

ANNUAL REPORT & FINANCIAL REVIEW

Year Ending 31 March 2022

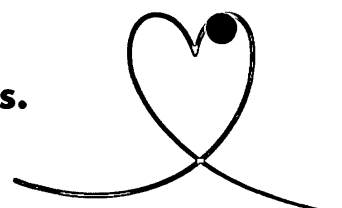




**You are at the heart of
everything we do!**



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Mission Statement.

Our Mission is
'to add quality
to the lives
of those with
life limiting
illnesses.'



Our Values.

Diversity & Inclusion

We recognise, respect and embrace the diversity of our community, promoting equality in all that we do.

Openness & Transparency

Our openness and transparency reflects our duty to the patient and our statutory obligations.

Dignity & Respect

We treat our patients with the utmost respect, maintaining privacy and dignity at all times.

Responsiveness

We are responsive to the individual needs of our patient, their families and carers.

Compassion

We treat our patients, families and carers with compassion.

High Quality Care

We are dedicated to the provision of the highest quality evidence-based care.





About Dr Kershaw's Hospice.



Dr Kershaw's Hospice is an adult hospice for Oldham and its surrounding areas. As a charity, we provide free specialist care for those with life-limiting illnesses as well as support for those who are important to them - loved ones, families, friends and even pets.

Since the Hospice first opened its doors in 1989, we have been providing care and support for the people of Oldham and the local boroughs, both during a person's illness, at death, and into bereavement - for as long as they need us.

We endeavour to be a caring organisation for all our patients, our staff, our volunteers and our

partners across the community - other hospices, NHS & non-NHS organisations.

As leaders in our field, we reach out into family homes, hospitals, care homes and out to colleagues; offering emotional, spiritual and practical support.

The Trustees (who are also Trustees of the charity for purposes of company law) present their financial statements and annual report for the year ended 31 March 2022. The other general information given in this report covers the year between annual meetings.

Acknowledgements.

The Trustees would like to thank Hospice UK for its invaluable financial support throughout this difficult year, enabling Dr Kershaw's to continue its vital work whilst also navigating the impact of the COVID-19 pandemic.

Thanks must also be given to our Corporate Partners for their generous support, including, but not limited to; Interserve, The Co-Op, Colorplas, Jackson and Jackson, Radial, Ribble Packaging, Professional Oldham, Norcross Lees & Riches Solicitors, Widdop and Co, Primark, Cuttle & Co Solicitors, Pearson Solicitors and Financial Advisers, Touch Solicitors Ltd, and Wrigley Claydon Solicitors.

We are also extremely grateful to all the Trusts and Foundations who have given generously to the Hospice throughout the year, including: The Albert Hunt Trust, The Hospital Saturday Fund, The Treeside Trust, Greater Manchester High Sheriff Police Trust, and The Masonic Charitable Foundation.

The Hospice relies on the continued support of our local community, and to all the individual donors and event participants, without whom our work would not be possible, and to the generous people who left a gift to Dr Kershaw's in their Will, or have pledged to do so in the future, we thank you all for your unwavering support and generosity.

Management & Financial Details.



Trustees.

Miriam Lawton (Chair)	Appointed January 2020
Dr Paul Cook (Vice Chair)	Appointed January 2020
Jacqueline Wood (Vice Chair)	Appointed January 2021
Jonathan Lipton	Appointed January 2015
Sue Briscall	Appointed April 2014
Peter Wakefield	Appointed December 2018
Rachel Damianou	Appointed October 2019
Kim Wrigley	Appointed January 2021
Stephen Schofield	Appointed January 2021
Jonathan Edwards	Appointed January 2021

Trading Company.

Dr Kershaw's Hospice Ltd	Company Secretary - Rachel Damianou
Company Number - 5221414	Charity Number - 1105924

Senior Management Team.

Joanne Sloan	Chief Executive Officer
Adele Doherty	Director of Clinical Services
Dr Matthias Hohmann	Medical Director
Maria Papaleo	Director of Finance
Lyndsey Donbavand	Director of Quality & Governance
Rebecca Bentham	Director of Income Development & Marketing
Lindsey Harper	Lead Nurse for Community Services
Kelly Foster	Senior Sister
Sarah Longmore	End-of-Life Nurse Educator

Banking Services.

Barclays Bank PLC	25 High Street, Oldham, OL1 3AZ
National Westminster Bank PLC	8 Rochdale Road, Royton, Oldham, OL2 8QJ
Charities Aid Foundation (CAF)	Kings Hill, West Mallin, Kent, ME19 4TA

External Auditors.

Chadwick & Company - Chartered Accountants
Capital House, 272 Manchester Road
Droylsden, Manchester
M43 6PW

Structure, Governance & Management.

The organisation's governance structures are shown in the diagram below...

Board Governance Structure - 2022.



Our Hospice.

Safeguarding.

Dr Kershaw's Hospice are fully committed to safeguarding the welfare of all those we care for. We recognise our responsibility to promote safe practice and to protect all from harm.

We work together to encourage an ethos which embraces diversity and respects the rights of all involved within our services. We support the rights of all to live free from abuse with respect, dignity and equality, believing that all should receive the support they need to reach their full potential and remain safe.

We promote a culture of listening to, and seeking the views of those we care for in a way that is

appropriate to their understanding, taking into account those views in individual decisions and in the establishment or development of services. All staff are appropriately trained and key personnel attend relevant safeguarding meetings such as the Oldham Safeguarding Adults Board Policy, Procedure and Workforce Development Sub Group.

The Board of Trustees reviewed the safeguarding governance and management arrangements of the charity and is satisfied that we fulfil the expectations and requirements as set out in guidance issued by the Charity Commission.

Information Governance.

Work has continued throughout 2021/2022 to ensure that the Hospice is able to fulfil the requirements of the NHS Data Security and Protection (DSP) Toolkit. Data flow maps and impact assessments have been completed and are reviewed continuously to ensure all relevant control measures are in place to ensure that the personal data obtained is justified and complies with data minimisation principles.

Privacy issues have been identified and risk analysis has been completed giving reassurance that the information asset is secure and complies with General Data Protection Regulations.

An area of significant investment, has been

around the Hospice's Information Technology infrastructure.

Dr Kershaw's Hospice works very closely with its partnering Hospices, and has for a number of years held a Service Level Agreement with St Ann's Hospice to secure the invaluable skills of their Data Protection Officer. The Hospice also procures the specialist skills of an external IT company, Foresight IT Solutions.

At Dr Kershaw's we understand the importance of Data Security and work very closely with both partners. We have regular meetings to discuss information governance and data security at our dedicated Information Governance Sub Group.

Grounds and Gardens.

The generous legacy we received in 2020 enabled work to progress further in our grounds and gardens, providing a beautiful place for patients, families and staff to relax in and a pleasant outlook for our patients from their rooms. Our grounds now also offer a flexible outdoor space for hospice events, garden parties and weddings.

Time spent in the outdoors can have a positive impact on the well-being of people living with the

challenge of a long-term condition or a terminal illness and with our newly acquired raised beds and greenhouse we intend to provide therapeutic horticulture as part of our Well-Being Centre offer.

This is a two phased project and with council approval work will extend into a woodland area, an area of biodiversity for nature walks and a place of reflection.



Our Hospice.

Organisational Governance.

The Board of Trustees are fully committed to the values and principles of the Hospice. They contribute in their various ways to the organisation's safety and continued improvement and strive to ensure good governance is applied to all decision-making processes.

Trustees are recruited to ensure that the Board has a wide range of business experience and knowledge. This ensures that the company is organised on a sound basis and that all decisions are well founded and financially viable.

The Trustees are responsible for main funding decisions with the day-to-day management of the Hospice being under the direction of the Chief Executive Officer and her Executive Officers.

All potential risks to the organisation are held within our Risk Register – this is a live document, updated at every Senior Managers Monthly Sub Group meeting with key issues reviewed at every Board meeting by both the Executive Managers and Trustees.

Quality, performance reports and statistics are considered at every meeting of the Board. Particular attention is given to mandatory training,

the admissions/episodes in both the In-Patient Unit and the Well-Being Centre, to ensure that best use is being made of available beds and resources without compromising quality of care.

During the financial year 2021/22, the Board retained a compliment of ten Trustees. Anne Sykes stepped down from the Board in December 2020 after many years' service to the Hospice and Joanne Jones also stepped down from the Board in October 2021. Dr Kershaw's Hospice wish to thank them both their time, expertise, and dedication to the Hospice.

Jacquie Wood was appointed as a second Vice Chair in May 2021 to work alongside Dr Paul Cook (Vice Chair role, 2020) supporting the role of Chair. Both have undertaken specific projects around Capital Developments, Organisational Developments, CQC inspection preparation, and recruitment to key management posts.

The Chair thanked them together with the full complement of Trustees for their significant time commitment, excellent attendance records and contribution to improving outcomes for users of Dr Kershaw's services.

I was always able to make contact with Hospice at Home and the response was always spot on, we never had to wait at all. The staff were very friendly and reassuring. What would Oldham do without Dr Kershaw's Hospice?





Clinical Audit.

The clinical audit calendar is systematic and responsive to clinical requirements. The audit results from 2021/2022 are displayed in a prominent place for all staff to observe and includes a results summary that highlights good practice and areas of practice where it could be improved. There is also an associated action plan displayed to provide the finer detail regarding each audit. The audit findings are discussed in the monthly Nurses Forum and Clinical Governance Sub Group.

**Overall Audit Compliance
2021/22 = 95%**

Patient Experience.

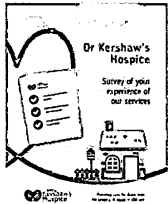
Dr Kershaw's is always looking to develop and improve services and therefore, feedback is vitally important to us. In the last year (April 2021 to March 2022) we received 302 compliments from service users and their loved ones in the form of surveys and cards.

Our surveys include the mandatory Friends & Family Test questions enabling us to participate in national data collection activities. The annual results of the Friends & Family Test show that 97% of our respondents rated our service as 'Very Good,' the highest grade.

We also give patients and their loved ones the opportunity to provide constructive feedback. Throughout the year we noted nine concerns raised via our surveys. The themes of these concerns were primarily around communication issues and the availability of between-meal snacks and food. They were all investigated thoroughly and actions were taken to make improvements. Senior Members of our teams discussed concerns with the respondents and resolved them satisfactorily.

We discuss compliments, complaints and concerns at relevant Sub Groups and the Senior Management Team Meetings. We also share feedback and patient stories at all of our Sub Groups to remind us that everything we do is to ensure high quality care for our patients.

Feedback is used in the community and we regularly share patient and family stories on social media. This information is important and allows future patients to make an informed decision when choosing to use our services.



“ We cannot thank you enough for the care that you gave Dad when he was with you. We will always be indebted to you for what you did. ”

FFT Data 2021-22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Very Good	84	53	42	40	219
Good	2	2	0	1	5
Neither Good nor Poor	1	0	0	0	1
Poor	0	0	0	0	0
Very Poor	0	0	0	0	0
Don't Know	0	0	0	1	1

“ I found the nurses to be kind, considerate and compassionate in the expert way that they treated both my late wife and myself. ”

“ A perfect place. A peaceful atmosphere. Dignified, calm, honest, friendly and welcoming. ”

Clinical Services.

In-Patient Unit.

The In-Patient Unit was fully completed by February 2021 so in this financial year we were back to business as usual, caring for patients in our newly built In-Patient Unit as well as in the community.

The facility includes eight single and two twin

rooms, all of which have en-suite facilities, a smart TV, recliner chair and storage unit along with double doors looking out and accessible to the garden. The in-patient family lounge features sofas and dining facilities and is available for patients to spend time with their families and friends outside their rooms.



“From our first moment of stepping inside the Hospice we were treated by welcoming and caring staff. Because of the kindness and generosity of time shown by all who cared for mum it made a traumatic event become more manageable.”

“The new facility is like a 5* hotel and it was such a shame Mum didn't really know of the services provided but we as her family certainly did. THANK YOU!”



Well-Being Centre.

The Well-Being Centre did unfortunately have to close due to restrictions, however existing patients received regular contact via our friendship service.

Virtual sessions continued throughout the year ensuring that patients could access via Microsoft Teams with volunteers being able to facilitate most

sessions.

In March 2022, we made the decision to stop virtual sessions so that we could turn our attention to re-opening our Well-Being Centre in the new financial year with a brand new model.



“Being able to be part of the quiz has brightened up my day as I live alone and have been shielding.”

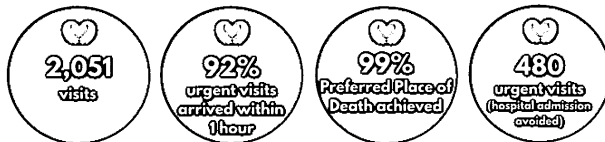


Hospice at Home.

Dr Kershaw's Hospice at Home Service continues to benefit the local community providing high quality, individualised and flexible end-of-life care. Now in its fifth year, Hospice at Home is a thriving, well established, relied on and respected service in our

local community.

The Hospice at Home Service continued to be business as usual, working in collaboration with our partner organisations.



Hospice at Home Visits	2019/20	2020/21	2021/22
	2,073	3,300	2,051



“The Hospice at Home team were all very friendly, caring and committed. They felt like family.”

“Dr Kershaw's Hospice At Home is the perfect solution to provide the much needed care for loved ones in their own home. It is very comforting to know this is possible and you are guaranteed the support required for yourself and family.”





Caring Hands.

Our Domiciliary Care service, Caring Hands is now well-established with an excellent reputation in our community for providing high-quality care and we are able to provide qualitative evidence to support our belief. The Continuing

Healthcare Commissioner (CHC) have also received overwhelmingly positive feedback regarding the care we provide, and we have been requested by name and reputation by several families.



	2019/20	2020/21	2021/22
Caring Hands Visits	8,018	8,729	8,468

“The carers always brought a ray of sunshine on their arrival. I could not have contemplated having my loved one at home without them. They are special people.”

“The Caring Hands Team were absolutely wonderful. They always treated Dad with care and respect. He really bonded with the team and enjoyed their company.”

Bereavement Support Services.

The Bereavement Support Service has continued to develop and innovate in supporting bereaved people within the Hospice community and in the wider locality as we continue to navigate our way through the complexities of the pandemic. Outreach work has continued to be important, as people have contended with changing risks and regulations around COVID-19.



Telephone Service.

Our telephone support, which reaches out to all those bereaved across Hospice-clinical services, is ongoing and effective.

It is managed by our Bereavement Support Nurse with CICA support.



The uniqueness of our experience meant we experienced a care beyond end-of-life and were engaged months in advance with the Bereavement Support Nurse. This enabled us to live with cancer and also achieve our wishes at the end. The staff exceeded their vocational role throughout.



Bereavement Support Resources.

We have been awarded funding from Greater Manchester High Sheriff Police Trust and Cash for Kids to support us in providing resources for children and young people who are bereaved, or experiencing the terminal illness of a significant person. In collaboration with Me and My Therapy, we provide age appropriate, evidence-based tool kits comprised of creative activities to support the well-being of children and young people, and to support families to engage in open conversations with their children about their thoughts and feelings.



Counselling Support.

Based on an assessment of needs in developing the Bereavement Support Service, we have secured funds for a one year, fixed-term, full-time

counselling post. The post was advertised in March 2022 and we hope to appoint early in the new financial year.

The Nightbird Project.

In January 2022, The Hospital Saturday Fund awarded the Bereavement Support Service £10,000 to set up The Nightbird Project, an initiative to support people affected by terminal and life-limiting illnesses to tell their stories in creative ways. Planning has commenced and will continue during 2022 and The Nightbird Project will run through 2023.



Using Data to Improve Clinical Services.

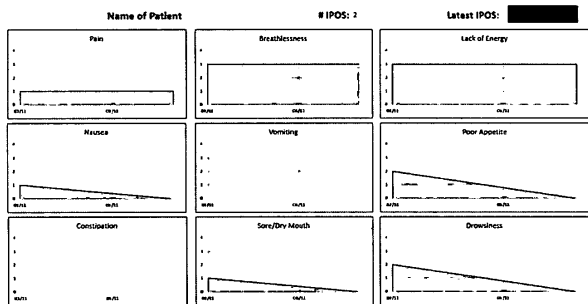
Integrated Palliative Care Outcome Scale (IPOS).

In January 2022, we developed the IPOS tool in order to measure the palliative care needs of patients and their families. It is well-validated and can be used in clinical care, audit, research and training. The tool allows us to capture information around symptom control but also extends to information needs, practical concerns, anxiety or low mood, family anxieties and the overall feeling of being at peace.

We began using the tool in the In-Patient Unit

in February 2022 and we created an internal dashboard tool with graphical information showing the improvement or decline of a patient over the course of their care. This allows our Clinical Team to manage patient symptoms and other needs more effectively.

In terms of its broader value, it allows us to assess themes and trends of patients' needs so that we can pinpoint exactly what services we may need to invest in for the future.



Patient Safety Project

We began participating in the Patient Safety Project in April 2021. The Patient Safety Project enables clinical benchmarking within hospices across the UK. The Hospice Patient Safety Project collects three core patient safety metrics and two patient activity metrics:

- Falls
- Pressure ulcers
- Medication incidents

- Bed occupancy
- Throughput

Data is treated in strict confidence and results in each hospice receiving a quarterly report that enables benchmarking against hospices of similar size and patient activity. In 2020/21, 120 Hospices participated within this project and we are able to utilise this data in discussions at our Clinical Governance Sub Group.

Care and Safety Evaluation.

Following a Business Case Proposal, in June 2021 we began to use the Patient Safety Project data to support a daily patient huddle within the In-Patient Unit known as Case and Safety Evaluation (CASE).

CASE huddles involve identifying any key issues resulting from bed occupancy/utilisation (for example any actual or potential quality and safety issues resulting from admissions, discharges or

expected deaths) and any issues relating to actual/potential quality and safety issues linked to falls, pressure ulcers and/or medication.

Used daily, safety huddles help to increase safety awareness amongst front-line staff and allow our Clinical Team to develop action plans to address identified safety issues and foster a culture of safety.



Learning and Organisational Development.

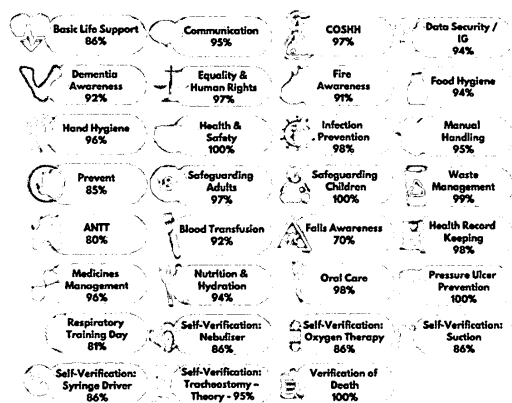
Dr Kershaw's Hospice is committed to the development of its staff and aims to provide a working environment in which staff are able to maximise their performance, commitment and contribution. This is supported by the End-of-Life Nurse Educator based at the Hospice.

Our comprehensive statutory and mandatory training program includes face to face sessions, e-learning and electronic MS Forms as methods of teaching. This reflects current practice and is consistent with relevant national and local regulations/legislation.

The Senior Management Team have completed Neuro Linguistic Programming Practitioner Certification, which provides insight for the team over a series of eight modules to transform and improve connections and communications between the team, working towards lasting behavioural change at work.

There is a comprehensive Organisational Induction for all staff that are new to the Hospice, they are welcomed with a full induction to help them settle into their new roles, with a mix of clinical and non-clinical staff attending and getting to know one another.

Compliance with the Hospice mandatory training programme has been consistently high all year:



In 2021/22 we have developed a comprehensive Education, Training, Learning and Development Strategy which demonstrates how the Hospice assesses, implements and evaluates the learning needs of all staff within a robust framework that supports equality of opportunity and provides quality assurance. This will be supported by the development of a prospectus that will highlight education, training, learning and development opportunities available at the Hospice.



Staff Resilience.

Healthy Workforce.

A regular well-being programme was introduced creating a toolkit of support that gave all staff the opportunity to take some time out of their usual working day to sign up to a number of workshops focused on wellness and mindfulness. The main aim was to encourage our team to stop, take a breath and relax and to continue this practice moving forwards. A range of free Complementary Therapies were also made available to staff, offering a selection of treatments including Reiki.

The workplace well-being launch, which was just the start of our initiative, received excellent feedback from those who attended and we now run a well-being week, twice a year.

We have trained nine dedicated mental health first aiders and have expanded our well-being services, bringing our workplace resources together in one impactful toolkit.

Currently in place:

- Clinical Supervision
- Mental Health First Aiders Regular Bulletins
- Staff Surveys
- Schwartz Rounds
- Occupational Health Referral and Support
- Cycle to Work Scheme
- Recognition of national days/weeks, e.g. World Mental Health Day, stress awareness, menopause awareness, Hospice Care Week and Black History Month
- Significant events analysis meetings
- Connect 5 Training
- Themed Staff Well-being Weeks
- Staff Complementary Therapy Sessions
- Pin boards – monthly well-being ideas / suggestions
- Staff Discount Card
- Discounted Staff Meals
- Trainee counsellors on site providing one-to-one support



Staff Resilience.

Future Framework (in addition to everything currently in place):

- Drop in clinics for all staff to access
- Mental Health First Aiders quarterly meeting
- Upgrading office environments
- Staff Healthcare Plan
- Formal training - resilience specific
- Development of a Clinical Skills Directory and training
- Development of Management Development Programme
- Development of an Organisational Development Directory and training
- Regular Complementary Therapy slots available to staff
- Recruitment & Retention Strategy
- Well-being strategy



Volunteering.

The Volunteer Department have made real progress implementing the Volunteer Development Programme and has produced a Volunteer Strategy to demonstrate the overall aim, goals and priorities of the strategic objectives we are working towards.

As part of the Volunteer Development Programme the team have worked closely with departments to identify Volunteer Leads, who support with the day-to-day management of volunteers. This has improved overall communication, enhanced the induction process and supported the integration of volunteers into their respective teams. The Volunteer Department have a calendar of spot checks to maintain engagement with volunteer-involving departments and have become involved in task and finish groups, allowing for more effective workforce planning.

During 2021/2022 the Volunteer Department have focused on developing further specialist roles to support services, meaning we now have over 40 different volunteer roles. Through making changes to our recruitment process we have been able to better engage with volunteers and identify individuals who have skillsets which may benefit

future projects. Department spot checks have also identified potential for developing volunteer-led supplementary services.

Recognising the contribution of volunteers in a meaningful way continues to be a priority. We have implemented regular social media posts, promoted volunteer journeys, launched a recognition scheme including 'special mentions' and now send annual recognition letters to all of our volunteers.

This year has been great for engagement, building upon the progress made during the pandemic, the Volunteer Team now have regular opportunities to promote volunteering through social media, local newspapers and internal publications. Volunteers are definitely becoming much more visible and in turn, attracting a wider demographic of potential supporters.

Despite continuing COVID-19 restrictions during 2021/2022 volunteers continued to support us and contributed 28,375 hours of their time, equating to a staff cost saving of over £262,000. Active Volunteers has grown from 251 in April 2021 to 302 in March 2022.



I really enjoy volunteering at Dr Kershaw's and feel part of the family atmosphere!

I love being part of such a worthwhile charity that helps so many people.

28,375 hours



I feel extremely valued and appreciated as a Volunteer at Dr Kershaw's Hospice.



Human Resources.

In September 2021, as the Hospice continued to grow, a full-time HR Advisor was appointed, to support our staff and their well-being and to ensure we remained compliant with regards to employment legislation. Initially a key area of importance was helping ensure staff were kept working safely and informed with the ever changing situation throughout the COVID-19 pandemic. Focusing on bringing recruitment in-house including for all our Clinical Team, following the successful TUPE transfer of over 50 clinical staff from the local NHS Trust, establishing a regular audit calendar along with a review of policies, procedures, and HR documentation, the role of HR at the Hospice is both demanding and ever changing.

Our new electronic HR systems were also launched meaning we are now paperless and all HR documentation and staff information is stored even more securely.



Quality, Innovation & Improvement.

Internal systems have further developed across all departments through the utilisation of Vantage Technologies, data management software. Individual modules have been created to support robust operational and data management procedures. Each module has been tailored and with the versatility of the system it has given the flexibility to continuously develop with the needs of the Hospice. Vantage has become an integral digital platform, which has supported the Hospice to move towards becoming a paperless organisation, providing effective security of personal information, improving efficiency, saving time/resources, effective monitoring of information through timely reporting and email alerts. Interactive custom dashboards have also been introduced to the module, which have enhanced the variation of monitoring data at a glance.



Quality, Innovation & Improvement.

To date the following modules have been created and launched on Vantage:

Annual Leave, Incidents, HR Management, Volunteer Management, Training, Patient Survey, Facilities Helpdesk and Planned Maintenance.

Additional modules are currently being created including CAS Alerts, Policy Management & Library, Audits, Acceptance of Gifts and Concerns & Complaints.

In February 2022, changes were implemented to the HR, Organisational Development Sub Group to capture a wider range of key areas including Safety, Quality, Workforce, Innovation and Development. This Sub-Group has been formed to:

- Oversee assigned key objectives from the Hospice's strategic plan relating to Governance, Workforce and Collaborative Working.
- Advise and assure the Board of Trustees that the Hospice meets its legal responsibilities under The Health and Safety at Work Act, associated legislation and all matters relating to Fire, Security and Health and Safety.
- Ensure that the Hospice has effective systems for the management of health and safety for the whole workforce and any visitors to Hospice premises including appropriate reporting, monitoring and training.
- Develop and oversee adoption of a Quality Assurance Framework to enable effective safety, quality and performance improvement systems for all Hospice activity.
- Support the Chief Executive in developing a culture of safety within the Hospice that focuses on effective teamwork, communication, and risk management.
- Develop an annual programme of quality goals after discussion with key service leads.
- Enable development of a non-clinical audit programme and development of associated action plans for any agreed improvement.
- Ensure the Hospice's risk management process effectively monitors non-clinical risks using the agreed risk management process.
- Provide strategic oversight and direction for any re/structural staffing and/or pay-scale reviews.
- Review workforce organisational monitoring of recruitment, induction, sickness/absence, performance management, appraisal, and disciplinary activity.
- Provide oversight and approval of planned organisational change /non-clinical innovation/development and its methodology.
- Monitor organisational wide learning and development activity and its associated objectives.
- Initiate and monitor annual staff opinion surveys and subsequent action planning.

Quality, Innovation & Improvement.

In 2021/22 the End-of-Life Care for Adults NICE Guidance quality standard was implemented focusing on three key areas:

- Local availability of end-of-life care information in a variety of formats and languages.
- Local service user feedback relating to end-of-life care, in the form of surveys, compliments and complaints, is collected, analysed and acted upon.
- Local arrangements to ensure that people approaching the end-of-life and their families and carers know who to contact for advice.

Progress and updates have been continuously shared through Clinical Governance Sub Group and detailed within the Quality Narrative Report, which forms part of the Hospice NHS Contractual Standards and commissioning requirements.

The NICE quality standard identified opportunities for improvement in particular with the 24 Hour Advice Line and as part of the statement this enabled the Hospice to evidence good governance and supported the development of related policies and procedures.

Innovative ways of reporting have been introduced internally through the creation of a dashboard, providing a visual representation of quality-related information, including patient service activity, audit, incidents, service user survey feedback including constructive comments and concerns/complaints. The dashboard has effectively been incorporated into the Clinical Governance Sub Group Agenda contributing a positive and meaningful impact.

The Hospice continues to provide assurance in meeting the Clinical Commissioning Group NHS Standard Contract requirements for quality and performance indicators. The continuous developments and functionality of the EMIS system has enabled the ability to effectively provide a range of numerical and narrative reports each quarter.

Every member of Dr Kershaw's team was respectful, caring and thoughtful of the patient and family. Without them my brothers passing would have been much more difficult.

Outstanding service, highly recommended. Thank you for all the outstanding care you provided throughout end of life care for our resident.

Income Development.

The Income Development Team's core objective is to secure sustainable income in support of the Hospice's strategy. During the 2021/22 financial year, the impact of COVID-19 continued to have a huge impact on fundraising income for the Hospice, however, despite this our loyal supporters enabled us to achieve some key highlights.

Hospice Shops.

Returning to normal opening hours, our shops reopened full-time following closures the year prior. Despite a fall in footfall by 11%, income from the shops returned to pre-COVID times, securing a gross income of £322,125, which was £74,401 below budget.

Due to making an on-going loss the Hospice closed the Oldham Charity shop, redeploying the Shop Manager and volunteers to other shops.

The highlight of the year for the Retail Team was the opening of a new store; The Furniture Hub. Based in Neo House in Oldham, the store sells high quality new and used furniture ranging from small coffee tables to three piece suites, and offers customers a

delivery service and collection service for donated large furniture items. The store has been a thriving success since its opening, going from strength to strength.

New effective processes for management of stores were embedded; including individual store Health and Safety assessments. Work took place to fix minor issues within the stores to ensure compliance and also to ensure a 'best place to work' ethic in all stores. New digital tills were secured for all stores for free, including an iPad system to run in conjunction with the tills, and a new digital system with a stock taking option were embedded.

Hospice Lottery.

2021/22 saw the return of door-to-door and venue canvassing for the lottery, but with COVID restrictions starting and stopping this was on an ad hoc basis and at reduced numbers. The telesales campaign continued for part of the year with Integrated Promotions Ltd, until canvassers returned full-time.

Membership numbers started to increase slowly, and supporters were still extra generous during the bumper draws. Through the four bumper draws (Spring, Summer, Autumn and Christmas) £47,544.24 was raised vs £57,595.93 in 2020. This was over £17,000 up on the 2019 draws with £26,000 in donations alone. During 2021/22, the Lottery contributed £300,000 to the Hospice in support of patient care, compared to £240,000 in 2020/21.

Dr Kershaw's Hospice Lottery is committed to ensuring that the Lottery is operated in a secure, fair and socially responsible way and to endorsing responsible gambling amongst its members. Dr Kershaw's Hospice Lottery is a member of the Hospice Lotteries Association, which is committed to working together to encourage responsible gambling and provide access to support if needed.

Dr Kershaw's Hospice is licensed and regulated in Great Britain by the Gambling Commission under account number 5224.

85.9p* of every £1 goes directly towards providing patient care, 9.5p* towards lottery prizes, and the remaining 4.6p* is spent on lottery administration, training, staff costs, licenses and marketing. Average number of players in the draw is 12,879*.

*These figures are based on income and expenditure for Dec 2020.





Fundraising.

Event Fundraising.

Due to Government restrictions we were unable to move forward with most of our live planned events for 2021, and had to cancel all activities. However, some events were adapted to virtual activities to enable us to engage with the community in some form. Our Light Up a Life service was held virtually on Facebook and YouTube, with a promotion on Oldham Community Radio 99.7 FM. Light Up a Life was a huge success with 1,160 dedications made in memory of lost loved ones. The service received 1,900 views on Facebook and 593 views on YouTube, from local, national, and international supporters watching. The service raised a gross income of just under £26,000, which was a 35% increase on the 2019 service, but a 5% decrease on the 2020 service. The 2021/22 events calendar will include a mix of live and virtual events to account for any safety measures that may still need to be

adhered to.

The end of the financial year saw the return of our first live event, Strictly Dance, which was a joint fundraiser with Willow Wood Hospice in March 2022. The event was a huge success, and a great way to relaunch our event programme for 2022. Each of the 10 dancers were set a minimum fundraising target of £1,000, but raised a collective £18,500. The event overall raised a gross profit of over £28,500. Attendees from the event said the evening was 'incredible', 'a great atmosphere' and 'a real buzz'.

The 2022/23 events calendar will see all our usual events return to live settings, with the addition of some new activities for supporters to get involved with.

Corporate Fundraising.

In the previous financial year the Hospice's Corporate support diminished due to the pandemic, and this has been slow to pick up in 2021/22 as Corporate organisations try to recover. However, some loyal, local businesses were still able to support the Hospice through 'Charity of the Year' partnerships, sponsorship opportunities, and donations. Corporate support included,

but was not limited to, Interserve, The Co-Op, Colorplas, Jackson and Jackson, Radial, Ribble Packaging, Professional Oldham, Norcross Lees & Riches Solicitors, Widdop and Co, Primark, Cuttle & Co Solicitors, Pearson Solicitors and Financial Advisers, Touch Solicitors Ltd, and Wrigley Claydon Solicitors.

Trusts & Foundations Fundraising.

Fundraising for the Hospice through grant support took place during the fiscal year, with a number of applications submitted to Trusts and Foundations. Grant funding towards core costs, bereavement boxes, and our new initiative The Nightbird Project, which supports people affected by terminal and life-limiting illnesses to tell their stories in creative

ways, was secured from The Albert Hunt Trust, The Hospital Saturday Fund, The Treeside Trust, Greater Manchester High Sheriff Police Trust, and The Masonic Charitable Foundation. Dr Kershaw's Hospice is extremely grateful to these Trusts and Foundations for their generous support.

Fundraising & Marketing.

Community Fundraising.

The community's support for Dr Kershaw's Hospice, as always, did not waver throughout the year. Our thanks go out to all who supported us, including but not limited to, Royal Oldham Hospital Pharmacy, Adventure Based Learning, Mark Master Masons Grand Lodge, Iceland Foods Charitable Foundation, Rotary Club of Chadderton and Failsworth, TK Maxx and Homesense Foundation, and The Masonic Charitable Foundation.

Members of the public hosted their own events or fundraising activities to support the Hospice. Activities included a golf tournament, coffee morning, Easter street party, a bowling tournament, a tractor rally, and Facebook birthday fundraising. Thank you to everyone who did something in aid of our Hospice and raised vital funds towards patient care.

Our Community Team hosted a range of different

activities and events, which included 'Move it March', 'Yorkshire 3 Peaks', and a 'Virtual Hospice Walk', all of which the community got behind and supported, raising funds for the Hospice. The activities didn't stop there, with physical and virtual runners also taking part in the London Marathon, raising over £3,000 for Dr Kershaw's.

One of the Hospice's youngest fundraisers, Keira Arnold, continued her phenomenal fundraising for the Hospice; reaching £40,000 for Keira's Wishes just in time for Christmas 2021. She was also honoured once again, this time by the Prime Minister Boris Johnson, with the daily Points of Light award; which recognises outstanding individuals who are making a change in their community.

The Friends of Dr Kershaw's Hospice continued to give regularly, with over £23,757 being given to support clinical services and patient care.

Marketing & Communications.

The Communications Team continues to grow from strength to strength, with a focus on dynamic, digitally driven communications; drawing on online activities, using patient and their families' stories, and dispelling the myths surrounding Hospices.

Online support has grown throughout the year with engagement and followers on Facebook, Twitter, Instagram, LinkedIn, and YouTube increasing. The Hospice also has a weekly page in the Oldham Times featuring key updates and stories on patient care. Features have also been included in the local press and on the radio, including the Oldham Times, Oldham Reporter, The Oldham Chronicle (online), Saddleworth Monthly, Around Saddleworth, Saddleworth Life, Saddleworth Independent, and Oldham Community Radio 99.7FM.



Financial Review.

The Statutory Accounts for the year ended 31st March 2022, have been prepared in accordance with the Statement of Recommended Practice Accounting and Reporting by Charities (SORP 2019), and comply with all statutory requirements. Following the appointment of the Hospice's Accountants and External Auditors, Chadwick & Company Chartered Accountants, both the format and content of the Statutory Accounts embrace the advice and recommendations of our Auditors.

There was an overall net decrease in funds for the year-ended 31st March 2022. Total Income of £4,324 million was achieved in the current financial year - a small reduction on the previous financial year, £4,374 million for the year-ended 31st March 2021. A fall of just over 1%.

The Hospice continued to see increases in the cost of goods and services, with an increased spend of almost £310,000, a rise of 9.17% to the previous financial year.

The overall net movement in funds was £690,767, a reduction of £305,508 on the previous year. Following the revaluation of the Hospice's Shaw Retail premises, a gain of £54,000 was recognised, and is reflected within the Statement of Financial Activities.

The Hospice's principal sources of income are donations, legacies, NHS income, our Retail Outlets, Fundraising and Lottery and Trading surpluses.

The Hospice recognises, and would like to give special thanks to Oldham Clinical Commissioning Group who continue to support the Hospice, and contributed £1,597 million to Dr Kershaw's. These funds are secured through our block contract to support both our In-Patient Unit and Hospice at Home Service. Oldham Clinical Commissioning Group, continue to support further Care in the Community provided by our Caring Hands Domiciliary Service. With the integral involvement and negotiations of Hospice UK, the Hospice continued to receive much needed financial support from NHS England, who made contributions of £415,503, providing vital funds to

enable the Hospice to continue its work across the community.

Legacies received for the year-ended 31st March 2022 totalled £1,006,892. An increase on last years' figure of almost 98%. (Recognised as received or as due under FRS102). The Hospice was very fortunate to be the beneficiary of a ring-fenced legacy. £802,038 was bequeathed to Dr Kershaw's Hospice to develop its gardens. Due to the conditions of the legacy, this has been reported separately in the notes to the Statutory Accounts.

As at 31st March 2022, the funds balance of the Hospice sits at £10,383 million. A detailed analysis of funds held can be found in notes 22 to 25 in the Hospices Statutory Accounts.

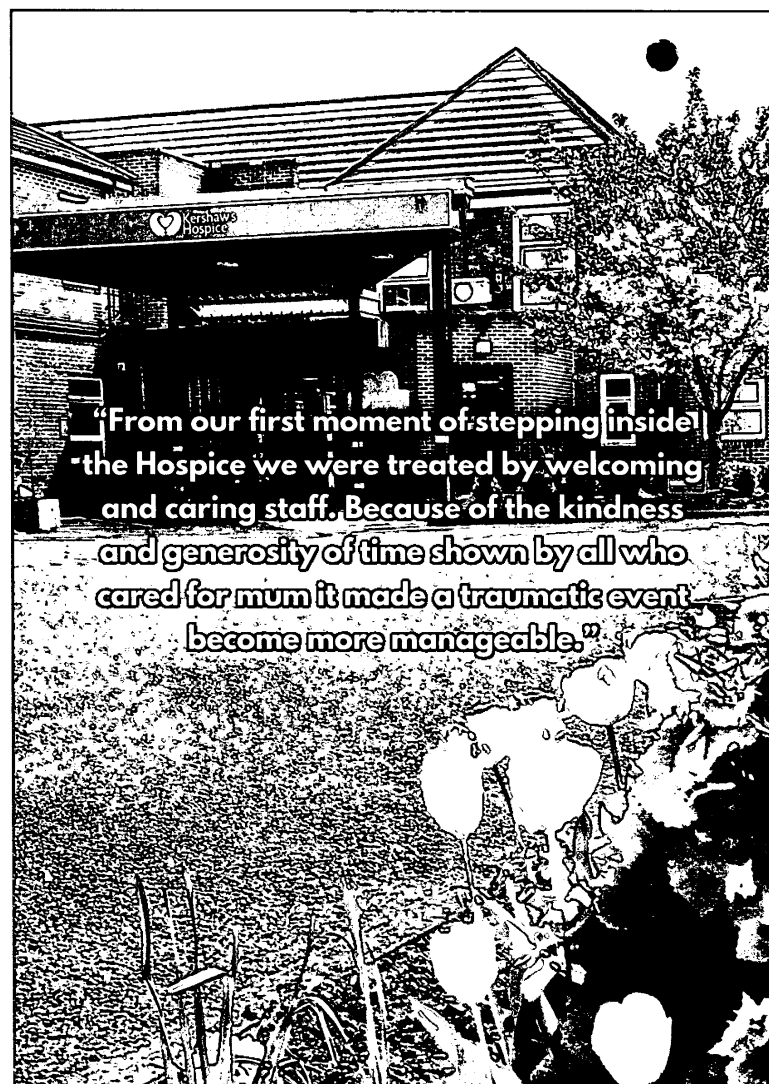
The Hospice would like to express its sincere thanks and appreciation to everyone who contributes to our running. Whether this be in time, gifts or monetary donations. The work we do would not be possible without our loyal supporters.

Dr Kershaw's Trading Company donated £1,368 to the Hospice. A decrease in funds of £21,301 on the previous financial year.

Dr Kershaw's Lottery continued to go from strength to strength, increasing contributions to patient care of £300,000 for 2021/22, an increase of £60,000 on the previous year.

Investments continued to fall on previous years.

The Hospice received £19,019 from dividends and interest, a fall of £14,070 on the previous financial year. The Hospices Board of Trustees and Financial Resourcing Sub-Committee have tasked a dedicated team to look at the Hospice's assets. An Investments Group has been created to look at an investment portfolio. The Group will invite Investment Companies to present a portfolio based on the ethics and other requirements of the Hospice. Investing in a combination of short, medium and long-term investments, to maximise the returns the Hospice can generate from its working capital.



Financial Review.

Reserves.

A Statement of Unrestricted Funds is shown in Note 23 of the Statutory Accounts. The Charities SORP defines reserves as that part of a charity's funds that is freely available to spend. The Trustees have agreed a Business Continuity Reserve of £2.25m. The

Reserve acknowledges, and enables the Hospice to meet its financial commitments and obligations.

Note 24 of the Statutory Accounts provides further detail around the Designated Funds of the Hospice.

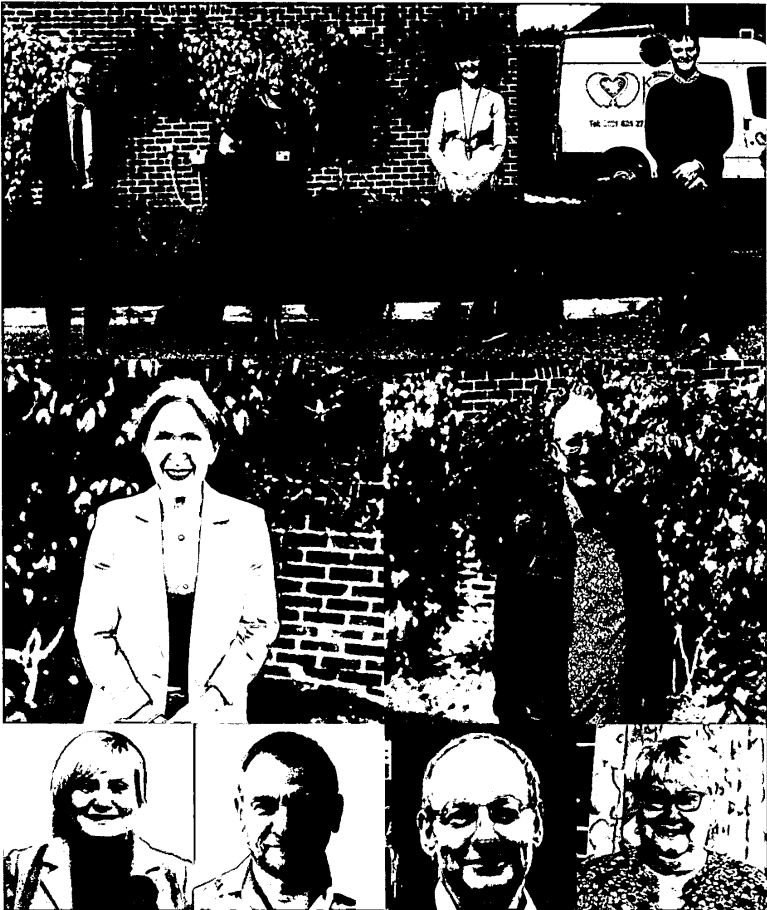
Financial and Reputational Risk.

Dr Kershaw's Hospice recognises the risks associated with the nature of its operating activities. There are many uncertainties, and the only predictable income the Hospice receives is from our Commissioning Partners. We understand the volatility and unpredictability surrounding voluntary income. The ongoing impact of COVID-19, compounded by changes in legislation, cost of living increases and the global economic downturn has made balancing the budget increasingly difficult.

Within the Hospice's top 5 risks, as documented in our Risk Register, is the uncertainty and decline of income from voluntary income, such as fundraising, events, legacies and corporate and community. Compounding this is the difficulty of recruiting and retaining staff with the necessary skills set to work with, nurture, and build and maintain good working relationships with our supporters.

The Hospice is proactive in trying to mitigate these potential risks, and works regularly with local firms of Solicitors to promote events such as 'Will Month', where Solicitors the Hospice has fostered close working relationships with, and who support Dr Kershaw's, will prepare a Will free of charge, but ask that a suggested donation be made to Dr Kershaw's. Solicitors also ask participants if they would consider leaving Dr Kershaw's a donation in their Will.

The Hospice recognises the many risks it faces, and the Senior Management Team meet regularly to discuss current and potential risks, and put controls in place to mitigate these. Our main external risk, and this is reflected as the highest risk on our Risk Register, is that of Cyber Crime / Attack. Significant investment, has been and continues to be around the Hospice's Information Technology infrastructure.



Dr Kershaw's Trustees 2022.

Statement of Board of Trustees' Responsibilities for the Financial Statements.

The Trustees are responsible for preparing the Trustees Report and the Financial Statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice.

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

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charity SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been following, subject to any material departures disclosed and explained in the financial statements; and

- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity company will continue in business.

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

So far as the Trustees are aware, there is no relevant information (as defined by section 418 of the Companies Act 2006) of which the charitable companies' auditors are unaware, and each Trustee has taken all steps necessary in order to make them aware of any audit information and to establish that the charitable company's auditors are aware of that information.



Auditors.

In accordance with the company's articles, a resolution proposing that Chadwick & Company (Manchester) Limited, be reappointed as auditors of Dr Kershaw's Hospice, will be put to the Board of Trustees at the Annual General Meeting.

Approval.

This report was approved by the Trustees on the 17th November 2022, and signed on their behalf by:




NAME Rachel Damianou
POSITION COMPANY SECRETARY



NAME Mirriam Lawton
POSITION CHAIR / TRUSTEE



NAME Paul R Cook
POSITION VICE CHAIR / TRUSTEE



NAME Peter Wakefield
POSITION TRUSTEE

DR KERSHAW'S HOSPICE

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES OF DR KERSHAW'S HOSPICE

Opinion

We have audited the financial statements of Dr Kershaw's Hospice (the 'charity') for the year ended 31 March 2022 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of its incoming resources and application of resources, 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 charity 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 charity'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 other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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 our audit:

- the information given in the trustees' report, which includes the strategic and 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 directors' report included within the trustees' report has been prepared in accordance with applicable legal requirements.

DR KERSHAW'S HOSPICE

INDEPENDENT AUDITOR'S REPORT (CONTINUED) TO THE TRUSTEES OF DR KERSHAW'S HOSPICE

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

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

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

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purpose 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 charity'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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

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.

- At the planning stage of the audit we gain an understanding of the laws and regulations which apply to the Group and how management seek to comply with them. This helps us to make appropriate risk assessments.
- During the audit we focus on relevant risk areas and review compliance with laws and regulations through making relevant enquiries and corroboration by, for example, reviewing Trustees Minutes and other documentation.
- We assess the risk of material misstatement in the financial statements including as a result of fraud and undertake procedures including:
 - I. Review of controls set in place by management
 - II. Enquiry of management as to whether they consider fraud or other irregularities may have occurred or where such opportunity might exist
 - III. Challenge of management assumptions with regard to accounting estimates
 - IV. Identification and testing of journal entries, particularly those which may appear to be unusual by size or nature.

DR KERSHAW'S HOSPICE

INDEPENDENT AUDITOR'S REPORT (CONTINUED) TO THE TRUSTEES OF DR KERSHAW'S HOSPICE

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulations. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Use of our report

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



**Michael Royle BA(Hons)FCA (Senior Statutory Auditor)
for and on behalf of Chadwick & Company (Manchester) Limited**

**Chartered Accountants
Statutory Auditors
Capital House
272 Manchester Road
Droylsden
Manchester
M43 6PW**

18 November 2022

DR KERSHAW'S HOSPICE

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2022

	Notes	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
<u>Income and endowments from:</u>							
Donations and legacies	3	782,344	1,241,309	2,023,653	1,054,907	1,332,848	2,387,755
Charitable activities	4	1,597,153	-	1,597,153	1,449,547	-	1,449,547
Other trading activities	5	666,011	-	666,011	413,728	-	413,728
Investments	6	19,017	2	19,019	33,089	-	33,089
Other income	7	18,305	-	18,305	89,975	-	89,975
Total income		3,082,830	1,241,311	4,324,141	3,041,246	1,332,848	4,374,094
<u>Expenditure on:</u>							
Raising funds	8	521,366	1,095	522,461	379,372	9,093	388,465
Charitable activities	9	3,016,943	148,313	3,165,256	2,837,100	41,765	2,878,865
Other	14	-	-	-	110,489	-	110,489
Total resources expended		3,538,309	149,408	3,687,717	3,326,961	50,858	3,377,819
Net gains/(losses) on investments	15	343	-	343	-	-	-
Net (outgoing)/ incoming resources before transfers		(455,136)	1,091,903	636,767	(285,715)	1,281,990	996,275
Gross transfers between funds		366,388	(366,388)	-	1,078,446	(1,078,446)	-
Net (outgoing)/incoming resources		(88,748)	725,515	636,767	792,731	203,544	996,275
Other recognised gains and losses							
Revaluation of tangible fixed assets		54,000	-	54,000	-	-	-
Net movement in funds		(34,748)	725,515	690,767	792,731	203,544	996,275
Fund balances at 1 April 2021		5,745,911	3,946,983	9,692,894	4,953,180	3,743,439	8,696,619
Fund balances at 31 March 2022		5,711,163	4,672,498	10,383,661	5,745,911	3,946,983	9,692,894

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

DR KERSHAW'S HOSPICE

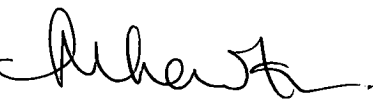
BALANCE SHEET

AS AT 31 MARCH 2022

	Notes	2022 £	£	2021 £	£
Fixed assets					
Tangible assets	17	4,233,020		3,855,100	
Investments	18	32,223		31,880	
		<u>4,265,243</u>		<u>3,886,980</u>	
Current assets					
Debtors	19	707,522	1,971,433		
Cash at bank and in hand		5,689,910	5,709,936		
		<u>6,397,432</u>	<u>7,681,369</u>		
Creditors: amounts falling due within one year	20	<u>(279,014)</u>	<u>(1,875,455)</u>		
Net current assets		6,118,418		5,805,914	
Total assets less current liabilities		<u>10,383,661</u>		<u>9,692,894</u>	
Income funds					
Restricted funds	22	4,672,498		3,946,983	
<u>Unrestricted funds</u>					
Designated funds	24	3,950,000	3,216,165		
General unrestricted funds		1,707,163	2,529,746		
Revaluation reserve		<u>54,000</u>	<u>-</u>		
		5,711,163		5,745,911	
		<u>10,383,661</u>		<u>9,692,894</u>	

The financial statements were approved by the Trustees on 17 November 2022

M Lawton
Trustee



Dr P Cook
Trustee



P Wakefield
Trustee



R Damianou
Trustee



Company Registration No. 05221414

DR KERSHAW'S HOSPICE

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2022

	Notes	2022 £	£	2021 £	£
Cash flows from operating activities					
Cash generated from operations	30		466,884		1,384,071
Investing activities					
Purchase of tangible fixed assets		(505,929)		(1,725,122)	
Investment income received		19,019		33,089	
Net cash used in investing activities			(486,910)		(1,692,033)
Net decrease in cash and cash equivalents			(20,026)		(307,962)
Cash and cash equivalents at beginning of year			5,709,936		6,017,898
Cash and cash equivalents at end of year			5,689,910		5,709,936

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2022**

1 Accounting policies**Charity information**

Dr Kershaw's Hospice is a private company limited by guarantee incorporated in England and Wales. The registered office is Turf Lane, Royton, Oldham, Lancashire, OL2 6EU. In the event of the charity being wound up, the liability in respect of the guarantee is limited £10 per member of the charity.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

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

Designated funds are unrestricted funds of the charity which the Trustees have decided at their discretion to set aside to use for a specific purpose. The aim and purpose of each designated fund is set out in the notes to the financial statements.

Restricted funds are donations and grants which have been specified by the donor to be solely used for particular areas of the Hospice's work.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

Grants of a capital nature are treated as deferred credits and credited through the Statement of Financial Activities over the estimated use of the relevant fixed assets.

Capital grants and other funds received towards the leasehold building refurbishment programme have been recognised in reserves and are to be amortised over the lease of the building.

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

1 Accounting policies

(Continued)

Income received in advance for a future fundraising event or for other income received relating to the following year are deferred until the criteria for income recognition are met.

1.5 Expenditure

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. Direct expenditure on charitable activities is classified under the following headings:

- In-patient care
- Medical services
- Day-care
- Hospice at home
- Caring Hands

The charity is registered for VAT and is able to recover input VAT on the majority of its activities. The charity operates VAT under partial exemption. Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Costs of raising funds includes expenditure incurred in generating donations; arranging, organising and participation in funding events; costs of operating the charity shops.

Support costs are those functions that assist the work the charity but do not directly undertake charitable activities. Support costs include staff and overhead costs for finance, governance and general overheads.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Leased building refurbishment	Over length of the lease
Fixtures and fittings	20% straight line
Motor vehicles	25% reducing balance
Barras legacy garden	Over length of the lease

Assets in the course of construction are not depreciated.

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in net income/(expenditure) for the year.

1.7 Fixed asset investments

Fixed asset investments are initially measured at transaction price excluding transaction costs, and are subsequently measured at fair value at each reporting date. Changes in fair value are recognised in net income/(expenditure) for the year. Transaction costs are expensed as incurred.

Shares in the trading subsidiary are carried at cost.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2022

1 Accounting policies

(Continued)

1.8 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.9 Stocks

Goods donated to the Hospice shops are principally given as gift aid donations. When the goods are sold the value realised is communicated to the donor to confirm it is their wish that the receipt be retained by the Hospice as a gift aided donation. Accordingly, stock held has no value because the charity only has control over the value and income when the donation is confirmed by the donor.

1.10 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.11 Financial instruments

The Hospice 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.

1.12 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.

1.13 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.14 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

1.15 Leases

Rentals payable under operating leases, including any lease incentives received, are charged as an expense on a straight line basis over the term of the relevant lease.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

3 Donations and legacies

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
Donations and gifts	565,925	21,769	587,694	538,719	62,828	601,547
Legacies receivable	204,854	802,038	1,006,892	508,688	-	508,688
Grants receivable	11,565	417,502	429,067	7,500	1,270,020	1,277,520
	<u>782,344</u>	<u>1,241,309</u>	<u>2,023,653</u>	<u>1,054,907</u>	<u>1,332,848</u>	<u>2,387,755</u>
Donations and gifts						
General donations	272,509	3,085	275,594	316,402	-	316,402
In memoriam	203,615	-	203,615	159,367	-	159,367
Friends of the Hospice	23,757	-	23,757	25,551	-	25,551
Income tax recoverable	66,044	-	66,044	37,399	-	37,399
Covid-19 response	-	-	-	-	13,465	13,465
Keira's Wishes	-	5,741	5,741	-	9,553	9,553
Furnished with Love	-	-	-	-	39,810	39,810
Rebecca Taylor	-	12,943	12,943	-	-	-
	<u>565,925</u>	<u>21,769</u>	<u>587,694</u>	<u>538,719</u>	<u>62,828</u>	<u>601,547</u>
Legacies receivable						
Barras memorial garden	-	802,038	802,038	-	-	-
Other	204,854	-	204,854	508,688	-	508,688
	<u>204,854</u>	<u>802,038</u>	<u>1,006,892</u>	<u>508,688</u>	<u>-</u>	<u>508,688</u>
Grants receivable						
Other grants	11,565	-	11,565	7,500	-	7,500
Covid-19 response	-	1,999	1,999	-	29,796	29,796
NHS England	-	415,503	415,503	-	1,090,824	1,090,824
New IPU fund	-	-	-	-	149,400	149,400
	<u>11,565</u>	<u>417,502</u>	<u>429,067</u>	<u>7,500</u>	<u>1,270,020</u>	<u>1,277,520</u>

The NHSE awarded funding to allow the hospice to make available bed capacity and community support from April 2021 to March 2022 to provide support to people with complex needs in the context of the COVID-19 situation.

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

4 Charitable activities

	In-patient Care 2022 £	Hospice at Home 2022 £	Caring Hands 2022 £	Total 2022 £	In-patient Care 2021 £	Hospice at Home 2021 £	Caring Hands 2021 £	Total 2021 £
Government funding	1,035,917	295,556	265,680	1,597,153	960,154	297,116	192,277	1,449,547

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

5 Other trading activities

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Fundraising events	42,518	37,199
Shop income	322,125	113,860
Hospice lottery	300,000	240,000
Donated by trading company	1,368	22,669
Other trading activities	666,011	413,728

6 Investments

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £
Dividends - equities	642	-	642	992
Interest - fixed interest securities	18,328	-	18,328	31,951
Bank interest	47	2	49	146
	19,017	2	19,019	33,089

7 Other income

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Room hire	9,700	6,900
Job Retention Scheme	3,439	64,700
Training	5,166	18,375
	18,305	89,975

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

8 Raising funds

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
<u>Fundraising and publicity</u>						
Staging fundraising events	42,709	1,095	43,804	6,998	9,093	16,091
Other fundraising costs	7,678	-	7,678	10,297	-	10,297
Staff costs	225,191	-	225,191	179,897	-	179,897
	<u>275,578</u>	<u>1,095</u>	<u>276,673</u>	<u>197,192</u>	<u>9,093</u>	<u>206,285</u>
<u>Trading costs</u>						
Operating charity shops	103,697	-	103,697	77,244	-	77,244
Other trading activities	20,117	-	20,117	10,407	-	10,407
Staff costs	121,974	-	121,974	94,529	-	94,529
	<u>245,788</u>	<u>-</u>	<u>245,788</u>	<u>182,180</u>	<u>-</u>	<u>182,180</u>
	<u>521,366</u>	<u>1,095</u>	<u>522,461</u>	<u>379,372</u>	<u>9,093</u>	<u>388,465</u>

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

9 Charitable activities

	In Patient Care 2022 £	Medical Services 2022 £	Daycare / Wellbeing 2022 £	Hospice at Home 2022 £	Caring Hands 2022 £	Total 2022 £	Total 2021 £
Staff costs	1,205,953	362,724	112,742	322,426	502,467	2,506,312	2,354,988
Other direct costs	16,830	242	2,789	6,690	2,396	28,947	19,022
Medical costs	42,421	-	-	-	-	42,421	22,274
	<u>1,265,204</u>	<u>362,966</u>	<u>115,531</u>	<u>329,116</u>	<u>504,863</u>	<u>2,577,680</u>	<u>2,396,284</u>
Share of support costs (see note 10)	267,978	81,272	25,261	72,243	112,583	559,337	456,191
Share of governance costs (see note 10)	13,530	4,103	1,275	3,647	5,684	28,239	26,390
	<u>1,546,712</u>	<u>448,341</u>	<u>142,067</u>	<u>405,006</u>	<u>623,130</u>	<u>3,165,256</u>	<u>2,878,865</u>
Analysis by fund							
Unrestricted funds	1,475,655	426,791	135,369	385,850	593,278	3,016,943	2,837,100
Restricted funds	71,057	21,550	6,698	19,156	29,852	148,313	41,765
	<u>1,546,712</u>	<u>448,341</u>	<u>142,067</u>	<u>405,006</u>	<u>623,130</u>	<u>3,165,256</u>	<u>2,878,865</u>

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

9 Charitable activities

(Continued)

For the year ended 31 March 2021

	In Patient Care £	Medical Services £	Daycare / Wellbeing £	Hospice at Home £	Caring Hands £	Total 2021 £
Staff costs	983,666	370,580	134,045	429,210	437,487	2,354,988
Other direct costs	6,815	65	873	9,393	1,876	19,022
Medical costs	22,274	-	-	-	-	22,274
	<u>1,012,755</u>	<u>370,645</u>	<u>134,918</u>	<u>438,603</u>	<u>439,363</u>	<u>2,396,284</u>
Share of support costs (see note 10)	190,548	71,786	25,966	83,144	84,747	456,191
Share of governance costs (see note 10)	11,023	4,153	1,502	4,810	4,902	26,390
	<u>1,214,326</u>	<u>446,584</u>	<u>162,386</u>	<u>526,557</u>	<u>529,012</u>	<u>2,878,865</u>
Analysis by fund						
Unrestricted funds	1,196,881	440,012	160,009	518,945	521,253	2,837,100
Restricted funds	17,445	6,572	2,377	7,612	7,759	41,765
	<u>1,214,326</u>	<u>446,584</u>	<u>162,386</u>	<u>526,557</u>	<u>529,012</u>	<u>2,878,865</u>

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

10 Support costs

	Support costs	Governance costs	2022	Support costs	Governance costs	2021
	£	£	£	£	£	£
Staff costs	164,229	-	164,229	197,487	-	197,487
Depreciation	182,008	-	182,008	36,670	-	36,670
Support direct costs	53,370	-	53,370	79,581	-	79,581
Support equipment & premises costs	159,730	-	159,730	142,453	-	142,453
Audit fees	-	8,500	8,500	-	8,500	8,500
Legal and professional	-	19,739	19,739	-	17,890	17,890
	<u>559,337</u>	<u>28,239</u>	<u>587,576</u>	<u>456,191</u>	<u>26,390</u>	<u>482,581</u>
Analysed between						
Charitable activities	<u>559,337</u>	<u>28,239</u>	<u>587,576</u>	<u>456,191</u>	<u>26,390</u>	<u>482,581</u>

Support and governance costs are allocated between the various charitable activities, based on the number of staff operating within that function of the charity.

Governance costs includes payments to the auditors of £8,500 (2021- £8,500) for audit fees.

11 Net movement in funds

	2022	2021
	£	£
Net movement in funds is stated after charging/(crediting)		
Fees payable to the company's auditor for the audit of the company's financial statements	8,500	8,500
Depreciation of owned tangible fixed assets	182,008	36,670
Operating lease charges	<u>83,097</u>	<u>79,990</u>

12 Trustees

None of the trustees (or any persons connected with them) received any remuneration, benefits or reimbursement of expenses from the charity during the year.

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

13 Employees

The average monthly number of employees during the year was:

	2022 Number	2021 Number
Direct charitable services	57	55
Fundraising services	18	17
Support services	27	29
Total	102	101

Employment costs	2022 £	2021 £
Wages and salaries	2,575,804	2,411,359
Social security costs	228,848	206,200
Other pension costs	213,054	209,342
	3,017,706	2,826,901

Despite continuing Covid restrictions during 2021/2022 volunteers continued to support us and contributed 28,375 hours of their time, equating to a staff cost saving of over £262,000 (2021 - 10,815 hours, saving of £94,000).

The full time equivalent average monthly head count was 80 (2021: 79).

The number of employees whose annual remuneration, excluding pension contributions, was £60,000 or more were:

	2022 Number	2021 Number
£60,001 - £70,000	-	1
£70,001 - £80,000	2	-
£90,001 - £100,000	1	1

14 Other

	Total 2022	Unrestricted funds 2021
Exceptional item - hire of portacabin	-	110,489
	-	110,489

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

15 Net gains/(losses) on investments

	Unrestricted funds 2022 £	Total 2021 £
Revaluation of investments	343	-
	<u> </u>	<u> </u>

16 Taxation

The charity is exempt from Corporation Tax in line with paragraph 1 of Schedule 6 of the Finance Act 2010.

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

17 Tangible fixed assets

	Leasehold property	Leased building refurbishment	Fixtures and fittings	Motor vehicles	Long term leasehold property	New inpatient unit project	Barras legacy garden	Total
	£	£	£	£	£	£	£	£
Cost								
At 1 April 2021	540,693	2,644,406	295,096	32,380	70,000	2,646,529	-	6,229,104
Additions	-	-	52,131	-	-	275,214	178,584	505,929
Revaluation	-	-	-	-	54,000	-	-	54,000
At 31 March 2022	540,693	2,644,406	347,227	32,380	124,000	2,921,743	178,584	6,789,033
Depreciation and impairment								
At 1 April 2021	540,693	1,597,123	204,434	31,755	-	-	-	2,374,005
Depreciation charged in the year	-	38,789	34,851	156	-	108,212	-	182,008
At 31 March 2022	540,693	1,635,912	239,285	31,911	-	108,212	-	2,556,013
Carrying amount								
At 31 March 2022	-	1,008,494	107,942	469	124,000	2,813,531	178,584	4,233,020
At 31 March 2021	-	1,047,283	90,663	625	70,000	2,646,529	-	3,855,100

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

17 Tangible fixed assets

(Continued)

Leasehold property - represents expenses incurred on the property prior to obtaining a lease on the premises. Accordingly, all expenditure in the Oldham Hospice Appeal during the years ending on 30 September 2001 was written off as incurred. From 1 October 2001 the Oldham Hospice Appeal occupied the property under a lease with the Pennine Acute Hospital Trust (formerly the Oldham NHS Trust) for a period of 25 years at a peppercorn rent, due to expire October 2025. However, as the directors wished to carry out a major rebuild, further negotiations took place during 2018 and a new lease was signed on 29 March 2018, for a further 30 years with a view to two subsequent 30-year extensions.

Leased building refurbishment - represents costs incurred on the property from 2002 onwards by The Oldham Hospice Appeal and Dr. Kershaw's Hospice towards which the hospice has received grants and other financial assistance. The net book value of this asset equates to the restricted leased building fund reserve. The costs and the reserves will be depreciated/amortised over the remaining committed lease period.

Long term leasehold property - is the building owned by the Hospice and used as part of the Shaw shop at 50 Market Street, Shaw. The property was last revalued by Breakey & Nuttall, Chartered Surveyors, on 4 November 2022.

New inpatient unit project - represents costs incurred on the IPU, reception and car park. The costs and the reserves will be depreciated/amortised over the remaining committed lease period.

Barras legacy garden - represents costs to create a memorial garden, funded through the Barras legacy, received during the year ended 31 March 2022. To be depreciated over the remaining committed lease period, once the substantial works have been completed during the coming year.

18 Fixed asset investments

	Unlisted investments £	Other investments	Total £
Cost or valuation			
At 1 April 2021	31,780	100	31,880
Valuation changes	343	-	343
At 31 March 2022	32,123	100	32,223
Carrying amount			
At 31 March 2022	32,123	100	32,223
At 31 March 2021	31,780	100	31,880

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

18 Fixed asset investments (Continued)

	Notes	2022 £	2021 £
Other investments comprise:			
Investments in subsidiaries	29	100	100
		2022 £	2021 £
Investments at fair value comprise:			
Corporate bonds - cost £25,000		29,949	30,304
Investment shares bequested		2,174	1,476
		32,123	31,780

19 Debtors

	2022 £	2021 £
Amounts falling due within one year:		
Trade debtors	113,415	112,765
Amounts owed by subsidiary undertakings	74,757	58,781
Other debtors	19,661	1,389,666
Prepayments and accrued income	499,689	410,221
	707,522	1,971,433

20 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	55,256	223,027
Other taxation and social security	57,840	30,355
Other creditors	35,591	1,309,859
Accruals and deferred income	130,327	312,214
	279,014	1,875,455

21 Retirement benefit schemes

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

The charge to profit or loss in respect of defined contribution schemes was £213,054 (2021 - £209,342).

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

22 Restricted funds

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

	Movement in funds				Movement in funds				
	Balance at 1 April 2020	Incoming resources	Resources expended	Transfers	Balance at 1 April 2021	Incoming resources	Resources expended	Transfers	Balance at 31 March 2022
	£	£	£	£	£	£	£	£	£
Restricted capital funds	2,074,606	-	(12,037)	1,631,243	3,693,812	-	(147,001)	453,798	4,000,609
Designated capital funds	1,668,833	149,399	-	(1,631,243)	186,989	-	-	(186,989)	-
Covid-19 response funds	-	1,134,086	(29,727)	(1,104,359)	-	417,502	(594)	(416,908)	-
Keira's Wishes	-	9,553	(4,876)	25,913	30,590	5,741	(122)	-	36,209
Furnished with Love	-	39,810	(4,218)	-	35,592	-	(973)	(34,619)	-
Rebecca Taylor Fundraising	-	-	-	-	-	12,943	-	-	12,943
Barras legacy garden	-	-	-	-	-	802,039	(718)	(178,584)	622,737
Other	-	-	-	-	-	3,086	-	(3,086)	-
	<u>3,743,439</u>	<u>1,332,848</u>	<u>(50,858)</u>	<u>(1,078,446)</u>	<u>3,946,983</u>	<u>1,241,311</u>	<u>(149,408)</u>	<u>(366,388)</u>	<u>4,672,498</u>

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

23 Unrestricted funds

These are unrestricted funds which are material to the charity's activities made up as follows:

	Movement in funds				Movement in funds				Revaluations	Balance at 31 March 2022
	Balance at 1 April 2020	Incoming resources	Resources expended	Transfers	Balance at 1 April 2021	Incoming resources	Resources expended	Transfers		
	£	£	£	£	£	£	£	£	£	£
Business continuity reserve	4,182,195	3,041,246	(3,326,961)	(1,366,734)	2,529,746	3,083,173	(3,538,309)	(367,447)	-	1,707,163
Revaluation reserve	-	-	-	-	-	-	-	-	54,000	54,000
	<u>4,182,195</u>	<u>3,041,246</u>	<u>(3,326,961)</u>	<u>(1,366,734)</u>	<u>2,529,746</u>	<u>3,083,173</u>	<u>(3,538,309)</u>	<u>(367,447)</u>	<u>54,000</u>	<u>1,761,163</u>

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2022

24 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	Balance at 1 April 2020 £	Transfers £	Balance at 1 April 2021 £	Transfers £	Balance at 31 March 2022 £
Development fund	770,985	-	770,985	229,015	1,000,000
Capital projects fund	-	700,000	700,000	-	700,000
Business continuation funds	-	1,745,180	1,745,180	504,820	2,250,000
	<u>770,985</u>	<u>2,445,180</u>	<u>3,216,165</u>	<u>733,835</u>	<u>3,950,000</u>

25 Analysis of net assets between funds

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
Fund balances at 31 March 2022 are represented by:						
Tangible assets	232,411	4,000,609	4,233,020	161,287	3,693,813	3,855,100
Investments	32,223	-	32,223	31,880	-	31,880
Current assets/ (liabilities)	5,446,529	671,889	6,118,418	5,552,742	253,172	5,805,914
	<u>5,711,163</u>	<u>4,672,498</u>	<u>10,383,661</u>	<u>5,745,909</u>	<u>3,946,985</u>	<u>9,692,894</u>

26 Operating lease commitments

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2022 £	2021 £
Within one year	74,343	20,327
Between two and five years	265,083	3,949
In over five years	116,042	-
	<u>455,468</u>	<u>24,276</u>

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

27 Capital commitments	2022	2021
	£	£

At 31 March 2022 the charity had capital commitments as follows:

Contracted for but not provided in the financial statements:

Acquisition of property, plant and equipment	48,936	77,121
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28 Related party transactions

Remuneration of key management personnel

The remuneration of key management personnel, including employers NI and pension contributions is as follows.

	2022	2021
	£	£
Aggregate compensation	454,062	436,379

The Hospice considers that the key management personnel comprise the Trustees and the Senior Management Team - who currently are the Chief Executive Officer, Medical Director, Director of Clinical Services, Director of Quality and Governance, Director of Finance, Director of Income Development and Marketing.

29 Subsidiaries

Details of the charity's subsidiaries at 31 March 2022 are as follows:

Name of undertaking	Registered office	Nature of business	Class of shares held	% Held
Dr Kershaw's Hospice (Trading) Limited	England & Wales	Trading company	Ordinary	100.00

The aggregate capital and reserves and the result for the year of subsidiaries excluded from consolidation was as follows:

Name of undertaking	Profit/(Loss) Transferred £	Capital and Reserves £
Dr Kershaw's Hospice (Trading) Limited	1,368	100

The trading subsidiary has not been consolidated within the accounts as it is not considered to be material to the overall results of the charity.

Unincorporated undertakings

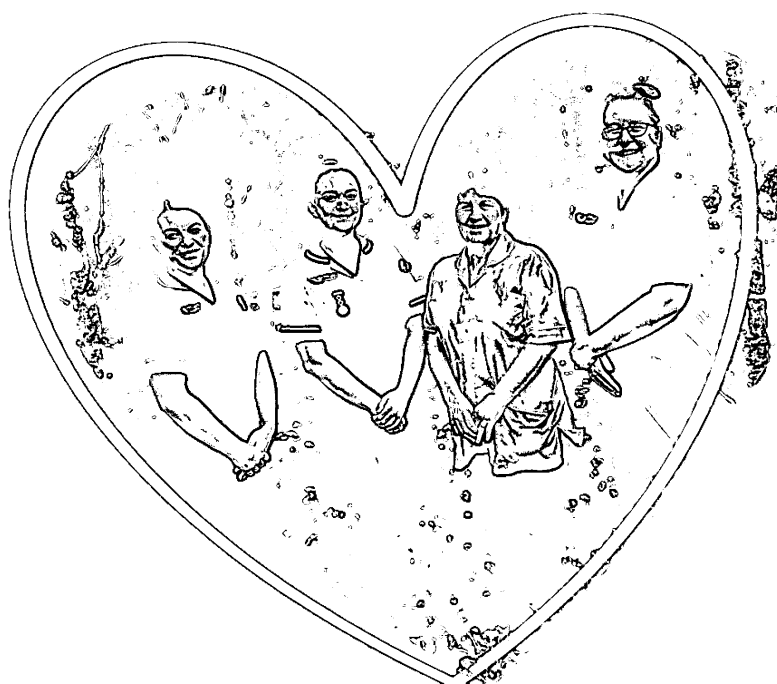
Dr Kershaw's Hospice Lottery is related to the Hospice but is independently registered with and regulated by the Gambling Commission, with whom accounts are filed annually. The lottery exists solely to contribute surpluses to the Hospice and at 31 March 2022 had distributable reserves of £854,773 (2021: £678,755).

DR KERSHAW'S HOSPICE

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2022

30	Cash generated from operations	2022 £	2021 £
	Surplus for the year	636,768	996,275
	Adjustments for:		
	Investment income recognised in statement of financial activities	(19,019)	(33,089)
	Fair value gains and losses on investments	(343)	-
	Depreciation and impairment of tangible fixed assets	182,008	36,670
	Movements in working capital:		
	Decrease in debtors	1,263,911	378,013
	(Decrease)/increase in creditors	(1,596,441)	6,202
	Cash generated from operations	<u>466,884</u>	<u>1,384,071</u>

Dr Kershaw's Hospice
would like to express
its sincere thanks and
gratitude to everyone
who fundraised,
supported, or donated
to the Hospice during
the year. Your
generosity enables
the Hospice to remain
open and provide free,
quality, specialist care
to the local community.
On behalf of all our
staff, patients, and
their families we
THANK YOU!





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Reg. Charity No: 1105924

