

THE SHAKESPEARE HOSPICE
ANNUAL REPORT AND ACCOUNTS 2016/17



Company Registration No. 3291683
Charity Registration No. 1064091

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Report of the Trustees for the Year Ending 31 March 2017

The Trustees are pleased to present their annual report and audited financial statements for the year ending 31 March 2017. This meets the requirements for a directors' report and accounts for Companies Act purposes.

The financial statements comply with relevant statutory and regulatory requirements:

- The Charities Act 2011;
- The Companies Act 2006;
- Our Articles of Association;
- Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

From the Chair

It gives me great pleasure to present this annual report, my first as Chair. Although I have only been in the role since 24th July 2017, I have been a Trustee since 2015 and have been struck by the consistently high regard in which The Shakespeare Hospice is held in the community.

My thanks go to my predecessor Mr Martin Bartlett, Chair from February 2011 until July 2017, for his tireless commitment and dedication in leading the Board during a period which saw an expansion of our services, including the opening of our award-winning Young People's Hub.

2016/17 proved to be another very busy year for The Shakespeare Hospice, as demands for our services continued to grow significantly. Our services - Day Hospice, Hospice at Home, Adult Counselling and Bereavement Support, and Young People's Service - all increased their outputs. We fully expect this trend to continue, as more and more people become aware of how we might help them. Our work with young people through schools and colleges provides numerous opportunities for work experience and volunteering and undoubtedly enhances knowledge about the Hospice among the younger generation. It should be remembered that all of our facilities and resources exist, not only for the patients, but also for their families, carers and others who are dear to them.

The Hospice has to raise over £2m each year to finance its activities, and with a minimal amount being received in NHS grants, the onus rests with us to find the remainder. This is a huge task and one not without its problems. Our Income Generation Teams have worked hard in an effort to achieve targets. Coupled with the generosity of local businesses, major donors, grants, trusts, legacies and the community, all of whom have given us tremendous support, we enter the new year in a sound financial position. We remain indebted to them all.

Following two very high-profile cases involving charitable organisations, substantial changes have and continue to take place within the fundraising arena, so as to provide public protection and reassurance. The Shakespeare Hospice does not employ any professional fundraising organisations, all activities being managed by our own teams. As such, we remain totally confident of being fully compliant, in the knowledge that the reputational risk of not being so would be immense.

Establishing closer working relationships with other hospices and organisations is well embedded in our agenda, and all avenues of potential savings that may be achievable by collaborating with our neighbours are continually being assessed. Such work is essential as more and more charities seek funding from the same providers. Collaboration is viewed as an opportunity to maintain the best quality of service for all our users.

This report clearly demonstrates that we have met our strategic objectives to date but we acknowledge the journey is far from over and that, given the resources, we have the skills and abilities to provide much more. Our team of staff and volunteers work incredibly hard to ensure we always deliver first class services to everyone who needs our support, and on behalf of the Board of Trustees, I extend a huge 'thank you' to them all for their loyalty and commitment.

Miranda R McCormick
Chair

Purpose

Our purpose, as set out in our Articles of Association, is:

- To help anyone with a life limiting illness to live in as fulfilled and creative way as possible;
- To offer care that is family centred;
- To enable people to die at home in dignity and comfort, if that is their wish.

In setting our strategies and plans, we have referred to the Charity Commission's guidance on public benefit, including PB2 'Public benefit: running a charity'.

The Charities Act 2011 sets out 13 aims which are recognised as charitable purposes, of which The Shakespeare Hospice meets three: the advancement of health, the relief of those in need by ill health or disability, and the advancement of education. All services provided to patients, families and carers are free of charge and available to all who meet the referral criteria.

Objects

The objects of The Shakespeare Hospice are for the public benefit: to promote the relief of sickness and the advancement of health in such ways as the charity shall from time to time think fit, in particular by:

- Establishing, maintaining and conducting a day centre or residential home in the County of Warwickshire, for the reception and care of persons of any age and either sex, without regard to race or creed, who are suffering from any chronic or life limiting illness or from any disability or disease, and by providing medical or other treatment and attention for such persons; and by providing therapies and other services to relieve suffering of the members of the families of such persons and any who provide unpaid care to them;
- Conducting or promoting or encouraging research into the care and treatment of persons suffering from any such illness, disability, disease or infirmity and particularly into the care and treatment of persons suffering from life limiting illness, and to disseminate the results thereof to the public;
- Promoting or encouraging or assisting in the teaching or training of doctors, nurses, physiotherapists and other persons engaged in any branch of medicine, surgery, nursing or allied services and in the teaching or training of students in any branch of medicine, surgery, nursing or allied services;
- Providing or assisting or encouraging the provision of spiritual help and guidance for any patients, their families, carers and members of staff.

Strategies

Our strategies to achieve our purpose and objects are:

- To provide a safe space for respite, nursing care, therapy, counselling, support and friendship;
- To offer practical, experienced nursing care in the home at the end of life in collaboration with the Primary Health Care Team;
- To support the patient's whole family, and those who matter to them, throughout their journey and into bereavement;
- To seek to understand people's needs, fears and hopes in a non-judgmental way;
- To give appropriate information and support at any stage in their journey for those living with, or affected by, a serious illness;
- To work collaboratively with our partners in health and social care and refer people to other agencies and sources of help where appropriate;
- To provide bespoke facilities for our work with children and young people.

Detail on the activities carried out to implement our strategies in the year is given in the '2016/17 Achievements' section below.

Measures

To evaluate the extent to which we are achieving our purpose, we use a number of quantitative and qualitative measures, including:

- The number of new referrals, patients and carers helped, and sessions provided;
- Satisfaction, as indicated by patient/carer surveys and unannounced clinical visits;
- The review of clinical outcomes;
- Internal audits;
- Audits by outside organisations, including the Care Quality Commission.

Activities

Summary

Our principal activities to further our purpose are:

- To provide specialist palliative care for adults with a life limiting illness and enabling them to make choices about the care they receive and where they wish to receive it;
- To offer care that is family-centred;
- To enable people to die at home with dignity and in comfort;
- To provide supportive care for bereaved children and young carers;
- To provide respite care for 16-24 year olds with a life-limiting illness.

2016/17 Achievements

During the year:

- We have cared for over 1,000 patients, carers and family members;
- We have met our strategic objectives, as set out in our Five Year Strategic Plan which was approved in 2015.

Care Quality Commission Report

Following a visit by the Care Quality Commission in April 2016, we were delighted to receive a GOOD for Safe, Effective, Caring and Responsive categories and an OUTSTANDING for the Well-Led Category. The detailed report is set out in the Appendix.

GSK Impact Award

Following the GSK Impact Award that we received last year, we have continued to present our models of high quality care to other third sector organisations, including hospices and national children's charities. We continue to undertake a senior leadership development programme with the King's Fund, which formed part of the GSK Award, and which has afforded many networking opportunities and further dissemination of the Hospice's award-winning practices.

Day Hospice

The Day Hospice continues to thrive, opening five days a week and also being available for a regular evening session and, according to patients' needs, a weekend session. In 2016/17 there have been 262 new referrals and 2,413 attendances, a 14% increase on last year. Day Hospice continues to provide a range of therapeutic, rehabilitative services for patients and their carers, developed by a multi-disciplinary team. With regard to the plans we specified for 2016/17 in last year's report, we have commenced a second Cancer Survivorship Group, to accommodate living beyond cancer. This is primarily a support group for some of our younger patients, who are living with the physical and psychological effects of a previous cancer diagnosis and treatment. Rehabilitation is a major focus for this group.

Hospice at Home Service

In 2016/17 there have been 235 new referrals to the service. This represents a 23% increase on last year.

Adult Counselling Service

In 2016/17 there have been 122 new referrals to the service and 866 one-to-one sessions, a 26% increase on last year. There has been an increase in the number of placements for Adult Counselling students, in liaison with the local colleges and Warwick University.

Young People's Service

Demand is growing for all the Young People's Services based in the bespoke Young People's Hub:

1. Pre- and post-bereavement care for children and young people

In 2016/17, there have been 94 new referrals, a 24% increase on last year.

2. Young Carers' Support

We continue to work in partnership with Warwickshire Young Carers' Project, and the weekly support groups are operational during term time. There have been 846 attendances in 2016/17, supporting young carers.

3. Transitional Care

There have been 76 one-to-one sessions or home assessments in 2016/17, a 43% increase on last year. The service has developed a bi-monthly youth group, in partnership with Acorn's Children's Hospice, and in 2016/17 we have held 5 groups with 17 young people attending.

4. Work Experience and Volunteering

We have supported 41 work experience placements in 2016/17, a 14% increase on last year, with 37 new young volunteers.

Voluntary Services

The number of volunteers supporting all activities across the Hospice is approaching 350. The recruitment of volunteers for 2016/17 has been successful in providing new opportunities in housekeeping, caretaking and retail. In supporting clinical activities, additional volunteers have been recruited and trained in complementary therapy, diversional therapy and spiritual support.

More volunteers have also joined the Adult Counselling and Bereavement Support service.

The volunteer-supported, bi-weekly coffee club has continued to flourish with a growing number of attendees.

The volunteers' training programme has been reviewed, and the number of training sessions for those volunteers with direct patient contact has been increased. This has applied, in particular, to the community support service volunteers, who visit patients who are being cared for by Hospice at Home.

Fundraising

During 2016/17 fundraising growth has been due to additional support from Major Donors and Corporate supporters.

In last year's report we said we would review the brand of the Shakespeare Hospice to ensure services and ethos in the community are accurately reflected. We have had several workshops on the potential rebranding, and consulted with staff, volunteers and community members. We have decided to retain the brand of The Shakespeare Hospice, but to develop a new logo, work on which is in progress.

We have reviewed our events calendar to include a number of different events.

Our use of Social Media has continued to expand, raising the awareness of the Hospice's activities, including Retail.

Retail

2016/17 has continued the trend of being extremely challenging for Retail income. As a consequence of a review of our retail strategy we have not invested in any further traditional charity shops, but have invested in the development of on-line sales.

A number of our shops have been refurbished this year, and this programme continues, with a greater emphasis on brand awareness and more visible material regarding hospice services.

Complaints

During 2016/17, we received 12 complaints: 2 relating to our clinical services, 6 to our fundraising activities, and 4 to our retail activities. All were of a minor nature and were successfully resolved. In line with our performance monitoring set out in 'Role of the Trustees' below, all the complaints and action taken were reviewed by the Chair's Committee.

Plans for the Future

Our plans for 2017/18 include:

Day Hospice

- Pilot an Assistant Practitioner for Therapies to support the extension of our rehabilitative models of care;
- Take part in the development of support services in the new Stratford Cancer Hospital. Currently discussion is around the development of complementary therapies and counselling services. This service is due to commence by the end of 2017.

Hospice at Home Service

- Implement a clinical system to support remote working. We hoped to achieve this in 2016/17 but were unable to do so. The project will commence in 2017/18.

Adult Counselling Service

- Review the skill mix of the service, to include an additional member of staff to support group/family counselling.

Young People's Service

- Develop a pre-bereavement support group.

Voluntary Services

- Review volunteer induction and develop a rolling training programme.

Fundraising

- Review the skill mix of the Fundraising team;
- Develop Marketing and Communications.

Retail

- Review the development of on-line sales;
- Develop the role of the furniture shops to include upcycling.

Financial Review

Outcome for the Year

Our deficit for the year, at £258k, was £137k higher than 2015/16. This deterioration reflects:

- A £69k increase in income. Although fundraising income (donations, legacies, grants for Young People's Service, and fundraising) increased by £116k, we raised £25k less from our retail operations, £10k less from training, and £12k less from NHS grants;
- £206k higher expenditure: an increase of £85k on charitable activities, £64k on fundraising, and £57k on retail.

The modest increase in income was disappointing as we had targeted a substantial increase over our 2015/16 figures, following actions to strengthen both the fundraising and retail teams. We were very fortunate to receive £149k more legacy income than in 2015/16; this more than offset the shortfall in retail, training and NHS grants.

The increase in costs, on the other hand, was in line with our plans. As well as increasing the resource of our income-generating teams:

- We strengthened our clinical team to facilitate the expansion of our clinical services, described in the '2016/17 Activities' section above; and
- Recognising that some of our support functions had not fully kept pace with the increase in our clinical services over the last few years, we:
 - Upgraded our HR Manager role from part- to full-time
 - Brought in a part-time Facilities Manager to look after our retail premises and, in particular, our hospice building. Now nearly 20 years old, this requires more attention than it used to.

The deficit for the year was painful, but manageable. In preparing our plans for 2016/17, we had agreed that we would be able to cope with any shortfall on income in two ways:

- By utilising our reserves. At the start of the year, these represented nearly 9 months of charitable expenditure, based on cash of £1,126k;
- By restricting our capital expenditure. We delayed £106k of our budgeted spend of £140k to a future financial year.

Reserves

Our policy is to hold sufficient cash reserves to safeguard our medium-term financial viability, ie to cover expected shortfalls of income over expenditure (our budget deficit) and a potential unexpected mismatch between income and costs. We avoid holding excessive cash reserves: if they rise too high we use them to facilitate the expansion of our existing charitable activities, projects (including the pilot of additional activities) and capital expenditure.

We do not state our reserves as an absolute fixed monetary value; rather, our policy is to hold reserves of between six and twelve months of charitable expenditure. We calculate our reserves as the total cash figure in the Balance Sheet, adjusted for known distorting factors, such as capital commitments, major capital grants received in advance of related expenditure or vice-versa, and significant amounts of restricted cash. 'Charitable expenditure' is our total expenditure, as forecast for the next twelve months, excluding the costs of our income-generating activities (ie fundraising and retail costs).

At 31/3/17 our reserves represented 7.6 months of forecast charitable expenditure. This reflects total cash of £990k, known distorting factors of £60k, and average forecast monthly charitable expenditure of £122k.

Next Year

We have budgeted for our income and costs to rise by about 7% in 2017/18:

- Our budgeted income is supported by detailed plans. However, as our 2016/17 income included £191k of legacies, and the 2017/18 budget, in line with our policy, assumes no such income, the budgeted increase in income is challenging.
- Part of the cost increase is due to inflation, but most is due to our assumption that all budgeted positions will be filled.
- We expect a deficit in 2017/18 broadly similar to that for 2016/17, to be funded either from legacies not yet notified, or from reserves, in line with our policy above. We are aware, however, that our reserves are not as high as they were a few years ago and that, unless they are replenished by legacy income, our practice of funding deficits from reserves cannot continue indefinitely. We continue to manage our cash flows carefully to ensure we remain within our reserves policy.

Risks

Our main financial risk is an unexpected reduction in our income. This is described in the Risk Management section below.

We do not have investments that would traditionally be considered risky: our funds are all held with Barclays Bank.

Investment Policy

Our policy remains to invest cash resources in a risk-free environment while seeking to maximise the return.

Structure, Governance and Management

Constitution

The Shakespeare Hospice's governing document is its Articles of Association, which was updated in 2016. The Trustees also follow relevant legislation and guidance, including the Charity Governance Code.

The Hospice is registered as a company limited by guarantee, number 3291683. It is also registered with the Charity Commission for England and Wales, number 1064091.

Appointment of Trustees

Where vacancies arise, Trustees are recruited following an advertisement in the local press; applicants who have an existing relationship with the Hospice may also be considered. After submitting a CV, promising applicants are interviewed by the Chair, another Trustee and the Chief Executive, following which a recommendation is made to the full Board. Upon appointment, the new Trustee undertakes an induction programme. This includes meetings with the Chair and other Trustees, and with the Chief Executive and other members of the Senior Management Team, as well as a comprehensive reading list designed to help the new Trustee learn about the Hospice and the requirements of the role as quickly as possible.

The management of the Hospice, within approved plans and budgets, is delegated by the Board to the Chief Executive. The Senior Management Team, consisting of the Head of Clinical Services, the Head of Income Generation, the Head of Retail, the Head of Finance, the Human Resources Manager and the Head of Voluntary Services, reported directly to the Chief Executive.

Staff Remuneration

Staff remuneration, including that of the Chief Executive and senior managers, is agreed by the Board, normally as part of the annual budget exercise, taking account of performance, NHS pay scales, where relevant, and the local market.

The Hospice monitors its pay practice to ensure that it complies with equal pay for work or equal value legislation and the best principles of equity. All remuneration activity is monitored to ensure that no gender or other bias arises in practice and that a fair approach on remuneration is achieved across the organisation.

Trustee Meetings

The Board met six times during the year. In addition, the Board had a planning day with the Senior Management Team focusing on our strategic objectives, governance issues and rebranding opportunities. The Chief Executive attends all Board meetings.

Most of the detailed work of the Board is carried out by four committees; the number of meetings in the year is given in brackets:

- Chair's Committee (4)
- Audit and Finance Committee (10)
- Clinical Governance Committee (7 meetings and 4 unannounced reviews)
- Income Strategy Committee (8)

Role of the Trustees

Responsibility for the charity's overall strategy, the management of risk and legal compliance rest with the Board of Trustees. Day-to-day responsibility for the running of the charity is delegated by the Board to the Chief Executive.

In particular, the Trustees consider their role to encompass:

1. Setting the strategic direction of the Hospice

This is achieved through an annual cycle of strategic discussion, which has enabled the development of a five-year plan. This leads to annual departmental implementation plans.

2. Approval of plans and budgets

An overall annual plan and budget for the forthcoming financial year is presented to the Board, and approved prior to the start of each year.

3. Monitoring of performance

Quantitative and qualitative information regarding clinical activity is collected and summarised on a monthly basis, and submitted to the Clinical Governance Committee and the Board at each of their meetings.

Management accounts, showing our income and expenditure and cash position against budget, are produced by the Head of Finance every month. These are reviewed at Audit and Finance Committee meetings, circulated to all directors before every board meeting, and discussed at the board meetings.

Any complaints are reviewed by the Chair's Committee.

4. Monitoring of statutory compliance

The Board receives reports of inspections, particularly by the Care Quality Commission.

5. Risk Management

See next section.

Risk Management

Our process for managing risk includes:

- An annual review of the principal risks and uncertainties that the Hospice faces;
- The introduction or update of policies and processes to mitigate risks identified in the annual review;
- Procedures to manage any potential impact should those risks materialise;
- The development of action plans, progress against which is monitored regularly.

A comprehensive range of risks has been identified. Our key risks are considered to be:

- Poor fundraising practice

Media attention to the shortfallings of other charities and legislative changes mean that this is now a key risk for all charities with fundraising activities. We undertook a detailed review of our policies and practices in 2015/16. Although we did not find anything amiss, we took action to improve our practices further, including accreditation with the Fundraising Standards Board. We continue to review our practices and do not have any major concerns.

- A significant reduction in income due to ineffective fundraising or an adverse retail climate

We are heavily dependent on our fundraising and retail activities, as NHS grants contribute only 7-8% of our total income. To mitigate this risk, both the Income Strategy Committee and the Audit and Finance Committee review actual and forecast performance against budget at their regular meetings; potential issues are identified, and plans to make good any shortfall are put in place. Our reserves policy, described in the Financial Review above, is designed, in part, to protect us against the short-term impact of an unplanned reduction in income.

- Loss of, or inability to recruit, key personnel

With a small organisation, an unplanned vacancy can pose a threat to our ability to deliver services or raise funds. We are therefore developing a recruitment and retention strategy which includes a review of our employment policies.

Trustees' Responsibilities in Relation to the Financial Statements

The Trustees (who are also directors of The Shakespeare Hospice for the purposes of company law) are responsible for preparing the Trustees' Report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare accounts for each 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 the period. In preparing the financial statements, the Trustees are required to:

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

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

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

Statement as to Disclosure to our Auditors

In so far as the Trustees are aware at the time of approving our Trustees' annual report:

- There is no relevant information, being information needed by the auditor in connection with preparing their report, of which the auditor is unaware;
- The Trustees, having made enquiries of fellow Trustees and the auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a Trustee in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Reference and Administrative Details

Name	The Shakespeare Hospice
Company Registration Number	3291683
Charity Registration Number	1064091
Registered Office & Principal Office	Church Lane Shottery Stratford-upon-Avon Warwickshire CV37 9UL
Bankers	Barclays Bank plc Market Cross Stratford-upon-Avon Warwickshire CV37 6AP
Solicitors	Shakespeare Martineau LLP Bridgeway House Bridgeway Stratford-upon-Avon Warwickshire CV37 6YY
Auditors	H L Barnes & Sons Barclays Bank Chambers Stratford-upon-Avon Warwickshire CV37 6AH
Chief Executive	Angie Arnold

Trustees:

(from 1 April 2016 until the date of approval of the annual report, and the committees on which they serve or served)

Martin Bartlett (Chair, resigned 24/07/17)	Chair's, Income Strategy
Miranda R McCormick (appointed as Chair 24/07/17)	Chair's, Audit and Finance
Carol Collins	Income Strategy
Angela Deacon	Clinical Governance
Paul Drake	Audit and Finance
Peter Gavan (Resigned 17/05/16)	Income Strategy
Sophie Gilkes	Chair's, Income Strategy
Jeneffer Gregg (resigned 02/11/16)	Clinical Governance
Mark Haselden	Chair's, Audit and Finance
Dr Jean Hodson (resigned 1/9/16)	Chair's, Clinical Governance
Francis Prentice	Income Strategy
Dr Cristina Ramos	Clinical Governance
Richard Smith (resigned 24/07/17)	Clinical Governance
Gill Thomas	Income Strategy
Dr Emert White	Chair's, Clinical Governance
Kathryn Williams (appointed 25/7/16)	Clinical Governance
James Richards (appointed 23/01/17)	Income Strategy
Charles Goody (appointed 24/07/17)	Clinical Governance

Approval

This report was approved by the Trustees on 18 September 2017 and signed on their behalf by:



Miranda R McCormick (Chair)

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF THE SHAKESPEARE HOSPICE

We have audited the financial statements of The Shakespeare Hospice for the year ended 31 March 2017 on pages 15 to 28. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

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 company's members those matters we are required to state to them in a Report of the Auditors and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As explained more fully in the Statement of Trustees' Responsibilities set out on pages 10 and 11, the trustees, who are also directors of the charitable company 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. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Report of the Trustees to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

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 2017 and of its incoming resources and application of resources including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

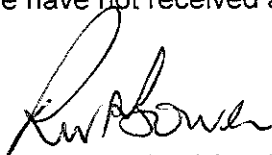
In our opinion, based on the work undertaken in the course of our audit, the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements, and has been prepared in accordance with applicable legal requirements. In the light of the knowledge and understanding of the charitable company and its environment, we have not identified any material misstatements in the Report of the Trustees.

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF THE SHAKESPEARE HOSPICE (CONTINUED)

Matters on which we are required to report by exception

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

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



Robert Bowen BA (Hons) FCA (Senior Statutory Auditor)
for and on behalf of H L Barnes and Sons, Statutory Auditors
Barclays Bank Chambers
Stratford upon Avon
Warwickshire
CV37 6AH

18 September 2017

Statement of Financial Activities (incorporating an income and expenditure account) for the year ended 31 March 2017

	Note	Current Year			Prior Year
		Unrestricted	Restricted	Total Funds	Total Funds
		£	£	£	£
Income:					
Donations and legacies	2	850,558	87,564	938,122	706,613
Income from charitable activities	3	70,526	158,998	229,524	301,040
Income from other trading activities	4	718,833	-	718,833	809,386
Investment Income	5	2,996	-	2,996	3,420
Total Income		1,642,913	246,562	1,889,475	1,820,459
Expenditure					
Costs of raising funds					
Fundraising		416,350	-	416,350	351,695
Retail		542,020	200	542,220	485,698
Total costs of raising funds	6	958,370	200	958,570	837,393
Expenditure on charitable activities					
Operation of a Hospice	7	892,488	296,260	1,188,748	1,104,105
Total expenditure		1,850,858	296,460	2,147,318	1,941,498
Net income/(expenditure) and net movement in funds for the year		(207,945)	(49,898)	(257,843)	(121,039)
Reconciliation of funds					
Total funds brought forward		2,385,765	1,256,723	3,642,488	3,763,527
Total funds carried forward		2,177,820	1,206,825	3,384,645	3,642,488

The Statement of Financial Activities includes all gains and losses recognised in the year. All amounts relate to continuing activities. The notes on pages 18 to 28 form part of these accounts.

Balance Sheet at 31 March 2017

	Note	Current Year £	Prior Year £
Fixed assets			
Tangible assets	12	2,322,044	2,388,271
Total fixed assets		2,322,044	2,388,271
Current assets			
Stock		8,575	8,445
Debtors	13	161,607	253,093
Cash at bank and in hand		990,370	1,126,425
		1,160,552	1,387,963
Liabilities			
Creditors: amounts falling due within one year	14	97,951	133,746
Net current assets		1,062,601	1,254,217
Total net assets		3,384,645	3,642,488
The funds of the charity			
Unrestricted funds		2,177,820	2,385,765
Restricted funds	16	1,206,825	1,256,723
Total funds	17	3,384,645	3,642,488

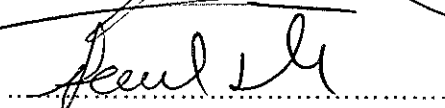
Approved by the trustees on 18 September 2017 and signed and authorised for issue on their behalf by:

Miranda R McCormick



Director

Paul Drake



Director

The notes on pages 18 to 28 form part of these accounts.

Statement of Cash Flows for the year ended 31 March 2017

	Note	Current Year £	Prior Year £
Cash used in operating activities	19	<u>(105,445)</u>	<u>(79,664)</u>
Cash flows from investing activities			
Interest		2,996	3,420
Purchase of property, plant and equipment		(33,606)	(33,846)
Net cash used in investing activities		<u>(30,610)</u>	<u>(30,426)</u>
Increase/(decrease) in cash and cash equivalents in the year		<u>(136,055)</u>	<u>(110,090)</u>
Cash and cash equivalents at start of year		1,126,425	1,236,515
Cash and cash equivalents at the end of the year	20	<u><u>990,370</u></u>	<u><u>1,126,425</u></u>

The notes on pages 18 to 28 form part of these accounts.

Notes to the Accounts for the Year Ended 31 March 2017

1. Accounting Policies

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

a) Basis of preparation

The financial statements have been prepared in accordance with:

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

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

b) Statutory Information

The Shakespeare Hospice is a private company limited by guarantee and has no share capital. In the event of the Hospice being wound up, the liability in respect of the guarantee is limited to £2 per member of the Hospice. The company is registered in England under number 3291683 and the address of the registered office is Church Lane, Shottery, Stratford Upon Avon, Warwickshire, CV37 9UL.

c) Going concern

Given the Hospice's favourable fundraising record and the level of year-end reserves, the Trustees consider that the Hospice has adequate resources to continue in operation for the foreseeable future. Accordingly, the financial statements have been prepared on a going concern basis.

d) Fund accounting

Unrestricted funds are available to spend on activities that further any of our charitable purposes. Restricted funds are donations where the donor has specified they should only be used for certain aspects of our work. The costs of raising and administering such funds are charged against the specific fund, unless expressly forbidden by the donor. The aim and use of each material restricted fund is set out in the accounting policy notes. Investment income, gains and losses are allocated to the appropriate fund.

e) Income

Income is recognised when the Hospice has entitlement to the funds, any performance conditions have been met, it is probable that the income will be received, and the amount can be measured reliably.

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

Donations, grants and gifts are recognised when receivable. If a donation is subject to fulfilling performance conditions, the income is recognised when it is probable that those conditions will be met.

Income from NHS contracts, government and other grants, whether capital grants or revenue grants, are recognised when the Hospice has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably.

Legacies are recognised when there is a high probability that they will be paid and the amount can be measured with a reasonable degree of accuracy.

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

Interest on deposits is included when receivable and the amount can be measured reliably, which is normally on notification by the bank of the interest paid or payable.

Sponsorship from events, fundraising and events registration fees are recognised in income when the event takes place. Lottery income is accounted for in respect of those draws that have taken place in the year. Trading income is recognised on point of sale for both donated and purchased goods.

f) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation and the amount can be measured reliably. All expenditure is accounted for on an accruals basis under the following headings:

- *Expenditure on raising funds* comprises costs incurred in seeking donations, grants and legacies, and the costs of fundraising activities including the cost of goods sold, shop costs, commercial trading and their associated support costs.
- *Expenditure on charitable activities* includes the costs of providing specialist palliative care and support, community services, and other activities to further the purposes of the Hospice, and their associated support costs.
- *Support costs* are those that are incurred in support of expenditure on the objects of the Hospice. They consist mainly of governance, the CEO, and Finance.

Governance costs are incurred in connection with the Hospice's constitutional and statutory requirements. Support costs are allocated to each activity on the basis of staff time or usage. More detail is given in the relevant note below.

- Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

g) Volunteers

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

h) Fixed assets

All assets costing more than £1,000 are capitalised at their historical cost when purchased. Assets costing less than £1,000 are capitalised when it is deemed appropriate.

Depreciation is provided to write off the cost, less an estimated residual value, of all fixed assets over their expected economic useful lives on a straight-line basis as follows:

Freehold land	Not depreciated
Freehold building and refurbishment	50 years
Leasehold building improvements	Shorter of 6 years or life of lease
Other assets	4 years

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

i) Revaluation of tangible fixed assets

The Hospice has not revalued any of its fixed assets.

j) Investments

The Hospice's investments consist entirely of deposits with major UK banks.

k) Stock

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

l) Debtors

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

Accrued income and tax recoverable is included at the best estimate of the amounts receivable at the balance sheet date.

m) Cash at bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments.

n) Creditors

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

o) Pensions

Where requested, the Hospice makes contributions toward an employee's pension fund:

- A number of employees are in the NHS Superannuation scheme. Although this is a defined benefit scheme, it is a multi-employer scheme for which the Hospice's share of the underlying assets and liabilities cannot be identified. It is therefore accounted for as a defined contribution scheme in accordance with FRS102.
- Other employees are members of a defined contribution scheme.

The Hospice's contributions to these schemes are charged to the Statement of Financial Activities when due.

p) Operating leases

Operating leases are recognised over the period in which the lease falls due.

2 Income from Donations and Legacies

	Current Year			Prior Year
	Unrestricted £	Restricted £	Total £	Total £
Donations	659,705	87,564	747,269	664,962
Legacies	190,853	-	190,853	41,651
	850,558	87,564	938,122	706,613

The prior year total consists of unrestricted income of £567,330 and restricted income of £139,283.

The charity benefits greatly from the work of its volunteers, details of which are given in our annual report. In accordance with FRS102 and the Charities SORP the economic contribution of general volunteers is not recognised in these accounts.

3 Income from Charitable Activities

	Current Year			Prior Year
	Unrestricted £	Restricted £	Total £	Total £
NHS Core Grant	69,500	500	70,000	69,001
NHS Hospice at Home Grant	-	88,596	88,596	101,436
Grants for Young People's Service	-	69,902	69,902	120,124
Training Income	1,026	-	1,026	10,479
Total	70,526	158,998	229,524	301,040

The prior year total consists of unrestricted income of £79,480 and restricted income of £221,560.

4 Income from Other Trading Activities

	Current Year			Prior Year
	Unrestricted £	Restricted £	Total £	Total £
Fundraising	63,571	-	63,571	129,022
Retail	655,262	-	655,262	680,364
Total income from shops	718,833	-	718,833	809,386

The prior year total consists of unrestricted income of £787,851 and restricted income of £21,535.

Retail income was derived primarily from our 7 shops (prior year 7).

5 Investment income

	Current Year			Prior Year
	Unrestricted £	Restricted £	Total £	Total £
Bank interest	2,996	-	2,996	3,420

The prior year total consists entirely of unrestricted income.

6 Costs of Raising Funds

	Current Year			Prior Year
	Unrestricted £	Restricted £	Total £	Total £
Fundraising				
Staff	220,800	-	220,800	177,444
Hospice events	75,819	-	75,819	60,490
Promotional costs	17,560	-	17,560	9,392
Support costs	46,085	-	46,085	36,768
Other	56,086	-	56,086	67,601
Total	416,350	-	416,350	351,695
Retail				
Staff	246,943	-	246,943	240,966
Bought in goods	19,230	-	19,230	18,924
Property costs	137,569	-	137,569	121,543
Support costs	30,723	-	30,723	24,512
Other costs	107,555	200	107,755	79,753
Total	542,020	200	542,220	485,698
Total costs of raising funds	958,370	200	958,570	837,393

The prior year total consists entirely of unrestricted costs.

7 Expenditure on Charitable Activities

	Current Year			Prior Year
	Direct Costs £	Support Costs £	Total £	Total £
Day Hospice	521,791	122,893	644,684	605,542
Hospice at Home	285,621	61,447	347,068	311,959
Young Peoples Service	150,911	46,085	196,996	186,604
Total	958,323	230,425	1,188,748	1,104,105
Of which:			£	£
Unrestricted			892,488	741,618
Restricted			296,260	362,487

8 Analysis of support costs

	Current Year			Prior Year
	Management and Admin £	Governance £	Total £	Total £
Fundraising	44,460	1,625	46,085	36,768
Retail	29,640	1,083	30,723	24,512
Costs of Raising Funds	74,100	2,708	76,808	61,280
Day Hospice	118,559	4,334	122,893	98,049
Hospice at Home	59,280	2,167	61,447	49,024
Young People's Service	44,460	1,625	46,085	36,768
Expenditure on Charitable Activities	222,299	8,126	230,425	183,841
Total	296,399	10,834	307,233	245,121

The majority of support costs are allocated on an estimate of management time, floorspace and use of assets.

Analysis of Management and Administration Costs	Current Year £	Prior Year £
Payroll and staff related	247,799	198,698
Insurance, IT and other overheads	30,251	21,440
Share of hospice premises costs	10,969	6,068
Depreciation	7,380	5,331
Total	296,399	231,537

9 Analysis of the costs of staff, trustees and key management personnel	Current Year £	Prior Year £
Wages and salaries	1,280,076	1,167,533
Social security costs	98,985	87,816
Pension costs	56,976	53,111
	1,436,037	1,308,460

No member of the Board of Trustees received any emoluments or reimbursed expenses (prior year: nil).

The average monthly head count was 76. The average number of whole-time equivalent employees was:

	Current Year	Prior Year
Charitable Activities	27	22
Cost of generating voluntary income	7	8
Fundraising Trading	14	12
Total	48	42

The number of employees whose total employee benefits, excluding pension contributions, exceeded £60,000, was:

	Current Year	Prior Year
£80,000 to £89,999	1	-
£70,000 to £79,999	-	1

Pension contributions relating to staff earning over £60,000 totalled £11,930 (prior year: £11,261).

The key management personnel were the Chief Executive and 6 senior managers. Their total employee benefits were £304,703 (prior year: £332,220).

10 Net Income

Net income is stated after charging:	Current Year £	Prior Year £
Operating Lease Rentals	136,417	107,169
Freehold Buildings	5,683	6,086
Photocopier	99,833	99,083
Depreciation	10,100	6,250
Owned Assets		
Auditors' remuneration		

11 Taxation

The company is a registered charity and as such is exempt from taxation on its income and gains falling with section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied for charitable purposes.

12 Tangible fixed assets	Freehold property £	Fixtures and fittings £	Medical Equipment £	Other £	Total £
Cost					
At start of year	2,854,564	207,360	26,017	36,275	3,124,216
Additions		15,241	9,356	9,009	33,606
At end of year	2,854,564	222,601	35,373	45,284	3,157,822
Depreciation					
At start of year	550,308	149,468	13,578	22,591	735,945
Charge for the year	53,894	31,838	6,839	7,262	99,833
At end of year	604,202	181,306	20,417	29,853	835,778
Net book value					
At start of year	2,304,256	57,892	12,439	13,684	2,388,271
At end of year	2,250,362	41,295	14,956	15,431	2,322,044

13 Debtors	Current Year £	Prior Year £
Prepayments	26,178	42,125
Accrued income	20,638	125,000
Tax recoverable	80,723	52,527
Other Debtors	34,068	33,441
Total	161,607	253,093

14 Creditors: amounts falling due within one year	Current Year £	Prior Year £
Trade creditors	31,840	55,478
Taxation and social security	21,043	30,528
Accruals	45,068	47,740
Total	97,951	133,746

15 Obligations Under Leasing Agreements

The following payments are committed under non-cancellable operating leases:

	Current Year			Prior Year		
	Land and Buildings £	Plant and Machinery £	Total £	Land and Buildings £	Plant and Machinery £	Total £
Expiring:						
Within 1 year	115,563	4,044	119,607	121,021	4,107	125,128
Between 1 and 5 years	39,771	16,175	55,946	131,271	12,585	143,856
In more than 5 years	-	-	-	-	197	197
Total	155,334	20,219	175,553	252,292	16,889	269,181

16 Restricted funds

	Current Year			Prior Year		
	Balance at start of year £	Income £	Expenditure £	Balance at end of year £	Balance at start of year	Income Expenditure end of year
Hospice at Home	-	107,303	107,303	-	396	163,383 163,779
Hospice at Home - Twilight	-	26,885	26,885	-	-	21,083 21,083
Hospice Counselling Room	7,900	-	240	7,660	8,140	- 240
Hospice Roof Tiles	7,468	-	227	7,241	7,695	- 227
Information and Support	125	-	100	25	125	- 125
Complementary Therapy	-	-	-	-	8,945	12,096 -
Diversional Therapy	395	3,245	3,640	-	-	8,970 8,575
Chaplaincy	-	-	-	-	-	213 213
Travellers' Ease	-	-	-	-	645	645 -
NHS Refurbishment Grant	563,227	-	13,984	549,243	576,462	- 13,235
Garden	9,100	-	209	8,891	9,309	- 209
Furniture, Fittings and Equipment	3,218	-	1,956	1,262	4,459	- 1,241
Young People's Services	68,845	76,319	114,366	30,798	6,160	185,578 122,893
Building the Future	596,445	-	16,764	579,681	614,496	- 18,051
Counselling and Bereavement	-	1,015	1,015	-	-	- -
Children's Bereavement Service	-	7,140	7,140	-	-	- -
Wellesbourne Shop	-	200	200	-	-	- -
Friday Day Hospice	-	15,000	-	15,000	-	- -
Clinical Room	-	8,270	2,135	6,135	-	- -
Syringe Driver	-	1,185	296	889	-	- -
Total	1,256,723	246,562	296,460	1,206,825	1,236,832	382,378 362,487
						1,256,723

The Hospice at Home Fund was established in 1998 to fund the Hospice at Home Service.
The Hospice at Home Twilight Fund was established in 2013 to offer evening support to Hospice at Home patients.
The Hospice Counselling Room Fund was established in 1998 to provide a counselling room within the Hospice.
The Hospice Roof Tile Fund was established in 1998 to raise money for the Hospice roof.
The Information and Support Fund was established in 2007 to support the Information and Support Service.
The Complementary Therapy Fund was established in 2006 to assist in funding complementary therapies.
The Diversional Therapy Fund was established in 2007 to assist in funding diversional therapies.
The Chaplaincy Fund was established in 2007 to support spiritual welfare activities.
The Travellers' Ease Fund was established in 2008 to assist in the cost of driving patients to and from hospital.
The NHS Refurbishment Grant Fund was established in 2008 with a grant received to refurbish the Hospice.
The Garden Fund was established in 2009 to landscape and furnish the hospice garden.
The Furniture, Fittings and Equipment Fund was established in 2009 to purchase furniture or equipment.
The Young People's Services Fund was established in 2014 with a grant from Stratford upon Avon Town Trust to support the needs of children and young people.
The Building the Future Fund was launched in 2014 with an NHS capital grant to raise funds for capital build and young people's services.
The Children's Bereavement Service Funds was established in 2016 to provide counselling and bereavement support for children and young people.
The Counselling and Bereavement Fund was set up in 2016 to assist with the delivery of our counselling and bereavement support services.
The Wellesbourne shop fund was set up in 2016 to assist the funding of our Wellesbourne shop.
The Friday Day Hospice fund was set up in 2017 to assist with opening on a Friday
The Clinical Room Fund was set up in 2017 to assist with funding the fitting of a clinical room.
The Syringe Driver fund was set up in 2016 to purchase a syringe driver for the day hospice.

17 Analysis of net assets between funds

	Current Year			Prior Year		
	Unrestricted funds £	Restricted funds £	Total funds £	Unrestricted funds £	Restricted funds £	Total funds £
Tangible fixed assets	1,161,246	1,160,798	2,322,044	1,195,842	1,192,429	2,388,271
Current assets	1,114,525	46,027	1,160,552	1,323,669	64,294	1,387,963
Creditors falling due in less than one year	(97,951)	-	(97,951)	(133,746)	-	(133,746)
	2,177,820	1,206,825	3,384,645	2,385,765	1,256,723	3,642,488

We are pleased to acknowledge the following support:

£

Stratford-upon-Avon Town Trust	Hospice at Home Twilight Fund	26,885
BBC Children in Need	Young People's Service	8,588
MacMillan Cancer Support	Young People's Service	31,616

18 Related party transactions

There were no related party transactions in the year (prior year: nil)

19 Reconciliation of net movement in funds to net cash flow from operating activities

	<u>Current Year</u>	<u>Prior Year</u>
	£	£
Net movement in funds	(257,843)	(121,039)
Adjustments:		
Depreciation charge	99,833	99,083
Bank interest	(2,996)	(3,420)
(Increase)/decrease in stocks	(130)	(33)
(Increase)/decrease in debtors	91,486	(73,319)
Increase/(decrease) in creditors	(35,795)	19,064
Net cash used in operating activities	<u>(105,445)</u>	<u>(79,664)</u>

20 Analysis of cash and cash equivalents

	<u>Current Year</u>	<u>Prior Year</u>
	£	£
Cash in hand	<u>990,370</u>	<u>1,126,425</u>

Appendix: Care Quality Commission Report

The Shakespeare Hospice is a registered charity providing 24 hour nursing and personal care services to people who are suffering from a life limiting or terminal illness. The hospice at home service supports people with a terminal illness who choose to die at home. The service provides treatment and care for the physical symptoms during people's final weeks of life and supports their emotional, spiritual and social wellbeing. They also provide support to families and carers during this period and following bereavement. The hospice provides a day service from its building in Stratford upon Avon. The services provided include counselling and bereavement support for adults and children, occupational therapy, physiotherapy, complementary therapies and chaplaincy. There is a specialist transitional service for young people moving between children's and adult's hospices.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the chief executive and is referred to as that in our report.

CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

The provider had a vision that put people at the heart of the service offered. This vision was shared by the staff team who were enthusiastic and motivated to provide high quality care in a compassionate way. Staff ensured people were at the centre of everything they did and made to feel they mattered. Staff gave people and their relatives time to discuss their feelings and listened to what they had to say. Staff were responsive to requests for support outside scheduled visits and stayed with people to support them and their families during a crisis or as they approached death. People and their relatives spoke highly of the kindness of staff who advocated on their behalf whilst leaving them empowered to make their own decisions. Staff supported families to retain their role in providing care, stepping back and allowing relatives to respond to their family member's care needs when they wished to.

There was a holistic approach to providing care and support which involved the service's occupational therapist, physiotherapist and complementary therapists. The hospice at home team worked closely with other organisations to provide care that was responsive to people's needs. Collaborative working ensured people received the support they required and kept them pain free. Staff worked flexibly and people and their relatives told us they received support when they needed it from staff who knew them well.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff worked with their partner organisations to identify and manage risks associated with people's health and care needs. The service had policies and procedures for the safe management of medicines.

People received care from a multi-disciplinary staff team who were qualified, supported and trained to meet their needs. Staff knowledge was shared in clinical education meetings so people received effective care based on up to date practice. Staff had formal and informal opportunities for reflective practice to discuss the demands of their role and their training and developmental needs. Staff told us they were extremely well supported by the management team and each other and had the resources required to carry out their roles.

The Mental Capacity Act 2005 (MCA) provides legal safeguards for people who may be unable to make decisions about their care. Staff demonstrated a clear awareness of the importance of supporting people to decide for themselves about their care and treatment. People and their families were supported to talk about their wishes and that these were constantly reviewed as part of care delivery. Staff understood the importance of asking for consent to care and waiting for a response. The chief executive and senior managers had the responsibility for running the service with direction and support from a Board of Trustees. The trustees and senior managers worked closely together so there was an open and transparent system which reviewed all aspects of the service provided. Staff were aware of the roles of the management team and knew who to go to for support and where to seek advice.

People and their relatives were asked for their views which were used as a source of information to provide a service that was founded on what was important to the people who used it. The provider monitored the quality of the service which included checks of medicines management, clinical notes and documentation. Accidents, incidents and complaints were investigated and actions taken to minimise the risks of re-occurrence. The provider shared learning with staff to improve care provision.

There was a strong emphasis on continually striving to recognise, promote and implement innovative systems to improve the service in response to the changing needs of the local community. The provider had researched and identified areas where there were gaps in service provision for palliative and end of life care locally and acted to fill those gaps. The provider was a member of several good practice initiatives where they worked in partnership with other organisations to make sure they were following current best practice and providing high quality care through the sharing of knowledge. People from the community were encouraged to visit the hospice, work as volunteers and be involved in its on-going development. The hospice had received various recognition of good practice awards during the last 12 months, for the quality of care and support provided for people using the service.

The provider was aware of the importance of forward planning to meet the needs of the community and ensure the quality of service they provided could continue to develop. Staff were involved in formulating the strategic plan and committed to developing the service so people could receive the support they needed at the end of their life.