

# *Annual Report and Financial Statements*

Year ended 31 March 2018



*because  
you matter*

**St Nicholas**  
Hospice Care

A Registered Charity No. 287773



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# *Trustees' Report*

for the year ended 31 March 2018

# Trustees and advisors

## Board of Trustees

The Revd Canon R Norburn MBE <sup>3</sup>	Life President (deceased 15 November 2017)
Mr C. Simpson <sup>1 5</sup>	Chairman and Honorary Treasurer
Mrs S. Hayter <sup>3</sup>	Vice Chair
Mr P. Marchant <sup>4 5</sup>	Resigned 28 September 2017
Dr. E. Wallace <sup>3</sup>	Resigned 28 September 2017
Mrs M. Miles <sup>2</sup>	
Revd Canon M. Vernon <sup>4</sup>	
Mrs A. Langdon <sup>2</sup>	
Mr M. Leith <sup>2 3</sup>	
Mr I. Morgan <sup>4</sup>	
Mr C Minett <sup>3</sup>	Appointed 28 September 2017
Mrs T Wright	Appointed 28 September 2017
Mrs D Buddery	Appointed 28 September 2017
Mrs K Chandler-Smith <sup>4</sup>	Appointed 28 September 2017
Mrs M Masson <sup>1</sup>	Appointed 28 September 2017

## Secretary and registered/principal office

Rachel Spencer, St Nicholas Way, Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QY

## Chief Executive

Barbara Gale

## Directorate

Kevin Clements – Fundraising and Marketing Director, resigned 26 May 2017  
Georgina Bissell – Fundraising and Marketing Director, appointed 1 August 2017  
Jane Doughty – Human Resources Director, resigned 31 May 2018  
Debra Garside – Clinical Services Director  
Rachel Spencer – Finance Director and Deputy Chief Executive

## Auditors

RSM UK Audit LLP, Abbotsgate House, Hollow Road, Bury St Edmunds, Suffolk, IP32 7FA

## Solicitors

Gross & Co, 84 Guildhall Street, Bury St Edmunds, Suffolk, IP33 1PR

## Bankers

Barclays Bank plc, 20/21 Cornhill, Bury St Edmunds IP33 1DY

## Investment managers

Rathbones Investment Management Limited, 159 New Bond Street, London, W1S 2UD  
Standard Life Wealth, 30 St Mary Axe, London, EC3A 8EP

Registered Charity number: 287773

Registered Charity name: St Nicholas Hospice (Suffolk)

Other name used: St Nicholas Hospice Care

Company number: 1748046

<sup>1</sup> Finance and Investment Committee member <sup>2</sup> Personnel Committee member <sup>3</sup> Clinical Committee member

<sup>4</sup> Income Generation Committee member <sup>5</sup> Director of St Nicholas Hospice Trading Ltd

# Introduction from the Chairman and Chief Executive

This year has been another amazing year for St Nicholas Hospice Care and you can read about our work and achievements in detail in the pages that follow. However, we also wish to acknowledge within this report that on 15 November 2017 our Founder and Life President Canon Richard Norburn died.

Without Richard, there would be no St Nicholas Hospice Care. A Hospice that has cared for many thousands of people and their families, people who have benefited from his vision and inspirational leadership over the last 36 years. In recognition of his work and passion, we include in this report the tribute read at his funeral by our Chief Executive.

Richard was a great man with an enormous heart, who worked tirelessly for the Hospice; he was our greatest champion. However, I can hear Richard quietly telling me off for describing him as our Founder, as he would say that God was the Founder of the Hospice, and he was purely the conduit through which God worked.

The idea for the Hospice came to Richard as long ago as 1981, and with the support of Canon Sally Fogden and Bishop John Waine, in 1983, St Nicholas Hospice Care was born - the first hospice in Suffolk. I did not know Richard then, but I imagine his enthusiasm and passion for hospice care was infectious, people like Joy Blake and Col Fulbrook joined the team and many, many more joined them, too many to mention today. The Hospice started by supporting people in the community with day services and community nurses and this is still the vast majority of our work today.

Richard knew the Hospice only survived because of the amazing support of our community. He must have attended thousands of events, received thousands of cheques and handed out hundreds of awards. He personally signed all thank you letters to those donating, often adding a personal comment about their generosity. When he couldn't get to the Hospice, we took letters to him and our Donations Officer collected the last letters he signed on the day he died.

When interviewed for a book documenting the recent history of the Hospice Richard said:



*The Hospice vision came about because I thought 'there must be something better' for people with terminal illnesses to whom I was ministering. But, it is really about 'living life to the full, however short' (a quote he took from Dame Cicely Saunders)*

*There are people who think that the hospice must be a sad, gloomy place dominated by death but once they experience the work or the building they find it full of life.*

*A few years ago, we were having the staff Christmas review and there was a lot of laughter as a new patient was being wheeled in followed by their anxious family. I felt very concerned that this would be upsetting for them and it rather played on my mind.*

*About a year later, I was recounting this to some people at one of our Thanksgiving and Remembrance Services and they said 'that was us!' They went on to explain that the laughter had meant so much to them and given them hope and assurance that life goes on and that they could cope.*

*I hope all who read this book will get the same confidence in facing the future and be inspired to be part of what I often call the Hospice Family – all those who are involved in any way with St Nicholas Hospice Care.*



Richard often used the word 'family' when talking about the hospice. He treated us like his extended family. He spent time getting to know volunteers and staff, so many of us have received personal emails or notes giving us comfort in times of loss or thanks and praise for achievements. He had an amazing memory and could remember so many details about people, their work and their families. We will all miss him.

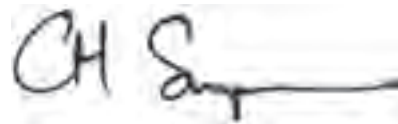
As you may know, the Hospice holds Light Up a Life services across the area in the lead up to Christmas and we have been mentioning Richard at each service. I know we may feel a light has gone out as he died, but his light is still with us.

Richard has left us this amazing legacy, his wish to give the dying and their families something better.

I think I can speak for all our staff, Trustees and volunteers, when I say that our tribute to Richard will be that we will carry on his example and vision. We will work tirelessly to make sure his legacy will live in all of us as we strive to make sure that everyone has the very best experiences in the final chapters of their life.



**Barbara Gale,**  
Chief Executive Officer



**Charles Simpson,**  
Chairman



**The Rev Canon  
Richard Norburn**



# Trustees' report

The Board of Trustees present their annual report on the affairs of the charitable company, together with the financial statements for the year ended 31 March 2018.

## Background

St Nicholas Hospice Care has been supporting the people of West Suffolk and Thetford since 1984. This catchment area includes a population of approximately 270,000 (240,000 in West Suffolk and 30,000 in Thetford area).

Every year we support nearly 2,000 local people, delivering care to people in their own homes as well as in outpatient sessions, day therapy

and our inpatient ward. Services are not just for patients, but for their family and friends too, and include everything from specialist medical care to bereavement support and practical help. We also work with other community services that can help and provide a variety of training and education to local professionals and carers about palliative care and bereavement.

## Our vision

For everyone to have the **very best** experiences in the **final chapters** of their lives.

## Our mission

To use our expertise with our community so that people are informed, equipped and able to support those dying, caring and bereaved.

# Our values

## Compassion

From our people you can expect care, warmth, kindness and honesty.

## Listen

We listen to what is important to you. What you tell us will be understood and not judged.

## Team spirit

We work together with respect, friendship, trust and a touch of laughter.

## Learn

We lead and develop, sharing knowledge and skills generously.

## Resilience

Our attitude towards change and the future has the courage to move and grow with life's changes.



# Charitable activities

The Charity reviews its objectives and activities annually, identifying achievements and outcomes and ensuring that the activities relate to the aims and objectives that have been set.

## Hospice services

Our services are provided free to patients and their families and friends; however, some educational sessions do require payment. A clinical team led by the Clinical Services Director and the Senior Consultants in Palliative Medicine delivers the clinical services. The Clinical Services Director is also the Registered Manager, Clinical Information Governance Lead and Accountable Officer (for Controlled Drugs). One of the Consultants in Palliative Medicine is the Caldicott Guardian.

We have developed a flexible and experienced skill mix of people, ranging from employed staff such as palliative care clinicians, therapists and carers, to our broad mix of volunteers who provide support to all our services and organisational functions and work across all settings. This enables us to focus on proactive care planning and management, which aids effective people centred decision-making.

Our services ensure that specialist palliative care is available to people wherever they are whether at home, in a care home, in hospital or with no home. Some 85% of people receiving hospice care are at home. However, we also support people in many different settings, from the Hospice itself in Bury St Edmunds, which includes a 12-bedded inpatient and day unit, to our Haverhill Hub and Open House sessions in the centre of communities. This ensures people can access advice and support in friendly settings.

Our services include:

- **Direct clinical care and support to patients, families and the bereaved comprising:**
  - Community based clinicians
  - A 24-hour, seven days a week advice line giving advice, information and informal support to lay and professional people
  - Inpatient unit
  - Consultant sessions at West Suffolk Hospital Foundation Trust
  - Orchard Centre and Independent Living and
  - Bereavement support for children, young people and adults.
- **Outreach activities, are often in partnership with other organisations, enabling people to access support and advice in their communities, including:**
  - Local services – drop-in sessions in local towns and villages
  - Hospice Neighbours
  - Community initiatives, and
  - Partnerships.
- **Education and training for people, families and professionals about caring and supporting people at the end of life and in bereavement, including:**
  - Training for carers in nursing homes,
  - Clinical professionals,
  - Clinical and school students,
  - Training for hospital clinicians, and
  - Community groups.

# Who uses and benefits from the Hospice's service?

## Our purpose is to benefit

- People in the final chapters of their life and their families and friends who are affected during illness and bereavement, including bereaved children and young people.
- The local community by enhancing their role, ability and confidence to support each other when facing death and bereavement.

Our services are available to people living within the West Suffolk and Thetford areas (South Norfolk). Whenever possible, we will also help people outside our immediate catchment area if it is their choice.

We promote self-referral or contact from family or friends on behalf of people. We actively encourage people and their families to contact us early so we can help them live well and maintain their independence. Our services are there to

support anyone who needs us in the final chapter of their life, from the point of diagnosis onwards, not just in the last year or months of life.

Additionally, the Hospice works with teenagers, young people, and their families. Hospice staff collaborate with East Anglia's Children's Hospices to meet the needs of young people in transition from children's to adult services, in order to promote continuity.

# How do we respond to requests for help and meet demand?

Our First Contact Service assesses new referrals within 24 hours (Monday to Friday); providing a prompt and sensitive assessment of need. Direct referrals to the medical or nursing teams outside of normal working hours (evenings/weekends) are managed on a priority basis within 24 hours.

Any enquiry made about our services at reception will be signposted to the appropriate department. Walk-in, un-booked and open access support is also available through informal group sessions.

## Integral to all that we do

**24-hour advice** for professionals, people, families and carers, advice in relation to medical, nursing, emotional, spiritual, psychosocial, and bereavement issues.

**Education** provided to external agencies and communities. This is in addition to staff and volunteers working at the Hospice.

**Volunteers** working in a variety of different roles at the Hospice and in local communities caring for and supporting individuals, families and carers.

# 1,457

**new referrals**



209

people received an individual  
**bereavement session**

# 855

**day therapy  
attendances** at the  
Orchard Centre



**631 volunteers** provided

an average of

**5,497**  
**hours**

of support  
a month.



**15,573**

calls were  
made to  
the around  
the clock  
advice line

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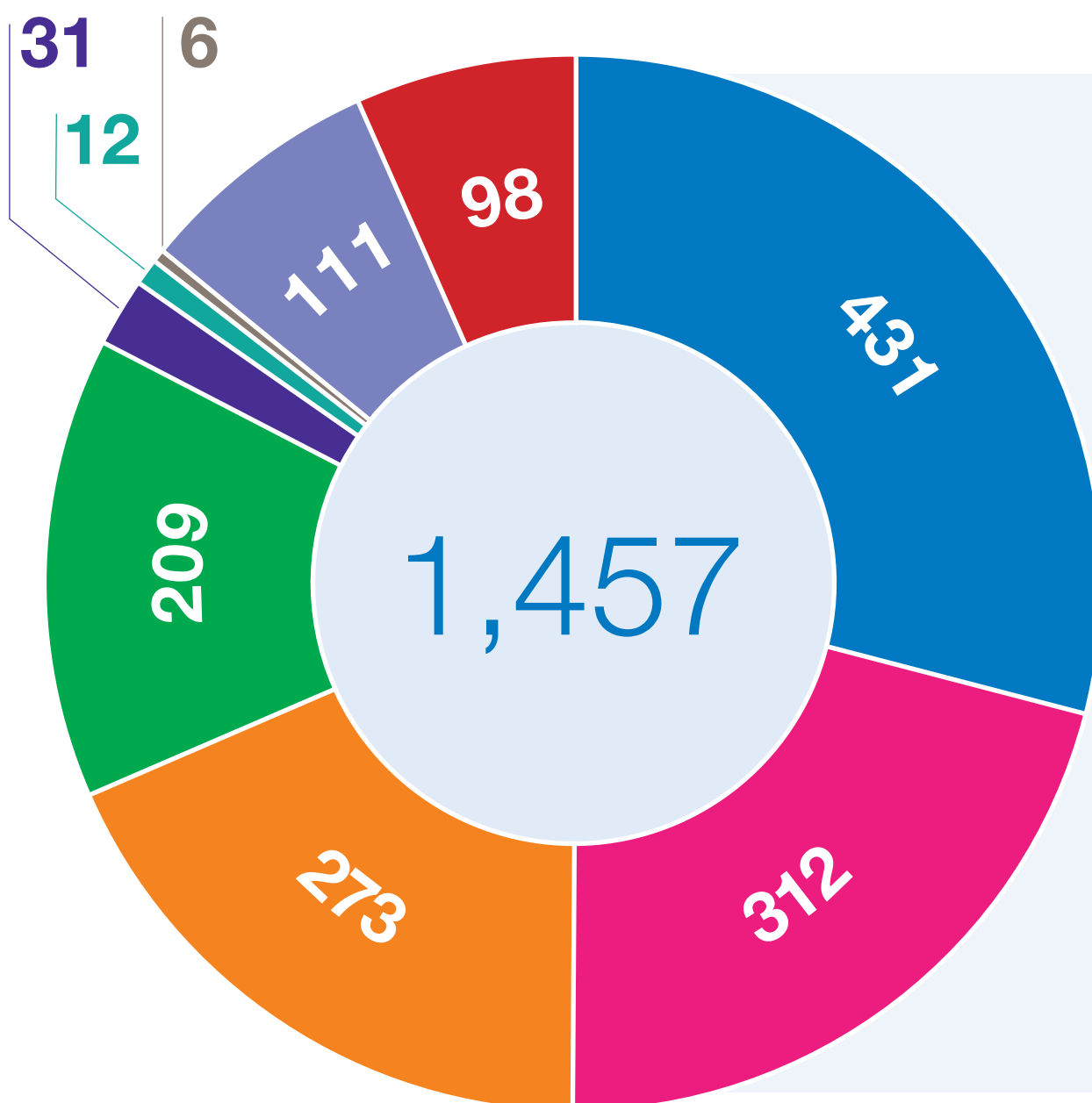
**home visits**  
were made

# 1. Clinical service activity

## 1.1 Key information

### Referrals and deaths

In the last financial year, we had 1,457 referrals and supported 668 deaths. On average 91% of referrals were from West Suffolk.



## Referrals by source 2017-18



## 2. Direct clinical care

### 2.1 Community

We have a multi-disciplinary team of staff and volunteers, working seven days a week to provide support and advice on symptom management, planning for the future, and emotional and practical support, including crisis and admission prevention. The diversity of our skill mix enables us to support many more people on the telephone as well as provide more face to face and telephone contact with other health and social care professionals.

### 2.2 24/7 Advice line

Supported by nursing and medical staff the 24/7 telephone helpline provides expert advice for patients, families/carers and the wider NHS community. The majority of our out of hours calls from patients and families as well as health professionals are in the early evening. The availability of a Hospice Specialist Nurse in the evening has proved beneficial to this service.

This service proves invaluable to families and carers of patients who have been discharged and may require follow up advice and support to continue care in normal place of residence and can prevent unnecessary admission.

The service is also a crucial resource to care home staff as part of our care home 'Wheel of Support'. By linking participants of our care home education programme to this service, we can build closer relationships, which could in turn prevent admission to hospital.

### 2.3 Inpatient unit

Sylvan Ward is a 12-bedded short-stay unit. People are admitted to Sylvan Ward to:

- manage symptoms that are particularly complex and have been difficult to control at home,
- help people adapt to changes so they can go back home, and
- provide care at the end of life when it is not possible to die at home.

In the last financial year, we had 242 admissions (including re-admissions). Of the patients we cared for, 109 were discharged and 111 died on the ward.

Our 24-hour high quality nursing and medical care is supported by psychological and emotional support, complementary therapies, physiotherapy and occupational therapy. Volunteers work alongside staff to provide care and support and a hospitality service which, includes mealtime support, and meet and greet reception support.

## Inpatient unit





*“I had become very aware of the life-changing support received at the most difficult times in peoples’ lives.”*

Sharon Walters



#### 2.4 Chaplaincy Team

St Nicholas Hospice Care's Chaplaincy Team offers spiritual, religious and pastoral care to all those receiving care, their family and friends and to members of staff and volunteers. Our Chaplain leads and supports a team of twenty chaplaincy volunteers who represent different faith traditions as well as those with no religious affiliation.

During the last year, the team have increased chaplaincy activity in Orchard Day Therapy, Sylvan Ward and within the community. The team builds relationships with people in our care offering a compassionate approach to support people, which helps people to better adjust to their loss or changing personal circumstances.

The team provides a vital role to our staff who on a daily basis work with death and dying. Spending planned and unplanned time enabling staff to be reflective and to have the time to access their own spiritual and psychological support. SPACE is a drop-in session for staff and volunteers at the Hospice, The Haverhill Hub, and our retail warehouse and shop clusters.

Chaplaincy offers a 24-hour on call service to Sylvan Ward, provides sacramental support when requested, and appropriate. By building trusting supportive relationships the team will also help plan funerals, conduct funerals and undertake bereavement visits.

The team led five thanksgiving and remembrance services that included seven Light Up a Life services, which are special remembrance services held during the Christmas season. An increased number of Grave Talk sessions have taken place and form an important link with local community groups.

## Sharon's story

**Sharon Walters gives her time to the Hospice as a volunteer chaplain. A role she started five years following her retirement from full time teaching.**

**At first, I worked on Sylvan Ward, visiting patients and their families. It is a very special place.**

**The kindness, compassion, and deep care for individuals, whatever their needs, creates a beautiful environment. I came to understand more fully that what I could do was try to be totally present to each person. Sharing stories, anxieties, hopes and as much laughter as tears.**

**Then the Hospice Hub came to Haverhill – an amazing facility for the town and living very close by I began instead to meet people there.**

**Each week a chaplain is available at the Hub – a place where people say they feel welcomed and comfortable and where there is someone to listen if for whatever reason, life is difficult.**

**I am certainly richer for my experience.**

## 2.5 The Orchard Centre and Independent Living

In recognising that each individual's situation is different, the Orchard Centre offers treatment options and a range of supportive and social activities focussed on living well. This includes a six weekly-personalised programme, weekly Open House drop in sessions and numerous individual and group activities.

### In total, last financial year:

- **Some 1,186** people attended our 'Drop In' service.
- We delivered **855** pre-booked clinical appointments at the hospice.

We offer a broad range of professional support through our Independent Living Team that consists of Physiotherapists, Occupational Therapists, Rehabilitation Assistants and Complementary Therapist. They provide one to one and group therapy to help people achieve their goals. This support can make a significant difference to how people and their families cope with their illness.

### In the last financial year, the Independent Living Team delivered:

- **927** 1:1 therapy sessions by at the Hospice.
- **618** visits to people in the community.
- **323** complementary therapy sessions.

## 2.6 Supporting people during illness and bereavement

We provide emotional, psychological and practical support to people and their families. We offer signposting to adults and children and offer one to one sessions, groups and activities, and a bereavement support programme.

We provide face to face and telephone support to discuss the range of services available. We assist family members and patients with the emotional and psychological impact of life limiting illness, death and bereavement.

### In the last financial year we delivered

- 1:1 bereavement support care to **208** adults and children across our community.
- We ran **218** 1:1 bereavement support sessions.
- Each month an average of **101** people participated in a bereavement support groups.
- We delivered **171** visits to people in the community.

In 2017, The Hospice started running a weekly Bereavement Café in the Bury St Edmunds town centre with people being able to drop in to attend. The café is a space where people can talk about the pain of loss and find courage and strength in knowing they are not alone. Led by Family Support, the sessions have continued to grow and are now attended by up to 30 people.

One attendee reported: "I would say one of the things I have really got out of coming to the café is learning to talk to people about what has happened. For me it has been a way of meeting people who have gone through something similar to me and starting to get back into life. There are no expectations on you when you come along to the café. You can take everything at your own pace. If you want to take little steps you can, there are people here to support you, and you also feel like you are helping others too."

The team also offer support for children and young people, through Nicky's Way, where they can meet others in the same situation. In addition, they work with children and their families and schools prior to an expected death to support the child through the family member's dying process. This approach enables the children to ask appropriate questions in a safe space and which also facilitates the anticipatory grieving process.

The Nicky's Way team has continued to focus on schools directly, building on the previous year's preparation and working with a cross section of staff and pupils. This work was undertaken both individually and within groups. In some cases, this has resulted in us targeting a particular area, like Haverhill, while in other cases we have responded to a single event, as in the case of a tragic accidental death of a young pupil. The numbers of children referred to Nicky's Way have continued to increase our activity each year, rising 21% from 97 children supported in 2016/17 to 117 this financial year.



# The Bereavement Café

**The Bereavement Café is designed to bring topics that are sometimes seen as taboo like death, grief and bereavement into the open.**

It is a space where people can talk about the pain of loss and find courage and strength in knowing they are not alone.

For Trevor Braddick coming to the Café has been a way of meeting people who have had similar experiences.

"I would say one of the things I have really got out of coming to the café is learning to talk to people about what has happened. There are no expectations on you when you come along.

"You can take everything at your own pace. If you want to take little steps you can, there are

people here to support you, and you also feel like you are helping others too."

For Phil Holman attending the sessions has been an uplifting experience and the chance to listen to others.

He says: "It is a very friendly group, and you really do make friends here.

"You do pick up things and you have the chance to talk about things if you want to, but you also have the chance to listen to others, which really does make you feel helpful, like you have made a difference to them.

"It is probably not what you would expect when you hear the name Bereavement Café, it is very uplifting."

# 3. Outreach

## 3.1 Local services

To increase our reach into our local communities, we have further developed our outreach-focussed approach, giving people access to a range of hospice services in their local community and providing individuals with greater choice. These services are available at our Hospice hub in Haverhill as well as offering drop in services across multiple locations across West Suffolk and Thetford.

Our Haverhill Hub, with the help of volunteers, has supported the running of The Alzheimer's Society Dementia Support Group, following the Society losing their contract for delivering dementia services in Suffolk.

We also work with a number of local community organisations such as:

- Marginalised and Vulnerable Adults Team
- Headway UK
- Suffolk Age UK
- Suffolk Police
- Haverhill District Council and Haverhill One
- Out of Hours First Aid
- Local schools
- Suffolk Family Carers and
- Suffolk Supporting Families Team.

Location	Attendance
Barrow	33
Botesdale	11
Brandon	50
Burton Centre	89
Bury St Edmunds	15
Haverhill Hub	143
St Nicholas Hospice Care	410
Newmarket	14
Stanton	5
Sudbury	95
The Apex	152
Thetford	111
Other	58





“

*For me, I enjoy being able to meet new people who have had experiences like mine. In some ways, it has helped me come to terms with things.*

Carol Whiteman

”

## Carol's story

**“I first started using the Hospice's services when my husband became ill about four-years-ago, he also received support from the Hospice, which was a great comfort to both of us.**

“After his death I continued to receive support from the Hospice through Open House, first in Bury, which my husband also attended and looked forward too and now the session in Sudbury as well.

“The session has such a friendly atmosphere and the people are all so nice. For me I enjoy being able to meet new people who have had experiences like mine, in some ways, it has helped me come to terms with things, and I enjoy having people to talk too.”

**Carol Whiteman**, Sudbury Open House

### 3.2 Hospice Neighbours

Hospice Neighbours is a pioneering volunteer project that empowers people in communities to care and be alongside those in the last chapters of life.

It affords local volunteers the opportunity to make a real difference to the quality of life of others within their local neighbourhood along with the opportunity of volunteering as part of a valued and dedicated team.

Hospice Neighbours offers support to around 130 families at any one time providing companionship, practical support, promoting extended networks and helping people stay connected with friends and family.

We have successfully managed to attract, recruit and train new neighbours and local volunteer coordinators, which has made it possible to offer 5,000 visits in West Suffolk and South Norfolk within the last year helping us to realise our core aim of co-creating compassionate communities. Some 603 people have received Hospice Neighbour visits in the past year.

During this year, we have invested further resources into Hospice Neighbours to ensure it continues to go from strength to strength. This additional time has enabled us to look at each referral more closely and realise individual networks of support including the important link to the community for people who are dying and those close to them.

It has also created flexibility with training to meet modern volunteer needs and allowed time to develop cross-organisational working.

### 3.3 Community initiatives

We have continued to support our communities to be more aware of death and bereavement so that people can call on local networks for support. In addition, we increased our reach into the community delivering training sessions to non-clinical groups such as church groups and schools and local charities and have co-delivered sessions to family carers with Suffolk Family Carers. Working with schools we are starting to deliver 'Life's Questions' this gives opportunities for teenagers to discuss life's challenges openly. It offers the time and space to talk freely around topics of life, society, death, funerals and grief. Through open discussion, teenagers can feel empowered to support themselves and others.

### 3.4 Working in partnership

Working collaboratively with Clinical Commissioning Groups (CCGs) and other stakeholders to improve end-of-life care in West Suffolk is a key element of our strategy. Examples of such working include:

#### Partnership agreement with Healthwatch Suffolk

This year we have continued to work closely with Healthwatch Suffolk. This mutually beneficial relationship will enable us to strengthen the voice of people in Suffolk concerning health and social care by:

- Gathering and sharing the views and lived experience of people using our services,
- Enabling diverse groups of people to get involved in engagement activities,
- Making full use of available opportunities to allow the voice of the service users to be heard at the right level by the appropriate bodies,
- Supporting the development of a network of user-led organisations in Suffolk, and
- Promoting and raising awareness of relevant initiatives and projects of the partner organisation.

#### Membership of Bury Town Connect

This enables a small group of health and care providers and commissioners to drive the implementation of local integration of health and care provision in line with the five key elements of the Connect offer:

1. Integrated Neighbourhood Teams
2. Specialist interventions - work on Single Point of Access
3. Reactive care
4. Community resilience and
5. Linked but driven through separate forums.

This joint working opportunity has enhanced the focus of the inclusion of palliative and end-of-life care services, particularly in relation to the training of professionals with regard to 'My Care Wishes' awareness, and the Hospice is included in all the five Connect service directories in our catchment area.

#### Joint working with West Suffolk Hospital Foundation Trust

The charity part funds Consultant in Palliative Medicine sessions at the West Suffolk Hospital Foundation Trust (WSHFT) which enables greater integration of the two services, reducing duplication and providing greater continuity of care.

There are two Consultants in Palliative Medicine in post, each working across both St Nicholas Hospice Care and West Suffolk Hospital Foundation Trust, totalling 1.8 full time equivalents (18 sessions). This ensures five day a week cover across each site and on call support out of hours. In addition to this, the Hospice gives one day per week of Senior Hospice Physician time, and the hospital now has a doctor present 90% of the time, a significant improvement from the 50% level, prior to our joint working arrangement.

Both organisations benefit from sharing best practice, education services and developing new protocols that enable individuals to work confidently across both sites.

# Life's Questions

**Speaking to young people openly and honestly about topics such as dying, death and bereavement is driving forward our new Life's Questions initiative.**

Led by Hospice Educator Lisa Patterson, the initiative is not only giving young people a voice; it is giving them the confidence to use that voice.

The sessions have been taking place in schools across the area. In one case, a whole school has taken part in Life's Questions.

During the sessions, trained Hospice staff facilitate open conversations, bringing the topics adults can often find themselves shying away from into everyday conversations with children and young people.

"It is almost as if Life's Questions has told them it's okay to talk about the subjects that they might have perhaps felt uncomfortable talking about before.

"In many ways, they have shown themselves as an example that adults need to follow when it comes to having difficult conversations."

Feedback from students has included:

*"It was nice to share your opinion in an honest and open way."*

*"They made it so easy to talk about a potentially difficult subject."*



# 4. Education

Our Education Team are committed to spreading skills and expertise in both specialist and non-specialist subjects in palliative and end of life care. In 2017/18, we trained 1,810 people, delivered 140 training courses on 48 different subjects to a range of organisations and worked with 39 different care homes in the last twelve months.

During the year, the department has extended its range of training topics to a wider variety of groups, including teaching at University of East Anglia for the paramedic degree programme and end-of-life study days to the East of England Ambulance Service Trust paramedic staff as part of their annual CPD. This is resulting in closer integrated working with the ambulance service and increasing their use of our telephone advice-line to support people to remain at home rather than be admitted to hospital at the end-of-life.

The requests for student (clinical and school) placements has escalated as a direct result of our increased input in the community and our contact with schools, colleges and universities in our catchment area and beyond.

We have also seen an increase in the number of clinical students, including student doctors increasing their palliative care and hospice contact time, and nursing students on their final placements, which we anticipate will support future Registered Nurse recruitment.

In addition, we have tailored our training and extended activity to reach non-health care professionals, such as delivering sessions on conversations and caring for people at the end of life in the community to groups, including the Women's Institute and dementia support groups.

## Care home training

We are working with the CCG Care Home Lead to support care homes in West Suffolk to be more confident in caring for residents at end of life. Part of this work includes working with a 'cluster' of 10 care homes that has reduced the number of inappropriate admissions to hospital at end-of-life.

In 2017/18, **542** care staff were trained.

Training delivered included:

- Workplace learning
- Classroom based learning
- Online learning
- Monthly Community Palliative Care Network for care home and domiciliary care staff
- Clinical placements.

Example course subjects include:

- Difficult conversations - communication skills
- My Care Wishes which includes Advance Care Planning
- Palliative care emergencies
- Symptom management
- Pain in older people, including those with dementia
- End-of-life care
- Admissions to hospital at end of life: falls, infections, dysphagia and aspirations
- Grief and bereavement
- Syringe pumps.

The hospice care home link staff act as a conduit between the care home and hospice. This link role will enable the care home to keep connected with all the hospice services, through advice, support and information.

## Chaplaincy training

We have continued to have student chaplains on placement throughout the year from different colleges and co-delivered a two-week programme pilot with WSHFT for healthcare chaplaincy curates and have been asked by the Bishop of St Edmundsbury and Ipswich and the Bishop of Dunwich to deliver a day's end-of-life care training to 20 ordinands in Suffolk.



# 5. Clinical quality assurance

## Reported incidents/events

There were no serious incidents to report. Significant work to improve recruitment and retention of nursing staff has had a positive impact compared to the previous year. Many nurses are now working flexibly across all areas and have completed leadership development training.

We continue to be part of the Hospice UK Benchmarking for medication, pressure ulcer and falls incidents. We had lower than average incidents resulting in harm. Our staff report a higher number of near miss medication incidents, which we believe, reflects our intent to review and learn from the smallest of problems.

We have changed our process for incident investigation, which is now led by link nurses with a specific remit for falls, pressure ulcers and medication. This has led to a number of changes in practice and training reviews and has increased awareness amongst staff of the areas of risk.

## Patient safety

We have two groups, which meet quarterly to ensure we regularly review clinical practice and share learning from incidents and complaints.

**1.** The Patient Safety and Quality Care Committee, whose purpose is to:

- Create an annual quality assurance programme to include: clinical audit, clinical guidelines, clinical risk assessment and incident monitoring/reporting
- provide oversight/monitoring of clinical quality processes
- identify trends and concerns relating to non-medical clinical incidents and recommend, appropriate action to address these
- create a timetable and process to critically appraise the need for individual clinical guidelines, and
- develop processes that promote Quality Assurance at individual clinician level.

**2.** The Medicine Management Committee focuses on all medicine issues including:

- medicines incident analysis
- staff competency
- service developments e.g. nurse prescribing and patient self-administration
- risk assessments
- policy and guideline review, and
- medical gases and blood transfusion practice.

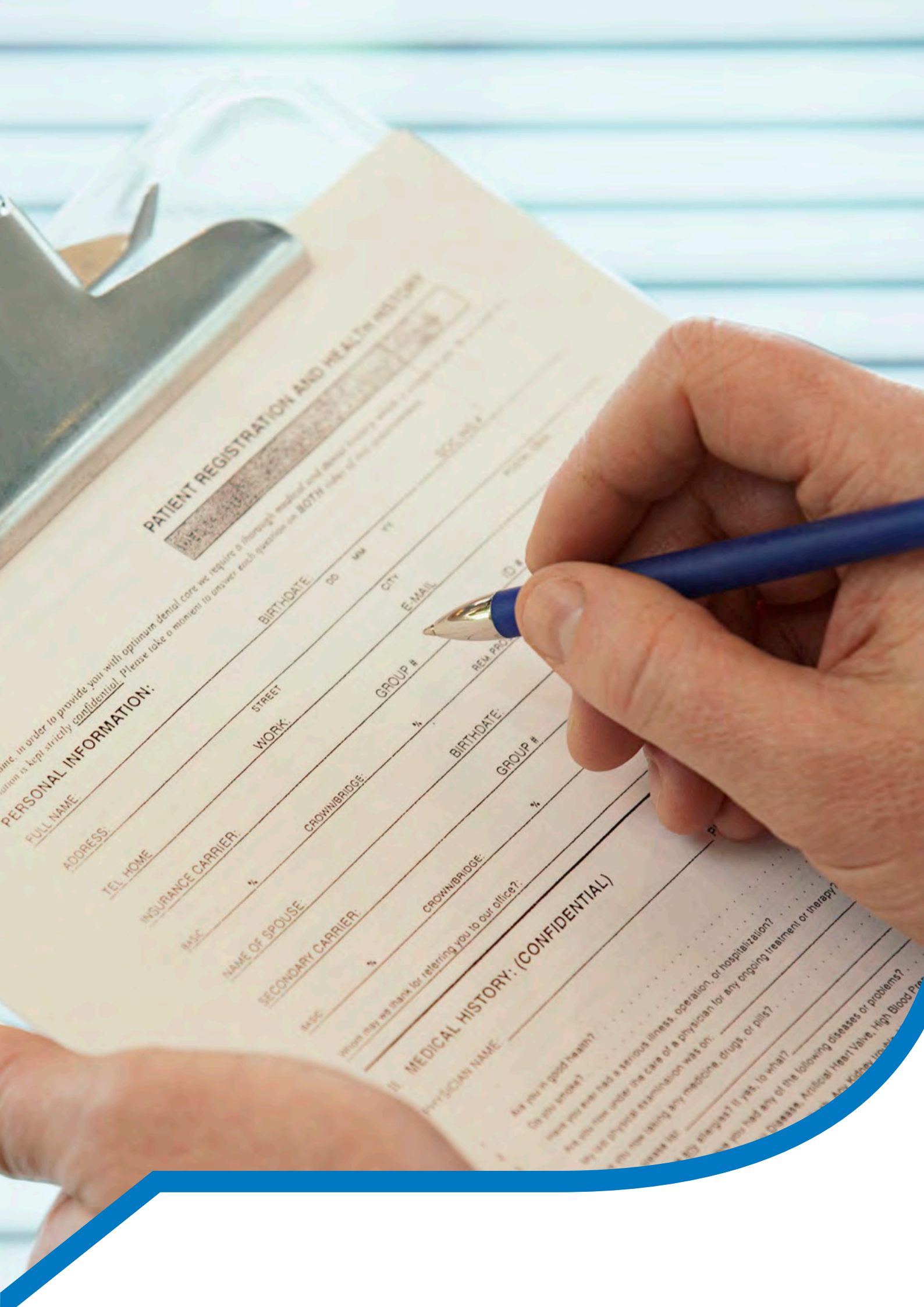
The link Pharmacist from WSHFT now attends every meeting to offer scrutiny and advice to ensure the highest standards of controlled drugs medicine management.

To inform the management of medicines the Accountable Officer (AO) attends the regional AO Local Intelligence Network meetings; incidents involving controlled drugs are discussed with the committee.

## User involvement

The User Advisory Group (UAG) met four times during the year and remains well attended with a mix of both long-established and new members. One of the strengths of the group is its relationship with the Board of Trustees and the presence of both standing and visiting members at each meeting - this ensures a good two way communication process which is valued by UAG members.

We have now recruited people with experience of dementia in the group. Members have discussed usage of beds on the ward, car parking, commented on research proposals and information for patients and commented on the strategy and new ideas for service developments. Members are also involved in our Listen, Learn, Adapt project as part of the Project Engagement Group.



# PATIENT REGISTRATION AND HEALTH HISTORY

## PERSONAL INFORMATION:

time, in order to provide you with optimum dental care we require a thorough medical and dental history. Please take a moment to answer each question on BOTH sides of this questionnaire.

DATE:

FULL NAME:

ADDRESS:

TEL HOME:

INSURANCE CARRIER:

WORK:

BIRTHDATE:

STREET:

CITY:

E-MAIL:

GROUP #:

REM PRO:

NAME OF SPOUSE:

BIRTHDATE:

GROUP #:

SECONDARY CARRIER:

CROWNBRIDGE:

NAME:

CROWNBRIDGE:

PHYSICIAN NAME:

Will you please refer me to our office?

**MEDICAL HISTORY: (CONFIDENTIAL)**

Are you in good health?

Do you smoke?

Have you ever had a serious illness, operation, or hospitalization?

Are you now under the care of a physician for any ongoing treatment or therapy?

Are you now taking any medicine, drugs, or pills?

Do you have any allergies? If yes, to what?

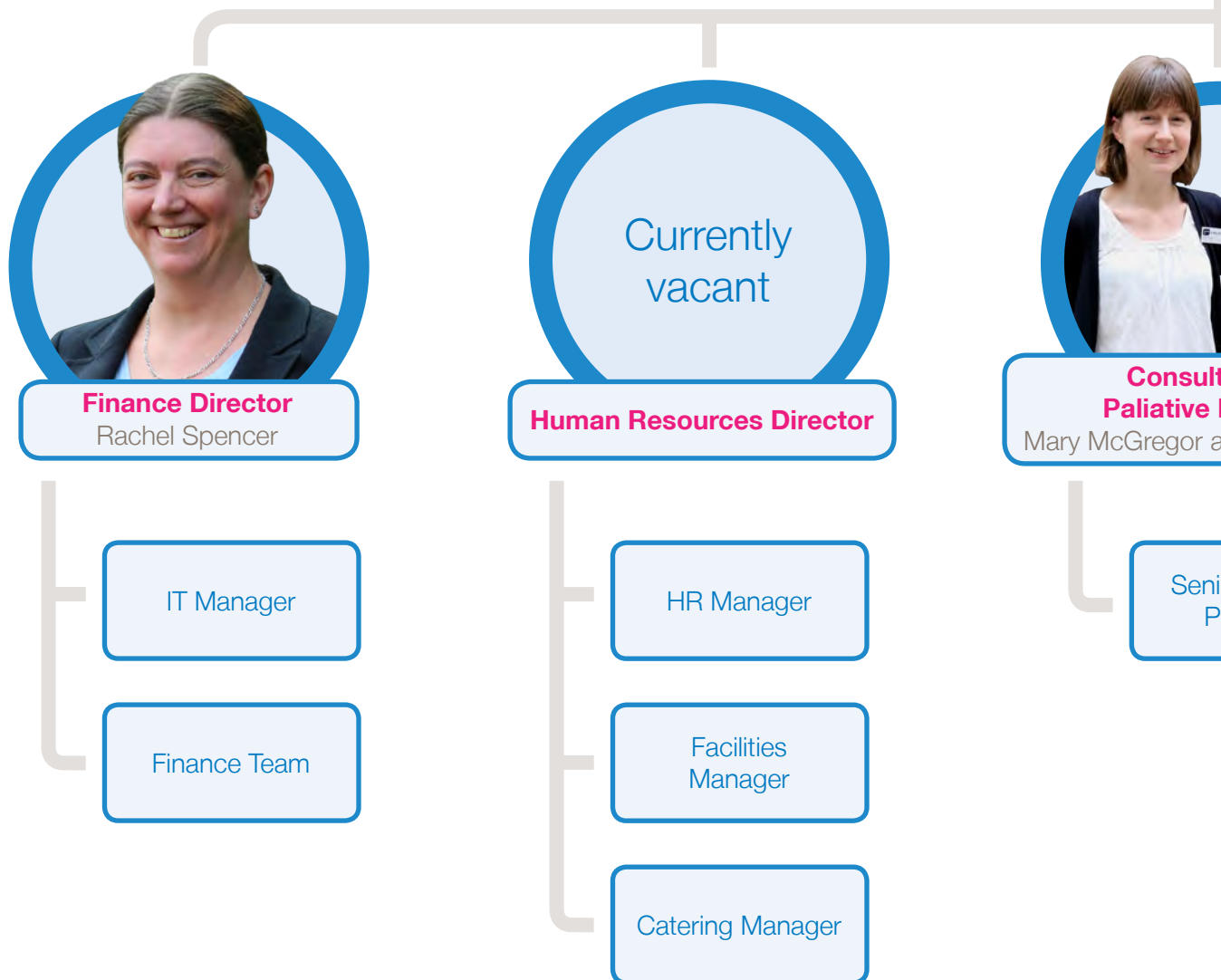
Have you had any of the following diseases or problems?

Disease, Artificial Heart Valve, High Blood Pressure, Any Kidney Impairment, Any Diabetes, Any Heart Disease, Any Blood Problems, Any Other

# Structure, governance and management



**Chief Executive**  
Barbara





**Chief Executive Officer**  
Debra Gale

Personal Assistant  
to CEO and  
Trustees



**Consultants in  
Medicine**  
and Sarah Mollart



**Clinical Services Director**  
Debra Garside



**Fundraising and  
Marketing Director**  
Georgina Bissell

or Hospice  
physician

Personal Assistant  
to Clinical Services  
Director

Head of  
Education

Quality and Service  
Development Lead

Care & Support  
Services Operations  
Manager

Head of Retail

Community  
Fundraising  
Manager

Head of  
Marketing

### 1. Management and decision-making

St Nicholas Hospice (Suffolk) is a company limited by guarantee and is governed, under its Memorandum and Articles of Association, through a 61 strong membership association made up from persons from the community. The Association in turn appoints and monitors the performance of the Trustees. It delegates the effective governance of the Charity to the Board of Trustees and receives reports at least once per annum. The full Board of Trustees meets 10 times each year and has an annual meeting to review strategy and direction, supplemented by Board away days to focus on specific subjects.

### 2. Register of members

The register of members is available for inspection free of charge, at the registered office of the Charitable Company.

### 3. Our workforce and management structure

The management and leadership of the Hospice is led by the Chief Executive who chairs a weekly Directorate meeting with the Palliative Care Consultants, Clinical Services, Finance, Fundraising and Marketing, and Human Resources Directors. The Directorate meets regularly with the Operational Managers' Forum to ensure good cross organisation planning and management. The Chief Executive meets formally with the Chairman of the Board of Trustees and / or Vice Chairman at least twice a month.

On 31 March 2018 the Charity employed 178 staff, over half of whom were part-time (equating to 142 full time equivalents), and 631 formal volunteers.

### 4. Board of Trustees committees

During the year, the Board has continued to operate four committees with specific terms of reference and functions delegated by the Board and with a Trustee as Chairman appointed by the Board - Clinical Committee, Finance and Investment Committee, Human Resources Committee, and the Income Generation Committee. These committees include co-opted members with relevant experience from the Association and the majority of Trustees aside from the Chair serves on at least one Sub Committee. The Chief Executive and relevant Directors attend the meetings and other Directors attend when requested.

The committees review directorate KPIs, monitor risk, incidents, complaints, health and safety and manager's recommendations for developments. The Chair of each Committee reports back to the Board about matters discussed at each meeting.

1. The Clinical Committee oversees all clinical matters with particular reference to palliative care and clinical standards and medicines management. It monitors performance and quality. The Chief Executive, the Clinical Services Director and the Consultant in Palliative Medicine attend the meetings.
2. Finance and Investment Committee oversees all financial aspects of the Charity's activities. It reviews the budget and monitors performance against it. It also considers the appointment, resignation or dismissal of the external auditors and approves their annual fee. The Chief Executive and the Finance Director attend the meetings. The committee reviews the:
  - Charity's investment strategy and monitors investment performance,
  - Audited financial statements of the Charity and recommends them to the Board, and
  - Reports from the external auditors and monitors management actions to implement recommendations made in reports from the auditors.
3. The Human Resources Committee reviews, monitors remuneration, employment policy, and recommends to the Board of Trustees the annual employee percentage salary increase. The Chief Executive and the Human Resources Director attend the meetings.
4. The Income Generation Committee oversees the retail, fundraising and marketing strategy, policy and performance and reports its findings and recommendations to the Board. The Chief Executive and the Fundraising and Marketing Director attend the meetings. Two trustee members are also Directors of St Nicholas Hospice Trading Limited (the charity's trading subsidiary).

The Board of Trustees fulfil their key role and function in overseeing and directing the affairs of the Charity, ensuring that it is well run and delivering the charitable outcomes for which it is established. The above committees are part of that process. The day-to-day running of the Hospice is entrusted to the Chief Executive who delegates that work through the Directorate and Management Team to the staff and volunteers deployed across the charity's services.

### Trustee recruitment and induction

All current Board members have been appointed to the Board of Trustees based on their experience, expertise, and community involvement and for their commitment to and passion for the work of St Nicholas Hospice Care and the hospice movement in general. The Association at its AGM confirms all appointments to the Board.

The Board Chairman and committee Chairs oversee the process of succession planning, recruitment and induction of Trustees and recruitment of Association Members serving on the Board Committees and will also meet with all prospective Trustees. Their work will include an ongoing skills audit and looking at different methods of recruitment.

As part of their induction, Trustees receive introductory information including planning and financial documents, national guidance about being a Trustee and information relevant to the Hospice. They see the work of the Charity first hand and are given ample opportunities to engage with the Charity's activities, services, staff and volunteers – and with service users as appropriate. Prospective Trustees will normally attend at least one Trustee meeting, before being asked to enter the formal processes of application and acceptance. Once approved new Trustees will usually identify particular areas of interest and will spend time in those areas.

### Our Trustees

The Board of Trustees is made up of between no less than seven and no more than 12 Trustees (excluding the Life President).

During the year, the following Trustees resigned:

Mr Paul Marchant  
Dr Elizabeth Wallace

Both have given many years of support to the Charity and their input and expertise has been much valued.

Recruitment has been underway for new Trustees and Associates and the following have been appointed:

**New Trustees:** Mrs Diane Buddery, Ms Tess Wright, Mrs Michelle Masson, Mr Chris Minett, Miss Karen Chandler-Smith

**New Associates:** Dr Angela Clifton-Brown, Mr Graham Austin

In accordance with the Charity's Articles of Association, which state that a third of the Board of Trustees retire by rotation, the following Trustees, being eligible, have been invited to offer themselves for re-election at the next Annual General Meeting:

Mrs Ann Langdon  
Mrs Marion Miles  
Mr Malcolm Leith  
Revd Canon Matthew Vernon

For the purposes of the Companies Act 2006, members of the Board of Trustees are deemed to be the Directors. However, the Charity has a number of senior employees with the title of Director who are not Directors within the meaning of the Companies Act 2006.



## Complaints and incidents

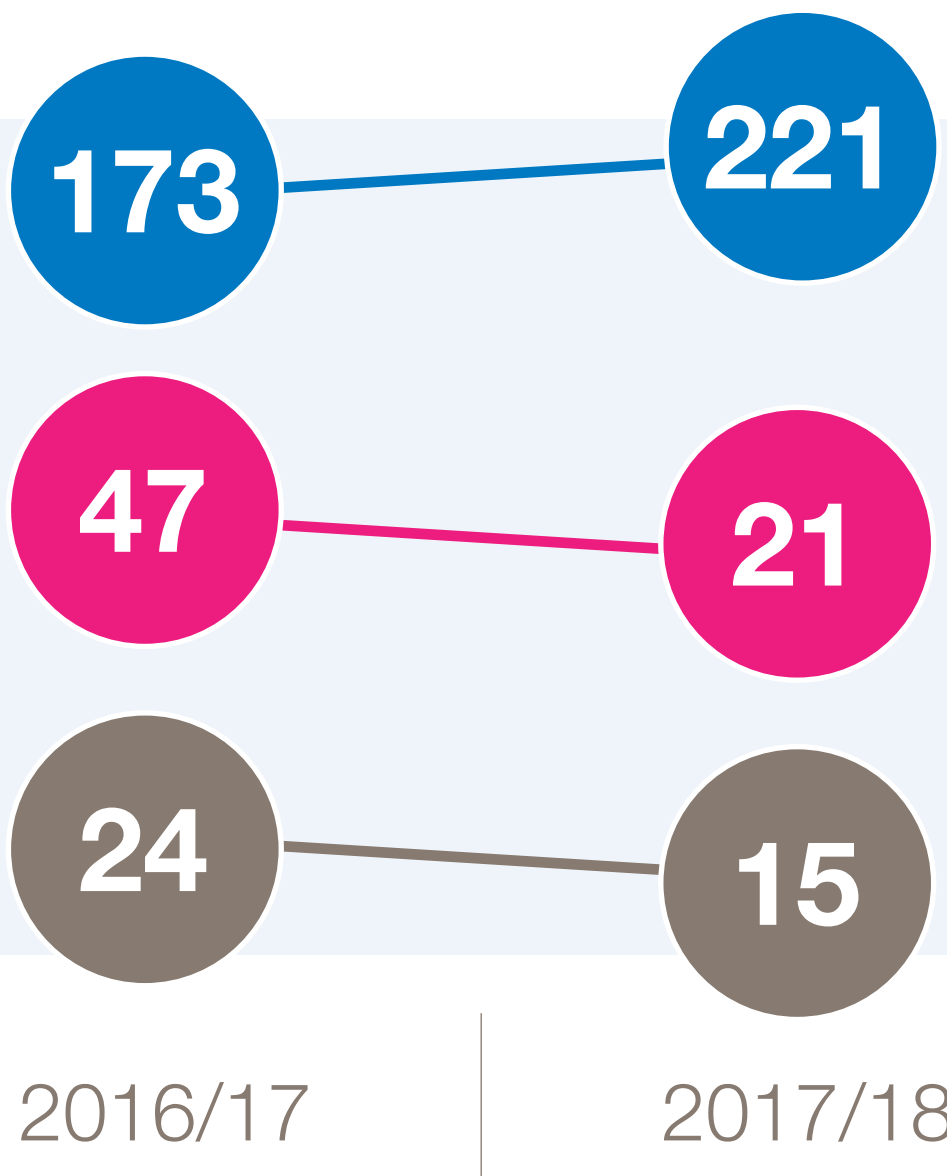
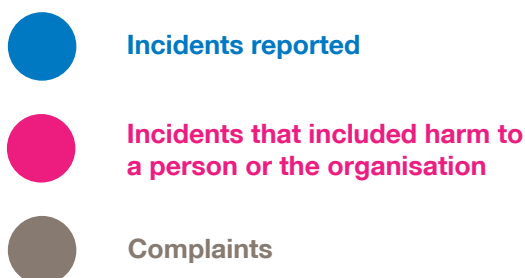
All incidents, complaints or concerns about the service provided are taken very seriously by the Hospice. Complaints are dealt with in line with the Complaints Policy and are fully investigated. All complaints are seen by the Chief Executive and reported to the Board of Trustees.

Not all of the incidents are related to physical harm, some are related to emotional distress. As many of the patients on the ward are frail, yet striving to maintain independence, falls can at times be a risk. The Hospice has falls guidance to improve care for patients.

Of the 15 complaints received this year, 11 related to clinical services, one to retail, four to fundraising and one was general. None resulted in a major investigation.

Learning outcomes and further actions included apologies for mistakes made, enhanced training and advice for volunteers and meeting with GP practices to enhance communication.

All other complaints were dealt with by either the member of staff at the time or their manager. All complaints are on the agenda at every meeting of the Board of Trustees.



# External recognition

## National and local awards

The ongoing efforts of one of the Hospice's teams were recognised when they were shortlisted for an accolade in the British Medical Journal's 2017 awards.

The nomination in the Palliative and Hospice Care Team of the year category recognised the work that Dr Sarah Mollart and her team had been doing to promote cornea donation.

Dr Mollart explained: "It felt brilliant to have been shortlisted for this award. It is just fantastic recognition for the whole team, and we hope it will help raise awareness of cornea donation."

Corneal disease and injury is a major cause of blindness in the United Kingdom and transplants which can restore sight are limited by a cornea shortage.

In recent years awareness of cornea donation has increased, but the figures still show that although around half of Hospice patients could donate very few do.

Before the team started their work the number of cornea donations made by those cared for by the Hospice after their death was virtually zero, however, in the first 20 months of the team's intervention work, which began in July 2015, the number of donations rose to 40 (80 corneas).

Dr Mollart said: "When we started our conversations about cornea donation with our patients and families, the majority responded very positively. We raised the issue with them gently and provided all of the information they needed to make an informed choice. "



*St Nicholas Hospice Care is a key partner in our local West Suffolk system and we continue to enjoy close working relationships as well as collaborative leadership support to the development of our local Alliance delivery plan. We welcome the expertise the Hospice brings to the system planning around the design and delivery of good quality end of life care that integrates all organisations to a single End of Life vision and joined up response.*

*The Hospice continues to provide a wide variety of excellent services aimed at supporting the specific needs of our local community. The delivery of high quality, holistic specialist palliative care services to patients, their families and carers, by highly qualified and skilled individuals, irrespective of diagnosis remains a key priority for St Nicholas Hospice Care. As an organisation, they continue to develop and expand on their community focus to provide the majority of patient care closer to the patient, in the community setting, using a multidisciplinary team approach of staff and volunteers who are dedicated to palliative and end of life care. In addition, they act as an expert resource in the field of bereavement for the west of Suffolk.*

## Sandie Robinson

Associate Director of Transformation  
NHS West Suffolk Clinical  
Commissioning Group

Feedback from NHS Commissioner



# Our people

## Recruitment

Recruitment formed a significant part of our focus for 2017/18 with 33 new appointments overall. Beyond anticipated turnover, the other key reason for recruitment was the creation of new roles to support expanding or changing organisational requirements, particularly within the areas of retail, governance and support teams.

This figure reflects a higher than usual number of internal appointments evidencing a supportive environment that creates learning opportunities. This included an internal promotion to a Director role and of three Shop Managers to Cluster Manager roles.

Specific recruitment campaigns were conducted in relation to Family Support and Trustee/Associate recruitment, both resulting in successful appointments.

The roles of PA and Financial Controller were particularly challenging to recruit to, highlighting the difficulty when recruiting into a fixed-term role and ensuring that the Hospice is able to offer an enticing opportunity both professionally and financially.

Average headcount figures for 2017/18 were 179 compared to 170 in 2016/17.

The full time equivalent figures for the same periods are 142 (2017/18) and 138 (2016/17). This represents a 2.9% increase in FTE.

## Remuneration and benefits

Employee costs have grown by £249,163 (5.4% increase from 2016/17).

Pay awards made during the year equated to £164,000 or 2.37% of total costs with all staff receiving a 1.5% general award in October 2017. Some 43 members of staff were in the NHS pension scheme (principally clinical staff), 27 staff in the Aegon Group Personal Pension Plan and 97 staff in the auto-enrolment compliant scheme also provided by Aegon.

The Employer's' contributions vary from 14.38% for those in the NHS scheme, 7% for those in the Group Personal Pensions Scheme and 5% for those in the auto-enrolment scheme.

We are legally required to undertake a re-enrolment process every three years to re-enrol eligible jobholders into our workplace pension scheme. We conducted this process in April 2017.

## Development of staff

Management and leadership skills training continued in 2017/18 with the Management Centre with 13 members of staff attending. In addition to mandatory and statutory training, HR has delivered several minibites for staff and managers on key HR topics such as performance management, absence management, recruitment and mental health awareness.

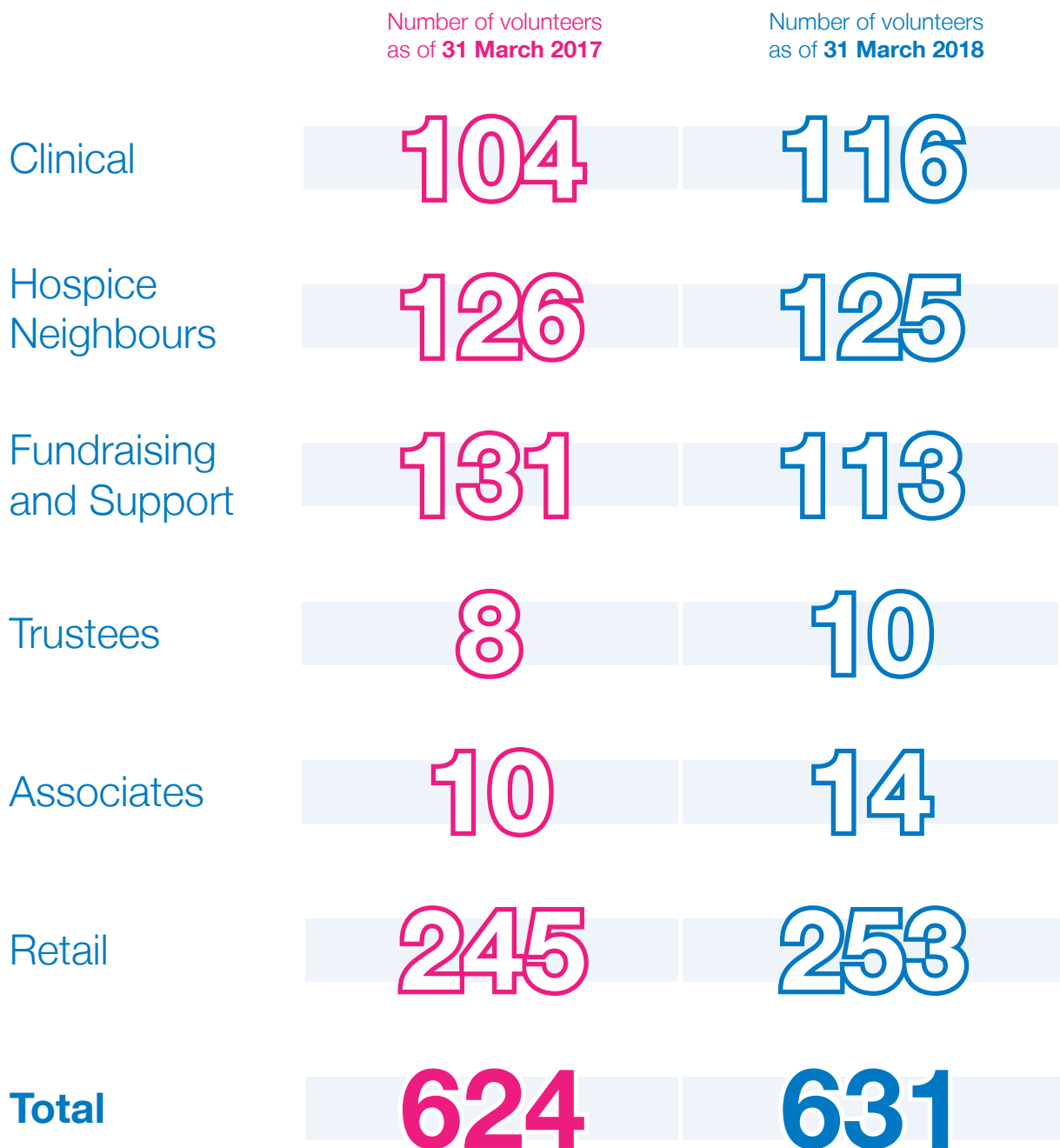
Some staff attended sessions which were run by the Ideas Centre. This approach to creativity and novel and useful thinking, has and will continue, to influence our thinking around service design.

Other priority training has been in medical gas training, manual handling for retail and data security in relation to the General Data Protection Regulation.

## Volunteering

At the end of 2017/18, we had 631 registered volunteers, representing minimal variance from 2016/17. There continues to be a vast number of ad hoc voluntary support from people that help at major fundraising events such as Girls Night Out and Battle of the Knights, as well as people who hold specific events on behalf of the Hospice, such as open garden events amongst many others.

On average 5,497 hours per month of volunteer support were provided across all departments, which at minimum living wage rate (£7.50), would equate to £41,228 per month or £494,730 per year. Volunteers therefore provide a significant level of support and sustainability to the Hospice service.



## Communication

The internal staff forum continues to play an important part of our communication with staff, and is an important conduit for informing our communications plan for internal and external audiences.

During 2017, we again surveyed staff and volunteers using a Hospice UK endorsed survey company, called Birdsong Charity Consulting. 138 staff and 131 volunteers responded to the survey.

The survey reviewed seven areas of people management practices and compared overall results with other hospices and the wider charity

sector. In our overall results, St Nicholas Hospice Care benchmarked higher than other hospices and the wider charity sector.

Specific areas that were identified for continued focus were working hours, employee wellbeing and morale.



### I am satisfied with my job



### I am proud to work for this charity



### I believe in the aims of this charity



### I would recommend this charity as an employer



### I plan to be working for this charity in a year's time



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



# Fundraising and retail

As the funding we receive from the government decreases, we continue to be heavily reliant on the income from grants and donations that we receive from our local community to fund our services. As well as Hospice led initiatives, a wide variety of income generation activity continues to come directly from individuals and groups in our local community who kindly raise money for the Hospice.

Income from fundraising activities remains stable, and our mass participation events such as Girls Night Out continue to perform well. Our lottery has also performed strongly, and membership continues to grow due to a number of successful membership campaigns.

We have purchased more places in national events, such as competitive swimming and running challenges that are organised by London Marathon Events. This has been very successful, and has offered our supporters a wider variety of ways to fundraise for us.

The Fundraising Team have also developed a Compassionate Companies scheme, which enables businesses of all sizes to support people in their community at difficult times in their lives, combining corporate social responsibility with compassion.

Changing consumer trends mean that our retail income is now more volatile, and we must continue to be competitive in this market by adopting a retail strategy that generates income while providing a stronger link between the community and the services St Nicholas Hospice Care can offer to people and their families.





# Fundraising Compliance Report

St Nicholas Hospice Care is a member of many organisations and commits to the standards expected from these memberships. These include the Fundraising Regulator, the Institute of Fundraising. We are registered with the Gambling Commission, Hospice Lotteries Association and the Lotteries Council and are a member of the Institute of Legacies Management. The Income Generation Team uses a mixture of salaried staff and volunteers to raise vital funds for our community.

The Hospice employs a company to attract members to the lottery on our behalf, and uses a self-employed person for this purpose. We carry out independent checks and audits of this activity and send membership communication directly from the Hospice. The company undertakes vulnerability checks and we have a self-exclusion form available, which is also available on our website.

We received two complaints in relation to fundraising, all of which were investigated in line with our complaints process.

The Hospice uses legitimate interest in order to communicate with our supporters and regularly reviews the frequency and content of these communications to make sure they are in line with fundraising regulations. Supporters can review and change the method and frequency they hear from us at any time by contacting us directly or through our website.

# Marketing

The Marketing and Communications Team has created and delivered information on the Hospice's service design programme, Listen Learn Adapt.

In order to support the understanding and increase engagement of staff and volunteers, messages and updates have been offered in a variety of ways.

A number of email updates have been provided, as well as regular features in the organisation's internal magazine network. Work to display the progress visually has also been completed.

This has included the development of exhibition boards at various locations in the Hospice building and at the Haverhill Hub. To aid the Listen Learn Adapt project further information including leaflets and posters have been produced.

The external element of our Listen Learn Adapt marketing work has seen a public awareness campaign delivered. The main purpose of this work was to announce the Hospice's intentions to prepare for the future and its need to connect personally with individuals who have stories about dying, caring and bereavement.

Progressing the service design process has been a key priority for the organisation and this has been recognised by the team and reflected in their ongoing contribution to the work.

We have sought to work with departments from across the Hospice. We have supported with requests from the Orchard and Sylvan Ward and worked with staff at the Haverhill Hub to promote the moving of more services into the Camps Road building.

To celebrate the shop joining the Haven Café and clinical services at the hub a celebratory event that featured a fashion show was organised. The team supported with pre and post event publicity (both internally and externally) as well as materials to promote the event and social media.

We have continued to support the organisation's annual fundraising calendar by producing and promoting a number of campaigns, which have been delivered across a number of channels.

The year saw record-breaking figures for three of the organisation's flagship fundraising events, Paws in the Park, Girls Night Out and Classic and Sports Cars by the Lake.

Paws in the Park was supported by an impressive press appeal for a poster pooch, generating coverage and more than 500 entries to the competition. It is estimated that 3,000 people and their dogs enjoyed 2017's event, with positive feedback gained from those attending the occasion: "Everything has been brilliant. We have all loved it." "We have all had a great time at Paws in the Park, Dexter especially and we are already looking forward to next year."

The charity's biggest fundraising event Girls Night Out also grew. The walk attracted considerable pre and post-event coverage. As well as the production of the various materials needed for the event, we worked to maintain and increase the walk's social media profile and employed digital marketing techniques.

Classic and Sports Cars by the Lake was supported by a new web presence and digital marketing drive which contributed to an increased number of visitors and people who travelled from afar to the car show.



# Strategic Report

## In 2017

we said we would:

**Develop an innovative, scalable model of hospice care, which is capable of supporting more people and communities but is financially sustainable.**

---

**Facilitate the creation of compassionate networks of support for individuals and communities.**

---

**Increase confidence in people in the local community to be able to support those at the end-of-life and those who have been bereaved.**

---

**Develop our people to be equipped for future developments.**

---

**Improve efficiencies in all support systems.**

## By March 2018

we had:

- Initiated a project with a service design expert using in-depth interviews with members of our community to develop a service model that meets the needs expressed
  - Used the insight from interviews and other data to develop and test a range of concepts that will develop new ways of working.
- 

- Grown our initiative 'Grave Talk' to demystify death, dying and bereavement and delivered it widely across the community. The idea has been modified to be used in schools with teenagers as 'Life's Questions'
  - Extended Open House into seven localities with plans to extend to other areas in the community
  - Developed a Positive Living Group focussed on dementia, which was delivered in partnership with organisations who specialise in dementia. The pilot has proved extremely successful.
- 

- Continued to roll out a care home training programme working closely with the Clinical Commissioning Group (CCG). This work has seen a reduction in care home admissions to A&E at end-of-life
  - We increased our reach into the community delivering training sessions to non-clinical groups such as church groups and schools and local charities and co-delivered sessions to family carers with Suffolk Family Carers.
- 

- Invested in leadership development, and in expertise to support our project work
  - Management development in having 'Courageous Conversations'.
- 

- Selected a new HR system to enable effective management of staff and volunteers and to provide self-service access to their information management of people
- Upgraded our IT infrastructure to make it more resilient and fit for future system improvements
- Put plans in place to update our incident reporting system.

# In 2017

we said we would:

**Increase income from retail, events and In Memory.**

**Ensure internal and external understanding of our services now and in the future.**

**Deliver easy to use public information about end of life care and bereavement.**

# By March 2018

we had:

- Grown income further from flagship events such as Girls Night Out and introduced new events
- Invested additional resources in e-Commerce and House Clearances
- Reviewed shop performance and relocated our Newmarket shop to a more prominent location in the town.
- We have involved our people and our communities in our service design work throughout and agreed a plan of communication as we extend the project and develop a pilot in autumn 2018.
- Improved information leaflets and information on our website.



# Financial review

Overall, the Charity returned a deficit of £876k compared to a surplus of £212k in 2016/17. The deficit position reflects the challenging environment we operate in, with increasing costs of delivering our existing services exacerbated by cuts in NHS funding.

In addition, we were fortunate to benefit from exceptional legacy income in 2016/17 and an unrealised gain in our investments. This made the financial out-turn for that year considerably more favourable than this 2017/18 year.

## Income

Income has decreased by **£197k** from £6.306m to **£6.109m** (3%).

Income from charitable activities has reduced from £1.322m in 2016/17 to £1.241m this financial year. This reflects the full effect of the cuts in NHS grant funding which were phased over two years and represent an ongoing reduction of grant income of £236k per year as the local CCG strives to return to a balanced budget. However, we remain committed to working in partnership with our local CCGs to continue to provide our services and reduce the overall burden on the NHS. We have a five-year contract in place from 1 April 2017 with our main partner, the West Suffolk CCG.

The Charity has maintained a healthy income from fundraising activities. Legacy income continues to be strong, however, this income stream is subject to much variation and we often experience significant delays between recognising income and actual physical receipt of associated cash.

Our trading activities have continued to generate revenue for the Hospice, with investments in e-Commerce and House Clearances proving worthwhile. Overall however, we believe that these activities should make a larger contribution to the funds of the Charity in future years. Relocating our Haverhill shops into the Haverhill Hub has enabled us to save on lease costs while improving our overall presence in Haverhill and enabling us to test the impact of locating services and trading together.

## Expenditure

Expenditure has increased by **£333k** from £6.599m to £6.931m (5%).

Expenditure on charitable activities has increased by around 5%, reflecting the fact that the service has operated with close to a full complement of staff for much of the year and we have increased our resources in the community. This has enabled us to reach more people and try new delivery methods, such as setting up Open House in smaller, more rural settings.

Expenditure on trading activities has increased, reflecting the investment made in e-Commerce and House Clearance services.

## St Nicholas Hospice Trading Limited

Income of £344k relates to the sale of bought in goods, fees from house clearances and income from the Haven Café at the Haverhill Hub. Delivery charges in respect of furniture deliveries, house clearance income and donor procurement charges made to the Charity for the recruitment of donors who Gift Aid. For the year under review, this trading activity resulted in a trading profit of £47k, up £8k on the previous year. All profits are gifted to the Charity.

## Investments

Despite the overall decrease in income recognised during the year, investments have performed well and cash levels have risen overall. Due to the unpredictable nature of legacy income, we have had to liquidate some investments during the early part of the financial year but have since been able to replenish cash levels.

The Hospice has a diversified investment portfolio comprising listed equities and unit trusts, fixed interest securities and cash. This is managed by independent investment managers appointed by the Board of Trustees. During the year we converted a proportion of investments to cash to mitigate against future loss arising from deteriorating markets. This has minimised the unrealised losses at the end of the year to an extent.

The Hospice investment policy is:

- Over the long-term maintain and increase the real capital value of the investment funds in support of the target that general funds stand at 12 months of operating costs – taking account of any capital projects determined by the Board.
- Where relevant maintain and increase the real capital value over the period of anticipated expenditure for designated and restricted funds.
- Achieve returns from a diversified portfolio of equities, fixed interest securities and cash within a risk/reward profile agreed by the Finance and Investment Committee.

Where appropriate and within the investment objectives, the Trustees will attempt to invest in ethical and socially responsible organisations. The Trustees, through the Finance and Investment Committee, consult with two independent investment managers, Rathbones and Standard Life Wealth, on a regular basis to take advice on the management of the portfolios and to monitor their performance.

The Finance and Investment Committee agreed that the investment account was well balanced with solid investments. The change in value of the investment portfolio reflected the market conditions.

## Reserves

Total reserves at the end of the year amounted to £11.304m (2017: 12.181m) of which £0.292m (2017: £0.327m) were restricted. The charity also benefits from the Earl of Euston 2009 Endowment Fund of £44k. The attributed income (£1,022) from this fund was used in furtherance of the objects of the Hospice.

The Trustees have reviewed the reserves policy giving consideration to the risk, probability and likely impact on the Charity's continuing ability to meet its long-term charitable objectives as a result of any decline in income, as well as the on-going need for working capital for the day-to-day activities of the charity. The Trustees also took into consideration the risks associated with the Charity's key income streams and the future needs of the Community that the Hospice serves. Consequently, the Trustees remain of the opinion that unrestricted, undesignated funds, should ideally represent approximately one year of total running costs (£6.93m).

Undesignated, unrestricted reserves stand at £5.04m, representing 73% of the running costs for the year (free reserves £4.77m). In order to bring the Charity's free reserves back in line with the policy, the Hospice has already embarked on a programme of change to redesign services in order to reach more people, but in a more financially sustainable manner. The Trustees anticipate that this will re-establish reserves in line with policy in the long term.

The agreed level of free reserves to be held is regularly reviewed to ensure it remains appropriate. This ensures that the organisation can continue to support beneficiaries in periods of financial downturn, but also enables funds to be set aside for future Hospice services and revenue generating projects.

As part of the Trustees' review this year, no additional funds have been designated as the Trustees deem the current designations to be sufficient to support development of our services and income streams. These comprise the following funds:

- New building and maintenance fund
- Service development fund
- IT systems fund
- Income generation project fund

St Nicholas Hospice Care owns the Hospice building and has a peppercorn lease with the WSFTH for the land. Currently within the accounts, we hold a designated fund, which represents the original cost of the building and the remainder of the original foundation fund, against which we offset the annual depreciation of the hospice building.

The new building and maintenance fund was set up in 2015/16 to plan for any future relocation of the WSFTH. As the work of the Charity is so closely linked with the WSFTH, we need to plan now for the potential impact of any such move, as it is likely we would need to build a new Hospice elsewhere. To ensure prudent management of the Charity's funds for this future requirement the Trustees designated £2m from reserves during the 2015/16 financial year, and a further £250k in 2016/17. Due to the financial out-turn for 2017/18 this year, the Trustees have decided not to allocate any further funds to this.

The service development fund, which was originally set up as the 'Hospice Community Services Fund' in December 2012 has been drawn down during the year to support the development work for Listen, Learn, Adapt and will continue to be used to support this project over the coming year. Some £844k remains.

The income generation projects fund was also used during the year for investment in e-Commerce and House Clearances. Some £420k remains.

The IT systems fund has been used to support pilot work on improving the reporting functionality of our patient records system and will be further utilised over the coming years to update our IT equipment, premises and to support the development of new service delivery models and improve efficiency of processes. Some £361k remains.

### **Risk and internal control**

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise.

Trustees are also responsible for safeguarding the assets of the Charity and for taking reasonable steps for the prevention and detection of fraud and other irregularities and to provide assurance that:

- Its assets are safeguarded against unauthorised use or disposition,
- Proper records are maintained and financial information used within the Charity, or for publication, is reliable, and
- The Charity complies with relevant laws and regulations.

As part of the Charity's risk management process the Trustees acknowledge their responsibility for the Charity's system of internal control and reviewing its effectiveness. The Trustees recognise that such a system is designed to manage rather than eliminate the risk of failure to achieve the Charity's objectives and can only provide reasonable, not absolute, reassurance against material misstatement or loss.

The system of financial controls designed to mitigate risk include an operational plan, an annual budget and regular updated forecasts including cash flow. Regular scrutiny is given by the Trustees to monitoring actual performance against the budget and forecasts and to the formal delegation of authority to spend within clearly defined authorisation limits. The Charity

is currently undertaking a strategic review of our services and delivery models to ensure we continue to serve our local communities in the best possible way.

St Nicholas Hospice Care operates in a highly regulated and complex environment. Clinical quality and safety is paramount for our patients and staff, as is ensuring we raise funds in an appropriate way and that care for people's data correctly. These operational risks are managed through the Charity's policies, staff training and development, and governance arrangements. Strategically, the main risks for the Charity continue to be meeting the growing demand from our local population and developing sufficient income to meet increasing costs.

### **Demand**

The need for our services is already greater than we can meet, despite increasing the resources available. The continued pressures on other charitable and government bodies coupled with financial cuts means that demand on our services has increased during the year as we continue to be called upon to fill the growing gaps in the care system. We anticipate this will continue to increase due to demographic changes and continuing pressure on public services.

We know that we cannot recruit sufficient additional resources to meet this demand due to pressures on our own financial position and therefore we need to develop services which are flexible, scalable and affordable, yet also make a difference to all the people that need us. The Trustees have therefore continued to use some funds from reserves to support development of a more sustainable model of care which enables us to support everyone that needs us now and in the future.

### **Income generation**

The current economic climate continues to be uncertain, with macro-economic risks affecting our investment portfolio and inflation.

In mitigation, the Trustees have ensured the Charity remains in a strong financial position by maintaining sufficient reserves. The income portfolio is diverse and we constantly seek new opportunities to improve income or find new sources of income, with a particular focus on transactional funding opportunities, such as the lottery and events.



# Plans for future periods

Our core objective, to ensure everyone has the very best experiences in the final chapters of their lives, drives us to focus not just on improving what we do now but also on making sure, we are able to meet future needs.

Changes in illness, demography and medicine mean that the need for palliative care support is likely to increase sharply in the future and we will start to see an increase in the number of deaths. By 2033, the incidence of cancer will increase by 57% and the number of people with dementia will have increased by 108%. National data also indicates that the number of healthcare professionals available will reduce.

Families and communities will therefore play an increasingly important role in caring for people at the end of their lives and we want to support them as they face those difficult challenges. Like many other healthcare providers, we are faced with an ever-increasing challenge to meet demand and balance our costs with our income. To provide the same level of service and care as in previous years, we have operated with a significant deficit financial position for the year, and face a £1.36m budgeted deficit in 2018/19. In addition, we face challenges in Suffolk in that we have limited access to a skilled workforce and we may have reached a ceiling of fundraising income, while also facing funding cuts from the NHS.

All of these factors combined require us to find new and better ways of supporting our community so that we can meet current and future needs in a financially sustainable way. To do this, we need to ensure we really understand what people need now and will need in the future so that we can evolve accordingly.

Our start point has been carrying out detailed work with individuals in our community to hear what was important to them and made the most difference. Over the coming year, we will take our learning from this and test out ideas with people, communities and organisations within our locality. We will also continue our work to improve our internal systems so we have better information about what we are achieving through this work and how new technology can help support more people.

The feedback and insights we have gained have been inspirational, in not only giving us the ideas for how we can support people better but also affirming that our community-focussed strategy is the right one to follow. We will therefore be refreshing the strategy to make sure our ambitions are in line with what people told us and agree a plan to deliver that strategy.

To realise our ambitions for a Hospice service that can deliver our vision: "For everyone to have the very best experiences in the final chapters of their life" we will over the next year:

# In 2018

we will:

**Revise our strategy.**

---

**Continue with our work to develop an innovative, scalable model of hospice care, which is capable of supporting more people and communities but is financially sustainable.**

---

**Work with partners to develop compassionate communities, where people feel confident and able to support those dying, caring and bereaved.**

---

**Develop our people to be equipped for the future.**

---

**Improve efficiencies in all support systems.**

---

**Continue to increase income from retail, events and In Memory.**

---

**Ensure internal and external understanding of our services now and in the future.**

# We will do this through:

- The insight we have gained from those that are facing dying, caring and bereavement and ensuring our strategy is in line with our local partners.
- 

- Testing and developing concepts with individuals and through piloting these ideas with local communities
  - Mapping the resources and outcomes achieved through our current services to evaluate the impact of potential changes.
- 

- Developing and delivering an education programme for local professionals and the public
  - Working with businesses, local groups, schools and other healthcare organisation to build awareness and demonstrate the positive impact that can be made.
- 

- Delivering training and support for managers, staff and volunteers involved in service design and managing change.
- 

- Connecting our data together to support more powerful information that is accessible to our people to help them make the best decisions.
- 

- Developing a new strategy for retail based upon making the most of every donation.
- 

- Implementing a communications plan for internal and external audiences, including engagement with our Listen, Learn, Adapt activity
- Increasing the use of social media to support communications.

# Going concern

Like many other healthcare providers, the Charity faces increasing demand for services but also rising costs and a tightening of income from grant giving bodies. The Trustees have considered the following areas specifically in their consideration of going concern:

## Fundraising

St Nicholas Hospice Care has a diverse range of income generating activities including grants and donations, investment, fundraising, retail, event and lottery income. While some of these income streams are inherently volatile, the Charity has policies in place to manage these risks including specific investment and reserves policies, which are explained in the Trustees Report. The ongoing use of designated funds to improve existing or develop new income streams will add to this diversification and enable the Charity to continue serving our local population.

## NHS Grant Funding

The financial pressures on NHS England have forced the West Suffolk CCG to review and make cuts across all commissioned services. However, in recognition of the work the charity does and the value it delivers, the funding cuts applied to the charity have been phased from October 2016 for 18 months to the full 20% cut for the 2018-19 financial year. This equated to a loss of funding in the year ended 31 March 2017 of £60k, a further reduction of £162k during this 2017/18 financial year and an ongoing annual loss in funding of £236k. However, the CCG has reiterated its support for the Charity and endorsed our future plans by committing to a new five-year funding agreement from 1 April 2017 with an annual value of £945k.

## Reserves

At the end of the financial year 2017/18, the Charity has Unrestricted funds totalling £10.967m which exceeds the target of one year of total running costs in total, £5.927m of which have been designated, leaving the equivalent of approximately 73% of this year's running costs as Unrestricted funds. This allows for investment in services, income generation and infrastructure to further the Charity's aims and objectives as well as providing funds to mitigate against economic uncertainty.

The Trustees have considered the financial position of the Charity, in light of the above, the investment portfolio, the 2018/19 budget and the planned outcomes of Listen, Learn, Adapt. As a consequence, the Trustees believe the Charity is well placed to manage its business risks successfully through these difficult and uncertain times.

The Trustees have a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future and consider there to be no material uncertainties in making this judgement. Thus they continue to adopt the going concern basis of accounting in preparing the financial statements.

# Trustees' responsibilities in relation to the financial statements

The Trustees (who are also the directors for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and regulations.

The law applicable to charities in England and Wales requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of the affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing those financial statements, the Trustees are required to:

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

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the 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 company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

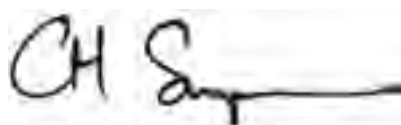
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements and other information included in the annual report, may differ from legislation in other jurisdictions.

## Statement as to disclosure of information to the Auditor

In accordance with company law, as the charity's Trustees, we certify that:

- So far as we are aware, there is no relevant audit information of which the charity's auditor is unaware
- We have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that the charity's auditor is aware of the information.

**This Annual Report was approved by the Trustees on 27 September, 2018**

A handwritten signature in black ink, appearing to read 'CH Simpson', with a long horizontal flourish extending to the right.

Charles Simpson  
Chair

# *Independent Auditors Report*

For the year ended 31 March 2018



## Opinion

We have audited the financial statements of St Nicholas Hospice (Suffolk) (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2018, which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Group 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 FRS 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 the parent charitable company's affairs as at 31 March 2018 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We have been appointed auditors under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from the date when the financial statements are authorised for issue.

## Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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

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

- The information given in the Trustees' Report and the incorporated Strategic Report prepared for the purpose of company law for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees' Report and the incorporated Strategic Report have been prepared in accordance with applicable legal requirements.

### **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report and the incorporated Strategic Report.

We have nothing to report in respect of the following matters where 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 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 Statement of Trustees' responsibilities, 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 parent charitable company or to cease operations, or have no realistic alternative but to do so.

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

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

A further description of our responsibilities for the audit of the financial statements is provided on the Financial Reporting Council's website at <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

### Use of our report

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

CLAIRE SUTHERLAND (Senior Statutory Auditor)  
For and on behalf of RSM UK AUDIT LLP, Statutory Auditor

Chartered Accountants,  
Abbotsgate House,  
Hollow Road,  
Bury St Edmunds,  
IP32 7FA

Date

# *Consolidated Statement of financial activities*

(incorporating the income and  
expenditure statement)

for the year ended 31 March 2018

		2018				2017			
	Note	Unrestricted Funds £	Restricted Funds £	Endowment Funds £	Total £	Unrestricted Funds £	Restricted Funds £	Endowment Funds £	Total £
Income from :									
Grants, donations and legacies:									
Donations		972,858	192,165	-	1,165,023	1,082,431	119,055	-	1,201,486
Legacies		1,272,218	-	-	1,272,218	1,285,854	-	-	1,285,854
Grants		-	-	-	-	4,350	-	-	4,350
		2,245,076	192,165	-	2,437,241	2,372,635	119,055	-	2,491,690
Charitable activities	2	1,240,524	-	-	1,240,524	1,322,268	-	-	1,322,268
Other trading activities:									
Shops		1,330,135	-	-	1,330,135	1,387,738	-	-	1,387,738
Lottery		494,619	-	-	494,619	494,365	-	-	494,365
Fundraising		398,705	-	-	398,705	367,389	-	-	367,389
Other Income	3	49,436	-	-	49,436	84,192	-	-	84,192
		2,272,895	-	-	2,272,895	2,333,684	-	-	2,333,684
Investments	4	157,530	-	1,022	158,552	157,520	-	1,017	158,537
Total Income		5,916,025	192,165	1,022	6,109,212	6,186,107	119,055	1,017	6,306,179
Expenditure on:									
Raising funds									
Raising grants, donations and legacies		(460,404)	-	-	(460,404)	(445,154)	-	-	(445,154))
Other trading activities		(1,961,210)	-	-	(1,961,210)	(1,868,253)	-	-	(1,868,253)
Investment management		(70,756)	-	-	(70,756)	(58,513)	-	-	(58,513)
		(2,492,370)	-	-	(2,492,370)	(2,371,920)	-	-	(2,371,920)
Charitable activities									
In patient care		(1,978,419)	(20,231)	(1,022)	(1,999,672)	(2,012,029)	(18,576)	(1,017)	(2,031,622)
Day care		(312,229)	(14,450)	-	(326,679)	(285,584)	(18,565)	-	(304,149)
Community services		(1,349,528)	(168,752)	-	(1,518,280)	(1,036,373)	(215,323)	-	(1,251,696)
Family support and bereavement		(343,295)	(21,991)	-	(365,286)	(416,158)	(15,203)	-	(431,361)
Education & research		(227,066)	(2,067)	-	(229,133)	(194,826)	(12,950)	-	(207,776)
		(4,210,537)	(227,491)	(1,022)	(4,439,050)	(3,944,970)	(280,617)	(1,017)	(4,226,604)
Total expenditure	5	(6,702,907)	(227,491)	(1,022)	(6,931,420)	(6,316,890)	(280,617)	(1,017)	(6,598,524)
Net (losses) /gains on investments	11	(53,655)	-	(621)	(54,276)	499,560	-	4,404	503,964
Net movement in funds	8	(840,537)	(35,326)	(621)	(876,484)	368,777	(161,562)	4,404	211,619
Reconciliation of funds:									
Total funds brought forward		11,809,112	326,859	44,806	12,180,777	11,440,335	488,421	40,402	11,969,158
Total funds carried forward		10,968,575	291,533	44,185	11,304,293	11,809,112	326,859	44,806	12,180,777

# *Balance Sheet*

as at 31 March 2018



		Group		Charity	
	Note	2018	2017	2018	2017
		£	£	£	£
<b>Fixed assets</b>					
Tangible assets	10	2,479,819	2,565,853	2,479,819	2,565,853
Investments	11	6,814,506	8,316,352	6,849,506	8,351,352
		<b>9,294,325</b>	10,882,205	<b>9,329,325</b>	10,917,205
<b>Current assets</b>					
Stock		29,397	15,290	-	-
Debtors	12	1,101,125	1,382,325	1,126,750	1,404,523
Cash at bank and in hand		1,438,967	359,363	1,381,178	312,284
		<b>2,569,489</b>	1,756,978	<b>2,507,928</b>	1,716,807
<b>Creditors: amounts falling due within one year</b>	13	<b>559,521</b>	458,406	<b>549,470</b>	461,849
<b>Net current assets</b>		<b>2,009,968</b>	1,298,572	<b>1,958,458</b>	1,254,958
<b>Net assets</b>		<b>11,304,293</b>	12,180,777	<b>11,287,783</b>	12,172,163
<b>The funds of the charity</b>					
Restricted income funds	14	291,533	326,859	291,533	326,859
Unrestricted funds:					
Designated fund	15	5,927,956	6,062,395	5,927,956	6,062,395
General fund	15	5,040,619	5,746,717	5,024,109	5,738,103
Endowment fund	16	44,185	44,806	44,185	44,806
<b>Total funds</b>	17	<b>11,304,293</b>	12,180,777	<b>11,287,783</b>	12,172,163

A separate Statement of Financial Activities (SOFA) is not presented because the Charity has taken advantage of the exemptions afforded by Section 408 of the Companies Act 2006 and paragraph 397 of the SORP. The gross income of the charity for the year was £5,767k and the net movement in funds was a deficit of £884k

The financial statements were approved and authorised for issue by the Board of Trustees on 27 September 2018.

**Charles Simpson**

**Chairman**

The notes on pages 62 to 79 form part of these financial statements.

# *Cash flow statement*

for the year ended 31 March 2018



		Group	
	Note	2018 £	2017 £
<b>Cash flows from operating activities:</b>			
Net cash used in operating activities	20	<b>(409,785)</b>	(1,088,667)
<b>Cash flows from investing activities:</b>			
Dividends and interest from investments		<b>156,038</b>	156,099
Interest received		<b>1,005</b>	2,934
Proceeds from the sale of tangible fixed assets		-	1,000
Payments to acquire tangible fixed assets		<b>(115,224)</b>	(168,810)
Proceeds from the sale of investments		<b>2,091,133</b>	2,144,919
Purchase of investments		<b>(637,687)</b>	(1,988,479)
Net cash provided by / (used in) investing activities		<b>1,495,265</b>	147,663
<b>Change in cash and cash equivalents in the year</b>		<b>1,085,480</b>	(941,004)
Cash and cash equivalents at the beginning of the year		<b>618,635</b>	1,559,639
<b>Cash and cash equivalents at end of the year</b>	21	<b>1,704,115</b>	618,635

# *Notes forming part of the financial statements*

for the year ended 31 March 2018

## 1 Accounting policies

### *Basis of preparation*

The financial statements are prepared under the historical cost convention, with the exception of investments which are stated at market value, and in accordance with applicable accounting standards and the Companies Act 2006. The financial statements also comply with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS102 and the Charity SORP (FRS102).

### *Group accounts*

The consolidated financial statements incorporate the accounts of the Charity and those of its trading subsidiary, St Nicholas Hospice Trading Limited for the year ended 31 March 2018.

### *Income*

Income is included in the Statement of Financial Activities when the charity is entitled to the income, the amount can be quantified with reasonable accuracy and there is probability of receipt.

Income from NHS contracts and other grants is included on a receivable basis.

Legacies and donations are included when the aforementioned recognition criteria have been met.

Dividends and interest on fixed interest securities are included in the accounts when due.

Lottery income is accounted for in respect of those draws that have taken place in the year.

### *Expenditure and irrecoverable VAT*

All expenditure is accounted for on an accruals basis (that is, recognised once there is a legal or constructive obligation committing the charity to the expenditure), and has been classified under the 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 use of resources.

- Costs of raising funds are those costs incurred in seeking voluntary contributions and in trading activities and do not include the costs of disseminating information in support of the charitable activities.
- Charitable activities include expenditure associated with the provision of hospice services and include both the direct costs and support costs relating to these activities.
- Support costs are those costs incurred directly in support of expenditure on the objects of the charity and include project management carried out at the Hospice. Such costs have been allocated to activity cost categories on a headcount basis.

Irrecoverable VAT is charged against the category of expenditure for which it was incurred.

### *Volunteers*

The value of services provided by volunteers is not incorporated into these financial statements. Further details of the contribution made by volunteers can be found in note 7 to the accounts and within the Trustees report.

### *Tangible fixed assets and depreciation*

Fixed assets costing more than £500 are capitalised, with the exception of computer equipment which is capitalised where assets cost over £100 and capital project related expenditure all of which is capitalised irrespective of value.

Depreciation is provided to write off the cost, less estimated residual values, of all fixed assets evenly over their expected useful lives. It is calculated at the following rates:-

Leasehold buildings	- remaining term of lease
Furniture and equipment	- 10% - 50% per annum
Motor vehicles	- 20% per annum
IT Equipment	- 10% - 50% per annum

### *Fixed assets donated*

Donated assets provided for use by the charity are taken to income and capitalised in the accounts at their estimated market value when donated.

## 1 Accounting policies (*continued*)

### *Investments*

In the Group Balance Sheet, Investments are stated at market value, less any provision for impairment. The Statement of Financial Activity includes gains and losses arising on revaluation and disposals throughout the year.

Realised gains and losses represent the difference between the market value at the previous balance sheet date and the eventual sale proceeds or the acquisition price if bought and sold within the same year. Unrealised gains and losses represent the difference between market value at the previous balance sheet date or cost of any purchases during the year and the market value at the current balance sheet date.

In the Charity Balance Sheet, 'Investments' includes the investment in a subsidiary, which is recorded at cost.

### *Stocks*

Stock of retail goods is included at the lower of cost and net realisable value. Donated items of stock for resale or distribution are not included in the financial statements until they are sold or distributed because the Trustees consider it impractical to be able to assess the amount of donated stocks as there are no systems in place which record these items until they are sold and undertaking a stock take would incur undue cost for the charity which far outweigh the benefits.

### *Pension costs*

The charity contributes to a group personal pension plan and a defined benefit pension scheme. Contributions paid into these pension arrangements are charged to the Statement of Financial Activity when due.

A number of employees contribute to the NHS Superannuation scheme and certain other employees participate in personal pension plans. Whilst the NHS Superannuation scheme is a Defined Benefit Scheme, it is a multi-employer scheme for which the Charity's share of the underlying assets and liabilities cannot be identified; it is therefore accounted for as a Defined Contribution Scheme in accordance with FRS102. The Charity's contributions to these schemes are therefore charged to the Statement of Financial Activity when due.

### *Operating leases*

Rentals paid under operating leases are charged to the Statement of Financial Activity over the period in which the cost is incurred.

### *Impairment of fixed assets*

The need for any fixed asset impairment write-down is assessed by comparison of the carrying value of the asset against the higher of net realisable value and value in use.

### *Fund accounting*

Unrestricted funds comprise accumulated surpluses and deficits on the general fund and designated funds. They are available for use at the discretion of the Trustees in furtherance of the charity's objectives.

Designated funds are those funds designated for particular purposes or projects at the discretion of the Trustees.

Restricted funds are created when grants or donations are made for a particular purpose, the use of which is restricted to that purpose.

Endowment funds represent funds which must be held permanently by the Charity, principally as investments. Income arising on each of the endowment funds can be used in accordance with the objects of each fund and is shown as income against that fund and allocated to costs as appropriate. Any material gains or losses arising on the investment forms part of the fund.

### *Taxation*

The income and gains of the charity are exempt from corporation tax to the extent that they are applied to its charitable objectives. Recoverable income tax is accrued within the financial statements.

### *Debtors*

Trade and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid. Accrued income and tax recoverable is included in the best estimate of the amounts receivable at the balance sheet date.

## 1 Accounting policies (continued)

### *Creditors*

Creditors are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors are normally recognised at their settlement amount after allowing for any discounts due.

### *Cash at Bank and in hand*

Cash at bank and cash in hand includes cash and short term liquid investments with a short maturity of three months or less.

### *Financial Instruments*

The charity only has financial assets and financial liabilities of a kind that qualifies as a basic financial instrument. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised costs using the effective interest method, apart from listed investments, which are held at fair value, derived as noted within the investments accounting policy.

### *Critical accounting estimates and areas of judgement*

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

### *Critical accounting estimates and assumptions*

The Group makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. There are not considered to be any estimates or assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

### *Critical areas of judgement*

The Trustees do not consider that there are any critical areas of judgement applied in the preparation of these financial statements.

## 2 Income from charitable activities

	2018 £	2017 £
In patient care	609,207	664,530
Day care	47,924	90,421
Community services	423,542	369,892
Family support & bereavement	80,764	122,439
Education and research	79,087	74,986
	<u>1,240,524</u>	<u>1,322,268</u>

## 3 Other income

	2018 £	2017 £
Catering income	43,780	74,534
Other income	5,656	9,658
	<u>49,436</u>	<u>84,192</u>

## 4 Investment income

	2018 £	2017 £
Dividend – equities	129,372	129,167
Interest – fixed interest securities	28,391	26,932
Bank interest	789	2,438
	<u>158,552</u>	<u>158,537</u>

## 5 Analysis of expenditure

	Direct Costs	Support Costs (note 6)	2018 Total Costs	2017 Total Costs
	£	£	£	£
Costs of raising grants, donations and legacies	381,179	79,225	<b>460,404</b>	445,154
	<b>381,179</b>	<b>79,225</b>	<b>460,404</b>	<b>445,154</b>
Other trading activities				
Shop costs	1,237,005	234,271	<b>1,471,276</b>	1,397,520
Lottery costs	217,500	13,581	<b>231,081</b>	247,541
Events costs	171,266	39,386	<b>210,652</b>	167,068
Other income	33,483	14,718	<b>48,201</b>	56,124
	<b>1,659,254</b>	<b>301,956</b>	<b>1,961,210</b>	<b>1,868,253</b>
Investment management costs	69,025	1,731	<b>70,756</b>	58,513
	<b>2,109,458</b>	<b>382,912</b>	<b>2,492,370</b>	<b>2,371,920</b>
In patient care	1,548,836	450,836	<b>1,999,672</b>	2,031,622
Day care	219,689	106,990	<b>326,679</b>	304,149
Community services	1,259,115	259,165	<b>1,518,280</b>	1,251,696
Family support & bereavement	298,166	67,120	<b>365,286</b>	431,361
Education and research	180,764	48,369	<b>229,133</b>	207,776
	<b>3,506,570</b>	<b>932,480</b>	<b>4,439,050</b>	<b>4,226,604</b>
<b>Total</b>	<b>5,616,028</b>	<b>1,315,392</b>	<b>6,931,420</b>	<b>6,598,524</b>

## 6 Analysis of support costs

	Admin, Finance & IT	Human Resources	Maintenance and Domestics	Catering	Governance Costs	2018 Total	2017 Total
	£	£	£	£	£	£	£
Cost of raising grants, donations and legacies	43,868	21,613	4,183	-	9,561	<b>79,225</b>	70,496
Other trading activities	177,228	87,315	6,275	-	31,138	<b>301,956</b>	251,480
Investment management costs	-	-	-	-	1,731	<b>1,731</b>	-
	<b>221,096</b>	<b>108,928</b>	<b>10,458</b>	<b>-</b>	<b>42,430</b>	<b>382,912</b>	<b>321,976</b>
In patient care	126,453	62,300	99,402	123,833	38,848	<b>450,836</b>	489,789
Day care	14,656	7,220	25,033	54,570	5,511	<b>106,990</b>	103,772
Community services	145,657	71,761	10,165	-	31,582	<b>259,165</b>	198,607
Family support & bereavement	32,189	15,858	11,594	-	7,479	<b>67,120</b>	71,567
Education and research	24,145	11,896	7,795	-	4,533	<b>48,369</b>	44,001
<b>Charitable services</b>	<b>343,100</b>	<b>169,035</b>	<b>153,989</b>	<b>178,403</b>	<b>87,953</b>	<b>932,480</b>	<b>907,736</b>
<b>Total</b>	<b>564,196</b>	<b>277,963</b>	<b>164,447</b>	<b>178,403</b>	<b>130,383</b>	<b>1,315,392</b>	<b>1,229,712</b>

## 7 Employee Costs

	2018 £	2017 £
Wages and salaries	4,156,614	3,954,638
Social security costs	364,365	339,748
Pension costs	316,592	296,272
Other employee benefits	2,250	-
	<b>4,839,821</b>	<b>4,590,658</b>

Termination payments amounted to £2,250 (2017 Nil) and no funding was received relating to this payment.

Full time equivalent employees during the year were 142 (2017 138) and analysis of the headcount in the year was:

	2018 Number	2017 Number
Direct charitable services	109	102
Fundraising services	50	49
Support services	20	19
	<b>179</b>	<b>170</b>

The number of employees whose total employee benefits excluding pension contributions earning over £60,000, classified within bands of £10,000 is as follows:

	2018 Actual Number	2017 Actual Number
£60,000-£69,999	-	2
£70,000-£79,999	2	-
£80,000-£89,999	1	1
£90,000-£99,999	1	1
<b>Total</b>	<b>4</b>	<b>4</b>

Pension costs relating to those staff earning over £60,000 totalled £39,125 in 2018 (2017 £48,807).

The Hospice considers that the key management personnel comprise of six of the senior management team – who are the Chief Executive and five other key directors, The total employee benefits of the key management personnel of the Hospice were £499,738 (2017 £498,266).

The Hospice had an average of 631 volunteers as at 31 March 2018 (2017 624) who provided their services in the following areas:

	2018 Number	2017 Number
Retail	253	245
Clinical	116	104
Hospice Neighbours	125	126
Fundraising and support services	113	131
Trustees	10	8
Associates	14	10
	<b>631</b>	<b>624</b>

## 8 Net movement in funds

	2018 £	2017 £
Net movement is stated after charging:		
Depreciation	197,987	318,880
Auditor's remuneration		
-Statutory audit of charity and group	13,285	12,900
-Statutory audit of subsidiary	3,295	3,200
-Tax advisory	2,500	1,750
-Other services	9,759	5,146
Profit on sale of fixed assets	(3,271)	(2,577)
Operating lease rentals	392,321	268,383

## 9 Taxation

St Nicholas Hospice (Suffolk) is a registered charity and as such is exempt from taxation on its income and gains falling within section 505 of the Taxes act 1988 or section 252 of the Taxation of chargeable Gains Act 1992 to the extent that these are applied for charitable purposes.

## 10 Tangible fixed assets (Charity and Group)

	Long Leasehold Buildings £	Furniture and Equipment £	ICT Equipment £	Motor Vehicles £	Total £
<b>Cost</b>					
At 1 April 2017	3,926,411	1,240,103	269,861	70,530	5,506,905
Additions	43,377	24,531	40,566	6,750	115,224
Disposals	(14,227)	(5,824)	(250)	-	(20,301)
<b>At 31 March 2018</b>	<b>3,955,561</b>	<b>1,258,810</b>	<b>310,177</b>	<b>77,280</b>	<b>5,601,828</b>
<b>Depreciation</b>					
At 1 April 2017	1,620,897	1,120,947	188,682	10,526	2,941,052
Charge for the year	95,759	51,524	36,081	14,623	197,987
Disposals	(11,081)	(5,824)	(125)		(17,030)
<b>At 31 March 2018</b>	<b>1,705,575</b>	<b>1,166,647</b>	<b>224,638</b>	<b>25,149</b>	<b>3,122,009</b>
<b>Net book value</b>					
<b>At 31 March 2018</b>	<b>2,249,986</b>	<b>92,163</b>	<b>85,539</b>	<b>52,131</b>	<b>2,479,819</b>
At 31 March 2017	2,305,514	119,156	81,179	60,004	2,565,853

The long leasehold expenditure represents:

- The building costs of the Hospice on land at Macmillan Way, Bury St Edmunds for which a 60 year lease at a peppercorn rent was entered into on 15 August 1991.
- The refurbishment of the In Patient Unit during 2008.
- Office reconfigurations in 2013.
- Improvements to the Orchard Day Centre on the Hospice site.
- Expenditure on new and existing shops.
- The development of an Outreach Centre at the Burton Centre in Haverhill.

All fixed assets of the charity are used for charitable purposes.

## 11 Investments

A) Summary	Group		Charity	
	2018	2017	2018	2017
	£	£	£	£
At start of the year	8,057,080	7,709,556	8,057,080	7,709,556
Additions	637,687	1,988,479	637,687	1,988,479
Disposals	(2,091,133)	(2,144,919)	(2,091,133)	(2,144,919)
Realised gains	56,034	277,506	56,034	277,506
Unrealised (losses) / gains	(110,310)	226,458	(110,310)	226,458
	<b>6,549,358</b>	<b>8,057,080</b>	<b>6,549,358</b>	<b>8,057,080</b>
Cash held as part of the investment portfolio	265,148	259,272	265,148	259,272
Equity investment in subsidiary	35,000	35,000	35,000	35,000
	<b>6,814,506</b>	<b>8,316,352</b>	<b>6,849,506</b>	<b>8,351,352</b>
B) Analysis of investments			2018	2017
			£	£
Equities			4,614,640	5,807,044
Fixed interest securities			1,934,718	2,250,036
Cash held as part of the investment portfolio			265,148	259,272
Total group			6,814,506	8,316,352
Equity investment in subsidiary			35,000	35,000
Total charity			6,849,506	8,351,352
C) Historical cost of investments			2018	2017
			£	£
Rathbones			3,432,160	4,217,611
Standard Life			2,819,289	3,090,017
			6,251,449	7,307,628

### D) Trading subsidiary

The Charity holds 100% of the issued share capital of St Nicholas Hospice Trading Limited (company number 02176804), a company incorporated in the UK. The principal activity of St Nicholas Hospice Trading Limited during the year was the sale of the bought in goods.

The company gifts its taxable profits to St Nicholas Hospice (Suffolk) under gift aid and the aggregate capital and reserves of St Nicholas Hospice Trading Limited at 31 March 2018 were £59,008 (2017: £54,112).

All items of income or expenditure reported on the Group Statement of Financial Activities have been shown after the removal of intra group transactions.

The trading results for the year ended 31 March 2018 and 31 March 2017 are show below:

	2018 £	2017 £
Turnover	343,563	282,855
Cost of sales	(189,384)	(99,998)
Gross profit	154,179	182,857
Operating expenses	(106,386)	(143,515)
Profit on ordinary activities before interest	47,793	39,342
Interest payable on concessionary loan to hospice	(625)	(625)
Net trading profit	47,168	38,717
Assets	98,001	95,554
Liabilities	(38,993)	(41,442)
Net assets	59,008	54,112
Represented by:		
Capital	35,006	35,006
Reserves	24,002	19,106
Net assets	59,008	54,112

## 12 Debtors

	Group		Charity	
	2018 £	2017 £	2018 £	2017 £
Trade debtors	8,205	18,388	8,205	15,586
Taxation recoverable	37,681	40,756	37,681	40,756
Other debtors	3,128	2,524	3,128	2,524
Prepayments	277,294	117,614	277,294	117,614
Accrued income	98,553	74,423	98,553	74,423
Legacies	676,264	1,128,620	676,264	1,128,620
Amount due from subsidiary undertaking	-	-	625	-
Loan due from subsidiary undertaking	-	-	25,000	-
	1,101,125	1,382,325	1,126,750	1,379,523
<b>Amounts due greater than one year:</b>				
Loan due from subsidiary undertaking	-	-	-	25,000
	1,101,125	1,382,325	1,126,750	1,404,523

A loan to the subsidiary undertaking to fund working capital was granted on 16 November 2013 secured by a fixed charge over goodwill and a floating charge over all its assets of the company. Interest is charged at 2.5%. The balance will be paid in full on 15 November 2018.

Included within prepayments is £129,418 in relation to a prepayment for a lease which falls due greater than one year.

### 13 Creditors: amounts falling due within one year

	Group		Charity	
	2018	2017	2018	2017
	£	£	£	£
Trade creditors	159,351	98,758	154,783	94,615
Amounts due to subsidiary undertaking	-	-	3,318	19,886
Taxation and social security	99,545	91,488	96,292	87,201
Other creditors	47,389	46,821	47,389	46,821
Accruals	147,022	121,946	143,809	117,550
Deferred income – lottery	72,102	77,983	72,102	77,983
Deferred income - other	34,112	21,410	31,777	17,793
	<b>559,521</b>	<b>458,406</b>	<b>549,470</b>	<b>461,849</b>

#### Deferred income reconciliation – lottery

	Group		Charity	
	2018	2017	2018	2017
	£	£	£	£
Balance brought forward	77,983	82,791	77,983	82,791
Amounts released to income in the year	(77,983)	(82,791)	(77,983)	(82,791)
Amount deferred in the year	72,102	77,983	72,102	77,983
Balance carried forward	<b>72,102</b>	<b>77,983</b>	<b>72,102</b>	<b>77,983</b>

#### Deferred income reconciliation – other

	£	£	£	£
Balance brought forward	21,410	20,795	17,793	20,795
Amounts released to income in the year	(21,410)	(20,795)	(17,793)	(20,795)
Amount deferred in the year	34,112	21,410	31,777	17,793
Balance carried forward	<b>34,112</b>	<b>21,410</b>	<b>31,777</b>	<b>17,793</b>

### 14 Restricted funds (Group and Charity)

	Balance at 31 March 2017	Income	Expenditure	Balance at 31 March 2018
	£	£	£	£
In patient care	183,175	3,002	(20,231)	165,946
Day care	120,646	10,201	(14,450)	116,397
Community services	18,920	155,941	(168,752)	6,109
Family support and bereavement	226	22,021	(21,991)	256
Education and research	3,892	1,000	(2,067)	2,825
	<b>326,859</b>	<b>192,165</b>	<b>(227,491)</b>	<b>291,533</b>

	Balance at 31 March 2016	Income	Expenditure	Balance at 31 March 2017
	£	£	£	£
In patient care	194,398	7,353	(18,576)	183,175
Day care	125,538	13,673	(18,565)	120,646
Community services	154,392	79,851	(215,323)	18,920
Family support and bereavement	226	15,203	(15,203)	226
Education and research	13,867	2,975	(12,950)	3,892
	<b>488,421</b>	<b>119,055</b>	<b>(280,617)</b>	<b>326,859</b>

### **In-Patient Care** restricted funds incorporates;

*The In-Patient Unit Refurbishment fund*, specifically for the purpose of the refurbishment of the In-Patient Unit at the Hospice. The money has been expended and is represented within the leasehold land and buildings and furniture and equipment (Note 10).

*The Beds fund* specifically received and partly expended for the purchase of electric beds for the Hospice. Those beds that have already been purchased are represented within furniture and equipment (Note 10).

*The Sylvan Ward Fund* specifically received towards the revenue funding for the running cost of the in-patient unit.

### **Day Care Fund** incorporates;

*The Garden, Orchard, Bradbury Green and Family Room Refurbishment fund* specifically for the purpose of the refurbishment of those areas and includes funding from previous years including a capital grant from the Department of Health to deliver tangible physical improvements enhancing care provision to the garden, Chapel, Bradbury Green and Orchard Day Therapy areas. This funding has now been fully expended apart from a small amount remaining in respect of the enhancements to the Family Room and is either represented within leasehold land and buildings and equipment (Note 10) or revenue expenditure relating to garden works, which has been proportionately allocated against patient areas that benefit from the work undertaken.

*The Clinical Equipment fund* was specifically received for and partially expended on palliative care equipment. The equipment that has already been purchased is represented within furniture and equipment (Note 10).

*The Orchard Day Care fund* was specifically received revenue funding towards the running costs of the Orchard Day Centre, which supports patients in achieving independence.

### **Community services** restricted funds incorporates;

*The Hospice Neighbours Project fund* relates to revenue funding to maintain and grow a volunteer scheme to provide practical support to people in their own homes.

*The Burton Centre Refurbishment fund* relates to funding received in order to develop an Outreach Centre in Haverhill. The capital spent to date is represented within long leasehold and furniture and equipment.

*The Burton Centre Garden – Big Lottery Fund Grant*, relates to capital funding to redevelop the garden space for users of the Burton Centre.

*The Burton Centre running costs fund* relates to funding received and expended in the year towards the costs of operating the centre.

*The Community Hospice Team fund* relates to specific revenue funding received and expended in the year for the Community Hospice Team Service which includes Community Nurse Specialists and community based Nursing Assistants.

*The Homelessness Project fund* relates to computer equipment purchased for the project 'Widening access to palliative care for homeless people and those who support them'.

*The Haven Café fund* relates to a specific piece of funding received to upgrade the kitchen in the Haven Café.

*The Hospice at Home IT project* relates to a piece of funding received to assist us to upgrade our systems to allow access to SystmOne remotely.

*The Miscellaneous Expenditure fund* includes the following specific revenue funding for:

- Fundraising.
- The gardens.
- The purchase of a book for the retail operation.
- Retail running costs.

## Family Support and Bereavement restricted funds incorporates;

*The Nicky's Way fund* relates to specific revenue funding received and expended in the year for the children's bereavement support service known as Nicky's Way.

*The Miscellaneous Non Clinical Equipment fund* includes the following specific funding for:

- The cost of a dolls house for Nicky's Way, the children's bereavement support service.
- Equipment for Nicky's Way.

## Education and Research restricted funds incorporates;

*The HOPE course fund* relates to revenue funding received for co-ordinating a course for cancer patients entitled 'Help Overcoming Problems Effectively'.

*The Access to work fund* relates to specific funding towards special IT equipment and training for individuals coping with Dyslexia. The IT equipment purchased is represented within furniture and equipment.

*The Education for Hospice Staff fund* relates to grants received and expended during the year towards clinical courses.

## 15 Unrestricted funds

### Charity

	Balance at 31 March 2017 £	Income £	Expenditure £	Investment gains/ (losses) £	Transfers £	Balance at 31 March 2018 £
<b>Designated funds</b>						
Building fund	2,053,596	-	-	-	-	2,053,596
New building and maintenance fund	2,250,000	-	-	-	-	2,250,000
IT Systems fund	395,000	-	(34,255)	-	-	360,745
Service development fund	943,959	-	(100,184)	-	-	843,775
Income generation project fund	419,840	-	-	-	-	419,840
	6,062,395	-	(134,439)	-	-	5,927,956
<b>General fund</b>	5,738,103	5,615,358	(6,275,697)	(53,655)	-	5,024,109
	11,800,498	5,615,358	(6,410,136)	(53,655)	-	10,952,065

### Group

	Balance at 31 March 2017 £	Income £	Expenditure £	Investment gains/ (losses) £	Transfers £	Balance at 31 March 2018 £
<b>Designated funds</b>						
Building fund	2,053,596	-	-	-	-	2,053,596
New building and maintenance fund	2,250,000	-	-	-	-	2,250,000
IT Systems fund	395,000	-	(34,255)	-	-	360,745
Service development fund	943,959	-	(100,184)	-	-	843,775
Income generation project fund	419,840	-	-	-	-	419,840
	6,062,395	-	(134,439)	-	-	5,927,956
<b>General fund</b>	5,746,717	5,916,025	(6,568,468)	(53,655)	-	5,040,619
	11,809,112	5,916,025	(6,702,907)	(53,655)	-	10,968,575

## Charity

	Balance at 31 March 2016 £	Income £	Expenditure £	Investment gains/ (losses) £	Transfers £	Balance at 31 March 2017 £
<b>Designated funds</b>						
Building fund	2,053,596	-	-	-	-	2,053,596
New building and maintenance fund	2,000,000	-	-	-	250,000	2,250,000
IT Systems fund	400,000	-	(5,000)	-	-	395,000
Service development fund	1,017,102	-	(73,143)	-	-	943,959
Income generation project fund	459,235	-	(39,395)	-	-	419,840
	5,929,933	-	(117,538)	-	250,000	6,062,395
<b>General fund</b>	5,489,702	6,094,691	(6,095,850)	499,560	(250,000)	5,738,103
	11,419,635	6,094,691	(6,213,388)	499,560	-	11,800,498

## Group

	Balance at 31 March 2016 £	Income £	Expenditure £	Investment gains/ (losses) £	Transfers £	Balance at 31 March 2017 £
<b>Designated funds</b>						
Building fund	2,053,596	-	-	-	-	2,053,596
New building and maintenance fund	2,000,000	-	-	-	250,000	2,250,000
IT Systems fund	400,000	-	(5,000)	-	-	395,000
Service development fund	1,017,102	-	(73,143)	-	-	943,959
Income generation project fund	459,235	-	(39,395)	-	-	419,840
	5,929,933	-	(117,538)	-	250,000	6,062,395
<b>General fund</b>	5,510,402	6,186,107	(6,199,352)	499,560	(250,000)	5,746,717
	11,440,335	6,186,107	(6,316,890)	499,560	-	11,809,112

### Building fund

This is a designated fund representing the construction costs of the original building to 31 March 2018 less depreciation charged thereon, together with funds transferred from the original foundation fund. During 2009/10 the balance on the capital appeal restricted fund (£511,529), which was held specifically for the purpose of the development and provision of accommodation for family bereavement and support services, was transferred into this fund.

### New building and maintenance fund

This is a designated fund for the purposes of maintaining and updating the existing Hospice building and allocating funds for future building requirements.

### IT systems fund

The charity has a number of IT systems and hardware which will require replacing over the next twelve to twenty-four months. The Trustees have designated funds for this and to develop greater reliance and functionality through new systems, in order to reduce duplication and manual data handling, whilst supporting the services we deliver now and in the future.

### Service development fund

The purpose of this fund is to develop and pilot new service delivery models across our entire service offering in all settings. This will enable us to achieve the charity's strategic vision. During the year, we have commenced the Listen Learn Adapt project using these funds.

### Income generation fund

The Trustees have set aside funds for income generation through shops and growing Lottery membership, as well as developing new income streams to continue to diversify the charity's portfolio in order to remain sustainable and resilient to economic challenges.

## 16 Endowment funds

	Balance at 1 April 2017 £	Income £	Expenditure £	Investment gains £	Balance at 31 March 2018 £
The Earl of Euston 2009 Fund	44,806	1,022	(1,022)	(621)	44,185

The income earned from the investment of the fund, £1,022, must be spent in accordance with the objects of the Charity.

The loss arising on the investment of the fund was £621 and the value of the fund was decreased by this at 31 March 2018. The investment management charge attributable to the fund at £403 was immaterial and no adjustment has been made to the value of the fund

	Balance at 1 April 2016 £	Income £	Expenditure £	Investment gains £	Balance at 31 March 2017 £
The Earl of Euston 2009 Fund	40,402	1,017	(1,017)	4,404	44,806

## 17 Net assets by funds

Group	General Funds £	Restricted Funds £	Endowment Fund £	Total Funds 31 March 2018 £
Investments	6,770,321	-	44,185	6,814,506
Tangible fixed assets	2,188,286	291,533	-	2,479,819
Current assets	2,569,489	-	-	2,569,489
Creditors falling due within one year	(559,521)	-	-	(559,521)
	10,968,575	291,533	44,185	11,304,293

Charity	General Funds £	Restricted Funds £	Endowment £	Total Funds 31 March 2018 £
Investments	6,805,321	-	44,185	6,849,506
Tangible fixed assets	2,188,286	291,533	-	2,479,819
Current assets	2,507,928	-	-	2,507,928
Creditors falling due within one year	(549,470)	-	-	(549,470)
	10,952,065	291,533	44,185	11,287,783

Group	General Funds	Restricted Funds	Endowment Fund	Total Funds 31 March 2017
	£	£	£	£
Investments	8,271,546	-	44,806	8,316,352
Tangible fixed assets	2,235,994	326,859	-	2,565,853
Current assets	1,756,978	-	-	1,756,978
Creditors falling due within one year	(458,406)	-	-	(458,406)
	<b>11,809,112</b>	<b>326,859</b>	<b>44,806</b>	<b>12,180,777</b>

Charity	General Funds	Restricted Funds	Endowment	Total Funds 31 March 2017
	£	£	£	£
Investments	8,306,546	-	44,806	8,351,352
Tangible fixed assets	2,238,994	326,859	-	2,565,853
Current assets	1,716,807	-	-	1,716,807
Creditors falling due within one year	(461,849)	-	-	(461,849)
	<b>11,800,498</b>	<b>326,859</b>	<b>44,806</b>	<b>12,172,163</b>

## 18 Related party transactions

None of the charity trustees or connected persons received remuneration for the year (2017 nil).

Trustees indemnity insurance amounting to £778 was paid for the year (2017 £761).

4 trustees were St Nicholas Hospice Care Lottery subscribers in the year (2017 none), and in total paid £260 (2017 £0). Their winnings amounted to £10 (2017 £0).

During the year 21 trustees and associates (2017 11) made donations totalling £1,834 (2017 £2,762).

Transactions with the subsidiary undertaking were:

	2018 £	2017 £
Loan outstanding from the trading company to the charity	<b>25,000</b>	25,000
Current account balance from the trading company to the charity	<b>3,318</b>	7,822
Gift aid donation from the trading company to the charity	<b>42,272</b>	53,804
Recharged costs from the charity to the trading company	<b>218,699</b>	250,395
Recharged income from the charity to the trading company	<b>159,471</b>	174,436
Recharged costs from the Trading company to the Charity	-	146,338

## 19 Financial commitments

As at 31 March 2018, the charitable company had annual commitments under non-cancellable operating leases as set out below:

	Land and buildings		Other	
	2018 £	2017 £	2018 £	2017 £
Operating leases which expire:				
Within one year	<b>180,350</b>	196,685	<b>17,320</b>	37,760
Later than one year but not later than five	<b>478,141</b>	593,409	<b>30,245</b>	44,478
Later than five years	<b>137,244</b>	238,322	-	-
	<b>795,735</b>	<b>1,028,416</b>	<b>47,565</b>	<b>82,238</b>

## 20 Reconciliation of net income / (expenditure) to net cash flows from operating activities

	2018 £	Group 2017 £
<b>Net income/(expenditure)</b>	<b>(876,484)</b>	<b>211,619</b>
<b>Adjusted for:</b>		
Depreciation charges	197,987	318,880
(Gains) / Losses on investments	54,276	(503,964)
Dividends received from investments	(156,039)	(155,603)
Interest received	(1,005)	(2,934)
Loss on the sale of fixed assets	3,271	2,577
Increase in stocks	(14,106)	(103)
Decrease / (increase) in debtors	281,200	(847,159)
Increase / (decrease) in creditors	101,115	(111,980)
<b>Net cash provided by / (used in) operating activities</b>	<b>(409,785)</b>	<b>(1,088,667)</b>

## 21 Analysis of cash and cash equivalents

	Group		Charity	
	2018 £	2017 £	2018 £	2017 £
Cash at bank and in hand	1,438,967	359,363	1,381,178	312,284
Cash held as part of the investment portfolio	265,148	259,272	265,148	259,272
	<b>1,704,115</b>	<b>618,635</b>	<b>1,646,326</b>	<b>571,556</b>

## 22 Members guarantee

The charity has no share capital but is limited by guarantee. Every member of the charitable company is a guarantor and undertakes to contribute to the assets of the charitable company, in the event of it being wound up, such amounts as may be required. Each guarantor's liability is limited to £1.

## 23 Pension costs

A group personal pension plan is operated on behalf of certain employees. The assets are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the plan at rates ranging from 5% to 7%. Contributions paid by the charity during the year amounted to £140,568 (2017 - £130,529). Contributions outstanding at 31 March 2018 amounted to £20,154 (2017 - £17,955) and were included within other creditors.

In addition, certain other employees previously employed by the National Health Service have, by arrangement, continued to be members of the NHS Pension Scheme, a multi-employer defined benefit scheme, whilst in the employment of St Nicholas' Hospice (Suffolk). Contributions paid by the charitable company during the year amounted to £176,024 (2017 - £165,743). Contributions outstanding at 31 March 2018 amounted to £24,723 (2017 - £25,020) and were included within other creditors.

The scheme is not designed to be run in a way that would enable NHS bodies to identify their share on the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Hospice of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employers' contributions to the NHS pension scheme were made at the rate of 14.38% (2017-14.3%) and employee contributions ranged from 5% to 14.5%.

## 24 Material legacies

Legacy income is only included in incoming resources where receipt is probable and the amount can be measured reliably, or the legacy has been received. There were no additional notifications over and above those already recognised in the financial statements as at 31 March 2018 (2017: £nil).

## 25 Capital commitments

There was no capital expenditure authorised and contracted, but not provided for in the accounts for the year ended 31 March 2018 (2017: £nil).

## 26 Financial instruments

	Group		Charity	
	2018	2017	2018	2017
	£	£	£	£
Financial assets:				
Debt instruments measured at amortised cost	<b>786,151</b>	1,223,955	<b>811,776</b>	1,246,153
Instruments measured at fair value through profit & loss	<b>6,549,358</b>	8,057,082	<b>6,549,358</b>	8,057,082
Total	<b>7,335,509</b>	9,281,037	<b>7,361,134</b>	9,303,235
Financial liabilities:				
Measured at amortised cost	<b>353,762</b>	267,525	<b>349,300</b>	278,872

## 27 Contingent Liabilities

The charity is registered within the VAT group with St Nicholas Hospice Trading Limited. The maximum potential liability at 31 March 2018 was £3,253 (2017: £4,287)

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