



Here for the Future

Ashgate Hospicecare Annual Report
April 2019 – March 2020

Contents

1. Our strategy	4 - 5
2. Here to make a difference	6 - 9
3. Here for me	10 - 11
4. Here for the future	12 - 13
5. Here for a reason	14 - 15
6. Here, wherever our patients need us	16 - 19
7. Here to provide compassionate care	20 - 21
8. Here to provide specialist care	22 - 25
9. Case study: three-bedded bay project	26 - 29
10. Here to meet all our patients' needs	30 - 33
11. Here as part of a wider health system	34 - 37
12. Here thanks to our dedicated volunteers	38 - 39
13. Here for our people	40 - 41
14. Here to fundraise	42 - 45
15. Here in your local community	46 - 47
16. Here to say thank you	48 - 49
17. Trustees Report and Financial Statements	50 - 75
18. Here to help	76



Here for our patients

Here for their families and loved ones

Here for our community

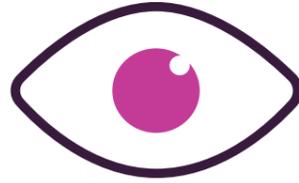
Here for North Derbyshire



Our strategy

Our vision

That everyone in North Derbyshire with a life-limiting illness can make the most of every moment and can die with dignity and comfort.



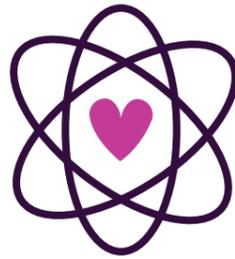
Our purpose

To provide specialist palliative and end of life care for those in need and to work in partnership with others to ensure that everyone in North Derbyshire has access to appropriate, high quality palliative care.



Our values

Our values are at the heart of everything we do at Ashgate Hospicecare. They are grounded in our commitment to being the best we can be for our patients and the people who are important to them, for our customers and supporters, and for each other. We are compassionate. We work as a team. We are respectful, open and inclusive.



Enabling priorities

Our culture

Ashgate will build a culture which puts our patients at the centre of everything we do. Our work will be grounded in our values and in our commitment to being the best we can be for our patients, our workforce and our supporters. We will create the conditions to inspire leadership and innovation and to support our staff and volunteers to work together with trust and respect.

Quality of our care

Ashgate is committed to ensuring that everyone whom we care for, and every customer or supporter, receives the highest quality service that we are able to provide. We will embed an ethos and practice of continuous quality improvement across Ashgate and aim for excellence in everything we do.

Our income and business

We will generate the income we need to provide our services by continuing to invest in our fundraising and retail activities. We will explore new opportunities to raise additional funds by investing in new business opportunities and diversifying our income streams.

Caring priorities

Our specialist care

Ashgate will continue to be the leading specialist palliative care provider in North Derbyshire. We will ensure that we are able to continue provide high quality services to meet the changing needs of our population in ways which are safe and sustainable.

Our presence in the community

Ashgate will extend our presence in local communities. This will enable more patients to access a range of support locally and to be cared for in their own homes.

Our diverse communities

Ashgate will ensure that the diversity in our communities and geographies is recognised and reflected in our services and how they are delivered. We will work to ensure equity of access for everyone who needs our care in North Derbyshire.

Our role as a system leader

Ashgate will advocate for compassionate and high-quality palliative care for all. We will influence local practice by being an education leader, by developing partnerships with other local and national providers and commissioners and by engaging with the research community.



Here to make a difference

We are hugely proud of the difference we have made and the quality of the care we have provided during the year 2019/20. Thank you to all our staff, volunteers, funders, supporters and donors who have helped us achieve so much towards our aims and objectives (see above on page 4-5). Here are just some of the ways we have made a difference.

Our care in 2019/20

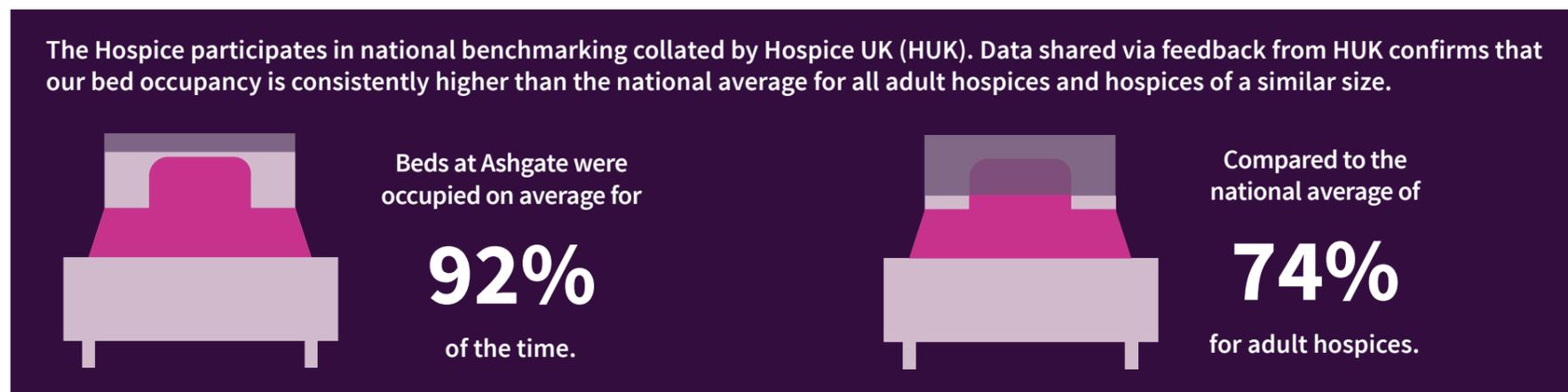


In March 2020, we started responding to COVID, including opening the Lavender Wing in our Inpatient Unit. This provided a separate barrier nursing area for infection prevention and control. It remains in place at the end of 2020, caring solely for suspected and confirmed COVID-positive patients.

Since 2014, the complexity of our care has increased.

During this time Ashgate has invested **£2.5 million** in patient-facing environments to enhance the quality and efficiency of care.

None of that investment was NHS funded. We were only able to make these important improvements thanks to the kind and generous gifts of our donors and supporters.



Where we provide our care

Care is not only provided at our hospice site in Old Brampton, but also across the North Derbyshire area. At our Old Brampton site, we provide inpatient bedded care, day care and outpatient services, physiotherapy, a specialist lymphoedema service, counselling, spiritual care and a range of other creative therapies.

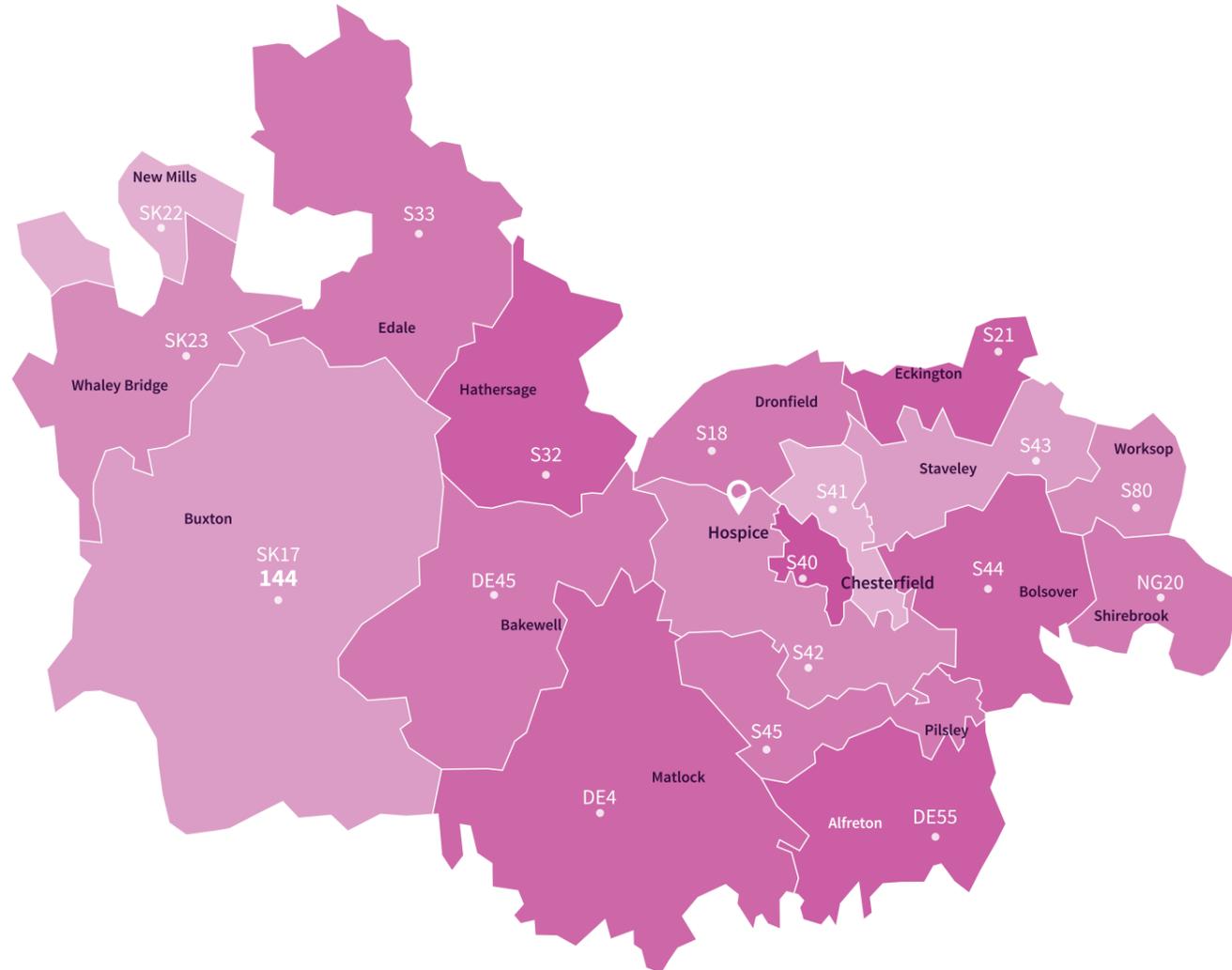
We work collaboratively with other community health and social care teams and members of the Primary Health Care Teams attached to general practices within Chesterfield, North East Derbyshire, North Dales and High Peak (excluding Glossop).

We work as a specialist multidisciplinary team, visiting people in their homes, care homes and community venues. This is to ensure that, wherever and whenever possible, people are cared for in the place of their choice.

We also provide support, advice and education for our colleagues in external organisations seven days a week to ensure that our reach goes as far as possible.

How our care is funded

With the support of our local community, colleagues in the wider health system and through a significant external awareness campaign involving MPs and the media, we are delighted to have secured a funding settlement from NHS Derby and Derbyshire Clinical Commissioning Group to bolster near term funding. Our discussions with the CCG started in the 2019/20 financial year, and this milestone funding settlement will be explained in detail in next year's report. Ashgate will continue to support efforts for end of life care and hospices across the UK to receive a greater proportion of their funding from health budgets.



Fundraising support from our community

The 2019 Markovitz Sparkle Night Walk was the most successful to date with 3,000 registered participants.

3,000



40 Gifts in Wills were left to Ashgate Hospicecare, supporting 1 in 5 of our patients with legacies totalling £1,442,200.

£1,442,200



1,360 supporters remembered their loved ones by Lighting Up A Life, raising £44,000.

£44,000



- 100 supporters became new regular givers to Ashgate Hospicecare, raising an extra £14,500 per year.
- 592 tins were collected from the community, worth £37,252.
- £109,097 was raised through tribute funds set up to remember loved ones.
- A Capital Appeal was launched in support of the three-bedded bay project raising almost £1million. This included more than £280,000 of gifts in kind donations, as well as community donations and trust and grants funding.

Our charity shops and coffee shops

We sold 804,398 items across 357,622 transactions

804,398



Our most popular hot drink sold through coffee shops was a latte and we sold over 17,000 of them

17,000



We signed up 4,158 new Gift Aid donors to our Retail Gift Aid scheme.

4,158



- We sold 1,038 items via eBay and maintained a 100% positive feedback record!
- Our highest value item was a Solax Genie Folding Portable Mobility Scooter, which sold for £1,295.



Gordon with Healthcare Assistant Chrissie

Here for me

“It’s an honour to have the opportunity to put in writing how important Ashgate Hospicecare is to me and everyone in North Derbyshire.

When I was first diagnosed with terminal prostate cancer, I was determined to stay at home until the end. My wife, Andrea, did a wonderful job of looking after me but, in the process, there were days when she certainly felt more like my carer than my wife. As my pain got worse, it was clear we needed help and, thank goodness, we were referred to Ashgate Hospicecare.

Right now, we are facing something no couple ever wants to face but, since our very first contact with the team at Ashgate Hospicecare, my wife and I have never felt alone. My illness has been managed with incredible knowledge, skill and kindness and I’ve been listened to every step of the way.

When my pain got too severe to manage at home, I was transferred to the hospice to receive round-the-clock care. I’m now experiencing first-hand the difference Ashgate Hospicecare makes to people when the worst happens. The support I have received, both at home and in the hospice, has kept me going. Thanks to Ashgate Hospicecare, I am living with my terminal illness, not simply dying from it.

I believe that this quality of care is what anyone with a terminal illness should receive, but I know few do. That’s why it’s hard to express fully how grateful I am to the entire Ashgate Hospicecare team. This includes the consultants, nurses, receptionists, cleaning staff and those working hard behind the scenes to keep the organisation running. Every single one of them is carrying out their role with commitment, compassion and expertise to make sure that I am comfortable in my final weeks.

I’d like to finish by saying that Ashgate Hospicecare plays a crucial role in the well-being of our community. So many lives have been made better through the range of services it provides, mine included. I sincerely hope it will have the funding and resources it needs to serve thousands more people for generations to come.”

Gordon Healey



Gordon was an Ashgate Hospicecare patient who was cared for on our Inpatient Unit and died at home, where he wanted to be, in October 2020.

Here for the future

It is almost inevitable that we shall reflect on the past year through the lens of a global pandemic, since the Coronavirus crisis swept in at the very end of our financial year.

In 2019/20, before we were aware of the huge challenges that COVID would bring, we had started implementing our 'Here for the Future' programme. This programme involved engaging all our staff and volunteers in how we needed to adapt to meet the changing needs of our community. This includes the care they will need in the future and what end of life services are best provided by Ashgate, as part of the wider health system, given current and expected funding levels.

In part, Here for the Future was also a recognition that we could not continue running a budget deficit that - despite the best efforts of our retail and fundraising teams - was increasing year on year, and that something had to give.

Thankfully, that meant we were already on the road to planning how we could do things differently. This set us up to transform our services quickly to provide outstanding, compassionate end of life care when the pandemic swept across the globe, and into North Derbyshire. We shall cover our response to the pandemic fully in next year's annual review. As I write this we are at the height of the third wave - and there will be much for our hospice to celebrate and reflect on in next year's report.

Demand for Ashgate Hospicecare's services has been growing exponentially for many years - long before the pandemic reared its head - and that demand hasn't just increased in terms of numbers. Our specialist doctors and nurses now treat a vast array of complex medical needs for patients across the whole of North Derbyshire.

And, while our purpose is to provide outstanding end of life care, our work doesn't just begin at

the very end of someone's life. When patients are referred to us earlier, after a terminal diagnosis, we can help manage their symptoms and pain. We can improve their quality of life, often helping keep them at home for longer.

Of course, providing a growing number of people with more specialist care for longer periods of time requires substantial resources and funding.

“

In 2019/20 just 27% of our total income came from local health budgets - not nearly enough to cover the cost of our care.

Many of our supporters are unaware that we are a registered charity. For the past six years (since 2014) the amount of our income that comes from health budgets has stayed the same, while the complexity of the care we were providing increased.

While we are enormously grateful for the generous support we receive from our local community, we have had to continue to make the case for an increased contribution from NHS funding to fund the critical and essential services we provide. In

December 2020, we secured the settlement we needed. It was a long road and I am delighted as Chief Executive of this wonderful hospice that we got there.

There will be more on our funding campaign in next year's report and why we took the decision to speak openly about our need for fair, sustainable and long-term funding to ensure that we are here for the future of North Derbyshire.

This annual review celebrates our work and shows why it is so vital. I can't thank our incredible staff, volunteers and supporters enough for their determination to make Ashgate Hospicecare the compassionate, outstanding, specialist care provider that it is. We rely so heavily on their time, commitment and generosity. Their contribution is never taken for granted.

We are deeply grateful for the generosity and support of our wonderful community. This provides income from community fundraising, our retail and coffee shops, the Ashgate Lottery and gifts in wills. These are all hugely important to us. We simply couldn't do all that we do without this support.

We feel strongly that the impact of our work year-on-year proves how important our services are to the people of North Derbyshire. It also shows why a bigger proportion of the specialist end of life care hospices like ours provide should be funded through national health budgets. COVID has shown all too clearly how precarious hospice funding can be as charity shops have had to close and fundraising events have been cancelled.

As next year's report will no doubt reveal, the arrival of the coronavirus pandemic at the end of this financial year has had a huge effect on traditional fundraising and retail endeavours. At the same time, it has generated even more demand for our specialist services. The pandemic made it even more essential that we secure the necessary funds to help us respond to needs of the people of North Derbyshire, long into the future.

Despite entering a time of great uncertainty when this financial year came to an end, the pandemic has proved the constant need for specialist palliative and end of life care that can adapt to the

changing needs of the community it serves. With these priorities to the fore in our organisation, we are best placed to deliver this care for the community of North Derbyshire. Now that we have secured the financial settlement we need to deliver our vital services, we are looking to the future with confidence and a clear affirmation that the wider healthcare system understands and values the care that we provide for patients and their families - which is what really matters.

Barbara-Anne Walker
Chief Executive

January 2021



Here for a reason

Since we were established over 30 years ago, much has changed, but we remain just as committed to providing the best care for anyone in North Derbyshire who is facing a progressive, incurable illness.

More than 30 years ago, Ashgate Hospicecare was established to meet a need for our population, based on the diseases and illnesses with the highest mortality rates and greatest need. At the time, that was people dying from cancer. Ashgate has been caring for everyone who has palliative care needs with a life limiting illness for many years now. However, this year we have studied the data and know that we need to skill ourselves and prepare for the future demand which will look very different and far more complex.

The result in these changes has meant that the people we now care for have symptoms and care needs which are highly complex and, in many cases, of a more urgent nature. We are seeing these changes in all care environments and across all teams.

“With the understanding of the value of palliative care emerging in the 1960’s and 1970’s, came the realisation that the quality of a patient’s remaining life in the face of severe disease was so important. The last 30 years or so has seen the establishment of the specialty of Palliative Medicine in 1990 and an increasing number of hospices. These have become an environment for care away from busy acute hospital wards, providing not only physical but emotional, spiritual and carer support. This then has been extended to be widely available in the community where so many would wish to have their last days. Death and dying are no longer whispered or avoided words.

We have more recently seen, and indeed Ashgate has implemented, individualised rooms for patients and relatives. Ideas on good standards of care are always evolving. Sadly, direct government funding has not kept up with need in this area of care, a situation highlighted by the problems of 2020. However, the people of North Derbyshire have generously filled that gap. We look forward to more normal times.”

Dr Dick Atkinson,
founder and first
medical director of
Ashgate Hospicecare



National statistics from GOV.UK (2019) show that:

- cancer deaths will rise from 144,000 in 2014 to **208,000** in 2040
- dementia deaths will rise from 59,000 in 2014 to **219,000** in 2040
- organ failure deaths will fall in people aged below 90, but will rise by **12,000** in those over 90
- between **25% and 47%** more people will require palliative care in 25 years’ time - much more than previously expected the future increase in need for palliative care will be for patients who have cancer or dementia.

We are:

- ✓ a registered charity (no. 700636)
- ✓ a leading hospice in North Derbyshire (and the UK)
- ✓ here to provide outstanding, specialist end of life care and support, free of charge, to adult patients with a life-limiting illness, and their families
- ✓ at work in people’s homes across North Derbyshire, as well as in our hospice
- ✓ recognised as experts in providing specialist palliative and end of life care and rated Outstanding by the Care Quality Commission
- ✓ more than 70% funded by our supporters.

We are not:

- ✗ an NHS hospice. Less than 27% of our total income comes from local NHS budgets.

Governance and Trusteeship at Ashgate

Our Board of Trustees consists totally of volunteers who bring a range of professional expertise and life experiences to shape the direction of our strategic approach. Trustees are not involved in the day-to-day management of the charity. They delegate this responsibility to the Chief Executive and the Leadership Team. They hold them to account for ensuring that the hospice is managed effectively and in line with the highest standards of quality and customer service.

Trustees undertake a full induction and take part in the role-specific essential training provided by the hospice for all staff and volunteers. Trustees also take part in Quality Visits to clinical services. They shadow both clinical and non-clinical teams to gain assurances about performance and quality, to introduce themselves to staff and volunteers and to increase their knowledge of our services.

Our Ashgate Governance Framework sets out a robust hospice-wide governance and assurance structure. This has fully developed operational alignment and an emphasis on the ‘golden thread’ from frontline to Board. There are three committees which report directly to the Board. Their membership is drawn from the Trustees and senior managers. The Healthcare Quality Committee includes clinical quality and safety,

evidence-based care and patient experience in its portfolio. The People, Engagement and Performance Committee has a focus on our staff and volunteer workforce, on information governance, IT and digital development and community engagement. The third committee is Finance and Strategy which is charged with governance of our income generation, our reserves and investments, procurement and estate management.

This framework enables the Board meetings and development days to focus on long-term strategy, oversight of the charity’s performance, risk management and sustainability. The Board and the Committees meet on a quarterly basis.

Public benefit

The Trustees have referred to the guidance contained in the Charity Commission’s general guidance on public benefit when reviewing the hospice’s objectives and in planning its future activities. In particular, the Board of Trustees considers how planned activities will contribute to the objectives they have set. The Trustees are confident that this report appropriately reflects public benefit in some detail when describing the purpose, objectives and strategic plans, services, service developments and future plans for continued or enhanced service delivery.

Here wherever our patients need us

When someone living in North Derbyshire is diagnosed with a life-limiting illness, they can access Ashgate Hospicecare’s services through a referral. This normally comes from their GP, hospital team or community nurse. At that point, we provide specialist care and support for our patients in their own homes or at our Inpatient Unit (IPU) in Old Brampton, or sometimes both. For example, patients can come to the hospice for a few days to control their pain, before returning home, if able to do so. We provide practical, emotional and bereavement support for the families of our patients too.

Care in the community

In 2019/20, our Specialist Palliative Care Nurses and Nursing Assistants provided support for 750 patients at home. In addition to this, our Medical staff provided care for 153 individual patients, while our Physiotherapists and Occupational Therapists provided care and equipment for 341 and 404 patients respectively, to enable them to be cared for at home.

Most of our patients want to stay at home when they are unwell and we do what we can to make that possible. We have a team of specialist nurses and healthcare professionals who visit patients in their own homes, right across North Derbyshire, an area of approximately 800 square miles. When necessary, our team of nurses also provides advice and guidance remotely through phone and video calls (for example, due to COVID-19 limitations). By providing essential end of life care at home, our patients are able to stay where they feel most comfortable, surrounded by the people they love, for as long as possible. If their condition deteriorates or their symptoms worsen, we can provide closer monitoring and care at our main hospice.

We provide out-of-hours telephone advice and support to patients, their carers and other health professionals. See page 24 for more detail about the specialist care we provide in patients’ homes. The following comments were received on patient feedback forms from a patient and the relative of a patient who was cared for at home.

“My care is ongoing and so far has been excellent. I have received very prompt responses to calls I have made and value the kindness and practical support.”

“The support given was excellent, both with medical treatment and psychological support to the family. The standard of care was extremely high and the ‘end of life’ treatment was so professionally carried out to meet the individual patient’s needs.”

★ ★

100%

of the patients whom we cared for at home, who completed our patient experience questionnaires, stated that they would recommend this service to friends or family.




Lorraine with Palliative Care Specialist Nurse Sharon



David with Healthcare Assistant Karen

Care at our main hospice in Old Brampton

When our patients have complex needs, or multiple conditions that need careful management, we care for them in our Inpatient Unit at our hospice in Old Brampton. There, our team of specialist doctors and nurses aims to make our patients comfortable and improve their quality of life. Most patients who come to our Inpatient Unit arrive for a period of assessment and are often able to return home after receiving treatment. In 2019/20, on average, 40% of patients admitted to the Inpatient Unit were discharged home.

During 2019/20, the Inpatient Unit cared for 289 patients and their loved ones. Some of the patients were admitted on more than one occasion, resulting in a total of 339 admissions.

The average length of stay on the Inpatient Unit during the year was 13 days.



Our average bed occupancy was 6% higher than the previous year, at 91%, with 86% of referred patients being admitted within two days of referral.

The quality of the care we provide is incredibly important to us and we are constantly striving to look at ways of improving our service. We have several methods in which patients and their loved ones provide us with feedback, some of which is anonymous. All of our patients or their loved ones, who completed our anonymous patient experience questionnaires, indicated that they would recommend this service to family and friends. Below are just three of the lovely comments we received from patients or families.

“Please accept this donation, on behalf of my family and me, in memory of my dad who passed away after a short illness. He was admitted into the hospice the day before his passing. I had been nursing him at home for two weeks before this. The hospice, yet again, came to our aid in helping to support not only dad but our family and me. As some may recall, only four months

before this, my mother-in-law was lovingly cared for by the hospice before she passed away. Just a few months before that, in fact, I nursed my mum at home with the love and support from the wonderful hospice. Our entire family thanks everyone for their care and support.”

“To all the staff at Ashgate Hospicecare. I am not sure I can find the words to express how amazing you all are. The quality of care, compassion, empathy and attention both our dad and our family received was beyond word. I know I speak on behalf of the whole family and friends who have visited over the past two weeks. You do such an amazing job, and you should never underestimate the impact you’ve had on all of us, especially my dad in his final days. I shall never forget it. I shall forever be grateful to each and every one of the team who made my dad so comfortable and made such a hard situation for us that bit more bearable. All our thanks and appreciation. You have really made what you would imagine to be a really sad place to be made into somewhere filled with comfort: absolutely second-to-none care.”



The staff are amazing. They go beyond their duties to assist you. After just a few days my mobility has improved due to my medicines being sorted out and I am able to eat. I now have energy

Here to provide compassionate care

We understand that facing an incurable illness doesn't just require outstanding clinical care, it requires compassion. We look for ways to ease the immense physical, emotional and practical burden of a terminal illness to make our patients' lives easier in every possible way. We support their loved ones compassionately too, giving them the strength to cope with caring demands and their grief when they are bereaved.

"When I walked down the aisle, I knew the man I was about to marry would soon be gone. At just 39 years old, Gavin was told he had only weeks to live after his extremely rare form of bladder cancer had spread to his stomach. We were crushed. Only eight months before, we had celebrated the birth of our first child, Fletcher, and we were beginning to plan our wedding. We'd just settled into our lives as new parents. Gavin, who had his own business, was doing well and I had made the decision to leave work so that I could be a full-time mum. Everything seemed perfect. Then, in a heartbeat, our dreams of a wonderful future together shattered completely. We were in shock, so afraid of what was to come and we felt very alone.

Thankfully, Ashgate Hospicecare was there for us. Annette, our Palliative Care Nurse, was an angel. She listened to us, got to know our situation and immediately helped to manage Gavin's pain. She also put us in touch with the hospice's Welfare Advisor, who gave us invaluable help with the difficult financial situation in which we suddenly found ourselves. Ashgate Hospicecare helped to guide us at a time when the future seemed so bleak.

What really made the difference to Gavin's quality of life was the unflinching compassion and kindness shown by all of the Ashgate Hospicecare staff. I shall cherish that forever.

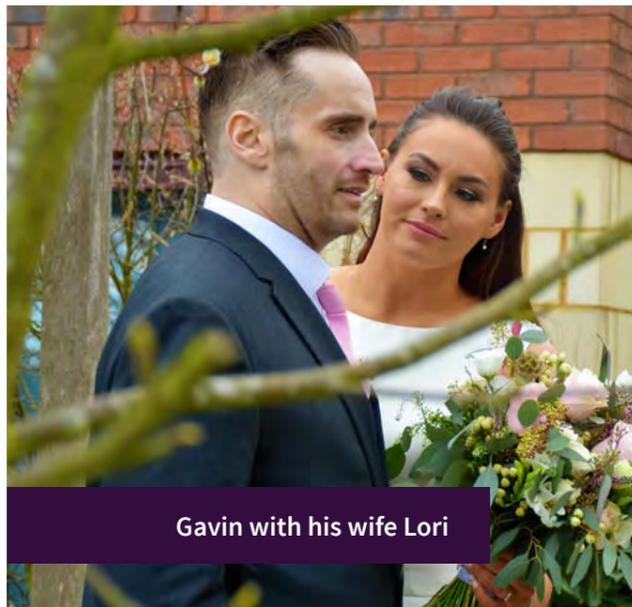
“
What really made the difference to Gavin's quality of life was the unflinching compassion and kindness shown by all of the Ashgate Hospicecare staff.

My wonderful husband, Gavin, died in April 2019. The loss I feel is immeasurable and not a minute goes by when I don't miss him. However, I am hugely comforted by the fact that his final weeks were made less painful, even happy, thanks to Ashgate Hospicecare. Gavin was able to spend precious time at home with our young son. We were able to have our special wedding day together and I shall be forever grateful for the care and compassion he was shown at the hospice."

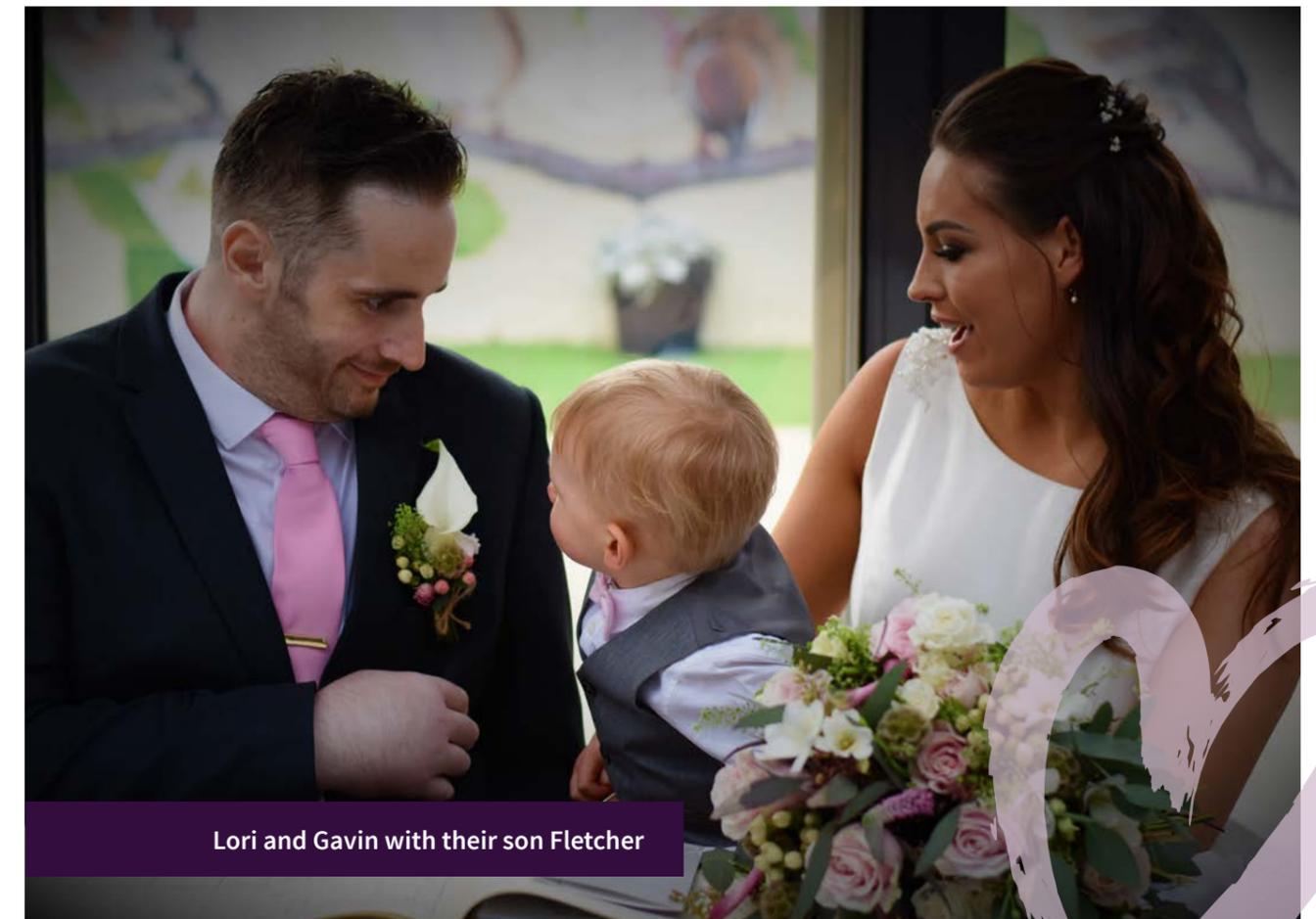
Lori Parkes



Lori on her wedding day



Gavin with his wife Lori



Lori and Gavin with their son Fletcher

Here to provide specialist care

Ashgate Hospicecare provides specialist palliative and end of life care for patients with complex care needs. This means they need the specialist support and skills of our expert staff.

Put simply, this means our patients have complicated physical and emotional needs which require specialist knowledge, management and skills. The type of care and level of intervention we provide depends on the degree to which a patient's disease has advanced. Also, we need to consider other factors, such as their support network, home environment and pain levels. Crucially, our specialist end of life care helps relieve pressure on the wider health service in North Derbyshire. This reduces the load on carers, relatives and friends, who want to be assured that their loved one is receiving the best possible care at every stage of their illness.



Supporting people earlier in their diagnosis

Whereas in our past, we were mostly involved in caring for a terminally ill patient at the very end of their life, GPs now refer patients to us much earlier, often at the point of diagnosis. Although this places greater demand on our services, it gives us the opportunity to provide care plans that maximise a patient's quality of life much sooner in the trajectory of their disease. By managing challenging symptoms, pain and complex psychological needs, patients can lead fuller lives for longer. This means they have more precious time with loved ones.

Upon referral, we establish a patient's 'phase of illness', using the criteria shown in the table below. This ensures we are able to identify quickly what support each patient needs. We also create health improvement targets for patients, where appropriate. This is because we know that, with the right specialist care, patients can see improvements in their condition for a time before their disease progresses.

'Phase of illness' definitions (as applied to newly referred patients)

Derived from The Outcome Assessment and Complexity Collaborative (OACC) Suite of Measures for Palliative Care

	Start of phase
Stable	Patient problems and symptoms are adequately controlled by established plan of care and: <ul style="list-style-type: none"> • further interventions planned to maintain symptom control and quality of life and • family/carer situation is relatively stable and no new issues are apparent
Unstable	An urgent change in the plan of care or emergency treatment is required because: <ul style="list-style-type: none"> • patient experiences a new problem that was not anticipated in the existing plan of care and/ or • patient experiences a rapid increase in the severity of a current problem and/ or • families/ carers experience changes which impact on patient care.
Deteriorating	The care plan is addressing anticipated needs but requires periodic review because: <ul style="list-style-type: none"> • patients overall function is declining and • patients experiences an anticipated and gradual worsening of existing problem and/ or • patient experiences a new but anticipated problem and/ or • families/ carers experience gradual worsening distress that is anticipated but impacts on the patient care.
Dying	Death is likely within days

When a patient is referred to us, we identify their 'Phase of Illness' to formulate quickly the most effective package of care to meet their needs. We review their 'Phase of Illness' Score frequently, as a patient's disease progresses.

Monitoring patients' phase of illness

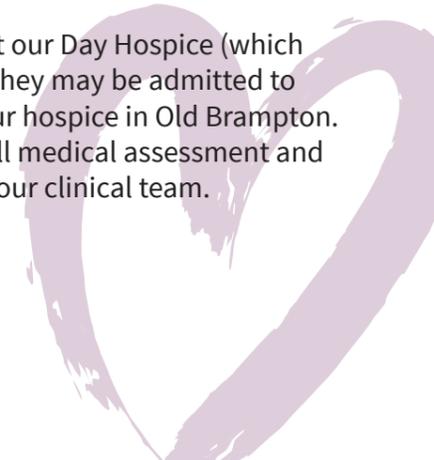
In order to meet patients' changing needs, we frequently review their 'Phase of Illness'. This enables us to identify different care needs, provide different medications or services and keep our patients feeling as well as possible for as long as possible.

When a patient's needs become too great to be

managed at home or at our Day Hospice (which was open pre-COVID.) they may be admitted to our Inpatient Unit at our hospice in Old Brampton. This happens after a full medical assessment and with the agreement of our clinical team.

“
Not all my patients are dying. They may have an incurable illness, but they are very much more interested in living and that's where we help too.

Sarah Parnacott,
 Consultant in Palliative Medicine



Providing complex end of life care in the community

Caring for someone with a life-limiting illness brings specific challenges that need to be addressed. Families of patients shouldn't be expected to know what to do or how to cope, and we make sure they aren't alone. Our specialist nurses assess patients' needs, as soon as they are referred to us, so that a clear care plan can be put in place at home. They listen to patients and their carers, and work to find solutions to a whole range of challenges that arise from being diagnosed with a terminal illness. From offering advice and arranging practical aids to providing emotional support and clinical care, our nurses travel to patients' homes throughout North Derbyshire to share their specialist knowledge and expertise.

The team works alongside GPs and community nurses to provide specialist assessment and advice for managing symptoms. The team ensures patients can access the psychological and emotional support they and their family may need.

Our community teams cover Chesterfield, North East Derbyshire, and a large part of the Derbyshire Dales and High Peak area. Our nurses help people living in these communities access the services Ashgate Hospicecare has to offer. They help them to have the best possible quality of life.

Our Clinical Nurse Specialists and Medics are continually providing a higher level of care in peoples' homes to prevent the need to admit a patient to a hospice bed.

One of our important aims for the upcoming year is to increase awareness of the amount of end of life care we provide to people in their homes right across North Derbyshire.

Providing complex end of life care at Ashgate Hospicecare's Inpatient Unit

Ashgate's Inpatient Unit plays a significant role in supporting the wider healthcare system by avoiding hospital admissions and relieving the pressure on acute beds. Analysis of referral patterns indicates that there has been a trend of increasing clinical complexity of patients admitted to the Inpatient Unit over the past two years.

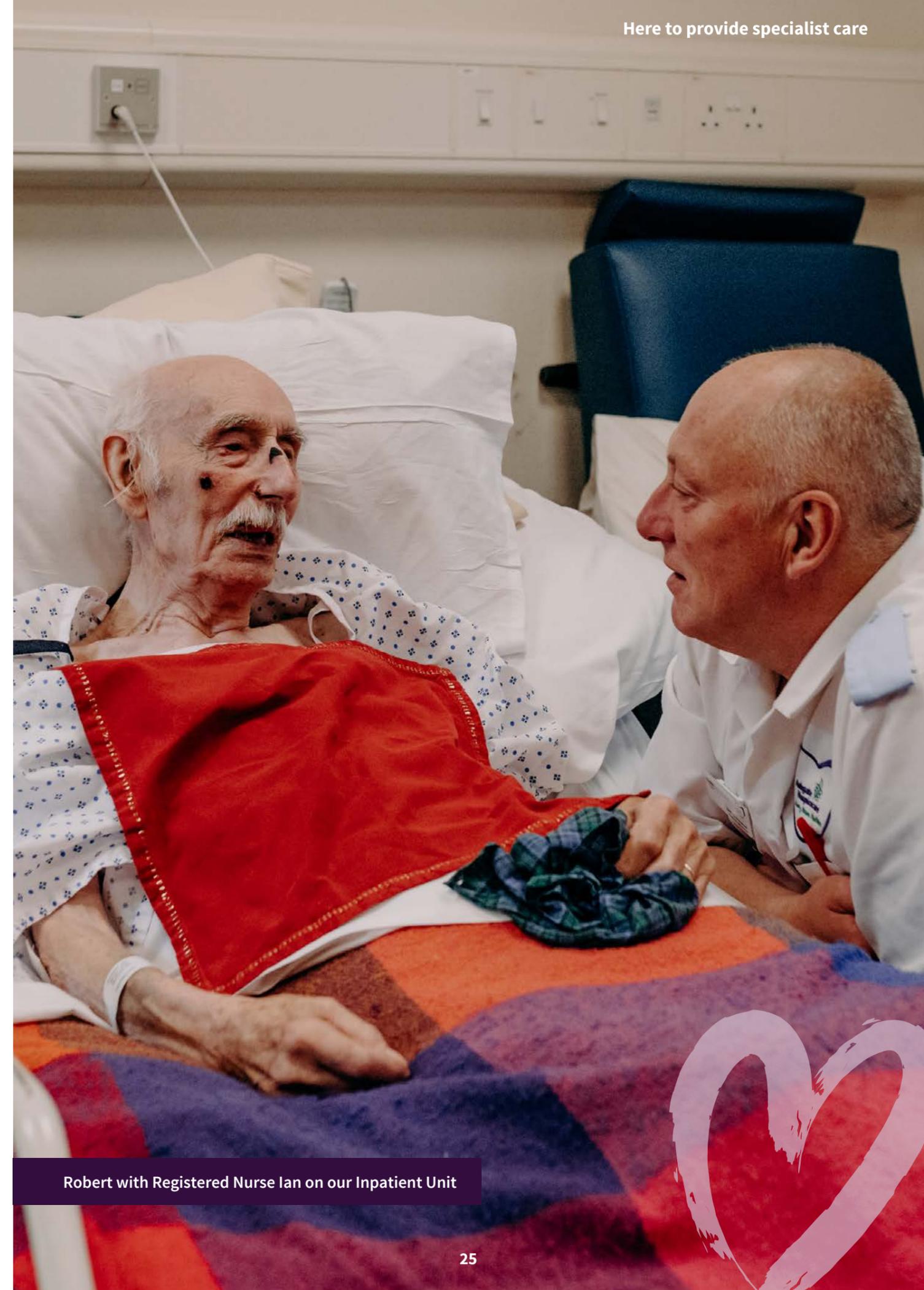
'Unstable' and 'Deteriorating' patients make up the majority of our clinical team's caseload. More widely, there are more people being admitted to the Inpatient Unit with multiple comorbidities, complex medical conditions and treatment regimens and higher levels of disability.

This includes people with common long-term conditions (notably diabetes), as well as cancer and non-cancer diagnoses, people living with metastatic disease and people living longer with progressive respiratory and neurological conditions.

These patients have increasingly complex needs for clinical care and for psychological and emotional support.



Registered Nurse Lynne



Robert with Registered Nurse Ian on our Inpatient Unit

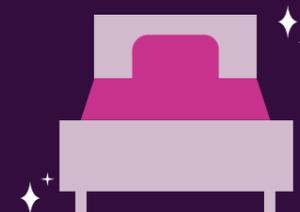
Case study: our three-bedded bay project



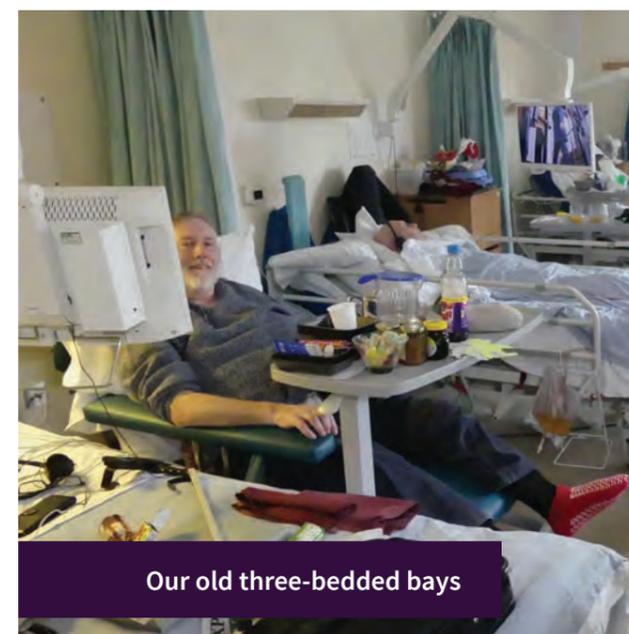
Our new private, modern bedrooms on the Inpatient Unit

At Ashgate Hospicecare, we aim to improve our patients' comfort and quality of life. We do this by seeking to understand how patients are feeling, alleviating their pain and easing any distressing symptoms they experience. We do all of this with the aim of helping patients maintain their dignity and independence.

One way we helped to provide dignified care in 2019/2020 was by replacing our old three-bedded bays at our hospice. Work on this project started in May 2019.



We knew that our hospice building was letting us down. Our busy Inpatient Unit was not able to offer everyone a personal room. Up to three patients had to be looked after in three-bedded bays, which had remained unchanged for 30 years.



Our old three-bedded bays

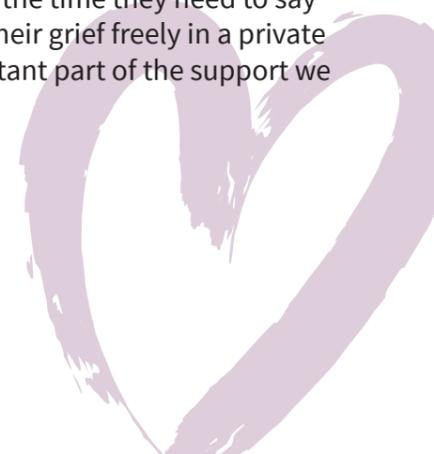
Our fundraising and marketing teams set to work on a mission to raise enough funds to transform the three-bedded bays (as outlined on page 42). We held a full consultation with patients, their families, our staff and volunteers. This was to develop a design that was led by the people we are here to help and support. Our intention was to go from having bays that belonged in the past to having modern rooms. Every single aspect of the interior of these rooms had been thought about and designed with the comfort and dignity of our patients and their loved ones in mind. The consultation highlighted what was important to patients and, as a result, our new rooms now provide the following.

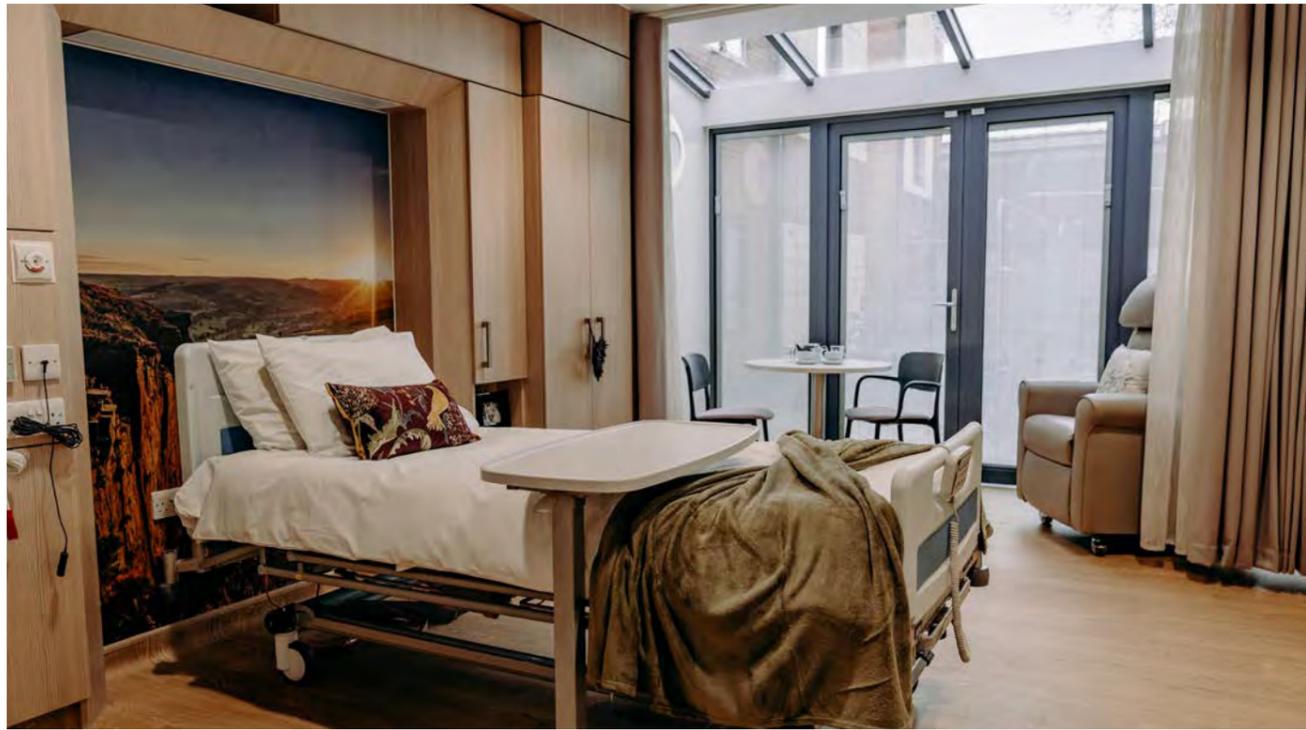
More patients receive the care and dignity they deserve

Moving to individual bedrooms means we are no longer restricted by single-sex bays or the number of patients admitted due to infection control. That enables us to care for more patients at any given time.

Privacy and precious family time

The new bedrooms allow patients to talk in privacy with their loved ones without the worry of being overheard. They provide the space to create special, precious memories without fear of disturbing other patients. They also give families time to stay with their loved one for as long as they need after they die. This gives relatives, friends and loved ones the time they need to say goodbye and express their grief freely in a private space. This is an important part of the support we provide.





More space

The new bedrooms give patients much more space than the bays. This means that family members can sleep overnight in the same room as their loved one. Patients also have access to their own outdoor space to spend precious time with their families.

A home from home

Patients can make the bedroom their own, since they have storage space to keep their clothes and other personal belongings near to them. In these modern rooms, patients also have control over their own environment, such as heating and lighting. New piped oxygen eliminates the use of gas cylinders, and integral hoists have replaced mobile hoists, making it easier and safer for medical and nursing staff to care for patients.

The transformation of the bedrooms at our hospice was an essential part of our work to provide patients with dignified care. It's not enough to focus solely on their acute medical needs. The renovation has enabled us to give our patients the space, environment and comfort they need to maintain their dignity and independence while in our care.

"Previously, we were providing care to some patients in three-bedded bays which hadn't really

changed for 30 years. The bays were very old fashioned and didn't give patients the privacy and dignity they deserved. The new rooms mean our patients can now talk in privacy without the worry of being overheard.

“

Families are able to create special, precious memories without fear of disturbing other patients.

Our visitors can stay with their loved one for as long as they need after they die. The rooms also give them that most precious thing; the time they need to say goodbye and express their grief freely in a private space.”

Hayley Wardle, Director of Quality and Patient Care



Susan with Ward Manager Karen

Here to meet all our patients' needs

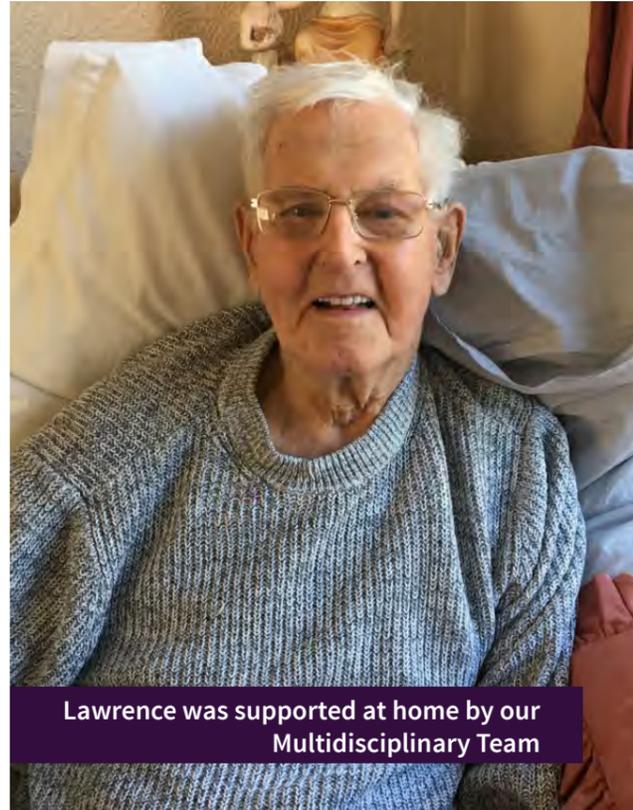
Central to our ethos is the belief that patients should be listened to and involved in the planning and delivery of their care. This means that every patient, whether they receive care at home or in our hospice, is treated as an individual. We strive to understand how they are feeling physically, to alleviate their pain and ease any distressing symptoms, while helping them to maintain their dignity and independence. We don't exclusively focus on the physical symptoms of a terminal illness. We help patients and their families understand their condition. We discuss their fears and anxieties and help them come to terms with what they are facing.

We work as a team to support each patient

Every patient has different needs that require different skills and expertise to manage. At Ashgate Hospicecare, teams of professionals, with backgrounds in different disciplines, work together to formulate a care plan and deliver this plan for each patient. This 'Multidisciplinary Team' approach is a vital feature of our care. It supports not just our patients, but those close to them.

Patients may come in and out of Ashgate's care over a number of months or years as treatments and care for long-term conditions improve and extend life expectancies. In addition, as people live longer with more complex conditions, they experience more symptoms and side effects from different treatments. These require managing.

The Multidisciplinary Team assesses and reviews a patient's needs on an ongoing basis and modifies their care plan accordingly. By working in this way, it means the patient is always at the centre of the team's care and receives the best treatment and services to meet their bespoke needs. Our highly specialist palliative care expertise means we are best placed to manage conditions with a high degree of complexity. This is what makes our end of life care so important to the people of North Derbyshire.



“The hospice helped to fulfil my dad's wish of dying at home, which was important to both of us, and to all my family. I will always be grateful.”

Linda, Lawrence's daughter

Stephen Rumford, Ashgate Hospicecare Physiotherapist, reflects on the importance of teamwork.

“One of the most important parts of the day is the Multidisciplinary Team meeting. I attend it, along with clinicians, nurses, occupational therapists and other specialists, such as social workers and counsellors. We discuss the patients in our care, both on the Inpatient Unit and in the community, how they are doing and what support they need. Then I know what my priorities are for the day. We all know we are working as part of a wider team of specialists to do the best for our patients.

Hospice care is not just about pain control and medication. It's about enabling patients to reach their goals. Physiotherapy is an important part of how we help patients, both here at the hospice and in the community. If you have a patient who is unstable at home and quite vulnerable to falls, building up their strength and confidence can make a huge difference. Having a fall can be a real setback which is why the work of the physiotherapy team, that I am a part of, is so important.

We have a daily group exercise session followed by an activity in the Day Hospice, which people can attend before returning home. We play fun games like skittles. We have horticultural therapy so people can enjoy gardening and keep mobile that way. We try to keep our patients physically active if we can. There's a lot more to what we do than chair-based exercises.

And, of course, all the time when I am going through the exercises, I am talking to the patient, finding out how they are doing and feeling. I can provide support that way too.



Every day I see the effect Ashgate is having on families. We work as a team to ensure all their needs are met. Just because someone might be in the last days or weeks of life doesn't mean they don't have potential or don't have their own personal goals. It's our job to help them realise those goals.

I work with patients who are desperate to get out into the garden or have a day out in Skegness. We work out how that can happen for them. Weddings on the Inpatient Unit are another good example of teamwork. – It's a Multidisciplinary Team approach that makes sure we have the right equipment and support to make it happen.

We never give up on patients just because they are nearing the end of their life. We want them to have the best quality of life they can. We can make a huge difference in managing their conditions, keeping them active when possible and providing care so they can be with their loved ones for longer.”

We offer a broad range of services to meet all our patients' needs

At Ashgate Hospicecare, we offer a holistic range of services to help our patients and their loved ones manage both their physical and emotional needs. These services include:

Physiotherapy – our physiotherapists assist patients with a variety of needs including breathlessness, fatigue, discomfort, weakness, mobility and pain, by providing a realistic and appropriate treatment regime to help improve quality of life

Lymphoedema specialist support - our small team of highly specialist lymphoedema nurses provides support and care to patients who have lymphoedema. We help patients who have lymphoedema by carrying out a thorough assessment and providing an individual treatment plan. The plan may consist of skincare, massage, exercise and compression. It aims to manage the symptoms of lymphoedema and improve quality of life

Counselling - the Counselling team is part of the Ashgate Hospicecare Supportive Care Team and is based in the Harry Fisher Building in the hospice. Our service is available to patients with palliative care needs, their families, friends and carers. We offer a safe space for our patients to be heard and supported, as they explore their concerns and any issues they wish to resolve



Complementary therapy – our Complementary Therapists specialise in palliative care. They form part of the Supportive Care Team at Ashgate Hospicecare and are based in the main Hospice building. This service is available to inpatients, Day Hospice attendees and to participants in the recently bereaved groups. The complementary therapy treatments that we provide can be used alongside conventional medicine or on their own

Occupational therapy - occupational therapists promote independence and quality of life when a patient's illness has restricted their normal activities of daily living. Our team works very closely with other members of the care team, carers and community agencies, but the patient's choice is central to any decisions made. The team can see patients in a variety of settings, including their own homes and at Ashgate Hospicecare's Inpatient Unit and Day Hospice. They can also provide an advisory role to nursing and residential homes

Spiritual care - our team of spiritual care practitioners works as part of the supportive care team. They are all specially trained and experienced in providing person-centered spiritual care in a healthcare setting and provide support patients, their relatives, friends, carers, staff members and volunteers. The team seeks to listen, with compassion, helping people to explore their own sources of strength, comfort and hope

Social work - the Social Work team is based at the hospice and out in the community. They work alongside other professionals and agencies to understand the needs of patients, their families, friends and carers. They help people to understand what help and support is available and what wider needs must be met (for example, the needs of children and young people when an important adult in their lives has died). They help to arrange and manage practical support for daily tasks

Outpatient care - we offer appointments with a wide range of our specialist staff for outpatients and Day Hospice patients in our specially designed outpatient rooms. We provide services including lymphoedema treatment, counselling, consulting, medical assistance, physiotherapy, psychology, consultation with the Ashgate Hospicecare Community Specialist Nurses and bereavement services.

The table below shows the numbers of individuals accessing some of these services during 2019/20.

Service	Number of patients
Physiotherapy	676
Lymphoedema	640
Counselling	164
Occupational Therapy	795
Complementary Therapy	200
Social Work	219
Day Hospice	227



“The ability to share my pain and loss, the sensitive understanding of situations through life and the ability to help me to turn situations around enabled me to have more confidence in myself. Though at times incredibly painful, it was constructively very supportive in giving me insight into situations and circumstances with incredible patience and understanding.”

- relative after receiving counselling



Here as part of a wider health system

Ashgate Hospicecare doesn't work in isolation. Rather, we play an important part in North Derbyshire's wider healthcare system.

Our team works in close liaison with each patient's GP, community nurses, therapists, pharmacists and other specialists to ensure the most effective coordination of care.

"I've been so impressed with the very strong link between Ashgate and my GP. When I was being cared for at home, I wouldn't always want to phone my GP because I knew how busy they are, and appointment times can be 10 days away. The people from Ashgate have said 'leave it with me' then, within hours, if not minutes, they've phoned back to say they've spoken to my doctor, everything is sorted or that they will drop off a prescription at a set time and place. The co-ordination of care made everything so much easier for me when my symptoms were very hard to manage."

Gordon Healey, Ashgate Hospicecare patient



Gordon with
Healthcare Assistant Chrissie

"I have been a GP in North Derbyshire for the last 28 years. During this time, I have seen Ashgate Hospicecare expand with increased numbers of inpatient beds, community nurses, consultants and allied professionals. It has also increased its hours covered, including the most recent expansion to offer an invaluable weekend and evening service. It is one of the most integrated and person-centred, specialist service within the system, working collaboratively with GP practices, district nurses and other community services. All the members of the team are very responsive and supportive. They have helped me, and the team I work with, on many occasions to look after patients and their families, allowing a person to die peacefully at home. Sometimes, this isn't their preferred place to die, many wishing to go into the hospice. These wishes are respected and everyone will work hard to allow this to happen.

I can't imagine being a GP without the support the Ashgate team offers, particularly with the number of people needing their skills increasing. We must not forget, in these exceptional times, that some of the increased demand will be a direct, but some an indirect, result of COVID.

I strongly believe that we must aspire as a community in Derbyshire to start to talk about our mortality and, at an appropriate time, to plan our death. It is only by having leadership from people such as those who work in this very sensitive and specialist area, such as Ashgate, that we shall achieve this."

Dr Ruth Cooper, GP Partner and Governing Body Member of Derby and Derbyshire Clinical Commissioning Group

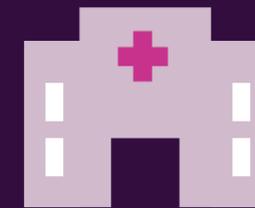
Easing the pressure on NHS services

Ashgate plays a significant role in supporting the wider healthcare system by avoiding hospital admissions and relieving the pressure on acute beds in NHS hospitals.

In 2019/20, 78% of admissions to the Inpatient Unit were admissions directly from home. The remaining 22% of patients were admitted from acute hospitals, thereby freeing up acute bed capacity.



78%
of admissions
were directly
from patient's
homes.



22%
of patients were
admitted from
acute hospitals.

"I'd class Ashgate as my second home. In hospital, they want to help you but it feels rushed. Here they have time to sit down and listen to you and listen to every detail of your pain. My medication got switched around and I've slept so well. I only woke up once last night. I'm so pleased to be able to get some sleep."

Lindsay Birley, Ashgate Hospicecare IPU patient



Newly-wed Lindsay
with her husband Simon

Continually learning and improving

Ashgate Hospicecare is one of the few hospices in the UK to track and publish our quality data, so we are continually learning and improving. Our aim is to give all our patients the best possible experience. Where we can do better, we strive to learn from that experience for next time.

Every three months, we publish quarterly statistics that we share with Derby and Derbyshire Clinical Commissioning Group. We look at patient trends, areas for improvement and ways we could work differently to enhance the services we provide.

Clinical training and education

Our role at Ashgate is to care for patients who have specialist needs, but we are committed to ensuring that all local healthcare professionals are able to provide the best end of life care for everyone. This is whether patients be in the hospital, in a nursing home, in a residential home or being cared for in their own home. That's why we have continued to provide a varied programme of training and education, including evening seminars, as an educational resource to upskill the healthcare community of North Derbyshire.



CASE STUDY: Improving communication skills at Ashgate and within the wider system

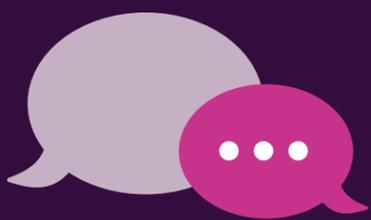
At Ashgate Hospicecare, we are always seeking to improve the quality of what we do. We look to share any new learning with the wider health community in North Derbyshire, so that more patients can benefit from our learning, even if they aren't under our care. We have started running Project ECHO education sessions where we share palliative care learning with nursing and care homes. We also hold virtual evening sessions with the wider health community.

The SAGE & THYME training was pioneered and is licensed by Manchester University NHS Foundation Trust (MFT). It gives a structured, quick and very effective way for listening and responding to the concerns of patients and carers. In 2019/2020, 180 Ashgate Hospicecare staff, volunteers and members of the wider Health and social care community were trained in specialist SAGE & THYME conversation and listening techniques to communicate more effectively with our patients.

Consultant in Palliative Medicine, Sarah Parnacott, explains: "SAGE & THYME guides you into a conversation and then out of it. It does this in such a way that you don't get stuck without having offered the patient some solutions and got to the bottom of their concerns. It has made a big difference to the quality of the conversations we have. I find it particularly useful for finding out about a patient's support networks and who else is there for them."

"You don't just have to use it with patients; it works in your everyday interactions. A GP I know said, "You 'sage and thymed' me the other day, didn't you?" I think that shows it is a genuinely very helpful tool. We are now helping share the learning across North Derbyshire."

Setting
Ask
Gather
Empathy
&
Talk
Help
You
Me
End




Healthcare Assistant Chrissie and Ward Sister Paula on our Inpatient Unit

Here thanks to our dedicated volunteers

Ashgate Hospicecare is a charity that is lucky to have over 600 volunteers who carry out a whole range of roles to support our services. Their contribution across the entire organisation is immeasurable. There would be so much we should struggle to do without their time, skills and commitment.

Our volunteers work tirelessly in a number of roles, including the following.

Volunteer Gardeners

Our team of volunteer gardeners helps keep the beautiful grounds at our main hospice in Old Brampton looking wonderful all year round, supporting our gardener Steve (and hospice dog Shep!)

Retail Volunteers

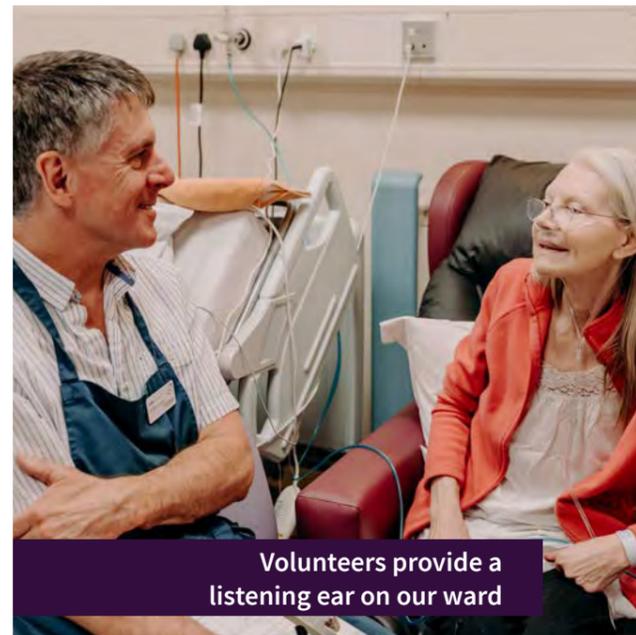
From selling donations in our retail shops, on eBay and online, to helping distribute donations to our shops around North Derbyshire, sorting stock and serving customers in our busy coffee shops, our volunteers pull out all the stops to help us raise much-needed funds.



Our shops rely on volunteers to raise funds

Volunteer Ward Companions

This role enhances our compassionate services by reassuring patients, their families and friends that someone will be there to provide companionship when it is needed. Our Volunteer Ward Companions allow family and friends the opportunity to take a break, knowing their loved one is not alone. They provide companionship and emotional support to patients. They also escalate any concerns, including any perceived changes in the condition of the patient, to nursing staff.



Volunteers provide a listening ear on our ward

Volunteer Inpatient Unit Assistant

Our team of Volunteer Inpatient Unit Assistants serves refreshments and meals to patients on the ward. They present a friendly face and listening ear to those who need it.

Fundraising Volunteers

Our fundraising volunteers are working harder than ever to ensure Ashgate Hospicecare is here for the future. Whether that's marshalling at our biggest Sparkle Night Walk yet, providing helpful hands at our events and in the office or attending local fairs, fetes and collections on our behalf, our fundraising volunteers are essential in helping our community fundraise for the hospice.

Inpatient Unit volunteer Paul Cocker, who lives in Chesterfield, first started volunteering for Ashgate Hospicecare 27 years ago.

“My dad was everything to me and I couldn't fill the space after he died. Then one day, I was driving past the hospice and it was almost like the car turned itself towards the front doors. I went in and asked if Ashgate needed any help. I haven't looked back since.”

Paul is now an Inpatient Unit Assistant Volunteer. Even though he's been doing it for ages, his friends still ask him how he can bear to be a volunteer at the hospice as they say, “it must be so depressing.” Paul says it's anything but.

Paul's duties are to take meals to patients, record how much food and drink they have consumed and report any problems to the clinical staff. But what his volunteer job description does not describe is how he is there to make patients, friends and relatives smile, even at the most difficult of times.

He volunteers at the hospice every other Sunday, even arranging holidays with his wife, Joan, around his shifts so he doesn't ever miss one. It's that important to him. Like so many of our volunteers, Paul has a natural ability to connect with people and make them laugh, even when they are facing something devastating. That ability cannot be underestimated when it comes to the benefit it brings to our patients and their loved ones.

“I have been told I have this ability, this gift, to lift people's spirits. I've always been that way and it comes naturally to me. I know when people want to be left alone and I know when they want me to stay and cheer them up. I'm a very, very sensitive person. I've got a lot of empathy and I interact with our patients because I know they need me to.

It's not about me; it's about them. Of course, I get upset from time to time. But I do my best for them every minute I'm there. When I leave my shift, I know I couldn't do more.

While there are a number of things only the clinical staff are allowed to do, there's no 'us and them'. We are one Ashgate team.”

He adds: “Volunteering at the hospice has made me realise what life is about. It's the people you love and your health.”

In 2019/20, we had 135 new volunteers join us. They support us in up to 18 different types of volunteer roles across Ashgate. Our volunteers contribute to every department.

Our Inpatient Unit volunteers served over 14,000 meals to the patients on our ward.

14,000



Reception volunteers spent 1680 hours welcoming visitors to the hospice.

1,680



We have fourteen volunteers who have been with Ashgate for over 20 years. Of these, seven have been with us for an incredible 30 years each.

If we were to pay for the contributions our volunteers gave us, we estimate it would cost us at least an additional £325,000 per year. We would like to thank every one of our dedicated volunteers for their outstanding contribution to Ashgate Hospicecare in 2019/2020.

For more information about opportunities to volunteer with Ashgate Hospicecare, please visit www.ashgatehospicecare.org.uk/volunteering

Here for our people

During April 2019 to March 2020, Ashgate Hospicecare employed 312 permanent staff. It's not just our clinical staff who are committed to making sure Ashgate provides the best possible care and support in our community. We are one Ashgate team and all our staff work to deliver the best possible care for our patients. This applies just as much to our staff in our retail and coffee shops, our donation centre, eBay, fundraising, marketing, finance, administration teams and more.

The views of our staff are extremely important to our organisation. In September 2019, we launched 'Here for the Future'. This is a programme to involve our staff and volunteers in making decisions about how Ashgate Hospicecare should evolve. Its aim is to achieve our vision of continuing to meet the palliative and end of life care needs for people in North Derbyshire for the next 10 years and beyond.

One of the things we have started to develop is a 'One Ashgate' approach. No matter what part of Ashgate people work or volunteer in, they know their work is all important. They know that everyone's contribution matters and that everyone plays a vital contribution in helping us provide excellent palliative and end of life care across North Derbyshire.

by Chief Executive Barbara-Anne Walker.

compassion
teamwork
respect
open
inclusive



Kevin Marshall from our eBay team

There is a growing body of evidence that healthcare organisations which nurture improvement and learning cultures provide better quality services, as defined by patient safety and feedback on their experience.

Our aim is for people to know, whether they work in one of our shops or deliver care to our patients, that they are empowered to make changes which will improve patient and customer outcomes. We also want to foster a culture where they know how to challenge poor performance when they see it.

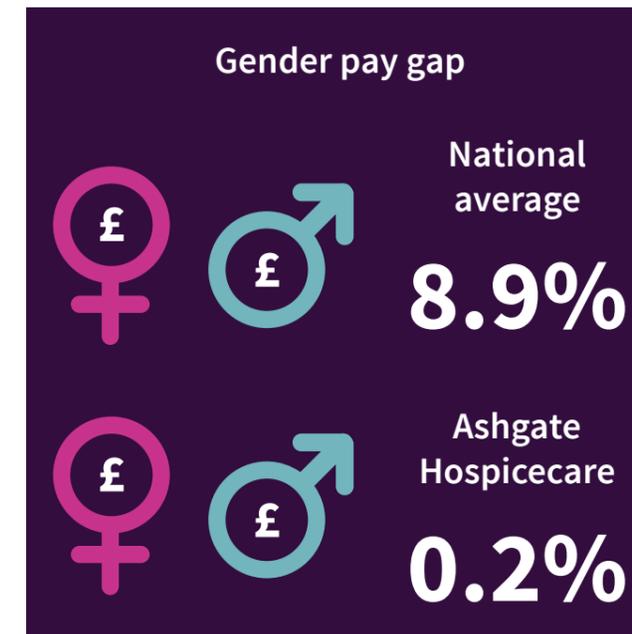
Our workforce here at Ashgate is filled with employee and volunteer leaders working at all levels. They make decisions constantly, day and night, which directly impact on the experience of patients and customers.

We ensure that our people have the skills they need to fit a piece of equipment in a patient's home, or design a retail display, or set up a syringe driver. In the same way we have set about

ensuring that their leadership skills reflect our values and contribute to achieving our vision. Our improvement culture is now supported by smart working, data and performance systems and is improving all the time. It is a vital part of ensuring that people in North Derbyshire get the quality end of life care they need and deserve from us.

We continue to be a signatory of the Mindful Employer charter and have been successfully revalidated as a Disability Confident Employer, working towards achieving the Disability Leader status in future as part of our Equality, Diversity and Inclusion agenda. As part of our ongoing commitment to being a Dying to Work Charter signatory, we introduced a new policy commitment for any employee with a life-limiting condition, ensuring their employment rights and associated benefits are protected. We also continue to work in partnership with the TUC to develop training for other employers to help ensure those with life-limiting conditions in all industries are protected.

We recognise the valuable contribution of all our people, and the importance and equity and flexibility in being able to deliver the very highest levels of care to our patients. That's why we are proud that the gender pay gap at Ashgate Hospicecare remains significantly below that of the national average. Nationally, the gender pay gap among full-time employees stands at 8.9% compared to 0.2% at Ashgate Hospicecare.



The charity employs people whose skills are in demand in a variety of sectors including the NHS and the public sector, private companies and other charities. Many hospice employees require the same levels of professional and occupational qualifications and experience as staff working in these sectors. When trustees set levels of remuneration, including for senior managers, they consider local labour market conditions and the rewards offered by organisations that employ individuals with similar skills, competences and qualifications.

Let's Talk Inclusion

We identified the need to become more diverse to enable us to engage fully with the local community. We launched "Let's Talk Inclusion" events. This was a key strategic priority to ensure that our services were equitable and available for the whole of the community of North Derbyshire; to enable us to have access to key health care professionals and volunteers and be seen as a leading employer in the area; and to have the support from the whole community for our retail and fundraising endeavours.

Links have been made with:

- LGBTQ+ Derbyshire
- Derbyshire Gypsy Liaison Group
- Sight Support Derbyshire
- the Muslim Welfare Association in Chesterfield and North Derbyshire
- Lighthouse Homes
- Together for Short Lives

Since launching Let's Talk Inclusion, tangible evidence is emerging of the difference this is making for our patients, relatives, staff and volunteers. Ongoing education and programmed activities are planned to further develop our services to ensure inclusivity for all members of our local community.



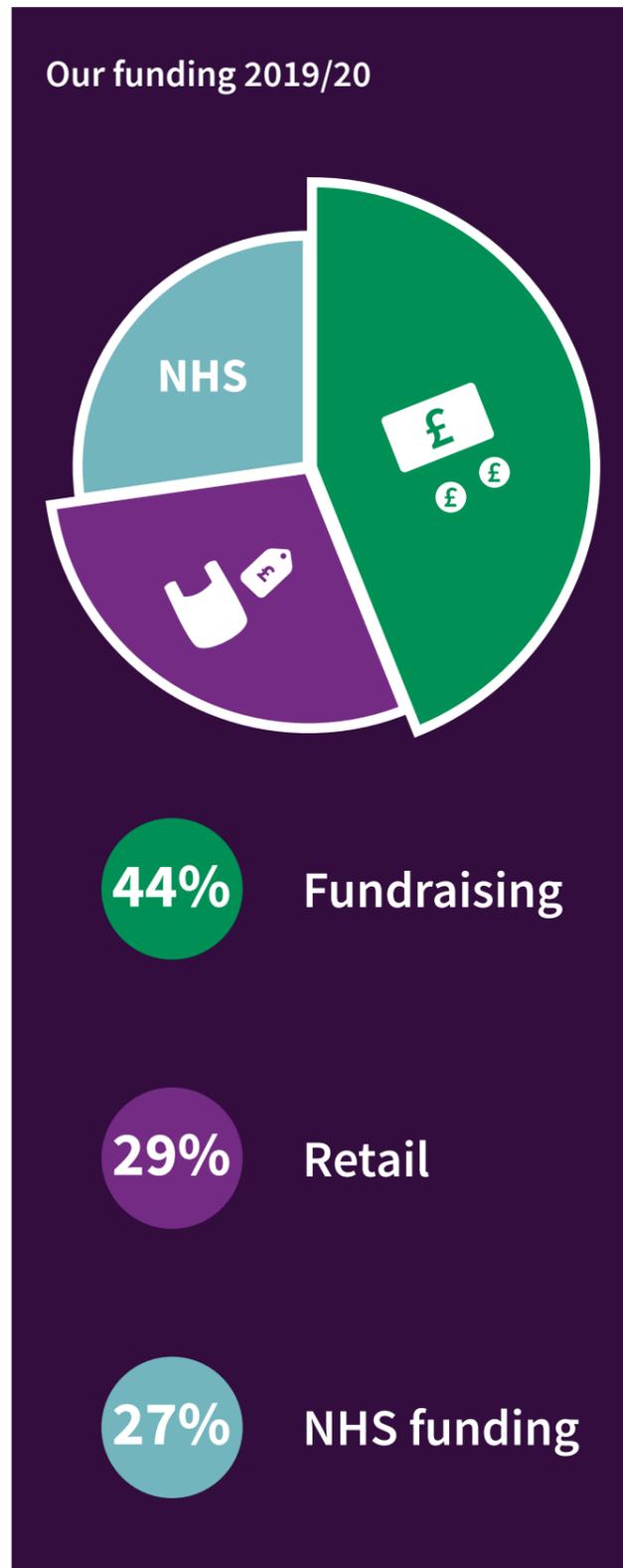
Here to fundraise

We are a leading hospice in North Derbyshire and the UK, recognised as experts not just locally but nationally in providing specialist palliative care. Of course, providing this level of care requires substantial funding and, in the financial year April 2019 – March 2020, we needed to raise over £4m on top of what we received from NHS budgets. This is a huge amount of money which comes through generous donations, gifts in wills, our Ashgate Lottery, events and income raised through our shops and coffee shops. More recently and outside this reporting period we have secured a funding settlement from NHS Derby and Derbyshire Clinical Commissioning Group to bolster near term funding. This milestone funding settlement will be explained in detail in next year's report.

New rooms for our Inpatient Unit

We needed to raise a huge £1.2 million to transform the old three-bedded bays in our hospice into nine beautiful individual rooms. The fundraising effort involved us working extremely closely with some of our corporate supporters. This resulted in massive savings for the hospice. We were able to keep the costs of the project down, thanks to the support of a wide range of local companies as well as local and national trusts and foundations and members of the local community itself. Special mention should be given to G F Tomlinson, Terry Ward & CLoSE UK Ltd, Designer Contracts, Morrisons Foundation, The Bradbury Foundation, Garfield Weston Foundation, Westfield Health Charitable Trust and the CRASH Charity.

For more on the transformation see pages 26-29.



Ashgate's award winning Markovitz Sparkle Night Walk

In July 2019, Ashgate Hospicecare held its fifth annual Markovitz Sparkle Night Walk. Starting and finishing at Chesterfield Football Club, the event encouraged the local community to come together for a night of celebration and fundraising as a sea of pink T-shirts and glowing bunny ears descended upon the A61 bypass on a circular 10km sponsored walk around the town.

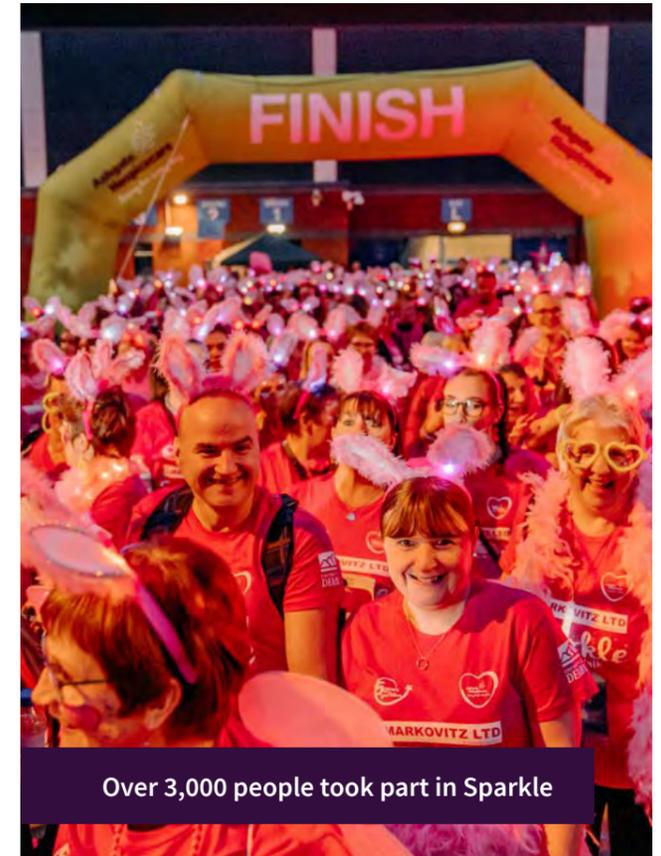
Our aim was to grow participant numbers to 2,500 and raise a massive £225,000 for the hospice. We also aimed to encourage more men to take part.

In fact, such was the success of the marketing campaign, we closed registrations three weeks early when we reached the projected safe capacity, with 3,000 people registered to take part.

Overall, the event raised **£263,000** which surpassed our fundraising goal by nearly £40,000.

The #MenOfSparkle advertising campaign, run by our Marketing and Communications team, saw the number of male participants rise to 15% of the overall registrants. This was almost double the previous year.

Some of the key partners involved in delivering the event included Go Traffic Management, a local road management firm, who donated their time for free to manage road closures on the route. Markovitz Ltd covered a substantial chunk of our expenditure through their headline sponsorship, alongside University of Derby, Chesterfield College and several other local organisations. Chesterfield FC Community Trust gave us use of Chesterfield Football Club to host the event.



Over 3,000 people took part in Sparkle



The men of North Derbyshire sparkled this year

#ChallengeDerbyshire smashes through £1 million landmark

#ChallengeDerbyshire was formed in 2015 to support the three end of life care charities in North Derbyshire, (Ashgate Hospicecare, Blythe House Hospicecare and Helen’s Trust). Over the five years, a collection of local businesses and restaurants has come together to support the initiative through the Business Club and Dining Club. The businesses and community have taken on great challenges and fundraising events. These include supercar motoring days, 27.5 mile sponsored walks and concerts. Their fundraising ball hosted in February was attended by nearly 500 guests and raised a staggering sum in excess of £205,000! #ChallengeDerbyshire has now raised an incredible total of over £1.1million for patients and their families across North Derbyshire.

At the ball, David Hopkins, CEO of M Markovitz Ltd and co-founder of #ChallengeDerbyshire, said, “Thank you so much to everyone who has helped us reach this fantastic milestone so soon! I hoped we would hit £1million but to smash it at this event taking us past £1.1million was amazing.



“
Excellent end of life care should never be a ‘nice to have’; it should be an absolute right for everyone.

We must never take for granted the incredible work our three charities do for patients and their families at the most difficult time in their lives. The support we have received from local businesses has been incredible, but the need doesn’t go away.”

Fundraising standards

Ashgate Hospicecare’s approach to fundraising is focused on supporter care through extensive and regular training of staff and volunteers. Ashgate Hospicecare is registered with the Fundraising Regulator and ensures its fundraising is legal, open, honest and respectful. We monitor third parties who fundraise for us by asking supporters for feedback, providing training and following up any complaints. The charity received no complaints during the year.

As part of our approach, policies and standards, we ensure that we protect vulnerable people and other members of the public from inappropriate behaviour – we proactively train everyone involved in fundraising, and clear processes are in place to monitor and manage every interaction. In the past year, we have not uncovered any failure by staff, volunteers, professional fundraisers or commercial participants to comply with our policies and standards.



Events Fundraiser Savannah at our Fundraising Hub, Hasland

Here in your local community



Our 15 retail shops and three coffee shops continued to provide an important income stream for the hospice during the 2019/20 financial year. They also played an important part in representing the hospice within the local community, through our locations across North Derbyshire.

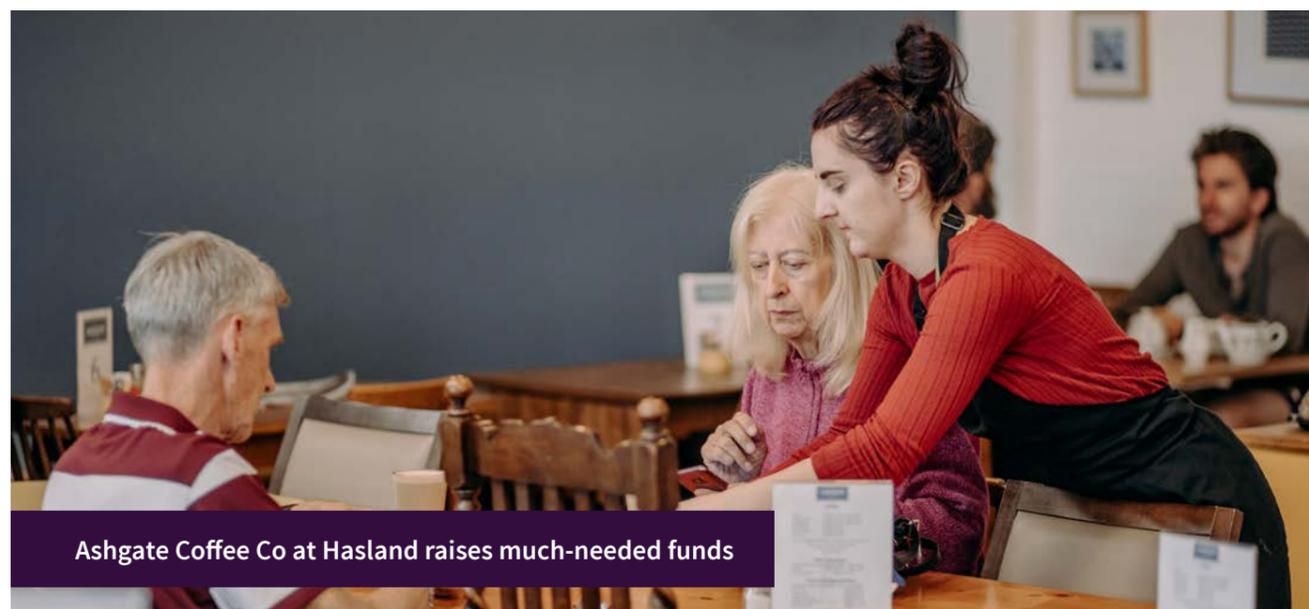
Our biannual Model Store programme and Shop Refurbishment projects were a key part to our Retail Strategy in 2019/20. They maintained a strong retail presence within the local community as well as trialling new ways of visual merchandising to increase retail income. Our Bakewell and Chesterfield shops had mini refurbishments. These not only refreshed

outdated fixtures, but increased the physical space and stock volume potential on our salesfloors.

Our online offer also saw great improvements. We developed the layout and content of our Ashgate Furniture Co website and increased the focus on our social media presence. Both elements contributed to an increase in online sales growth and brand awareness. These changes put us in a great place to continue this offer in a new financial year, which has already seen multiple, temporary closures to our bricks and mortar retail locations.

In October 2019, we opened our third coffee shop within the community, situated alongside our well-established clothes shop in Shirebrook. Coffee shops have proved to a popular presence within our local community.

Income from our coffee shops has increased by **15%** in comparison with the previous financial year.



Ashgate Coffee Co at Hasland raises much-needed funds



Hasland Furniture and Bedroom Store Manager Kevin

Here to say thank you

The year that has been reviewed in this publication and has been both inspiring and challenging in equal measure. The charity's ability to adapt and grow to meet the changing demands of our community, against a backdrop of significant funding concerns, is particularly commendable.

I would like to thank the entire Ashgate team, including all the staff and volunteers, for their devotion to their roles. They keep the wheels turning day after day to ensure that Ashgate Hospicecare delivers its promise of outstanding, compassionate end of life care. I have nothing but admiration for all those involved with Ashgate.

I would also like to express my deepest gratitude to all of Ashgate Hospicecare's supporters. This includes those who have helped us to fundraise in the community, those who have donated and bought from our shops, or attended our events, and also the corporations and businesses who have donated gifts in kind. We are enormously grateful for the generosity and enthusiasm of so many people within our community. They have enabled us to achieve the impact noted in this annual review.

Of course, given the quality of care we provide to so many within North Derbyshire, and given our contribution to the wider health system here, I fully support Ashgate's decision to have spoken openly about the need for more statutory funding. We must ask for what is necessary to deliver the best possible care in the context of growing demand across North Derbyshire.

Nicholas Jeffrey

Chair, Ashgate Hospicecare



“

My thanks to everyone who supports the work of Ashgate Hospicecare, and for helping us to be 'here for the future'



Linda with Registered Nurse Laura and Healthcare Assistant India

Reference and Administrative Information

Charity Name: Ashgate Hospicecare
Charity Registration Number: 700636
Company Registration Number: 02263980

Registered Office and Operational address: Ashgate Road, Old Brampton, Chesterfield, S42 7JD

Directors and Trustees

Andrew Archibald
 Dr Steve Bradder
 Penny Brooks, Vice Chair
 Andrew Dukelow
 Nicholas Jeffrey, Chair (Appointed 01/04/2019)
 Nigel Myhill
 Malcolm Pope, Vice Chair
 Daniel Ratchford, Vice Chair
 Ian Snow (Resigned 23/07/2019)
 Dr Roger Start (Resigned 12/12/2019)

Leadership Team

Matt Corbishley
 Rod Ismay
 Dr Sarah Parnacott
 Graham Richardson (Resigned 27/03/2020)
 Peter Stone (Appointed 04/05/2020)
 Esther Wakeman (Resigned 29/02/2020)
 Barbara-Anne Walker
 Hayley Wardle

Secretary: Heidi Golden

Auditors

BHP LLP, Chartered Accountants and Registered Auditor,
 57/59 Saltergate, Chesterfield, Derbyshire, S40 1UL

Bankers

Barclays, 1 St. Paul's Place, 121 Norfolk Street, Sheffield, S1 2JW

Governing Document

Ashgate Hospicecare is a charitable company limited by guarantee, incorporated on 2 June 1988 and registered as a charity in England and Wales on 14 September 1988. The charity's objects are specifically restricted to the relief of sickness and the preservation of health among people residing permanently, or temporarily, in North Derbyshire.

The company was established under a Memorandum of Association and is governed under its Articles of Association which were revised and amended in 2016, to ensure that appropriate consideration was given to tenures and succession planning for the Chair and Trustees.

Related Parties

Ashgate Hospicecare Shops Limited is a subsidiary of Ashgate Hospicecare. During 2019/20, it operated fifteen shops and three coffee shops, the profits of which are spent wholly supporting the work of Ashgate Hospicecare.

Ashgate Hospicecare is a partner and shareholder in Hospice Quality Partnership (HQP). HQP was set up to support independent hospices with procurement, benchmarking and collaboration regarding the improvement of value and reduction of cost, as well as the potential to generate new income through dividends in the future. The hospice sees significant benefits in being a Partner/Shareholder with HQP and is supportive of the company's aims.

Financial Review

The consolidated net deficit before investment losses was £187k in 2019/20, a change of £320k compared to net income of £133k in the previous year. The change aligns to a £310k increase in the costs of charitable activities, reflecting the continued increase in demand for patient services, and the increased complexity of patient cases.

Legacy income reduced by £419k (27%) year on year, with 2018/19 having been unusually high. The reduced legacies are offset by the capital appeal for the Three Bed Bay project generating a 13% increase (£267k) in donations and also by £305k of Covid Retail Grants. The inclusion of these grants in 2019/20 is based on the recognition date of the Chancellor's emergency funding commitments in March 2020. Legacies remain a hugely important source of income and we continue to be extremely grateful to our supporters who remember us in their wills.

Within donations, £874k of restricted funds income is a sharp increase compared to £249k in 2018/19, however, this reflects a natural migration of giving within the year where fundraising communications and grant applications have focussed on the Three Bed Bay project and so regular supporters donations have linked to the capital appeal.

The 9% increase in shops income largely reflects the Covid Retail Grants. Pre-Covid, an increase had been expected based on trading in the first 9 months, but there was then a marked reduction in footfall and sales from late February as the early impacts of Covid uncertainty took hold.

Income from charitable activities, at £2,942k, represents just 27% of total hospice revenue. During 19/20 and in subsequent months this level of funding, which has been largely static since 2014, has been central to Hospice funding negotiations with NHS Derby & Derbyshire Clinical Commissioning Group.

Total funds at 31 March 2020 are £6,699k, a decrease of 5% in the year. This decrease of £362k includes £166k of investment losses, with stock markets dropping sharply due to Covid, but making recoveries in the following year.

Investment Policy

The hospice has a portfolio of long-term investments, deposit accounts and an interest bearing current account, to ensure appropriate liquidity of funds. Investments were £866k at 31 March 2020, a reduction of 16% as explained above. With regard to the ethical investment element of the Policy, the Trustees do not wish to adopt an exclusionary policy when considering prospective investments, or potential donation receipts. However, individual investment proposals, and donations, may be rejected if they are perceived to be in conflict with the purpose of the Charity.

Reserves Policy

Reserves are held to give the hospice a financial buffer against shocks to income and expenditure. They are necessary for protecting services in the event of a short-term disruption to normal income streams and they ensure the hospice has funds available to cater for capital works.

In previous Annual Reports, the hospice has referred to a reserves target of three months of unrestricted fund expenditure, and it met this in 2018/19 with actual free reserves reported of £2,345k (unrestricted current assets less current liabilities). The Hospice has now developed a risk-based reserves policy and this has two impacts moving forwards: the risk-based target has been refined and the measure of actual free reserves now includes equity investments as these can be liquidated at short notice. The risk-based target is no longer purely expenditure focussed, but now takes account of the predictability of income streams such as shop income compared to legacies and it also factors in non-routine capital expenditure. Free reserves as restated for 2018/19 were £3,377k.

Whilst total funds have only decreased by 5% from £7,060k to £6,699k, free reserves have reduced by 45% from £3,377k to £1,840k. This reflects a net deficit of £1,053k as shown in Unrestricted Funds on page 57, coupled with capital expenditure of £1,630k largely on the Three Bed Bay Project offset by Restricted Income raised of £874k.

The Trustees consider that the net deficit reflects an underlying shortfall of £1m in the funding of statutory services and this has been consistently referred to post year end in funding negotiations, press releases and appeals as the Hospice has sought resolution of this matter with NHS Derby & Derbyshire CCG. Such utilisation of free reserves in 2019/20, against the then most recently approved reserves target of £2,311k enabled continued delivery of charitable objectives and a significant upgrade in patient infrastructure. In hindsight, with Covid, a higher target would now have been likely. Post year end the new target has been calculated at £2,804k. The increase from £2,311k reflects increased uncertainty for fundraising and retail income streams, partly offset by completion of the capital works. The charity also has restricted funds; the purposes of these funds are detailed in note 24 of the accounts. Restricted funds carried forward have decreased from £234k to £144k upon completion of the Three Bed Bay project.

Principal Risks and Uncertainties

The Board of Trustees has established processes to assess business and corporate risk. This involves identifying the types of risk the charity faces, prioritising them in terms of potential impact and the likelihood of occurrence, and identifying means of mitigating the risks. This assessment is monitored and updated on a regular basis.

The corporate risk register and the operational risk registers are monitored by the Risk Review Group which meets quarterly to ensure effective operational management of risk. Operational risk registers are, in turn, reported to the three Board Committees to ensure effective oversight and escalation. The corporate risk register is reported to the Board to ensure that Trustees are fully appraised of any strategic risks and the actions being taken to mitigate them.

A wide range of policies and procedures have been introduced to minimise risk and ensure compliance with legislation and CQC standards. Specific policies relating to risk include management guidelines, standing financial instructions, health and safety, information governance, clinical issues and employment.

Going Concern and Cashflow

The Trustees have considered the impact of COVID-19 on the company's income and operating cost base. Whilst it is not considered practical to accurately assess the duration and extent of the disruption, the Board are confident that they have in place plans to deal with any financial losses that may arise.

The Board have prepared forecasts of income and expenditure and cash flow for the period to 31 March 2022 and subjected these forecasts to sensitivity analysis which shows that they have sufficient reserves to be able to continue for the foreseeable future. They will continue to monitor the impact on income and take appropriate action as necessary.

The Board do however recognise that uncertainty exists surrounding the duration and impact of COVID-19 and hence there is inherent risk regarding the success and sustainability of future plans, however the Board have concluded that the company remains a going concern whilst such viable options are available to it. The Board therefore continue to adopt the going concern basis of preparation for these financial statements.

Statement of Trustees' Responsibilities

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

Company law requires the trustees to prepare financial statements for each financial year, 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 these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2019 (FRS 102);
- make judgements 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 adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Auditors

The auditors, BHP LLP, Chartered Accountants have expressed their willingness to continue in office, subject to the approval of members in general meeting.

By Order of the Board



N Jeffrey
Chair of Trustees
28th January 2021
Chesterfield



Independent Auditor's Report to the Members of Ashgate Hospicecare

Opinion

We have audited the financial statements of Ashgate Hospicecare (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31 March 2020 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company Balance Sheets, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and parent charitable company's affairs as at 31 March 2020, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent charitable company 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

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

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

Independent Auditor's Report to the Members of Ashgate Hospicecare

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

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



Independent Auditor's Report to the Members of Ashgate Hospicecare

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 53, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 report in accordance with this Act.

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

Use of our report

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



Adrian Staniforth (Senior Statutory Auditor)
28th January 2021

For and on behalf of BHP LLP, Chartered Accountants

57-59 Saltergate
Chesterfield
Derbyshire
S40 1UL

Consolidated Statement of Financial Activities

Incorporating a Consolidated Income and Expenditure Account For the year ended 31 March 2020

		Unrestricted Funds	Restricted Funds	2020 Total	2019 Total
		£	£	£	£
Income:					
Donation and legacies					
Donations	(2)	1,410,077	874,032	2,284,109	2,016,884
Legacies	(3)	1,142,200	-	1,142,200	1,561,177
		2,552,277	874,032	3,426,309	3,578,061
Income from other trading activities:					
Shops	(4)	3,346,756	-	3,346,756	3,071,548
Fundraising	(5)	1,053,828	-	1,053,828	1,088,819
Other	(6)	117,035	-	117,035	101,969
		4,517,619	-	4,517,619	4,262,336
Investment income	(7)	6,730	-	6,730	4,946
Income from charitable activities	(8)	2,942,636	-	2,942,636	2,938,199
Total income		10,019,262	874,032	10,893,294	10,783,542
Expenditure:					
Costs of raising voluntary income	(9)	307,910	-	307,910	290,358
Fundraising & other trading costs	(10)	3,870,257	-	3,870,257	3,767,838
Costs of charitable activities	(11)	6,893,870	8,084	6,901,954	6,592,415
Total expenditure		11,072,037	8,084	11,080,121	10,650,611
Net (expenditure)/income before investment gains		(1,052,775)	865,948	(186,827)	132,931
Losses on investments	(15b)	(166,181)	-	(166,181)	(25,104)
Corporation tax	(23)	(8,818)	-	(8,818)	(5,600)
Net (expenditure)/income		(1,227,774)	865,948	(361,826)	102,227
Reserves transfer		956,470	(956,470)	-	-
Net movement in funds		(271,304)	(90,522)	(361,826)	102,227
Reconciliation of funds:					
Total funds brought forward		6,826,105	234,673	7,060,778	6,958,551
Total funds carried forward		6,554,801	144,151	6,698,952	7,060,778

All activities are continuing activities. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities.

Balance Sheets

At 31 March 2020

		2020 Group	2019 Group	2020 Charity	2019 Charity
		£	£	£	£
Fixed assets					
Tangible assets	(14)	5,096,223	3,803,714	4,965,485	3,671,555
Investments	(15 a&b)	866,364	1,032,545	866,368	1,032,549
		5,962,587	4,836,259	5,831,853	4,704,104
Current assets					
Stock of finished goods		32,153	30,750	9,603	9,603
Debtors	(16)	1,371,158	839,390	1,210,106	1,452,380
Cash at bank and in hand		698,404	2,695,585	578,680	1,912,791
		2,101,715	3,565,725	1,798,389	3,374,774
Creditors: Amounts falling due within one year	(17)	(983,963)	(986,206)	(712,532)	(787,768)
Net current assets		1,117,752	2,579,519	1,085,857	2,587,006
Total assets less current liabilities		7,080,339	7,415,778	6,917,710	7,291,110
Creditors: Amounts falling due after more than a year	(18)	(381,387)	(355,000)	(381,387)	(355,000)
Net assets		6,698,952	7,060,778	6,536,323	6,936,110
Unrestricted charity funds					
General		6,554,801	6,826,105	6,392,172	6,701,437
Restricted funds		144,151	234,673	144,151	234,673
Total funds	(24 & 25)	6,698,952	7,060,778	6,536,323	6,936,110

The financial statements were approved by the Board of Directors on 28th January 2021 and are signed on its behalf by:-



N JEFFREY Director

Company Registration No. 02263980

The notes on pages 60 to 75 form part of these financial statements.

Statement of Cash Flows

For the year ended 31 March 2020

		2020	2019
		£	£
Cash (used in)/generated by operating activities	(27)	(373,792)	667,866
Cash flows from investing activities			
Interest received		6,730	4,944
Purchase of tangible fixed assets		(1,630,119)	(223,808)
Cash (used in) investing activities		(1,623,389)	(218,864)
(Decrease)/ increase in cash and cash equivalents in the year		(1,997,181)	449,002
Cash and cash equivalents at the beginning of the year		2,695,585	2,246,583
Cash and cash equivalents at the end of the year		698,404	2,695,585



Notes to the financial statements

For the year ended 31 March 2020

1. Accounting policies

a. Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

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

The financial statements are presented in sterling which is the functional currency of the charity and rounded to the nearest £1.

b. Company status

The charity is a company limited by guarantee and has no share capital. The charity is registered in England and Wales. The members of the company are the Trustees named on the back page. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

c. Basis of consolidation

The consolidated financial statements include the results of Ashgate Hospicecare and its wholly owned subsidiary Ashgate Hospicecare Shops Limited on a line by line basis.

A separate Statement of Financial Activities for the charity has not been presented because the charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

The deficit for the year for the charitable company was £531,460 (2019 deficit £23,845).

d. Going concern

The Trustees have considered the impact of COVID-19 on the company's income and operating cost base. Whilst it is not considered practical to accurately assess the duration and extent of the disruption, the Board are confident that they have in place plans to deal with any financial losses that may arise.

The Board have prepared forecasts of income and expenditure and cash flow for the period to 31 March 2022 and subjected these forecasts to sensitivity analysis which shows that they have sufficient reserves to be able to continue for the foreseeable future. They will continue to monitor the impact on income and take appropriate action as necessary.

The Board do however recognise that uncertainty exists surrounding the duration and impact of COVID-19 and hence there is inherent risk regarding the success and sustainability of future plans, however the Board have concluded that the company remains a going concern whilst such viable options are available to it. The Board therefore continue to adopt the going concern basis of preparation for these financial statements.

Notes to the financial statements

For the year ended 31 March 2020

e. Fund accounting

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

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

f. Critical accounting estimates and areas of judgment

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions: The company makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. There are no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

g. Income

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

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

Donations and gifts towards the running cost of the hospice are treated as income when received. Gifts in kind and donated goods are valued where the item is specifically identified and some reliable form of valuation is available. Goods donated for sale are not accounted for until the point of sale.

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

Grants are included in the SOFA in the year in which they are receivable and allocated to the necessary funds accordingly, and would be deferred if relating to services in a future period.

Lottery income is accounted for in respect of those draws that have taken place in the year. Income received from draws after the balance sheet date is deferred to the relevant accounting period.

Trading income is recognised at point of sale for both donated and purchased goods.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

Retail grants payable for the first national lockdown were announced in March 2020 and are included in other income in Shops on the basis that they satisfied the recognition criteria of entitlement, probability and measurability.

Notes to the financial statements

For the year ended 31 March 2020

h. Expenditure

Expenditure is recognised on an accruals basis inclusive of any irrecoverable VAT. Costs of generating funds comprise the costs associated with attracting voluntary income. Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them, which have been apportioned based on headcount and floorspace.

i. Tangible fixed assets and depreciation

All fixed assets are included at cost, net of depreciation and any provision for impairment. Depreciation is calculated to write down the cost of fixed assets by equal annual instalments over the following periods:-

Freehold buildings	2% straight line per annum
Fixtures and fittings	25% straight line per annum
Motor vehicles	25% straight line per annum
Buildings extension	2% straight line per annum
IT hardware	33% straight line per annum
Plant	10% straight line per annum

All assets costing more than £1,000 are capitalised, except for computer equipment where all items with a value of £100 or more are capitalised.

j. Fixed asset investments

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

All gains and losses are taken to the Statement of Financial Activities as they arise.

k. Stock

Stocks of retail goods are included at the lower of cost and 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 impracticable to be able to assess the amount of donated stocks as there are no systems in place which record these items until they are sold and undertaking a stock take would incur undue cost for the charity which would far outweigh the benefits.

Notes to the financial statements

For the year ended 31 March 2020

l. Debtors

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

m. Cash at bank and in hand

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

n. Creditors and provisions

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

o. Operating leases

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred.

p. Pensions

The pension costs charged in the financial statements represent the contributions payable by the charity during the year in accordance with FRS 102.



Notes to the financial statements

For the year ended 31 March 2020

2. Donations

	2020 Unrestricted	2020 Restricted	2020 Total	2019 Unrestricted	2019 Restricted	2019 Total
	£	£	£			£
General donations	545,560	148,277	693,837	622,181	125,475	747,656
In memory	265,848	49,057	314,905	343,045	45,382	388,427
Gift aid income from individuals	116,493	764	117,257	87,042	-	87,042
Community	379,241	16,916	396,157	436,252	13,298	449,550
Gifts in kind (see below)	95,485	280,223	375,708	115,693	-	115,693
Trusts and grants	7,450	378,795	386,245	163,844	64,672	228,516
	1,410,077	874,032	2,284,109	1,768,057	248,827	2,016,884

	2020 Unrestricted	2020 Restricted	2020 Total	2019 Unrestricted	2019 Restricted	2019 Total
	£	£	£			£
Gifts in kind						
Donated food & drink	12,020	-	12,020	30,025	-	30,025
Capital items	-	280,223	280,223	-	-	-
Other items	83,465	-	83,465	85,668	-	85,668
	95,485	280,223	375,708	115,693	-	115,693

3. Legacies

	Unrestricted 2020 Group	Unrestricted 2019 Group
	£	£
Legacies	1,142,200	1,561,177

4. Shops

	Unrestricted 2020 Group	Unrestricted 2019 Group
	£	£
Trading Activities	2,258,477	2,349,181
Donation of sale proceeds for goods sold as agent	625,349	577,894
Gift aid on donations of sale proceeds to charity	157,930	144,473
COVID-19 Retail Grant	305,000	-
	3,346,756	3,071,548

Notes to the financial statements

For the year ended 31 March 2020

5. Fundraising

	Unrestricted 2020 Group	Unrestricted 2019 Group
	£	£
Lottery	729,630	787,327
Events	324,198	301,492
	1,053,828	1,088,819

6. Other income

	Unrestricted 2020 Group	Unrestricted 2019 Group
	£	£
Training and Education	2,933	5,979
Catering and vending machine	86,416	79,436
Other	27,686	16,554
	117,035	101,969

7. Investment income

	Unrestricted 2020 Group	Unrestricted 2019 Group
	£	£
Gross interest receivable	6,730	4,946

8. Income from charitable activities

	Unrestricted 2020 Group	Unrestricted 2019 Group
	£	£
Clinical Support	2,888,947	2,882,448
NHS Derby and Derbyshire Clinical Commissioning Group	33,040	25,440
University of Sheffield -Student training	16,590	23,590
Chesterfield Royal Hospital -Medical secretarial support	4,059	6,721
Other	2,942,636	2,938,199

9. Cost of raising voluntary income

	Unrestricted 2020 Group	Unrestricted 2019 Group
	£	£
Donations	293,500	276,238
Legacies	14,410	14,120
	307,910	290,358

Notes to the financial statements

For the year ended 31 March 2020

10. Fundraising and other trading costs

	2020 Group £	2019 Group £
Lottery	275,212	344,766
Events	186,514	230,302
Community	40,948	98,986
Support costs – Fundraising	532,593	441,381
Support costs - Marketing and communication	170,825	195,281
Support costs – Retail operation	278,886	239,375
Shop expenditure	2,385,279	2,217,747
	3,870,257	3,767,838

All costs for Fundraising and other trading activities in both years relate to unrestricted funds.

11. Cost of charitable activities

	2020 Direct Costs £	2020 Support Costs £	2020 Total Costs £	2019 Direct Costs £	2019 Support Costs £	2019 Total Costs £
Patient Care - Hospice	3,359,544	904,138	4,263,682	3,439,558	726,584	4,166,142
Patient Care – Community	1,284,622	169,095	1,453,717	1,320,840	144,457	1,465,297
Therapies & Rehabilitation	1,061,759	122,796	1,184,555	855,174	105,802	960,976
	5,705,925	1,196,029	6,901,954	5,615,572	976,843	6,592,415

Patient care within the hospice includes the activities of the Inpatient, Outpatient and Day Services teams.

Patient care within the community includes the activities of the Palliative Care Nurse Specialists, Palliative Care Community Nurses, Support Workers and End of Life Care Facilitators.

Therapy and rehabilitation includes the activities of teams within Supportive Care Services, Lymphoedema, Occupational Therapy and Physiotherapy teams.

All of the above are then supported by the management structure and support functions within the Quality and Patient Care team, Catering, Housekeepers and the wider Estates teams.

Support costs totalling £1,196,029 (2019: £976,843) have been allocated across activities. These costs include the support services of the Chief Executive Officer, Finance, IT, Procurement, Information Governance, Human Resources, Learning and Development and Clinical Administration teams.

Notes to the financial statements

For the year ended 31 March 2020

12. Net movement in funds is stated after charging: -

	2020 Group £	2019 Group £
Auditors' remuneration - audit	8,000	9,000
Auditors' remuneration - tax	700	500
Auditors' remuneration - other	9,000	-
Depreciation	337,610	315,867
Payment made under operating leases	306,191	294,861

13. Wages and staff costs

	2020 Group £	2019 Group £
Gross salaries	6,724,215	6,154,937
Social security costs	572,239	509,054
Pension costs	532,357	492,502
	7,828,811	7,156,493

Average number of employees for the group and analysis of staff employees in the year were:

	2020 No.	2019 No.
Clinical	164	164
Retail	90	85
Finance & IT	8	9
HR & Executive	10	12
Estate	35	30
Fundraising/Marketing	31	32
Total	338	332

Employees earning over £60,000 are summarised below (excluding pension costs):

	2020 No.	2019 No.
£60,001 - £70,000	4	2
£70,001 - £80,000	1	-

Pension contributions relating to the staff earning over £60,000 totalled £32,228 (2019: £14,483).

The total amount of employee benefits received by key management personnel is £482,691 (2019: £448,084). The charity considers these to be the staff who comprise the senior management team on the Hospice payroll: Chief Executive Officer, Director of Fundraising, Director of Retail & Estates, Director of Quality & Patient Care, Director of People & Performance and Director of Finance.

Notes to the financial statements

For the year ended 31 March 2020

14. Tangible fixed assets

The group	Freehold Land & Buildings Original	Extension & Development	Fixtures & Fittings	Plant & IT Hardware	Motor Vehicles	Total
	£	£	£	£	£	£
Cost						
At 1 April 2019	355,000	3,845,755	801,751	479,326	188,644	5,670,476
Additions	-	1,057,972	195,432	376,715	-	1,630,119
Disposals	-	-	-	-	-	-
At 31 March 2020	355,000	4,903,727	997,183	856,041	188,644	7,300,595
Depreciation						
At 1 April 2019	134,900	781,614	555,524	236,644	158,080	1,866,762
Charge for the year	7,100	83,247	129,976	87,888	29,399	337,610
Disposals	-	-	-	-	-	-
At 31 March 2020	142,000	864,861	685,500	324,532	187,479	2,204,372
Net Book Value						
At 1 April 2019	220,100	3,064,141	246,227	242,682	30,564	3,803,714
At 31 March 2020	213,000	4,038,866	311,683	531,509	1,165	5,096,223

The charity	Freehold Land & Buildings Original	Extension & Development	Fixtures & Fittings	Plant & IT Hardware	Motor Vehicles	Total
	£	£	£	£	£	£
Cost						
At 1 April 2019	355,000	3,845,755	318,477	442,160	80,350	5,041,742
Additions	-	1,057,972	112,738	376,715	-	1,547,425
Disposals	-	-	-	-	-	-
At 31 March 2020	355,000	4,903,727	431,215	818,875	80,350	6,589,167
Depreciation						
At 1 April 2019	134,900	781,614	171,331	211,785	70,557	1,370,187
Charge for the year	7,100	83,247	72,509	80,846	9,793	253,495
Disposals	-	-	-	-	-	-
At 31 March 2020	142,000	864,861	243,840	292,631	80,350	1,623,682
Net Book Value						
At 1 April 2019	220,100	3,064,141	147,146	230,374	9,793	3,671,555
At 31 March 2020	213,000	4,038,866	187,375	526,244	-	4,965,485

The value of fixed assets held under finance leases is £49,683 in both the group and the charity.

Notes to the financial statements

For the year ended 31 March 2020

15. (a) Investments - charity

	Shares in group Undertakings and participating interests
	£
Cost at 1 April 2019 and 31 March 2020	4
Net book value at 1 April 2019 and 31 March 2020	4

Holding of more than 20%

The charity holds more than 20% of the share capital of the following company:

Company	Company number	County of registration or incorporation	Shares held class %
Ashgate Hospicecare Shops Limited	0226 3980	England & Wales	Ordinary 100%

The aggregate amount of capital and reserves and the results of the subsidiary for the financial year are as follows:

	Principal Activity	Capital and reserves	Profit for the Year
		£	£
Ashgate Hospicecare Shops Limited	Charity shop	177,680	177,676

All profits made by the subsidiary are gift aided to the charity.

(b) Fixed asset investments

	Group	Charity
	2020	2020
	£	£
Listed Investments		
Fair value at 1 April 2019	1,032,545	1,057,649
Additions	-	-
Adjustment	-	-
Investment losses	(166,181)	(25,104)
Fair value at 31 March 2020	866,364	1,032,545

The historical cost of the investment is £900,000 (2019: £900,000).

Notes to the financial statements

For the year ended 31 March 2020

16. Debtors

	Group		Charity	
	2020	2019	2020	2019
	£	£	£	£
Amounts falling due within one year				
Trade debtors	1,513	17,839	1,653	13,681
Other debtors	944,812	585,905	586,490	567,641
Value added tax	324,614	99,005	316,772	98,117
Prepayments and accrued income	100,219	136,641	40,106	64,754
Amounts owed by group undertakings	-	-	265,085	708,187
	1,371,158	839,390	1,210,106	1,452,380

17. Creditors

	Group		Charity	
	2020	2019	2020	2019
	£	£	£	£
Amounts falling due within one year				
Trade creditors	392,626	444,647	238,361	321,397
Tax and social security	202,822	185,199	176,324	164,995
Accruals and deferred income	368,725	356,360	278,057	301,376
Finance lease creditor	19,790	-	19,790	-
	983,963	986,206	712,532	787,768

Deferred income includes lottery money received in advance for future draws. At 31 March 2020 this totalled £93,566 (2019: £94,112). All deferred income from 2018/19 was released in the year.

18. Creditors: Amounts falling due after more than one year

	Group		Charity	
	2020	2019	2020	2019
	£	£	£	£
Other creditors	355,000	355,000	355,000	355,000
Finance lease creditors	26,387	-	26,387	-
	381,387	355,000	381,387	355,000

Notes to the financial statements

For the year ended 31 March 2020

19. Operating lease commitments

At 31 March 2020 the charity had future minimum lease payments under non cancellable operating leases as follows:

	Group		Charity	
	2020	2019	2020	2019
	£	£	£	£
Within one year	256,491	280,617	4,794	4,001
Within two to five years	300,683	433,814	1,954	1,787
In more than five years	20,000	-	-	-
	577,174	714,431	6,748	5,788

20. Pension costs

The pension costs relate to the amounts contributed by the Group and paid over to the Health Service pension scheme or to eligible employees' pension schemes. The pension costs amounted to £532,357 (2019: £492,502). The amount owed to the pension providers at the year-end was £48,628 (2019: £43,989). All schemes are treated as defined contribution and payments are charged to the SOFA in the year they are payable.

21. Capital commitments

There were no capital commitments at 31 March 2020 (2019: £nil). However in 2019 Contractual commitments for the construction of the Three Bedded Bay Project, contracted for but not provided in the financial statements amounted to £1,320,000. The contract was signed after 31 March 2019 but before the date of the accounts. The project was completed in November 2019 and the commitment, excluding standard retention payments, was settled shortly thereafter.

22. Related party transactions & Trustee remuneration

No Trustee received or waived any remuneration during either year. There were no other transactions with Trustees during either year. There were no other related party transactions during the year (2019: £nil).

23. Taxation

As a charity, Ashgate Hospicecare is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or s256 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objectives. No tax charges have arisen in the Charity. The tax charge arises from the trading results of the subsidiary. The charge for 2019/20 was £8,818 (2018/19 £5,600).



Notes to the financial statements

For the year ended 31 March 2020

24. (a) Statement of Funds current year

	Balance at 1 April 2019	Income	Expenditure	Transfers in/out	Gains/ (losses)	Corporation Tax	Balance at 31 March 2020
	£	£	£	£	£	£	£
Unrestricted Funds							
General Funds	6,826,105	10,019,262	(11,072,037)	956,470	(166,181)	(8,818)	6,554,801
	<u>6,826,105</u>	<u>10,019,262</u>	<u>(11,072,037)</u>	<u>956,470</u>	<u>(166,181)</u>	<u>(8,818)</u>	<u>6,554,801</u>
Restricted Funds							
Earmarked Donations	71,085	80,756	(7,690)	-	-	-	144,151
Three Bedded Bay Project	163,194	793,276	-	(956,470)	-	-	-
Hospice Projects	394	-	(394)	-	-	-	-
	<u>234,673</u>	<u>874,032</u>	<u>(8,084)</u>	<u>(956,470)</u>	<u>-</u>	<u>-</u>	<u>144,151</u>
Total of Funds	<u>7,060,778</u>	<u>10,893,294</u>	<u>(11,080,121)</u>	<u>-</u>	<u>(166,181)</u>	<u>(8,818)</u>	<u>6,698,952</u>

These are funds restricted by the donors for items of expenditure as follows:-

Earmarked Donations

These are donations contributed by the general public to help fund specific clinical activities. At the end of the year £144,151 remained unspent and this will be expended in 2020/2021 onwards.

Three-bedded Bay Project

The project to transform three bedded bays into individual patient rooms was completed in 2019/20. The related addition to fixed assets have been capitalised accordingly in the year. The net incoming resources from fundraising activity have therefore been released from restricted funds to unrestricted upon completion of the capital works as the relevant restricted expenditure activity is now complete.

Hospice Projects

The fund represents monies received for two projects: the renovations of Inpatient Unit bathrooms and the development of a new dementia friendly area within the Hospice.

Notes to the financial statements

For the year ended 31 March 2020

24. (b) Statement of Funds prior year

	Balance at 1 April 2018	Income	Expenditure	Transfers in/out	Gains/ (losses)	Corporation Tax	Balance at 31 March 2019
	£	£	£	£	£	£	£
Unrestricted Funds							
General Funds	6,804,548	10,534,715	(10,482,454)	-	(25,104)	(5,600)	6,826,105
	<u>6,804,548</u>	<u>10,534,715</u>	<u>(10,482,454)</u>	<u>-</u>	<u>(25,104)</u>	<u>(5,600)</u>	<u>6,826,105</u>
Restricted Funds							
Earmarked Donations	40,160	62,815	(31,890)	-	-	-	71,085
Three Bedded Bay Project	-	164,360	(1,166)	-	-	-	163,194
Hospice Projects	89,978	21,652	(111,236)	-	-	-	394
Bed Appeal	23,865	-	(23,865)	-	-	-	-
	<u>154,003</u>	<u>248,827</u>	<u>(168,157)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>234,673</u>
Total of Funds	<u>6,958,551</u>	<u>10,783,542</u>	<u>(10,650,611)</u>	<u>-</u>	<u>(25,104)</u>	<u>(5,600)</u>	<u>7,060,778</u>



Notes to the financial statements

For the year ended 31 March 2020

25. (a) Analysis of net assets between funds current year

	Restricted Funds	Unrestricted Funds	Total Funds
	£	£	£
Fixed assets	2,500	5,960,087	5,962,587
Current assets	141,651	1,960,064	2,101,715
Current liabilities	-	(983,963)	(983,963)
Liabilities due after one year	-	(381,387)	(381,387)
	<u>144,151</u>	<u>6,554,801</u>	<u>6,698,952</u>

25. (b) Analysis of net assets between funds prior year

	Restricted Funds	Unrestricted Funds	Total Funds
	£	£	£
Fixed assets	2,500	4,833,759	4,836,259
Current assets	232,173	3,333,552	3,565,725
Current liabilities	-	(986,206)	(986,206)
Liabilities due after one year	-	(355,000)	(355,000)
	<u>234,673</u>	<u>6,826,105</u>	<u>7,060,778</u>

26. Ashgate Hospicecare Shops Limited: Profit and loss account for the year ended 31 March 2020

	2020	2019
	£	£
Turnover	2,258,477	2,349,181
Retail Grant	305,000	-
Total income	<u>2,563,477</u>	2,349,181
Cost of sales	<u>(1,667,279)</u>	(1,540,451)
Gross Profit	896,198	808,730
Administrative expenses	(718,000)	(677,296)
Other interest relievable	254	238
Tax on profit	(8,818)	(5,600)
Distribution to the Hospice	<u>169,634</u>	126,072
Retained profit/(loss) for the year	-	-
Number of shops and coffee shops	18	18

Notes to the financial statements

For the year ended 31 March 2020

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

	2020	2019
	£	£
Net movement in funds	(361,826)	102,227
Depreciation charges	337,610	315,867
Increase in creditors	24,144	397,059
(Increase) in debtors	(531,768)	(181,929)
(Increase)/ decrease in stocks	(1,403)	14,483
Loss on investments	166,181	25,105
Interest received	(6,730)	(4,946)
Net cash generated by operating activities	<u>(373,792)</u>	<u>667,866</u>

There were no changes in net debt other than the cashflows above.

28. Contingent assets - legacy income

As at the reporting date, it is probable that additional legacies totalling £1.0m (18/19 £1.3m) are to be received. These have not been included within accrued income, as although the income is probable, the amounts have not yet been confirmed.

29. Financial instruments

	2020	Group	2020	Charity
	£	2019	£	2019
		£		£
Financial assets measured at fair value through income and expenditure	1,270,939	702,749	1,170,000	1,387,626
Financial liabilities measured at fair value through income & expenditure	(996,626)	984,846	(815,861)	841,392

Financial assets measured at fair value through income and expenditure comprise of debtors other than prepayments and accrued income.

Financial liabilities measured at fair value through income and expenditure comprises of creditors other than accruals and deferred income.



Here to help

To find out more about Ashgate Hospicecare and how you can support our vital work, please get in touch:

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