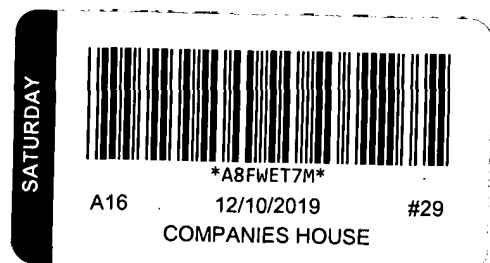


Registered number: 01430090  
Charity number: 509014

**ST GILES HOSPICE**  
(A company limited by guarantee)

**TRUSTEES' REPORT AND FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**



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**ST GILES HOSPICE**  
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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS  
FOR THE YEAR ENDED 31 MARCH 2019**

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**Trustees**

Joanne Maidment, Chair  
Charles Theaker, Deputy Chair  
Alison Fowler  
Dr Robert Horton (resigned 28 November 2018)  
Adrian Thompson (resigned 28 November 2018)  
Margaret Wood  
Bernie Creaven  
Lindsey Williams  
Stephen Ridler  
Robert Andrew Donald  
Sukie Shemar (appointed 23 May 2018)  
Dr Paul Joshi (appointed 23 May 2018)  
Sue Read (appointed 16 July 2018)  
Dr Magnus Harrison (appointed 22 August 2018)  
Dr Rashi Negi (appointed 22 August 2018)

**Company registered number**

01430090

**Charity registered number**

509014

**Registered office**

Fisherwick Road, Whittington, Lichfield, Staffs, WS14 9LH

**Company secretary**

Emma Jane Hodges

**Chief executive officer**

Emma Jane Hodges

**Independent auditors**

Crowe U.K. LLP, Black Country House, Rounds Green Road, Oldbury, West Midlands, B69 2DG

**Solicitors**

Pickerings Solicitors LLP, Etchell House, Bonehill Road, Tamworth, Staffordshire, B78 3HQ

Keely's LLP, 28 Dam Street, Lichfield, Staffordshire, WS13 6AA

**Investment Advisor**

Cannacord Genuity, Wealth Management, 41 Lothbury, London, EC2R 7AE

CCLA Investment Management Ltd, Senator House, 85 Queen Victoria Street, London, EC4V 4ET

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**TRUSTEES' REPORT**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**a. Introduction**

The Trustees of the Charity St Giles Hospice, (sometimes referred to in this report as "the Company"), who are also directors of the Company for the purposes of the Companies Act 2006 are pleased to publish their Annual Report, including the Strategic Report, and audited financial statements for the year ended 31 March 2019. The financial statements comply with the Companies Act 2006, the Memorandum and Articles of Association and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015). The Trustees also have due regard to the requirements of the Charities Act 2011 and to the public benefit guidance published by the Charity Commission.

St Giles Hospice is a registered charity offering high-quality specialist care free of charge for people living with diseases, which may not be curable as well as providing support for their families and carers.

Services include a team of community-based St Giles clinical nurse specialists, two state of the art in-patient facilities, Day Hospice, Hospice at Home, Bereavement and Family Support, and an internationally renowned Lymphoedema Clinic. Patients come from across the hospice's catchment area, which ranges from Ashby-de-la-Zouch and Atherstone in the east, to Cannock and Walsall in the west – and from Burton and Uttoxeter in the north, to Sutton Coldfield and Coleshill in the south. Care is offered at the hospice's centres in Whittington, Sutton Coldfield, Walsall and in patients' own homes across the region. St Giles spends over ten million pounds a year providing its specialist services and with little more than a third of this funded by the Government, the registered charity relies heavily on donations and income generation from the local community.

The Board of Trustees, the Senior Management Team ("SMT") and all staff and volunteers at the Charity are committed to providing individualised care for patients and their families. The Charity aims to achieve this by providing consistent high quality, cost effective care underpinned by sound governance across all aspects of the organisation. Care is based on an active collaboration with patients, their families and carers to establish their wishes and needs, underpinned by expert holistic assessment by multi-professional teams.

**Structure, governance and management**

**a. Structure**

St Giles Hospice was incorporated on 15 June 1979 and received its first in-patient on 12 April 1983. It is governed by a Memorandum and Articles of Association, which were last subject to full review in 2015. The Charity's overriding objective, as defined in the Memorandum, continues to be the relief of sickness and the preservation of health. The Charity's aims fully reflect the legal objects and purposes the Charity was set up to further.

**b. The Governing Body**

The Board of Trustees (the Board) is the governing body of St Giles Hospice. The purpose of the Board is to enable the Hospice to fulfil its charitable objectives by ensuring sound governance of the Charity.

All Trustees give their time voluntarily and receive no benefits from the Charity. When new Trustees are appointed, an induction programme is arranged, including a tour of the Hospice sites and visits to the subsidiary companies, a briefing on current developments both at the Hospice and in palliative care more generally, a full day's attendance at the staff and volunteers' induction day and meetings with the Chairman and members of the Senior Management Team.

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**ST GILES HOSPICE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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The Board meets once every three months to review performance in the previous quarter, plus additional Board Meetings should the need arise. The quorum for Board and Governance meetings is two Charity Trustees or the number nearest to one third of the total number of Charity Trustees, whichever is greater, or such larger number that the Charity Trustees may decide from time to time. The total attendances were seventy-five out of a possible total of one hundred and one. In addition to this the Chair, Deputy Chair and Group Chief Executive meet on a monthly basis or more often if it is required.

Trustees are elected for a term of office of three years, after which a Trustee may stand for re-election. Trustees may offer themselves for re-election up to a maximum of three times subject to accepting the offices of Chair and Deputy Chair; a maximum term of office being twelve years. At the 2018 Annual General Meeting: Bernadette Creaven, Lindsey Williams and Charles Theaker were re-elected; Adrian Thompson and Robert Horton retired; Charles Theaker completed his three-year term of office as Chair; and Joanne Maidment began her tenure as Chair. During the financial year 2018-2019, the following Trustees were appointed to the Board: Paul Joshi, 23 May 2018; Sukie Shemar, 23 May 2018; Sue Read, 16 July 2018; Magnus Harrison, 22 August 2018; Rashi Negi, 22 August 2018. As at 31 March 2019, there were thirteen Trustees.

A Remuneration, Skills and Recruitment Committee meet as a sub-committee of the Board to ensure that the Trustee Board has the skills and experience required to meet its legal requirements and to support the achievement of the strategic direction of St Giles. This Committee also interviews and makes recommendations to the Trustee Board regarding the appointment of new Trustees and members of the Senior Management Team.

Membership of the Company is open to anyone, subject only to formal approval by the Board. There are currently forty-seven members of the Company.

Four aspect governance committees: Care Services; Workforce, Education and Research; Finance and Estates; and Fundraising, Marketing and P R reported directly to the Board of Trustees in 2018/19. In 2019/20 a new aspect governance committee was established focusing solely on Marketing, PR and Community Relations. Each committee, chaired by a Trustee, comprises of some Trustees and selected members of the Senior Management Team. The aspect governance committees meet at least three times a year. In addition, the Board of Trustees oversees corporate governance assurance.

The Trustees agree strategy and supporting objectives, delegating their execution to the Group Chief Executive and the Senior Management Team. The full Senior Management Team meets at least fortnightly, chaired by the Chief Executive, and the Clinical Directors meet fortnightly, chaired by the Deputy CEO. There is a management forum quarterly, notes of which are circulated to all staff and volunteers.

Qualifying third party indemnity provision is in place for the benefit of all Trustees of the charitable company. This cover is up to £1m and cost £460.80.

The Trustees sponsor and are committed to a culture of continuous improvement. They have adopted the 2017 Charity Governance Code, and endeavour to meet its recommended practices and outcomes based upon its seven principles: Organisational purpose; Leadership; Integrity; Decision making; Risk and control; Board effectiveness; Diversity; Openness and accountability. They committed to carry out a Board effectiveness review in the first quarter of the 2019/20 year.

#### **c. Subsidiary Companies**

The Company has four subsidiary companies, St Giles Hospice Shops Ltd, St Giles Hospice (Promotions) Ltd, Walsall Hospice Trading Ltd, St Giles Hospice Commercial Enterprises Ltd, all limited by shares wholly owned by the Hospice.

The Shops Company acts as an agent for the Hospice in both the sale of donated goods and in reclaiming gift aid on donations arising from the sale of donated goods. The Shops Company also sells new, bought-in

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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goods. The Promotions Company runs the Hospice Lottery. Walsall Hospice Trading holds shops' leases but otherwise does not trade; St Giles Hospice Commercial Enterprises (formerly St Giles Hospice Care Agency) does not trade.

The Combined Trading Company Board that meets quarterly and reports to the main Board is a consolidation of the Subsidiary Company Boards, which consists of both Trustees of St Giles Hospice and other directors.

**Objectives and Activities**

**a. Objectives**

The objectives of St Giles Hospice, as detailed in the Memorandum and Articles are specifically restricted to the relief of sickness and the preservation of health, in such ways as the Charity shall from time to time determine, within England and Wales. This purpose is further detailed in the Charity Commission return as providing high quality individual care for local people with cancer and other serious illnesses, as well as offering support for their families and carers. This care includes a range of services including specialist care at home, inpatient care, lymphoedema, day hospice, bereavement, spiritual care, and a range of therapies. In addition to direct patient care services, St Giles has a proactive Community Engagement agenda encouraging more discussion regarding issues to do with dying and bereavement and an Education and Research Agenda aiming to improve palliative and end of life care.

Quality of care is at the heart of what we do at St Giles. Cicely Saunders, the founder of the modern hospice movement said, "How people die remains in the memory of those who live on". At St Giles, we know from the many letters we receive from family members how true this is. We also know from patients how much they appreciate the support for their families leading up to and after their bereavement, knowing that their loved ones are not going to be alone. Our governance, policies, protocols, audits and education all aim to ensure the highest quality of care for our patients and their families; this commitment runs throughout St Giles at all levels and in all roles.

During 2018-2019, we supported over 7,500 people. Our focus remained on providing high quality care for patients with specialist palliative care needs. Even though the majority of care that we provide is in the community, this year we have seen a rise in our inpatient unit occupancy rates.

St Giles Hospice is committed to offer care on the basis of need and not diagnosis. The Charity recognises the increasing need for high quality end of life care for people living with multiple conditions as well as single diagnoses such as cancer, dementia and heart failure. In each of the strategic aims, the Charity seeks partnerships with others who share their aims in order to address increasing complexity of health and social need in an environment of limited resources.

**Clinical Effectiveness & Activity**

We are especially proud of being able to evidence that we positively enable people to remain at home at the end of their lives, where we know they choose to be.

- 100% of patients who receive care from our Hospice at Home team were enabled to die at home.
- Overall, people who receive care from the hospice are nearly 25% less likely to die in hospital.
- 93% of urgent referrals took one day or less to be received and initial contact made by the Advice and Referral team.
- 82% of triage were made within one day; we were pleased to be able to maintain our high degree of responsiveness to referrals.

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**b. Activities**

**Core Charitable Activities Data** - detailed below is the activity data outlining St Giles' performance of core charitable activities for 2018-2019. The data includes key quality measures that are reportable to statutory commissioners.

	<b>2018/2019</b>
Total number outpatient attendances	2,973
Total number of attendances by patients at the Day Hospice	1,282
Total number of visits with patients by the community service	6,764
Total number of Hospice at Home sessions provided	3,137
Total number of complaints Whittington	12
The number of complaints which were investigated and upheld in full	0
The number of complaints which were investigated, resolved but only upheld in part	7
The number of complaints which were investigated and not upheld	5
The number of incidents reported to RIDDOR involving patients (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	1
<b>Whittington Inpatient Unit</b>	
Total number of patients admitted to in-patient unit	355
% of patients who went home	30%
% Bed Occupancy	74%
Patients diagnosed with reportable infections whilst on the in-patient unit.	1
Average length of stay on the in-patient unit (days)	15.43
Number of falls per occupied bed in a year (Number of beds multiplied by bed occupancy and divided by number of falls)	7.5
<b>Walsall Inpatient Unit</b>	
Total number of patients admitted to in-patient unit	257
% of patients who went home	38%
% Bed Occupancy	76%
Patients who were diagnosed with reportable infections whilst on the in-patient unit.	1
Average length of stay on the in-patient unit (days)	12.10
Number of falls per occupied bed (Number of beds multiplied by bed occupancy and divided by number of falls)	3.8

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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St Giles continues to be heavily reliant on volunteers in delivering its charitable objects:

	<b>2018/2019</b>
ARC	2
Central Admin and IT	2
Clinical Admin Support	9
Community Team	4
Inpatient Unit	40
Day Hospice	22
Education	3
Finance and Payroll Admin	5
Flower Arrangers/Gardening/Stewards	14
Fundraising (including Walsall)	51
Uttoxeter Cares	13
Housekeeping	39
Lymphoedema	13
Reception and Ward Reception	71
Supportive Care (including Comp Therapy, Community Engagement etc.)	91
Sutton Coldfield (including Gardeners, Activities and Reception)	37
Transport Services	45
Walsall IPU	26
Volunteer Services	2
Trustees	13
<b>Total</b>	<b>502</b>

**Subsidiary Company Volunteers:**

Promotions (Lottery)	10
Shops (including Shenstone Warehouse)	764
<b>Total</b>	<b>774</b>



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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**c. Research**

The Hospice has significantly increased its research activity and is currently undertaking a number of research studies including:

1. With Keele University a study entitled "Exploring hospice care from the perspective of people living with multiple sclerosis: An exploratory case study."

Impact on practice / Outcomes for St Giles. This will influence the hospice's future plans for the Multiple Sclerosis group and other supportive care groups.

2. With Keele University a study entitled "A qualitative exploration into organisational factors influencing the development of services for people with dementia in English hospices."

Impact on practice / Outcomes for St Giles. This will help inform the hospice's dementia strategy in particular influencing the organisational development factors that need to be considered.

3. With Keele University a study entitled "A Pilot study of family experiences of bereavement when a member of the family is affected by dementia."

Impact on practice / Outcomes for St Giles. This will help in developing collaborative training in bereavement and dementia.

Completed research activity includes work with:

- University College London - St Giles Whittington is a site for a study called *The Prognosis in Palliative care Study II (PiPS2)*. The study closed in April 2019.
- Kings College London - St Giles Whittington is a site for a cohort study called *C-Change Work stream 4: Testing a case-mix classification in palliative care*. The Study closed in September 2018.
- Manchester University - a study entitled *Implementing person-centred assessment and support of patients and carers in a hospice inpatient setting*. The study closed in July 2018.
- Surrey University - a study entitled *An Observational Study of Diagnostic Criteria, Clinical Features and Management of Opioid - Induced Constipation (OIC) In Patients With Cancer Pain - The StOIC Project*. St Giles closed as a study site in July 2018.

We have expressed interest in a number of other research studies that are planned for 2019-2020. In addition to this, during 2018 – 2019 the Workforce, Education and Research Aspect Governance Committee created a research sub group in which three Trustees are participants.

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**d. Assurance for NHS Commissioners in year**

St Giles Hospice has sent the three principle Clinical Commissioning Groups ("CCGs") with which it contracts a Quarterly Quality Report. We have met regularly with these Commissioners throughout the year, where the content of these reports form the basis for discussion and review.

The reports cover key patient safety topics including the reporting, monitoring, prevention and management of: Falls, Pressure Ulcers, Accidents, Incidents and Near Misses, Safeguarding (including where associated with Deprivation of Liberty and Mental Capacity), Infection Control, Medicines Management; Complaints and Patient and Family Reported Outcome Measures. In year there were no areas of concern raised which required action.

**Strategic report**

**a. Strategic Aims**

During 2018-2019 the Board and Senior Management Team worked on year two of the five-year strategy that was launched in 2017. The strategy, which defined the strategic aims, highlighted our commitment to care and the estimated additional one thousand people in the community who could benefit from our support.

It outlined the need to challenge preconceptions around hospice care and tackle some of the taboos surrounding death, dying and bereavement. We believe that encouraging open, honest conversations around end of life issues can encourage people living with palliative illnesses to seek help at an earlier stage. We also believe that having these conversations, whether as individuals, organisations or health care providers, can help to create more compassionate communities, who are better equipped to support people who are grieving or at the end of their life.

Community Engagement and Phoenix teams have been working with schools, colleges, organisations and groups to help facilitate these discussions and create innovative and engaging ways of encouraging people to talk about end of life issues, creating community resilience and support.

**Achievements and performance**

**a. Performance**

In addition to our ongoing commitment to providing exceptional levels of care through our core clinical services, there were four specific priorities to enhance support to St Giles' beneficiaries, which were reportable to the board in 2018/19.

1. During 2018 – 2019 to continue to develop and implement a comprehensive Carers and Family Support Strategy.

Given the changing demographic background within which our services are provided there is an ever-increasing pressure on services with more people with complex needs being cared for at home. As such, carers require support that enables them to fulfil their caring role effectively and maintain their own physical and mental well-being.

Throughout the year, we have engaged with a wide range of people to inform them of the development of our strategy. Their experiences of caring for family members with a life limiting or terminal illness, has assisted in the development of our strategy. We have continued to meet as a steering group and in addition, we have begun to identify the existing resources for carers within our local community. One key theme that emerged

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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from our consultations was that, even though there is a lot of support and resource within the community, it is poorly coordinated and carers find it difficult to navigate. We will continue to progress this detailed operation, and implement it alongside the business plan for year three of the five year strategy.

2. During 2018 – 2019 to continue to develop and implement a Digital Strategy regarding Digital Health economy systems interoperability.

There are three key elements to the development of this strategy.

The first key area is centred around changes to our clinical information system, allowing us to be a part of an interoperable solution within the NHS. This is an essential development which will enable us to better share information to improve patient care, work efficiently or coordinate care for a wider population.

The second element is the use of Information Technology when contributing to the demand for service/efficient working, for instance Project Echo using video-conferencing to connect groups such as care homes or GPs to support multi-disciplinary working and support. We are involved in a project with colleagues in primary care testing the use of Zoom video conference technology, to make the Multi-Disciplinary Team more accessible and efficient. We were awarded ten thousand pounds towards this project from Staffordshire Transformation Programme Clinical Leads for Technology.

The final element of this work stream relates to the digital communication.

We have found it beneficial to keep pace with the health economy rather than move ahead of it. Ongoing discussions are taking place with other Hospices regarding the changes that will be made to the system. Other opportunities have been identified from this strategic priority, which will move forward within the coming year.

The health economy is close to announcing the results of the recent procurement of a system that will enable all systems to access a shared summary care record. Once this is announced, it will be possible to determine how we relate to that system.

During 2019-2020, a decision will be made regarding Egton Medical Information Systems ("EMIS") web read only as to whether it may be beneficial to patients. If it is proven to be an effective solution St Giles will consider commencing a programme of discussion with GPs during Quarter 1 to establish whether we can be part of "Birmingham's Your Care Connected" roll out.

3. During 2018 – 2019 to continue to prepare for the changing demographics regarding Clinical Services design, Financial plan and Workforce plan.

The Hospice grew out of a response to cancer and in some core services nearly 80% of our care is still cancer related. However as demographics change, we need to consider the consequential effect on workforce and development requirements; in particular, assisting people with co-morbidities or people with complex symptom burden at end of life and with conditions other than cancer.

Throughout the year, 'Patients of the Future Workshops' were attended by Professor Max Watson, Hospice UK with a mix of Trustees, Consultants, Senior Clinicians, CEOs (including Staffordshire hospice CEOs) and the Senior Management Team.

We are continuing to develop this priority and a process map and timeline will have been created by the end of quarter one in the next financial year.

4. During 2018-2019 deliver and implement a workforce plan for volunteers to ensure sufficient numbers of volunteers are recruited and retained.

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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As demographics of both volunteers and the community which the Hospice serves has changed, the Hospice has continuously sought new ways to recruit volunteers who have a wide variety of skills .

In addition, the hospice has appointed a Volunteer Recruitment Coordinator, and recruitment process for volunteers has now been put in place. The hospice has also improved communications with volunteers by circulating monthly e-newsletters.

**b. Other Activity**

Other projects that St Giles took part in during 2018-19 included:

**My Wishes**

The South Staffordshire End of Life Action Alliance, supported by funding from NHS England, are progressing Stage 1 of a project in conjunction with My Wishes, a general website that covers a wide range of matters associated with dying.

Whether someone has a care plan in place or a statement of wishes depends mainly on healthcare professionals. The voluntary/community sector have contact with a wide variety of people, many of whom are in later life and have a long term condition, or a terminal disease. The concept of 'flipping care planning' is to explore how a community based approach may increase the number of care plans that are completed and shared with primary care.

The project, which was determined by consulting with local community groups, is currently in the planning phase and will be branded 'How I want to go'. The first phase is to assess which people access the site and how they use the site. The Hospice is the lead partner in this project, which, if successful will lead to people being able to share their plans with their GPs.

**Women's Specialist Cancer Clinic**

The clinic was established in 2018 with the support of a local breast cancer charity. The evaluation of the service may be expanded to include men living with prostate cancer and the effects of the treatment on men and their families.

**Nursing Home Project**

The collaborative project with Virgin Care is complete; Virgin has discontinued the project due to funding constraints. The nursing home project covering nursing homes in the South East Staffordshire ("SES") CCG area has been expanded and we have now been commissioned to cover twenty-six care homes in the SES CCG, Cannock, Stafford and Surrounds CCG areas. The service includes weekly visits by our Community Staff Nurses and Day Hospice Nurses; it incorporates advance care planning and offers support in identifying patients for the planning ahead register.

**Bereavement Help Point Model**

Bereavement Help Points have increased, with new partners joining us to extend the provision of Help Points into Walsall. We are liaising with other hospices who are interested in replicating this model. The hospice bereavement help point model was included in a recent national report as a national example of good practice.

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**Community Engagement**

The community engagement team has collaborated with groups of South Asian women to explore death and bereavement. This has created a shared and improved understanding on both sides, thus enabling the hospice to consider any changes that may be required in our approach and work within this community, who, we feel are underrepresented in their use of hospice services.

**Paid for Services**

The 'Paid for Services' model has been extended and developed. It now includes a request for a contribution towards the cost of further outpatients' complementary treatments, the use and loan of a wheelchair, and transport for non-core hospice services. This approach is enabling us to widen accessibility and choice where there is additional capacity, without incurring additional costs to the charity.

**Financial review**

To enable the Charity to continue offering its end of life services free of charge means continuing discussions over funding with the NHS, the maximisation of existing income streams, the development of new initiatives and being cost effective in the delivery of services.

The Trustees report that the Statement of Financial Activities shows a deficit, as planned, for the year of £1,092,695 (2018: deficit of £1,066,084).

**a. Income**

As a proportion of total expenditure on services, NHS income fell slightly to 32.3%, from 33%. Strategic discussions continued during the year with the NHS in an attempt to ensure a more robust pattern of statutory funding but continuing uncertainties around NHS funding streams continues to frustrate negotiations.

**b. Reserves**

The Trustees have reviewed the reserves of the Charity including the nature of the income and expenditure streams, the need to match variable income and fixed commitments, and the nature of the reserves.

The Board of Trustees has set a reserves policy:

- The most significant risk to the financial sustainability of the Hospice is the potential for a rapid deterioration in income, which cannot be matched, immediately with a corresponding reduction in costs. Therefore, reserves should be sufficient to cover the maximum foreseeable reduction in income within a period of twelve months. In addition, reserves should also allow for the completion of capital expenditure projects in progress or planned for the following twelve months, should cover the anticipated monthly fluctuation in cash flows and include a contingency for unexpected material expenditure not included in the budget for the coming year.
- The Trustees review the amount of reserves that are required to ensure that they are adequate to fulfil the Charity's continuing obligations at least on a quarterly basis at the Finance & Estates Aspect Governance Committee.

Total funds of the group at the year end stood at £17,184,870 (2018: £18,277,565). Restricted funds totalled £4,952,289 (2018: £5,101,734) and unrestricted funds totalled £12,232,581 (2018: £13,175,831).

Free reserves of the group at the year end, stood at £5,541,677 (2018: £6,334,628) including designated funds

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**TRUSTEES' REPORT (continued)**  
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totalling £3,896,351 (2018: £5,007,882) which is made up of the investment fund.

The Trustees apply a risk assessment and mitigation approach to arriving at a figure for the minimum level of reserves to be held. At the year end, the threshold calculated provided a figure of £3.6m in free reserves. Over the past few years there has been a deliberate use of excess reserves as surplus cash has been applied to fund the extension of care services. It is anticipated that income and expenditure levels will equalise by the end of the year 2021 and that reserves will be maintained sufficiently to ensure the ongoing future sustainability of the organisation.

**c. Investments**

Canaccord Genuity, and CCLA Investment Management Ltd. manage the Hospice's investments. The Finance and Estates Aspect Governance Committee reviews the investment managers' reports every six months.

The investment objectives are to achieve long-term capital and income growth in a moderately conservative manner, following guidelines agreed by the Trustees. The investment managers have discretion in the management of a portfolio within given criteria.

The Memorandum and Articles of Association permit funds to be invested as the Trustees see fit, providing these powers of investment are only exercised for the purpose of attaining the objectives and in a manner that is legally charitable. The Charity has a formal written investment policy.

**Plans for 2019-2020**

**a. Strategic Priorities for 2019-2020**

Three strategic objectives from 2018 - 2019 continue to be developed and have been carried forward to 2019 - 2020.

**Strategic Priority 1: Carers and Family Support**

During 2019-2020 develop and implement a comprehensive Carers Strategy.

Developing a new strategy for Carers and Family Support:

Support for families and carers has always been part of the hospice's care and support. Due to the changing population, currently there is an increased pressure on services with more people with complex needs being cared for at home. There is an increasing need for support for carers to enable them to fulfil their caring role effectively and maintain their own physical and mental wellbeing.

We are aiming to achieve:

By working collaboratively with the local community and other services we aim to develop our current approach in supporting carers and family members. Through this development, we want to ensure that any individual, who may care locally or support someone living with an incurable illness, is able to do so for as long as they wish, whilst maintaining their own health and wellbeing.

Progress will be monitored and reported:

Through consultation and engagement, both internally and externally we will develop and launch a three-year strategy for family support and carers. Financial modelling: plans for identifying potential funding including milestones and outcomes will be reported to the Board quarterly.

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**ST GILES HOSPICE**  
(A company limited by guarantee)

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**Strategic Priority 2: Digital Strategy**

During 2019 – 2020 to continue to develop and implement a Digital Strategy regarding Digital Health economy interoperability.

Digital Strategy - Ensuring interoperability of electronic patient record systems.

The aim is to have the ability to view or share records between other health care teams and ourselves in real time. The development would improve patient care, as it would ensure up to date clinical information is readily available in addition to allowing care and management plans to be shared amongst all healthcare professionals involved in patient care.

We are aiming to achieve:

We are working in partnership with commissioners, neighbouring hospices and local health economy partners to explore how best to share electronic patient records, this is in addition to the ongoing work across our local NHS concerning how healthcare information can best be shared to support improved patient care. The results of this will ensure that the health record system that will be implemented, is the system that is best equipped and successful in ensuring interoperability of electronic patient records.

Progress will be monitored and reported:

This is a strategic priority for our Board therefore progress will be reported on and discussed at every Board meeting. The correct system to support interoperability with other healthcare record systems will be identified and implementation planned.

**Strategic Priority 3: Patients of the Future**

Preparedness for the changing demographics: During 2019 – 2020 to continue to develop and implement plans regarding the following:

- 1) Clinical Services design
- 2) Financial Plan
- 3) Workforce Plan

Patients of the Future:

Looking to the future it is crucial that we are in a position to provide the right care, which aligns with changing national demographics. To do this we need to consider our future services and workforce development needs, particularly for individuals that have multiple illnesses with complex symptoms at the end of life or with conditions other than cancer.

We are aiming to achieve:

In order to determine who the patients of the future will be, and the ways in which we could meet patient needs in an affordable and sustainable way, we will consider the different types of illnesses we would care for and what their patient needs will be. This will enable us to ensure that the care services our workforce (both paid staff and volunteers) provide is structured correctly and can deliver the care that is required. We must ensure that we can afford to fund these changes in the short term and long term.

Progress will be monitored and reported:

This year we will produce three plans to assist us in achieving our overall aim; the plans will consider the design of our clinical services, our workforce and the financial plans to support our aim. The development and

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**ST GILES HOSPICE**  
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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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implementation of these plans are fundamental to the strategy for our organisation; they will be overseen and monitored directly by the Board to whom we will report quarterly progress.

**b. Principal risks and uncertainties**

The principal risks to the Charity are:

- Reduced income from subsidiary companies and fundraising activities creating risk to financial sustainability and service delivery
- Loss of NHS income creating risk to financial sustainability and service delivery
- Ageing workforce combined with a national skills shortage for both healthcare professionals and volunteers may impact on recruitment and therefore delivery of services

The principal uncertainties arise from the external environment:

- Uncertainty on the structure, timing and impact of new models by NHS CCGs for end of life care services
- Changing complexity and disease profiles of patients, and the increase in demand.

**c. Management of risks**

The Risk Register identifies the governance committee primarily responsible for monitoring the risk and seeks assurance of the management of that risk. Every risk is set a target consequence; likelihood and score set with a timeline set for attainment, and is allocated to a member of the senior team for management oversight. Risk is a standing item on the SMT meeting agenda and they receive and respond to newly identified organisational risks, adding them to the register. In addition, each division formally reviews the risk register quarterly, noting mitigating actions undertaken and revising risk scores accordingly.

**Employee involvement and employment of the disabled**

Employees have been consulted on issues of concern to them by means of regular consultative committee and staff meetings and have been kept informed on specific matters directly by management. The company and the group carries out exit interviews for all staff leaving the organisation and has adopted a procedure of upward feedback for senior management and the Trustees.

The company and the group has implemented a number of detailed policies in relation to all aspects of personnel matters including:

- Equal opportunities policy
- Volunteers' policy
- Health & safety policy

In accordance with the company and the group's Equal opportunities policy, the company and the group has long established fair employment practices in the recruitment, selection, retention and training of disabled staff.

Full details of these policies are available from the company and the group's offices.

**Trustees' responsibilities statement**

The Trustees (who are also directors of St Giles Hospice for the purposes of company law) are responsible for



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**ST GILES HOSPICE**  
(A company limited by guarantee)

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**TRUSTEES' REPORT (continued)**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group will continue in operation.

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

**Disclosure of information to auditors**

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

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


**Auditors**

In accordance with best practice, the Board of Trustees conducted a review during the 2018-2019 financial year, which led to a recommendation to the Members at the November AGM to appoint new auditors. The Members approved by resolution, the appointment of Crowe UK LLP as the Auditors of the organisation. The appointment was made in accordance with Section 485 of the Companies Act 2006.

**Annual General Meeting**

The Annual General Meeting of the Charity will be held on Wednesday 27 November 2019 at 18:15 in the Lecture Theatre on the main Whittington site.

This report, incorporating strategic report was approved by the Trustees, on 21 August 2019 and signed on their behalf by:



**Joanne Maidment, Chair**  
Trustee

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**ST GILES HOSPICE**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST GILES HOSPICE**

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**Opinion**

We have audited the financial statements of St Giles Hospice (the 'parent charity') and its subsidiaries (the 'group') for the year ended 31 March 2019 set out on pages 19 to 42. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2019 and of the group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

**Basis for opinion**

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

**Conclusions relating to going concern**

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

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

**Other information**

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

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

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**ST GILES HOSPICE**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST GILES HOSPICE**

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are required to report that fact.

We have nothing to report in this regard.

**Opinion on other matters prescribed by the Companies Act 2006**

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

- the information given in the Trustees' Report including the Group Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' Report and the Group Strategic Report have been prepared in accordance with applicable legal requirements.

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

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

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

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

**Responsibilities of trustees**

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

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

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**ST GILES HOSPICE**  
**(A company limited by guarantee)**

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**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST GILES HOSPICE**

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**Auditors' responsibilities for the audit of the financial statements**

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

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

**Use of our report**

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



Kerry Brown (Senior statutory auditor)

for and on behalf of

**Crowe U.K. LLP**

Statutory Auditor

Black Country House

Rounds Green Road

Oldbury

West Midlands

B69 2DG

Date:

7/10/19

**ST GILES HOSPICE**  
(A company limited by guarantee)

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND  
EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2019**

	Note	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
<b>Income from:</b>					
Donations and legacies	2	3,571,102	77,795	3,648,897	3,760,111
Charitable activities	3	3,638,939	-	3,638,939	3,403,050
Other trading activities	4	5,819,071	-	5,819,071	6,088,376
Investments	5	154,446	-	154,446	146,425
<b>Total income</b>		<b>13,183,558</b>	<b>77,795</b>	<b>13,261,353</b>	<b>13,397,962</b>
<b>Expenditure on:</b>					
Raising funds		4,370,795	-	4,370,795	4,372,852
Charitable activities	6	10,105,995	181,543	10,287,538	10,036,741
<b>Total expenditure</b>	8	<b>14,476,790</b>	<b>181,543</b>	<b>14,658,333</b>	<b>14,409,593</b>
<b>Net expenditure before investment gains/(losses)</b>		<b>(1,293,232)</b>	<b>(103,748)</b>	<b>(1,396,980)</b>	<b>(1,011,631)</b>
Net gains/(losses) on investments		304,285	-	304,285	(54,453)
<b>Net expenditure before transfers</b>		<b>(988,947)</b>	<b>(103,748)</b>	<b>(1,092,695)</b>	<b>(1,066,084)</b>
Transfers between Funds	18	45,697	(45,697)	-	-
<b>Net expenditure before other recognised gains and losses and net movement in funds</b>		<b>(943,250)</b>	<b>(149,445)</b>	<b>(1,092,695)</b>	<b>(1,066,084)</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		13,175,831	5,101,734	18,277,565	19,343,649
<b>Total funds carried forward</b>		<b>12,232,581</b>	<b>4,952,289</b>	<b>17,184,870</b>	<b>18,277,565</b>

The notes on pages 23 to 42 form part of these financial statements.

**ST GILES HOSPICE**  
**(A company limited by guarantee)**  
**REGISTERED NUMBER: 01430090**

**CONSOLIDATED BALANCE SHEET**  
**AS AT 31 MARCH 2019**

	Note	£	2019 £	£	2018 £
<b>Fixed assets</b>					
Tangible assets	11		11,555,713		11,859,866
Investments	12		3,896,351		5,014,382
			<u>15,452,064</u>		<u>16,874,248</u>
<b>Current assets</b>					
Stocks	14	41,357		40,135	
Debtors	15	1,430,546		1,415,339	
Cash at bank and in hand		1,455,285		1,180,511	
			<u>2,927,188</u>	<u>2,635,985</u>	
<b>Creditors: amounts falling due within one year</b>	16	(1,194,382)		(1,232,668)	
<b>Net current assets</b>			<u>1,732,806</u>		<u>1,403,317</u>
<b>Net assets</b>			<u>17,184,870</u>		<u>18,277,565</u>
<b>Charity Funds</b>					
Restricted funds	18		4,952,289		5,101,734
Unrestricted funds	18		12,232,581		13,175,831
<b>Total funds</b>			<u>17,184,870</u>		<u>18,277,565</u>

The financial statements were approved and authorised for issue by the Trustees on 21 August 2019 and signed on their behalf, by:

Joanne Maidment, Chair 

The notes on pages 23 to 42 form part of these financial statements.

**ST GILES HOSPICE**  
(A company limited by guarantee)  
REGISTERED NUMBER: 01430090

**COMPANY BALANCE SHEET**  
**AS AT 31 MARCH 2019**

	Note	£	2019 £	£	2018 £
<b>Fixed assets</b>					
Tangible assets	11		11,552,699		11,855,880
Investments	12		3,896,456		5,014,487
			<u>15,449,155</u>		<u>16,870,367</u>
<b>Current assets</b>					
Stocks	14	10,969		11,815	
Debtors	15	1,829,334		1,676,376	
Cash at bank and in hand		749,456		596,031	
		<u>2,589,759</u>		<u>2,284,222</u>	
<b>Creditors: amounts falling due within one year</b>	16	(854,044)		(877,124)	
<b>Net current assets</b>			<u>1,735,715</u>		<u>1,407,098</u>
<b>Net assets</b>			<u>17,184,870</u>		<u>18,277,465</u>
<b>Charity Funds</b>					
Restricted funds	18	4,952,289		5,101,734	
Unrestricted funds	18	12,232,581		13,175,731	
<b>Total funds</b>			<u>17,184,870</u>		<u>18,277,465</u>

The financial statements were approved and authorised for issue by the Trustees on 21 August 2019 and signed on their behalf, by:

  
Joanne Maidment, Chair

The notes on pages 23 to 42 form part of these financial statements.

The income and expenditure account for the year dealt with in the accounts of the company was a deficit of £1,092,695 (2018 - £1,066,084).

**ST GILES HOSPICE**  
(A company limited by guarantee)

**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

	Note	2019 £	2018 £
<b>Cash flows from operating activities</b>			
Net cash (used in)/provided by operating activities	20	(1,185,175)	15,929
<b>Cash flows from investing activities:</b>			
Dividends, interest and rents from investments		154,446	146,425
Purchase of tangible fixed assets		(111,052)	(426,885)
Proceeds from sale of investments		1,575,453	1,663,400
Purchase of investments		(140,589)	(3,220,771)
<b>Net cash provided by/(used in) investing activities</b>		<b>1,478,258</b>	<b>(1,837,831)</b>
<b>Change in cash and cash equivalents in the year</b>		<b>293,083</b>	<b>(1,821,902)</b>
Cash and cash equivalents brought forward		1,181,882	3,003,784
<b>Cash and cash equivalents carried forward</b>	21	<b>1,474,965</b>	<b>1,181,882</b>

The notes on pages 23 to 42 form part of these financial statements.



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**ST GILES HOSPICE**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**1. Accounting Policies**

**1.1 Basis of preparation of financial statements**

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

The Statement of financial activities (SOFA) and Balance sheet consolidate the financial statements of the company and its subsidiary undertaking. The results of the subsidiary are consolidated on a line by line basis.

No separate SOFA has been presented for the company alone as permitted by section 408 of the Companies Act 2006.

**1.2 Company status**

The company is a company limited by guarantee. The members of the company are the Trustees named on page 1. In the event of the company being wound up, the liability in respect of the guarantee is limited to £1 per member of the company.

**1.3 Going concern**

We have set out in the Trustees' Report a review of the financial performance and the charity's reserves position. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the charity's ability to continue. The financial statements have therefore been prepared on the basis that the charity is a going concern.

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**ST GILES HOSPICE**  
**(A company limited by guarantee)**

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**1. Accounting Policies (continued)**

**1.4 Income**

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

For legacies, entitlement is taken as the earlier of the date on which either: the company is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the company has been notified of the executor's intention to make a distribution. Where legacies have been notified to the company, or the company is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated services or facilities are recognised when the company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of the Friends is not recognised and refer to the Trustees' report for more information about their contribution.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the company which is the amount the company would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

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

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

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**ST GILES HOSPICE**  
(A company limited by guarantee)

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2019**

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**1. Accounting Policies (continued)**

**1.5 Expenditure**

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

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company and include project management carried out at Headquarters.

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Charitable activities and Governance costs are costs incurred on the company's operations, including support costs and costs relating to the governance of the company apportioned to charitable activities.

**1.6 Basis of consolidation**

The financial statements consolidate the accounts of St Giles Hospice and all of its subsidiary undertakings ('subsidiaries').

The company has taken advantage of the exemption contained within section 408 of the Companies Act 2006 not to present its own Income and expenditure account.

The income and expenditure account for the year dealt with in the accounts of the company was a deficit of £1,099,695 (2018 - £1,066,084).

**1.7 Tangible fixed assets and depreciation**

All assets costing more than £2,500 are capitalised.

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the Statement of financial activities.

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**ST GILES HOSPICE**  
(A company limited by guarantee)

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2019**

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**1. Accounting Policies (continued)**

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Freehold property	-	2% of cost
Long-term leasehold property	-	2% of cost
Short-term leasehold property	-	Straight line over life of the lease
Motor vehicles	-	20% of cost
Fixtures and fittings	-	20% of cost
Computer equipment	-	33.3% of cost

**1.8 Investments**

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance sheet date, unless fair value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading 'Gains/(losses) on investments' in the Statement of financial activities.

- (i) **Subsidiary undertakings**  
Investments in subsidiaries are valued at cost less provision for impairment.

**1.9 Interest receivable**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the company; this is normally upon notification of the interest paid or payable by the Bank.

**1.10 Stocks**

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow-moving stocks. Cost includes all direct costs and an appropriate proportion of fixed and variable overheads.

**1.11 Debtors**

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

**1.12 Cash at Bank and In hand**

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

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**ST GILES HOSPICE**  
(A company limited by guarantee)

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2019**

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**1. Accounting Policies (continued)**

**1.13 Liabilities and provisions**

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

**1.14 Financial instruments**

The company 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 bank loans which are subsequently measured at amortised cost using the effective interest method.

**1.15 Pensions**

Pension contributions to the group personal pension plan, the NHS superannuation scheme, the Auto Enrolment Pension Plan (administered by NOW Pensions) and any other pension plan are charged against income when payable.

**1.16 Fund accounting**

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

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

Investment fund comprises unrestricted funds that have been set aside by the trustees to contribute towards the running costs of the hospice in the event of insufficient public support.

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**2. Income from donations and legacies**

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Donations	2,099,402	77,795	2,177,197	2,114,608
Legacies	1,471,700	-	1,471,700	1,645,503
	<u>3,571,102</u>	<u>77,795</u>	<u>3,648,897</u>	<u>3,760,111</u>
Total donations and legacies	<u>3,571,102</u>	<u>77,795</u>	<u>3,648,897</u>	<u>3,760,111</u>
Total 2018	<u>3,577,264</u>	<u>182,847</u>	<u>3,760,111</u>	

**3. Income from charitable activities**

	Unrestricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
NHS grants and contracts for patient care	3,322,677	3,322,677	3,223,134
Recharged services	231,776	231,776	134,008
Other income	84,486	84,486	45,908
	<u>3,638,939</u>	<u>3,638,939</u>	<u>3,403,050</u>
Total 2018	<u>3,403,050</u>	<u>3,403,050</u>	

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**4. Fundraising income**

	Unrestricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Income from trading subsidiaries	2,085,159	2,085,159	2,029,931
Sale of donated goods	3,403,163	3,403,163	3,259,661
Social care services	78,917	78,917	507,800
Fundraising events	36,954	36,954	48,906
Merchandise	3,825	3,825	4,447
Catering & refreshments	121,724	121,724	113,539
Room hire	33,806	33,806	30,932
Training & course fees	55,523	55,523	93,160
	<u>5,819,071</u>	<u>5,819,071</u>	<u>6,088,376</u>
<i>Total 2018</i>	<u>6,088,376</u>	<u>6,088,376</u>	

**5. Investment income**

	Unrestricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Investment income	154,446	154,446	146,425
	<u>154,446</u>	<u>154,446</u>	<u>146,425</u>
<i>Total 2018</i>	<u>146,425</u>	<u>146,425</u>	

**6. Analysis of expenditure by activities**

	Activities undertaken directly 2019 £	Support costs 2019 £	Total 2019 £	Total 2018 £
NHS grants and contracts for patient care	8,597,747	1,689,791	10,287,538	10,036,741
	<u>8,597,747</u>	<u>1,689,791</u>	<u>10,287,538</u>	<u>10,036,741</u>
<i>Total 2018</i>	<u>8,231,297</u>	<u>1,805,444</u>	<u>10,036,741</u>	

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**7. Support costs**

	Total 2019 £	Total 2018 £
Support services and overheads	85,420	164,223
Executive and PR	120,903	200,665
Estates and facilities	276,232	221,391
IT	164,980	170,136
Wages and salaries	695,129	704,204
Depreciation	347,127	344,825
	<u>1,689,791</u>	<u>1,805,444</u>
<i>Total 2018</i>	<u>1,805,444</u>	

During the year ended 31 March 2019, the company incurred the following Governance costs:

£18,400 (2018 - £28,720) in respect of audit and accountancy fees, £6,656 (2018 - £4,787) in respect of professional fees and staff costs of £110,240 (2018 - £75,680).

**8. Analysis of Expenditure by expenditure type**

	Staff costs 2019 £	Depreciation 2019 £	Other costs 2019 £	Total 2019 £	Total 2018 £
<b>Costs of raising funds:</b>					
Expenditure on raising voluntary income	439,333	-	128,093	567,426	544,733
Expenditure on fundraising trading	1,997,618	68,078	1,725,873	3,791,569	3,803,438
Expenditure on investment management	-	-	11,800	11,800	24,681
	<u>2,436,951</u>	<u>68,078</u>	<u>1,865,766</u>	<u>4,370,795</u>	<u>4,372,852</u>
<b>Charitable activities:</b>					
NHS grants and contracts for patient care	7,767,580	347,127	2,172,831	10,287,538	10,036,741
	<u>10,204,531</u>	<u>415,205</u>	<u>4,038,597</u>	<u>14,658,333</u>	<u>14,409,593</u>
<i>Total 2018</i>	<u>9,773,783</u>	<u>415,762</u>	<u>4,220,048</u>	<u>14,409,593</u>	



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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2019**

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**9. Net income/(expenditure)**

This is stated after charging:

	2019 £	2018 £
Depreciation of tangible fixed assets:		
- owned by the charitable group	415,205	415,762
Auditors' remuneration - audit	10,500	15,500
Auditors' remuneration - other services	12,500	13,220
Operating lease rentals	<u>643,535</u>	<u>613,990</u>

During the year, no Trustees received any remuneration (2018 - £NIL).

During the year, no Trustees received any benefits in kind (2018 - £NIL).

2 Trustees received reimbursement of expenses amounting to £144 in the current year, (2018 - 0 Trustees - £NIL).

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**10. Staff costs**

Staff costs were as follows:

	2019 £	2018 £
Wages and salaries	8,842,781	8,492,675
Social security costs	767,048	743,307
Other pension costs	594,702	537,801
	<u>10,204,531</u>	<u>9,773,783</u>

During the year, the group made redundancy and termination payments amounting to £59,331 (2018: £29,572) with respect to 2 (2018: 3) individual cases

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

	2019 No.	2018 No.
Hospice services	268	262
Fundraising	17	17
Education & training	4	4
Merchandising	115	119
Care agency services	-	32
	<u>404</u>	<u>434</u>

The number of higher paid employees was:

	2019 No.	2018 No.
In the band £60,001 - £70,000	2	2
In the band £70,001 - £80,000	0	1
In the band £80,001 - £90,000	1	0
In the band £90,001 - £100,000	2	2
In the band £110,001 - £120,000	0	1
In the band £140,001 - £150,000	1	0

**Senior management**

The key management personnel of the hospice are represented by the senior management team who are the Group Chief Executive and 4 other directors, 3 of whom are responsible for clinical services. The total employee benefits of the key management personnel (inclusive of employers national insurance) were £409,850 (2018: £577,696)

**Volunteers**

During the year, the hospice has benefited substantially from the regular services of 493 (2018: 510) volunteers. Additionally, volunteers working at St. Giles Hospice Shops Limited and its associated warehouse number approximately 764 (2018: 779). St. Giles Hospice (Promotions) Limited has also received the assistance of 10 (2018: 10) volunteers during the year.

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**NOTES TO THE FINANCIAL STATEMENTS  
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**11. Tangible fixed assets**

<b>Group</b>	<b>Freehold property £</b>	<b>Long-term leasehold property £</b>	<b>Short-term leasehold property £</b>	<b>Motor vehicles £</b>	<b>Fixtures, fittings and equipment £</b>	<b>Total £</b>
<b>Cost</b>						
At 1 April 2018	13,321,544	1,669,246	15,250	174,908	2,624,440	17,805,388
Additions	28,981	-	-	-	82,071	111,052
Disposals	-	-	-	-	(48,821)	(48,821)
At 31 March 2019	13,350,525	1,669,246	15,250	174,908	2,657,690	17,867,619
<b>Depreciation</b>						
At 1 April 2018	3,094,145	342,402	15,250	146,836	2,346,889	5,945,522
Charge for the year	260,769	33,385	-	6,165	114,886	415,205
On disposals	-	-	-	-	(48,821)	(48,821)
At 31 March 2019	3,354,914	375,787	15,250	153,001	2,412,954	6,311,906
<b>Net book value</b>						
At 31 March 2019	9,995,611	1,293,459	-	21,907	244,736	11,555,713
At 31 March 2018	10,227,399	1,326,844	-	28,072	277,551	11,859,866
<b>Company</b>	<b>Freehold property £</b>	<b>Long-term leasehold property £</b>	<b>Short-term leasehold property £</b>	<b>Motor vehicles £</b>	<b>Fixtures, fittings and equipment £</b>	<b>Total £</b>
<b>Cost</b>						
At 1 April 2018	13,321,544	1,669,246	15,250	174,908	2,592,639	17,773,587
Additions	28,981	-	-	-	80,273	109,254
Disposals	-	-	-	-	(46,970)	(46,970)
At 31 March 2019	13,350,525	1,669,246	15,250	174,908	2,625,942	17,835,871
<b>Depreciation</b>						
At 1 April 2018	3,094,145	342,402	15,250	146,836	2,319,074	5,917,707
Charge for the year	260,769	33,385	-	6,165	112,117	412,436
On disposals	-	-	-	-	(46,971)	(46,971)
At 31 March 2019	3,354,914	375,787	15,250	153,001	2,384,220	6,283,172
<b>Net book value</b>						
At 31 March 2019	9,995,611	1,293,459	-	21,907	241,722	11,552,699
At 31 March 2018	10,227,399	1,326,844	-	28,072	273,565	11,855,880

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**12. Fixed asset investments**

Group	Listed securities £	Cash awaiting reinvestment £	Unlisted investments £	Total £
<b>Market value</b>				
At 1 April 2018	5,006,511	1,371	6,500	5,014,382
Additions	140,589	(140,589)	-	-
Disposals	(1,568,953)	423,570	(6,500)	(1,151,883)
Investment manager fees	-	(14,786)	-	(14,786)
Revaluations	298,524	-	-	298,524
Investment income	-	139	-	139
Cash transferred out	-	(250,025)	-	(250,025)
At 31 March 2019	<u>3,876,671</u>	<u>19,680</u>	<u>-</u>	<u>3,896,351</u>
<b>Historical cost</b>	<u>3,171,390</u>	<u>19,680</u>	<u>-</u>	<u>3,191,070</u>

**Group investments at market value comprise:**

	2019 £	2018 £
Listed investments	3,876,671	5,006,512
Unlisted investments	-	6,500
Cash awaiting reinvestment	19,680	1,370
<b>Total market value</b>	<u>3,896,351</u>	<u>5,014,382</u>

All the fixed asset investments are held in the UK

**Company investments at market value comprise:**

	2019 £	2018 £
Listed investments	3,876,671	5,006,512
Unlisted investments	-	6,500
Cash awaiting reinvestment	19,680	1,370
Investment in subsidiary companies	105	105
<b>Total</b>	<u>3,896,456</u>	<u>5,014,487</u>

All the fixed asset investments are held in the UK

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**NOTES TO THE FINANCIAL STATEMENTS  
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**13. Principal subsidiaries**

100% of the issued share capital of St. Giles Hospice (Promotions) Limited and St. Giles Hospice Shops Limited is held by the Charity.

St. Giles Hospice Shops Limited operates charity shops selling bought in goods to raise funds for the Charity, and St. Giles Hospice (Promotions) Limited operates a lottery to raise funds for the Charity. The companies pay their taxable profits to the Charity by way of Gift Aid.

The sale of donated goods is initially via St. Giles Hospice Shops Limited. Sales are made on behalf of donors but, with their consent, become proceeds in respect of the charity which is then able to claim a gift aid recovery.

**St. Giles Hospice (Promotions) Limited**

Subsidiary name	St. Giles Hospice (Promotions) Limited
Company registration number	03238435

Total assets as at 31 March 2019	£ 539,285
Total liabilities as at 31 March 2019	£ 539,183
Total equity as at 31 March 2019	£ 102
Turnover for the year ended 31 March 2019	£ 1,897,201
Expenditure for the year ended 31 March 2019	£ 944,644
Profit for the year ended 31 March 2019	£ 952,557

**St. Giles Hospice Shops Limited**

Subsidiary name	St. Giles Hospice Shops Limited
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Total assets as at 31 March 2019	£ 207,819
Total liabilities as at 31 March 2019	£ 207,817
Total equity as at 31 March 2019	£ 2
Turnover for the year ended 31 March 2019	£ 190,046
Expenditure for the year ended 31 March 2019	£ 111,175
Profit for the year ended 31 March 2019	£ 78,871

The following companies remained dormant throughout the year:  
St Giles Hospice Commercial Enterprises Limited, net assets of £1  
Walsall Hospice Trading Limited, net assets of £100

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**NOTES TO THE FINANCIAL STATEMENTS  
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**14. Stocks**

	<b>Group</b>		<b>Company</b>	
	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Medical stock	10,969	11,815	10,969	11,815
Merchandising stock	30,388	28,320	-	-
	<b>41,357</b>	<b>40,135</b>	<b>10,969</b>	<b>11,815</b>

**15. Debtors**

	<b>Group</b>		<b>Company</b>	
	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Trade debtors	243,401	181,098	242,801	181,093
Amounts owed by group undertakings	-	-	404,721	284,548
VAT	83,974	84,347	83,974	84,347
Other debtors	21,410	72,309	21,411	72,309
Prepayments and accrued income	1,081,761	1,077,585	1,076,427	1,054,079
	<b>1,430,546</b>	<b>1,415,339</b>	<b>1,829,334</b>	<b>1,676,376</b>

**16. Creditors: Amounts falling due within one year**

	<b>Group</b>		<b>Company</b>	
	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Trade creditors	211,992	266,181	209,545	253,895
Corporation tax	252	-	-	-
Other taxation and social security	183,236	168,084	176,137	161,001
Other creditors	145,643	167,226	124,068	146,514
Accruals and deferred income	653,259	631,177	344,294	315,714
	<b>1,194,382</b>	<b>1,232,668</b>	<b>854,044</b>	<b>877,124</b>

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**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2019**

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**17. Financial Instruments**

	2019 £	2018 £
Financial assets measured at fair value through income and expenditure	3,896,351	5,014,382
Financial assets measured at amortised cost	2,477,214	2,186,695
	<u>6,373,565</u>	<u>7,201,077</u>
Financial liabilities measured at amortised cost	<u>(848,759)</u>	<u>(902,449)</u>

Financial assets measured at fair value through income and expenditure comprise of Investments.

Financial assets measured at amortised cost comprise of trade debtors, other debtors, accrued income and cash.

Financial liabilities measured at amortised cost comprise of trade creditors, other creditors and accruals.

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**NOTES TO THE FINANCIAL STATEMENTS  
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**18. Statement of funds**

**Statement of funds - current year**

	Balance at 1 April 2018 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2019 £
<b>Designated funds</b>						
Investment Fund	5,007,882	-	-	(1,415,816)	304,285	3,896,351
<b>General funds</b>						
General Funds - all funds	8,167,949	13,183,558	(14,476,790)	1,461,513	-	8,336,230
Total Unrestricted funds	13,175,831	13,183,558	(14,476,790)	45,697	304,285	12,232,581
<b>Restricted funds</b>						
IPU fund	1,298,274	-	(30,850)	-	-	1,267,424
Barn Farm fund	1,211,249	-	(33,218)	-	-	1,178,031
Capital appeal fund	1,935,269	-	(74,203)	-	-	1,861,066
Day Therapies Centre fund	431,746	-	(10,020)	-	-	421,726
John Haller memorial fund	10,000	-	-	-	-	10,000
Day Room transformation fund	50,528	-	(7,797)	-	-	42,731
The Advice and Referral Centre fund	59,091	-	(2,486)	-	-	56,605
Other restricted funds	105,577	77,795	(22,969)	(45,697)	-	114,706
Total restricted funds	5,101,734	77,795	(181,543)	(45,697)	-	4,952,289
Total of funds	18,277,565	13,261,353	(14,658,333)	-	304,285	17,184,870

**RESTRICTED FUNDS**

The IPU fund represents funds received towards the building at Whittington and fitting out of the new In-Patient Unit. Depreciation is charged against the fund.

The Barn Farm fund represents monies raised to fund the construction of a hospice in Sutton Coldfield. Depreciation on the leasehold property and the fixtures, fittings and equipment is charged against the fund.

Capital appeal funds represent monies raised to fund the construction of the hospice, including later additions. Depreciation on freehold property is charged against this fund.

The Day Therapies Centre fund represents primarily a Department of Health grant awarded to the hospice in order to reconfigure the old In-Patient Unit to create an integrated Day Therapies Centre. This provides services such as a Day Hospice, Family Support and Bereavement, Complementary Therapies and



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**18. Statement of funds (continued)**

**Education.**

The Day Room transformation, which involved significantly improved facilities for patients, was funded in part by a grant from the Department of Health.

The John Haller memorial fund represents funds available for the promotion of educational projects amongst staff.

The Advice and Referral Centre fund relates to funds received to set up an advice centre which aims to offer advice and information 24 hours a day. 7 days a week. The centre became fully operational in April 2016 and was launched to the general public in May 2016

**Transfer between funds**

The transfer between unrestricted and restricted funds relates to brought forward restricted fund balances in previous years.

**Statement of funds - prior year**

	Balance at 1 April 2017 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2018 £
Investment Fund	3,577,447	-	-	1,484,888	(54,453)	5,007,882
<b>General funds</b>						
General Funds - all funds	10,498,741	13,215,115	(14,061,019)	(1,484,888)	-	8,167,949
<b>Restricted funds</b>						
IPU fund	1,329,124	-	(30,850)	-	-	1,298,274
Barn Farm fund	1,244,466	-	(33,217)	-	-	1,211,249
Capital appeal fund	2,009,471	-	(74,202)	-	-	1,935,269
Day Therapies Centre fund	441,767	-	(10,021)	-	-	431,746
John Haller memorial fund	10,000	-	-	-	-	10,000
Day Room transformation fund	60,169	-	(9,641)	-	-	50,528
The Advice and Referral Centre fund	80,317	-	(21,226)	-	-	59,091
Other restricted funds	92,147	182,847	(169,417)	-	-	105,577
<b>Total restricted funds</b>	<b>5,267,461</b>	<b>182,847</b>	<b>(348,574)</b>	<b>-</b>	<b>-</b>	<b>5,101,734</b>
<b>Total of funds</b>	<b>19,343,649</b>	<b>13,397,962</b>	<b>(14,409,593)</b>	<b>-</b>	<b>(54,453)</b>	<b>18,277,565</b>

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**NOTES TO THE FINANCIAL STATEMENTS  
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**Summary of funds - current year**

	Balance at 1 April 2018 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2019 £
Designated funds	5,007,882	-	-	(1,415,816)	304,285	3,896,351
General funds	8,167,949	13,183,558	(14,476,790)	1,461,513	-	8,336,230
	<u>13,175,831</u>	<u>13,183,558</u>	<u>(14,476,790)</u>	<u>45,697</u>	<u>304,285</u>	<u>12,232,581</u>
Restricted funds	5,101,734	77,795	(181,543)	(45,697)	-	4,952,289
	<u>18,277,565</u>	<u>13,261,353</u>	<u>(14,658,333)</u>	<u>-</u>	<u>304,285</u>	<u>17,184,870</u>

**Summary of funds - prior year**

	Balance at 1 April 2017 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 March 2018 £
Designated funds	3,577,447	-	-	1,484,888	(54,453)	5,007,882
General funds	10,498,741	13,215,115	(14,061,019)	(1,484,888)	-	8,167,949
	<u>14,076,188</u>	<u>13,215,115</u>	<u>(14,061,019)</u>	<u>-</u>	<u>(54,453)</u>	<u>13,175,831</u>
Restricted funds	5,267,461	182,847	(348,574)	-	-	5,101,734
	<u>19,343,649</u>	<u>13,397,962</u>	<u>(14,409,593)</u>	<u>-</u>	<u>(54,453)</u>	<u>18,277,565</u>

**19. Analysis of net assets between funds**

**Analysis of net assets between funds - current year**

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Tangible fixed assets	6,690,904	4,864,809	11,555,713
Fixed asset investments	3,896,351	-	3,896,351
Current assets	2,839,708	87,480	2,927,188
Creditors due within one year	(1,194,382)	-	(1,194,382)
	<u>12,232,581</u>	<u>4,952,289</u>	<u>17,184,870</u>

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**NOTES TO THE FINANCIAL STATEMENTS  
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**19. Analysis of net assets between funds (continued)**

**Analysis of net assets between funds - prior year**

	<i>Unrestricted funds 2018 £</i>	<i>Restricted funds 2018 £</i>	<i>Total funds 2018 £</i>
Tangible fixed assets	6,841,203	5,018,663	11,859,866
Fixed asset investments	5,014,382	-	5,014,382
Current assets	2,552,914	83,071	2,635,985
Creditors due within one year	(1,232,668)	-	(1,232,668)
	<u>13,175,831</u>	<u>5,101,734</u>	<u>18,277,565</u>

**20. Reconciliation of net movement in funds to net cash flow from operating activities**

	<b>Group</b>
	<b>2019 £</b>
	<b>2018 £</b>
Net expenditure for the year (as per Statement of Financial Activities)	(1,092,695)
	(1,066,084)
<b>Adjustment for:</b>	
Depreciation charges	415,205
(Gains)/losses on investments	(298,524)
Dividends, interest and rents from investments	(154,446)
(Increase)/decrease in stocks	(1,222)
(Increase)/decrease in debtors	(15,207)
(Decrease)/increase in creditors	(38,286)
	<u>(1,185,175)</u>
<b>Net cash (used in)/provided by operating activities</b>	<u>15,929</u>

**21. Analysis of cash and cash equivalents**

	<b>Group</b>
	<b>2019 £</b>
	<b>2018 £</b>
Cash in hand	1,455,285
Cash on deposit awaiting investment	19,680
	<u>1,474,965</u>
<b>Total</b>	<u>1,181,882</u>

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**ST GILES HOSPICE**  
(A company limited by guarantee)

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2019**

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**22. Pension commitments**

Staff previously employed by the National Health Service and who were members of the National Health Service Superannuation Scheme continue to be members of that scheme. All other staff may become members of St Giles Hospice Group Personal Pension Plan or and Auto Enrolment Pension Plan.

The NHS Scheme is a defined benefit pension scheme. However, the scheme is a multi employer scheme and the group is unable to identify its share of the underlying assets and liabilities. The scheme is therefore accounted for as a defined contribution scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.pensions.nhsbsa.nhs.uk](http://www.pensions.nhsbsa.nhs.uk).

The pension cost charges, representing employer's contributions to all schemes, amounted to £594,702 (2018: £537,801). Contributions totalling £85,892 (2018: £112,217) were payable at the year end and are included in other creditors.

**23. Operating lease commitments**

At 31 March 2019 the total of the group's future minimum lease payments under non-cancellable operating leases was:

Group	2019 £	2018 £
<b>Amounts payable:</b>		
Within 1 year	94,690	486,926
Between 1 and 5 years	628,070	1,162,738
After more than 5 years	719,274	377,898
Total	<u>1,442,034</u>	<u>2,027,562</u>

**24. Related party transactions**

Transactions with the subsidiary companies are set out below. The balance outstanding at the year end owed from St. Giles Hospice Shops Limited was £206,307 (2018: £162,863). The balance outstanding at the year end owed from St. Giles Hospice (Promotions) Limited was £198,414 (2018: £121,685).

	2019 £	2018 £
Gift aid from St. Giles Hospice Shops Limited	78,871	71,229
Gift aid from St. Giles Hospice (Promotions) Limited	<u>952,557</u>	<u>820,971</u>