ST. MARY’S HOSPICE LIMITED

Report and Consolidated Financial Statements
Year ended 31 March 2017
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Here at Birmingham St Mary’s Hospice, our vision is a future where the best experience of living is available to everyone up to and at the end of life.

It is this vision that drives our ambition to ensure the best hospice care is available for all individuals and their loved ones, families and carers across our diverse communities wherever and whenever they need it.

It is the core purpose of the theme of our Hospice Strategy (2016-2020) ‘Hospice Care for All’, that we launched in early 2016.

We are tremendously proud of the work of all our staff and volunteers as we look back over the achievements of the first year of that strategy, many of which are described on the pages that follow.

‘Hospice Care for All’, is our commitment to the people of Birmingham and Sandwell to respond to the growing demand for hospice care at a time of significant financial pressures across our public sector and economy as a whole. Research by Hospice UK has found that hospices are only reaching half the number of people who are in need of hospice care. This is backed up by a report by our local NHS commissioners showing an increase in the number of repeated and unplanned emergency admissions to hospital in the last months of life.

The public launch of our strategy was in September 2016 at the House of Lords in Westminster. It was an opportunity to set out our plans to address this challenge on a national platform and to influence others to join us on our journey. Our specific focus was the launch of two satellite clinics to provide hospice care in more local settings alongside the care we provide in people’s homes and within the Hospice. This was an opportunity to demonstrate how we have been working with partners across the whole system of local healthcare to redesign services to improve care now and into the future.

NHS Chief Executive, Simon Stevens, who was keynote speaker, said that ‘Birmingham St Mary’s Hospice had created a clear route map for other hospices to follow’.

We have been inspired by the positive response of regional and national philanthropists who have come forward to support our work and contribute towards taking our plans forward. Already, the work of the past 12 months has resulted in an increase of 20% in the number of people accessing care and support from the Hospice. This figure puts us on route to doubling our reach to support 7,000 people between 2016 and 2020. We are grateful to many representatives from the diverse communities of Birmingham and Sandwell for helping us make sure our redesigned services support the needs of our diverse population. In particular, we are grateful to the Birmingham Archdiocesan Trust for the gift of the Hospice freehold which means that from June 2016 the Hospice owns the full site and property. All these factors now mean that we can realistically look well beyond 2020 to develop the hospice for the future.

The difference we have really made over the past year is shared in the words and experiences of the individuals we have cared for in many different settings and of their family members, loved ones and carers. We include personal stories from our amazing staff and volunteers alongside testimonials from healthcare professionals who have benefitted from training and education at the Hospice.

We thank you for your interest in our work and look forward to you supporting us as we embark on the next chapter for our important and ambitious journey.

Mr Vij Randeniya OBE  
Chair of the Trustees

Ms Tina Swani MBA, MCIM  
Chief Executive
MESSAGE FROM HOSPICE AMBASSADOR

It was while spending time with my friend in the hospice and seeing the really good care and treatment she received from the staff that I was inspired to become an Ambassador for Birmingham St Mary’s Hospice. I wanted to give something back and help others through the same situation as me and to improve the treatment and care patients and families receive.

I still feel the same way today and I’ve met many others like me. People who just want to give something back. They often share their stories about loved ones they have lost and I feel very privileged and humbled to be part of the Birmingham St Mary’s Hospice’s community. What really stands out for me is that people who have lost loved ones all talk about how grateful they are for the care and support they and their loved ones received from the Hospice.

Through my Ambassador role, I have learnt so much more about the Hospice and the services it provides to people across Birmingham and Sandwell. I feel I am raising much awareness of the hospice to a broader audience of different age groups and various social and cultural backgrounds, telling people about the services the hospice provides and how much money is needed to keep the hospice running. It’s good to have the opportunity to dispel some of the myths people believe about hospices.

It’s fantastic to see the Birmingham St Mary’s plans to grow their work in their ‘Hospice Care for All’ strategy. I think it’s a really great thing that the services, the research and education programmes will be expanding and developing so that more support and care can be given to individuals, families and carers across Birmingham and Sandwell.

Writing this preface to the annual report is a real honour. I hope readers will be inspired by all the successes described in the following pages and motivated to see the Hospice’s plans for the future.

Polly Patel
Hospice Ambassador
Objectives and activities - Setting a new strategic direction

We believe in a future where the best experience of living is available to everyone leading up to and at the end of life.

To ensure we realise this vision, in 2016, we launched a new four year organisational strategy which outlines our mission to deliver ‘Hospice Care for All’.

We are committed to ensuring the best hospice care is available for all patients, families and carers across our community, wherever and whenever they need it.

Why is ‘Hospice Care for All’ needed?

Over the past 30 years, the scope of end of life care delivery has changed significantly. This is largely due to:

- An increase in demand for services and support from a growing and ageing population
- The growing need for the treatment of increasingly complex conditions and illnesses
- People’s desire to be cared for in their own homes surrounded by their family and loved ones.

As the ‘Dying without Dignity’ and ‘Birmingham's End of Life Care Strategy’ highlight, there is a challenge nationally for all healthcare providers to make sure people approaching the end of life can access the right services and care wherever and whenever they need it.

The number of people needing palliative care in England and Wales over the next 25 years is likely to increase by 42 per cent

By 2040 at least 160,000 more people each year will be likely to have palliative care needs including pain management of chronic illnesses and end-of-life care at hospitals, hospices, and at home.

“I have worked in Palliative Care for 20 years, it is for me the heart and soul of nursing and every day is a privilege for me to come to work and make a difference to people’s lives. Hospice and Palliative Care really improves the lives and deaths of those it touches. Our role is to help people live well before they die.

The scope of our work is much broader than people think, we provide care for a whole range of conditions and support people in their homes, in local clinics as well as at the Hospice. Currently around 30% of the people we care for have conditions other than cancer such as motor neurone disease, chronic obstructive pulmonary disease and renal disease, this is growing and our engagement work aims to increase this further.

Many more people need our help, we are working with care homes to address the learning needs of their staff and want to expand our end of life facilitation role in care homes to support this. So we need to keep extending our reach to make a difference to everyone who needs us.”

Sharon Hudson, Integrated Community Team Leader

Community engagement

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1 Dying without Dignity Investigations by the Parliamentary and Health Service Ombudsman into complaints about end of life care – published 2015
2 Integrated Palliative and End of Life Care Commissioning Strategy for Birmingham – published in 2014 by Birmingham Cross City and South Central Clinical Commissioning Groups
3 Data from Office of National Statistics
4 Data from Office of National Statistics
At a local level, we recognise this growing demand and while our annual referral rate is steadily increasing; reaching more people to enable a better experience at the end of life remains our core challenge.

We currently care for over 1,200 individuals per year, but estimate that this is only 50% of the individuals that need our help.

By 2020, we aim to address these challenges; aiming to have directly reached over 7000 individuals during 2016 – 2020, providing care and support at the Hospice, in people’s homes and across our community locations.

Our work continues to focus strongly on community development, resulting in greater awareness of hospice care across our diverse population; better access to people who are disadvantaged; and strengthening our own engagement with locally led initiatives.

**Broadening the reach of expert Hospice care**

We aim to widen the reach of hospice care services by increasing the number of health and social care professionals we educate through our research and through organisations we work in partnership with such as prisons, care homes, hospitals and general practices.

By building and strengthening partnerships across the health and social care sector and growing our research and education programme we will share our expertise and knowledge to help others and work with them to deliver the best end of life care.

Whilst we need to reach more people, we have a finite capacity to secure funding and over half of our running costs come from voluntary income. In response to the challenges we face, we are working to deliver a cost effective model of service delivery that encourages partnerships across our healthcare network; increases levels of awareness and understanding about the breadth of and accessibility to our end of life care; and encourages our supporters’ donations to stretch as far as possible without compromising on the quality of care.

**Leading the way**

To achieve our vision, we’ve embarked on an ambitious and innovative programme of service redesign to enable us to reach more and more individuals and their families, carers and loved ones. Alongside our continued collaboration across the wider network of other care providers, this programme is central to helping us deliver this vision for the people of Birmingham and Sandwell. Our programme has also boosted our ability to influence and shape the future delivery of end of life care at a national level.
ST. MARY’S HOSPICE LIMITED

TRUSTEES’ AND STRATEGIC REPORT

“Birmingham St Mary’s Hospice strategy sets a clear route map that other hospices across this country can take.”
Simon Stevens, Chief Executive, NHS England

“When I came in here, I was dying and I prayed to die, but from the moment I came in, they helped me.”
Josephine, Inpatient

“I can honestly assure everybody, you come here to live.”
Jackie Price, Day Hospice attendee

“A lot of people think I only go to a hospice if I’m really ill, but when you’re on your own and feel lonely from your disease, it’s really lovely to be surrounded by other people.”
Vicky Stock, Day Hospice attendee

“A lot of their decisions and choices have been taken from them and this [coming to the Hospice] is their chance to take that power back to say, ‘actually this is what I want for the end of my life.”
Jenny Evitts, Day Hospice Sister

“I think the Satellite Clinics are a brilliant scheme whereby patients who would benefit from Hospice services are able to be seen promptly and nearer to their own home.”
Dr Sue McKinnon, GP, Jiggins Lane

“They are helping you to live whatever life you’ve got left as living, not just lying around waiting to die.”
Angela Wilde, Hospice at Home patient

“I consider myself most fortunate to receive such wonderful service from your Community Care Team. I feel “really cared for” by all of the team whenever I have contact with any of them. My home visits are an absolute god send. My heartfelt thanks to everyone concerned.”
Anonymous

“Birmingham St. Mary’s Hospice cared for my mother in the winter of her life. She had a very advanced and invasive form of ovarian cancer that caused her tremendous pain and suffering. The staff at the Hospice cared for her with love and tenderness and affected even the bleakest moments with their sublime and ridiculous comedy. When my mother’s time had come, they transferred us to a beautiful family suite where we were able to cook and drink and have one last party with my mom.”
Emily, family member

“People sometimes ask me how I cope when one of our patients dies. My reply is that I did all I possibly could to help that patient enjoy quality of life in their twilight years, but sadly, there are plenty more awaiting our care and attention so I turn my focus to doing the same for them.”
Jean, Day Hospice Volunteer

“Everyone that cared for my grandpa kept our spirits up and gave us all something to hold on to. Ensuring they did everything possible to make his stay as comfortable as possible, they even cooked his favourite meal of faggots and mash every night, even though it wasn’t on their menu!”
Hannah, family member
“When I took a job at the Hospice two years ago, I just wanted to gain experience in fundraising, I didn’t really know too much about hospices or palliative care. Three days in I was asked to take a donation from a family who’s mom had been treated in our inpatient unit, suddenly I realised I wasn’t just there to fill out a receipt book. In the space of twenty minutes with that family, I became someone to confide in; a shoulder to cry on and someone to laugh with. It was a kaleidoscope of emotions, all of which they felt comfortable sharing with me, a complete stranger, all because I wore a badge telling them I worked at Birmingham St Mary’s Hospice.”

Pamela Hodgetts, Fundraising Coordinator

Our priorities and activities – Setting a new strategic direction

At the heart of our ‘Hospice Care for All’ strategy are five priorities which set out a framework to measure our work by.

1. Providing a better experience at the end of life
2. Expanding our specialist centre of research & learning
3. Locating our facilities so we can reach more people
4. Being an employer & volunteering centre of choice
5. Achieving growth, influence & financial stability

Over the past 12 months, we have built a strong foundation for the delivery of our four year strategy.
Providing a better experience at the end of life

Figures for the year show a significant increase in referrals across our services, meaning we are reaching more people than ever before and ensuring they get the right care, at the right time in the right setting. In part this is due to:

- Additional community engagement - through our expert nursing team and dedicated Community Engagement Officer, who are working closely with partners - particularly GPs in Sandwell and other healthcare professionals and community groups in areas surrounding our two satellite clinics - to raise the Hospice profile, educate about the referral options available and better signpost to our services.

“The Hospice is committed to delivering high quality ‘Hospice care for All’, and with our Satellite Clinics we can offer easier access to our services closer to the communities where people and their families live. We are aware that we have lower referrals from these areas, so we are delighted to be working with lots of different partners to serve the local communities, wherever and whenever Hospice care and support is needed.”
Helen O’Halloran, Director of Nursing

- Increased responsiveness – though our dedicated Triage Nurse service, with its central point of contact that enables us to better manage enquiries in a timely and effective manner.

- Improved data collection – lead by our dedicated Business Intelligence Analyst, reporting systems across the Hospice have been reviewed and streamlined to ensure the more consistent and robust collection and analysis of data. An in-house programme of ongoing education and staff engagement has also been implemented, including regular mandatory SystmONE (electronic patient records system) refresher courses.

Over the past 12 months the number of individuals referred to Birmingham St Mary’s Hospice has increased by 20%

We cared for 1,246 people in 2016-17; we estimate that this is still only 50% of the people we could reach

On any one day 350 individuals across Birmingham and Sandwell are receiving care from the Hospice

93%\(^5\) of patients likely or extremely likely to recommend the Hospice if in need of care or treatment

Thanks to our support, 3 out of 4 patients die in their preferred place of death

8 - 10% more of our patients spend their final days in their usual place of residence.

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\(^5\) This figure is an average taken over Quarters 3 and 4 when data collection of this type began.
“It’s very rewarding to be able to care for patients, families and their friends at this very sensitive time and I feel very honoured to be able to provide this care. At times it can of course be psychologically draining; however there is a lot of support between the staff here, which is why we’re such a close team.”

Rachel Shuttleworth, Triage Nurse

Highlights:

- Successful launch of new four year strategy – ‘Hospice Care for All’ – receiving backing and support from Simon Stevens, CEO of NHS England and Hospice UK Chairman, Rt Hon Lord Michael Howard.
- Block contract with Cross City and South Central Clinical Commissioning Groups extended for 2016/17 – securing funding of £2,798,217 to enable us to provide continued care and support to families across Birmingham.
- Secured £400k sub-contract with Sandwell and West Birmingham Clinical Commissioning Group to deliver services in Sandwell and West Birmingham.
- A successful nursing recruitment drive on the hospice Inpatient Unit is enabling more people to be admitted to the hospice – with the unit consistently running at 85% specialist bed occupancy. The nursing team also have the flexibility to admit into nurse led Home from Home beds and the appointment of our Triage Nurse, alongside more nurse led initiatives such as non-medical prescribing, continue to improve our responsiveness and provision of high quality care.
- Awarded ‘Good’ rating from Care Quality Commission across key areas including safety, leadership, responsiveness, effectiveness and care.
1,482 professionals educated through our expert programme

55% of these were students (Pharmacy, Medical or Nursing)

9 day placements within our clinical teams including a Band 6 Sister, Urgent Response Nurse, Doctor and Palliative Care Clinical Nurse Specialists

52 student nurses completed our Introduction to Hospice sessions, providing valuable insight into inpatient and community based care provision and the benefits of Day Hospice therapy.

3 internships – providing valuable experience to help people in their career journey in areas including fundraising, finance and administration

Educating the experts of tomorrow
As part of our ongoing commitment to expanding our specialist centre of research and learning, we are proud to host, coordinate and support a rolling and innovative programme of education. Highlights from the past 12 months:

- 400 medical students and 68 pharmacy students from Birmingham University have received expert Palliative Care training from the hospice team. At the point of graduation, all Pharmacists and Doctors from Birmingham University will have received palliative care training from the Birmingham St Mary’s Hospice team.
- For the first time, students at Aston University have also completed Sage & Thyme training, ensuring they understand how to listen and respond to patients/clients or carers who are distressed or concerned. As a follow up to this pilot, a research paper is being developed, evaluating the value of this type of training and considering the benefits of this type of communication skills training being rolled out nationally.
- A Hospice Consultant in Palliative Care became a Module Leader for Birmingham University’s Palliative Care Module within the Master’s degree in Clinical Oncology. This module attracts healthcare professionals working in cancer care from across the UK and internationally.
- We continue to take doctors training to be GPs on rotational placements as well as junior doctors specialising in palliative medicine

“During my placement at the Hospice, not only have I grown clinically in terms of my palliative medicine knowledge, but they’ve helped me through my academic growth as well. Over the last six months I’ve probably achieved more academic achievements than I have in any other job! They’ve also been super supportive. As part of my post graduate certificate I have to travel to Keele University once a week to teach medical students. The team provide medical cover on the ward during the time I’m away without making me feel like an inconvenience, which is wonderful.”

Arifa, Junior Doctor on rotation

Highlights:
- Presented research on Chronic Obstructive Pulmonary Disease at the European Association for Palliative Care, Integrated Care Conference - ‘Integrated Palliative Care: Are you ready for change?’ in Brussels in September 2016
- Delivered Advanced Care Planning session at Shrewsbury & Telford Hospital NHS Trust ‘End of Life Conference’ in November 2016.
ST. MARY’S HOSPICE LIMITED

TRUSTEES’ AND STRATEGIC REPORT

- Supported research including a NIHR (National institute for Health Research) portfolio study where patients and their carers have been given the opportunity to be involved in the Prognosis in Palliative Care Services study (PiPS2). This aims to validate a prognostic tool and compare this tool to estimates of prognosis from doctors and nurses. The hospice has also supported other research including masters and PhD level research.
- Presented three abstract posters at Hospice UK Conference in Liverpool in November 2016, one of which showcased a study to understand the form and content of telephone support delivered by the Community Palliative Care Team and explore the perspectives of the team members.

Locating our facilities so we can reach more people

We have a unique challenge of providing the right care, in the right setting, that acknowledges and complements the many different cultures and communities in which the Hospice provides services. The launch of our two Satellite Clinics provides a base for up to three of our Community Nurses and other hospice teams to deliver services; right in the heart of the local community. By complementing our existing home visiting services, these nurses already provide, they are supporting our committing to making our access to our full range of services easier.

Since launching our two pilot Satellite Clinics in Sparkbrook and Bartley Green, we have seen over 59 individuals, many of whom have subsequently being referred onto other Hospice services to ensure they are receiving the full package of care and support they need. By 2020, we aim to have three more clinics in operation.

Birmingham and Sandwell are two of the most diverse areas in the country with over 45% of residents coming from a BAME community.

“My dad was my strength; he was always filled with positivity and could light up any room he walked into. But in 2015, he was diagnosed with secondary throat cancer and I thought my family would never be the same again.

We were the first family to use hospice’s new Satellite Clinic, which meant my dad was referred very quickly and could spend those final weeks doing more of the things he wanted.

Thanks to their active presence within the community, Birmingham St Mary’s Hospice offered us on-going support throughout my dad’s illness, which enabled him to pass away peacefully at home surrounded by his family in November 2016.

I cannot thank the nurses and doctors at Birmingham St Mary’s Hospice enough; their patience and care was second to none. We were treated like family, including my grandparents, who the nurses always made an effort to communicate with, despite the language barrier.

I can also see how my mum benefited from the bereavement support the charity provided after my dad’s passing and she appreciated they didn't treat her as though she was just another number.” Vivek, family member
Highlights:

- Secured new sub-contract with Sandwell & West Birmingham Hospitals NHS Trust to provide specialist and end of life services to Sandwell and West Birmingham for at least the next five years as part of a new Connected Palliative Care Hub, which launched in May 2016. Through this continued partnership, we are working together with other health professionals to ensure the improved support and coordination of care for patients in Sandwell and West Birmingham who have a life-limiting illness, and their relatives and carers.

  “It’s our belief that collaboration is central to ensuring individuals, families and carers come first and through partnerships like the Connected Palliative Care Hub, we hope to improve end of life and palliative care for people living in Sandwell and West Birmingham. We look forward to reaching out to more local people to provide ‘Hospice care for All’ and support whenever they need us, however they need us.”

  Tina Swani, Chief Executive

- Securing funding from the Big Lottery Fund and People’s Postcode Lottery to fund our new volunteer led Support at Home service which will enable us to provide a befriending and social support to individuals across Birmingham and Sandwell in the comfort of their own home environment. Set to launch in the summer of 2017, initial planning is well underway, with the appointment of the service lead complete and a team of volunteers underway.

**Being an employer and volunteering centre of choice**

81% of staff ‘wholeheartedly recommend Birmingham St Mary’s Hospice as a good place to work’

In 2016, our team of amazing volunteers gave approximately 92,600 hours of their own time to support the Hospice

  “It has given me great pleasure to become part of the wonderful Hospice team, the work is humbling and fulfilling and certainly puts one’s own little niggles into perspective.”

  Jean, Day Hospice volunteer

  “Everyone at Birmingham St Mary’s Hospice is so caring and I think that’s what matters in the end, being there for people and showing we care. When I go round talking to people and tell them where I volunteer they say how good we were at caring for mum or dad. It’s lovely to know that we are helping to support families in the local community.”

  Margaret, Family & Carer Support Team Volunteer

  “I love volunteering because of the interaction I have with patients and relatives. They are all so special and I feel very privileged to meet them. Giving them the great customer service they deserve is important to me, even if it’s just by offering a cup of tea when a family member is upset. I think they really appreciate knowing that we care and are there to listen and be there for them. It is both humbling and a joy to be part of that.”

  Chris, Butterfly Lounge volunteer (and full time member of the Housekeeping Team)
Highlights:
- Received Employee Engagement Award from Agenda Consulting in recognition of our Excellent Overall Engagement Score in 2016 Staff Survey.
- Hosted Trustee Recruitment Day, attracting over 18 local professionals with the potential skills and knowledge to enhance and support the existing Board as we work towards our vision where the best experience of living is available to everyone leading up to and at the end of life.

Achieving growth, influence and financial stability

The power of public support and generosity
Collectively, our Charity Partnerships have raised nearly £100,000\(^6\)

Hosting our first Corporate Fright or Flight event, raising a total of £14,500

35 new legacy bequests made to the Hospice\(^7\)

Total legacy income for the year £1.24 million

412 regular donors (an 8.7% increase from 2015), totalling £45,930

New Let’s Dance-a-thon fundraising event attracted over 200 participants and raised over £19,000

A record 170 runners supported the Hospice at the Great Birmingham Run, raising over £39,000.

Our integrated Care at Christmas fundraising campaign reached over 106,173 people via social media channels and raised over £115,000 (20% increase on 2015). As part of this:
- Jingle Bell Jog saw us record our single biggest mass participation event to date, attracting over 500 participants and raising over £15,000.
- Christmas Card sales grew for the 2\(^{nd}\) year running to 4,901 packs (106% increase from 2015)
- Over 1500 people attended our Light up a Life ceremonies, raising over £66,605
- Number of participants in fundraising products grew to 3,373 (21% increase from 2015)

Keeping charity shops at the heart of local communities

The Hospice has a retail chain of charity shops across Birmingham. We have over 140 active volunteers providing a commercial value helping to deliver revenue contributing to 15% of our total annual income.

Our charity shops not only provide a sustainable income stream, they add value through awareness in the public arena and generate significant additional income via cash donations, legacies and events.

\(^6\) Total raised April 2016 – March 2017
\(^7\) This figure relates to new notifications in this financial year
In 2016, two new shops were opened with the Birmingham St Mary’s Hospice brand identity, in Highgate (June 2016) and Wychall Road (August 2016). Since opening they have generated £42,000, raising vital funds to help local families living with terminal illness.

Today, there are now seventeen shops in the Birmingham St Mary’s Hospice portfolio including two boutiques, two bargain shops, one furniture store and eleven general shops, geographically spread across Birmingham.

The shops and staff are responsible for generating donated stock in their community through limited local initiatives to include shop donations, collections on request and house to house collections where resources permit.

<table>
<thead>
<tr>
<th>Year</th>
<th>Stock Donors</th>
<th>Threshold Bags</th>
<th>Gross Income</th>
<th>Avg. income per bag</th>
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<td>2016/17</td>
<td>43,525</td>
<td>96,474</td>
<td>£956,891</td>
<td>£9.92</td>
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A robust strategy for the next three years has been developed to make the concept of community centred shops into a reality via detailed operational plans, clear objectives and KPIs.

**Highlights:**

- The relaunch of our Butterfly Lounge – a café and shop in the heart of our Inpatient Unit, where patients, their friends, family and Hospice staff and volunteers can grab refreshments, toiletries and other items in a relaxed and welcoming environment.
- A boost in stock generation and sales at our Dorridge shop by over 200% as a result of increased brand awareness in Solihull through the promotion of fundraising events such as the Choc 5k.
- Launch of a new complimentary personal shopping service at our Bournville Boutique.

“The personal styling sessions at our Bournville Boutique are not only a valuable service to our customers but a fantastic way of challenging preconceptions about what you can find in a charity shop.”

Susan Newcombe, Director of Income Generation and Marketing
The year ahead

Building on the successes of the past 12 months, we have a clear plan for achieving our vision including:

- Launching a new Support at Home service - a volunteer led sitting and befriending service offering practical, social and emotional support through the stages of illness for patients, their families and carers.
- Launching two new Satellite Clinics in Druids Heath and Cape Hill to further broaden the reach of our services across the diverse communities we serve and to strengthen our partnership working with other healthcare providers.
- Proposal to launch an additional Day Hospice day to mirror the successful current innovative 12 week therapeutic model which helps target individual's needs towards living independently and confidently with their condition.
- Improving our use of digital communication, technology and processes to better connect with people and help us in our work. This includes:
  - Working with the Clinical Support Unit to update existing processes to allow referrals to be made via the NHS e-referral service 'Choose and Book'; thereby improving people’s access to outpatient appointments with our Clinical Nurses
  - Plans to develop the Hospice website to improve user experience and accessibility of information for patients (and their families and carers) and healthcare professionals
  - Improving connectivity of mobile devices for clinical staff
  - Working to ensure compatibility of IT systems at Satellite Clinics and other off site locations to reduce paperwork, improve data security and enable a more linked up approach with other healthcare providers; thereby enhancing patient care.
- Strengthening our retail chain through the opening of a new shop.
Providing ‘Hospice Care for All’

We provide vital and compassionate end of life care and support to people across Birmingham and Sandwell. We care for individuals in our Hospice in Selly Park, as well as in people’s own homes and in community locations. We aim to give individuals more choice at the end of their life and provide services whenever and wherever they need them.

“Before I came here, I imagined that a hospice was a very sad place with only one purpose. It’s been such a pleasant surprise to discover that actually Birmingham St Mary’s is a place of kindness, happiness, and hope. It doesn’t just concentrate on end of life care, but also on helping patients and their families and carers to enjoy happy times together, prepare for the future, and receive the healthcare they need. There’s counselling and support for everyone during the period of ill health, and afterwards ongoing bereavement support and help.

I had my first meeting with Kate Palmer, clinical nurse specialist at the Sparkbrook satellite clinic. I’d had my diagnosis just a few weeks before and as you can imagine I was full of concerns. Kate was patient, compassionate and wonderfully understanding, she listened to me talk for a long time about everything I was struggling with. We discussed financial matters together and she arranged for someone to visit my home to look at them with me, as well as telling me more about the Hospice and the support available for my family, which helped to reassure me.

A few weeks later, I went to the Hospice itself to meet Maxine Jones from the Family and Carer Support Team. I was initially scared and upset to think that I ‘needed’ the services of the Hospice. I was afraid to cross the threshold. But Maxine was – like Kate – understanding, full of knowledge, and incredibly easy to talk to. We chatted about my situation and health history, and she kindly showed me around the Day Hospice as I was due to start there the following day.

Since then I’ve met so many fantastic people, staff, volunteers and patients alike, and I feel like I have seen the best of human spirit. I think it really takes a special individual to work in an industry like this: someone with compassion, kindness, and a genuinely lovely character.

It feels peculiar to say, but my time at the Day Hospice has given me some wonderful memories, from chatting with staff and volunteers who remember everyone and take the time to have personal conversations with you, to the lovely food, animal therapy and being asked to join the patient steering group. I’ve found myself getting more confident in social situations, and even had the chance to overcome my fear of public speaking when I shared my experiences at the hospice’s AGM.

I’ve had counselling from Kate and Maxine, and completed all 12 weeks of the Day Hospice therapeutic programme, which includes educational talks, relaxation sessions and medical checks. Now I’ve started going to the follow up ‘Welcome Group,’ which is led by volunteers and I’m thoroughly enjoying it: the unique humour and outlook of those in the same situation as me, swapping tales and tips, and seeing that other people are having a good time too.

The main thing, though, that I’ve found in my time at the Hospice is the reminder of how much goodness and strength people can have in the face of adversity, and seeing the real kindness and compassion of those supporting us.

I want to say that if you ever find yourself needing these services, to be brave. Although the idea of a hospice might be daunting, the more support and knowledge you can have to deal with what can be a traumatic, difficult situation, the better. Knowing that the Hospice can help you plan for the future and will be there for the people you love will take a lot of pressure away and you’ll be able to enjoy your time so much more.” Susan, patient
Inpatient Care
Our specialist team of doctors, nurses and therapists care for people on the ward, helping with symptom management and providing therapies and advice and support. In our Harry Moseley Centre, families can stay with their loved ones in a calm and comfortable environment.

| +25% increase in admissions to our inpatient unit |
| +3% increase in occupied bed days, with an occupancy level of 82% |
| Average length of stay 13.5 days |
| Average waiting time for admission 2.2 days |

My sister and I sadly lost our mum, Caroline, to bowel cancer in May last year. Before mum passed away she was cared for by the nurses at Birmingham St Mary’s Hospice and in all the sadness and uncertainty surrounding mum’s illness, it was such a relief that she was so well looked after in her final weeks.

It was bank holiday weekend in April last year when things took a sudden turn for the worse. I had to call an ambulance for mum but was worried that if she was admitted to hospital that she may end up spending her final days there. It was a big relief when I spoke to the Hospice and they arranged for her to have a bed in their in-patient unit. I really was taken aback by the level of care mum received. The nurses were so lovely and mum had a great relationship with them all. My sister and I stayed at mum’s bed side until she sadly passed away on 25th May.

Ellie, family member

Community Care
We work closely with local GPs and District Nurses to provide Hospice at Home care for people who are at the end stage of their illness and have expressed a wish to die at home.

We also provide 24 hour specialist palliative care, support and advice in a variety of settings including care homes.

We currently run outpatient clinics at the Hospice and in health centres across Birmingham for people needing medical and nursing support.

Outpatient clinics

“Our Satellite Clinics bring us closer to our communities and enable us to reach as many people as possible. We believe this approach can make a significant difference to not only the Birmingham community but beyond.”

Tina Swani, Chief Executive

| +24% increase in number of patients seen in our Doctors Clinic |
| +143% in number of patients seen in our Infusion Clinic |
| 79 patients seen in Hospice based outpatient clinic |
ST. MARY’S HOSPICE LIMITED

TRUSTEES’ AND STRATEGIC REPORT

Community Palliative Care
842 accepted referrals
99.5% of urgent referrals to our Community Palliative Care Team are responded to within two days\(^8\)
99.9% of non-urgent referrals are responded to within 10 days\(^9\)
3,932 community visits (+12% on 2015-16)
Over 13,000 other clinical contacts (+54% on 2015-16)

Hospice at Home
223 accepted referrals
2,178 visits
619 other clinical contacts

“The Hospice at Home Team are all absolutely exceptional - nothing is too much. They have all surpassed our expectations. I hope that everyone involved in the service feels a deep sense of pride in the service. Magnificent thank you so so much.”
Anonymous

“The fact that you provide an out-reach service effectively allowed my husband to stay at home which was his dying wish and was reassuring to both him, myself and our family. Thank you.”
Anonymous

Day Therapy Services
We offer a number of services in our modern, comfortable Day Hospice.

- The 12 week therapeutic programme helps people live well with their life-limiting illness, including managing symptoms and supporting people’s social, emotional and spiritual needs.

  602 attendances on the Day Hospice Programme (+14% on 2015/16 – with maximum capacity now reached and a waiting list in operation).

- Our Welcome Group run by volunteers, offers social and peer support to people living with a life-limiting illness as well as respite for carers and families who are looking after them.

  Since launching in June 2016, 310 people have attended sessions

- The weekly Transfusion Clinic provides blood or platelet transfusions and bisphosphonate infusions for people with a life-limiting illness who are able to look after their own care and are independently mobile.

  “People who have had experience of hospice care often talk about the ephemeral feeling of being “cared for” and “looked after”. From personal experience, I can say that caring for someone you love at the end of their life is physically, emotionally and socially draining, and having the blanket of the hospice nurse’s support, the friendly doctor’s advice or a break whilst the patient is at day hospice can mean the difference between being able to continue caring or not.” Dr Christina Radcliffe

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\(^8\) Contract threshold 95%
\(^9\) Contract threshold 95%
Therapeutic Care

Our expert therapists offer physiotherapy, occupational therapy and complementary therapies to people on the ward in the Hospice, in our Day Hospice and out in the local community. As well as supporting people’s emotional and physical well-being, therapeutic services help people to be more independent and to live their lives as fully as possible.

Meet Emily, our Senior Physiotherapist who works primarily in both our Day Hospice and Inpatient Unit providing crucial care and support to patients who are living with a terminal illness.

“Supporting someone with an ongoing chronic condition means my goal as a physiotherapist is to try and facilitate people in living as well and fully as they possibly can. That involves the important task of helping them to maintain levels of function in their day-to-day lives. I see patients as and when they need – from providing respiratory physio when people are struggling with shortness of breath, to offering pain management techniques such as heat therapy or acupuncture and helping people manage important tasks like being able to get in and out of bed.

Our approach is patient-led, so we prioritise what’s most important to people in a very holistic way – what’s going right, what do you like to do, what’s important to you – we take all of this into consideration and are then able to build plans of action around their wishes and priorities.

One of my favourite memories would probably be a patient who, after spending time with us, was able to move into a chair when they’d not been out of bed for about three weeks. Helping to build their confidence and encouraging them to take things step by step gave me a big sense of achievement. It’s so exciting to see the patient pleased with the progress they have made in reaching their goals.

My time at the Hospice has made me more appreciative of things that we can achieve in life, but at the same time more determined to do all the things that are important not only to me but to my friends and family and patients as well.

Being at Birmingham St Mary’s Hospice has definitely made me think about death more in terms of how good it is to be able to support people at that stage of their lives, and being part of helping people maintain their roles throughout their illness and achieve the things they want to do. Death is something that’s inevitable for all of us, and that being said, my aim is to make it the best experience it can be for our patients and their families.”

Emily Dent, Senior Physiotherapist, Day Hospice and Inpatient Unit
Family & Carer Support

Our expert team of social workers supports individuals and their families, carers and loved ones with their social, emotional and spiritual care needs. We can give people practical and financial advice including help with housing and grants as well as support liaising with public services and voluntary organisations.

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<tr>
<th>Contacts</th>
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<tr>
<td>894 pre-bereavement contacts</td>
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<tr>
<td>202 child bereavement contacts</td>
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<tr>
<td>473 spiritual contacts</td>
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“I think many things contribute to a person having a good death. Having symptoms like sickness, pain or constipation controlled can be massively helpful. Being supported to talk through how you’re feeling can make a big difference whether that’s with a chaplain if they want to talk about the meaning of life or with friends or family. Many people are worried about who is going to look after their family in the future. I see that all the time in my practice – what’s going to happen to my child, my wife, my husband in the future? That causes people more distress than what’s going to happen to them. It’s important to reassure patients that their family will be looked after and it’s helpful at the Hospice when we can explain the bereavement services we have.”

Dr Christina Radcliffe

“Spirituality is bigger than religion, everyone has a spirit and everyone’s spirit needs to be nurtured. People nurture their spirits in different ways, through formal religious rituals; it may be through music or nature, and through other people. Anything that lifts you out of the ordinary and the everyday, and gives your spirit joy and nurtures you spiritually is a good thing. This is what is important to us when we provide support to our patients and their families.”

Saskia Barnden, Lead Chaplain

Bereavement Support

We offer a safe and confidential space for individuals to talk about their loss with one of our trained counsellors.

Our Specialist Childhood Bereavement Service supports children and young people dealing with the loss of their loved one.
Our trained Volunteer Support Workers at Birmingham St Mary’s Hospice provide valuable free care to those suffering from bereavement in the local community. You will find them helping families and individuals with advice, practical tasks, and emotional support for as long as their service is needed. Teresa has been part of our Volunteer Support Worker’s team for two years and when she is not volunteering, she spends her time with friends and family, keeping fit with tai chi, and playing bridge.

‘I first started volunteering as a Support Worker in 2015. My own parents were supported by the Hospice and I knew what a wonderful job they do. When I retired from teaching, I had the time to spare and I wanted to have a chance to repay the kindness that the Hospice has shown me and my family. I like to keep busy and enjoy working with people so the role of a Support Worker was ideal for me.

In my role, I might be offering emotional or practical support to my client, or making phone calls on their behalf. I let the team know when I’m visiting, and write up a brief account so I can do any research necessary to support my client.

I’ve learned a great deal through training opportunities that the Hospice has provided and from working with different people. I’ve become more empathetic to people’s needs, at the same time as learning to be assertive when dealing with large organisations.

Being a Support Worker is both rewarding and humbling. The best moment for me is when a client tells me something I have done that has helped them in some way. It’s also great to be working in a team of such lovely, supportive colleagues. If you’re thinking about volunteering, go for it! You will get lots of help and support and it will be a truly worthwhile experience.”

General advice
Our Triage nurse offers expert advice and signposting to all our specialist services. Outside of office hours, patients known to the Hospice, can access telephone advice from our team of specialist nurses.

We offer ‘round-the-clock’ specialist medical advice and telephone support for any healthcare professional caring for individuals with palliative care needs within our area.

Education & Research
As a teaching Hospice, we have trainee doctors and nurses as part of our clinical teams. Our goal is to improve the standard of end of life care and palliative care, so we offer a range of accredited training courses. We are also a research active Hospice that aims to build an evidence base for the development and future transformation of end of life care.
Education and training

1,482 attendees across 77 training courses

22nd European Certificate of Essential Palliative Care training session held (since launching the programme in 2006 over 440 professionals have received training at the Hospice)

2 successful Gold Standards Framework courses completed – providing nationally recognised training in end-of-life care to 46 frontline professionals from 24 Care Homes across Greater Birmingham.

“Through the Gold Standards Framework care home training programme, we aim to teach generalist frontline staff to deliver a ‘gold standard’ of care for all people nearing the end of life with confidence. By strengthening collaboration with other healthcare services and partnerships, we can all continue to improve patient care.”

Tina Swani, Chief Executive

Research

- Last financial year, 29 patients were offered the chance to participate in research at the hospice. Between October 2016 and March 2017 we doubled that number and 58 patients were offered the chance to participate in research. Of those approached 23 consented to participate in a national multi-site study called PiPS2 (prognosis in palliative care services 2 which seeks to validate existing prognostic tools developed in PiPs)
- We continued our collaboration with researchers from the University of Birmingham and other higher education establishments.
- We supported the Research Nurse to apply for and complete the Clinical Academic Internship Programme. This is the first step in the Clinical Academic careers pathway supported by the National Institute of Health Research.
- The Research Nurse post was made permanent to support this important area of work at the Hospice.
Understanding the importance of research

When I tell people that I am involved in research at Birmingham St Mary’s Hospice, they sometimes look quite surprised. Some people wonder why we would need to do research in palliative care. Others express that it must be difficult to ask people to get involved in research if they are unwell themselves. Still other people ask me whether any palliative care actually has evidence behind it!

I love to address the misconceptions about research because in my experience patients, carers, staff and volunteers have all been really supportive of research and are keen to be involved.

Our patients are extremely altruistic and will often contribute to research even if they are very unwell and when the research will not directly benefit them, but will be of use to future patients. Like all areas of healthcare, we are always trying to get more evidence to support looking after people in the best way possible.

Patients often want to be involved in research because it gives them a real sense of satisfaction, helps them to feel that they are giving back and helping others. Which they really are! I am always impressed by the time people are willing to give to help us.

As a hospice we have been very excited to get involved in some national and international research projects recently. Last year, for example, we were involved in a research project looking at different regimes of painkillers for patients with cancer, investigating what worked best and fastest to control pain.

We have also been involved in a feasibility study about hydration through a drip at the end of life. We are waiting for feedback from the coordinating team about the results of this study, but watch this space as the results may change practice.

We have a small research team at the Hospice who have been working hard recently to set up a new national research project looking at outcomes in patients referred to palliative care teams.

We are always interested in hearing from people who want to be involved in research. If you are a patient or carer, and would like to take part in research, please do let your nurse or doctor know. If we approach you about research and you really feel that it’s not for you, don’t worry, we won’t be offended!

The results of research studies at the Hospice have previously been published in medical journals and can really help with care of patients as well as awareness-raising of palliative care as a speciality, and the Hospice as a place of care. So thank you to everyone who has already been involved, in any way, with research at Birmingham St Mary’s, and here’s hoping that we can do more research in the future.

Dr Christina Radcliffe, Consultant in Palliative Medicine
Thank you

We are extremely grateful to everyone who has supported us over the past 12 months. Without the generosity and efforts of all our supporters, volunteers and staff we simply wouldn’t be able to make a difference to so many local families living with terminal illness. Every penny raised really does enable vital care, compassion and comfort to be available to more people whenever and wherever they need it.

We want to say a huge heartfelt thank you for being part of an amazing effort in 2016–17 and we hope we can continue to count on your commitment and support as we move into the second year of work towards our 2020 ambition of ‘Hospice Care for All’.

Our people – the year in numbers

- 218 employed staff, supported by 366 committed volunteers
- 37 Corporate volunteers generously gave 198 hours of their time, working on fundraising projects and maintenance of the Hospice and garden
- Retail volunteers have donated 50,076 hours’ worth of time to the Hospice across our chain of 17 shops
- Over 80 community and events fundraising volunteers have provided amazing support at a range of Hospice organised events which have collectively raised £265,856, including Rugby Ramble and Enchanted Midsummer Walk.
- Our 4 Fundraising groups (Harborne, Rubery, Kings Norton and Hospice Choir) have raised £12,621
- Volunteer Collections Teams have given over 100 hours and raised over £6,000 in supermarkets across Birmingham & Sandwell
- Reception volunteers have welcome 1,236 visitors and answered 19,548 telephone calls
- Over 480 hours of complementary therapies have been provided by our Volunteer Therapy team
- In just 22 hours, our team of 100 Big Brum Bucket collection volunteers (Bucketeers) raised over £8,000
- Catering volunteers have served over 13,500 cups of tea and coffee, over 5,100 patient meals and over 1000 snacks to visitors, patients and staff.
- Over 38,990 hours of time given by our Support Services volunteers has provided vital support in areas including reception, finance, catering, gardening & maintenance and HR
- Maintenance & Gardening volunteers have carried out checks on over 1000 tyres and cleared over 3 tonnes of leaves
- Finance Processing volunteers have issued 1510 collection tins and banked over £37,000 of donations.
- Retail volunteers give up 963 hours of their time every week; that’s 50,076 hours every year! This offers a saving of £375,712 each year in staff costs.
Our 4 Collection Box Coordinators have given over 500 hours of their time, raising over £27,000 (£125,000 in total since 2011)

Hospice Ambassadors have attended 15 events, giving up 45 hours of their time to help raise the profile of the Hospice across the city

Our Volunteer Bereavement Workers have:
- Supported people **771 times** in bereavement counselling sessions
- Sent over **700 letters offering bereavement support**.
- Provided **50 children** with pre and post bereavement support
- Provided **60 hours of support to children**.

Our Volunteer Support Workers have given over 400 hours of time and met with 135 people to support after a bereavement or when a carer was in need of help

**Corporate supporters**
Championing our cause at every turn, our corporate supporters are imperative to the success of ongoing projects.
- Fitzgerald Civil Engineering Contractors
- Brindleyplace
- Gowling WLG
- EY (Ernst & Young)
- NatWest
- JW Hinks
- Xoserve
- Secure Trust

From generously giving their time, energy and commitment to raising funds and awareness, these companies are vital supporters of the Hospice.

**Highlights include:**
- Thanks to the ongoing financial support from Fitzgerald Civil Engineering Contractors and their generous donation of vans and volunteers, our Treecycling scheme raised over £23,000 through the collection & recycling of over 1,700 Christmas trees.
- Teaming up with Brindleyplace as one of their Charity Partners for 2017, will enable us to work together to plan an exciting schedule of new fundraising activity, which will not only raise vital funds for the Hospice, but will also significantly increase our brand profile in the heart of the city centre.
Trusted and Foundations
Donations received from 57 Trusts and Foundations

Highlights include:

- Funding from the Big Lottery Fund and the People’s Postcode Lottery to develop a new Support at Home service - a volunteer led sitting and befriending service for individuals and their families and carers that will offer vital practical, social and emotional support throughout the stages of illness.

- Funding from The Rank Foundation and the Screwfix Foundation to refurbish and make the conservatory on the Inpatient Unit a dementia friendly space for patients and families to spend quality time together, enjoying views of the Hospice garden. This welcoming space incorporates specific design features such as floor and wall colour contrast and clearly defined zones for social space, as these are hugely helpful in making confused and disorientated people with dementia feel safer and less agitated.

- Grants from the Mazars Charitable Foundation funded a Children’s Bereavement Counsellor for 131 bereavement sessions and contributed to the relocation and refurbishment of the ‘Roots and Wings’ Children’s Room where children can be supported through the grief of losing a loved one.

- A grant from the George Fentham Birmingham Charity and a pledge from the Percy Bilton Charity towards the purchase of an industrial steamer for use in the Hospice kitchen, ensuring we are able to continue to offer healthy, nutritional meals to patients, volunteers and staff 24-7.

Giving something back

There are many factors that motivate a person’s decision to volunteer. Many people choose to volunteer for the sense of giving something back to the community, as a focus point following retirement, or to enhance career prospects, or following personal experiences of Hospice care.

We are very passionate about our volunteers and proudly acknowledge and celebrate their achievements at recognition events as a way of saying thank you. We also provide learning and development opportunities for our volunteers, right from the start of their individual journey, with an induction day that incorporates all areas of the Hospice, including updates from the Chief Executive, our patients’ journey and opportunities to get involved in fundraising events and once in a lifetime fundraising initiatives.

As a volunteer supported organisation, our volunteers are at the heart of our operation, including our Trustees who support the governance and leadership of our organisation.

“My mother died in the Hospice (20 years ago) so, when I was nearing retirement and looking for an opportunity to volunteer for a local charity, an advert on the website offered just what I needed – the chance to use some of my business skills and experience and energy in a beneficial way, and to do something for the Hospice in return for their care and support many years ago.” Richard, Community Fundraising volunteering
“I first started volunteering as a Support Worker in 2015. My own parents were supported by the Hospice and I knew what a wonderful job they do. I’ve learned a great deal through training opportunities that the Hospice has provided and from working with different people. I’ve become more empathetic to people’s needs, at the same time as learning to be assertive when dealing with large organisations.” Teresa, Volunteer Support Worker

“Being a Volunteer Collector has developed my communication skills and I now feel confident talking to the public when they donate. My favourite moment was when I dressed up as a Christmas angel, collecting donations at a rugby club! Volunteering for the Hospice is a great way to fill up my spare time and I enjoy the social element of meeting new people. I think it provides a really wonderful opportunity to give something back to the Hospice for everything they do.”
Beverley, volunteer Collector

“When you’re retired, volunteering helps to keep you occupied and it keeps your mind active. I completely believe that the more you put in, the more you get out of it and whilst I’ve been supporting the Hospice, it’s also been supporting me.”
Mike, Catering Team volunteer

Meet Claire, who volunteered for five months as an HR advisor here at Birmingham St Mary’s Hospice, before committing to the role as a paid employee. She is a mum of six-year-old twin boys and cares for her husband, who has a spinal injury. In her spare time, she sees friends, spends time with family, and on very rare occasions has a game of tennis.

‘I used to work as an HR project manager for a global company, before choosing to become a full time mum to my twin boys. Once they started going to school, I felt like I was at a loose end. A friend encouraged me to volunteer, so in May 2016 I started my role at the Hospice. At first I was nervous because I hadn’t worked for over six years, but realising I could actually help make a difference to people’s lives massively improved my confidence. The flexibility of the role meant I could still do school runs and go to swimming galas, as well as getting stuck into the projects at work. Having responsibilities helped to bring back all my buried experience, and even just changing out of jeans has helped me feel like I’m my own person as well as being a mum.

Going to the Hospice UK annual conference as a volunteer was one of my favourite moments because it helped me to understand more about the Hospice and how involved we are in the community in the way we reach out to people who desperately need care and support. I also got to know the team better and they are so lovely and welcoming.

If you can commit to even just giving a tiny amount of time, you’ll find that volunteering at Birmingham St Mary’s Hospice is completely worthwhile.’
ST. MARY’S HOSPICE LIMITED

TRUSTEES’ AND STRATEGIC REPORT

Our approach to Fundraising
As a charity reliant on voluntary income we take an active but responsible approach to fundraising. Supporter experience is at the heart of everything we do and as a member of Fundraising Regulator we are firmly committed to ensuring we are compliant with their Code of Practice.

Our fundraising activity is carefully planned and all supporter data on our fundraising database is governed by strict consent, unsubscribe and complaints processes. Oversight of these processes is carried out by an internal committee of staff, ensuring we are kept up to date with new legislation as well as supporter feedback.

All of our Hospice events are risk assessed and covered by professional insurers whom we work closely with to ensure our supporters are properly protected when registering for our events.

Overall oversight of fundraising activity carried out by the Hospice is the responsibility of the Trustees, Senior Management Team and specifically the Director of Income Generation and Marketing. All receive monthly and quarterly reports on activity, complaints and developments.

Ensuring excellent fundraising customer service
The Hospice is committed to providing an excellent service to supporters and retail customers but we recognise that occasionally things don’t always go to according to plan. With this in mind, we encourage complaints and suggestions to help shape the ongoing development of services and the way in which we work with our supporters.

During 2016-2017 the Hospice received 45 complaints relating to fundraising:

27 by telephone, 10 email, 6 letter, 2 face to face

Ongoing evaluation
Complaints help us to monitor the effectiveness of our fundraising activities and we actively review and analyse the complaints we receive in order to recognise trends and take appropriate action at an early stage. Once resolution of the complaint is achieved, learning outcomes are identified and publicised to improve the quality of the service provided, improve relationships with service users, customers and supporters and promote best practice with staff. Should the complainant not be satisfied with the response from the Hospice, we refer them to the Fundraising Regulator for independent adjudication.

The Fundraising Team share and review all feedback received. We respect and value every one of our supporters and strive to learn from each comment and amend our processes where possible, in an endeavour to provide the highest quality service. During 2016 – 2017 we worked hard to ensure that we were communicating with our supporters appropriately and thanking them in a timely manner for their kind donations. We have taken on board all feedback about our very successful Christmas campaign and will be using it to ensure we deliver the best possible supporter care.

Major Giving and Philanthropy
Working closely alongside our Trusts and Philanthropy fundraising team, we generated over £23k in personal major gifts during this year. A notable success included the launch of our ‘Hospice Care for All’ Strategy at the House of Lords which was hosted by Lord Hunt of Kings Heath and supported by Simon Stevens, Chief Executive of NHS England.

The event was pivotal in inspiring and galvanising a number of regional and national philanthropists to support our work. These guests, some of whom have now already contributed, will be supporting the Hospice over the coming years to help our full strategy come to fruition.
ST. MARY’S HOSPICE LIMITED

TRUSTEES’ AND STRATEGIC REPORT

Highlights of the Year

April
Over 100 amazing supporters joined (our largest ever) Great Birmingham 10k team, raising over £18,500

May
Actively supported Dying Matters Awareness Week 2016 through our involvement in the community collective BrumYODO.
Working to positively change attitudes and behaviours around talking about and planning for death, and the need for good end of life care for all and to raise awareness of Hospice care within the local community.

June
Launched new volunteer led Welcome Group, providing social and peer support, and carer respite for patients who have a life-limiting or terminal illness.

July
Volunteers Eileen McCann and Pamela Clarke crowned finalists in the Community Inspiration Award category at The Community Foundation’s 2016 ceremony in recognition of their dedication and energy supporting the Hospice and making a difference within their local community

August
New Wychall Road Hospice charity shop opened – strengthening retail presence across 16 locations.

September
CEO of NHS England, Simon Stevens backs Hospice vision at launch of our innovative and ambitious ‘Hospice Care for All’ strategy at House of Lords, saying it “sets a clear route map for other hospices across the country to follow.”

Hospice launches 22nd European Certificate of Essential Palliative Care training programme

October
Publication of Care Quality Commission Inspection Report in which we receive a ‘Good’ rating. Highlights include the finding that “people receive care and support that is tailored to their individual needs and improves their quality of life”.

November
In the wake of Children’s Grief Awareness Week, we unveil new ‘Roots and Wings’ children’s counselling room.
Funded by a grant from the Mazaars Charitable Foundation, this interactive space enables children and young people to express and explore their feelings as they cope with the loss of a loved one.

December
Care at Christmas campaign in full swing, reaching over 106,173 people via social media channels and raising over £115,000

Santas set new record with over 500 jolly participants taking part in our Jingle Bell Jog, raising over £15,000
ST. MARY’S HOSPICE LIMITED

TRUSTEES’ AND STRATEGIC REPORT

January
Hospice chosen as Brindleyplace charity partner for 2017, enabling us to reach more people and raise vital awareness through a 12 month programme of fundraising

February
First Let’s Dance-a-thon event launched, raising an amazing £19,000!

March
Second Gold Standards Framework training programme launches at the Hospice, welcoming participants from Care Homes across Greater Birmingham
Structure, Governance and Management

The Articles of Association
The Articles of Association is the governing document that sets out rules and requirements relating to Association Members; terms of office and election of Trustees and Honorary Officers; disqualification of Trustees; and proceedings of the Board.

There are 63 members of the Association, with provision for up to 100 members. All Trustees/Directors of the Hospice, its Charitable Trust Fund and Trading Company, are required to be members of the Association. Association Members are appointed after attending an open recruitment or open evening, to learn more about the Hospice, followed by interview process with an appointments panel of Trustees, Association Members and Executive Directors, including the Chairman and Chief Executive.

Association Members bring their expertise and professionalism in a voluntary capacity to support our planning, governance committees and other groups.

Board of Trustees
The Board of Trustees (the Board) is the governing body of the Hospice. The purpose of the Board is to agree the strategic direction of the Hospice and to ensure the organisation delivers on its plans and objectives as set out in the governing documents. The Board is accountable for the Hospice's compliance with regulation and legislation as well as ensuring that the values, philosophies and reputation of the Hospice are upheld.

The Board also supports the Chief Executive and Executive Team in carrying out their executive responsibilities and holds them to account for their delegated responsibility for the strategic and operational leadership and management of the Hospice. There is a clear understanding of the distinction between Governance and Management.

There can be up to 15 Trustees on the Board (with a quorum of five). The Board is the employer of all Hospice staff. The Board meets at least four times a year and is the final decision-making body for new policy, strategic planning and approval of financial budgets. The Board is also responsible for monitoring the implementation of the strategy and financial activity. The Hospice Chief Executive and Executive Directors attend Board meetings. Trustee and Director Indemnity insurance was provided for the year at an annual cost to the Hospice of £420 with a limit of indemnity of £1 million.

A maximum of two staff or volunteer observers may attend each Board meeting by prior arrangement.

Appointment of Trustees
Appointment of Hospice Trustees may either be by election by the Association at the Annual General Meeting or co-opted by the Board. There is a term of office of three years following which there may be re-election by the Association. The number of re-elections is not limited although this is currently being reviewed.

Trustees are appointed following a recruitment process which may include advertisement or a recruitment event. An expression of interest form and Curriculum Vitae is requested followed by interview with an Appointments Panel of Trustees, Association Members and Executive Directors. The panel will normally include the Chairman and Chief Executive. References are taken and appropriate suitability checks are made prior to appointment, as Trustees may be given power of inspection.
The role of Chair is for up to two terms of 3 years. This also follows a recruitment process supported by succession plan and/or advertisement and search. This includes interview with an Appointments Panel of Trustees, Association Members an Executive Directors. Our current Chair offered a 3 year term and so the recruitment process for his successor was initiated in February 2017 for handover at the AGM in November of the same year.

Induction and training of Trustees and Association Members
Trustees and Association Members have a core induction programme supported by bespoke induction activities depending upon their role. All Trustees now have Information Governance training as they are encouraged to participate in provider visits. There are brief trustee training sessions prior to at least two Board Meetings a year and an annual Away Day of Trustees and Executive Directors. All Away Days consider the Hospice’s position in relation to national and local policy in relation to the needs of our local population.

Strategic Leadership and Governance Framework
The Chief Executive is responsible for the leadership of the Hospice, which involves assisting the Board in determining the strategic vision and plans for the Hospice, and for ensuring effective achievement of those plans. The Chief Executive and Executive Team also ensure that Trustees are actively engaged in exercising their accountabilities and assure effective and transparent governance across the whole organisation. This is provided through a leadership and governance framework of which there is a core leadership and governance structure.

Leadership

Executive Team
The Executive Director Team comprises:

- Chief Executive
- Medical Director/Consultant in Palliative Medicine
- Nursing Director
- Finance Director
- Director of Income Generation & Marketing

Meeting fortnightly, this team is engaged at looking at the wider strategic implications of changes that affect the charity sector and the operational environment. Executive Directors have powers to make decisions within the approved budget, operational plan and hospice policies and procedures, including Standing Financial Instructions which set out delegated authority for financial decisions. Finance Committee (within given limits) or Board Authority is required for investment or service changes outside these parameters.

The Executive Directors have specific responsibilities within the Grievance and Disciplinary procedures.

Business Development Team
The Business Development Team comprises the Chief Executive, Executive Directors, and key managers across Hospice departments. The purpose of the Business Development Team is to develop and deliver strategic and operational plans as well as implement and manage change. This includes taking forward the Hospice’s Equality and Diversity priorities. Leadership development takes place at the six-weekly meetings to develop consistency and confidence of leadership practice. This is augmented by a larger virtual Leaders’ Communication Forum to ensure all staff in key and supervisory positions receive timely information.
Open Forums
Open Forums have been designed to support our “one-team” approach and are self-run by individual teams and departments. They help colleagues to better understand each other’s goals and challenges to all better support each other. Fundraising Team put on an Open Forum in 2016 with a Spiritual Care Open Forum planned for 2017.

Briefing Sessions
Due to the level of change and project planning that took place during 2015-2016, more formal Briefing Sessions were introduced in February 2016. These sessions have continued during 2016-2017 aiming for full staff attendance and as many volunteers as possible, to keep everyone involved in progress and the plans for the future. The sessions support positive engagement and a more unified vision for the new developments.

Governance

Finance and Audit Committee
The Finance and Audit Committee is a sub-committee of the Board, chaired by the Honorary Treasurer. Executive Directors are members of the Finance and Audit Committee.

The Committee meets bi-monthly between Board Meetings and has specific delegated decision making authority from the Board and also makes recommendations to the Board.

The purpose of the Committee is to monitor the strategic, financial and operational planning of the Hospice and acts as the remuneration committee for Executive Director and Chief Executive pay for Board recommendation. It also assesses the audit process and recommends approval of the financial statements to the Board.

Governance Committees
The Executive Team is responsible for managing quality and risk through three Governance Committees ensuring that courses of action are taken to minimise and remedy identified risk and poor performance, and that systems are in place to share good practice and continually improve the quality of care, clinical effectiveness and leadership across the Hospice.

Each committee has authority to approve policies, which are then ratified by the Board. The committees make recommendations to the Board. Each committee meets at least once a quarter.

The Governance Committees are:

- Compliance Committee (Health & Safety, Environment, Risk, Information Governance)
- Clinical Governance Committee
- HR Committee

The committees are chaired by a Trustee and attended by at least one Executive Director. Association Members with relevant expertise can also be invited to attend. A recruitment process is underway for a Trustee vacancy on the HR Committee.
The St Mary’s Hospice Charitable Trust Fund
The Charitable Trust Fund is a registered charity which has the purpose of managing the investment fund for the Hospice. During the year ended 31 March 2017 there were five Trustees, three of whom are currently Hospice Trustees. Meetings are held once a quarter, with a quorum of two Trustees (at least one of which must be a Director of St Mary’s Hospice Limited). The Hospice Chief Executive and Finance Director attend with the Investment Manager from Quilter Cheviot, in an advisory capacity.

St Mary’s Hospice (Trading) Ltd (“the Trading Company”)
The Trading Company is a wholly owned subsidiary of the Hospice. There were seven directors serving during the year who have accountability for retail and other trading and commercial activities. The Hospice Chief Executive has ultimate responsibility for the management of the Hospice and Trading Company. Three of the current directors are Hospice Trustees. The Finance Director, the Commercial Director and the Head of Retail attend the Board meetings, which are held once every three months.

The Trading Company owns a one third share of the equity of TLC Lotteries Ltd (TLC). This company is a joint venture between the Hospice, Acorns Children’s Hospice and Focus Birmingham TLC is managed by a Lottery Manager. The TLC Board of Directors comprises two representatives from each of the three charities. The Hospice representatives are a Trading Company Director and the Commercial Director. TLC is a decision-making organisation unless Trustee approval is required from any of the owner charities.

Overview of financial performance for the year
There was a consolidated surplus before investment gains of £686,659 for the year. A surplus of £666,587 on restricted funds added to the surplus of £20,072 on unrestricted funds. The surplus on restricted funds is mainly attributable to the donation of the freehold land and buildings by the Birmingham Archdiocesan Trust. This donation was valued at £740,000 and has been included in the accounts as a gift in kind. If this gift in kind were excluded from the restricted funds this would result in a restricted fund deficit of £73,413.

Restricted income (excluding the gift in kind) has fallen by £131,453 (33%) and restricted expenditure has increased by £92,335 (37%) compared with the previous year. The main reasoning behind this is there were a number of large restricted grants received at the end of the last financial year that remained unspent at 31 March 2016 but have started to be spent in the year to 31 March 2017.

Realised and unrealised investment gains totalling £399,842 increased the surplus resulting in a net increase in funds of £1,086,501.

Charitable activities consisting of Inpatient Services, Community Palliative Care, Day Hospice, Hospice at Home service and Education accounted for 67% of expenditure for the year.

Only 39% of total incoming resources were generated directly by these charitable activities, and therefore the Hospice continues to rely on fundraising and trading activities to help sustain its core services for patients and their families.

Principle sources of funding
Donations and gifts
The Hospice was pleased to receive donations and gifts of £1,214,453 (includes the £740,000 gift in kind) during the year. When excluding the gift in kind donation, donations and gifts income has remained static during the year.
ST. MARY’S HOSPICE LIMITED

TRUSTEES’ AND STRATEGIC REPORT

Legacies
Income of £1,243,348 was received from gifts generously left by supporters in their wills. This was an increase of £42,730 (4%) year on year; it represents 15% of the Hospice’s total funding. Bequests remain vital to the Hospice’s continued financial viability, and sincere thanks are due to all those people who have remembered the Hospice in this way during the year.

National Health Service grants
Income received from the NHS decreased by £580,363 (15%) to £3.21 million, representing 39% of total group income. This is due to one off funding being received in the previous year for the service redesign.

Fundraising events and appeals
Fundraising events and appeals generated income of £1,015,524, including £269,392 restricted funding. This was £175,309 (21%) higher than the previous year, which had included £150,845 of restricted funding. The cost of generating voluntary income was £218,119 (11%) more than in the previous year.

A variety of successful events were held during the year, details of which are highlighted on page 14 of these financial statements.

The Trustees remain very grateful for the extremely high level of support received from a range of Charitable Trusts and Foundations.

TLC Lotteries Ltd
TLC Lotteries Ltd, a joint venture with Acorns Children’s Hospice and Birmingham Focus on Blindness, continued to generate net incoming resources of £137,466 for Birmingham St Mary’s Hospice. This was £1,638 (1%) more than the previous year’s income from TLC. The Hospice is very appreciative to consistently receive over £100,000 each year from this venture.

Trading activities and education
Income from trading increased by £187,356 (26%) compared with the previous year. Trading costs increased by £169,404 (24%). During the year two new shops were opened. Trading income included £256,508 (2016: £323,753) relating to donations under the retail Gift Aid scheme, which operates in all of our charity shops. Under this scheme, the Trading Company acts as an agent in selling goods and the owner of the goods can opt to donate the proceeds to the Hospice. The Hospice may claim Gift Aid on the amount donated, increasing the total income generated.

Education activities generated income of £44,584 a decrease of £14,045 compared with 2015/16.

Investment income
Investment income increased (by 20%) to £80,795. The majority of this income was earned through the activities of The St Mary’s Hospice Charitable Trust Fund, with £66,000 relating to income from investments.

Reserves policy
The reserves policy of the Hospice takes into account the nature of the income and expenditure streams and the need to provide against the uncertainty of voluntary income, especially the significant variability of legacy income. The Trustees have reviewed the risks associated with each major income and expenditure stream and quantified potential variability to determine the value of reserves required. On this basis, the reserves target was set at a minimum of £1.46 million for 2016/17, a level deemed necessary as we went through a period of transformation. Due to a good outturn compared to budget, resulting from a favourable legacy performance and continued good cost control mechanisms, reserves remained well ahead of this target at £3.27 million at 31 March 2017. We have a budgeted reserves target for 2017/18 of £1.98 million, again recognising the period of transition and the uncertain funding climate we face at present.
The budget for next year shows an unrestricted deficit of £411k to be funded by free reserves. With uncertain times ahead and the prediction of further budget deficits The Executive Team and Board are continuing to work to improve the Hospice’s future financial position and to ensure that reserves are maintained in line with the risk-based policy. The Executive Team work closely with Commissioners regarding future services and sustainability. The Finance and Audit Committee, a sub-committee of the Board, meet bi-monthly and closely monitor results and future forecasts.

The Trustees have designated funds totalling £1.9 million to ring-fence the value of fixed assets retained for the Hospice’s operations and to reflect the closing unrealised gain on investments as detailed in note 17 of these financial statements.

**Principal risks and uncertainties**

Every year an organisation-wide risk assessment is conducted by the Executive and Business Development Team which includes assessment of governance, operational activities and strategic risks. This register is reviewed twice yearly by the Senior and Middle managers and scrutinised at our Compliance Committee.

The risk register is presented to the Board annually in the form of a risk management matrix identifying the procedures and systems in place to manage those risks with high risk ratings.

This year we have also started to examine risk tolerance levels to ensure we are targeting the correct risks, and resource planning accordingly. The following details the most significant risks and uncertainties faced by the Hospice:

**Financial uncertainty** – Income streams of the Hospice are significantly affected by the economy and external factors out of our control. By way of an example, legacies form a significant part of our income, but predicting future income streams from legacies is very difficult. Further, the Hospice receives just under 50% of its funding from the NHS, the increasing need and competition for NHS End of Life Care contracts presents a considerable risk. To mitigate this the charity is developing collaborative strategies and partnerships that demonstrate better value for commissioners and improved outcomes for our population.

**Attracting and retaining skilled staff** – it is widely reported that a lack of qualified medical, nursing and care staff is adversely affecting public services. For this reason we believe attracting and retaining skilled staff in a key risk. Failure to retain key staff could result in knowledge gaps and strategic objectives not being achieved. We are therefore working hard to attract and retain the best staff on the market. Our initiatives, such as job fayres with other employers; employee engagement survey and forums; and development of a well-being strategy have supported positive recruitment and retention.

**Ability to demonstrate impact** – as an organisation it is important for us to demonstrate impact in order to attract voluntary income, improve access to services and also to ensure we can demonstrate to major funders such as the NHS that we are fulfilling their requirements. In order to mitigate this risk we are developing our data systems and capturing the experience of patients, families, carers and loved ones to demonstrate and ensure that we are providing the best quality of care.

**Investment policy and performance**

The supervision of the Hospice’s investments is undertaken by the St Mary’s Hospice Charitable Trust Fund. The investment policy, which was set in conjunction with the investment managers Quilter Cheviot, has the following objectives:

- To aid the creation of a sufficient financial return to enable St Mary’s Hospice Limited to carry out its purposes effectively and without interruption, and
- The maintenance and, if possible, enhancement of the funds whilst they are invested.
Although generally, the interests of a charity’s beneficiaries are best served by seeking to obtain a financial return from a suitably diverse portfolio of investments, the investment manager does have due regard to those assets which could be detrimental to the aims and objectives of St. Mary’s Hospice. Investment in the Tobacco sector is not permitted.

Performance targets have been set for the Investment Manager to achieve a return consistent with the objectives set out above whilst maintaining an acceptable level of risk with no holding in a single equity share or pooled investment having a value of more than 7% of the total equity portfolio. Performance of the portfolio is reviewed quarterly with the Investment Manager.

The Trust’s portfolio achieved a total return of 18.7% to 31 March 2017, compared to a return of 11.1% in the previous year.

Remuneration Policy
The Hospice has published pay scales, which are reviewed annually by the Board of Trustees and staff are remunerated in accordance with them. All new employee job descriptions, and substantive changes, are subject to evaluation by a job evaluation panel to determine pay level. Annually all roles are reviewed as part of the standardised Hospice wide appraisal process, and re-evaluated if job descriptions have changed materially.

Trustees and committee members do not receive any form of remuneration for their roles.

STATEMENT OF RESPONSIBILITIES OF THE BOARD OF TRUSTESS
Company law requires the Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Hospice and of the profit or loss of the Hospice for that period. In preparing those financial statements, the Board is required to:

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent
- Prepare financial statements on a going concern basis unless it is inappropriate to presume that the Hospice will continue in business.

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

Auditors
All of the current Trustees have taken all the steps that they ought to have taken to make themselves aware of any information needed by the company’s auditors for the purposes of their audit and to establish that the auditors are aware of that information. The Trustees are not aware of any relevant audit information of which the auditors are unaware.

The future provision of audit services will be subject to a competitive retendering process.

The Board of Trustees approve their Annual Report and, in their capacity as company directors, also approve the Strategic Report incorporated therein.

By order of the Board of Trustees

Mr V Randeniya OBE, DSc, MA, MIFireE, FRSA (Chairman)
ST. MARY’S HOSPICE LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

PATRONS
Mrs Judy Dyke LLB, TEP
Mr Nick Owen BA (Hons)

HONORARY PRESIDENT
Mrs J Millward FCA

HONORARY VICE PRESIDENTS
Digby, Lord Jones of Birmingham LLB (Hons)
Mr Ed Doolan MBE
Sir David Perris MBE, JP, Hon LLD (deceased May 2017)

BOARD OF TRUSTEES
Mr V Randeniya OBE, DSc, MA, MIIFireE, FRSA (Chairman)
Mr M J Russell JP, FCA (Vice Chairman and Honorary Treasurer)
Ms J M Burgess MSc, Dip N Nursing, RGN (resigned March 2017)
Mr J K Crawford MRICS
Mr C L Graham BSc, MSs, AIOSH
Mr S W Leyland AIB
Ms J M Burgess MSc, Dip N Nursing, RGN (resigned March 2017)
Mr J K Crawford MRICS
Mr C L Graham BSc, MSs, AIOSH
Mr S W Leyland AIB

HONORARY SECRETARY
Ms T L Swani, MBA, MCIM Chartered Marketer

EXECUTIVE OFFICERS
Chief Executive Ms T L Swani MBA, MCIM Chartered Marketer
Nursing Director Mrs H O’Halloran RN, MSc, BSc (Hons)
Finance Director Mrs L V Breeze FCCA
Director of Income Generation and Marketing Mrs S Newcombe MInstF (Cert)
Medical Director/Consultant in Palliative Dr D Talbot MBChB, MRCP, AHEA

REGISTERED OFFICE
176 Raddlebarn Road
Selly Park
Birmingham
B29 7DA
ST. MARY'S HOSPICE LIMITED

LEGAL AND ADMINISTRATIVE INFORMATION

AUDITOR
Mazars LLP
45 Church Street
Birmingham
B3 2RT

BANKERS
National Westminster Bank Plc
33 Park Street
Walsall
WS1 1ER

INVESTMENT MANAGERS
Quilter Cheviot
8th Floor
Two Snowhill
Birmingham
B4 6GA

REGISTERED CHARITY NUMBER
503456

REGISTERED COMPANY NUMBER
1161308
We have audited the financial statements of St. Mary's Hospice Limited for the year ended 31st March 2017 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Company Balance Sheets, the Consolidated Statement of Cash flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland”.

Respective responsibilities of Trustees and auditor

As explained more fully in the Statement of Responsibilities of the Board of Trustees set out on page 38, 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.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s (APB’s) Ethical Standards for Auditors. This report is made solely to the charitable company’s members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members, as a body, for our audit work, for this report, or for the opinion we have formed.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of affairs of the charitable company as at 31st March 2017 and of its incoming resources and application of resources, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland”; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matters prescribed by the Companies Act 2006

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

- the information given in the Report of the Trustees and Strategic Report for the financial year for which the financial statements are prepared are consistent with the financial statements; and
- the Report of the Trustees and the Strategic Report have been prepared in accordance with applicable legal requirements.
Matters on which we are required to report by exception

In light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees and the 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 or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors’ remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Ian Holder (Senior Statutory Auditor)
For and on behalf of Mazars LLP
Chartered Accountants and Statutory Auditor
45 Church Street
Birmingham
B3 2RT
Date
## CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

For the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Designated</td>
</tr>
<tr>
<td>Income</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Donations and legacies</td>
<td>3</td>
<td>1,717,801</td>
</tr>
<tr>
<td>Charitable activities</td>
<td>4</td>
<td>3,252,967</td>
</tr>
<tr>
<td>Activities for generating funds</td>
<td>5</td>
<td>2,270,725</td>
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<tr>
<td>Investments</td>
<td>6</td>
<td>80,795</td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td>96,089</td>
</tr>
<tr>
<td>Total group and share of joint ventures income</td>
<td></td>
<td>7,418,377</td>
</tr>
<tr>
<td>Less: share of turnover in joint venture</td>
<td></td>
<td>(261,662)</td>
</tr>
<tr>
<td>Total Income</td>
<td></td>
<td>7,156,715</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on raising funds</td>
<td>8</td>
<td>2,142,727</td>
</tr>
<tr>
<td>Expenditure on charitable activities</td>
<td>8</td>
<td>5,027,474</td>
</tr>
<tr>
<td>Total expenditure</td>
<td></td>
<td>7,170,201</td>
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<tr>
<td>Net income/ (expenditure) before transfers</td>
<td></td>
<td>(13,486)</td>
</tr>
<tr>
<td>Share of net income in joint venture</td>
<td></td>
<td>137,466</td>
</tr>
<tr>
<td>Net group and share of joint ventures income/(expenditure) before trfs</td>
<td></td>
<td>123,980</td>
</tr>
<tr>
<td>Transfer between funds</td>
<td></td>
<td>(99,889)</td>
</tr>
<tr>
<td>Net income before other gains/(losses)</td>
<td></td>
<td>24,091</td>
</tr>
<tr>
<td>Other gains/(losses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gains/(losses) on investments</td>
<td></td>
<td>50,664</td>
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<tr>
<td>Unrealised</td>
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<td>-</td>
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<tr>
<td>Net movement in funds</td>
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<td>74,755</td>
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<tr>
<td>Total funds brought forward</td>
<td></td>
<td>3,201,323</td>
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<tr>
<td>Total funds carried forward</td>
<td></td>
<td>3,276,078</td>
</tr>
</tbody>
</table>

All amounts relate to continuing activities. All recognised gains and losses are included in the consolidated statement of financial activities.

The surplus for the year for Companies Act purposes is £737,323 (2016 surplus £855,954) comprising net income/expenditure after realised gains.

The notes on pages 48 to 62 form part of these financial statements.
## COMPANY STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

For the year ended 31 March 2017

<table>
<thead>
<tr>
<th></th>
<th>2017 (Unrestricted)</th>
<th>2016 (Unrestricted)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General</td>
<td>Designated</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legacies</td>
<td>1,243,348</td>
<td>-</td>
</tr>
<tr>
<td>Donations &amp; gifts</td>
<td>474,453</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other trading activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising events and appeals</td>
<td>746,133</td>
<td>-</td>
</tr>
<tr>
<td>Activities for generating funds</td>
<td>737,961</td>
<td>-</td>
</tr>
<tr>
<td>Income from TLC Lotteries Ltd</td>
<td>140,015</td>
<td>-</td>
</tr>
<tr>
<td>Investment income</td>
<td>2,425</td>
<td>-</td>
</tr>
<tr>
<td><strong>Income from charitable activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Grant</td>
<td>3,208,384</td>
<td>-</td>
</tr>
<tr>
<td>Education</td>
<td>14,663</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td>96,054</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>6,663,436</td>
<td>-</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on raising funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on donations and legacies</td>
<td>1,073,960</td>
<td>10,017</td>
</tr>
<tr>
<td>Trading</td>
<td>620,983</td>
<td>3,281</td>
</tr>
<tr>
<td>Investment management</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Expenditure on charitable activities</strong></td>
<td>3,031,989</td>
<td>25,907</td>
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<tr>
<td>Inpatient services</td>
<td>1,135,749</td>
<td>9,002</td>
</tr>
<tr>
<td>Community Palliative Care</td>
<td>314,771</td>
<td>2,119</td>
</tr>
<tr>
<td>Hospice at Home</td>
<td>352,235</td>
<td>3,483</td>
</tr>
<tr>
<td>Education</td>
<td>109,067</td>
<td>989</td>
</tr>
<tr>
<td>Governance costs</td>
<td>57,563</td>
<td>864</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>6,696,316</td>
<td>55,662</td>
</tr>
<tr>
<td><strong>Net income/ (expenditure) before transfers</strong></td>
<td>(32,880)</td>
<td>(55,662)</td>
</tr>
<tr>
<td>Transfer between funds</td>
<td>(40,753)</td>
<td>40,753</td>
</tr>
<tr>
<td><strong>Net movement in funds</strong></td>
<td>(73,634)</td>
<td>(14,908)</td>
</tr>
<tr>
<td><strong>Total funds brought forward</strong></td>
<td>1,026,544</td>
<td>1,097,282</td>
</tr>
<tr>
<td><strong>Total funds carried forward</strong></td>
<td>952,910</td>
<td>1,082,374</td>
</tr>
</tbody>
</table>
### Fixed Assets

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible Assets 11</td>
<td>3,689,222</td>
<td>3,137,806</td>
</tr>
<tr>
<td>Investment in joint venture 12</td>
<td>15,301</td>
<td>17,850</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td><strong>3,704,523</strong></td>
<td><strong>3,155,656</strong></td>
</tr>
</tbody>
</table>

### Current Assets

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventories 13</td>
<td>52,786</td>
<td>59,294</td>
</tr>
<tr>
<td>Debtors 14</td>
<td>1,168,567</td>
<td>1,054,360</td>
</tr>
<tr>
<td>Investments 15</td>
<td>3,303,709</td>
<td>2,247,434</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>845,325</td>
<td>1,201,762</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>5,370,387</strong></td>
<td><strong>4,562,850</strong></td>
</tr>
</tbody>
</table>

### Creditors: Amounts falling due within one year 16

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>4,578,092</strong></td>
<td><strong>4,040,458</strong></td>
</tr>
</tbody>
</table>

### Net Current Assets

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Current Assets</strong></td>
<td><strong>4,578,092</strong></td>
<td><strong>4,040,458</strong></td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>8,282,614</strong></td>
<td><strong>7,196,114</strong></td>
</tr>
</tbody>
</table>

### Funds

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted funds 9</td>
<td>3,123,375</td>
<td>2,456,788</td>
</tr>
<tr>
<td>Unrestricted funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated funds</td>
<td>1,883,161</td>
<td>1,538,003</td>
</tr>
<tr>
<td>General charitable funds</td>
<td>3,038,380</td>
<td>2,997,901</td>
</tr>
<tr>
<td>Non-charitable trading funds</td>
<td>237,698</td>
<td>203,422</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td><strong>8,282,614</strong></td>
<td><strong>7,196,114</strong></td>
</tr>
</tbody>
</table>

Approved and authorised for issue by the board on 27 July 2017 and signed on its behalf

**M J Russell**
**Treasurer**

The notes on pages 48-62 form part of these financial statements.
### COMPANY BALANCE SHEET

As at 31 March 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Fixed Assets</td>
<td>11</td>
<td>3,569,029</td>
</tr>
<tr>
<td>Investments</td>
<td>12</td>
<td>1,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,570,029</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>14</td>
<td>1,605,314</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>695,108</td>
<td>1,025,198</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,300,422</td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>16</td>
<td>711,792</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td></td>
<td>1,588,630</td>
</tr>
<tr>
<td>Net Assets</td>
<td></td>
<td>5,158,659</td>
</tr>
<tr>
<td>Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>9</td>
<td>3,123,375</td>
</tr>
<tr>
<td>Unrestricted funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated funds</td>
<td></td>
<td>1,082,374</td>
</tr>
<tr>
<td>General charitable funds</td>
<td>952,910</td>
<td>1,026,544</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5,158,659</td>
</tr>
</tbody>
</table>

Approved and authorised for issue by the board on 27 July 2017 and signed on its behalf

**M J Russell**  
Treasurer

The notes on pages 48-62 form part of these financial statements.
## ST. MARY’S HOSPICE LIMITED

**Company number 1161308**

### STATEMENT OF CASHFLOWS

As at 31 March 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>1,086,500</td>
<td>700,265</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>338,310</td>
<td>347,500</td>
</tr>
<tr>
<td>Loss on sale of property, plant and equipment</td>
<td>3,660</td>
<td>8,029</td>
</tr>
<tr>
<td>Surplus on sale of property stock</td>
<td>-</td>
<td>(60,141)</td>
</tr>
<tr>
<td>(Gains)/loss on investments</td>
<td>(397,293)</td>
<td>100,763</td>
</tr>
<tr>
<td>Investment income</td>
<td>(80,795)</td>
<td>(67,537)</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>(114,207)</td>
<td>56,000</td>
</tr>
<tr>
<td>Inventories</td>
<td>6,508</td>
<td>(6,153)</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>269,903</td>
<td>(34,338)</td>
</tr>
<tr>
<td>Property donation in kind (note 11)</td>
<td>(740,000)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td>372,586</td>
<td>1,044,388</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cashflows from investing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(153,384)</td>
<td>(89,259)</td>
</tr>
<tr>
<td>Proceeds on disposals of property, plant and equipment</td>
<td>-</td>
<td>91,567</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(1,047,181)</td>
<td>(675,957)</td>
</tr>
<tr>
<td>Proceeds on disposal of investments</td>
<td>390,748</td>
<td>451,348</td>
</tr>
<tr>
<td>Interest received</td>
<td>2,425</td>
<td>1,566</td>
</tr>
<tr>
<td>Investment income</td>
<td>78,370</td>
<td>65,971</td>
</tr>
<tr>
<td><strong>Net cash outflow from investing activities</strong></td>
<td>(729,022)</td>
<td>(154,764)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net decrease/increase in cash &amp; cash equivalents</strong></td>
<td>(356,436)</td>
<td>889,624</td>
</tr>
</tbody>
</table>

### Reconciliation of net cash flow to movement in net funds

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net funds from cash flow and movement in net funds in the period</td>
<td>(356,437)</td>
<td>889,624</td>
</tr>
<tr>
<td><strong>Net cash at previous year end</strong></td>
<td>1,201,762</td>
<td>312,138</td>
</tr>
<tr>
<td><strong>Net cash at year end</strong></td>
<td>845,325</td>
<td>1,201,762</td>
</tr>
</tbody>
</table>

The notes on pages 48-62 form part of these financial statements.
1 ACCOUNTING POLICIES

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

Basis of accounting

The financial statements have been prepared on a going concern basis under the historical cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)) and the Financial Reporting Standard applicable in the UK and Ireland (FRS 102). The Charity meets the definition of a public benefit entity under FRS 102.

Consolidation

The financial statements include the results of St. Mary's Hospice (Trading) Limited and The St. Mary's Hospice Charitable Trust Fund.

TLC Lotteries Ltd (TLC) is a joint venture where the Group holds its interest on a long-term basis and TLC is jointly controlled by the Group and other ventures under a contractual agreement. The investment in TLC is therefore included in the consolidated financial statements using the gross equity method. The Group discloses its share of TLC’s turnover and operating result in the Statement of Financial Activities and its share in gross assets and liabilities in the balance sheet. The year end of TLC is 31 December. Therefore the investment in the joint venture is included using management accounts to 31 March 2017.

Income

Income is recognised in the year in which it is receivable. For legacies, entitlement is taken as the earlier of the date on which either:

- the Charity is aware that probate has been granted
- the estate has been finalised and notification has been made by the executor(s) to the Charity that a distribution will be made
- when a distribution is received from the estate.

Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Charity has been notified of the executor’s intention to make a distribution. Where legacies have been notified to the Charity or the Charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is a treated as a contingent asset and disclosed if material.

The value of voluntary work is not included in the financial statements.

Gifts in kind

Donated land and buildings are recognised in income at their fair value when the economic benefit is probable, it can be measured reliably and the charity has control over the item. Fair value is determined on the basis of the value of the gift to the charity.
ACCOUNTING POLICIES (Continued)

Designated funds
The group has created designated funds in order to:
- ring fence the value of fixed assets, to the extent that this is not covered by relevant restricted funds; and
- reflect the unrealised element of gains on investments.

Restricted funds
These are funds for a specific purpose which have been allocated solely according to the terms of each appeal. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the Charity's work.

Depreciation on assets purchased from restricted funds is classified according to the area in which the related assets are used.

Depreciation
Depreciation is provided at the following annual rates to write off the cost less the estimated residual value of the assets over their expected useful economic lives:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold buildings</td>
<td>2% straight line</td>
</tr>
<tr>
<td>Leasehold premises and improvements</td>
<td>Over the term of the leases, or to the date of first break clause</td>
</tr>
<tr>
<td>Fittings and equipment</td>
<td>10% to 20% straight line</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>33⅓ % straight line</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>20% straight line</td>
</tr>
<tr>
<td>Plant and machinery</td>
<td>20% straight line</td>
</tr>
</tbody>
</table>

No depreciation is provided on freehold land.

Capitalisation
Expenditure of a capital nature will be expensed in the year of acquisition if the value is less than £750 for the Hospice and less than £350 for St. Mary's Hospice (Trading) Limited.

Inventories
Inventories comprise merchandising goods for resale and are stated at the lower of cost and net realisable value, on a first in, first out basis.

Repairs and renewals
All expenditure on repairs and renewals is written off in the year in which it is incurred.

Operating leases
Payments made under operating leases are charged to the income and expenditure account on a straight line basis over the term of the lease or until the next review point, whichever is earlier.

Pension costs
The Charity is one of a number of participating employers in the National Health Service Pension Scheme. It is, therefore, not possible to allocate any actuarial surplus or deficit and consequently, contributions to the National Health Service Pension Scheme are charged to the income and expenditure account in the year in which they become payable. The scheme has both defined benefits and contributions, any shortfall in the national fund being met by the Exchequer. In addition, contributions are made into two defined contribution pension schemes which are also charged to the income and expenditure account in the year in which they become payable.
1 ACCOUNTING POLICIES (Continued)

Fundraising costs

Fundraising costs represent expenditure in relation to staff members who are directly engaged in fundraising and the related costs of fundraising. These have been allocated to ‘costs of generating voluntary income’. Details of allocated support costs can be found in note 8 on page 53.

Governance costs

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the Charity and include the audit fees and costs linked to the strategic management of the Charity. Details of allocated support costs can be found in note 8 on page 53.

Cost allocation

Where possible, costs have been allocated directly to the activity to which they relate. However, there are also shared support costs that enable the Hospice’s charitable, income generating and governance activities to be undertaken. These costs have been allocated to the Hospice’s activities using appropriate cost drivers as follows:

- staff numbers for administration, human resources, finance, information management and facilities costs; and
- floor area for maintenance.

Investment accounting

Investments are stated at their market value as at the balance sheet date. All movements in value arising from a change in the market value of an investment are shown in the consolidated statement of financial activities as an unrealised gain or loss. Realised gains or losses on investments are calculated as the difference between the disposal proceeds and the cost of the investment.

Use of estimates

When preparing the financial statements, management makes a number of judgements, estimates and assumptions about the recognition and measurement of assets, liabilities, income and expenses. No significant judgements, estimates or assumptions were made in the preparation of these financial statements other than those identified in the other accounting policies disclosed.

Financial instruments

The group only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of loans which are subsequently measured at amortised cost using the effective interest method.
2 NET INCOME FROM TRADING ACTIVITIES OF SUBSIDIARY

The Charity has a wholly owned trading subsidiary incorporated in the UK, St. Mary’s Hospice (Trading) Limited which is involved in the sale of donated goods and provision of education services. A summary of its trading results are shown below:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover</td>
<td>915,813</td>
<td>728,457</td>
</tr>
<tr>
<td>Cost of sales</td>
<td>(44,365)</td>
<td>(61,811)</td>
</tr>
<tr>
<td>Gross profit</td>
<td>871,448</td>
<td>666,646</td>
</tr>
<tr>
<td>Distribution and administrative expenses</td>
<td>(837,201)</td>
<td>(650,351)</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>Profit on ordinary activities before dividends</td>
<td>34,276</td>
<td>16,328</td>
</tr>
<tr>
<td>Retained profit</td>
<td>34,276</td>
<td>16,328</td>
</tr>
</tbody>
</table>

At the end of the year, the company had aggregate assets of £457,241 (2016: £339,861), liabilities of £218,543 (2016: £135,439) and net shareholders’ funds of £238,698 (2016: £204,422).

3 DONATIONS AND LEGACIES

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacies</td>
<td>1,243,348</td>
<td>1,200,618</td>
</tr>
<tr>
<td>Donations &amp; gifts</td>
<td>1,214,453</td>
<td>455,778</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,457,801</td>
<td>1,656,396</td>
</tr>
</tbody>
</table>

Of the above total £1,717,801 (2016: £1,656,396) were attributable to unrestricted and £740,000 (2016: £nil) were attributable to restricted.

4 INCOME FROM CHARITABLE ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grant</td>
<td>3,208,384</td>
<td>3,788,747</td>
</tr>
<tr>
<td>Education</td>
<td>44,583</td>
<td>58,629</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,252,967</td>
<td>3,847,376</td>
</tr>
</tbody>
</table>

All of the above income £3,252,967 (2016: £3,597,376) was attributable to unrestricted reserves and £nil (2016: £250,000) was attributable to restricted reserves.

5 ACTIVITIES FOR GENERATING FUNDS

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising events and appeals</td>
<td>1,015,524</td>
<td>840,216</td>
</tr>
<tr>
<td>Trading activities</td>
<td>1,262,931</td>
<td>1,095,215</td>
</tr>
<tr>
<td>Share of turnover of joint venture</td>
<td>261,662</td>
<td>267,838</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,540,117</td>
<td>2,203,269</td>
</tr>
</tbody>
</table>

Of the above total £2,270,725 (2016: £2,052,424) were attributable to unrestricted and £269,392 (2016: £150,845) were attributable to restricted.
6 INVESTMENT INCOME

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments</td>
<td>78,370</td>
<td>65,971</td>
</tr>
<tr>
<td>Interest received</td>
<td>2,425</td>
<td>1,566</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80,795</strong></td>
<td><strong>67,537</strong></td>
</tr>
</tbody>
</table>

All of the above income was attributable to unrestricted reserves.

7 EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure includes the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation charges</td>
<td>338,310</td>
<td>347,500</td>
</tr>
<tr>
<td>Auditor's remuneration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Audit</td>
<td>15,915</td>
<td>13,345</td>
</tr>
<tr>
<td>- Other advice</td>
<td>-</td>
<td>1,150</td>
</tr>
<tr>
<td>Hire of office equipment</td>
<td>7,021</td>
<td>8,776</td>
</tr>
<tr>
<td>Hire of other assets</td>
<td>197,684</td>
<td>171,817</td>
</tr>
<tr>
<td>Loss on sale of fixed assets</td>
<td>3,660</td>
<td>3,580</td>
</tr>
</tbody>
</table>

**Total** | **338,310** | **347,500**
### ANALYSIS OF EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff &amp; agency</td>
<td>Direct costs</td>
<td>Other</td>
<td>Staff &amp; agency</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenditure on raising funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trading</td>
<td>567,866</td>
<td>843</td>
<td>217,531</td>
<td>207,414</td>
</tr>
<tr>
<td>Investment Management</td>
<td>570,529</td>
<td>48,286</td>
<td>475,912</td>
<td>7,111</td>
</tr>
<tr>
<td></td>
<td>1,138,395</td>
<td>49,129</td>
<td>694,443</td>
<td>214,525</td>
</tr>
<tr>
<td><strong>Expenditure on charitable activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient services</td>
<td>2,082,725</td>
<td>152,678</td>
<td>295,346</td>
<td>508,120</td>
</tr>
<tr>
<td>Community palliative care</td>
<td>866,087</td>
<td>608</td>
<td>51,753</td>
<td>153,324</td>
</tr>
<tr>
<td>Day Hospice</td>
<td>286,150</td>
<td>66,969</td>
<td>7,701</td>
<td>11,874</td>
</tr>
<tr>
<td>Hospice at home</td>
<td>229,685</td>
<td>351</td>
<td>6,896</td>
<td>84,926</td>
</tr>
<tr>
<td>Education</td>
<td>77,062</td>
<td>13,847</td>
<td>24,533</td>
<td>20,350</td>
</tr>
<tr>
<td>Governance costs</td>
<td>-</td>
<td>87</td>
<td>31,228</td>
<td>20,989</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>4,680,104</td>
<td>283,669</td>
<td>1,112,250</td>
<td>1,014,108</td>
</tr>
</tbody>
</table>

Of the above expenditure £7,170,200 (2016: £6,609,903) was attributable to unrestricted reserves, £103,910 (2016: £115,113) was attributable to designated reserves and £341,173 (2016:250,470) was attributable to restricted reserves.

Support costs have been allocated based on staff numbers, floor area or direct costs as appropriate.

**Governance costs comprise:**

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit &amp; accountancy</td>
<td>17,265</td>
</tr>
<tr>
<td>Legal &amp; professional fees</td>
<td>11,277</td>
</tr>
<tr>
<td>Professional subscriptions</td>
<td>3,133</td>
</tr>
<tr>
<td>Allocated support costs</td>
<td>30,852</td>
</tr>
<tr>
<td></td>
<td>62,528</td>
</tr>
</tbody>
</table>
9 RESTRICTED FUNDS

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held to be applied for specific purposes:

<table>
<thead>
<tr>
<th>Income</th>
<th>Hospice capital projects</th>
<th>Extension fund</th>
<th>Hospice services fund</th>
<th>Henry Joseph Conservatory fund</th>
<th>Education Centre Fund</th>
<th>Service redesign fund</th>
<th>Freehold property fund</th>
<th>Total funds 2017</th>
<th>Total funds 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and legacies</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>740,000</td>
<td>740,000</td>
</tr>
<tr>
<td>Fundraising events and appeals</td>
<td>68,384</td>
<td>-</td>
<td>201,008</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>269,392</td>
<td>150,845</td>
</tr>
<tr>
<td>Grants</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>250,000</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>68,384</strong></td>
<td><strong>201,008</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>740,000</strong></td>
<td><strong>1,009,392</strong></td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable activities</td>
<td>135,710</td>
<td>78,679</td>
<td>99,201</td>
<td>1,808</td>
<td>12,681</td>
<td>-</td>
<td>-</td>
<td>328,079</td>
<td>250,470</td>
</tr>
<tr>
<td>Fundraising</td>
<td>9,490</td>
<td>5,236</td>
<td>-</td>
<td>-</td>
<td>14,726</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>135,710</strong></td>
<td><strong>83,905</strong></td>
<td><strong>108,691</strong></td>
<td><strong>1,808</strong></td>
<td><strong>12,681</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td><strong>342,805</strong></td>
<td><strong>250,470</strong></td>
</tr>
<tr>
<td>Net (expenditure)/income</td>
<td>(67,326)</td>
<td>(78,626)</td>
<td>(99,607)</td>
<td>(1,808)</td>
<td>(12,681)</td>
<td>(5,236)</td>
<td>(14,726)</td>
<td>(740,000)</td>
<td>(1,009,392)</td>
</tr>
<tr>
<td>Fund balances brought forward at 1 April 2016</td>
<td>1,178,431</td>
<td>741,484</td>
<td>217,633</td>
<td>33,575</td>
<td>35,665</td>
<td>250,000</td>
<td>-</td>
<td>2,456,788</td>
<td>2,306,413</td>
</tr>
<tr>
<td><strong>Fund balances carried forward as 31 March 2017</strong></td>
<td><strong>1,111,105</strong></td>
<td><strong>662,805</strong></td>
<td><strong>309,950</strong></td>
<td><strong>31,767</strong></td>
<td><strong>22,984</strong></td>
<td><strong>244,764</strong></td>
<td><strong>740,000</strong></td>
<td><strong>3,123,375</strong></td>
<td><strong>2,456,788</strong></td>
</tr>
</tbody>
</table>
9  RESTRICTED FUNDS (Continued)

The Hospice has the following restricted funds, created as a result of conditions imposed on income by donors:

- Hospice capital projects fund to cover the costs of specific items of capital expenditure, such as refurbishment, fittings, vehicles, computers and equipment. This includes major refurbishments of the inpatient unit and reception completed in 2009/10, the Day Hospice in 2010/11 and the Family Centre completed in 2013/14;
- Extension fund to help meet the costs of the Hospice extension and major refurbishment programme completed in 1997/98;
- Henry Joseph Conservatory Fund to fund the conservatory added to the inpatient unit in 1998/99;
- Education Centre fund to cover expenditure on the Hospice's education and conference facilities, completed in 1999/2000;
- Hospice services fund to help meet the direct revenue cost of a variety of projects including, a research nurse, child bereavement services, staffing for two Satellite Centres and creation of a new support at home service.
- Service Redesign fund to cover expenditure on transforming and expanding services;
- Freehold property fund represents the freehold land and buildings restricted by a covenant, that were gifted by the Birmingham Archdiocesan Trust on 21 June 2017.
10 EMPLOYEES

The average number of employees employed by the group during the year was as follows:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>92</td>
<td>86</td>
</tr>
<tr>
<td>Part time</td>
<td>124</td>
<td>120</td>
</tr>
</tbody>
</table>

Staff and agency costs consist of:

<table>
<thead>
<tr>
<th></th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>4,278,895</td>
<td>4,086,283</td>
</tr>
<tr>
<td>Social security costs</td>
<td>367,606</td>
<td>279,914</td>
</tr>
<tr>
<td>Pension costs</td>
<td>355,906</td>
<td>346,893</td>
</tr>
<tr>
<td></td>
<td>5,002,407</td>
<td>4,713,090</td>
</tr>
<tr>
<td>Agency staff</td>
<td>690,016</td>
<td>512,255</td>
</tr>
<tr>
<td>Chaplaincy costs</td>
<td>1,789</td>
<td>2,333</td>
</tr>
<tr>
<td></td>
<td>5,694,212</td>
<td>5,227,678</td>
</tr>
</tbody>
</table>

Holiday pay accrued as at 31 March 2017 was £13,273 (2016: £11,018).

Agency costs include temporary staffing costs and employment costs recharged to the Hospice in respect of our Medical Director and Specialist Registrars whose employment contracts are held by the NHS.

No remuneration was paid to any Board Member during the year or to persons with a family or business connection with any Board Member.

During the year, one (2016: nil) Board Member received £1,439 (2016: £nil) expenses for the attendance at Board Member meetings. Trustee indemnity insurance was provided at an annual cost to the Hospice of £420 (2016: £617) with a limit of indemnity of £1 million (2016: £1 million).

The number of employees earning over £60,000 pa, excluding pension contributions, was:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£60,001 - £70,000</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>£70,001 - £80,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£80,001 - £90,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£90,001 - £100,000</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Pension contributions for the above employees amounted to £20,303 (2016: £13,102). The employees were members of the defined contribution scheme.

Remuneration and benefits paid to 18 key management personnel during the year amounted to £862,036 (2016: 19, £809,463).
11 TANGIBLE FIXED ASSETS

Tangible Fixed Assets

<table>
<thead>
<tr>
<th>Group</th>
<th>Freehold Land</th>
<th>Freehold Property</th>
<th>Long Leasehold premises</th>
<th>Short leasehold improvements</th>
<th>Fittings equipment &amp; motor vehicles</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At beginning of year</td>
<td>-</td>
<td>123,346</td>
<td>5,239,012</td>
<td>172,542</td>
<td>1,879,538</td>
<td>7,414,438</td>
</tr>
<tr>
<td>Additions</td>
<td>500,000</td>
<td>240,000</td>
<td>19,954</td>
<td>25,511</td>
<td>107,321</td>
<td>693,386</td>
</tr>
<tr>
<td>Disposals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td>-</td>
<td>5,258,966</td>
<td>(5,258,966)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At end of year</td>
<td>500,000</td>
<td>5,622,312</td>
<td></td>
<td>198,053</td>
<td>1,981,165</td>
<td>8,301,529</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At beginning of year</td>
<td>-</td>
<td>54,667</td>
<td>2,643,892</td>
<td>128,213</td>
<td>1,449,860</td>
<td>4,276,632</td>
</tr>
<tr>
<td>Provided for the year</td>
<td>-</td>
<td>3,392</td>
<td>183,742</td>
<td>17,393</td>
<td>133,783</td>
<td>338,310</td>
</tr>
<tr>
<td>Disposals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2,634)</td>
<td>(2,634)</td>
</tr>
<tr>
<td>Transfer</td>
<td>2,827,634</td>
<td>(2,827,634)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At end of year</td>
<td>2,885,693</td>
<td></td>
<td></td>
<td>145,606</td>
<td>1,581,009</td>
<td>4,612,308</td>
</tr>
</tbody>
</table>

NBV

As at 31 March 2017 500,000 2,736,620 - 52,446 400,156 3,689,222
As at 31 March 2016 - 68,679 2,595,120 44,329 429,678 3,137,806

On 7th December 2016 the freehold land and buildings at 176 Raddlebarn Road were gifted by Birmingham Archdiocesan Trust, with formal transfer completing on 21st June 2017. An existing use valuation was obtained and the value of the gift was deemed to be £740,000 and has been accounted for as a donation in kind in the financial statements.

At 31 March 2017 all leasehold improvements relating to the land and buildings at 176 Raddlebarn Road were transferred into freehold.

12 FIXED ASSET INVESTMENTS

Group

Investment in joint venture

St. Mary’s Hospice (Trading) Limited owns a one third share in the net assets of TLC Lotteries Limited, a company incorporated in England. This joint venture promotes a commercial lottery game, which aims to generate profits for the benefit of its affiliated charities.

The directors consider that the value of £15,301 (2016: £17,850) which equates to the group’s share of the underlying net assets of the joint venture to be the best estimate of its market value at 31 March 2017. The historical cost of the investment is £5,100.
TLC Lotteries Ltd

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group share of net assets</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>As at 1 April</td>
<td>17,850</td>
<td>13,323</td>
</tr>
<tr>
<td>Share of profit</td>
<td>137,466</td>
<td>135,828</td>
</tr>
<tr>
<td>Amounts withdrawn under gift aid</td>
<td>(140,015)</td>
<td>(131,301)</td>
</tr>
<tr>
<td></td>
<td>15,301</td>
<td>17,850</td>
</tr>
</tbody>
</table>

Represented by:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share of gross assets</td>
<td>67,688</td>
<td>60,603</td>
</tr>
<tr>
<td>Share of gross liabilities</td>
<td>(52,387)</td>
<td>(42,753)</td>
</tr>
<tr>
<td></td>
<td>15,301</td>
<td>17,850</td>
</tr>
</tbody>
</table>

Charity

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shares in subsidiary undertaking at cost</td>
<td>1,000</td>
<td>1,000</td>
</tr>
</tbody>
</table>

St Mary’s Hospice Limited has a wholly owned subsidiary, St Mary’s Hospice (Trading) Limited, a company incorporated in England. Details may be found in Note 2.

St Mary’s Hospice Limited controls the St Mary’s Hospice Charitable Trust Fund. The Charitable Trust Fund is an unincorporated decision-making body with the purpose of managing the investment fund for St Mary’s Hospice Limited.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>78,377</td>
<td>230,477</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(1,489)</td>
<td>(32,255)</td>
</tr>
<tr>
<td>(Losses)/gains on investments</td>
<td>399,842</td>
<td>(105,290)</td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>476,731</td>
<td>92,932</td>
</tr>
<tr>
<td></td>
<td>3,437,424</td>
<td>2,536,208</td>
</tr>
<tr>
<td>Creditors falling due within one year</td>
<td>(561,360)</td>
<td>(136,875)</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>2,876,064</td>
<td>2,399,333</td>
</tr>
</tbody>
</table>

13 INVENTORIES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchandising goods</td>
<td>52,786</td>
<td>59,294</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

There is no material difference between the replacement cost and the value given to goods in stock.

14 DEBTORS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts owed by subsidiary</td>
<td>-</td>
<td>-</td>
<td>139,401</td>
<td>53,557</td>
<td></td>
</tr>
<tr>
<td>Amounts owed by related undertaking</td>
<td>-</td>
<td>-</td>
<td>560,000</td>
<td>135,534</td>
<td></td>
</tr>
<tr>
<td>Trade debtors</td>
<td>178,384</td>
<td>108,775</td>
<td>173,785</td>
<td>87,178</td>
<td></td>
</tr>
<tr>
<td>Other debtors</td>
<td>425,658</td>
<td>235,227</td>
<td>261,270</td>
<td>60,656</td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>180,676</td>
<td>137,341</td>
<td>96,931</td>
<td>77,135</td>
<td></td>
</tr>
<tr>
<td>Accrued income</td>
<td>383,849</td>
<td>573,017</td>
<td>373,926</td>
<td>548,377</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,168,567</td>
<td>1,054,360</td>
<td>1,605,314</td>
<td>962,437</td>
<td></td>
</tr>
</tbody>
</table>
Other debtors for the group include £32,052 and £158,334 (2016: £31,383 and £60,512) in respect of VAT for St Mary's Hospice (Trading) Limited and St Mary's Hospice Limited respectively. Accrued income for the group and charity includes legacy income of £348,634 (2016: £427,435).

15 CURRENT INVESTMENTS

Listed investments at market value

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Listed investments at market value</td>
<td>3,303,709</td>
<td>2,247,434</td>
</tr>
</tbody>
</table>

The investments are held in accordance with the Board of Trustees’ powers and valued at the year end by external investment brokers. At 31 March 2017, the cost of listed investments was £2,638,416 (2016: £1,931,319) giving an unrealised gain of £665,293.

There were seven material individual holdings with market values at 31 March 2017 as follows:

- HSBC ETFS £189,620
- Royal Dutch Shell £131,070
- HSBC Holdings £113,908
- Mercantile Investment Trust £109,320
- Axa Investment Managers UK Ltd £106,149
- NB Private Equity Partners £105,603
- Henderson Global Inv UK Property £103,716


15 CURRENT INVESTMENTS – (continued)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Fixed Interest</td>
<td>283,890</td>
<td>105,326</td>
</tr>
<tr>
<td>UK Equities</td>
<td>1,746,820</td>
<td>1,126,634</td>
</tr>
<tr>
<td>Overseas Equities</td>
<td>942,015</td>
<td>557,692</td>
</tr>
<tr>
<td>Hedge/Absolute Return Funds</td>
<td>56,523</td>
<td>29,200</td>
</tr>
<tr>
<td>Commercial Property Funds</td>
<td>268,858</td>
<td>355,146</td>
</tr>
<tr>
<td>Commodities</td>
<td>105,603</td>
<td>73,436</td>
</tr>
<tr>
<td>Total funds</td>
<td>3,303,709</td>
<td>2,247,434</td>
</tr>
</tbody>
</table>

Movement in listed investments

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Market value at beginning of year</td>
<td>2,247,434</td>
<td>2,128,115</td>
</tr>
<tr>
<td>Additions at cost</td>
<td>1,047,181</td>
<td>675,957</td>
</tr>
<tr>
<td>Proceeds received on disposals</td>
<td>(390,899)</td>
<td>(411,311)</td>
</tr>
<tr>
<td>Proceeds received on reconciliations</td>
<td>151</td>
<td>(40,037)</td>
</tr>
<tr>
<td>Realised surplus of disposals</td>
<td>50,664</td>
<td>50,399</td>
</tr>
<tr>
<td>Unrealised gain/(loss) for the year</td>
<td>349,178</td>
<td>(155,689)</td>
</tr>
<tr>
<td></td>
<td>3,303,709</td>
<td>2,247,434</td>
</tr>
</tbody>
</table>

16 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>274,943</td>
<td>265,984</td>
<td>225,814</td>
<td>203,212</td>
</tr>
<tr>
<td>Other creditors</td>
<td>84,600</td>
<td>45,341</td>
<td>84,600</td>
<td>45,341</td>
</tr>
<tr>
<td>Taxation and social security</td>
<td>102,736</td>
<td>81,369</td>
<td>102,736</td>
<td>81,369</td>
</tr>
<tr>
<td>Accruals</td>
<td>253,409</td>
<td>128,068</td>
<td>222,035</td>
<td>107,619</td>
</tr>
<tr>
<td>Deferred income</td>
<td>76,606</td>
<td>1,630</td>
<td>76,606</td>
<td>1,630</td>
</tr>
<tr>
<td></td>
<td>792,295</td>
<td>522,392</td>
<td>711,792</td>
<td>439,171</td>
</tr>
</tbody>
</table>
Deferred income

\[
\begin{array}{c|c|c}
 & 2017 & 2016 \\
\hline
At start of year & 1,630 & 2,897 \\
New provision in the year & 76,606 & 1,630 \\
Released in the year & (1,630) & (2,897) \\
At end of year & 76,606 & 1,630 \\
\end{array}
\]

17 ANALYSIS OF NET ASSETS BETWEEN FUNDS

\[
\begin{array}{l|c|c|c|c|c}
& \text{Unrestricted} & \text{Restricted} & \text{Total funds 2017} & \text{Total funds 2016} \\
\hline
\text{The Group} & & & & \\
\text{Tangible fixed assets} & 1,202,567 & 2,486,655 & 3,689,222 & 3,137,806 \\
\text{Investments} & 15,301 & - & 15,301 & 17,850 \\
\text{Current assets} & 4,733,668 & 636,720 & 5,370,388 & 4,562,850 \\
\text{Current liabilities} & (792,295) & - & (792,295) & (522,392) \\
\text{Total net assets} & 5,159,241 & 3,123,375 & 8,282,616 & 7,196,114 \\
\hline
\text{The Charity} & & & & \\
\text{Tangible fixed assets} & 1,082,374 & 2,486,655 & 3,569,029 & 3,031,150 \\
\text{Investments} & 1,000 & - & 1,000 & 1,000 \\
\text{Current assets} & 1,663,702 & 636,720 & 2,300,422 & 1,987,635 \\
\text{Current liabilities} & (711,792) & - & (711,792) & (439,171) \\
\text{Total net assets} & 2,035,284 & 3,123,375 & 5,158,659 & 4,580,614 \\
\end{array}
\]

Unrestricted funds include designated funds represented by:

\[
\begin{array}{l|c|c|c|c|c}
& \text{Group 2017} & \text{Group 2016} & \text{Charity 2017} & \text{Charity 2016} \\
\hline
\text{Tangible fixed assets} & 1,202,567 & 1,204,038 & 1,082,374 & 1,097,282 \\
\text{Investments} & 15,301 & 17,850 & - & - \\
\text{Unrealised gains on investments} & 665,293 & 316,115 & - & - \\
\text{Total} & 1,883,161 & 1,538,003 & 1,082,374 & 1,097,282 \\
\end{array}
\]

18 CAPITAL COMMITMENTS
The group has no capital commitments at the year end (2016: £nil).

19 CHARITABLE STATUS
The company is a registered charity and consequently will not have a liability to taxation.

20 COMMITMENTS UNDER OPERATING LEASES
As at 31 March 2017 the Group had future minimum lease payments under non-cancellable operating leases as follows:

\[
\begin{array}{l|c|c|c|c|c}
& \text{2017} & \text{2016} \\
\hline
\text{Land & buildings} & \text{Other} & \text{Land & buildings} & \text{Other} \\
\text{Expiring within one year} & 182,613 & 8,195 & 181,317 & 4,657 \\
\text{Expiring within two to five years} & 381,075 & 7,147 & 417,555 & 2,342 \\
\text{Expiring over five years} & 88,042 & - & 114,613 & - \\
\text{Total} & 651,730 & 15,342 & 713,485 & 6,999 \\
\end{array}
\]
21 CONTINGENT LIABILITIES
There are no contingent liabilities at the year end (2016: £nil).

22 RELATED PARTY TRANSACTIONS
Advantage has been taken of the FRS 102 exemption for disclosure for inter group transactions.
During the financial year ended 31st March 2017 the Hospice received £1,500 from TLC Lotteries Limited in respect of Chairmanship fees and recruitment services. These were paid in the normal course of business (2016: £4,000). As at the 31st March 2017 there was a debtor balance due from TLC Lotteries of £nil (2016: £500).