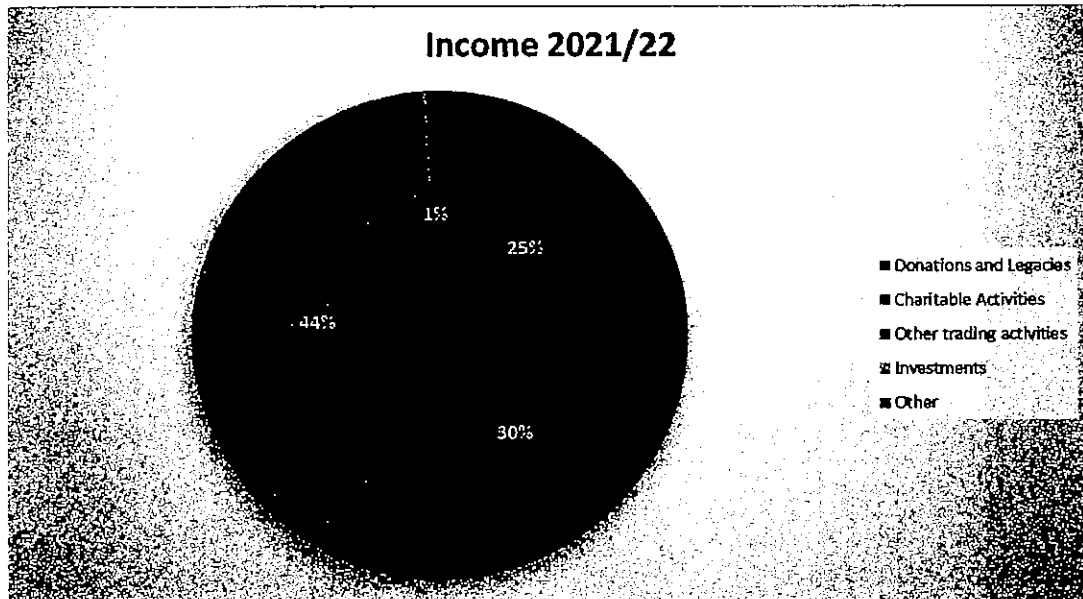
We aim to be an organisation where our people have the skills, behaviours and values necessary to deliver excellent services.

Resources

We will strive for financial sustainability, foster innovation and achieve efficiency through continuous quality improvement.

How we raised our funding in 2021/22

Our income in 2021/22 was £4.6m (2020/21: £4.1m). The Hospice would not be able to operate without the support of our incredible supporters, fundraisers, volunteers and staff.



Donations and Legacies

This is money that is donated by our supporters either directly or through their fundraising activities, or money that comes to us when someone kindly leaves a gift in their will: this is a vital income stream for us.

Trading Activities

This is money raised through our weekly lottery, high street charity shops, our eBay channel, on-line shop and other commercial activities.

Grants and Investments

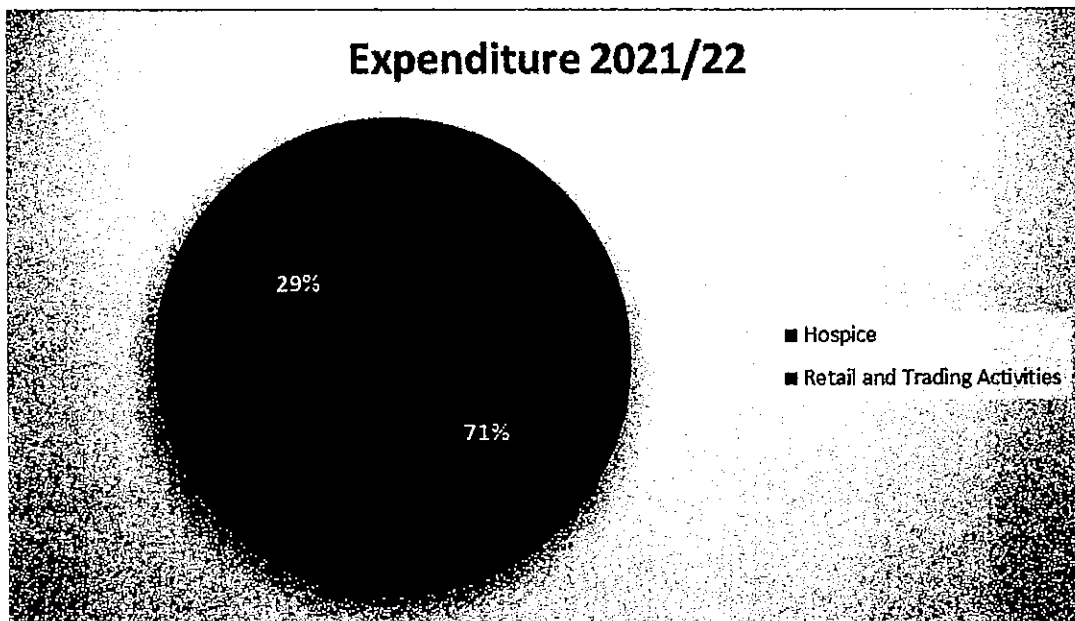
Direct grant support including Government Hospice Covid 19 financial support, grants from charitable trusts and foundations as well as income from our investment portfolio.

Other

Other specific UK Government support in relation to the Covid-19 pandemic which included the job retention scheme and business rate relief.

How we used our resources in 2021/22

Our expenditure in 2021/22 was £4m (2020/21: £3.6m). We know how hard our fundraisers, volunteers and supporters work to raise money so we're committed to making sure every single penny is wisely spent. Covid continued to disrupt our activities though we remained focussed on reducing our costs, streamlining our resources and working in partnership to avoid duplication.



The people we help

Our operational plan for 2021/22 had 16 clear objectives that linked back to one or more of the strategic priorities, with each of these objectives seeking to achieve improvements in these key areas:

- Customer/Stakeholder Experience
- Financial
- Process/Quality
- Organisational Capability

Service Delivery

The Hospice's clinical services are Consultant-led and supported by a multidisciplinary team of professionals who provide patients with individualised care, whilst promoting and maintaining the best quality of life possible.

Our professionals include:

- Medical Director/Consultant in Palliative Medicine
- Director of Clinical Services/Registered Manager
- Speciality Doctors
- Registered Nurses
- Assistant Nurse Practitioners
- Healthcare Assistants
- Senior Social Worker
- Complementary Therapists
- Occupational Therapist
- Physiotherapist
- Counsellors
- Spiritual Care Coordinator
- Clinical Administration Team
- Music Therapist
- Volunteers
- A range of professional student placements including medical, nursing and social work

The hospice is committed to ensuring that the voice of our service users and the local community are integral to service development and improvement.

In 2021/22 the impact of the COVID-19 pandemic has reduced the opportunities for this. However, we have continued to seek feedback through our ongoing service user satisfaction surveys, meetings with our service user group (reinstated face-to-face January 2022) and external stakeholders' group, plus learning from complaints. During the same period we worked with all three Cheshire

Hospices to appoint an LGBTQ+ facilitator who is working with us to raise awareness between the local LGBTQ+ communities and hospice services.

From March 2020 our registered beds with the Care Quality Commission decreased to 9 single rooms due to Covid-19 Pandemic, though increased back to 10 (two beds one room) in March 2022.

The Hospice receives a 23% funding contribution toward the cost of the Inpatient Unit (IPU) from the Cheshire Clinical Commissioning Group (CCCG) and from October 2021, a similar funding rate was agreed with Betsi Cadwaladr Health Board (BCHB) for those patients staying in the IPU from the Deeside area.

Throughout the week the Hospice provides community services through its Living Well Centre including individual nurse assessments, a day therapy service (Living Well Day), Psychoeducational groups, Music Therapy, Carer Support groups, Complementary Therapy and Medical Outpatients Clinics.

In 2021/22 we have also benefitted from ad hoc art therapy sessions and a student art therapist. These services provide specialist clinical and holistic support in an outpatient environment to help manage symptoms and provide effective treatment, alongside the provision of psychological and emotional support to improve wellbeing. Living Well Services help to reduce isolation through a peer support approach in a relaxed, friendly and professional environment.

A Speciality Doctor provided a virtual Medical Outpatient Clinic in Deeside (due to Covid-19 Pandemic) until September 2021 when Betsi Cadwalladr Health Board changed the funding agreement.

The Hospice continues to provide a 24-Hour Telephone Advice line for health and social care professionals within the West Cheshire Area. This line is provided by nursing and medical staff who give clinical advice and support out of hours or signpost to other professionals where appropriate.

Throughout 2021/22 we have continued to develop our integrated Single Point of Referral Project (SPOR). The project is a collaborative alliance between the Hospice and the Hospital and Community Specialist Palliative Care Teams. This work will be implemented in 2022/23 and will enable referrers to make one referral to the SPOR which will be triaged during a daily meeting where the referral will be passed to the most appropriate service.

In April 2021 the Hospice also commenced a partnership with the Fountains Medical Centre, the designated GP practice for the Care Homes in the Chester catchment area. A hospice Speciality Doctor and a Senior Staff Nurse attend the virtual weekly multi-disciplinary team meeting to provide advice and support regarding care home residents who are identified as approaching end of life. The aim of the project is to ensure residents receive the best care possible, reduce hospital admissions and help patients achieve their Preferred Place of Care and Death (PPC/D).

The Hospice provides Counselling & Support Services for both adults and children who use our services. In addition, we host and manage the West Cheshire Bereavement Service which is available to all people registered with a GP in West Cheshire regardless of place or cause of death. The funding received from the CCG for this service in 2021/22 amounts to 30% with remaining amount

provided by the hospice. The Reflect Children’s Bereavement Service in 2021/22 was funded by charitable grants, (primarily BBC Children in Need) and other charitable donations.

The Hospice has positive and effective working relationships and representation through different working groups as a partner within the Cheshire Clinical Commissioning Group. We will continue to work with partners to identify pressures and gaps in the health and social care system and to contribute to innovative solutions to patient service problems.

The Hospice of the Good Shepherd is an integral partner in the Cheshire and Mersey Hospices Together, the End-of-Life Partnership and the Strategic Collaborative Cheshire, and ahead of the launch of the Integrated Care Board, an active member of the new Northwest Hospice Forum.

All these partnership approaches seek to address the ever-increasing demands of service provision, education, training, and workforce development. These collaborations demonstrate a region-wide commitment to working in partnership to improve palliative and end of life care for all patients, regardless of demography or diagnosis.

With the appointment of our new Medical Director in March 2022, the Senior Management Team will now be working to shape the Hospice’s Strategy for 2022 to 2027 to ensure that it underpins our future priorities and reflects the changing needs of communities in relation to health and wellbeing and the known increased demand for end-of-life Care and Living Well services.

Looking Back

What we achieved

An ambitious plan was set out for 2021/22 as we anticipated COVID-19 would have far less impact. The impact was felt more severely as through this year we tried to operate services alongside managing COVID restrictions. Furthermore, the Hospice has had vacancies within the quality team which further impacted on this.

The table below outlines the progress made on the objectives for 2021/22. They are set out under the headings: Patient Safety, Clinical Effectiveness and Patient Experience.

Definitions

- Patient safety is about maximising the things that go right and minimising the things that go wrong.
- Clinical effectiveness is about doing the right thing at the right time for the right patient.
- 'Patient experience' is what the process of receiving care feels like for the patient, their family and carers.

Quality Area	Objective	Progress
Patient Safety	An effective and efficient nursing structure on IPU	The structure of the nursing team was reviewed in August 2020 following consultation with IPU staff resulting in additional hours which would

		enable improved line management function, additional senior support during the evenings and weekends. The hours were fully staffed by January 2022 and following an induction period the new structure was implemented in February 2022. Initial feedback was very positive, however moving into 2022/23 this system faced further setbacks due to sustained staff sickness and further vacancies. It has however made the system more sustainable with the additional hours reducing the impact of long- and short-term sickness and vacancies.
Patient Safety and Clinical Effectiveness	Understanding of referral patterns, wait times and reasons for same.	Work has commenced to establish how long people are waiting for a bed at the hospice. It is recorded how long the wait is and why there is a wait. This work will be informing further objectives for 22/23.
Clinical Effectiveness	To increase the number of service users with non-malignant disease from 15 % to 20 % over the year.	At the end of 2022 the hospice had supported 82% of people with a malignant condition and 18% with a non-malignant condition.
Clinical Effectiveness	Increased recording and reporting of Advance Care Planning Discussions.	Staff regularly have conversations regarding Advance Care Planning, however the recording and reporting mechanism on our patient database was not as effective as it could be. Following our outage and planned move to EMIS, initially anticipated as being introduced in April 22, this objective became less prominent. In Q4 2021/22 58% of patients who died had their Preferred Place of Care recorded and 56% achieved their Preferred Place of Death (the hospice).
Clinical Effectiveness	Utilisation of Outcomes Assessment and Complexity Collaborative (OACC) data inform best practice and demonstrate effectiveness of services to meet service user needs.	IPU and LWC staff use several aspects of the OACC suite of patient outcomes - the Australian Modified Karnofski Performance Scale (AKPS), Phase of Illness (POI) and Integrated Palliative Outcome scale (IPOS). We have not yet been able to develop an effective reporting system, however the AKPS and POI is used as a guide for patient dependency on IPU and to assess the appropriateness of referral of to the LWC. The IPOS tool is used by LWC Nursing staff as a guide to the most appropriate service such as Medical Outpatients, Living Well Day, Complementary Therapy and on IPU the information gained through IPOS informs nursing and medical care

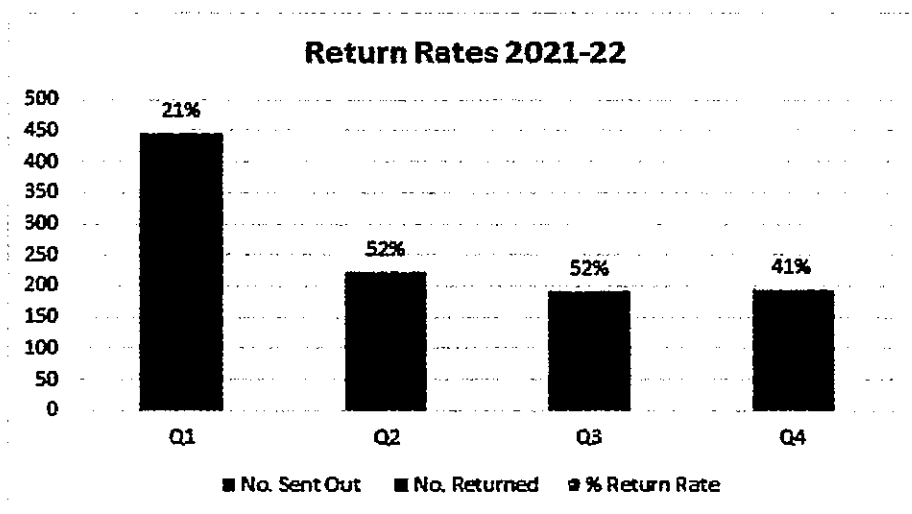
		planning and brings the patient voice to the multi-disciplinary team meetings.
Clinical Effectiveness	Develop a mechanism for early identification of complex discharges from IPU and a process for optimising safe discharge. Reporting and reviews of all prolonged stays and development of evaluation survey for discharged patients.	Work delayed due to staffing issues. Move to 22/23 plan.
Clinical Effectiveness and Patient Experience	Deliver a Single point of referral for all palliative care referrals within West Cheshire.	The aim of this work has been to have an easier referral route into palliative care services. Rather than the referrer identifying which service is needed, be that Hospice, Community or Hospital Outpatients, the referrer will make one single referral. There will be a daily M-F meeting to triage all referrals from the previous 24hrs. The team will identify which service is most appropriate to make the initial assessment or whether the person should be admitted to the hospice. There have been delays to the project work due to COVID-19 but in 21/22 the project team were awarded funding from Cheshire and Wirral Partnership Trust for an admin. role which will coordinate the referrals, follow up with referrers etc. This post will be appointed to in spring 22 with anticipated implementation in Q2.
Patient Experience	To further develop our palliative and bereavement support to those experiencing homelessness within our catchment and to begin to raise awareness of hospice services to our LGBTQ+ community.	As Hospice UK funding came to an end in August 2021, we were successful in receiving a further grant from the CCG to continue supporting our homeless work which commenced in October 2021. In total the Palliative Homelessness Service Lead supported 13 homeless individuals directly during 2021/22 and provided low level indirect support through advising professionals for a further 17 people. In addition, 19 people experiencing homelessness accessed counselling services provided by hospice staff. Following a successful grant application to Hospice UK an LGBTQ+ facilitator was appointed to work across the 3 Cheshire Hospices.

		commencing October 2021. In the first 6 months of her role she has worked with hospice staff on policies and procedures and prepared and delivered training session, as well as establishing champions in each hospice. In 2022/223 she will work with HGS to apply for the Navajo Quality Mark and help us to raise awareness of hospice services to the LGBTQ+ community.
Patient Experience	To demonstrate the extent to which our services are accessed by representatives from all of our community, through quarterly reporting of protected characteristics.	<p>In Q 4 - of those who responded to the question of religion (140) the data shows that the majority of service users (60%) report they follow a Christian religion, 28% report they have no religion, 5% report themselves as agnostic or atheist, 3.5% report their religion as other and 1% reported their religion as Hindu or Jewish. Two people preferred not to say.</p> <p>With regards to ethnicity of those who answered (146) 96% described themselves English, Welsh, Scottish, Northern Irish, Irish, or British, 2 respondents were of another white background, with one each with an Asian or Asian British, another Asian background, Black/ African/Caribbean, and another Black background.</p> <p>With regards to sexuality of those who answered (142), 97% described themselves as heterosexual or straight, 2 people described themselves as gay or lesbian and 2 people described themselves as bi or bisexual.</p>
Patient Experience	New focus of service delivery in LWS following merger of Family Support and Living Well Centre.	By Q2 some of the Living Well services were reinstated face to face and all services recommenced in Q3 with the option of virtual services still available for those who preferred. For patients and carers, it has enabled a more seamless transition between different services in particular counselling services and the psychological support provided by nursing and complementary therapy services.
Patient Experience	Effective focussed service user feedback.	Information being collected, but because of vacancies within the quality team, focus is given to feedback where improvements may be required. These are reported to the Service User Group and the Care Committee. This will be an ongoing objective for 22/23.

Service User Satisfaction Surveys

Surveys were conducted for the following service users:

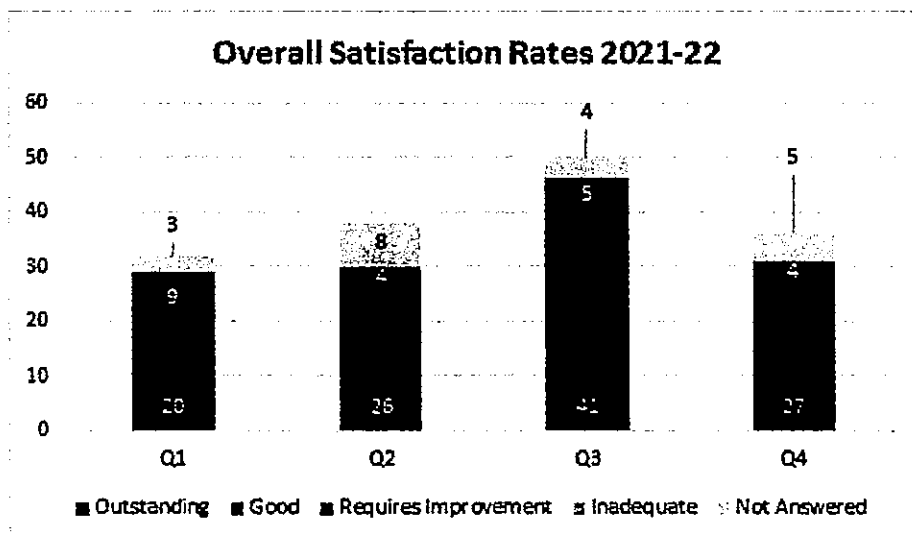
- Inpatients
- Outpatients
- Living Well Services, including Day Therapy patients, Complementary Therapy for patients, Complementary Therapy for carers, Online and Telephone Support, and...
- Counselling clients



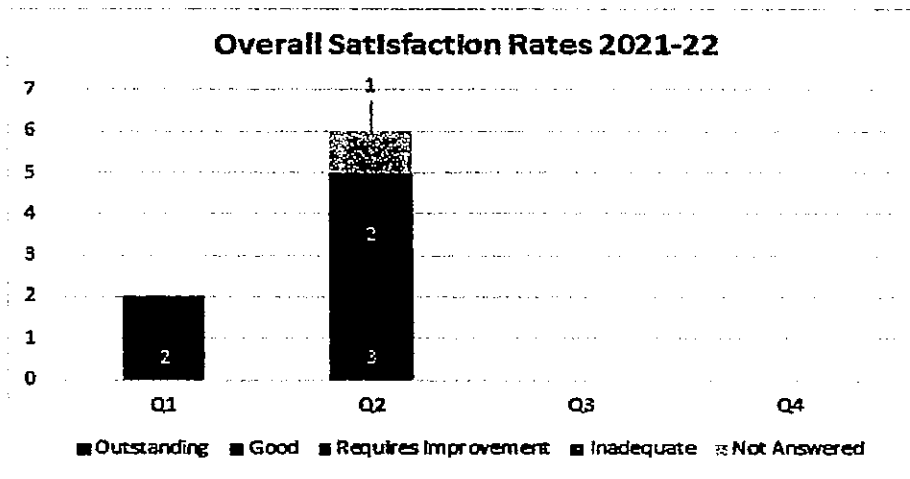
The return rates of surveys varied across the year as shown in the graph above; the average for the year was 35%.

All service users were given the opportunity to comment throughout and suggest improvements. The overall satisfaction rate of service users rating the service as Outstanding or Good was 100%

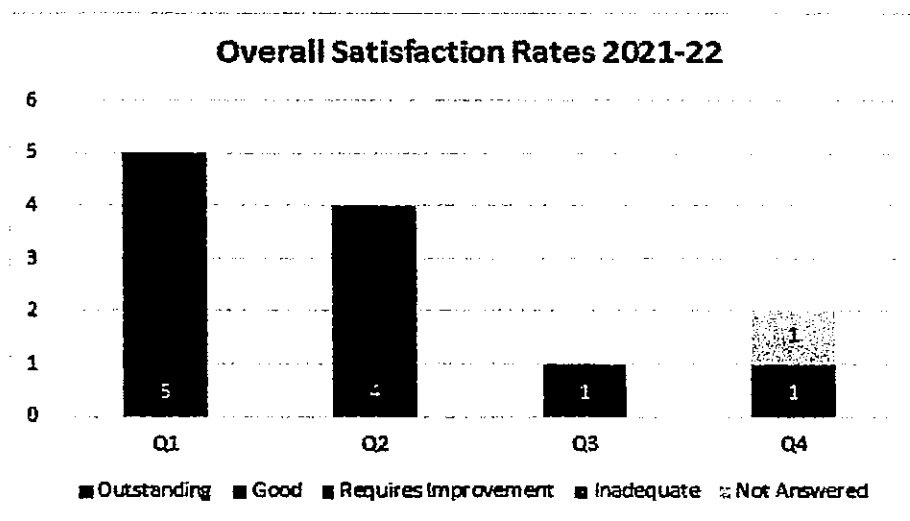
Inpatients



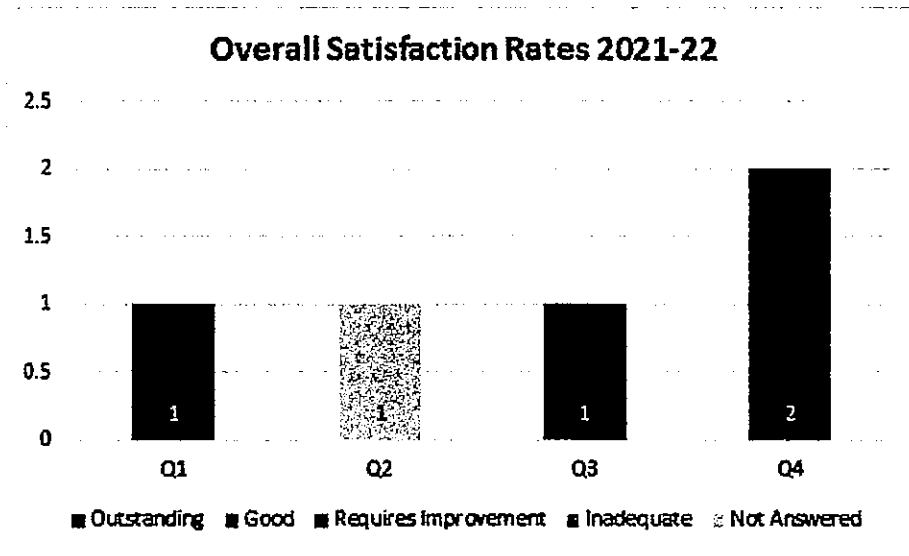
Outpatients



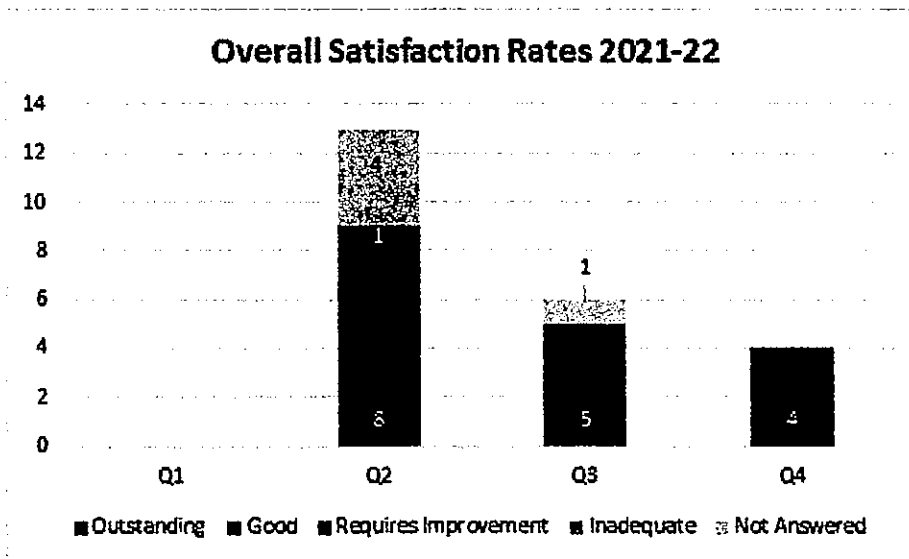
Complementary Therapy



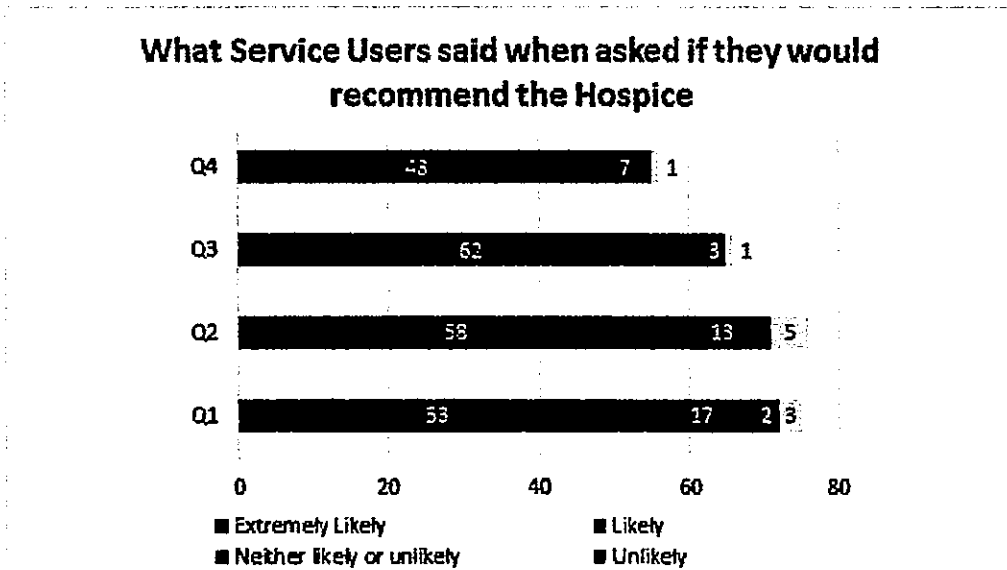
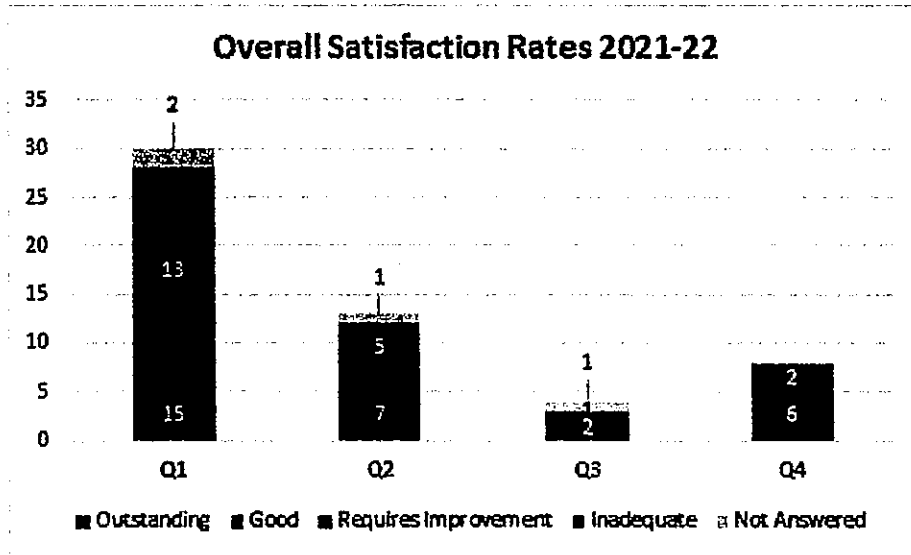
Carers' Complementary Therapy



Living Well Day



Counselling



Feedback

The following feedback was received during the year 2021-2022:

“Would recommend this hospice to anybody. Care and service is of a high quality.” (Family of inpatient)

“Excellent & personalised care. I have a close relationship with my therapist. She listens and always knows the right thing to say. One of my favourite parts of the week. Also loved my chats with the nurse; a warm and likeable person. Very easy to open up to.” (Complementary Therapy)

“Thank You. Your care has been more than I could imagine and I will be forever grateful. This is a wonderful place for people who are in their dark days can embrace all your professional skills to make time easier for the patient.” (Inpatient)

“Really have had a great support from you during lockdown and the support after; don’t know what I would have done without you. A SPECIAL thank you for the nurse who rang me!!! (Carer receiving Complementary Therapy)

“I’m very grateful for the support and think it is fantastic people can access it for free (I made a donation as a thank you - cost wasn’t a factor for me, I just didn’t know where else to turn.)” (Counselling client)

“I am very impressed with the high standards and physical and emotional support all round!” (Inpatient)

“It was amazing that you enabled not only our dogs to come in but also our horse. This was terrific for Jan and meant a huge amount.” (Family of inpatient)

“The people at the Hospice are the most caring group of people I have met; they have been our lifeline and I make sure everyone knows your talented skills dealing with both of us.” (Living Well Services patient)

“Without the Hospice as a supporter, helper, minder, and much more we would have no back-up at all. We would be struggling along each day with no real help (except hospital doctors). We thank you from the bottom of our hearts.” (Living Well Services patient)

“I will always be supportive of, and thankful to the Service and counsellors’ work, without which I am not really sure how I would have coped with the loss and despair I felt pre and post bereavement.” (Counselling client)

“Fantastic care and support - as always.” (Outpatient)

Countess of Chester Hospital Pharmacist feedback

The Hospice team continues to focus on medication areas highlighted as high risk by the NPSA, particularly injectables and controlled drugs. All injectables have been audited for NPSA injectable risk score and steps have been taken to improve Controlled Drug (CD) prescribing, including the

implementation of a new CD discharge prescription. With the introduction of a bedside medication locker pilot project, there has also been a positive step towards reducing errors on medications rounds.

In the past year the following safety projects have also been implemented:

- Significant updates to the Hospice insulin chart and naloxone/flumazenil guidelines
- Introduction of an emollients fire risk policy

There continues to be a positive culture of reporting incidents, and engagement with the medicines management team at the Countess when implementing procedures to improve safety.” (Andrew Reid, Medicines Information Pharmacist/Clinical Trials Lead Pharmacist)

Performance Data

	2021/22	2020/21	2019/20
Inpatients			
Total Inpatients with Cancer	128	145	155
Total Inpatients other diagnosis	17	27	29
Total Inpatients	145	169	179
Inpatient Deaths	75	110	125
Inpatient Discharges	107	94	88
Average Bed Occupancy	60%	72%	69%
Average Length of Stay	8.98	13.4	12.3
Medical Procedures			
Blood Transfusions	21	27	8
Paracentesis	6	1	9
Infusion Therapies	13	17	13
Ultrasound Scans	11	24	48
Outpatients and Living Well Patients			
No. of Medical Outpatients Seen	26	57	59
No. of Acupuncture Patients Seen	N/A	53	40
No. of Complementary Therapy Patients Seen	96	190	215
No. of Carers Complementary Therapy Seen	26	69	65
Living Well Services including Living Well Day, Short Courses & Groups	53	190	223
Bereavement Service/Counselling			
No. of Referrals to Adult Counselling Service	400	431	553
No. of Referrals to Reflect Children's Counselling	82	98	108
No. of Adult Clients Seen	360	365	381
No. of Reflect Clients Seen	79	87	95

Main achievements

Inward

- Review of our nursing structure
- The merger of Living Well and Family Support
- Continued to move forward and imbed the Outcome Assessment and Complexity Collaborative (OACC Patient Outcome Measures)
- Recruitment of a Medical Director/Palliative Consultant plus a Director of Finance and Operations
- Transitioned to a new payroll provider and deployed a new payroll system
- Integrated working with the Hospital and Community Specialist Palliative Care Teams to create a single point of referral
- Reviewed the structure of the Quality Team
- Delivered a new risk management framework to ensure good governance and provide board assurance
- Implemented the Data Security Protection Toolkit
- Continued to provide high-quality specialist palliative care, keeping the patient and family at the heart of all we do

Outward

- Supporting the Specialist Palliative Care needs of our local homeless population
- Appointment of LGBTQ+ facilitator in partnership with St Luke's Hospice and East Cheshire Hospice
- Development of Carer Support Worker service

What we have not achieved

Despite a successful year, and the continued uncertainty that Covid has had on our finances, we simply were not able to achieve everything we had planned. This has included:

- Because of our finances, not being able to match NHS pay scales and enhancements
- Cyber Essentials plus
- Develop a mechanism for early identification of complex discharges from IPU and a process for optimising safe discharge. Reporting and reviews of all prolonged stays and development of evaluation survey for discharged patients

Looking forward

We will continue to strive for excellence and to deliver our strategic priorities. In addition to achieving objectives we have carried forward from 2021/22 and delivering our services, below are some of the Hospice Key Objectives for 2022/23. These have been set out under the headings of Patient Safety, Clinical Effectiveness and Patient Experience.

The table below identifies each priority, how they were identified, key information of how we will achieve it and in the final column, how each priority will be monitored.

Definitions

- Patient safety is about maximising the things that go right and minimising the things that go wrong
- Clinical effectiveness is about doing the right thing at the right time for the right patient.
- 'Patient experience' is what the process of receiving care feels like for the patient, their family, and carers

Quality Area	Priority	How we identified it?	How will we achieve it?	How will we monitor?
Safe	Implementation of a Quality Safety System to report and analyse incidents, complaints, audit and policies and procedures.	To date, the Hospice had a paper system, which was then managed through a self-developed Quality Management System.	<p>RADAR will be fully implemented and live by 1st October 2022.</p> <p>100% of staff will have had the relevant training for the areas they require.</p> <p>By 30th November 2022, each department will be able to generate relevant reports for their own areas.</p> <p>Each department will be able to report on areas of compliance, and areas of non-compliance will be visible and transparent for Senior Managers and the Trustee Board to understand.</p>	<p>The development and implementation of RADAR will be monitored through Clinical Governance Monthly as a standard agenda.</p> <p>The Quarterly Care Committee will have oversight of the development and implementation. This will be reported to the Board of Trustees.</p> <p>Once the system has been implemented, a report will be provided to Clinical Governance on number of staff trained.</p>
Safe	Introduce a new Clinical System for patient records (EMIS), a system that is linked to the local community	It was identified that the previous system, Crosscare, was not able to be compatible with community services, EMIS was	<p>For EMIS to be fully implemented and functional by August.</p> <p>By 30th September 2022 all KPIs can be reported on from EMIS</p>	<p>The development and implementation of EMIS will be monitored through Clinical Governance</p>

	services and GP Records.	chosen as a new clinical system as it was a system used by GPs, District Nurses and all community services, allowing or clinical records (following strict Information Governance Policy) can be linked.	100% of clinical staff have been trained and are fully conversant with EMIS.	<p>Monthly as a standard agenda.</p> <p>The Quarterly Care Committee will have oversight of the development and implementation, this will be reported to the Board of Trustees.</p> <p>KPIs are able to be reported and are accurate, packs can be generated for the relevant committee.</p> <p>In Quarter 3 – relevant audits are undertaken to demonstrate compliance with the relevant Hospice Policies and Procedures.</p>
Safe	To continue to have an annual audit cycle, to review care, report on any improvements that are required.	Audit remains a quality tool to demonstrate compliance.	<p>By Q1 Audit Annual Cycle will be completed and signed off at the Audit Committee.</p> <p>Number of audits that are undertaken.</p> <p>By 23rd January 2022 the Quality Team will have bene restructured and will be fully staffed.</p>	<p>Clinical Audit Committee (Quarterly)</p> <p>Monthly Clinical Governance Committee</p> <p>Exception reporting to the Quarterly Care Committee</p> <p>By end of Quarter 4, all current audits are on RADAR for completion, and reports generated from RADAR in</p>

				relation to gaps in practice and the actions to mitigate these gaps.
Safe	To undertake a Quality Improvement Project for handover and incorporating Safety Huddles.	Through evidence available to the Hospice, and Quality Improvement work in the NHS, Safety Huddles have demonstrated that when they work well, they can help reduce falls, safety issues are clear to staff on duty to help maintain safe patient care.	<p>By September 30 the first PDSA cycle will have been completed. This will seek views from the staff. Plans for a Safety Huddle will have been developed with Safety Huddles commencing in October 2022.</p> <p>During October 2022 – the Safety Huddle will have been reviewed, amendments/variations will be made if required to the process, with a second PDSA cycle completed November 2022.</p> <p>By March 31 the Safety Huddle will be fully integrated in the Inpatient unit and integrated as part of handover.</p>	<p>From October 2022 this will be reported via the Monthly Clinical Governance Committee.</p> <p>Evidence of engagement with staff prior to the work for Safety Huddles commencement.</p> <p>Evidence that there is feedback from the staff in relation to their experience of safety huddles and that this feedback has been fully incorporated within the PDSA cycles where appropriate.</p>
Safe	To reduce errors associated with the supply, storage, prescribing, administration, and disposal of medicines (controlled drugs & non-controlled drugs).	It was identified through a deep delve in December 2021 that there were areas that could be focussed on with Medicines Management in relation to the safe delivery of medicines.	<p>To reduce Medicine errors by 10% in 2022/23 in comparison with 2021/22.</p> <p>To provide a Quality Improvement Bulletin to all Inpatient staff in October 2022 around safe management of medicines.</p> <p>To undertake a Quality Improvement review of potential contribution of medication</p>	<p>Monitored through the Monthly Clinical Governance Committee.</p> <p>Monitored through the Quarterly Medicines Management Committee.</p> <p>Exception Reporting to Care Committee Quarterly</p>

			incidents, and for Quality Improvement Plan developed by 30 October.	
Clinical Effectiveness	Increased access to intravenous therapies on the inpatient unit.	To develop hospice practice in line with national guidance in order to improve symptom management, improve patient experience and prevent hospital admissions.	Relevant Policy, Procedures and Competency Framework In place by October 2022. All qualified staff trained and achieved competency in the delivery of Intravenous Interventions by December 2022. Increased access of patient receiving Intravenous Interventions, measurement in Q4.	Numbers of patients receiving intravenous interventions through Key Performance Targets report to Monthly Clinical Governance and Quarterly to Care Committee.
Patient Experience	Increased provision and referrals into LWS with improved patient experience.	To optimise use of space and breadth of services available to patients and carers.	To develop a strategy for the Living Well Centre with how this is to be achieved. This Strategy will be developed by March 2023.	This will be overseen by the Monthly Clinical Governance and Quarterly Care Committee.
Patient Experience	Increase Service User Group membership by 10%.	To ensure that the Service User Group has good representation from across all hospice services and that participation is not too onerous and remains fresh.	Evidence that service user numbers will increase by 10%.	Service User Group. Quarterly Care Committee.

<p>Patient Experience</p>	<p>Implement and evaluate new “I Want Great Care” real time Patient Satisfaction Survey; publish the results on the Hospice website.</p>	<p>To develop processes for patient and service user feedback through the strategy of improving digital platforms.</p>	<p>The aim will be to have “I want Great Care” implemented by 30th October 2022.</p>	<p>Implementation will be monitored by Clinical Governance Committee Monthly. Quarterly Care Committee. Reports from the patient/service user feedback will be reported to Clinical Governance Monthly, Service User Group and by Exception Reporting to Care Committee Quarterly.</p>
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Good News Stories – some of our work

Bob the Horse visits the Hospice



Jan had been admitted to hospital unexpectedly following a Consultants appointment and hadn't had a chance to say goodbye to her dogs, Monty and Rowley, or Bob her horse of 10 years. Due to the continuing impact of Covid 19 Jan was unable to have any visitors during her stay in hospital and those 4 weeks with no visits or personal contact were very difficult for her.

Jan was moved to the Hospice and her husband of 46 years said: "It was just such a relief once Jan was moved from the hospital to the Hospice in Chester as we were able to have named visitors who could come and see Jan regularly, however we never imagined that we would be able to include our dogs Monty and Rowley and Jan's horse Bob on the visiting list."



Jan and Dennis asked the nursing team if it would be possible for the dogs to visit and if Bob the horse could come to the courtyard outside the room.

Even though Jan wasn't able to get out of bed she was so excited to have the chance to see Bob one more time. The nurses wheeled her bed to the patio doors and the team from Thornleigh Park Farm Stables walked him into the Hospice courtyard for a very emotional reunion between horse and rider. Bob put his head through the doors and nuzzled Jan's neck and lap and thoroughly enjoyed

his treats of carrots, bananas and apples. Jan's face lit up as soon as she saw Bob.

Jan said: "I just can't believe what the staff here at the Hospice have done for me. Until a few weeks ago I was still riding Bob every day and he is such an important part of my life. I have missed him so much. I knew that arranging for my dogs to visit was possible as we had a neighbour who was a patient at the Hospice a few years ago and we were allowed to bring the dogs to visit her but I just didn't expect that they would ever be able to give me the chance to see Bob one more time."

Dennis said "The Hospice is such a vital part of our community and we have had friends and neighbours who have needed to use the services and we have always felt it was important to support the Hospice but we never imagined we would need the services ourselves. All the staff here have been wonderful. Jan has been so well cared for; nothing is too much trouble even down to the chef coming every day to see what he can tempt Jan to eat. Nothing is too much trouble, including arranging for a horse to visit!"

Increasing Accessibility to Cheshire Hospices

It is widely recognised that certain communities have less access to specialist palliative care than others. There are many reasons why this occurs and there is no one single solution to resolve this all groups of people. Hospice UK and the CQC have challenged hospices to look at how accessible their services are to people with protected characteristics, and as part of our Equality, Diversity and Inclusion plan we identified that we would focus on people living with advanced progressive illness who are experiencing homelessness and the LGBTQ+ community in our first 3 years.

In agreeing this, we have chosen to work collaboratively with the other 2 hospices in Cheshire to enable a more efficient use of resources. And this led to us receiving grant funding to support the appointment of an LGBTQ+ facilitator and additional funding to support a homeless lead for palliative care. Both post holders work across the whole of Cheshire.

Working with LGBTQ+ community

The focus of the LGBTQ+ project - which commenced in October 2021 funded by a 12-month hospice UK grant - in the first 6 months has been to ensure that our organisation is aware of the needs of the LGBTQ+ community both in terms of those of those accessing our services and those who work and volunteer with us.

This has included a review of our policies and procedures providing training to staff across the whole organisation and to work towards developing a LGBT+ champions' network. Clinical staff have had access to additional training to ensure they have the knowledge and skills to support the LGBTQ+ community, especially with regards to understanding some of the reasons why this community may be reluctant to access our services and to understand some of the specific health care needs.



In 2022/23 we will build on this work and begin to engage with the LGBTQ+ community more widely to listen to their questions and stories and share the hospice ethos. Our protected characteristic monitoring will enable us to see whether our services are increasingly accessed by members of this community in the years ahead.

The Navajo Merseyside & Cheshire LGBTIQ+ Charter Mark is an equality mark sponsored by In-Trust Merseyside and supported by the LGBTIQ+ Community networks across Merseyside - a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTIQ+ people in Merseyside. HGS has achieved 1st stage agreement and in July 2022 assessors will visit hospice for stage 2 assessment.

Working with People Experiencing Homelessness

Being homeless or vulnerably housed is associated with death at a young age. Homeless people experience a high symptom burden at the end of life and yet palliative care service use is limited. They will often experience barriers to healthcare which leads to crisis and unplanned care, and access to palliative care does not usually happen. We wanted to reach people early, to help improve quality of life for those who have advanced disease.

The Homeless lead for palliative care project, funded by a Cheshire third sector grant from October 2021 – March 2023, aims to break down the barriers to healthcare that people experiencing homelessness often face. This funding ensured the ongoing provision of this service across Cheshire. The homelessness lead, a district nurse by background, works directly with people experiencing homelessness who have been identified as likely to be in the last year of their life supporting them to attend appointments, access hospice and other specialist palliative care services to ensure good symptom management, and identify and achieve things which are important to them.

In addition, the project worker's role also involves education with local hostels and health care organisations working specifically with this client group to support them to have a better understanding of the difference palliative care can make. The sessions have been well received with very positive evaluations with all participants reporting an increase in their previous knowledge. In West Cheshire the Palliative Homelessness Service Lead supported 13 homeless individuals directly during 2021/22 and provided low level indirect support through advising professionals for a further 17 people.

An article was published on one person's story by Hospice UK <https://www.hospiceuk.org/latest-from-hospice-uk/caring-diana-was-challenging-right-thing-do>

As a result of the above work, the hospice identified that loss and grief is a key component of the experience of homelessness and additional funding was provided to enable bereavement counselling to be provided to the homeless population of West Cheshire in the first half of 2021. This was delivered by one of the hospice counsellors working with the Hostels and Homeless GP Practice. Nineteen people experiencing homelessness accessed counselling services provided by hospice staff at this time.

Due to the success of the counselling project the hospice was invited to be part of the Cheshire West and Chester Local Authority (CWAC) Multi Agency Rough Sleepers partnership (MARS) that works with around 10-15 individuals in CWAC who have the most complex needs and a history of sleeping rough. The hospice counselling service was invited to become part of this working group and funding was received to provide the counselling element of the work. Funding was originally for 12 months from October 2021.

The Multi Agency Rough Sleeping project was developed as a pilot in October 2020 to enable the council and partners to provide a multi-agency approach to supporting those individuals living on the street. Rough sleepers are one of the most vulnerable groups in society, many with high levels of complex and interrelated needs. Many rough sleepers have high levels of complex needs: mental health problems, drug and alcohol dependencies, grief and loss and institutional experiences are common factors. The longer someone sleeps rough, the greater the risk that physical and mental health problems will worsen. Rough sleeping is costly to society as a whole: rough sleepers are likely to have more frequent and sustained contact with public services compared to other citizens.

The Hospice was invited as one of several partner agencies to participate. The multi-agency approach was identified as being key to the project and that co-production ideas were essential. The key focus was to build a person-centred trauma informed approach with the right agencies around the table at MARS.

The Hospice manages the counselling provision for Rough Sleepers, offering free and confidential one-to-one trauma informed counselling to referred individuals with a history of rough sleeping. The aim of the project is to work with 10-15 individuals and to participate in the fortnightly MARS meeting. The counsellor also works in partnership with St Werburgh's Surgery, CATH, SHARE, and the Mulberry Centre offering individual counselling sessions, drop-in group sessions for women and street outreach as and when appropriate. Funding has been received to secure full-time counselling provision until March 2025.

The Hospice of the Good Shepherd, alongside its neighbouring hospices St. Luke's (Cheshire) Hospice and East Cheshire Hospice, has agreed to be part of a research bid with Dr Bryony Hudson (Marie Curie) who has applied for NIHR funding for building multi-professional UK partnerships and networks to improve access to palliative care for people experiencing homelessness.

Supporting Carers

Many of the patients and service users of the Hospice are supported and cared for by their families and friends. Without support it can be difficult to sustain the level of care, this can have a negative impact on their own wellbeing.

The hospice has received funding from Cheshire West and Chester's Carers' breaks programme for many years. The current grant covers the period April 21- Sept 23. This funding enables us to employ staff to provide 7 complementary therapy sessions to carers per week with each carer accessing up to 6 sessions. The sessions provide time out from the caring role, an opportunity to relax and be cared for, to explore the caring role and meet and talk with an experienced nurse before or after the session.

In addition, we employ a carers support worker who offers carers individual and informal and more formal group support. The aim of this work is to develop increased resilience, new coping strategies and reduce fear of this unique caring role as well as contemplating the future with those in a similar situation.

In 2021 /22, 254 complementary therapy sessions were delivered and 180 individual or group sessions delivered with contact with more than 100 carers

One of the carers attending the group said one of the things he found most helpful was hearing the words 'You are doing your best, you're not a saint'. Another commented that they had learnt to:

- Box up your troubles knowing that you can deal with them at another time so you're not having to deal with everything all at once.
- Be kind to yourself – you're doing the best you can.

Meanwhile Janet, who received complementary therapy, commented on the importance of having a safe environment to discuss her concerns and fears for the future.

Other patient stories

Death and bereavement are and always will be an important part of our work. It is so important to us that our bereavement services are not limited to those who have already had access to hospice services before the death, and we receive specific funding from the NHS to support the delivery of the adult counselling service for this area. We also provide our own children's and young people's counselling service: "Reflect".

Oliver's mum has shared this story:- "Oliver was referred to Reflect by his school after the death of his Grandad. His death, whilst anticipated, was a huge shock to the whole family and as the date of grandad's birthday approached Oliver began to really struggle with the fact that he wasn't coming back. This was during Covid and Oliver chose to have his sessions via video link. He took to the counsellor straight away and seemed relieved after the first meeting that he could talk to someone without worrying about upsetting them.

"Oliver said 'the counsellor was really nice, and I knew that I could say anything to her and not get into trouble. I could tell her how I was feeling and she would explain that sometimes we do have funny feelings when someone dies but that is ok. She explained that we all grieve in different ways and that I wasn't doing anything wrong by missing him and talking about him all the time.'

"Oliver explained that Grandad was at the front of his head all the time but that he has now moved to the middle of his head, and he felt happier with that - he is able to talk about Grandad and the things that they did together and enjoy those happy memories without worrying about upsetting others."

How we funded our achievements

Our income can be broken down into monies given through grants, earned from investments and through trading and fundraising.

Fundraising and Trading

Our supporters continued to see the value we give to the local community and gave generously enabling us to raise £1,127K (2020/21 £1,058k) from donations and legacies. We also raised £609K (2020/21 £346k) from events and £1,434K (2020/21 £947k) from our retail and lottery operations. For a broad breakdown of our income, see the pie chart on page.

As the financial year started Covid restrictions had mostly been lifted but due to the ongoing uncertainty, planning for events in the early part of the year was difficult and people were still anxious about the virus. Therefore, we did not hold our first fundraising event until September 2021.

- During 2021/22, we continued to invest in generating more sustainable regular income. This helps generate money we can rely on and means we are able to plan for the future. We are committed to being responsible and respectful with our fundraising and continue to be registered with the Fundraising Regulator, abiding by their code of practice and regulations and the Gambling Commission for our lottery.
- Following on the periods of lockdown, we started to welcome our volunteers and Hospice Supporter Groups back to the hospice and to our fundraising events. However, we have found it difficult to recruit new volunteers to our charity shops.
- We were unable to run our fundraising events in the first quarter of the year as we were still affected by Covid and we did not start to hold fundraising events until September 2021, and some events such as our Christmas Concert were impacted by concerns regarding covid outbreaks approaching Christmas.
- We are fortunate to receive continued support from our local community who hold fundraising events on our behalf and continue to champion our cause. Our community fundraising generated an income of £222K compared to £117K in the previous year.
- We recognised that we needed to develop our connections and networks within the local business community and after a lengthy recruitment process, we were delighted to engage a new Philanthropy and Relationships Manager in January 2022.
- We were fortunate to benefit from £579K of legacy income. We continue to invest in legacy marketing, including our popular regular monthly Wills Clinic facilitated by Oliver and Co Solicitors.
- Due to continued travel restrictions, our overseas travel challenge fundraising activities, including our trip to the Grand Canyon were postponed.
- We took the opportunity during lockdown to rebrand both our Hoole and Northgate Street shops to give a more upmarket and boutique feel to our shops. We



also improved our sorting and distribution facilities to ensure a better flow of stock to our shops

- Our Neston shop was closed for a number of weeks as we needed to replace the flooring and we also took this opportunity to re-band this shop in line with Hoole and Northgate Street.
- Our Area Retail Manager has worked hard to develop the skills of our shop managers and this has helped to increase both productivity and income across all of our shops.
- In October 2021 we introduced a new retail EPOS till system with the aim of improving efficiency both within our shops and our sorting facility and increasing our retail gift aid efficiency.
- We added a Depop on-line shop to our e-commerce portfolio to attract a wider audience.
- Following on from a grant received in a previous year, we purchased an additional electric vehicle to assist with the supply of goods to our shops. This has made improvements to the stock in our shops as well as helped our carbon footprint.
- As a result of all of these improvements to our retail business income for the year rose from £199k in 2020/21 to £651k in the year to March 2022.
- Our Hospice lottery continues to operate successfully generating an income of £783K, (2020/21 £748k), a significant positive cash flow for the benefit of the Hospice. This included two very successful raffles.

Investments

Our fixed asset investment portfolio continues to be used to underpin our ongoing activities and maintain capital to support future development. The growth of the portfolio is designed to supplement our reserves and our other income-generating activities for the medium to long term. We have engaged external investment managers, Investec who manage a balanced portfolio on our behalf, monitored by the Financial Conduct Authority.

- Despite the pandemic and the associated market volatility associated with both this and Brexit, we have achieved net gains this year of £12K (£107k gain 2020/21).
- The Board operates a diversified investment policy, balancing risk with income and capital growth. The Trustees nominate and appoint advisers, brokers and/or fund managers and will agree the terms of appointment. No investments are made without the prior approval of the Trustees. The advisers provide professional investment advice and will assist in the review of performance and future strategy. Our policy is not to invest in any stocks or shares in businesses involved in activities inconsistent with our values.

The Trustees are mindful to maintain a balanced portfolio and regularly monitor the performance of the investments via the Finance and Income Committee.

Performance

Surplus

The Hospice this year generated an overall surplus of £579k (2020/21: £603k) including gains on our investments of £11k (2020/21: surplus £107k). This surplus enabled us to improve our freely available reserves from £1,426k in 2020/21 to £1.855m in 2021/22. This represents a five to six months of forecast expenditure in reserve and represents good progress against our target of holding six months of forecast expenditure in free reserves.

Our passionate and dedicated people

We simply couldn't achieve what we do without our incredible staff and volunteers. In the year to March 2022, we employed 134 staff with a wide range of skills, knowledge, professional qualifications and experience, and had the support of 381 volunteers.

Structure, Governance and Management Statement of Trustees' Responsibilities

The Hospice of the Good Shepherd is an independent charity (registration no. 515516) operating as a private company limited by guarantee (01843427).

The Hospice is governed by a Board of Trustees and run by the Chief Executive and the Senior Management Team made up of a Medical Director, Director of Clinical Services, Director of Income Generation, Director of People and Development, the Director of Finance and Operations.

The Hospice is registered with, and inspected by, our regulators the Care Quality Commission (CQC).

Our Trustees and their Committee responsibilities are listed below.

Trustee	Committee and Sub-Committees						
	Board	Care	Clinical Governance	Finance & Income	Health, Safety & Estates	Information Governance	People, Development & Remuneration
Robert Mee (Chairman)	*			*			
Margaret Hopkins Resigned 12 th April 2022	*			*			
Bill Benoy	*			*			*
Steve Britton Resigned 12 th April 2022	*			*			*

Isabelle Hughes	*	*	*				
Gavin Eyres Resigned 31 st May 2022	*	*				*	
Justine Watkinson	*						*
Neil Fergusson	*	*	*				
Mike Davies	*			*			
Martin Howlett (SIRO)	*					*	
Yvonne Bottomley	*			*			
Jamie Christon	*				*		*
David Harrington-Wright Appointed 19 th October 2021 Resigned 26 th January 2022	*				*		

Patrons & Vice Presidents

The Hospice has a number of patrons and vice presidents who work on behalf of the organisation within the local community

Ian Puleston Davies
 Hillary Holden
 J Mallon
 Dr D Marrlss
 Marion Needham

Senior Management Team

Chief Executive Office	Rhian Wyn Edwards
Director of Clinical Services (Caldicott Guardian)	Liz Taylor
Director of Income Generation	Caroline Siddall
Director of People and Development	Julie Davies
Director of Finance & Operations	Angeline Chikuruwo (appointed 28 th March 2022)
Head of Finance	David Haden (retired (retired 25 th March 2022)
Medical Director/Palliative Care Consultant	Dr Alison Coackley (appointed 1 st March 2022)
Responsible Clinician	Dr Lucy Cook (until 28 th Feb 2021)

Principle Registered Address	Hospice of the Good Shepherd, Gordon Lane, Backford, Chester CH2 4DG
Auditors	Xeinadin Audit Limited 2 Hillards Court Chester Business Park, Chester, CH4 9QP
Solicitors	Allington Hughes 2 Vickers Lane Chester Ch1 1QX
Bankers	NatWest PLC Chester Commercial Office, 2 nd Floor, 33 Eastgate Street. Chester CH1 1LG
Investment Advisors	Investec Wealth & Investment Ltd 100 Old Hall Street Liverpool L3 9AB

Subsidiary Undertakings

The Hospice of the Good Shepherd has one wholly-owned subsidiary, Hospice of Good Shepherd Promotions Limited (Company Number 3350371). This company shares its registered office with the Hospice of Good Shepherd.

Hospice of Good Shepherd Promotions Limited conducts trading activities, selling donated goods and greetings cards and other purchased goods for sale in Hospice of Good Shepherd retail shops and at events, as well as the café located at Gordon Lane, with all profits being covenanted to Hospice of the Good Shepherd. The results and year end position of the subsidiary are shown in Note 8 to the financial statements. Our Lottery is regulated by the Gambling Commission, Operating Licence No. 000 005134 N 100425 013 and Remote Operating Licence 000 005134 R 322300 004.

The Board and Subsidiary Committee

The Board of Trustees is responsible for governance of Hospice of the Good Shepherd. The Trustees as members are also Directors of Hospice of the Good Shepherd. As set out in the Memorandum and Articles of Association, the Chair of the Trustees is nominated by the Board of Trustees and elected by them.

New Trustees are appointed following a selection process using a range of methods to attract potential new members. When considering new Trustees, the Board considers specialist skills required through a skills audit. New Trustees are appointed by a majority of the Board of Trustees, initially for a period of three years but can be invited to serve for a further three-year term. New Trustees are provided with an induction, giving them an overview of the responsibilities and activities carried out by the charity. Training on external and organisational issues is provided as required.

The Board of Trustees and Executive Directors meet at least four times a year, and as members at an Annual General Meeting. The Board is responsible for setting an appropriate strategy for the charity. It also ensures that relevant performance measures are in place. The Board receives regular reports on all aspects of the charity's work.

There are six established Committees and one Sub-Committee. The members of these Committees include Trustees meeting with Executive Directors and are also attended by external advisors when required. The Terms of Reference for these Committees are summarised below.

Terms of Reference for our Committees

Board

The Board has ultimate responsibility for directing the affairs of the Hospice in accordance with its Memorandum and Articles of Association. The Trustees have control of the charity and its property and funds. The Trustees will set clear aims and objectives, establish priorities, safeguard the charity's assets and use them effectively and exclusively for the beneficiaries of the Hospice.

The Board as a whole, and trustees individually, accept collective responsibility for ensuring that the charity has a clear and relevant set of aims and an appropriate strategy for achieving them.

- To agree the charity's vision and values ensuring that they are reflected in all of the charity's activities.
- To ensure that the ethos and culture of the organisation underpins delivery of the charity's activities.
- To assess compliance and quality in accordance with legislation and best practice.
- To monitor and control activities within the Hospice.
- To monitor the financial income and expenditure of the organisation maintaining its financial stability.
- To regularly review which matters are reserved to the board and which can be delegated to sub-committees where appropriate.
- To obtain assurance from the minutes and executive summaries from Board Sub-Committees and to scrutinize and act upon the recommendations.

Care Committee

To provide the Board of Trustees with assurance that adequate and appropriate governance structures, processes and controls are in place which ensure that the organisation delivers quality care and services and provides a safe environment for patients, families and visitors to the Hospice.

Take delegated responsibility on behalf of the Board of the Hospice of the Good Shepherd by undertaking the following objectives:

1. To develop quality monitoring systems for:
 - Clinical quality
 - Patient experience
 - Patient safety
 - Policies and procedures
 - Thematic incident reviews and learning arising from Clinical Governance Group.

2. To review key performance indicators and objectives:
 - To identify key performance indicators and review at each committee meeting
 - To monitor performance
 - To define aspirations and financial impact relating to developments in clinical services
 - To review levels of income from statutory funding
 - To review and develop organisational plans and objectives

3. To ensure risk management is maintained:
 - To review the committee risk register and escalate matters of concern to the Board.
 - To ensure care services are delivered in accordance with legal requirements and recommended best practice.

4. To approve and recommend decisions in relation to care matters:
 - To advise on new emerging models of care.
 - To advise on workforce development.
 - To assist in the formulation of the strategic plan in relation to care and once accepted, recommend to the Board for approval.
 - To recommend strategy and plans of care.
 - To review and approve minutes of the Clinical Governance Group.

Clinical Governance Committee

Duties and responsibilities of Clinical Governance Committee

- Clinical governance committee is accountable for continuously improving the quality of our services and safeguarding high standards of care by creating an environment in which clinical excellence can flourish.
- Effective clinical governance contributes to the safety and quality of patient care.
- Good clinical governance must support the early identification of risks and concerns that lead to individual, team and wider organisational learning.
- Reporting on its progress /assurance to the Care Committee and CEO.

Clinical governance improves the quality of care, by:

- Monitoring, and where relevant, enforcing compliance with standards and regulations.
- Sharing information and intelligence in relation to patient safety.
- Promoting a culture of continuous improvement and learning.
- Acting decisively to protect the patients when risks to patient care or well-being emerge.
- Making sure there are clear lines of accountability throughout the Hospice and visible leadership from Boards.
- Encouraging and actively supporting the professional development of Clinical and Medical staff is also an important feature.

Finance & Income Committee

To provide the Board of Trustees with assurance that adequate and appropriate governance structures, processes and controls are in place. Ensuring that the financial controls and processes are in good order and working to ensure the organisation has reliable and accurate financial information in a timely manner. This is the basis upon which operational and strategic decisions are made.

Take delegated responsibility on behalf of the Board of the Hospice of the Good Shepherd by undertaking the following objectives:

Finance and Investment

- To review in detail the annual revenue budget and once accepted, recommend it to the Board of Trustees for approval.
- To discuss and agree a revenue strategy and financial contingency plan for periods of reduced income streams.
- To examine the monthly financial performance of the Hospice of the Good Shepherd and the Promotions Company in conjunction with capital expenditure and cash flow implications, and advise the Board of Trustees, accordingly, recommending any remedial action where appropriate.
- To discuss and agree financial analysis and investigate tasks required to be undertaken.
- To assist in the formulation of a medium-term capital strategy (five year), and once accepted, recommend it to the Board of Trustees for approval.
- To review the annual capital budget which includes an emergency capital budget for unplanned capital items, and once accepted, recommend it to the Board of Trustees for approval.
- To review annually and agree a capitalisation policy and recommend any changes to the Board of Trustees for approval.
- To note capital expenditure by the Chief Executive for which provision exists within the Capital Budget and emergency capital budget agreed by the Board of Trustees.
- To commend unbudgeted capital expenditure requests over £15,000 for approval by the Board of Trustees.
- To review the investment policy annually and monitor the performance of the investment portfolio, meeting with fund managers on a six-monthly basis to discuss portfolio performance.
- To review the Reserves policy of the Hospice, discuss and agree the level of reserves that are appropriate and once agreed, present the Reserves policy to the Board of Trustees.
- To assist in the formulation of financial plans and strategies and once accepted, recommend them to the Board of Trustees for approval.
- To review in detail the statutory accounts and once accepted by the Committee, recommend them to the Board of Trustees for approval.
- To discuss and agree external accounting and audit services required.
- To provide assurance to the Board of Trustees that the organisation is adhering to the financial strategy approved by the Board or identify where this is not the case.
- To provide a forum for discussion, representation and consultation on matters relating to the financial affairs of the Hospice.
- Approval of policies and procedures may be sought from the Committee where appropriate.
- To identify key performance indicators and review at each committee meeting.
- To review the committee risk register and escalate matters of concern to the Board.
- To approve overall banking arrangements.

Income Generation

- To assist in the formulation of the strategic plan in relation to Income Generation and once accepted, recommend to the Board for approval.
- To monitor the delivery of the Strategy and ensure this is detailed in the Hospice Business Plan.
- To monitor Income Generating activities against appropriate legal and regulatory requirements.
- To provide a forum for discussion, representation and consultation on matters relating to the Income Generation affairs of the Hospice
- Approval of policies and procedures may be sought from the Committee where appropriate.
- To identify key performance indicators and review at each committee meeting.
- To review the committee risk register and escalate matters of concern to the Board.

Health, Safety & Estates Committee

To provide the Board of Trustees with assurance that adequate and appropriate governance structures, processes and controls are in place which ensure that the organisation delivers quality care and services and provides a safe environment for patients, families and visitors to the Hospice.

Take delegated responsibility on behalf of the Board of the Hospice of the Good Shepherd by undertaking the following objectives:

- To assist in the formulation of the strategic plan in relation to Health and Safety and once accepted, recommend to the Board for approval.
- All Health and Safety policies and procedures will be reviewed periodically.
- To consider the Health and Safety implications of the whole estate of the Hospice, including externally occupied buildings.
- To incorporate discussions and decisions relating to the maintenance and the development of the Hospice estates.
- To ensure adequate resources to meet the needs of the service and to ensure that we are compliant with relevant Health and Safety legislation.
- To ensure that incidents and near misses are logged and investigated appropriately and actions are progressed effectively.
- To ensure that we have sufficient and relevant insurance cover to limit our exposure to risk in the event of litigation.
- To review and approve policies and procedures.
- To review the committee risk register and escalate matters of concern to the Board.

Information Governance Committee

To provide the Board of Trustees with the assurance that adequate and appropriate governance structures, processes and controls are in place which ensure that the organisation delivers quality care and services, and provides a safe environment for patients, families and visitors to the Hospice.

Take delegated responsibility on behalf of the Board of the Hospice of the Good Shepherd by undertaking the following objectives:

- To ensure that information is dealt with legally, securely, efficiently and effectively in the course of Hospice business.
- To improve the overall handling of personal information held by the Hospice.
- To contribute to and develop good working practices.
- To provide adequate training to ensure that Hospice employees are aware of their responsibilities.
- To review current data retention.
- To review the security of databases.
- To review the Information Asset register and ensure departments keep it updated.
- To ensure incidents are logged and investigated appropriately and actions are progressed effectively. The Information Commissioners Office to be informed of necessary incidents within the relevant timeframe.
- To review and approve policies and procedures.
- To review the committee risk register and escalate matters of concern to the Board.
- To assist in the formulation of the strategic plan in relation to Information Governance and once accepted, recommend to the Board for approval.

People & Development and Remuneration Committee

To provide the Board of Trustees with assurance that adequate and appropriate governance structures, processes and controls are in place which ensure that the organisation delivers quality care and services and provides a safe environment for patients, families and visitors to the Hospice.

Take delegated responsibility on behalf of the Board of the Hospice of the Good Shepherd by undertaking the following objectives:

- To give assurances that training processes throughout the Hospice are contributing to the overall drive to deliver quality care and services to patients and their families and to develop staff to their full potential to enable them to carry out their roles effectively.
- To determine the salary and the terms and conditions of the Chief Executive.
- To approve the salary and other terms and conditions of service recommended by the Chief Executive for all Hospice employees.
- To consider the potential for an annual cost of living increase and propose to the F&I Committee if appropriate.
- To consider and agree new posts or changes to existing posts and structure required to meet the needs of the service. To consider any recommended severance packages.
- To assist in the formulation of the strategic plan in relation to People matters and once accepted, recommend to the Board for approval.
- To review and approve key policies and procedures.
- To identify key performance indicators and review at each committee meeting.
- To review the committee risk register and escalate matters of concern to the Board.

Chief Executive

Authority to conduct the day-to-day activities of the Hospice of the Good Shepherd is delegated to the Chief Executive who is responsible for ensuring that the Board's strategy and policies are carried out. The Senior Management Team reports to the Chief Executive and meets every two weeks.

Corporate Governance

The Trustees complete an annual review against the charity governance code to highlight any areas for potential improvement. This is used to develop the charity's future policies and internal procedures to ensure we continue to follow best practice.

Risk Management and Assurance

The Trustees with the support of the SMT consider the major strategic, business and operational risks that face the charity each year when preparing the budgets and business plans.

The charity has detailed organisational and departmental risk registers which are reviewed regularly by the Senior Management Team, and quarterly by each Committee and the Board. Significant new risks are brought to the attention of this Committee and the Board as necessary to ensure they are being actively managed and wherever possible suitable mitigation is put in place.

A traffic light system is used to rank the key organisational risks with controls agreed and documented providing a revised score for each risk. Our assurance framework then monitors progress and application of the controls, with the Board also giving direction when further action needs to be taken to improve our controls.

During the assessment process we identified the following major organisational risks (classified as red based on their score) as at the date of signing:

Major Risks	Controls
<p>The Hospice continues to anticipate year-on-year deficits before legacy income. Current free reserves are between 4 and 5 months of forecast expenditure which is outside of the recommended Charity Commission for resilience. The Board's target is 6 months. The March 2022 Financial Statements have identified a further improvement in free reserves up to between 4 and 5 months at the end of March 2021.</p>	<ul style="list-style-type: none"> • Continued monitoring and scrutiny of all costs is in place as reserves remain lower than target. • By agreement with the CCG there is sufficient long-term support to enable continued operations. We remain in regular dialogue with the CCG. • Cost Improvement Plan has been replaced by revised three-year forecasts. • Daily monitoring of cash and bank balances. • Monthly monitoring of income and expenses against budget and three-year projections. • Monthly monitoring of balance sheet and key solvency measures. • Regular monitoring of movements in freely available Reserves.

	<ul style="list-style-type: none"> • Annual budgeting and update of three-year projections.
<p>Consultant Palliative Medicine/Medical Director, (vacancy) which could lead to potential impact on Clinical service(s), Strategic Direction and managerial leadership of the medical team and reputational damage externally as the Hospice is not seen as a forward-thinking organisation due to lack of strategic activity relating to end-of-life care.</p>	<ul style="list-style-type: none"> • In the absence of a Consultant in Palliative Medicine, the Hospice has approved an interim medical model. A Responsible Clinician (RC) will lead and support the Speciality Doctors (SDs) within the team. • Strategic Medical Objectives to focus on service improvements. • Move to SAS contracts for RC and SDs. • Joint work with the Countess of Chester (COC) NHS Trust and Cheshire and Wirral NHS Partnership (CWP) Trust to agree consultant's strategy for West Cheshire. • Informal support available from Consultant(s) in Palliative Medicine at COC and CWP NHS services Monday - Friday 9-5 pm. • External clinical supervision/arrangement for RC. • Monthly doctor's business meetings to keep the medical team abreast of local key clinical matters and to highlight any concerns or impact on services within the Hospice. • Medical Director/Palliative Care Consultant appointed on 1st March 2022.
<p>Financial constraints have led to the deployment of a lean nursing model especially at a senior level which could lead to staff burn-out or staff leaving as well as restricting/delaying professional development of the nursing team.</p>	<ul style="list-style-type: none"> • Work is prioritised. • Good communication. • Careful planning of annual leave/days off. • Train up senior staff to cover for absence as need. • Reviewing the workload of the Director of Clinical Services work commenced. • Deployment of Nurse in Charge role. • New Interim Quality Manager has clinical background and governance experience. • Commencement of nurse associate pilot allowing junior staff to gain further experience.

	<ul style="list-style-type: none"> Regular feedback to staff on recruitment progress and recognition when dependency is high, and staff have gone above and beyond to maintain morale. Ongoing recruitment campaigns for staff nurses and health care assistants
With retirements, natural attrition, and the known nursing shortage in the UK, plus the lower rates of pay offered by the Hospice there may be an inability to recruit to include registered nursing posts, this could result in not being able to continue with the current number of IPU beds being operational	<ul style="list-style-type: none"> Review of terms and conditions to consider the impact of honouring continuous service dates for staff transferring from the NHS (impacts annual leave, sickness absence, maternity).
Potential inability to pay staff under existing arrangements with our payroll provider St Helens & Knowsley Trust (SHK) due to disbanding of the CCQ April 2022 and their inability to host the Hospice for ESR (NHS payroll platform)	<ul style="list-style-type: none"> New payroll provider and software that went live April 2022

Regular monitoring and review of the risks identified is a priority for the Hospice to support control and mitigation of each risk. The Trustees believe the major risk facing the Hospice is growing our reserves to protect our financial position. In addition, there may be risks in maintaining adequate and 'safe' staffing levels amid shortages at a national level of both nurses and palliative care consultants and increasing pressure from salary differentials.

In addition to the above, full risk assessments are undertaken as required under the Hospice's Health and Safety Policy and this has been particularly important as we have managed the COVID 19 pandemic.

Staff and volunteers as appropriate are required to complete annual mandatory training covering Information Governance, Fire Safety, Manual Handling, Food Hygiene, Infection Control, Safeguarding, Equality and Diversity and Dignity at Work together with Incident Awareness and Quality Control.

Financial Review

Details of the results for the year are shown in the Statement of Financial Activities and Notes forming part of the Financial Statements. The Trustees have noted the results for the year and remain mindful of the continuing difficulties of operating in the current financial climate and post COVID 19. The Group Statement of Financial Activities is set out beginning on page 41 of these accounts. The Trustees report a surplus for the year of £579,239 (2021: surplus of £602,677).

The surplus for the year of £579,239 is after legacy income of £578,680 and includes COVID 19 support provided by the Government/ NHS via Hospice UK. Without this support the Hospice would have experienced a deficit which would have exposed the Hospice to significant pressure given the comparative low level of free reserves which at March 2021 stood at £1,426k (approximately four to five months of forecast expenditure) as compared with our target level of reserves of six months of forecast expenditure. Free reserves have increased from £1,426k to £1,855k which represents around five to six months of forecast expenditure.

Our financial investment portfolio gained in value finishing the year at £560,532 (2021: £517,652). The continuing impact from COVID 19 has been commented on elsewhere in this report.

Management of reserves

The Trustees annually review our reserves policy to take account of uncertainties in the health economy and potential fluctuation in fundraising income. This is with a view to match variable income streams with the fairly fixed level of expenditure incurred in delivering our services. This will help protect the long-term viability of the Hospice.

Our contracted income is predominantly supplemented from retail, lottery, and fundraising income, including legacies. The aim of the charity is to maintain sufficient reserves to support six months' running costs to accommodate any unexpected funding issues. The charity would seek to hold sufficient cash reserves (50%) to meet its immediate short term needs with the balance held in investments (50%).

This policy allows us to react to challenging economic circumstances and potential threats and liabilities. We aim to balance this with spending prudently to achieve our aim of delivering charitable activity in the short term.

The Trustees are pleased to report that the free reserves position as detailed above has improved over the reporting period, notwithstanding the negative impacts of COVID 19. Whilst reserves at the end of March 2022 of £1,855K remain below our target, as stated we hold between five and six months of projected expenditure in reserve, an improvement over March 2021 when reserves of £1,426k represented approximately four to five months of forecast expenditure.

The calculation of the required level of reserves is an integral part of our planning, budgeting and forecasting cycle. Though the potential impact of COVID-19 has lessened, for 2021/22 we remain cautious regarding any continuing impact on income generation whilst maintaining our ambition to increase our free reserves to six months of projected expenditure in line with the stated policy.

At March 2022, group reserves stood at £5.5m (2020/21: £4.9m). This was made up of restricted funds £262k (2020/21 £136k), and unrestricted reserves of £5.2m (2020/21: £4.8m). We recorded a surplus in the year on our unrestricted general fund of £441k (2020/21 £517k). We also recorded £11k gains on our Investment portfolio (2020/21 £107k).

Our people

Our aim is for our staff to be well-rewarded and to be paid a salary that is competitive and benchmarked externally against other charities of a similar size and location. We do not have any bonus schemes or performance-related pay and, aside from our pensions, all staff receive the same level of benefits. In 2021 we invested in a Benchmarking tool with our aim to pay our staff the median salary.

In addition to the NHS pension scheme for pre-existing members of clinical staff we also run an auto-enrolment pension scheme for the benefit of our staff who are not members of the NHS scheme. The auto-enrolment scheme involves employee and employer contributions. The auto enrolment scheme is managed on our behalf by Royal London and the finances are completely independent of the charity's finances. The charity's contributions are recognised within our statement of financial activities, in the month in which the salaries are paid.

To protect our staff and volunteers, we take safeguarding extremely seriously and have a policy in place which was reviewed and updated as things have changed throughout the pandemic. All staff undertake mandatory Safeguarding training as appropriate and applicable to their role.

The Hospice has prioritised equality, diversity, and inclusion (EDI) in our business plan and we now have an established EDI steering group and subgroups to support this work. We are striving to build on this success and continue to improve in all areas of EDI and we are working towards attaining the Navajo Quality Mark

Following the move to more homeworking due to COVID-19 we have taken the benefits of this practice and introduced a Hybrid Working Policy. As well as being welcomed by staff it has brought the Hospice in line with other workplaces which in turn has helped with recruitment and helped our long-standing issue of having insufficient parking for visitors and staff. Our staff's physical and mental wellbeing remain a priority and has driven the improvements to our Employee Assistance Programme and Flexible Benefits in the summer of 2021.

Volunteer support has also remained key to our delivering our aims and objectives. Following the appointment of a new Volunteers Manager we wrote our Volunteer Strategy for 2021 – 2025. Our 350 volunteers were also nominated for the Queen's Volunteer Awards which was an achievement in its own right. Our volunteers, to include our Board of Trustees continue to support us in a variety of roles, supporting every aspect of the Hospice including patient and family services, retail, fundraising, lottery, and support services. They bring a wealth of experience, passion and commitment from diverse backgrounds and careers.

We also recognise the invaluable contribution our support group volunteers make in both raising funds and raising our profile in the local community.

We would like to take this opportunity to acknowledge their contribution and thank them for their continued commitment, dedication, and support.

Statement of Trustees' Responsibilities for the Financial Statements and Corporate Governance

The Trustees (who are also Directors of Hospice of the Good Shepherd for the purposes of the Companies Act) are responsible for preparing the Trustees' Annual Report (incorporating the Directors' report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

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

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgments and accounting estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

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

As far as the Trustees are aware:

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

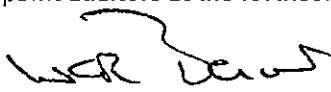
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Auditors

A resolution will be proposed to appoint auditors at the forthcoming Annual General Meeting.

Signed by order of the Trustees

Bill Benoy, Trustee and Treasurer


Date 23 December 2022

Report Of The Independent Auditors' To The Members Of Hospice Of The Good Shepherd (A Company Limited By Guarantee)

Opinion

We have audited the financial statements of Hospice of the Good Shepherd (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2022, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent charitable company 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 Hospice of the Good Shepherd's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other Information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, 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.

Opinion on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

In the light of our knowledge and understanding of the group and parent charitable company 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 by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and Section 151 of the Charities Act 2011 and report in accordance with those acts.

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 are set out below

Capability of the audit in detecting irregularities

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 are set out below.

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and those charged with governance, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;

- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance.

The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud often involves intentional concealment, forgery, collusion, omission or misrepresentation.

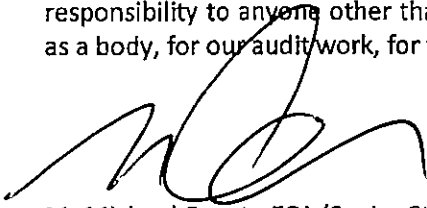
A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Report of the Independent Auditors.

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors'

report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Mr Michael Caputo FCA (Senior Statutory Auditor)

Date 23 December 2022
for and on behalf of Xeinadin Audit Limited
Statutory Auditors
2 Hillards Court
Chester Business Park
Chester
CH4 9QP

Consolidated Statement of Financial Activities (Incorporating a Consolidated Income and Expenditure Account)

Hospice of the Good Shepherd (Registered number – 01843427)
Consolidated Statement of Financial Activities
(Incorporating a Consolidated Income and Expenditure Account)
For the year ended 31 March 2022

	Note	2022 Unrestricted Funds £	2022 Restricted Funds £	Total £	2021 Total £
Income and endowments from:					
Donations and legacies	2	1,012,796	114,129	1,126,925	1,057,985
Charitable activities	3	86,975	1,296,612	1,383,587	1,610,864
Other trading activities	4	2,042,640	-	2,042,640	1,293,223
investments	5	11,146	-	11,146	9,898
Other	6	39,906	-	39,906	142,240
Total income and endowments		3,193,463	1,410,741	4,604,204	4,114,210
Expenditure on:					
Raising funds	7	(1,159,990)	-	(1,159,990)	(892,687)
Charitable activities	9	(1,592,655)	(1,283,817)	(2,876,472)	(2,591,430)
Other	10	-	-	-	(134,904)
Total expenditure		(2,752,645)	(1,283,817)	(4,036,462)	(3,619,021)
Net gains / (losses) on					
investments		11,497	-	11,497	107,488
Net Income / (expenditure)		452,315	126,924	579,239	602,677
Transfers between funds				-	-
Total funds brought forward	21	4,765,683	135,837	4,901,520	4,298,843
Total funds carried forward	21	5,217,998	262,761	5,480,759	4,901,520

All incoming resources and resources expended derive from continuing activities.

All gains and losses recognised in the year are included above.

The Funds comprise Unrestricted and Restricted Funds.

Balance Sheet for the year ended 31st March 2022

Hospice of the Good Shepherd (Registered number – 01943427)

Balance Sheet

As at 31 March 2022

	Note	Company 2022	Company 2021	Group 2022	Group 2021
		£	£	£	£
Fixed Assets					
Tangible Assets	15	3,336,123	3,323,797	3,419,516	3,409,550
Investments	16	560,532	517,652	560,532	517,652
Investments in Subsidiaries	25	2	2	-	-
		<u>3,896,657</u>	<u>3,841,451</u>	<u>3,980,048</u>	<u>3,927,202</u>
Current Assets					
Stock	17	-	-	194	-
Debtors	18	1,028,918	531,844	674,398	939,651
Cash at Bank and in Hand		<u>1,817,866</u>	<u>2,057,551</u>	<u>2,235,792</u>	<u>2,299,337</u>
		<u>2,846,785</u>	<u>2,589,395</u>	<u>2,910,385</u>	<u>2,638,988</u>
Creditors: amounts falling due within one year	19	<u>(528,360)</u>	<u>(441,448)</u>	<u>(575,241)</u>	<u>(576,679)</u>
Net Current Assets		<u>2,318,424</u>	<u>2,147,947</u>	<u>2,235,143</u>	<u>2,062,309</u>
Total assets less current liabilities		<u>6,215,082</u>	<u>5,989,398</u>	<u>6,215,192</u>	<u>5,989,511</u>
Creditors: amounts falling due after more than one year	20	<u>(734,432)</u>	<u>(1,087,991)</u>	<u>(734,432)</u>	<u>(1,087,991)</u>
Net Assets		<u>5,480,650</u>	<u>4,901,407</u>	<u>5,480,759</u>	<u>4,901,520</u>
Charity funds					
Restricted Funds	21	262,761	135,837	262,761	135,837
Unrestricted Funds					
General Funds	21	<u>5,217,889</u>	<u>4,765,570</u>	<u>5,217,998</u>	<u>4,765,683</u>
Total Unrestricted Funds		<u>5,217,889</u>	<u>4,765,570</u>	<u>5,217,998</u>	<u>4,765,683</u>
Total Charity Funds		<u>5,480,650</u>	<u>4,901,407</u>	<u>5,480,759</u>	<u>4,901,520</u>

The financial statements were approved by the Council Members on 23/12/22 and signed and authorised for issue on its behalf by:


W Boney
Treasurer

Consolidated Cash Flow Statement for the year ended 31st March 2022

Hospice of the Good Shepherd (Registered number – 01848427)
 Consolidated Cash Flow Statement
 For the year ended 31 March 2022

	Note	2022	2021
		£	£
Cash flow from operating activities	24	96,760	1,234,151
Net cash flow from operating activities		96,760	1,234,151
Cash flow from investing activities			
Income from investments	5	9,539	8,590
Interest received	5	1,612	1,308
Payments to acquire tangible fixed assets	15	(140,068)	(52,125)
Receipts from sales of tangible fixed assets		-	108
Payments to acquire investments	16	(83,416)	(104,489)
Receipts from sales of investments		52,094	121,497
Net cash flow from investing activities		(160,304)	(25,111)
Net (decrease)/ increase in cash and cash equivalents		(63,544)	1,209,040
Cash and cash equivalents at 31/3/2021		2,299,337	1,090,297
Cash and cash equivalents at 31/3/2022		2,235,792	2,299,337
Cash and cash equivalents consists of:			
Cash at bank and in hand		2,235,792	2,299,337
Cash and cash equivalents at 31/3/2022		2,235,792	2,299,337

Notes to the Financial Statements for the year ended 31st March 2022

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

1. Summary of significant accounting policies

(a) General information and basis of preparation

The Hospice of the Good Shepherd is a charitable company registered in England and is governed by its Memorandum and Articles of Association. 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. The address of the registered office is given in the charity information on page 1 of these financial statements. The nature of the charity's operations and principal activities is to provide the highest quality specialist palliative care for the people of Western Cheshire, Chester and Deeside who have illnesses that no longer respond to curative treatment.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice as it applies.

These financial statements consolidate the results of the charitable company and its wholly owned subsidiary, Hospice of the Good Shepherd Promotions Limited. The Hospice of the Good Shepherd has taken advantage of the exemption available not to present a Statement of Financial Activities for the charity. The turnover and expenditure of the subsidiary is included within the Consolidated Statement of Financial Activities. The assets and liabilities of the subsidiary are included on a line-by-line basis in the Consolidated Balance Sheet in accordance with FRS102 Section 9-Consolidated and Separate Financial Statements. Uniform accounting policies are adopted throughout the group and any intra-group transactions are eliminated on consolidation.

The financial statements are prepared in sterling which is the functional currency of the charity and rounded to the nearest £.

The trustees have considered the level of funds held, the continued support the Group receives from the West Cheshire Clinical Commissioning Group and its expected level of income and expenditure for 12 months from authorising these financial statements and are of the view that it is appropriate to prepare the financial statements on a going concern basis.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)

Notes to the Financial Statements

For the year ended 31 March 2022

(b) Funds

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

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost 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.

(c) Income recognition

All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled.

Donated facilities and donated professional services are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably and the charity has control over the item. Fair value is determined on the basis of the value of the gift to the charity. For example the amount the charity would be willing to pay in the open market for such facilities and services. A corresponding amount is recognised in expenditure.

No amount is included in the financial statements for volunteer time in line with the SORP (FRS 102). Further detail is given in the Trustees' Annual Report.

Where practicable, gifts in kind donated for distribution to the beneficiaries of the charity are included in stock and donations in the financial statements upon receipt. If it is impracticable to assess the fair value at receipt or if the costs to undertake such a valuation outweigh any benefits, then the fair value is recognised as a component of donations when it is distributed and an equivalent amount recognised as charitable expenditure.

Income from the sale of gifts in kind donated for resale is recognised within income from other trading activities.

Fixed asset gifts in kind are recognised when receivable and are included at fair value. They are not deferred over the life of the asset.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)

Notes to the Financial Statements

For the year ended 31 March 2022

For legacies, entitlement is the earlier of the charity being notified of an impending distribution, receipt of which is probable, or the legacy being received. At this point income is recognised. On occasion legacies will be notified to the charity however it is not possible to measure the amount expected to be distributed. On these occasions, the legacy is treated as a contingent asset and disclosed.

Income from trading activities includes income earned from fundraising events and trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

Grants from government agencies have been included within grants and government funding where there are no contracts for services.

Grants from government agencies where there is a service contract are included as income from charitable activities.

Investment income is earned through holding assets for investment purposes such as shares and property. It includes dividends and interest. Where it is not practicable to identify investment management costs incurred within a scheme with reasonable accuracy the investment income is reported net of these costs. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method.

(d) Expenditure recognition

All expenditure is accounted for on an accruals basis inclusive of any VAT which cannot be recovered, and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of the resources. Premises overheads have been allocated on a floor area basis. The overheads costs of the central function have been apportioned on an estimated basis of usage by each function. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- Costs of raising funds includes cost of the lottery prizes, the salaries of the staff who promote fund-raising, direct expenditure including costs of events and an allocation of internal overheads
- Expenditure on charitable activities includes direct staff costs, specific costs where attributable and overheads on a management estimate based either on floor space and/or expected usage. Cost allocation includes an element of judgement as the charity has had to consider the cost benefit of detailed calculations and record keeping.

(e) Support costs allocation

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs, administrative payroll costs. They are incurred directly in support of expenditure on the objects of the charity and include project management carried out at Headquarters. Where support costs cannot be directly attributed to particular headings they have been allocated to cost of raising funds and expenditure on charitable activities on a basis consistent with use of the resources.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

**Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022**

(f) Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows:

Freehold land	nil
Buildings and long leasehold property	2% p.a straight line
Plant and machinery	20% p.a straight line/15% reducing balance
Fixtures and fittings	15% p.a straight line/15% reducing balance
Motor vehicles	25% reducing balance

(g) Pension contributions

The company makes contributions to defined contribution pension schemes, as disclosed in note 25, designed to provide retirement benefits based upon the level of contributions made. The costs of providing these benefits are charged to the statement of financial activities in the year in which they become payable.

The company also makes contributions to a National Health Service (NHS) pension scheme for all eligible employees. The assets of the scheme are held separately by the NHS superannuation scheme. As a result of the nature of the scheme there are no separately identifiable assets and liabilities which can be identified as relating to the Hospice of the Good Shepherd. Therefore, as permitted by FRS102, the scheme has been accounted for as a defined contribution scheme. Contributions to the scheme are charged to the SOFA in the year in which they become payable.

(h) Investments

Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SOFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Current asset investments are short term highly liquid investments and are held at fair value. These include cash on deposit and cash equivalents with a maturity of less than one year.

(i) Shares in Subsidiary Undertakings

Investments in subsidiary undertakings are measured at cost less impairment.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

(j) Stocks

Items donated for resale in the shops are not included within the financial statements until they are sold. The valuation of donated goods in our shops cannot be measured reliably as the costs outweigh the benefits. It is not practicable to estimate the value of the stock with enough reliability. Therefore, we recognise the value when the goods are sold, not when received. Purchased assets are valued at the lower of cost and net realisable value, after making due allowance for slow-moving and obsolete stock.

(k) Leases

Assets acquired under finance leases are capitalised and depreciated over the shorter of the lease term and the expected useful life of the asset. Minimum lease payments are apportioned between the finance charge and the reduction of the outstanding lease liability using the effective interest method. The related obligations, net of future finance charges, are included in creditors.

Rentals payable and receivable under operating leases are charged to the SoFA on a straight line basis over the period of the lease.

(l) Provisions

Provisions are recognised when the charity has an obligation at the balance sheet date as a result of a past event, it is probable that an outflow of economic benefits will be required in settlement and the amount can be reliably estimated.

(m) Tax

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes.

(n) Debtors and creditors receivable / payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

(o) Judgements and key sources of estimation uncertainty

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.

(p) Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

2. Income from donations and legacies

a) Company and Group

	Total 2022	Total 2021
	£	£
Donations	548,245	722,048
Legacies	578,680	335,937
	<hr/>	<hr/>
Total	<u>1,126,925</u>	<u>1,057,985</u>

Income from donations and legacies was £ 1,126,925 (2021 - £1,057,985) of which £114,129 (2021 - £22,759) was attributable to restricted and £1,012,796 (2021- £1,035,226) was attributable to unrestricted funds.

3. Income from Charitable Activities

Company and Group

	Total 2022	Total 2021
	£	£
Contractual payments	1,308,853	1,578,099
Sale of goods and services	625	-
Other	74,110	32,765
	<hr/>	<hr/>
Total	<u>1,383,587</u>	<u>1,610,864</u>

Income from charitable activities was £1,383,587 (2021: £1,610,864) of which £1,296,612 (2021: £605,625) was attributable to restricted and £86,975 (2021: £1,005,239) was attributable to unrestricted funds.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number ~ 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

4. Income from other trading activities

a) Company	Total 2022 £	Total 2021 £
Fundraising Events	609,245	346,092
Total	609,245	346,092

Income from other trading activities was £609,245 (2021 - £346,092) of which £nil (2021 - £nil) was attributable to restricted and £609,245 (2021- £346,092) was attributable to unrestricted funds.

b) Group	Total 2022 £	Total 2021 £
Fundraising Events	609,245	346,092
Lottery	782,595	748,195
Shops	650,800	198,936
Total	2,042,640	1,293,223

Income from other trading activities was £2,042,640 (2021 - £1,293,223) of which £nil (2021- £nil) was attributable to restricted and £2,042,640 (2021- £1,293,223) was attributable to unrestricted funds.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

5. Income from investments

a) Company		Unrestricted Funds	Total 2022
		£	£
	Note		
Listed UK Investments			
		9,533	9,533
		1,612	1,612
Short Term Deposit Interest		<u>11,146</u>	<u>11,146</u>
Gift Aid			
	8	645,019	645,019
Hospice of the Good Shepherd Promotions Limited		<u>656,165</u>	<u>656,165</u>
b) Group			
		Unrestricted Funds	Total 2022
		£	£
Listed UK Investments			
		9,533	9,533
		1,612	1,612
Short Term Deposit Interest		<u>11,146</u>	<u>11,146</u>

Investments are held to provide an overall return from both income and capital growth.

a) Company		Unrestricted Funds	Total 2021
		£	£
	Note		
Listed UK Investments			
		-	-
		1,308	1,308
Short Term Deposit Interest		<u>1,308</u>	<u>1,308</u>
Gift Aid			
	8	383,375	383,375
Hospice of the Good Shepherd Promotions Limited		<u>384,683</u>	<u>384,683</u>
b) Group			
		Unrestricted Funds	Total 2021
		£	£
Listed UK Investments			
		8,590	8,590
		1,308	1,308
Short Term Deposit Interest		<u>9,898</u>	<u>9,898</u>

Investments are held to provide an overall return from both income and capital growth.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

6. Other income

a) Company

	Total 2022	Total 2021
	£	£
Job Retention Scheme	0	66,385

Other income was £nil (2021: £66,385) of which £nil was attributable to restricted and £nil (2021: £nil) was attributable to unrestricted funds.

b) Group

	Total 2022	Total 2021
	£	£
Job Retention Scheme	21,238	134,904
Covid Business Rates Support	18,668	7,336
Total	39,906	142,240

Other income was £39,906 (2021: £142,240) of which £39,906 was attributable to restricted and £nil (2021: £75,855) was attributable to unrestricted funds.

7. Expenditure on raising funds

a) Company

	Total 2022	Total 2021
	£	£
Merchandising and Event Costs	327,626	249,492
Investment management costs	4,082	3,584
Total	331,708	253,076

Expenditure on raising funds was £331,708 (2021: £253,076) of which £nil (2021: £nil) was attributable to restricted funds and £331,708 (2021: £253,076) was attributable to unrestricted funds.

b) Group

	Total 2022	Total 2021
	£	£
Shops and lottery operating costs	828,282	639,611
Merchandising and Event Costs	327,626	249,492
Investment management costs	4,082	3,584
Total	1,159,990	892,687

Expenditure on raising funds was £1,159,990 (2021: £892,687) of which £nil (2021: £nil) was attributable to restricted funds and £1,159,990 (2021: £892,687) was attributable to unrestricted funds.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

8. Results from Trading Activities of Subsidiary

	Hospice of the Good Shepherd Promotions Limited	Total 2022	Total 2021
	£	£	£
Merchandising and Events	1,433,395	1,433,395	947,131
Other income	39,906	39,906	75,855
Total income	1,473,301	1,473,301	1,022,986
Total costs including taxation	(828,282)	(828,282)	(639,611)
Net income for the year before Gift Aid	645,019	645,019	383,375
Gift Aid Payable to Hospice of the Good Shepherd	(645,019)	(645,019)	(383,375)
Net income	-	-	-
Funds Brought Forward at 1 April 2021	111	111	111
Funds Carried Forward at 31 March 2022	111	111	111
Total Assets	542,012	542,012	518,718
Total Liabilities	(541,900)	(541,900)	(518,607)

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number ~ 01849427)
 Notes to the Financial Statements
 For the year ended 31 March 2022

9. Expenditure on Charitable Activities

	<u>Company and Group</u>		Total
	Unrestricted	Restricted	2022
Salaries and Wages	991,294	1,229,915	2,221,209
Rent	4,263		4,263
Rates and water	3,212		3,212
Light and heat	57,171		57,171
Repairs and maintenance	117,028	5,919	122,947
Motor and travel expenses	4,754	519	5,273
Insurance	17,410		17,410
Telephone	13,222	240	13,462
Medical supplies	29,172		29,172
Courses and education	11,876	8,073	19,949
Miscellaneous	114,732	22,254	136,986
Laundry, cleaning and food	37,717		37,717
Depreciation	101,037	13,110	114,147
Postage, stationery and advertising	23,993.48	3,787	27,780
Audit fees	13,200	-	13,200
Legal and professional fees	40,574	-	40,574
End of Life Partnership	12,000	-	12,000
	<u>1,592,655</u>	<u>1,283,817</u>	<u>2,876,472</u>

			Total
	Unrestricted	Restricted	2021
Salaries and Wages	1,482,140	608,545	2,090,685
Rent	2,571	-	2,571
Rates and water	8,818	-	8,818
Light and heat	45,665	-	45,665
Repairs and maintenance	79,048	2,606	81,654
Motor and travel expenses	1,785	63	1,848
Insurance	15,724	-	15,724
Telephona	10,821	390	11,211
Medical supplies	39,996	-	39,996
Courses and education	6,215	510	6,725
Miscellaneous	31,448	25,608	57,056
Laundry, cleaning and food	28,446	-	28,446
Depreciation	98,164	12,383	110,547
Postage, stationery and advertising	24,133	-	24,133
Audit fees	11,650	-	11,650
Legal and professional fees	39,701	-	39,701
End of Life Partnership	15,000	-	15,000
	<u>1,941,325</u>	<u>650,105</u>	<u>2,591,430</u>

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

10. Other expenditure

a) Company

	Total 2022 £	Total 2021 £
Staff costs	<u>0</u>	<u>66,385</u>

£nil of the above costs were attributable to restricted funds and £nil (2021: £nil) were attributable to unrestricted funds.

b) Group

	Total 2022 £	Total 2021 £
Staff costs	<u>21,238</u>	<u>134,904</u>

£nil of the above costs were attributable to restricted funds and £21,238 (2021: £68,519) were attributable to unrestricted funds.

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

11. Support Costs Breakdown by Activity
Company and Group

Basis	2022				
	Fundraising	Charitable	Governance	Total	
	£	£	£	£	
Salaries and Wages	Actual	114,887	214,419	50,757	380,063
Rates and water	Space	120	335	24	479
Light and heat	Space	1,704	6,389	426	8,519
Repairs and maintenance	Actual	916	16,487	916	18,319
Motor and travel expenses	Actual	471	314	-	785
Insurance	Space	649	1,816	130	2,595
Telephone	Space	1,204	702	100	2,006
Miscellaneous	Actual	4,309	4,309	-	8,618
Depreciation	Actual	1,701	15,307	-	17,008
Postage and stationery	Actual	2,690	1,449	-	4,139
Audit fees	Actual	-	-	13,200	13,200
Legal and professional fees	Actual	-	-	40,574	40,574
		128,651	261,527	106,127	496,305

Basis	2021				
	Fundraising	Charitable	Governance	Total	
	£	£	£	£	
Salaries and Wages	Actual	116,572	228,750	53,696	399,018
Rates and water	Space	328	920	66	1,314
Light and heat	Space	1,361	5,103	340	6,804
Repairs and maintenance	Actual	305	5,485	305	6,095
Motor and travel expenses	Actual	165	110	-	275
Insurance	Space	586	1,640	117	2,343
Telephone	Space	1,002	585	84	1,671
Miscellaneous	Actual	660	660	-	1,320
Depreciation	Actual	1,647	14,824	-	16,471
Postage and stationery	Actual	3,644	1,962	-	5,606
Audit fees	Actual	-	-	11,650	11,650
Legal and professional fees	Actual	-	-	32,059	32,059
		126,270	260,039	98,317	484,626

Notes to the Financial Statements for the year ended 31st March 2022 cont.

**Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022**

12. Net Income / (expenditure) for the year

Net Income / (expenditure) is stated after charging / (crediting):

	Total 2022	Total 2021
	£	£
Depreciation of tangible fixed assets	130,102	129,043
Auditor's remuneration:		
Audit of the annual accounts	11,750	11,750
Other services	3,113	5,900

13. Trustees' and key management personnel remuneration and expenses

The trustees neither received nor waived any remuneration during the year (2021: £Nil).

The total amount of employee benefits received by key management personnel was £530,222 (2021: £406,835). The Hospice considers its key management personnel comprise the trustees, the Chief Executive, Director of Clinical Services, Medical Director, Director of HR, Director of Fundraising and Head of Finance.

The trustees did not have any expenses reimbursed during the year (2021 - £nil).

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

14. Staff costs and employee benefits

	Total 2022 £	Total 2021 £
Wages and Salaries	2,505,405	2,372,979
Social Security Costs	194,190	190,929
Pension Costs	148,087	141,124
	2,845,682	2,705,032

The number of employees who received total employee benefits (excluding employer pension costs) of more than £60,000 is as follows:

	2022	2021
£60,001 - £70,000	1	1
£70,001 - £80,001	1	-
	2	1

The average number of employees analysed by function was:

	Total 2022 No.	Total 2021 No.
Senior Management Team	5	5
Medical and care services	49	51
Support staff	34	29
Fundraising	27	21
	115	106

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

15. Tangible fixed assets

a) Company	Freehold property £	Plant & machinery £	Fixtures & fittings £	Motor vehicles £	Total £
Cost					
At 1/4/2021	3,785,950	1,101,622	-	-	4,887,572
Additions	22,680	75,470	-	28,322	126,472
Disposals/fully written off	-	-	-	-	-
At 31/3/2022	3,808,630	1,177,092	-	28,322	5,014,044
Depreciation					
At 1/4/2021	663,236	900,539	-	-	1,563,775
Charge for year	71,287	42,859	-	-	114,146
Eliminated on disposal	-	-	-	-	-
At 31/3/2022	734,523	943,398	-	-	1,677,921
Net Book Value at 31/3/2022	3,074,107	233,694	-	28,322	3,336,123
Net Book Value at 31/3/2021	3,122,714	201,083	-	-	3,323,797
b) Group					
Cost					
At 1/4/2021	3,858,159	1,163,774	125,646	-	5,147,579
Additions	22,680	75,904	13,162	28,322	140,068
Disposals/fully written off	-	-	-	-	-
At 31/3/2022	3,880,839	1,239,678	138,808	28,322	5,287,647
Depreciation					
At 1/4/2021	703,108	956,881	78,040	-	1,738,029
Charge for year	71,287	44,403	14,412	-	130,102
Eliminated on disposal	-	-	-	-	-
At 31/3/2022	774,395	1,001,284	92,452	-	1,868,131
Net Book Value at 31/3/2022	3,106,444	238,394	46,356	28,322	3,419,516
Net Book Value at 31/3/2021	3,155,051	206,893	47,606	-	3,409,550

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

16. Fixed Asset Investments

	Unrestricted Funds £	Total 2022 £	Total 2021 £
Company and Group listed Investments			
At 1/4/2021	517,652	517,652	427,179
Less disposals at opening market value	(50,064)	(50,064)	(104,333)
Add acquisitions at cost	83,416	83,416	104,489
Net (losses)/gain on revaluation	9,528	9,528	90,317
At 31/3/2022	560,532	560,532	517,652

The fair value of listed investments is determined by reference to the quoted price for identical assets in an active market at the balance sheet date.

17. Stock

	Group	
	Total 2022 £	Total 2021 £
Goods for resale	194	-
Total	194	-

Stocks included in the group balance sheet comprise goods held for resale.

18. Debtors

	Company		Group	
	2022 £	2021 £	2022 £	2021 £
Amounts owed by group undertakings	395,016	233,375	-	-
Other Debtors	3,379	5	3,376	5
VAT	23,736	17,043	23,736	17,043
Prepayments and Accrued Income	603,187	278,192	643,744	319,374
Trade Debtors	3,600	3,229	3,542	3,229
	1,028,918	531,844	674,398	339,651

As at the year end, a total of £435,591 (2021 - £172,415) of group income has been accrued.

Notes to the Financial Statements for the year ended 31st March 2022cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

19. Creditors: amounts falling due within one year

	Company		Group	
	2022	2021	2022	2021
	£	£	£	£
Trade Creditors	77,513	31,073	83,963	32,418
Other Creditors	111,297	121,364	119,400	122,233
Social security and other taxes	67,736	46,660	74,356	50,559
Accruals and deferred income	271,815	242,951	397,523	371,469
Amounts owed to group undertakings	-	-	-	-
	528,360	441,448	675,241	576,679

As at the year end, a total of £274,324 (2021 - £138,208) of group income has been deferred. Deferred income represents lottery subscriptions received in advance and other income when the criteria for recognising income have not been met at 31 March 2022.

20. Creditors: amounts falling due after more than one year

	Company		Group	
	2022	2021	2022	2021
	£	£	£	£
Other Creditors	734,432	1,087,991	734,432	1,087,991
	734,432	1,087,991	734,432	1,087,991

21. Fund reconciliation

a) Company

	Balance at 01/04/2021	Income	Expenditure	Transfers	Gains/ Losses	Balance at 31/03/2022
	£	£	£	£	£	£
Unrestricted Funds						
General Reserve	4,765,570	2,365,181	(1,924,359)	-	11,497	5,217,889
	4,765,570	2,365,181	(1,924,359)	-	11,497	5,217,889
	Balance at 01/04/2021	Income	Expenditure	Transfers	Gains/ Losses	Balance at 31/03/2022
	£	£	£	£	£	£
Restricted Funds						
Hospice UK-NHS England Covid funding	-	1,026,092	(1,026,092)	-	-	-
Job Retention Scheme	-	-	-	-	-	-
Other Restricted Funds	135,837	384,649	(257,725)	-	-	262,761
	135,837	1,410,741	(1,283,817)	-	-	262,761

Notes to the Financial Statements for the year ended 31st March 2022 cont.

**Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022**

21. Fund reconciliation (continued)

b) Group	Balance at 01/04/2021	Income	Expenditure	Transfers	Gains / Losses	Balance at 31/03/2022
	£	£	£	£	£	£
Unrestricted Funds						
General Reserve	4,765,683	3,193,463	(2,752,645)	-	11,497	5,217,998
	<u>4,765,683</u>	<u>3,193,463</u>	<u>(2,752,645)</u>	<u>-</u>	<u>11,497</u>	<u>5,217,998</u>
	Balance at 01/04/2021	Income	Expenditure	Transfers	Gains / Losses	Balance at 31/03/2022
	£	£	£	£	£	£
Restricted funds						
Hospice UK-NHS England Covid funding	-	1,026,092	(1,026,092)		-	-
Job Retention Scheme	-	-				-
Other Restricted Funds	135,837	384,649	(257,725)			262,761
	<u>135,837</u>	<u>1,410,741</u>	<u>(1,283,817)</u>	<u>-</u>	<u>-</u>	<u>262,761</u>

Hospice UK-NHS England Covid funding

The NHSE awarded funding to allow the Hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the Covid-19 situation and to provide bed capacity and community support from November 2020 to March 2022 for the same purpose.

Job Retention Scheme

is a temporary government initiative that allows employers to access financial support to pay their employee's wages. The government introduced the initiative to enable employers to retain employees during the Covid-19 Pandemic.

Other restricted funds

The Hospice has a number of minor funds which have restrictions imposed on them by the donors and as such these have been aggregated together as other restricted funds.

Notes to the Financial Statements for the year ended 31st March 2022cont.

Hospice of the Good Shepherd (Registered number – 01843427)

Notes to the Financial Statements

For the year ended 31 March 2022

22. Analysis of net assets between funds

a) Company

	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Tangible Fixed Assets	3,279,652	56,471	3,336,123
Investments	560,532	-	560,532
Investments in subsidiaries	2	-	2
Current Assets	2,691,865	154,920	2,846,785
Current Liabilities	(528,360)	-	(528,360)
Creditors more than one year	(734,432)	-	(734,432)
Total	5,269,259	211,391	5,480,650

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Tangible Fixed Assets	3,254,216	69,561	3,323,797
Investments	517,652	-	517,652
Investments in subsidiaries	2	-	2
Current Assets	2,523,139	66,256	2,589,395
Current Liabilities	(441,448)	-	(441,448)
Creditors more than one year	(1,087,991)	-	(1,087,991)
Total	4,765,570	135,837	4,901,407

b) Group

	Unrestricted Funds	Restricted Funds	Total 2022
	£	£	£
Tangible Fixed Assets	3,363,045	56,471	3,419,516
Investments	560,532	-	560,532
Current Assets	2,755,465	154,920	2,910,385
Current Liabilities	(675,241)	-	(675,241)
Creditors more than one year	(734,432)	-	(734,432)
Total	5,269,368	211,391	5,480,759

	Unrestricted Funds	Restricted Funds	Total 2021
	£	£	£
Tangible Fixed Assets	3,339,969	69,561	3,409,550
Investments	517,652	-	517,652
Current Assets	2,572,732	66,256	2,638,988
Current Liabilities	(576,679)	-	(576,679)
Creditors more than one year	(1,087,991)	-	(1,087,991)
Total	4,765,684	135,837	4,901,521

Notes to the Financial Statements for the year ended 31st March 2022 cont.

Hospice of the Good Shepherd (Registered number – 01843427)

Notes to the Financial Statements

For the year ended 31 March 2022

23. Share Capital

The company is limited by guarantee and has no share capital. The liability of members is limited to the sum of £1 per member.

24. Reconciliation of net income / (expenditure) to net cash flow from operating activities

	Group 2022	Group 2021
	<u>£</u>	<u>£</u>
Net income / (expenditure) for year	579,235	602,677
Dividends received	(9,533)	(8,590)
Short Term Deposit Interest	(1,612)	(1,308)
Depreciation and impairment of tangible fixed assets	130,102	129,043
(Gains) / losses on investments	(11,407)	(107,480)
(Profit) / loss on disposal of tangible fixed assets	-	943
(Increase) / decrease in stock	(194)	1,142
(Increase) / decrease in debtors	(334,747)	440,877
Increase / (decrease) in creditors	(254,997)	176,855
Net cash flow from operating activities	<u>96,760</u>	<u>1,234,151</u>

25. Shares in Subsidiary Undertakings

The shares in subsidiary undertakings are stated at cost of £2 (2021 - £2) and comprise the following companies:

	Class of Share	<u>2022</u>	<u>2021</u>
Hospice of the Good Shepherd Promotions Limited			
Company number: 03350371			
Number of Shares Held		2	2
% Shareholding	Ordinary	100%	100%
Net Assets		£ 112	£112
Operation of Charity Shops and a lottery scheme.			

Notes to the Financial Statements for the year ended 31st March 2022cont.

Hospice of the Good Shepherd (Registered number – 01843427)

Notes to the Financial Statements

For the year ended 31 March 2022

26. Operating Lease Commitments

Total future minimum lease payments are as follows:

	Land and buildings	Other	Total	Total
	2022	2022	2022	2021
	£	£	£	£
Within One Year	65,500	1,991	67,451	75,376
Within Two to Five Years	166,000	1,472	167,472	95,750
Over 5 years	-	-	-	-
	<u>231,500</u>	<u>3,423</u>	<u>234,923</u>	<u>171,126</u>

27. Pension Costs

During the year ended 31 March 2022 the Hospice made contributions totalling £76,825 (2021: £27,089) to an Automatic Enrolment Scheme managed by Royal London.

Contributions of £3,023 (2021: £2,625) were made into a Personal Pension Scheme for a senior employee.

The Hospice also made contributions to the NHS pension scheme for all eligible employees. Contributions to this scheme in the year totalled £184,839 (2021: £111,410).

Notes to the Financial Statements for the year ended 31st March 2022cont.

Hospice of the Good Shepherd (Registered number – 01843427)
 Notes to the Financial Statements
 For the year ended 31 March 2022

28. Financial Instruments

	<u>Company</u> 2022	<u>Company</u> 2021	<u>Group</u> 2022	<u>Group</u> 2021
Financial assets at fair value through statement of financial activities				
Investments (Note 16)	560,532	517,652	560,532	517,652
Investments in subsidiaries (Note 25)	2	2	-	-
	<u>560,534</u>	<u>517,654</u>	<u>560,532</u>	<u>517,652</u>
Financial assets that are debt instruments measured at amortised cost				
Amounts owed by group undertakings (Note 18)	395,016	233,375	-	-
Other debtors (Note 18)	3,379	5	3,376	5
VAT (Note 18)	23,736	17,043	23,736	17,043
Trade debtors (Note 18)	3,600	3,229	3,542	3,229
Cash at bank and in hand	<u>1,817,865</u>	<u>2,057,551</u>	<u>2,235,792</u>	<u>2,299,396</u>
	<u>2,243,598</u>	<u>2,311,203</u>	<u>2,266,447</u>	<u>2,319,613</u>
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors (Note 19)	77,513	31,073	83,963	32,418
Social security and other taxes (Note 19)	67,736	46,650	74,356	50,559
Other creditors (Notes 19 & 20)	<u>845,729</u>	<u>1,209,355</u>	<u>853,832</u>	<u>1,210,224</u>
	<u>990,978</u>	<u>1,287,088</u>	<u>1,012,151</u>	<u>1,293,201</u>

Notes to the Financial Statements for the year ended 31st March 2022cont.

Hospice of the Good Shepherd (Registered number – 01843427)
Notes to the Financial Statements
For the year ended 31 March 2022

29. Related Party Transactions

There have been no related party transactions during the years ended 31 March 2022 and 31 March 2021.

30. Taxation

No liability to UK Corporation Tax arose on net incoming resources for the year ended 31 March 2022 nor for the year ended 31 March 2021 for the company. A tax liability of £nil (2021 - £2,282) arose on the subsidiary company included within the consolidated accounts.

31. Analysis of reserves

	Group	
	2022	2021
	£	£
Total Reserves	5,480,759	4,901,520
Less:		
Unrestricted Fixed Assets	(3,363,045)	(3,339,969)
Restricted funds	(262,761)	(135,837)
Freely available reserves	<u>1,854,953</u>	<u>1,425,714</u>

We want to thank

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