

CELEBRATING 30 YEARS

Annual Report & Accounts | 2020-21
every person matters. every day counts.

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What We Do

We provide free, specialised, palliative care for patients and their families, living with life-limiting illnesses across South West Hertfordshire and the wider area. We help people manage their conditions and offer support at end of life and bereavement services too. We provide care in our Hospice building, in Watford, but most of our services are delivered in our community.

What we do is only possible thanks to the support we receive from our community – individual supporters, local organisations and businesses, those who buy items from, or donate items to, our charity shops and those who dedicate their time to volunteer with us.



a message from the CHAIR **Dr Jeremy Shindler**



Welcome to our Annual Report for the year ending March 2021, which also marked the start of our 30th anniversary celebrations. In this turbulent year of the COVID-19 pandemic, we saw a 53% rise in our clinical contacts and are indebted to all our staff and volunteers for their resilience and flexibility in responding, always willingly and generously, to the often rapid changes that were required to our services.

Our thanks, in particular, must go to Jackie Tritton our Chief Executive Officer and the Executive Team for their irreplaceable stability of leadership and for so successfully directing Peace Hospice Care through these difficult times.

We learned many good things about our charity, who pulled together under these extreme pressures and embraced new ways of working, some of which will continue as we shape the future of our services. In particular we have experienced the benefits of collaborating with partner organisations and we have confidence that such collaborations will assist in the development of our clinical services as the health service enters a new phase of commissioning and delivery.

This last year has been financially challenging for the entire voluntary sector where sources of

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income were suspended for many months as a result of the public health controls. We, as part of the national hospice movement, are very grateful to the Department of Health for emergency funding to enable the continuation of our clinical services in the community, and to Hospice UK for brokering the arrangements on behalf of all hospices.

We would like to maintain our ability to meet the needs of our service users and their families and loved ones in the years ahead, as the nation anticipates a large rise in people with life limiting illnesses as a consequence of our ageing population and the Coronavirus pandemic.

The Peace Hospice (as it was then known) was established out of the hard work, foresight, planning and dedication of our founders thirty years ago, but would have never succeeded without the generosity and commitment of our local community and all our supporters. As we enter this anniversary year, on behalf of the Board of Trustees I should like to pay tribute to those founders and all who have led the organisation to where it is today. As a Board, anticipating further

rises in the need for our services, we reaffirm our commitment to developing further, delivering more, and spending wisely in the years to come, in gratitude to those who have gone before us, to all who have contributed and continue to contribute.

On behalf of everyone at Peace Hospice Care, I thank you for your support now and in the future.

Dr Jeremy Shindler
Chair
June 2021



HOSPICE APPEAL 1993



LONDON MARATHON FUNDRAISING MAY 1991

a message from the CHIEF EXECUTIVE OFFICER

Welcome to our 2020 – 2021 Annual Report, which looks back at the past 12 months achievements and our future priorities for 2021-22, our 30th anniversary year.



Jackie Tritton

It is impossible to reflect on the past year without focusing on the impact of the COVID-19 pandemic in terms of our income and service provision. Despite the many challenges, our Patient Services team proactively responded to the daily changing demands and guidelines and creatively redesigned our services to ensure we were able to continue to provide high quality care for those who needed us. Alongside, our clinical services our Income

Generation, Marketing & Engagement and People & Resources teams were required to be resourceful and flexible in enabling the hospice to continue to be safe and efficient in the day to day support and management of the organisation, as well as consider the future planning and sustainability of the charity beyond this exceptional year.

In the midst of the pandemic, the Department of Health, in discussions with Hospice UK recognised the value and additional capacity the wider Hospice sector were able to provide in supporting the NHS, especially in caring for patients at home and preventing unnecessary admissions to the already overwhelmed hospitals. This additional unexpected funding helped us to continue provide our services despite our charitable income streams being affected due to our charity shop closures and our community fundraising events having to be postponed.

As the Chief Executive Officer, I was particularly proud of the flexibility, strength and resilience of our Peace Hospice Care staff who adapted quickly to continue delivery of our vital services to our community, in new and innovative ways. As an organisation we are keen that new ways of working and any learnings that has enhanced how we work are embraced and taken forward. The pandemic reinforced that working with others is key in order to provide more responsive, seamless and person-centered care for our patients and their families.

As part of the new NHS changes, the introduction of new Integrated Care Systems (ICS) have been formed. The purpose of the ICS is to develop a whole system approach to delivering Health and Care services across designated areas and bring the NHS, social care and the voluntary sector together to plan and provide services for the population we serve. We are part of the Hertfordshire & West Essex ICS and are actively involved in contributing at a regional and local strategic level and we are shaping and supporting the delivery of high quality coordinated palliative care and bereavement services in all care settings.

This is in line with one of our Strategic Ambitions, which is to recognise, engage and actively respond to opportunities for working, sharing and learning. Through the chaos we have strengthened our relationships with the NHS, Herts County Council, local care homes, other charities and our hospice neighbours and have taken opportunities to work collaboratively on a number of joint projects.

I am very proud of what our organisation has achieved over a difficult period of time, and, also, over our last 30 years. Our commitment and passion for providing care for our community is as strong as it was the day we began. I would like to thank our staff, volunteers and community for being such a huge part of where we are today. My thanks also go to our Board of Trustees for their guidance and support during this challenging period of time. I know we have learned so much through the pandemic and are emerging a stronger, more resilient organisation, with care at its core. What we do continues to be as important as ever, and I am very privileged to witness the work that we do and the difference it makes in the lives of so many local families.

Jackie Tritton
Chief Executive Officer
June 2021

I am very proud of the flexibility, strength and resilience of our Peace Hospice Care staff who adapted quickly to continue delivery of our vital services to our community, in new and innovative ways.

Our Vision

Making a difference to those in our community who need us because we believe every person matters, every day counts.

Our Mission

Until the day that all palliative care needs in our community are met, we will strive to extend our reach to support more people, whenever and wherever they need us.

Our Values

INTEGRITY - we are open, honest and forthright.

QUALITY - we are committed to achieving the highest possible standards, across our organisation, to benefit patients, families, carers, Volunteers, staff and the wider community.

COLLABORATION – we know that working together makes us stronger and we seek to work in partnership to maximise resources, skills, expertise and knowledge, as well as efficiencies.

COMPASSION – the physical, mental and emotional wellbeing of others is at the heart of what we do.



Our Services

In April 2020 we announced a rebrand of our core services, with many of them being renamed. For the 2020-2021 financial year, these are the services we provided:

Peace Inpatient Services:

Our Inpatient Unit (IPU) is a 12-bedded, short stay Unit providing high quality, specialist palliative care which includes symptom control, rehabilitation and end of life care for individuals whose symptoms cannot be controlled at home. The team deliver holistic care for patients and their families including physical, emotional, spiritual and practical support for those living with a life-limiting illness. The Unit supports the values of Peace Hospice Care in its caring and relaxed environment, treating all patients and their loved ones with respect and dignity. The IPU has a highly effective, multi-disciplinary team ensuring all aspects of each patient's condition are addressed in a sensitive manner.

Peace Outpatient Services:

Peace Outpatient Services provide holistic assessment, care and support for people living with life-limiting illnesses in South West Hertfordshire. The team tailor services to meet the frequently changing needs of our individual patients at different points in time, ensuring that the patient and their family is at the heart of all decision making. This includes providing detailed holistic assessments and reviews via a nurse-led clinic, multidisciplinary teams and consensus decision making which underpin our patient-centred approach. To achieve our aims, we offer three tiers of wellbeing and rehabilitation support (universal, targeted and specialised) which may change overtime to meet the specific needs of each patient. The service includes a very wide

range of rehabilitation interventions and support, wellbeing and creative arts interventions, a flourishing and growing Compassionate Neighbours service and a growing counselling and bereavement service. We are keen to enhance the access to these services for those patients in seldom-heard communities who have not, until now, regularly accessed our services.

Peace Community Services:

Our Rapid Personalised Care Service provides personal care for up to 12 weeks to patients at home receiving end of life care whilst our Palliative Response Team is a skilled nurse and medical team supporting patients, their families and carers at home in line with their wishes to receive, and remain, at home for their care.

Peace Education Services:

As well as providing internal training to staff and Volunteers, we work externally with Care Home staff to raise awareness of the needs of patients with palliative care needs.



Collaboration

Integrated Care Systems

The Government white paper setting out new legislative proposals for a Health and Care Bill has been through parliament with an emphasis on greater integration and collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

The NHS and local authorities will be given a duty to collaborate with each other, with the formation of statutory Integrated Care Systems (ICS). These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners (including the voluntary sector), and an ICS NHS Body. The ICS NHS body will be responsible for the day-to-day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs. Peace Hospice Care is part of the Hertfordshire and West Essex (HWE) ICS.

Peace Hospice Care is one of six local hospices who have agreed that strengthening our relationship with the ICS is essential to ensuring

these hospices (as one collaborative voice) are acknowledged as a key partner and gain recognition on what the hospices can bring to the ICS/P developments. It has been agreed that each hospice's CEO will lead on supporting ICS specific workstreams representing the sector (and not individual organisations) and ensure feedback.

The current active work streams were:

1. The HWE Palliative/End of Life Care ICS group. The CEO of Garden Hospice is the Chair and Peace Hospice Care's Medical Director, is the Chair of the Specialist Palliative Clinical Advisory group. An ICS Palliative End of Life Care strategy is being developed which engages stakeholders in a collaborative approach to the delivery of high-quality Palliative/End of Life Care based on best practice.
2. The HWE Healthier Community Reference group. This group was set up to develop a shared understanding of Community Engagement activity across the STP hospices. The work of the group includes; definitions and terminology, types of projects undertaken across the ICS by hospices, activity and impact of projects, staffing, resourcing and costs, funding streams and opportunities, evaluation, looking for possible funding opportunities as a collective, developing a range of ideas for the evaluation of projects, perhaps in the form of toolkits, potentially developing other expansion opportunities to grow the

Community Engagement/Compassionate Neighbours approach/network in the region.

3. The HWE People Board, with Peace Hospice Care's CEO representing the Hospices and charity sector. The project group has been formed with a purpose to ensure HWE ICS has a strategic plan in place that has sufficient workforce and resource, with the appropriate skills, to meet the current and future needs of the local Palliative/End of Life Care population. The group will develop alternative workforce models/framework to address longer term needs for End of Life Care. Explicit within this will be working differently and how to best utilise Palliative/End of Life Care roles, volunteers and the Compassionate Communities.
4. HWE Hospice Day Services collaboration. The purpose of the Day Services collaboration work was to summarise the Day Services and Living Well Services being delivered or planned by the Hospices in HWE ICS. It is hoped that this information will be useful for feeding into the Herts and West Essex ICS Refresh of End of Life Strategy. It should be noted that majority of services are not commissioned or funded by the NHS; therefore, charitable funds have to be raised to deliver these services. There is capacity to provide further services for more people if directly commissioned day services/ living well services became part of future commissioning plans.



Our Commitment to Equality, Diversity & Inclusion

The Hospice’s Equality Diversity & Inclusion (EDI) Task & Finish Group was set up with representatives from across the Hospice and an Executive Team member sponsor. The singular aim of the Group was to ensure that the EDI policy is embedded throughout the Hospice, and to be able to evidence and demonstrate this.

The group quickly established the best way to discover compliance was through a questionnaire to individual departments with a plan to collate the results and identify gaps. The questions were divided into the themes of equality, diversity, inclusion and training, in line with the policy headings. The identified areas for improvement by department were then added to an action plan with correlating measurable key performance indicators (KPIs) of how improvement/compliance could be achieved. An EDI Audit will also be carried out in the Autumn 2021.

Digital inclusion and development of the Hospice-wide Digital strategy was identified as a new area for improvement at the Board of Trustees and Executive Team away session. A new task and finish group was established to take this forward and chaired by our Director of Engagement. In light of the rapid uptake of technology during the COVID-19 pandemic - the “near-instant digital innovation that might otherwise have taken years” (McCay, L 2020) - remote working, virtual consultation, interviews, 1:1’s and flexibility have become the norm and new ways of working and caring for patients have generally been adopted with minimum fuss and relative ease.

Video conferencing platforms enabled strong links to be maintained between hospices, also affording flexibility and avoiding time-consuming travel and meetings, thereby boosting capacity. However, this digital expansion has also created inequality and so we have added this to our EDI agenda.





Environment

In October 2020 we set up our Environmental Strategic task and finish group with members from across the organisation, set up with the purpose of embedding across the organisation the commitment to minimise the environmental impact of the operations of Peace Hospice Care. This applied to all activities undertaken at the Hospice and impacted upon our staff, volunteers, key suppliers and customers.

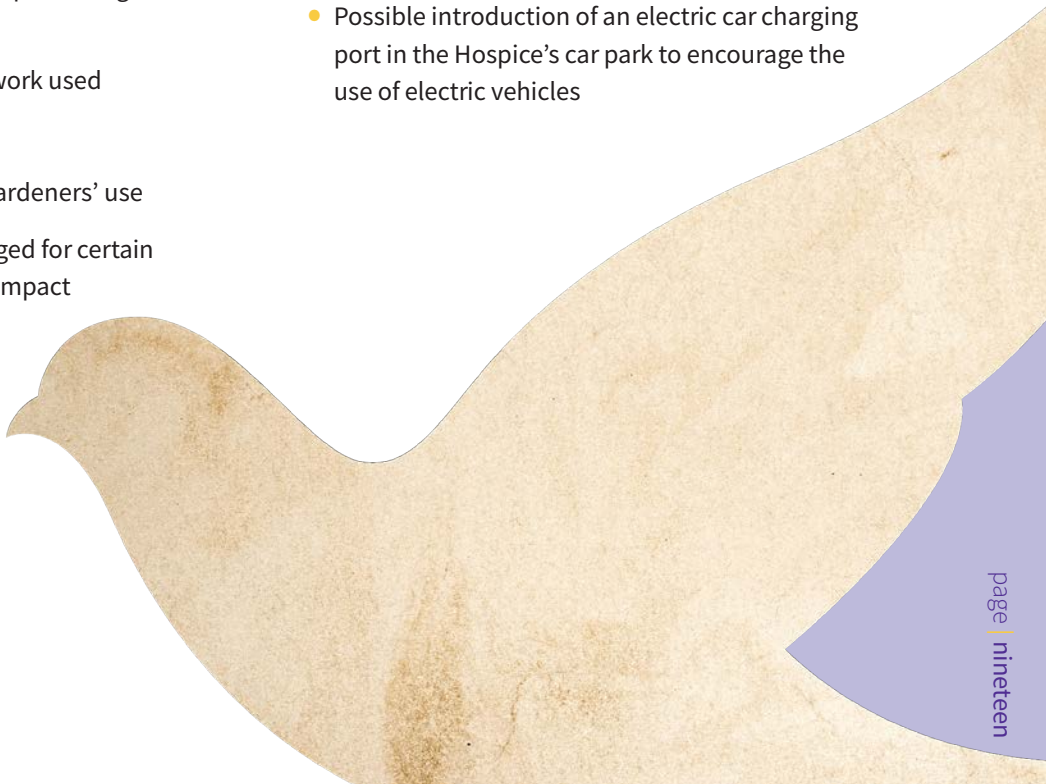
The group worked towards a set of objectives and planned actions to support achieving these objectives.

Achievements so far

- Created an ‘Environmental Impact Improvement’ voluntary role
- Refrigerated milk pergal installed on 1st floor (reduction of purchase of plastic bottles)
- A move to the use of recycled paper throughout the organisation
- Reduced the amount of paperwork used
- Increased recycling
- Installed compost bin for our gardeners’ use
- Deliveries to the Hospice arranged for certain days to reduce environmental impact

We will recognise, engage and actively respond to opportunities Plans for the future

- Looking at introducing solar panels to the roof of the Hospice building and liaising with planning permission
- Possible introduction of an electric car charging port in the Hospice’s car park to encourage the use of electric vehicles



Our Year At A Glance

We introduced a dual counsellor role. This requires those counsellors who are awarded an IAPT training place to support our Bereavement Counselling Service by offering two appointments per week on a voluntary basis. This means we have increased the number of counsellors volunteering for us by 10. It also means we now have experienced counsellors as part of this service to meet the needs of our clients who present with more complex grief.

ENVIRONMENTAL VOLUNTEER

Our Rapid Personalised Care Service (RPCS) commenced in July 2020 after a successful 18-month pilot in partnership with Rennie Grove Hospice Care and The Hospice of St Francis.



- Through the year we recruited two IAPT (Improving Access to Psychological Therapies) qualified counsellors and secured funding to train a further 12 counsellors thereby increasing the number of IAPT qualified counsellors from 10 to 24 during the year.

We introduced an Environmental Impact Improvement Volunteer role to promote responsibility for the environment within the organisation. This new role derived from the Environmental task and finish group. This Volunteer provides staff with information regarding the importance of reducing our environmental footprint; encourages and promotes the importance of recycling in the building; environmental awareness throughout the organisation by producing communications including posters, signage, emails, newsletter etc. This role also supports the Quality and Assurance team with the planning and implementing of a green audit.



OUR SHOP IN GARSTON

We faced several closures of our entire network of charity shops, which had a significant financial impact. Despite three closures and re-openings, our Retail staff and volunteers remained positive and dedicated to preparing our shops for re-opening, and, remained patient and understanding during their closures. We implemented COVID-19 safety measures for the safety and protection of our staff, volunteers and customers. Measures included: mandatory wearing of face coverings, enhanced cleaning, one-way systems, limits on numbers permitted in store, and, following all Government guidelines in place at the time.

Having been forced to pause our Outpatient Groups, we diverted our Complementary Therapists to provide relaxation support for patients and their families in our Inpatient Unit. Due to the success of this move, we have continued allocating a set day each week where Complementary Therapists will work with patients in our Unit.

We made improvements to the Hospice building and exterior including installing a wheelchair ramp, with fundraising from the Morrisons Foundation, to enhance access to the Hospice and refurbishing the Treatment Room in our Inpatient Unit.



VOLUNTEER AMBASSADOR

We relaunched our Volunteer Ambassador role to mark our 30th anniversary. Responsibilities include spreading the word about what we do and why it matters, dispelling myths around hospice care and representing the Hospice in the community through visits to organisations, healthcare settings, faith groups, schools and local businesses. It will help to educate the public about the role of the Hospice in supporting patients and their families with life-limiting illness, from early diagnosis and throughout their illness, and for families and carers, through their bereavement.

During October and November 2020 we submitted a response to the invitation to retender for the IAPT contract. We were successful with the new contract beginning on 1st February 2021 and running for four years. Our commitment under the new contract is to grow the service and create IAPT Hospice Hubs with our sister hospices. To support this, a new team has been created with IAPT Business Lead and IAPT Co-ordinator roles.



PALLIATIVE RESPONSE TEAM MEMBERS



TREATMENT ROOM

We replaced our Hospice at Home service with our new Community Palliative Response Team (PRT) in September 2020. The PRT provides responsive, intensive, support in times of crisis within four to 24 hours of referral; extended hours 8am-10pm, seven days a week; symptom management and end of life care with intensive visits for up to two weeks.

We ran a successful pilot for a placement scheme with a student studying a Masters in Drama and Movement Therapy at the Royal Central School of Speech and Drama, London. As part of this placement, the student ran a virtual wellbeing drama group which included movement and body language, games, story writing and voice work. We are now taking this forward and offering individual placements for students at the school as part of their training. Moving forward, these students will provide one-to-one dramatherapy for our patients.

During 2020-2021

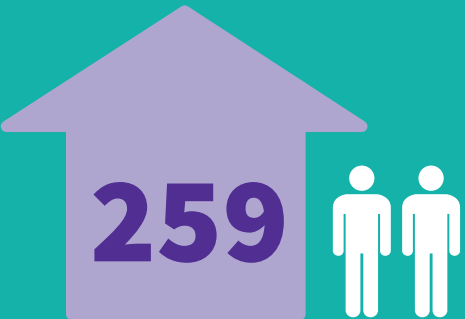


1,513
referrals to
our services



242 admissions to our
Inpatient Unit

Our Inpatient Unit (IPU) is a 12-bedded, short stay Unit providing high quality, specialist palliative care which includes symptom control, rehabilitation and end-of-life care for individuals whose symptoms cannot be controlled at home. The team delivers holistic care for patients, and their families, living with a life-limiting illness, including physical, emotional, spiritual and practical support.



259
people seen in our
Outpatient clinics

Patients are seen either face-to-face or virtually in our Outpatient Clinics where they receive an initial assessment with our Clinical Nurse Specialist and an individualised plan of care is agreed. Patients are then either referred to relevant support sessions or groups within our Outpatient Services, or are provided with one-to-one support within the clinical setting, including support with symptom management.



2,048 sessions
Bereavement &
Counselling Service
(Improving Access to
Psychological Therapies)

A mixture of virtual and face-to-face sessions were provided by our team. Our Bereavement & Counselling Service provides counselling to patients with life-limiting illnesses, as well as their families. We also offer bereavement support and short-term, one-to-one counselling for those experiencing anxiety and depression.



visits by our Palliative
Response Team

Our Palliative Response Team (PRT) is a skilled Nurse and Medical team supporting patients, their families and carers at home in line with their wishes to receive, and remain, at home for their care. The service runs from 8am-10pm, seven days per week. Our Team work collaboratively with internal and external service partners to provide the highest quality care in a community setting. Care is tailored for as often as needed, but always until a stable plan is in place and we aim for this to be within 14 days.



1,264

visits and support calls
from Compassionate
Neighbours Service

Our Compassionate Neighbours project unlocks people's compassion and purpose, building a stronger, connected community for all people touched by death, dying or loss. We achieve this by growing a network of people across Watford, Three Rivers and Herts mere who are bereaved and/or living with a life-limiting illness and who receive sustained support from a Compassionate Neighbour via in-person visits and phone calls.



visits by our Rapid Personalised Care
Service (since July 2020)

Our Rapid Personalised Care Service (RPCS) provides personal care for end-of-life patients at home for up to 12 weeks. Patients are referred by healthcare professionals through a single point of access and are supported by a team of specially trained Carers, a Care Co-ordinator and Service Lead. Packages of care are provided within 48 hours of a referral and, in practice, frequently start on the same day as the referral is received.

Looking Backwards: Priorities for Improvement 2020-2021

We are proud to have delivered the following improvements in 2020/21, which have increased access to services, workforce resilience and delivered person-centered care.

Priority 1 – Patient Experience: Extend Community Services

We said we would extend our Community Services by delivering a South West Hertfordshire, end of life Rapid Personalised Care Service, running seven days a week from 7am- 11pm.

How was this identified?

During a review of our clinical services, and talking to commissioners in the local area, it was recognised that as part of the continuing healthcare framework, a broader, more responsive care service was needed to support patients who are at the end of their life (last 12 weeks) to be cared for at home.

How did we plan to do this?

We said we would:

- Recruit a new team, including a team lead, a co-ordinator and a team of Carers to deliver the Rapid Personalised Care Service. This service would enable patients who were at the end of life to remain at home, or facilitate prompt discharge home, and for them to be cared for there if that was their choice.

Progress made

- We recruited a team lead, co-ordinator, two Senior Carers and a number of Carers. We also used agency Carers to help us in delivering the service to our patients. From July 2020 to the end of March 2021 we provided 26,725 visits to patients.
- We have analysed data from this service and will continue to do so to understand any trends that need investigation – this will include, for example, admission avoidance and if patients have achieved their wishes at end of life.

Priority 2 – Patient Experience: Extend our reach

We said we would extend our reach by providing Outreach Outpatients Services through daily Multidisciplinary Team (MDT) clinics and community wellbeing hubs. An Outreach Care Home Educator post would allow patients greater access to our services closer to their home.

How was this identified?

During a review of our clinical services, and whilst carrying out the Widening Access work it was apparent that a more easily accessible service was needed for a number of our patients less able to come to the Hospice building.

How did we plan to do this?

We said we would:

- Set up five-day a week, nurse-led, dedicated assessment clinics. Clinics were planned to increase access to palliative care, early intervention and advance care planning for patients, enabling choice in their preferred place of care and improved carer support.
- Optimise the proactive management of symptoms through comprehensive assessment, regular review, measurable outcome scores and a holistic patient-centred approach.
- In partnership with Healthy Hubs, set up palliative care outreach hubs in our Hertsmere locality and continue to provide Peace Hospice Care services across our community.
- Appoint a Community Outreach Educator to work with South West Hertfordshire care homes to support their Palliative/ End of Life Care residents to remain in their usual place of residence and avoid inappropriate hospital admissions in the last days of their life.

Progress made:

- We set up nurse led clinics - currently they run three days a week with plans to further develop this service in 2021-2022. During the pandemic,

these were initially halted, but quickly restarted using virtual consultations to assess and speak with patients. Gradually, patients are coming back into the building for these assessment clinics if they feel able.

- We have continued with our Holistic Needs Assessments for all patients. The analysis of outcomes has started and we are working to improve our understanding and reporting on this.
- Unfortunately, due to the COVID-19 pandemic it was not possible or appropriate to set up outreach hubs in Hertsmere. This remains one of our ambitions and we will work on this again in 2021-2022.
- We appointed an Outreach Educator and she has provided 46 sessions to 141 participants in care homes to help support them in delivering end of life care during the pandemic.

Looking Backwards: Priorities for Improvement 2020-2021

Priority 3 – Clinical Effectiveness: Improve and increase use of tools to analyse data

We said we would improve and increase our use of workforce planning and tools to support us in evidencing improved patient-centred outcomes whilst maintaining safe staffing levels.

How was this identified?

We had been aware for some time that, whilst we are able to produce a number of reports about our clinical activity, we were less able to demonstrate and evidence the impact and outcomes our care and support were delivering for our patients. How did we plan to do this?

We said we would:

- Use our acuity and workforce modelling tools in both inpatient and community settings to assist in decision making about staffing models depending on the acuity of patients.
- Use our acuity tools to enhance our activity reporting to include additional aspects of patient need.

- Make more use of some assessments we have implemented to assess outcomes as reported by our patients.

Progress made:

- We are now using workforce planning tools in both our Inpatient and community settings and are able to more robustly evidence numbers of staff needed to provide safe services. This helps when exploring different ways of working and when planning to extend services.
- We are using acuity tools in both of these services but more work is needed on how we use the information provided by these. We have recently been approached by Hospice UK to participate in a working group to explore acuity and dependency tools used by hospices in the UK.
- We are reporting on patient outcomes from our three core services – Peace Inpatient Services, Peace Community Services and Peace Outpatient Services. Further analysis will be carried out to measure the impact of our services and to present the information in the reports we generate as part of our suite of dashboards that are discussed at Advisory Group and Committee meetings. In addition, we will use this data to inform changes to our care and services.



Looking Forwards: Priorities for Improvement 2021-2022

We are always looking for ways to continually improve our services, to enhance the quality of care and outcomes for patients and their families

Priority 1 – Clinical Effectiveness and Patient Experience: Extend Community Palliative Response Team service

We aim to extend our existing Community Palliative Response service to ensure it can be offered 24 hours a day, seven days a week.

How was this identified?

Our existing Palliative Response Team operates 8am to 10pm, seven days a week. Extending and developing 24/7 access to our palliative community service is a key element to meeting the aims set out in the Peace Hospice Care Strategy, The Ambitions for Palliative and End of Life Care and NICE Guidelines. These state that the needs of people at the end of life, and their families and carers, cannot be met in a standard 9–5 model of service delivery. It is therefore vital this service is delivered to enhance the current South West Hertfordshire provision and that we work in partnership with colleagues in the North West locality to provide equitable access to out of hours care across the whole of Hertfordshire.

How do we plan to do this?

We will seek additional resources in order to expand our current community care service model to include the hours of 10pm – 8am and provide responsive palliative nursing and care as part of the wider health system.

How will progress be monitored and reported?

We will report and monitor performance of the service at our regular Income Generation and Business Performance Meeting.

Priority 2 – Patient Safety: Implement Electronic Prescribing within SystmOne

We plan to implement electronic prescribing in our patient record system (SystmOne).

How was this identified?

Following discussions at our internal Medicine Management Clinical Subgroup meeting we plan to implement SystmOne e-Prescribing (Electronic Prescribing and Medicines Administration (ePMA)). This will enable our medical staff to prescribe electronically for both inpatients and outpatients, and our nurses and pharmacist will be able to administer medication and control stock through this. We anticipate that this will save time and will also improve patient safety as it should reduce prescribing errors.

How do we plan to do this?

We will explore functionality with other hospices already using ePMA to ensure it will meet our needs and deliver the anticipated benefits. We will also write a business case and plan for approval of the costs of implementation by our Board of Trustees, design a project implementation plan and aim to begin working with ePMA before the end of the financial year.

How will progress be monitored and reported?

We will report and monitor performance of the software through our Medicine Management Clinical Subgroup and our Clinical Effectiveness Advisory Group. We will escalate any concerns or risks to our Risk and Quality Assurance Committee.

Priority 3 – Patient Experience: IAPT development

We will work with other local hospices in Hertfordshire to expand our existing Improving Access to Psychological Therapies (IAPT) service to ensure more of the local population are able to access these services as and when they need them.

How was this identified?

Expanding and developing IAPT services is key to meeting the aims set out in the NHS England Five Year Forward View for Mental Health. This stated that access to evidence-based psychological therapies should reach 25% of need. Locally, it was estimated that by 2020, there would be approximately 69,000 adults with common mental health disorders within the East and North Herts Clinical Commissioning Group (ENCCG) area and 68,000 adults in the Herts Valleys Clinical Commissioning Group (HVCCG) area. It was predicted that the percentage of people with common mental health disorders would increase year on year.

How do we plan to do this?

We have recently been successful in applying for, and being granted, a contract by Herts County Council to expand our existing IAPT service to assist in meeting the above aim. Peace Hospice Care will set up an IAPT Hospice Hub provision across the area, partnering with other hospices. We have also recruited a small team of a Service Manager and Co-ordinator to manage this service.

How will progress be monitored and reported?

- We will provide the required templated reports to Herts County Council within the deadlines specified.
- We will report and monitor performance of the service at our regular Income Generation and Business Performance Meeting.
- We will analyse and report on feedback and outcomes from clients using the service to drive improvements to process.



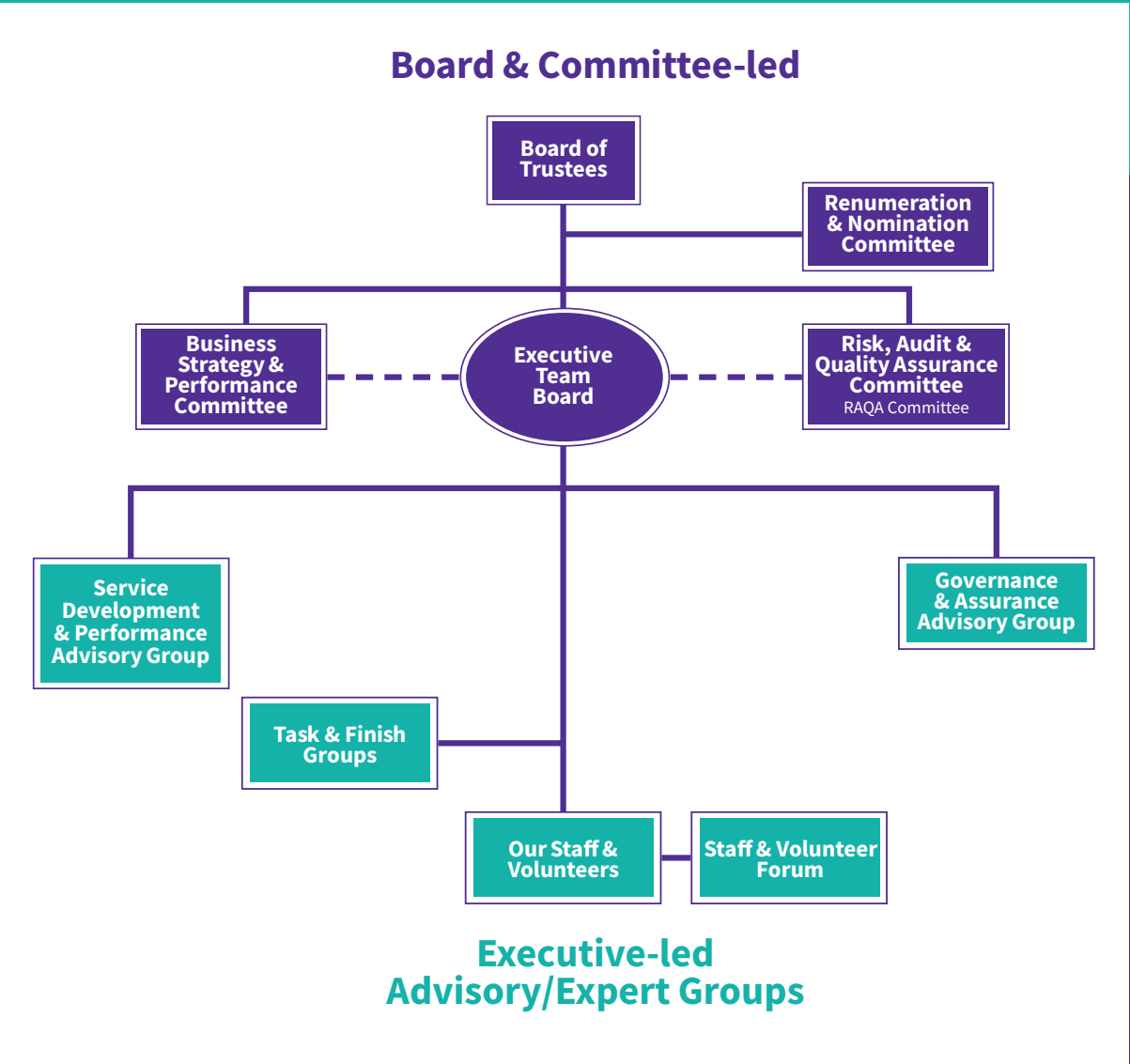
Our Governance Framework

In 2020/21, we began reviewing our committee structure which had, largely, been in place for nine years. During this time, the organisation’s functions and responsibilities had changed as the charity had developed and grown.

More recently, there had been a recognition that better integration between committees was needed in order to enable our Trustees to provide a clear strategic direction and oversight in all aspects of the charity’s work.

After a number of iterations were reviewed, discussed and revised, the final governance structure was agreed with the aim of implementing it from 1st April 2021.

Our new framework is shown below:



Our Care



“

“Peace Hospice Care looked after my beautiful Mum in the last two weeks of her life and I have never been able to find the words to do justice to what they did for me and my family. They looked after my Mum with such kindness, care and empathy and I will never be able to thank them enough.”

Emma

“My husband died in March 2020 and the counselling I received was really helpful. At the beginning I went to the Hospice, when restrictions allowed, and then it had to be over Zoom. My counsellor was really nice and it did help. At first I thought ‘what am I going to talk about?’ and then I couldn’t stop talking which is what it’s all about. I got it all off my chest – it was what I needed.”

Linda

“

“Thank you so much for all the work you did to make this [Lifting Loss] bereavement group possible. It has helped me so much to feel in a safe place surrounded by others who understand through their own experiences the issues that I’m facing. To be able to let go of my emotions without the fear of others judging or not fully understanding the impact of the loss I’m feeling has really helped me to start trying to process losing my partner and the added difficulties that lockdown has made to that situation which up till now I haven’t really been able to let myself do as it was too painful.”

Karen



“

“My Mother-in-Law spent four days at Peace Hospice Care before she sadly died. The time she spent at the Hospice had such a big impact on us, we were able to spend time with her knowing she was being so well looked after and comfortable, and my husband and his family were able to be by her side throughout. Her time there made such a big difference to us. It was such a calm environment and the staff made her time there so peaceful.”

Michelle

Our Volunteers

We could not do what we do without the incredible ongoing support from our volunteers. Thank you to each and every one of you for what you do. Here, we share thoughts from some of our volunteers about why they support our charity and how they value their role.

“

“I love being a Compassionate Neighbour because I know that giving my time is making a difference to someone. My Community Members are very different from each other and so, therefore, is my friendship with each of them. To me, being a Compassionate Neighbour means being sensitive to their needs. For some, you might be the means to having social time outside the home, enjoying a coffee together, exploring new places and building their confidence. For others, you may be one of the few faces they see in the week and, making them your focus for that time, listening to them and perhaps sharing laughter or tears, is really meaningful. They are all very special to me.”

Libby

“

“Volunteering is my small way of thanking this amazing place for the care my husband received. It’s so good to feel valued and keep my rusting skills a bit polished!”

Lynn

“

“To volunteer at Peace Hospice Care is an experience and lesson in life that no money could buy. Something so very special. I have learnt in depth the meaning of “respect and dignity.” A patient is given respect. Because patients have respect they live the way they want to live and this gives them dignity. To share in these emotions and feelings is so rewarding. Time spent with patients and in the Hospice is precious time.”

John





Our Strategic Ambitions

- 1 We will reach more people and their families in our community living with a life-limiting illness:**
 - We will deliver multi-disciplinary palliative and end-of-life care and support, of the highest standard, to more people each year.
 - We will expand our care delivered at home, community services, community beds, advice and other services through partnerships to offer 24/7 care and support to those who need it.
 - We will increase our knowledge of the palliative care needs of those seldom heard and under-represented communities in our area and adapt care, support, services and information to support them.
 - We will embrace and introduce smart technology to support and communicate with our staff, Volunteers and patients.
- 2 We will recognise, engage and actively respond to opportunities for working, sharing and learning from each other:**
 - We will innovate in how we design our services and in the partnerships we form, ensuring we meet the needs of our community.
 - We will ensure accessible, appropriate and quality education is delivered.
 - We will engage with local and national research and strive to be a Centre of Excellence and an organisation of choice with partners.
- 3 We will manage our charity effectively and efficiently:**
 - We will continue to provide our Staff, Volunteers and Trustees with enjoyable and rewarding experiences to be the best they can.
 - We will invest in skills, expertise and equipment so we can communicate effectively.
 - We will implement and deliver on our Income Generation plans to ensure our resources match our ambitions.
 - We will transform our Hospice through investment, growth and development.

30th Anniversary

2021 marked 30 years of Peace Hospice Care.
Back in 1991, the Local Health Authority approved the building of a Hospice on the site of the old Peace Memorial Hospital.



THE ORIGINAL BUILDING 1925

1925



1950s



HRH PRINCESS MICHAEL OF KENT



Work began and the following year a portacabin was located on the site providing a Day Care Centre. After fundraising, the Centre was later transferred to the Hospital building and was officially opened in 1996 by our Royal President, Her Royal Highness Princess Michael of Kent.

1996

We would like to extend our heartfelt thanks to the local community for their support. Whilst we receive some funding from the NHS, the vast majority comes from the local community – and has done for 20 years. To the individuals, businesses and other organisations that have supported us, and continue to support us, what we do is only possible because of that support – thank you.

1996



During the year, despite the pandemic, we were determined to celebrate what we have achieved over the last 30 years and to share our ambitions for the next 30 years, to raise the profile of hospice care and to help many more people, with life-limiting illnesses, understand about our free services and encourage them to access those services.



2011

COVID-19

As with all organisations, we were significantly impacted by COVID-19 in terms of our income and service provision during the year. Despite the many challenges we have faced during the pandemic, we have shown resilience and quick-thinking to mitigate risk and adapt our services to ensure the provision of care to those who need it most. We have also been very fortunate to have received fantastic ongoing support from our community.

Services

When the pandemic first hit, we recognised the need to adapt and work in new ways. Our Wellbeing Team team worked hard and innovatively to provide creative arts, groups and wellbeing support via Zoom.

We moved to remote (telephone and video) counselling as a result of restrictions and this has hastened our plans to offer a hybrid service rather than only face-to-face counselling on an ongoing basis. We are now better able to offer a service that is more convenient for more of our clients. It has enabled us to increase our out-of-hours appointments and this has helped

us to better meet the needs of clients who work full-time. Telephone and video counselling has also widened access to those clients who would struggle to come the Hospice in person.

We also introduced the Bereavement Support Team specifically to support those who had lost loved ones during the first lockdown. This new service filled a vital gap and provided support for family and friends which had been absent for a lot of people. The callers are all volunteers and make either a one-off call or offer ongoing support on a weekly/fortnightly/three weekly basis. This new support is an COVID-19 innovation that we are continuing as we recognise it fills a great need.

In the community, we continued providing our Rapid Personalised Care Service in patient's homes, providing on average 120 visits a day, with 195 visits carried out on one day. The service continued as usual with carers (who were required to wear Personal Protective Equipment) providing care from 7am-11pm. Our Palliative Response Team similarly continued their vital work for patients at the end of their lives, with use of the service increasing during the pandemic.



Throughout the entirety of the pandemic, due to the safety measures we have consistently held in place, we have been able to facilitate visits to patients in our Inpatient Unit. With carefully drafted visitor guidance updated on an ongoing basis; the use of Personal Protective Equipment and granting access to patients' rooms via the Unit's garden, we ensured that patients were able to see their loved ones without compromising anyone's safety.

Care homes

Our Outreach Palliative Care Educator delivered remote training to care homes, equipping staff with the skills to be able to have important conversations with End of Life patients about their wishes.

Shops

2020/21 was a hugely challenging year for the whole retail sector. At the start of the year we had 11 high street shops and an ecommerce function which utilised unusual and sought-after donated items to generate income online. In normal times, these two elements generate over £1 million to support our patients and their families, but both were inevitably hit by COVID-19.

The first lockdown in March 2020 meant we started the year with all our shops closed and our shop staff on furlough. The team were delighted to be able to re-open six of our shops in June but trading was slow as shoppers were predictably cautious and many of our Volunteers, understandably, chose to stay at home. The second lockdown in November saw the re-closure of our shops, only to open again a few weeks later on 2nd December and close again on 21st December.

We were very fortunate that one of our landlords recognised the challenges we were facing and reduced our rent during the year and we were able to apply for a number of grants from our local Borough Councils which supported, in part, our dramatic loss of income.



Despite the unpredictability, our ecommerce function continued to operate throughout the year, using items donated to the shops which could not be sold due to their closure. Generous people who lived local to our Hospice in Watford also continued to donate via our Donation Station on site and, each time lockdown eased, we were overwhelmed by the generosity of our supporters who donated items to sell.

Although the year ended with all of our 11 shops still closed, we were already planning their re-opening on a phased return, hopeful that lockdown would be eased again.

We would like to extend a huge thank you to all who persevered throughout this hugely challenging time.

Fundraising

The pandemic has had significant impact on our fundraising activities, with our large-scale events being cancelled and local businesses and community groups being unable to fundraise. However, the Fundraising Team worked hard to carve out new income generation activities, including virtual events, and planning for in-person events to take place when restrictions allowed.

Community Engagement

The year was one of change and adjustment, something that we have embraced at Peace Hospice Care. The sense of community connection has been huge, and our Compassionate Neighbours programme continues to sustain this.

Compassionate Neighbours aims to unlock people’s compassion and purpose, building a stronger connected community for all people touched by death, dying or loss. To do this, Peace Hospice Care has been growing a network of people across Watford, Three Rivers and Hertsmere who are receiving sustained support from our Compassionate Neighbours via in-person visits and phone calls.

Each of our Compassionate Neighbours attend 10 hours of training to equip them with the skills, knowledge and confidence necessary to go into their community and offer emotional and social support to those who would benefit from their friendship. As of the end of March 2021, we have 39 trained and active Compassionate Neighbours and are constantly looking to grow our team to meet the needs of the community.

Compassionate Neighbours is not a clinical befriending service but instead tackles the issues of loneliness and isolation many people who are living with a life-limiting illness or who are bereaved are faced with by linking communities together and helping create reciprocal friendships which benefit each person equally.

At the beginning of the pandemic we halted all face-to-face visits, but thanks to the dedication

and adaptivity of our Compassionate Neighbours we were able to continue to offer support to our Community Members through phone and video calls. Later in the year we extended this to doorstep and garden visits where possible.

We took on some new referrals from people who were previously being support by our outpatient groups, which had to be paused due to COVID -19 restrictions. We also took on new referrals from people who were previously receiving bereavement support through our bereavement call service or Counselling. Since March this year we have been able to offer visits at Community Members home or out in public.

We are part of the Compassionate Neighbours network of 12 hospices across England that have each adopted the ethos of Compassionate Neighbours and run their own individual projects, while maintaining contact and offering support to one another. We have been able to learn from and collaborate with other hospices, especially our next-door neighbours; Garden House Hospice Care and Isabel Hospice, who we have worked with to successfully secure a grant from Hertfordshire County Council to grow Compassionate Neighbours in Hertfordshire.



Community Members supported by our Compassionate Neighbours



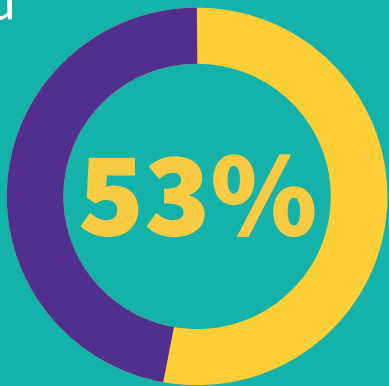
calls/visits made



new Community Members matched successfully



new Compassionate Neighbours trained



more contacts (calls or visits) made in March 2021 compared to March 2020

Thanks To Our Fundraisers

We need to raise over £6m each year to provide our services free of charge and we can only do this with the generosity of our wonderful supporters – whether they donate cash, clothes or their time. Only 32p in every £1 comes from the NHS and so to you, our donors, we would like to say a massive THANK YOU! It's impossible to list everyone who helped us in 2020/21 but here are just a few:

Our Peace Business Partners
- local businesses that donate every month to support our work and raised an impressive £30,830 in 2020/21:

- Camelot
- M.K Ginder & Sons
- Kings Langley Business Centre
- Bahlsen
- Citizen Machinery
- Myers Clark
- NBM Technology
- Mane Contract Services
- Imperial Auto Services
- Croxley Hardware
- Thirty Six Digital
- SA Law
- Braden Threadgold Ltd
- Flahive Brickwork
- Brick Digital
- Bushey Promotions
- SAE Logistics

Our Support Groups – local groups of Volunteers who arrange events to raise money for, and awareness of, Peace Hospice Care.

- Chorleywood & Rickmansworth Support Group
- Irish & Holyrood Support Group
- Watford Support Group

Everyone who donated to, and shopped in, our Charity Shops – even though they were closed for a lot of the year.

- A number of grant giving organisations including the Morrisons Foundation and Watford Council

The schools, faith groups and community groups that organised events and collections.

Each person who chose to leave a gift in their Will to support our patients and their families – now and in the future.

Our regular donors who, thanks to their ongoing support, enable us to plan for the future.

Our in memory fundraisers – people who have lost someone special but, despite facing challenging times, choose to arrange a funeral collection or organise an event to mark their memory.

Everyone who completed a gift aid declaration to make this donation worth 25% more.

Our dedicated and spirited Volunteers who give their time to support our patients and their families. We couldn't do it without you!





Fundraising

COVID-19 clearly affected our fundraising activities in 2020/21. However, we were inspired by the initiative our supporters and staff showed to continue to raise money during lockdown. Here are just a few examples:

- **Daniel Burke** organised a 24-hour DJ livestream, which raised **over £2,000**.
- **San Allan, Amanda Akers, Amanda & Steve Harrop, Bethan Kershaw and David Blott** all took part in the Virtual London Marathon and collectively raised **£8,644**.
- **Jade Whitelaw**, from Jade in a Box Bakes, sold over 200 delicious homemade cake boxes and raised **over £2,000**.
- Our first ever online dog show – **Paws for the Peace** – received an impressive 70 entries and generated a real buzz on social media. Congratulations to our 2020 Best in Show, Alma, and thank you to everyone who took part – you’re all PAWsome.
- Despite being diagnosed with Parkinson’s, **Malcolm Macmillan** challenged himself to complete a 5k walk in five days and raised **£1,723**.
- **Michele Folds**, Senior Staff Nurse on our Inpatient Unit, beat the lockdown hair blues by shaving hers off! Michele raised **£1,846** and gave our staff and patients some entertainment too.
- **Roxbourne Cricket Club** raised **£1,759** with their Virtual Marathon Relay.
- **Charlie Carter**, from Get Fit with Charlie, continued to run her fitness classes for members online during the lockdown period and raised over **£1,500**.

We were delighted to welcome our furloughed staff back in June and July 2020 and two new staff – our Corporate Fundraiser and our Community & Events Fundraiser – joined the team in March. Whilst recognising the year ahead will bring its own challenges for fundraising, our staff and volunteers are ready to help our dedicated and inspiring supporters.

Our Fundraising Promise

We are members of, and committed to the standards set by, the Fundraising Regulator, to which we pay an annual levy. We will ensure our fundraising is legal, open, honest and respectful. As a member we adhere to the Fundraising Promise set out by the Fundraising Regulator which sets out our commitment to donors and the public.

We Will Commit To High Standards

- We will adhere to the Fundraising Code of Practice.
- We will monitor fundraisers, volunteers and third parties working with us to raise funds, to ensure that they comply with the Code of Fundraising Practice and with this Promise.
- We will comply with the law as it applies to charities and fundraising.
- We will display the Fundraising Regulator badge on our fundraising materials to show we are committed to good practice.

We Will Be Clear, Honest And Open

- We will tell the truth and we will not exaggerate.
- We will do what we say we will with donations that we receive.
- We will be clear about who we are and what we do.
- We will give a clear explanation of how you can make a gift and change a regular donation.
- Where we ask a third party to fundraise on our behalf, we will make this relationship and the financial arrangement transparent.
- We will be able to explain our fundraising costs and show how they are in the best interests of our cause if challenged.
- We will ensure our complaints process is clear and easily accessible.
- We will provide clear and evidence-based reasons for our decisions on complaints.

We Will Be Respectful

- We will respect your rights and privacy.
- We will not put undue pressure on you to make a gift. If you do not want to give or wish to cease giving, we will respect your decision.
- We will have a procedure for dealing with people in vulnerable circumstances and it will be available on request.
- Where the law requires, we will get your consent before we contact you to fundraise.
- If you tell us that you don't want us to contact you in a particular way we will not do so.
- We will work with the Telephone, Mail and Fundraising Preference Services to ensure that those who choose not to receive specific types of communication from us will not.

We Will Be Fair And Reasonable

- We will treat donors and the public fairly, showing sensitivity and adapting our approach depending on your needs.
- We will take care not to use any images or words that intentionally cause distress or anxiety.
- We will take care not to cause nuisance or disruption to the public.

We Will Be Accountable And Responsible

- We will manage our resources responsibly and consider the impact of our fundraising on our donors, supporters and the wider public.
- If you are unhappy with anything we've done whilst fundraising, you can contact us to make a complaint. We will listen to feedback and respond appropriately to compliments and criticism we receive.
- We will have a complaints procedure, a copy of which will be available on our website or available on request.
- Our complaints procedure will let you know how to contact the Fundraising Regulator in the event that you feel our response is unsatisfactory.
- We will monitor and record the number of complaints we receive each year and share this data with the Fundraising Regulator on request.

Peace Hospice Care has considered the Charity Commission guidance CC20: Charity Fundraising alongside the guidance issued by the Fundraising Regulator to protect donors, in particular vulnerable people and other members of the public. Other than the relationship with Local Hospice Lottery, we did not use any third-party fundraisers. Peace Hospice Care received 3 complaints in the year (all of which related to our shops), however these were all resolved with no breaches or failures in relation to our own fundraising policies and other regulation as noted above.



Our Fundraising Partners

We continue to work closely with our partners at Local Hospice Lottery Ltd (LHLL), a well-established company and wholly owned subsidiary of Farleigh Hospice that raises funds for hospices across the country through its weekly lottery.

LHLL are licensed by the Gambling Commission and follow the Fundraising Regulator's Codes of Practice, to ensure that they represent our organisation to the highest standards and stay true to our values.

After marketing costs, Local Hospice Lottery will give between 55% and 80% of proceeds (from individuals playing to support Peace Hospice Care) to us. In addition to LHLL, our teams work with a number of designers, print and fulfilment houses and database providers who enable us to carry out our fundraising and marketing work. We have stringent processes and procedures in place to ensure that all those who work with us adhere to the highest standards of data protection as required by the 2018 General Data Protection Regulation (GDPR).

Public Fundraising Guidance

Throughout the year we reviewed any guidance issued by the Fundraising Regulator and the Chartered Institute of Fundraising in relation to COVID-safe fundraising and incorporated this into existing fundraising risk assessment and event plans. The latest guidance, published on 21st July 2021 stated:

- 1** Keep up to date with and follow Government guidance and any continuing or new restrictions.
- 2** Carry out a thorough risk assessment to identify the risks associated with your fundraising activity.
- 3** Following the outcome of your risk assessment, identify the steps you will need to take to protect the public, fundraisers, and volunteers.
- 4** Consider the public mood and likely feelings and preferences of supporters.
- 5** Ensure decisions made to carry out a fundraising activity are thoroughly considered, carefully evaluated, and regularly reviewed.

We also continue to consult with our supporters to ensure they feel safe whilst supporting our charity.

Financial Review

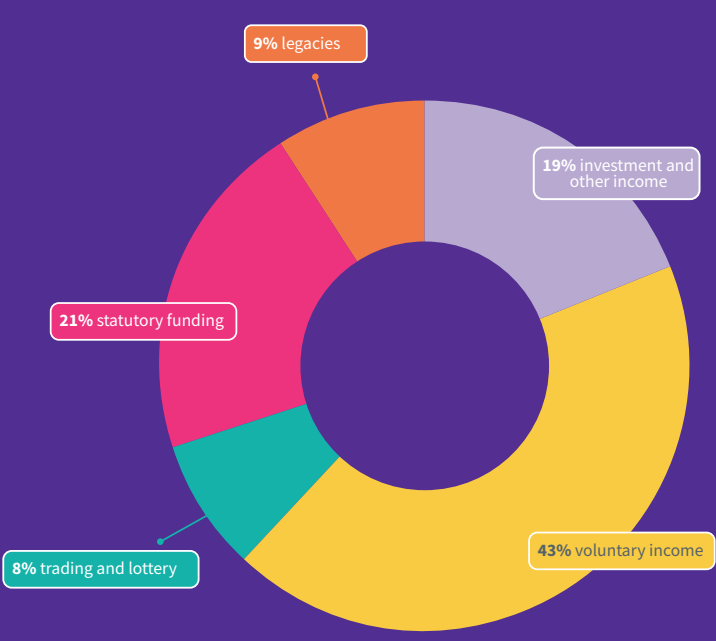
This financial year Peace Hospice Care received a total of £6,221,602 of income (2020: £6,923,779) including £3,189,002 from donations and legacies (2020: £3,752,062), Clinical Commissioning Group funding of £1,302,751 (2020: £1,084,193) and £1,729,849 from other trading activities and investment income (2020: £2,087,524).

The main decrease in this year compared to 2020 is due to Fundraising income down due to the pandemic and low levels of legacies. These were partly offset from Government Funding including NHSE, Job Retention Scheme and Business Support Grants.

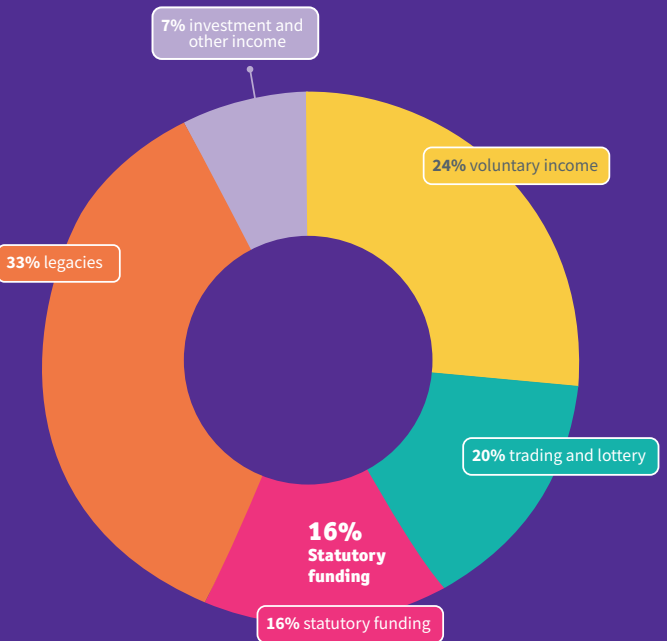
The Fundraising income excluding legacies equated to £2,607,785 (2020: £1,480,836) and when measured against the core fundraising costs of £384,035 (2020: £494,158) it resulted in a return of £6.79 per £1 (2020: £2.57 per £1). A number of income streams did not perform as well as expected but this was mainly offset by careful control of costs.

Restricted fundraising income included grants totalling £1,346,010 (2020: £116,204) for various projects but mainly from NHSE for making available bed capacity and community support.

REVIEW OF INCOME
2020-2021



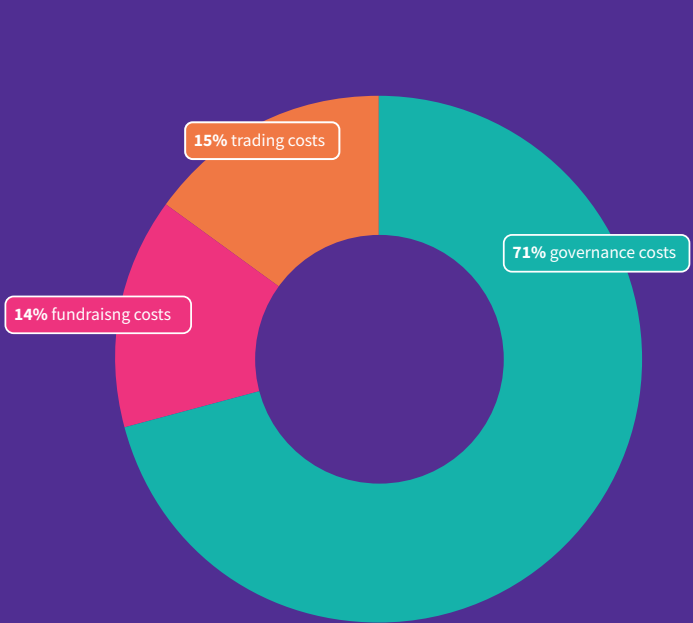
REVIEW OF INCOME
2019-2020



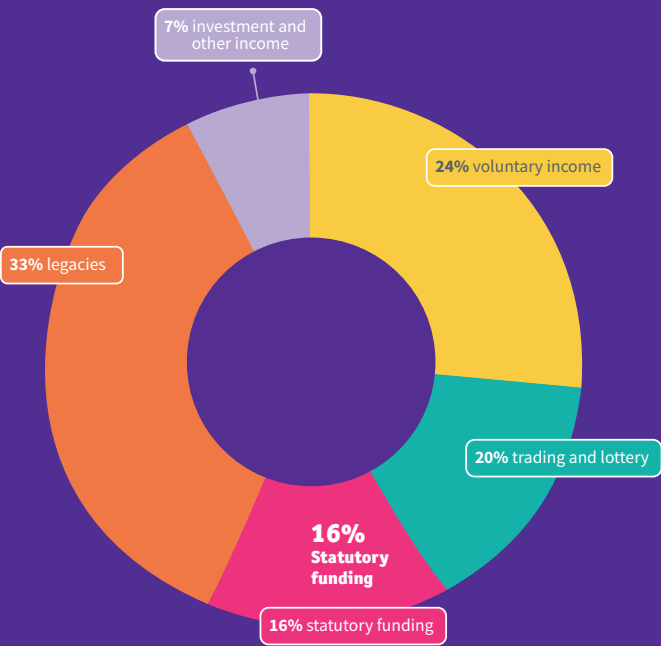
The income streams for Fundraising and Retail were low in 2020/21 mainly due to the pandemic. These are being addressed for 2021/22 to achieve the budget targets.



REVIEW OF EXPENDITURE 2020-2021



REVIEW OF EXPENDITURE 2019-2020



Expenditure was below budget due to good financial management during the pandemic which has partly offset some of the income shortfalls.

The NHSE awarded funding to allow the hospice to make available bed capacity and community support from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

Financial Review

Plans for Coming Year

In 2018/19 the Medium Term Financial Strategy (MTFS) was introduced which provides financial planning over 5 years. This strategy has been further developed and in 2020/21 took account of the impact of the pandemic and strategies going forward to ensure financial sustainability. This is jointly owned by business management and Finance. It also informed the other strategies that have been implemented, namely the Five Year Strategic Plan 2020 to 2025 which details the strategic aims and ambitions of Peace Hospice Care. This is based on the plans that have been developed; the Income Generation Strategy, the People Strategy and the Volunteers' Strategy. The Clinical Strategy was launched during 2018/19.

In March 2021 Peace Hospice Care were awarded the contract for Improving Access to Psychological Therapies (IAPT) and this has been implemented and will be growth providing this service to other part of South and West Hertfordshire.

Peace Hospice Care are reviewing the Patient Response service in our community and is developing a model to provide this 24 hours, 7 days a week. This will be part funded from use of reserves and the CCG are being approached for match funding.

The implications of COVID-19 related control measures

In March 2020, the country went into lockdown due to the coronavirus pandemic and across the UK the effects of the attempt to control the spread of the coronavirus has been felt and seen. Charities are seeing an impact to their finances as a result of the crisis. Peace Hospice Care has reacted to this with daily Gold Command meeting as per the Charity's Business Continuity Plan (BCP), putting new processes in place and following Government guidelines.

A Revised Budget for 2020/21 was implemented taking account of reduced Income Generation income but securing Government Funding and factoring this is to the Revised Budget. The deficit has been improved due to the Government funding but there are still risks to the Revised Budget which is monitored weekly by the Executive Team. This work will continue through out 2020/21 and also the impact on future years will be reviewed. The Board received regular reports on the Revised Budget 2020/21 and what actions have been taken to reduce the shortfall.

Fundraising activities have been reviewed and new strategies are in place and some of our shops have now re-opened.

The Revised Budget for 2020/21 showed a shortfall of £420k against the approved Budget and took account of the risks of not achieving the income generation targets. The Hospice has an Operational Reserve of £1.38m for this kind of situation but due

to good financial management and additional funding from the Government the year end position ended with a surplus.

The Hospice operational activities have not been impacted much due to COVID-19. The Inpatient unit (IPU) has been operating throughout this apart form a 2 week closure in January, but with reduced beds capacity. Community Services have continued but the Outpatient Services has been operating throughout 2020/21. Approximately 40 staff were furloughed and all volunteers stopped providing their services since lockdown was announced.

The Executive Team reviewed the new Strategic Plan 2020 – 2025 for any impact of COVID-19 and there was not any major changes.

Reserves

All charities are required to consider how much they need to hold in reserves. The extent varies depending on the scale and nature of the charity's activity.

Peace Hospice Care is dependent on a number of fluctuating income streams, particularly fundraising, shop profits, legacy, trust and corporate donations.

To enable the charity to make commitments to the community Peace Hospice Care works with, it needs to maintain a level of reserves so that it can continue its operation in the event that an unforeseen shortfall in voluntary income, or increase in costs, creates an imbalance of funding. The Trustees calculate the amount that is required to be held based on the assessment of risks affecting the income and expenditure of the charity. In assessing the amount of reserves required to be held, the risk of a shortfall in income or an increase in costs is estimated and a sum held to cover the shortfall for each element.

The reserves held by Peace Hospice Care would allow it to continue operations even when there is an unforeseen downturn in any of these sources of income, or an unforeseen increase in costs.

In April 2020, the Board reviewed the new Reserves and Investment Policies that included:

- An Operating Reserve: An amount estimated at between £1.2m and £1.4m (£1.38m at 31 March 2021) to cover the loss of Clinical Commissioning Groups (CCG) funding and/or a catastrophic loss of reputation. This rationale will allow the charity to meet its liabilities in the short term, under a variety of scenarios, whilst making alternative plans, for meeting our longer term obligations and ensuring the needs of our beneficiaries are met.
- The Legacy Investment Fund was established from surplus funds over and above the budgeted income from legacies. This will be used as required to top up the legacy line in the budget in lean years and mitigate against fluctuating legacy income. In 2019/20 the fund increased significantly to £3,789,711 as legacy exceeded the budget target again. It is also used to fund planned capital and one-off investments.
- At the balance sheet date the Charity holds both restricted funds (which can only be applied for specific purposes) of £812,413 (2020: £822,204) and unrestricted funds of £1,260,737 (2020: £1,428,059) (which can be expended at the discretion of the Trustees in furtherance of the charity's objects).
- The Trustees have designated £2,443,505 to a Property Fund (2020: £2,443,505) to reflect the replacement cost of the assets held as land and buildings at 31 March 2021 excluding amounts included in restricted funds; £135,374 to the Capital Programme Fund (2020: £135,374) which will finance the Capital Programme and Strategic Business Developments. The Revaluation Reserve has £5,905 (2020: £5,905)

Financial Review

allocated to reflect the unrealised gains on the increase in the market value of the listed investments.

- The Reserves policy is reviewed annually by the People and Resources Committee and the Board. Another review will be carried out in 2020/21 in line with the other strategies including the Medium Term Financial Strategy and we will be reviewing the Reserves and Investment Policy.

Investments

With the exception of two small holdings in equities, the Trustees have agreed to invest surplus funds in short-term deposits earning the maximum amount of interest available in the market for such deposits. During the year the invested funds held on deposit achieved an average rate of 1%. For 2021/22, the Investment Working Group are procuring consultants to manage and invest the surplus fund to get a better return on the working capital.

The Board of Trustees has overall responsibility for the system of internal controls for Peace Hospice Care. This includes ensuring that there are reasonable procedures in place for the prevention and detection of major risks, including fraud and other irregularities.

All such frameworks are designed to mitigate (not eliminate) risks and to provide reasonable (not absolute) assurance against material errors or loss. At Peace Hospice Care there is one risk register, which is reviewed by the Executive Board, the relevant committees and the Board of Trustees.

RISK MANAGEMENT

We have a detailed Risk Assurance Framework which focuses on the resilience of whole systems through 'risk assurance'. Our robust framework ensures regular and consistent reporting across all our Committees and to the Board of Trustees. The Charity has a risk management policy which enables us to approach risk in a pragmatic and sensible way. Our framework ensures risks are assessed by the Board (top down) and by the Executive Team (bottom up) to identify and analyse risk-relevant activities and appetite to manage. Risks are assessed according to the potential impact on the Charity and their likelihood of occurrence. Controls are in place, and these have been developed to manage risks appropriately.

Key strategic risks are reviewed by the Board and Sub Committees and managed by the Chief Executive and Executive Board. Peace Hospice Care understands that taking risks, when well assessed and managed, is critically important and often leads to innovation, improvement and growth. We recognise that we cannot become complacent in our response to risk and we actively work to improve our processes of assessing, managing and taking risks. Peace Hospice Care is committed to a sensible approach to risk across all its functions. We aim to ensure that whilst risks are identified, mitigated and managed, risk is not used as a way to avoid difficult decision taking that is important for us, and necessary, if we are to achieve our Mission. We have set out the major risk areas and what is in place to manage those risks.



Principal Risk And Uncertainties

RISK - Clinical: Quality Patients suffer harm or ineffective treatment

MANAGEMENT

- Robust clinical governance processes and oversight
- High quality training for staff
- Audits, spot checks and sampling
- Compliance Visits
- Reviewing and acting on patient and carer feedback, compliments, concerns and complaints

RISK - Financial: The charity is reliant on voluntary income to support services. These are subject to increased competition and changes in market conditions

MANAGEMENT

- Awareness raising of our services and the value they offer
- Diversified income streams

- Financial reserves enable services to be maintained even if income fluctuates
- Monitoring of market trends, income and expenditure, and regular financial planning and review

RISK - Financial: The charity may not achieve income targets within 2021/22 Financial Year and beyond

MANAGEMENT

- Management accounts presented on monthly basis
- Retail improvement in place
- Ongoing monitoring of performance at Executive Board and Committee meetings
- Organisational workplan in place which is monitored regularly

RISK - People: Failure to recruit and retain the required skills and talent to deliver our services and strategy

MANAGEMENT

- Pay & Benefits Review & Audit
- People Strategy and planning
- Staff and volunteers’ feedback
- Benchmarking of salaries and benefits
- Policies and procedures

RISK - Reputation: Incidents or events may damage or negatively impact the Charity’s reputation or operations (e. g. fraud, noncompliance, security, major incidents)

MANAGEMENT

- Preventative policies and procedures
- Mechanisms to detect, investigate, report and respond on incidents
- Monitoring of feedback , compliments, concerns, complaints and trends
- Support from specialist resources

RISK - Data and Information Security: Loss of personal data or confidential information (including patient data) may have an impact on patients, staff, supporters and the charity

MANAGEMENT

- Robust information governance policies and procedures
- Oversight on strategy and risk assurance
- Training for staff and volunteers
- Information security reviews
- Data Protection Framework

RISK - Services: may be impacted by loss of utilities or other major catastrophe that prevents use of the building

MANAGEMENT

- BCP in place and updated
- Contracts and SLA in place for facilities
- Contracts register reviewed regularly to ensure all in date

RISK - Services: may be impacted by changes in NHS commissioning, health policy and competitive pressure

MANAGEMENT

- Engagement with the NHS, Sustainability and transformation plans, Commissioners & Partners
- Review of service and cost effectiveness
- Planning and development of new services through business approval toolkit
- Diverse range of services

RISK - Services: are impacted by the Covid Pandemic

MANAGEMENT

- Following government guidelines to put in place guidance to clinical services – including visitors to IPU
- Following government guidelines to put in place guidance to staff, volunteers and other visitors to building
- Ongoing review of updates to guidance and subsequent review of internal guidelines
- Services able to use remote support methods where preferable for patient
- Regular cleaning audits in place

Governance

Legal Structure and Purpose

Peace Hospice Care is a company limited by guarantee and is a registered charity. The Charity purpose is set out in its Articles of Association:-

- promote the relief of sickness or suffering for those suffering from any life-limiting illness primarily but not exclusively within the area of South West Hertfordshire
- promote support and care for their families, friends and carers
- other objects of social welfare which may now or hereafter be deemed by law to be charitable, in such ways as the Trustees shall from time to time think fit through the provision of health and social care services of all types, including (without limitation) accommodation and day care services through establishing and maintaining a Hospice; palliative care services; counselling, bereavement
- other services to help relieve emotional, mental or spiritual distress, and to promote education about, and research into the development



Board of Trustees

The Board of Trustees is legally responsible for directing the affairs of the Charity. Trustees are the Directors of the Company and serve for a renewable term of nine years. The Board comprised twelve Trustees at 31st March 2021.

Trustees have a wide range of skills and experience including clinical and professional expertise. The Board meets at least five times each year to review and direct Peace Hospice Care strategy, budget and performance.

Day-to-day management of the Charity is delegated to the Chief Executive, the Executive Board and the Senior Management Team. Specific responsibilities are also delegated to a number of committees. Certain matters are reserved for Board approval, including changes to strategy, budget and delegated authority. We are regulated by the Charity Commission and the Care Quality Commission and must adhere to the standards set out by the Fundraising Regulator.

Please see page 103 for a full list of Trustees and independent members of Committees.

New and Retired Trustees

Patrick Brennan retired as our Chair in October 2020 along with Virginia Edwards having completed their three terms of office. Yolanda Woolf resigned in November 2020. We would like to thank them for all the time and support they gave to Peace Hospice Care over the years they served. We conducted a Board recruitment campaign throughout the year and were pleased to appoint – Annesha Archangelio and Erika Morales-Perez in February 2021.



Governance

Appointments and Training

The Board of Trustees appoints all new Trustees and Committee members. Trustees are recruited through a process of advertisement, application and interviews based on clear selection criteria, which ensures a broad range of relevant skills and experience. An induction programme is provided to all new Trustees and further updates and training are provided as required. This includes meetings with the Chief Executive, Executive Board and other members of the Senior Management Team as appropriate. The Chair conducted Board Appraisals throughout the year in line with our Board Appraisal Policy.

Remuneration

The talented staff we employ, alongside our skilled and committed volunteers, are vital in providing the high quality care we offer to people living with any life-limiting illnesses, and their families. Peace Hospice Care is a large and complex organisation with more than 115 staff and 450 volunteers helping to provide this care and support. We currently operate - The Peace Way – pay structure which endeavours to match NHS rates for our clinical services to attract and retain people with the right skills, talents and insight, and ensure we are as efficient and effective as possible. During

the year under review, salaries were reviewed and improvements made to the Peace Way subject to affordability at year end. Our salaries are benchmarked and offered at suitably competitive levels of reward and appropriate recognition for all our staff, in line with the guiding principles outlined below:

- Any award must be affordable and reflect the overall financial position of the Charity
- Pay should be at, or above the median market rate
- All staff, including registered nursing staff, are employed on ‘The Peace Way’ banding of pay - we do not use NHS Agenda for Change rates. The Peace Way bands, however, are within and in some cases above these rates
- We work towards rewarding achievement rather than paying annual increments in recognition of longevity
- We will attract and retain staff who have the skills and abilities we need
- We will meet our statutory obligations in respect of pay. To help us achieve this, we will continue to review labour market information within appropriate sectors and regularly benchmark our roles to ensure our approach is consistent with our peers.

The basic salaries paid to all our employees, including the Executive Board and the Chief Executive, are reviewed at the end of each financial year by the Board of Trustees to ensure we are remunerating competitively and consistently

against the relevant sectors. No individual performance bonuses are paid. Peace Hospice Care uses a fair and transparent process in determining all job performance levels. These are then benchmarked against similar jobs in other charities and relevant organisations to ensure we adopt and apply fair and consistent pay and benefits for staff.

Public Benefit

The Trustees have taken account of the Charity Commission’s general guidance on public benefit when reviewing the Charity’s aims, objectives and planning.

Committees

Peace Hospice Care has three Committees in place to support the governance structure, all of which report to the Board of Trustees at each meeting through an Executive Summary. The terms of reference for all Committees were reviewed through the year - the following Committees are in place:

- People and Resources** – Meets a minimum of four times a year, to provide assurance to the Board that appropriate systems, practices and policies are in place for human resources, finance, facilities, communications & marketing, health and safety and remuneration. This Committee manages and oversees the budget planning process and this Committee also takes oversight of the Strategic Plan.
- Patient Services** – Meets a minimum of four times a year to review strategy for clinical services and oversee clinical governance, clinical risk management, quality, including being assured that services meet the needs of patients, applicable quality standards and regulatory compliance requirements. This committee manages oversight and the delivery of the Clinical Strategy.

- Fundraising and Retail** – Meets a minimum of four times a year to take responsibility at a governance level for policies, planning and performance of retail, fundraising and the lottery activity. This Committee manages and oversees the delivery of the Income Generation Strategy. Over the course of the coming year we will be reviewing our Committees to check they are fit for purpose and to ensure they are aligned with supporting the organisation in delivering the highest standards of care, identifying opportunities for growth, auditing across all areas against key performance indicators and continually learning to aid improvement.

A new committee structure was agreed by the Board in February 2021 following the introduction of a new Integrated Governance Framework which brings together all the Legal, Clinical and Corporate Governance structures process and documents into one overarching framework. The new committees commenced on 1st April 2021.

- Executive Board** - The Executive Board is responsible for the day-to-day management of the Charity and meets formally as a team weekly. Please see page 104 for further information about the Executive Team.
- Auditors** - In accordance with section 489 of the Companies Act 2006, a decision on the appointment of Auditors is put to the Annual General Meeting. Following a tender process through the year under review – haysmacintyre were appointed as our new auditors in January 2020.

Statement Of Trustees Responsibilities

in respect of the Trustees' annual report and financial statements

The Trustees (who are also directors of Peace Hospice Care for the purposes of company law) are responsible for preparing the Trustees' Annual 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 change to income and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

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

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

In approving this Trustees' Report, the Trustees are also approving the Strategic Report included here in their capacity as Company Directors.

This report of the Board of Trustees is approved on behalf of the Board of Trustees.



Dr Jeremy Shindler
Chair
19 October 2021

Independent Auditor's Report

to the members of Peace Hospice Care

Opinion

We have audited the financial statements of Peace Hospice Care for the year ended 31 March 2021 which comprise the Consolidated Statement of Financial Activities, the Consolidated Balance Sheet, the Charity Balance Sheet, the Consolidated Statement of Cash flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, 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 2021 and of the group's and parent charitable company's net movement in funds, including the 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 Auditor's 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 UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

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

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

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Report (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees' Report have been prepared in accordance with applicable legal requirements.



Independent Auditor's Report

to the members of Peace Hospice Care

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual (which incorporates the strategic report and the directors' report).

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

- adequate accounting records have not been kept by the parent charitable company; or
- 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 for the financial statements

As explained more fully in the trustees' responsibilities statement [set out on pages 66-67], 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.



Independent Auditor's Report

to the members of Peace Hospice Care

Auditor's responsibilities for the audit of the financial statements

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

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

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to charity and company law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to revenue recognition, in particular in relation to income from donations, legacies and income from charitable activities and management override of controls. Audit procedures performed by the engagement team included:

- Inspecting correspondence with regulators;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Reviewing the controls and procedures of the charity relevant to the preparation of the financial statements to ensure these were in place throughout the year, including during the COVID-19 remote working period;
- Reviewing debtors recoverability post year end;
- Reviewing managements decisions on bad debt;
- Reviewing post balance sheet events;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions, and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

Use of our report

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



Siobhan Holmes (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP,
Statutory Auditor

10 Queen Street Place
London
EC4R 1AG

19 October 2021

Consolidated Statement Of Financial Activities

(Incorporating income and expenditure account)
for the year ended 31 March 2021

		Restricted Funds	Unrestricted Funds	2021 Total Funds	2020 Total Funds
	Notes	£	£	£	£
Income from:					
Donations and legacies	2	1,346,010	1,842,992	3,189,002	3,752,062
Charitable activities:					
Clinical Commissioning Group Funding		271,801	1,030,949	1,302,750	1,084,193
Other trading activities	3	691,235	1,007,847	1,699,082	2,058,448
Investments	4	-	30,767	30,767	29,076
Total income		2,309,046	3,912,555	6,221,601	6,923,779
Expenditure on:					
Raising funds:					
Fundraising costs		-	747,642	747,642	772,240
Fundraising trading and lottery		-	859,994	859,994	1,013,680
Fundraising events		-	988	988	68,672
Charitable activities					
Hospice services	6	2,368,835	1,633,216	4,002,051	3,159,651
Total expenditure	5	2,368,835	3,241,840	5,610,675	5,014,243
Net Income/(expenditure) before gains and losses on investments		(59,789)	670,715	610,926	1,909,536
Transfer between funds		50,000	(50,000)	-	-
Losses and gains on investments		(19,288)		(19,288)	(4,091)
Net income/(expenditure) being Net movement in total funds		(9,789)	601,427	591,638	1,905,445
Reconciliation of funds:					
Fund balances b/fwd at 1 April 2020		822,204	8,163,805	8,986,009	7,080,564
Fund balances c/fwd 31 March 2021	14	812,415	8,765,232	9,577,647	8,986,009

There were no other recognised gains or losses for 2021 or 2020 other than those disclosed above and all activities are continuing.
The notes on pages 84 to 98 form part of these financial statements.

	Notes	2021 £	2020 £
FIXED ASSETS			
Tangible fixed assets	10	3,188,912	3,225,826
Investments	11	5,137	18,583
		3,194,049	3,244,409
CURRENT ASSETS			
Stock		1,557	9,578
Debtors	12	1,275,355	2,706,705
Cash at bank and in hand		5,640,954	3,504,793
		6,917,866	6,221,076
CREDITORS: amounts falling due within one year	13	(534,268)	(479,476)
NET CURRENT ASSETS		6,383,598	5,741,600
TOTAL ASSETS LESS CURRENT LIABILITIES BEING NET ASSETS		9,577,647	8,986,009
FUNDS			
Restricted Funds	14	812,415	822,204
Unrestricted Funds			
General Funds	14	1,260,737	1,428,059
Revaluation Reserve	14	5,905	5,905
Legacy Investment Fund	14	3,539,711	2,770,962
Designated funds	14	3,958,879	3,958,879
TOTAL FUNDS	15	9,577,647	8,986,009

The notes on pages 90 to 99 form part of these financial statements.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.
The financial statements were approved and authorised for issue by the Board on 19 October 2021 and signed on their behalf by:



Dr Jeremy Shindler
Chair



Mr Richard Russell-Hogg
Treasurer

Balance Sheet - Charity

as at 31 March 2021

	Notes	2021 £	2020 £
FIXED ASSETS			
Tangible fixed assets	10	3,188,912	3,225,826
Investments	11	5,137	18,583
		-----	-----
		3,194,049	3,244,409
CURRENT ASSETS			
Stock		1,557	9,578
Debtors	12	1,274,355	2,705,705
Cash at bank and in hand		5,640,954	3,504,793
		-----	-----
		6,916,866	6,220,076
CREDITORS: Amounts falling due within one year	13	(534,268)	(479,476)
		-----	-----
NET CURRENT ASSETS		6,382,598	5,740,600
		-----	-----
TOTAL ASSETS LESS CURRENT LIABILITIES		9,576,647	8,985,009
		-----	-----
FUNDS			
Restricted Funds	14	812,415	822,204
Unrestricted Funds			
General Funds	14	1,259,737	1,427,059
Revaluation Reserve	14	5,905	5,905
Legacy Investment Fund	14	3,539,711	2,770,962
Designated Funds	14	3,958,879	3,958,879
		-----	-----
TOTAL FUNDS	15	9,576,647	8,985,009
		-----	-----

Cash flows from operating activities:

Net cash provided by operating activities	18	2,337,144	604,706
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Cash flows from investing activities:

Dividends and interest received		30,767	29,076
Purchase of tangible fixed assets		(231,750)	(164,115)

Net cash (used in) provided by financing activities		(200,983)	(135,039)
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Change in cash and cash equivalents in the year		2,136,161	469,667
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Cash and cash equivalents at the start of the year		3,504,793	3,035,126
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Cash and cash equivalents at the end of the year	19	5,640,954	3,504,793
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The notes on pages 90 to 99 form part of these statements.

The notes on pages 90 to 99 form part of these financial statements.
Approved and authorised for issue by the Board of Trustees on 19 October 2021 and signed on its behalf by:


Dr Jeremy Shindler
Chair


Mr Richard Russell-Hogg
Treasurer

1. Accounting Policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Charity’s financial statements.

(a) Basis of Accounting

The financial statements of the Charity 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 (Charities SORP - FRS 102 - effective 1 January 2016) and the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The financial statements are presented in sterling and rounded to the nearest £1.

Peace Hospice Care meets the definition of a public benefit entity under FRS 102. Financial statements have been prepared under the historical cost convention, as modified by the revaluation of certain fixed assets. The comparative figures in these financial statements relate to the year ended 31 March 2020.

(b) Legal Status of the Charity

The Charity is a private company limited by guarantee incorporated in England and Wales and has no share capital. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the Charity. Registered office address, Peace Hospice Care, Peace Drive, Watford, Herts, WD17 3PH

(c) Basis of Consolidation

The group statement of financial activities and group balance sheet include the financial statements of the charity and its subsidiary undertaking (Peace Hospice Shops Limited Reg no. 02908934). The results of the subsidiary are consolidated on a line by line basis. A separate statement of financial activities has not been produced for the charity because it has taken advantage of section 408 of the Companies Act 2006. See note 9 for results of the trading subsidiary.

(d) Going Concern

The Trustees consider that there are no material uncertainties about the Charity’s ability to continue as a going concern. The most significant area of uncertainty is the level of donation income which needs to be raised every year and is covered in more detail in the performance and risk sections of the Trustees’ Report. This also includes the impact of Covid 19. The review of the Charity’s financial position, reserves levels and future plans gives Trustees confidence that the Charity remains a going concern for the foreseeable future.

(e) Debtors

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

(f) Cash at Bank and In Hand

Cash at bank and in hand includes bank accounts, 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.

(g) Creditors and Provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount

due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

(h) Significant Accounting Estimates and Judgements

In the view of the Trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year except for legacy accounting. If there are some significant notifications of legacy income due and then they are recognised in the account’s income based on notifications received and best estimate of the legacy amounts receivable. There were no significations of Legacy income for 2020/21.

(i) Depreciation and Amortisation and Revaluation of Tangible and Intangible Assets

Depreciation/amortisation is calculated on a straight line basis so as to write off the valuation of the relevant assets over their estimated useful lives as follows:

CLASS OF ASSET	
Furnishings & Equipment:	
General	Over 5 years
Computer and office equipment	Over 3 years
Motor vehicles	Over 3 or 4 years
CLASS OF ASSET	
Furnishings & Equipment:	
Leasehold premises	Over the duration of the lease
Freehold property	Over 50 years
Artwork copyright	Over expected useful economic life

Generally, capital assets or projects are valued at cost and those amounting to less than £500 are not capitalised.

The need for any impairment of a fixed asset write-down is considered if there is a concern over the carrying value of an asset and is assessed by comparing that carrying value against the value in use or realisable value of the asset when appropriate.

(j) Investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price, except for the shares in the trading subsidiary which are carried at cost. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposals throughout the year.

The charity does not acquire put options, derivatives or other complex financial instruments.

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and their opening carrying value or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value. Realised and unrealised investment gains and losses are combined in the Statement of Financial Activities.

1. Accounting Policies

(k) Income

The charity recognises income when all of the following criteria are met: the charity has entitlement to the funds and any performance conditions attached to the items(s) of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Where income has related expenditure (as with fundraising or contract income), the income and related expenditure are reported gross in the Statement of Financial activities.

For legacies, entitlement is taken on a case by case basis as the earlier of the date on which:

- The charity is aware that probate has been granted and the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate and any conditions attached to the legacy are within the control of the charity.
- Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executors' intention to make a distribution. If the legacy is in the form of an asset other than cash or an asset listed on a recognised stock exchange, recognition is subject to the value of the asset being able to be reliably measured and title to the asset has passed to the charity. Where legacies have been notified to the charity or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Interest on deposit funds held is included when receivable and the amount can be measured reliably. Dividends are recognised once the dividend has been declared and notification has been received or dividend is due. This is normally

upon notification by the investment advisor of the dividend yield of the investment portfolio.

Lottery income is accounted for in respect of those draws that have taken place in the year. Retail income is recognised on the point of sale for both donated and purchased goods.

Income from government and other grants, whether 'capital' or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grant have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

(l) Donated Facilities and Services

Donated services or facilities are recognised when the charity 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 item is probable and that economic benefit can be measured reliably.

Donated professional services and facilities are included in income at the estimated value of the gift to the charity when received, based on the amount the charity would have been prepared to pay for these services or facilities had it been required to purchase them, with a corresponding entry in the appropriate expenditure heading for the same amount. Donated fixed assets are similarly taken to income at the value to the charity with the other entry being capitalised in fixed assets.

(m) Expenditure and Irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis under the following headings: Costs of raising funds comprises fundraising costs incurred in seeking donations, grants and legacies; investment management fees; costs of fundraising activities including the costs of goods sold, shop costs, commercial trading and their associated support costs. Fundraising costs do not include the costs of disseminating information of support of the charitable activities.

Expenditure on charitable activities includes the costs of providing specialist palliative care and support community services, research and other educational activities undertaken to further the purposes of the charity and their associated support costs.

Support costs comprise those costs which are necessary to the delivery of Hospice services while not being part of the direct service to patients and their families and include governance cost, finance, and office costs. Governance costs are those costs incurred in connection with the compliance with constitutional and statutory requirements of the charity. Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Redundancy and ex-gratia payments require the authorisation of the Board.

Support costs are allocated to each of the activities on one of the following basis: Premises overheads have been allocated on a floor area basis, staff related overheads have been allocated on the basis of staff time and other overheads on the basis of direct staff costs.

(n) Fund Accounting

Unrestricted Funds: Funds are available to spend on activities that further any of the purposes of the charity.

Restricted Funds: Funds subject to specific conditions imposed by the donors are initially dealt with as restricted funds. When those funds are expended a similar amount is transferred from restricted funds to unrestricted funds.

Designated Funds: Funds are unrestricted funds of the Charity which the Trustees have decided at their discretion to set aside for a specific purpose.

(o) Stock

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

(p) Operating Leases

Operating leases are recognised over the period of which the lease falls due. Benefits received and receivable as an incentive to sign an operating lease (such as a rent free period) are recognised on a straight line basis over the period of the lease.

(q) Taxation

The Company is considered to pass the tests set out in paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the Company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of the Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

1. Accounting Policies

(r) Volunteers

The value of the services provided by volunteers is not incorporated into these financial statements. Further details of their contribution are provided in the Trustees' Report.

(s) Pension Scheme

Hospice staff, who were members of the National Health Service Pension Scheme, are allowed to continue their membership while employed by the Hospice. Contributions are made by both employee and employer. It is not possible to identify any one institution's share of the underlying liabilities. The scheme is therefore accounted for as a defined contribution scheme, with the cost of the scheme being equal to the actual contributions payable to it in the accounting period. The scheme accounts can be viewed on the NHS Pension Agency website at www.nhsbsa.nhs.uk or obtained from The Stationery Office.

The Hospice's current employer contribution rate is 14.3%, part of which is met by the Department of Health. The rate is set on the advice of the Government Actuary.

For non-qualifying staff, i.e. those who are not members of the NHS Pension Scheme, the Charity operates a group personal (money purchase) pension scheme. Contributions are made in accordance with the rules of the scheme and are charged to the Statement of Financial Activities as they are paid. The assets of both schemes are held separately from those of the Charity in independently administered funds. The Charity has no liability beyond making its contributions and paying across the deductions for the employee contributions.

(t) Financial Instruments

The Charity 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. Fixed assets are recorded at depreciated historical cost and investments at fair value, being the closing market value rate and unrealised gains recognised in the accounts are disclosed in Note 11 being the difference between market value and cost. All other assets and liabilities are recorded at cost which is their fair value.

(u) Retail, Leisure and Hospitality Grants

Grants of £102,387 (2020: £270,000) were received through the Government's Retail, Leisure and Hospitality Grant scheme, as part of their Covid-19 emergency response.

(v) Other Government Grants

The Government Job Retention Scheme funding of £233,397 (2020: £nil) and the NHSE for making available bed capacity and community support of £1,291,897(2020:£nil).



2. Donations And Legacies

	Restricted Funds £	Unrestricted Funds £	2021 £	2020 £
Donations	-	831,657	831,657	1,032,176
Legacies	-	581,217	581,217	2,271,226
Grants	1,346,010	430,118	1,776,128	448,660
	-----	-----	-----	-----
	1,346,010	1,842,992	3,189,002	3,752,062
	-----	-----	-----	-----

3. Other Trading Activities

	Restricted Funds £	Unrestricted Funds £	2021 £	2020 £
Fundraising events	-	52,234	52,234	197,390
Lottery income	-	193,293	193,293	183,477
Shop income – sale of bought-in and donated goods	-	324,671	324,671	1,222,358
	-----	-----	-----	-----
Income from room rentals and other services	691,235	437,649	1,128,884	445,223
	-----	-----	-----	-----
	691,235	1,007,847	1,699,082	2,058,448
	-----	-----	-----	-----

From 1 October 2019 the Shops trading was transferred to the Charity and this note shows the full trading activity for 2020/21. There was no restricted income in prior year.

4. Investment Income

	Unrestricted Funds £	2021 £	2020 £
Bank interest	30,767	30,767	29,076
	-----	-----	-----

5. Total Expenditure

	Direct Costs £	Support & Governance Costs £	Total 2021 £
Raising funds:			
Fundraising costs	377,448	277,646	655,094
Subsidiary’s operating costs	859,994	92,548	952,542
Fundraising events costs	988	-	988
	-----	-----	-----
	1,238,430	370,194	1,608,624
	-----	-----	-----
Charitable activities			
Hospice services (note 6)	2,368,835	1,633,216	4,002,051
	-----	-----	-----
Total	3,607,265	2,003,410	5,610,675
	-----	-----	-----

Support costs have been allocated with percentages shown in note 1. See note 6 for allocation of support costs.
From 1 October 2019 the Shops trading was transferred to the Charity and this note shows the full trading costs for 2020/21.

	Restricted Funds £	Unrestricted Funds £	Total 2021 £
Support costs			
Staff costs	36,436	678,161	714,597
Premises	-	191,593	191,593
Bank charges	-	10,492	10,492
Depreciation	36,328	232,334	268,662
Overhead costs	33,284	324,832	358,116
Legal and Professional fees	-	2,310	2,310
Audit and Accountancy fees	-	21,255	21,255
	-----	-----	-----
	106,048	1,460,977	1,567,025
	-----	-----	-----

TOTAL EXPENDITURE PRIOR YEAR

	Direct Costs	Support & Governance Costs	Total 2020
	£	£	£
Raising funds:			
Fundraising costs	421,996	258,595	680,591
Subsidiary’s operating costs	1,013,680	86,198	1,099,878
Fundraising events costs	68,672	-	68,672
	-----	-----	-----
	1,504,348	344,793	1,849,141
	-----	-----	-----
Charitable activities			
Hospice services (note 6)	2,044,336	1,120,766	3,165,102
	-----	-----	-----
Total	3,548,684	1,465,559	5,014,243
	-----	-----	-----

	Restricted Funds	Unrestricted Funds	Total 2020
	£	£	£
Support costs prior year			
Staff costs	-	651,954	651,954
Premises	-	166,979	166,979
Bank charges	-	10,893	10,893
Depreciation	29,090	187,653	216,743
Overhead costs	1,673	392,429	394,102
Legal and professional fees	-	5,537	5,537
Audit and accountancy fees	-	19,351	19,351
	-----	-----	-----
	30,763	1,434,796	1,465,559
	-----	-----	-----

6. Hospice Services - Current Year

	Restricted Funds	Unrestricted Funds	2021
	£	£	£
Activities undertaken directly (see below)	2,262,787	542,434	2,805,221
Support costs (note 5)	106,048	1,037,449	1,143,497
Governance costs	-	53,333	53,333
	-----	-----	-----
	2,368,835	1,633,216	4,002,051
	-----	-----	-----
Activities undertaken directly consist of:			
Staff costs	1,517,847	1,027,134	2,544,981
Care costs	54,052	206,188	260,240
	-----	-----	-----
	1,571,899	1,233,322	2,805,221
	-----	-----	-----

6. Hospice Services - Prior Year

	Restricted Funds	Unrestricted Funds	2020
	£	£	£
Activities undertaken directly (see below)	393,729	1,654,698	2,048,427
Support costs (note 5)	30,763	1,032,722	1,063,485
Governance costs	-	47,739	47,739
	-----	-----	-----
	424,492	2,735,159	3,159,651
	-----	-----	-----
Activities undertaken directly consist of:			
Staff costs	325,444	1,519,738	1,845,182
Care costs	68,285	134,960	203,245
	-----	-----	-----
	393,729	1,654,698	2,048,427
	-----	-----	-----

7. Net Income / (Expenditure) For The Year

	2021 £	2020 £
Net Income for the year is stated after charging:		
Operating leases – land and buildings	286,862	288,850
Auditors’ remuneration – audit (inclusive of VAT)	14,500	14,102
Depreciation of fixed assets	268,662	216,743
	-----	-----

8. Staff Costs

	2021 £	2020 £
Staff costs including redundancies consist of:		
Wages and salaries	2,834,439	2,389,839
Employer’s National Insurance	242,024	196,174
Pension costs	183,115	158,926
	-----	-----
	3,259,578	2,744,939
	-----	-----

	No.	No.
The average number of employees during the year was:		
Nursing and care services	58	57
Fundraising including shops	29	30
Administrative support	33	26
	-----	-----
	120	113
	-----	-----

The number of employees whose emoluments amounted to over £60,000 in the year was as follows:		
£60,000-70,000	2	2
£80,000 - £100,000	1	1
	-----	-----
	3	3
	-----	-----

In respect of the higher paid employees above, contributions for the provision of pension benefits totalled £8,861 (2020: £7,493). The total amount paid to key management personnel was £297,167 (2020 - £271,893).

The charity made no redundancy payments to staff in the year (2020: £nil).

During the year no Trustee received reimbursement of expenses (2020: £nil).

9. Net Income Of Trading Subsidiary - Peace Hospice Shops Limited

	2021 £	2020 £
Turnover	-	611,951
Cost of sales	-	(8,869)
	-----	-----
Gross profit	-	603,082
Administration expenses	-	(518,157)
Interest receivable and similar income	-	242
	-----	-----
Net profit	-	85,167
Tax on Profit on ordinary activities	-	(85,167)
Deed of Covenant	-	(85,167)
	-----	-----
Retained profit in subsidiary for the year	-	-
	-----	-----

This company is a wholly owned trading subsidiary of the charity, which is incorporated in the UK. The subsidiary operates a number of retail outlets selling donated goods, cards and other merchandise.

10. Tangible Fixed Assets

GROUP & CHARITY	Land and Buildings £	Fixtures, Fittings and Equipment £	Office Equipment £	Motor Vehicles £	Total Charity £
Cost					
At 1 April 2020	4,592,639	737,857	207,283	33,028	5,570,807
Additions	-	220,194	11,556	-	231,750
Disposals	-	-	-	-	-
At 31 March 2021	4,592,639	958,051	218,839	33,028	5,802,557
Depreciation					
At 1 April 2020	1,672,699	511,808	127,448	33,028	2,344,983
Charge for the year	91,782	132,368	44,512	-	268,662
At 31 March 2021	1,764,481	644,176	171,960	33,028	2,613,645
Net Book Value					
At 31 March 2021	2,828,158	313,875	46,879	-	3,188,912
At 31 March 2020	2,919,940	226,051	79,835	-	3,225,826

	2021 £	2020 £
The net book value of land and buildings comprises:		
Long leasehold	2,828,158	2,919,940
	2,828,158	2,919,940

11. Investments

	Market Value £
GROUP & CHARITY	
As at 31 March 2020	18,583
Change in Market Value	(13,446)
As At 31 March 2021	5,137
Investment in subsidiary	
Total	5,137

The Charity owns a 100% shareholding in Peace Hospice Shops Limited as below.
Other investments comprise of UK equities which were gifted to the Charity.

	Class of Shares held	% of shares Held	Nature of Business	Capital and Reserves at 31 March 2021
Peace Hospice Shops Ltd	Ordinary	100	Retailing	1,000

12. Debtors

	GROUP		CHARITY	
	2021 £	2020 £	2021 £	2020 £
Trade debtors	46,578	146,758	46,578	146,758
Other debtors (Incl. Inter Co)	1,014,592	2,362,757	1,013,592	2,361,757
Prepayments	128,137	138,092	128,137	138,092
VAT	86,048	59,098	86,048	59,098
	1,275,355	2,706,705	1,274,355	2,705,705

The large change in other debtors is due to formal notifications of legacy income and in line with the accounting policies is accounted for as such.

13. Creditors: Amounts Falling Within One Year

	2021	2020
	£	£
Trade creditors	285,903	241,571
Tax and social security	83,135	75,988
Accruals	104,412	124,875
Deferred income (see below)	50,000	-
Other creditors	9,816	36,042
Due to Subsidiary	1,002	1,000
	-----	-----
	534,268	479,476
	-----	-----

Movements on deferred income were as follows:

Deferred income at the start of the year	-	-
Income received in advance	50,000	-
	-----	-----
Deferred income at end of year	50,000	-
	-----	-----

Deferred income relates to care income received in advance.

14. Funds

Restricted funds	Balance at 1 April 2020	Income	Expenditure	Transfers	Balance at 31 March 2021
	£	£	£	£	£
Group and Charity					
Department of Health grant - old	73,899	-	2,790		71,109
Department of Health grant - new	328,170	-	7,185		320,985
Department of Health – 2016	282,718	-	7,338		275,380
Herts Valley CCG	-	963,036	963,036		-
Government Funding					
– Prime Minister’s Office	99,519	-	47,839		51,680
Hospice UK Funding	-	1,291,896	1,291,896		-
Percy Bilton Trust	1,087	-	1,087		-
Various Trusts	16,144	500	13,418		3,226
Graham Rowlandson	15,000	-	4,999		10,001
Foundation	5,667	-	2,614		3,053
Woolfson Foundation	-	500	500		-
Watford Borough Council		11,820	11,820	-	
Hertfordshire County Council		5,000	1,250		3,750
Hertfordshire Community		5,000	1,250		3,750
Nurses Charity		5,000	5,000		-
Herts Community Foundation		4,677	1,169		3,508
Watford & Three Rivers Trust		2,967	742		2,225
Rotary District		8,750	2,187		6,563
Hobson Charity Ltd		3,000	990		2,010
Morisons Foundation		-	-	25,000	25,000
NHS Charities Together		-	-	25,000	25,000
Hertfordshire CC		6,900	1,725		5,175
	-----	-----	-----	-----	-----
	822,204	2,309,046	2,368,835	50,000	812,415
	-----	-----	-----	-----	-----

Restricted funds explanations:

We would like to extend our heartfelt thanks to all the Trusts and Foundations that supported us in 2020/21. The unrestricted grants we received enabled us to spend the funds where they were needed most at the time and gave us the ability to address the needs of our patients as they arose and tailor our high quality care to each individual and their family.

Our restricted grants enable us to achieve projects and activities which would not otherwise have been possible. These include support from the Morrisons Foundation which enabled us to improve the wheelchair access to our main Hospice building in Watford and Watford and Three Rivers Trust who funded laptops and other equipment for our Palliative Response Team.

We remain grateful to each and every supporter.

14. Funds

Restricted funds - previous year	Balance at 1 April 2019 £	Income £	Expenditure £	Balance at 31 March 2020 £
Group and Charity				
Department of Health grant - old	76,689	-	2,790	73,899
Department of Health grant - new	335,355	-	7,185	328,170
Department of Health – 2016	290,056	-	7,338	282,718
Herts Valley CCG	-	392,831	392,831	-
Governance Funding-Prime Minister’s	-	99,519	-	99,519
Hertsmere Borough Council	578	-	578	-
 Percy Bilton Trust	 3,549	 -	 2,462	 1,087
 Various Trusts – Inpatient beds	 1,088	 -	 1,088	 -
Various Trusts	2,850	15,685	2,391	16,144
Graham Rowlandson Foundation	20,671	-	5,671	15,000
Woolfson Foundation	7,825	-	2,158	5,667
Watford Borough Council	-	1,000	1,000	-
	738,661	509,035	425,492	822,204

Peace Hospice Care is grateful for the wonderful support of the trusts and foundations that made donations towards our core service costs as well as for restricted projects such as the Inpatient Unit refurbishment which took place over March and April 2017.

The response to our need to refurbish our Starlight Lounge was fantastic and we remain grateful to funders such as the Percy Bilton Charity and Graham Rowlandson Foundation who, amongst others, supported this project to improve the quality of our environment for our outpatients. Also, thanks to Woolfson Foundation that funded the exterior works to our building including the new main entrance door and the Lord and Lady Lurgan Trust of assisting Hospice at Home by a grant.

We remain grateful to all of our trust funders who, by funding the ongoing costs of our services, enable the day-to-day work of the Hospice to continue. For that we cannot thank them enough and would specifically like to mention The Childwick Trust and the Inman Charity, again to name a few, without whose support we would not be able to continue.

Restricted funds explanations:

A number of other donations, including those from The February Foundation and the Lawton Trust contributed to our Hospice at Home, Inpatient Unit and Wellbeing Services as well as the maintenance of the IPU garden.



14. Funds

Unrestricted funds	Balance at 1 April 2020 £	Income (inc gains) £	Expenditure £	Transfer Between Funds £	Balance at 31 March 2021 £
GROUP					
General Funds					
Legacy Investment Fund	2,770,961	-	-	768,750	3,539,711
General Funds	1,428,060	3,893,267	3,010,590	(1,050,000)	1,260,737
Revaluation Reserve – land and buildings	5,905				5,905
Designated Funds					
Operational Reserve	1,380,000	-	-	-	1,380,000
Property Fund	2,443,505	-	-	-	2,443,505
Capital Programme Fund	135,374	-	231,250	231,250	135,374
Total Unrestricted Funds	8,163,805	3,893,267	3,241,840	(50,000)	8,765,232

Unrestricted funds	Balance at 1 April 2020 £	Income (inc gains) £	Expenditure £	Transfer Between Funds £	Balance at 31 March 2021 £
CHARITY					
General Funds					
General Funds	1,427,060	3,843,267	3,010,590	(1,000,000)	1,259,737
Revaluation Reserve – land and buildings	5,905				5,905
Legacy Investment Fund	2,770,961	-	-	768,750	3,539,711
Designated Funds					
Operational Reserve	1,380,000	-	-	-	1,380,000
Property Fund	2,443,505	-	-	-	2,443,505
Capital Programme Fund	135,374	-	231,250	231,250	135,374
Total Unrestricted Funds	8,162,805	3,843,267	3,241,840	-	8,764,232

Unrestricted funds Prior Year	Balance at 1 April 2019 £	Income (inc gains) £	Expenditure £	Transfer Between Funds £	Balance at 31 March 2020 £
GROUP					
General Funds					
General Funds	1,077,384	6,414,744	4,390,275	(1,673,793)	1,428,060
Revaluation Reserve – land and buildings	5,905	-	-	-	5,905
Legacy Investment Fund	1,299,735	-	-	1,471,226	2,770,961
Designated Funds					
Operational Reserve	1,380,000	-	-	-	1,380,000
Property Fund	2,443,505	-	-	-	2,443,505
Capital Programme Fund	135,374	-	202,567	202,567	135,374
Total Unrestricted Funds	6,341,903	6,414,744	4,592,842	-	8,163,805

Unrestricted funds Prior Year	Balance at 1 April 2019 £	Income (inc gains) £	Expenditure £	Transfer Between Funds £	Balance at 31 March 2020 £
CHARITY					
General Funds					
General Funds	1,059,212	6,431,919	4,390,275	(1,673,793)	1,427,060
Revaluation Reserve – land and buildings	5,905	-	-	-	5,905
Legacy Investment Fund	1,299,735	-	-	1,471,226	2,770,961
Designated Funds					
Operational Reserve	1,380,000	-	-	-	1,380,000
Property Fund	2,443,505	-	-	-	2,443,505
Capital Programme Fund	135,374	-	202,567	202,567	135,374
Total Unrestricted Funds	6,323,731	6,431,919	4,592,842	-	8,162,805

Utilising these reserves is set out in the Reserves and Legacy Policy. The Board are currently going through their annual process of reviewing this policy. This review will also take into consideration the new Medium Term Financial Strategy that has been developed.

14. Funds

OPERATIONAL RESERVE

This is to cover the loss of CCG funding and/or a catastrophic loss of reputation. This rationale will allow the charity to meet its liabilities in the short-term, under a variety of scenarios, whilst making alternative plans, for meeting the longer term obligations and ensuring the needs of the beneficiaries are met.

DESIGNATED FUNDS:

Legacy Investment Fund

This draws from Legacy income over and above the budget, not required to supplement other reserves (i.e. if other reserves are at an appropriate level). This will be used to top up the legacy line in the budget in lean years and mitigate against fluctuating legacy income. Any additional amounts in this reserve will be used for capital and one-off investment items that should be presented by the Executive Team to the Board with a full business case.

Property Fund

Represents the amount of reserves of the charity that have been utilised for the acquisition and restoration of the tangible asset ‘Peace Hospice Care’ and the development of the Inpatient Unit. The closing balance on the fund equates to the net book value of assets held in Land and Buildings at the balance sheet date excluding that part held within restricted funds.

Revaluation reserve

Represents cumulative unrealised gains on the increase in market value of listed investments.

Capital Programme Fund

Trustees had designated an amount of £135,374 for major operational expenditure on the charity’s assets. This Fund receives transfers from the Legacy Investment Fund to finance the Capital Programme and Strategic Business Developments.

PENSIONS

The company and its subsidiary pay into employees’ individual pension schemes. Contributions are charged in the financial statements as they are incurred and there were outstanding contributions of £26,326 as at the balance sheet date (2020: £25,168). Pension costs charged in the year were £169,643 (2020: £139,703). Of this £72,897 (2020: £69,935) was in respect of the NHS Pension Scheme (see accounting policies note(s)) and the balance of £96,746 (2020: £69,768) to the charity’s stakeholder pension scheme.

The charitable company also makes contributions to the National Health Service Pension Scheme for certain employees. The NHS Pension Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for Peace Hospice Care to identify its share of the underlying scheme. Therefore, the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Employers’ pension costs contributions are charged to operating expenses as and when they become due. Employer contribution rates are reviewed every four years following a scheme valuation carried out by the Government Actuary. On advice from the actuary the contribution may be varied from time to time to reflect changes in the scheme’s liabilities.

Employer contribution rates for 2020/21 for staff in the NHS pension scheme were set at 20.68% of pensionable pay (20.68% for 2019/20). The latest actuarial valuation was done in 2019 and this increased the employers contribution rates from 1 April 2019 to 20.68%, funded by the Department of Health.

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th of the best of the last three years’ pensionable pay for each year of service. A lump sum normally equivalent to three years’ pension is payable on retirement. Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. On death, a pension of 50% of the member’s pension is normally payable to the surviving spouse.

Early payment of a pension, with enhancement, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice the final year’s pensionable pay for death in service, and five times their annual pension (subject to certain conditions) for death after retirement, is payable.

15. Analysis Of Net Assets Between Funds

	Restricted Funds £	Unrestricted Funds £	2021 £
GROUP			
Fund balances at 31 March 2021 are represented by:			
Tangible fixed assets	812,412	2,376,500	3,188,912
Investments	-	5,137	5,137
Current assets	-	6,917,866	6,917,866
Creditors – falling due within one year	-	(534,268)	(534,268)
	-----	-----	-----
	812,412	8,765,235	9,577,647
	-----	-----	-----
	Restricted Funds £	Unrestricted Funds £	2020 £
GROUP			
Fund balances at 31 March 2020 are represented by:			
Tangible fixed assets	822,204	2,403,622	3,225,826
Investments	-	18,583	18,583
Current assets	-	6,221,076	6,221,076
Creditors – falling due within one year	-	(479,476)	(479,476)
	-----	-----	-----
	822,204	8,163,805	8,986,009
	-----	-----	-----

16. Commitments Under Operating Leases

The following lease commitments existed at 31 March 2021 in respect of non-cancellable operating leases:-

	Land and buildings	
	2021	2020
	£	£
Leases expiring:		
Less than one year	60,908	288,850
Between one and two years	283,000	196,892
Between two and five years	345,042	362,250
Over five years	18,333	65,208
	-----	-----
	707,283	913,200
	-----	-----

17. Related Party Transactions

Exemption from disclosing transactions with group companies has been claimed, as the subsidiary is wholly owned and included in these consolidated financial statements, which are publicly available. There were no other related party transactions in the year (2020: £nil).

18. Reconciliation Of Net Income / (Expenditure) To New Cash Inflow/ (Outflow) From Resources

	2021	2020
	£	£
Net (expenditure)/income for the year (as per the Statement of Financial Activities)	610,926	1,905,445
Adjustments for:		
Depreciation charges	268,662	216,743
Dividends and interest from investments	(30,767)	(29,076)
Gains and losses on disposal of assets	-	4,057
Gains and losses on investments	(5,842)	4,092
(Increase)/decrease in stock	8,023	(7,691)
(Increase)/decrease in debtors	1,431,350	(1,561,313)
Increase/(decrease) in creditors	54,792	72,449
	-----	-----
Net cash provided by operating activities	2,337,144	604,706
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19. Cash And Cash Equivalents

There is no debt.

	Short term Deposits	Cash at bank And in hand	Total
	£	£	£
Balance at 1 April 2020	2,389,313	1,115,480	3,504,793
Net cash movement	-	2,136,161	2,136,161
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Balance at 31 March 2021	2,389,313	3,251,641	5,640,954
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20. Legacies

The charity has not been advised of legacies that have not been included in the Statement of Financial Activities because certain conditions for recognition have not been met. There have been an amounts receivable (2020: £nil).

21. Financial Information - 2020

STATEMENT OF FINANCIAL ACTIVITIES

	Restricted Funds £	Unrestricted Funds £	Total Funds £
Income from:			
Donations and legacies	116,204	3,635,858	3,752,062
Charitable activities:			
CCG Funding	392,831	691,362	1,084,193
Other trading activities	-	2,058,448	2,058,448
Investments	-	29,076	29,076
Total income	509,035	6,414,744	6,923,779
Expenditure on:			
Raising funds:			
Raising funds:			
Fundraising costs	1,000	771,240	772,240
Fundraising trading and lottery	-	1,013,680	1,013,680
Fundraising events	-	68,672	68,672
Charitable activities			
Hospice services	424,492	2,735,159	3,159,651
Total expenditure	425,492	4,588,751	5,014,243
Net (expenditure) and net movement in funds before gains and losses on investments	83,543	1,825,993	1,909,536
Gains and losses on investments	-	(4,091)	(4,091)
Net movement in total funds	83,543	1,821,902	1,905,445
Reconciliation of funds:			
Fund balances brought forward at 1 April 2019	738,661	6,341,903	7,080,564
Fund balances carried forward at 31 March 2020	822,204	8,163,805	8,986,009

Who's Who

ROYAL PRESIDENT Her Royal Highness Princess Michael of Kent	COMMITTEE MEMBERS Patient Services Committee Dr Brihad Abhyankar Ms Annesha Archyangelio (<i>Advisor until February 2021 then Trustee</i>) Mr Geoff Corre (<i>Chair from November 2020</i>) Mrs Virginia Edwards (<i>until October 2020</i>) Mr Jarmo Kesanto Dr Jeremy Schindler Mrs Yolanda Woolf (<i>Chair until November 2020</i>)	BANKERS National Westminster Bank Plc Watford Town Centre 72-74 High Street Watford Hertfordshire WD17 2GZ
PATRONS HM Deputy Lord Lieutenant of Hertfordshire Mr Luther Blissett Mrs Gill Hollander OBE Mr Martin Kemp Mrs Shirlie Kemp Elected Mayor of Watford Mr Peter Taylor Ms Camilla Tominey HM Lord Lieutenant of Hertfordshire Mr Robert Voss CBE CStJ	People and Resources Committee Mr David Cunnington Mr Alan Graham MBE (<i>Chair</i>) Mr Richard Russell-Hogg (<i>Treasurer</i>)	SOLICITORS Penman Sedgwick LLP 5 George Street Watford Hertfordshire WD18 0SQ Veale Wasbrough Vizards LLP 45 Clarendon Road Watford Hertfordshire WD17 1SZ SA Law Gladstone Place 36-38 Upper Marlborough Road St Albans AL1 3UU
BOARD OF TRUSTEES Dr Brihad Abhyankar Annesha Archyangelio (<i>from February 2021</i>) Mr Patrick Brennan (<i>Chair (Retired October 2020)</i>) Mr David Cunnington Mr Garry Davis Mrs Virginia Edwards (<i>Vice Chair (Retired October 2020)</i>) Mr Alan Graham MBE Mrs Seema Hill Mr Jarmo Kesanto (<i>Vice Chair from October 2020</i>) Erika Morales-Perez (<i>from February 2021</i>) Mr Terence Ritchie Mr Richard Russell-Hogg (<i>Treasurer</i>) Dr Jeremy Shindler (<i>Chair from October 2020</i>) Mrs Yolanda Woolf (<i>resigned November 2020</i>)	Fundraising and Retail Committee Mr Garry Davis Mrs Seema Hill Mr Jarmo Kesanto (<i>Chair</i>) Mrs Ann Morrison (<i>Advisor</i>) Mr Terence Ritchie Mrs Sarah White (<i>Advisor</i>)	AUDITORS Haysmacintyre 10 Queens Street Place, London EC4R 1AG
	EXECUTIVE TEAM Interim Director of Patient Services Ms Caroline Allen & Ms Joanna Marovitch from August 2021	
	Chief Executive Mr Declan Carroll (<i>until August 2020</i>)	
	Director of Income Generation Mrs Sarah Goad (<i>until March 2021</i>)	
	Director of Patient Services and Quality Mrs Jackie Tritton (<i>Chief Executive from August 2020</i>)	
	Director of Resources Mr Adrian Forth	
	Medical Director Dr Sarah Klinger	
	Executive Assistant Mrs Shirley Burns	

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