



# **Working together as One Ashgate: Our COVID-19 Story**

Annual Report April 2020 to March 2021  
Ashgate Hospicecare trading as Ashgate Hospice

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# Our strategy

## Our vision

That everyone in North Derbyshire with a life-limiting illness is supported to 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 Hospice. 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 team. We are respectful, open and inclusive.



# Strategic priorities

## Excellence in everything we do

We will ensure that everyone for whom we care, 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.

We will have a workforce who are committed to delivering specialist care and who have the skills to do so.

## High-quality and sustainable palliative care

We will continue to be the leading specialist provider of palliative and end of life care in North Derbyshire.

We will advocate for compassionate and high-quality palliative and end of life care for everyone who needs it.

We will work in partnership with other local and national providers and commissioners to improve the palliative and end of life care and support available in North Derbyshire.

We will work to ensure equity of access for everyone who needs our care.

## One Ashgate

We will continue to build our 'One Ashgate' culture.

We will build a shared understanding of our values and the behaviours that underpin them.

We will create the conditions to inspire learning and innovation and to support our staff and volunteers to work together with trust and respect.

## Reaching our target audiences and telling our Ashgate story

We will support our diversity targets by intentionally reaching out and marketing our services to people and communities in North Derbyshire who are under-represented among our staff, volunteers and patients.

We will advocate for change in how end of life care is funded so that more end of life patients in North Derbyshire get the compassionate support they need.

We will continue to innovate and increase our use of digital marketing, so that we can more easily track return on investment (ROI) and ensure we are spending charity money wisely and well.

## Generating the income we need

We will generate the income we need to provide our services by continuing to invest in our fundraising, retail and hospitality activities.

We will explore new opportunities to raise additional funds by investing in new business opportunities and diversifying our income streams.

# A timeline of our COVID-19 response

We are hugely proud of the difference we have made and the quality of the care we have provided during the year 2020/21, including to end of life patients with COVID-19.

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 6-7), not least helping us to secure the funding we so urgently needed to continue providing our care.

Here is a snapshot of how we responded to COVID-19.

## February 2020

- We reviewed our high-level business continuity plans and developed COVID-19 specific plans for every service, team and department.
- We established a business continuity framework to ensure a rapid response and ensure we could keep the hospice functioning safely and effectively.



## March 2020

- We implemented emergency plans and moved all non-inpatient and back-office staff to remote working.
- Visitor numbers at our Inpatient Unit were reduced to one named visitor so that patients could still see their loved ones, while we reduced the risk of infection.
- We put restrictions on external visitors to reduce the risk of infection to our patients.
- The Lavender Wing – a designated section of our Inpatient Unit - was created for patients with suspected and confirmed COVID-19.
- We started daily briefings to staff on the latest changes due to COVID-19, so that they had the latest information at all times.
- Our fundraising and procurement teams worked together to secure supplies and donations of PPE, including from the community.
- The decision was made to postpone our main fundraising event, the Sparkle Night Walk.
- Our charity shops and coffee shops closed and the majority of our retail and hospitality staff were furloughed.

## April 2020

- We had our first patient with COVID-19 on the Inpatient Unit.
- An Urgent Appeal was launched to help us raise funds to enable us to continue to respond to the pandemic. This was the first time we had launched a digitally-led fundraising campaign.
- A supportive Wobble Room on the Inpatient Unit was created for staff to be listened to by our Supportive Care Team, with virtual support available for our teams working remotely.
- We secured extra funding for our step-up and step-down bed capacity at the hospice, to help take pressure off the local Chesterfield Royal Hospital NHS Foundation Trust.
- Our response to COVID-19 was the headline news on regional news programme BBC Look North.
- Ashgate's Supportive Care Team started providing emotional support in group sessions to clinical staff at Chesterfield Royal Hospital to help mitigate the trauma that comes from dealing with frequent and multiple deaths, particularly in the critical care environments.

## May 2020

- Wobble box care packages sent to Ashgate Hospice's frontline community teams, thanks to the generous support of local businesses and individuals.
- Virtual group support sessions for care homes in North Derbyshire began using ECHO project technology.
- Work began on Ashgate's Learning History to capture personal experiences in real-time during the pandemic.
- We facilitated evening online learning sessions on Post Traumatic Stress Disorder (PTSD) and the impact of COVID-19 on patients, relatives and our health and social care colleagues. The sessions were open to all staff working in health and social care in North Derbyshire. The sessions were very well attended with the first having 90 attendees and 68 people attending the second.
- A display of brightly coloured stars was installed in our main reception by a local company in recognition of the amazing work of Ashgate frontline staff and volunteers.





We installed screens at our retail till-points as part of extensive COVID safety measures in our shops.

## June 2020

- Our shops and Donation Centre reopened in a phased way with social distancing measures in place. Our retail teams were unfurloughed.
- Patient numbers were increased from one to two named visitors, an important step forward while still being mindful of infection controls.
- All visitors were asked to wear face masks on entry to the Inpatient Unit.
- Staff COVID-19 testing began.
- The decision was made to make this year's Sparkle Night Walk a virtual, rather than a physical, event.

## August 2020

- Our coffee shops reopened.
- The many donations we had received while our shops were closed were distributed to shops, ahead of reopening at the end of the month.



COVID measures in place in our coffee shops.

## July 2020

- Huddles were introduced by our Supportive Care Team to offer our staff and volunteers the chance to reflect on their experiences and support one another.
- A 'Working Safely Through COVID-19' project group was created to support our people to be able to work safely and effectively.
- Some patient-facing teams, such as Social Workers and Complementary Therapists, were brought back to the main hospice site.
- Ashgate was shortlisted for the Charity Times Awards for Fundraising Team of the Year.

## September 2020

- Our first ever Markovitz Virtual Sparkle Night took place. It raised £97,000. This was about half of the physical event, but still a significant fundraising achievement.
- All our staff and volunteers were asked to wear face coverings in all hospice settings, in line with NHS guidance.
- We made the announcement that the hospice would have to seek voluntary redundancies and other savings, including working hour reductions, and that compulsory job losses might be unavoidable.

## October 2020

- Our Winter Crisis Appeal launched, building on what had worked so well during our Urgent Appeal earlier in the year.
- Ashgate was the lead item on ITV Calendar News with a report filmed at the hospice about the precariousness of our funding.
- We launched our podcast – ‘The Life and Death Podcast’ – which has proved hugely popular with a second series now launched.
- We sent a supporter newsletter to over 18,000 homes giving more detail about the care we provide and our response to COVID-19.

## February 2021

- Staff from Ashgate Hospice talked to national ITV News about the integral role they were playing in the COVID-19 response.
- Retail staff were redeployed as frontline workers, freeing up clinical teams for frontline duties during the height of pandemic.
- Trustees Penny Brooks and Kirsty Macmillan volunteered on the Inpatient Unit and on reception.



An ITV interview on our Inpatient Unit.

## November 2020

- We limited visitor numbers even further at our Inpatient Unit at Old Brampton to one named visitor per patient, but remained more flexible for those at the end of their lives.
- A second national lockdown forced retail and coffee shops to close and teams to be furloughed again.
- The decision was made to cancel our annual Christmas Market.

## March 2021

- A minute's silence was observed on the National Day of Reflection by staff and volunteers.
- Our retail staff and volunteers continued to provide support for people receiving their COVID-19 vaccinations at the Winding Wheel centre in Chesterfield.



Providing support at vaccination hubs.

## December 2020

- Shops reopened for the second time, although our coffee shops remained closed. The shops closed again later in the month when lockdown was reimposed.
- We held a virtual ‘Light up a Life’ ceremony to remember loved ones.



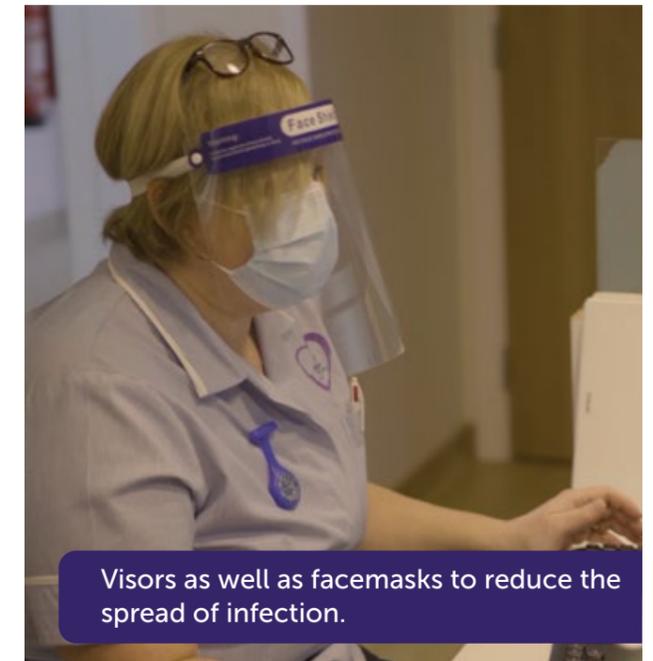
- We were delighted to receive an interim financial settlement from NHS Derby and Derbyshire CCG to safeguard jobs and end of life care pending a system wide review of End of Life Strategy for Joined Up Care Derbyshire.
- Our staff and volunteers began to receive COVID-19 vaccines.
- Fabric hearts were introduced to help keep families connected during the pandemic. The hand sewn hearts were made in matching fabric, with one kept by the patient and the other given to the family member.



Fabric hearts to keep people connected.

## January 2021

- COVID-19 vaccines were offered to all patient-facing staff and volunteers before being offered more widely across the hospice workforce.
- Furloughed staff from Ashgate Hospice supported the NHS vaccine rollout.
- All available clinical staff were deployed to our busy Inpatient Unit to help relieve pressure on hospitals. This meant that we had to temporarily reduce some services such as Lymphoedema.
- All patient-facing staff and volunteers began taking part in weekly COVID-19 testing.
- All patient-facing staff and volunteers were required to wear a face visor, in addition to other PPE requirements, to protect against a new COVID-19 variant.
- Wobble Box wellbeing packs were sent to all Ashgate staff and frontline volunteers.



Visors as well as facemasks to reduce the spread of infection.

# Statement from the Chief Executive



This has been one of the most challenging and rewarding years in Ashgate's history and a period that I shall reflect on for years to come. It is a huge privilege for me to be Chief Executive. This has never been more so than this year when, with the help and support of the Leadership Team and Board of Trustees, we led our one Ashgate team through the huge challenges of the COVID-19 pandemic.

I am extremely proud that we were one of the few UK hospices that decided from the outset of the pandemic – right back in March 2020 – to accept end of life COVID-19 patients on our Inpatient Unit and to care for them in the community.

This presented us with major challenges in all sorts of ways – from introducing new procedures to reduce the risk of infection to securing PPE and making sure our staff and volunteers were properly supported all the way though. However, we rose to the challenge and proved our worth to the wider health system in North Derbyshire. So much so that early in 2021, we had to open a second COVID-19 wing on our Inpatient Unit at Old Brampton.

Already operating a budget deficit before COVID, we were presented with some huge financial challenges when the pandemic hit. Through much of the 2021/ financial year our staff facing the threat of us having to make compulsory redundancies, just when our care was needed most.

We captured the thoughts and worries of our teams through a real-time learning history, and we give snapshots from the history in

this report. The news agenda quickly moves on, but it is a compelling testament to an unprecedented time. It shows just how challenging the last year has been, but also importantly how our staff and volunteers rose to the challenge and pulled together as one team in an unprecedented response. On many significant measurements, our People Survey results improved significantly despite, or perhaps even because of, the pandemic, as we detail on pages 50 to 51.

As this report will detail, an outstanding community engagement and fundraising campaign, for which we have been shortlisted for a number of high-profile charity awards, secured us the funding we needed. We could not have achieved this without the extraordinary support we received from our local community and our supporters in the wider health system. We are extremely grateful for how they helped support Ashgate at a crucial time.

In December 2020, I was delighted to be able to tell our staff that we did not have to make the redundancies in the New Year that we had feared. Last year, we found the value of using our voice to make things better for our patients. We shall continue to raise our voice nationally and locally for end of life care to be better and properly funded. As I have repeatedly said, we would not fund maternity care this way. We can and must do better.

**Barbara-Anne Walker**  
Chief Executive

Shortlisted for Charity Leader of the Year in the 2021 Charity Times Awards

[www.charitytimes.com/awards/shortlist21.php](http://www.charitytimes.com/awards/shortlist21.php)

## Ashgate Hospice pays tribute to trustee Andy Dukelow

One of our trustees, Andy Dukelow, died from cancer on 21st July 2021.

Andy joined as a trustee in 2011, and during his time with Ashgate, he played a key role in many improvements including the renovation of the Harry Fisher building and the refurbishment of the three bedded bays into individual bedrooms on our inpatient unit.

He understood very clearly why our care matters and he brought a very practical compassion to his role. His business and commercial expertise, as well as his lived experience of having a cancer diagnosis and experiencing our care, had a powerful impact on the hospice and he was a real champion for our work. His memory will always remain at the heart of the hospice.



# Paul and Kim's story

In the weeks before Christmas 2020, Paul Clayton, 57, from Dronfield was wrapping presents for his family that his wife of 33 years had bought and in the paper she had chosen. He was meticulously following the instructions she had written for him before she died of ovarian cancer on 2nd December 2020.

Kim was just 56 when she died, after first being diagnosed in 2014 and undergoing four rounds of chemotherapy and a hysterectomy.

Tragically the cancer returned and during the midst of the COVID-19 pandemic she was admitted twice to Ashgate's Inpatient Unit.

Paul said: "From the moment I walked through the doors at Ashgate, I knew that Kim was in safe hands. She'd been suffering from severe pain for some time and Ashgate was able to get a handle on that almost immediately. It brought her great relief and meant that she was able to make the most of the time she had left.

"Throughout her stay, Kim was always well looked after, and everyone involved in her care took the time to explain what was happening and what to expect. In fact, everybody who works there deserves a special mention, from the volunteers to the doctors.

"They all took the time to know your name and to talk to you, it really feels like you are part of one big family. They were incredible and offered support in every way."

During her time in hospital Kim had been unable to have any visitors, because of restrictions caused by COVID-19. However, following her move to Ashgate, Paul was able to visit daily, because patients had private rooms.

He said: "We used to say that staying at Ashgate was like being at home - with all your home comforts, but with expert medical care when you needed it. Kim had her own room that looked out over a patio with a bird feeder. It sounds like such a small thing, but Kim liked to sit and watch the birds, just as she had done at home.

"Being able to visit as often as I liked made the world of difference to Kim and me. Phone calls are great for keeping in touch, but nothing beats physically being together. Even if we sat doing our own thing, we found great comfort in just being close to one another. That is especially true when you know that time is against you."

Paul says that he will be forever grateful for the support he received during the hardest time of his life.

Speaking after Kim's funeral, he said: "We decided not to have flowers at the funeral and instead asked for donations to Ashgate, as a way of giving something back. Incredibly, we have raised over £3,300, and I hope this goes some way in allowing another family to access this vital support."



Despite COVID, Paul was able to visit his wife Kim, a patient on our Inpatient Unit.

## "We used to say that staying at Ashgate was like being at home."

# About Ashgate Hospice

## We are

- a registered charity (no. 700636)
- a leading hospice in North Derbyshire (and the UK), shortlisted for numerous awards for our work in 2020/21
- here to provide outstanding, specialist end of life care and support, free of charge, to adult patients with a life-limiting illness, and to support their loved ones
- caring for people in their own homes across North Derbyshire, as well as in our hospice
- recognised as experts in providing specialist palliative and end of life care and our provision is rated as Outstanding by the Care Quality Commission (CQC)
- more than 70% funded by our supporters.

## We are not

- an NHS hospice. Less than 30% of our total income comes from local NHS budgets.



## Governance and Trusteeship at Ashgate

Our Board of Trustees consists 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 the Leadership Team to account, 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 leaders. 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 Finance

and Strategy Committee 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.

## Accessing our support

When someone living in North Derbyshire is diagnosed with a life-limiting illness, they can access Ashgate Hospice'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 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 also provide practical, emotional and bereavement support for the families of our patients.

The type of care and level of intervention we provide depend on the degree to which a patient's disease has advanced. We also consider other factors, such as their support network, home environment and pain levels.

Our COVID-19 referrals work in the same way. End of life patients with COVID-19 are referred to us by their GP, hospital team or community nurse and we then provide our care either at our Inpatient Unit or in the community.

**“We are very proud that, during the financial year, 11 patients with COVID-19 whom we cared for were able to be discharged home. This is a huge testament to the care we provide.”**

Throughout 2020/21, due to the pandemic, we provided more virtual services than ever before, including through virtual day hospice and counselling services.

Crucially during 2020/21 when we were responding to the COVID-19 pandemic, our specialist end of life care helped relieve pressure on the wider health service in North Derbyshire. Importantly for families and loved ones, visitors were permitted throughout the pandemic. This was something that most NHS Trusts, including Chesterfield Royal Hospital, were not able to do. This meant patients had precious time with loved ones when it mattered most.



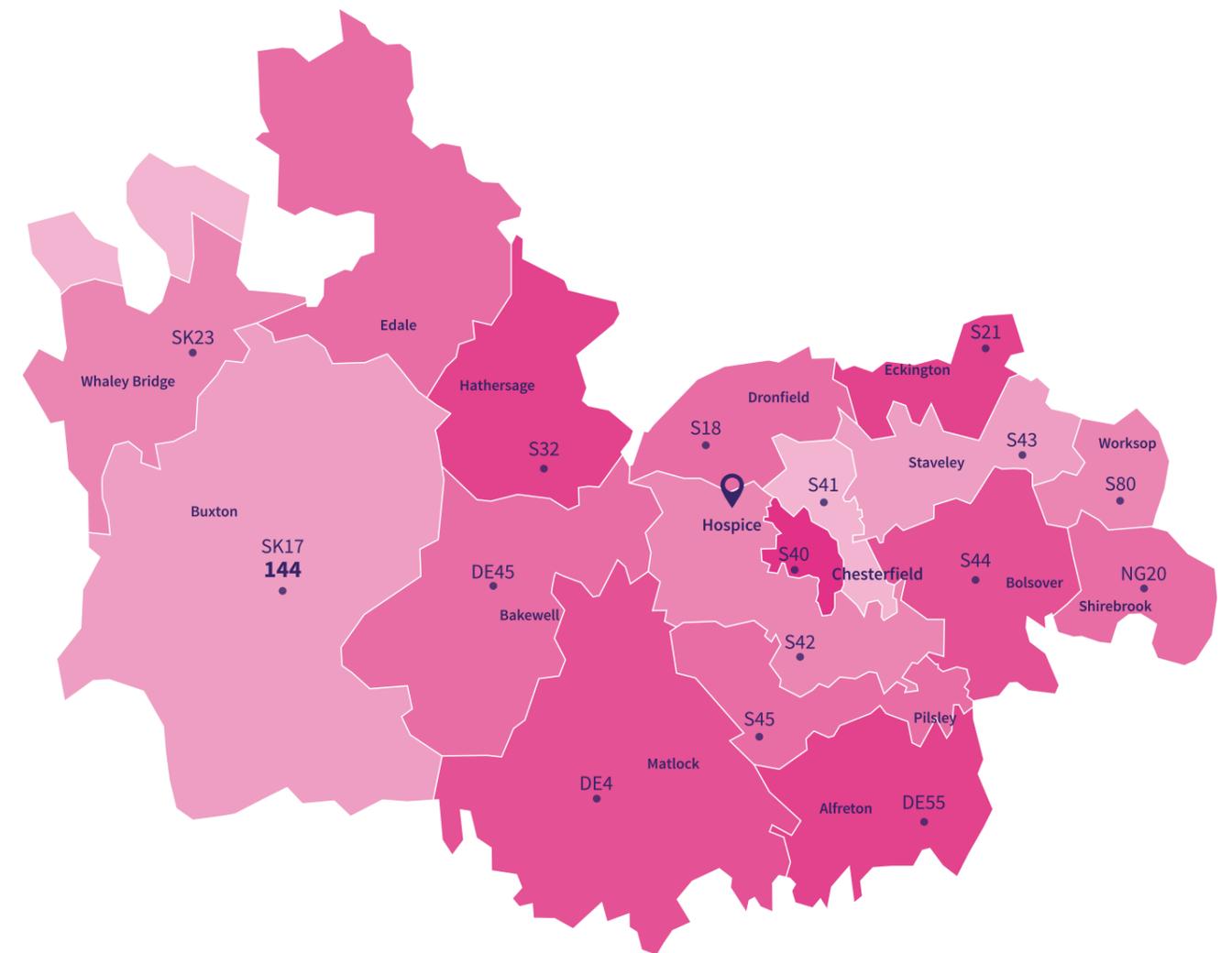
## Where we provide our care

Care is not only provided at our hospice site in Old Brampton, but also across the North Derbyshire area. From 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 impact reaches as far as possible.



## How our care is funded

We are not an NHS hospice. In recent years, funding from local NHS budgets has been less than 30% of our total income. We have, therefore, been dependent on our fundraising activities, including our retail and coffee shops, to generate the remaining income to deliver our services. We are blessed with a wonderful community of supporters and have typically generated around £3m sales in our shops and around £4m income from other fundraising activities.

While Ashgate has been able to leverage this fantastic support to deliver outstanding care through specialist staff and modern infrastructure, it is a precarious funding model. We have a significant and largely fixed cost base, but considerable uncertainty around the scale and timing of our income.

The financial year April 2020 to March 2021 was difficult and unusual. We experienced restrictions on all our normal income generation activities, but ever more demand for our services. This brought the funding model to a head. We had entered the year with a shortfall of reserves and a planned deficit, but with the pandemic and lockdown we had no alternative but to plan for redundancies, if there was no step change in NHS funding commitments.

Consequently, we launched a major communications campaign to reinforce our essential and cost-effective role in the wider healthcare system and to set a clear case for more funding. This involved our local community, colleagues across the system, MPs and media. Ultimately, this led to additional funding in the year from NHS Derby and Derbyshire CCG and an arrangement of support into the subsequent year pending a review of the End of Life Strategy for Joined Up Care Derbyshire. As a result of this reassurance, we did not have to proceed with the redundancies which we had so feared.

Later in this report (pages 52-62), we explain more about how, with the support of our community, we secured this vital funding lifeline at the end of 2020. We are taking forward this constructive dialogue with commissioners in 2021. We shall continue to support efforts across the UK for hospices and end of life care to receive a greater proportion of the funding they need from health budgets.

## Fundraising support from our community

The period 2020/21 was a fundraising year like no other. We had the huge challenge of some of our biggest fundraising events, including the annual Sparkle Night Walk in Chesterfield, not being able to take place in the same way due to COVID-19 restrictions and lockdowns. Consequently, we innovated with a Markovitz Virtual Sparkle Night event. Much of our community fundraising simply could not take place. The pandemic gave us no choice but to innovate and our community responded as never before to our two emergency appeals. These were the Urgent Appeal which we launched in April 2020, just as COVID-19 was appearing in our communities and the Winter Crisis Appeal. This was when we continued to care for COVID-19 patients and were facing the very real prospect of having to make compulsory redundancies.

Some highlights of the year included:

- the Urgent Appeal, launched in response to the challenges presented by COVID-19, which raised £461,000
- acquiring 324 new regular givers, raising £45,000 per year
- 1,156 supporters remembering their loved ones by Lighting up a Life, raising £40,000
- the charity's first virtual mass participation event, Markovitz Virtual Sparkle Night, raising £97,000
- the launch of our Winter Crisis Appeal to address the continued challenges presented by the pandemic, raising £630,000 - the charity's most successful appeal to date
- the setting up of 42 online tribute funds in memory of loved ones, raising £33,000
- support from local businesses included £115,725 worth of Gifts in Kind and £258,000 in donations
- trusts and grants which supplied £340,000 of funding during the year, £140,000 of which was emergency funding in response to COVID-19
- a virtual Step into Spring event, raising £11,000.



Sarah took part in our Step into Spring event, with her dog Poppy, to fundraise in memory of her Dad.

## Our charity shops and coffee shops

We had to close the doors to our Donation Centre, shops and coffee shops three times during the financial year, amounting to 205 days' lost sales. This meant furloughing our retail staff and losing a significant stream of funding. In total, our retail income fell by almost £2m compared with the previous year.

Retail and hospitality highlights included:

- our eBay team started to list and sell donated furniture on the eBay page with great success. The most expensive furniture item sold was a McIntosh sideboard at £450
- eight retail staff members supported the wider hospice during the Government lockdowns, in frontline roles including ward assistants, hospice reception assistants and PPE stock assistants
- in the weeks following the first Government lockdown, our Donation Centre received, sorted and processed over 40,000 bags of donations from donors within the local community
- our first reopening day, Monday 12th April 2021 was a record-breaking day with over £18,000 of income taken. This was about 177% more income than we would usually see on a typical day.



Volunteer, Jan, from our Clowne coffee shop.



Our Donation Centre staff and volunteers worked tirelessly to sort the thousands of bags of donations we received after Government lockdowns.



We had to close our shops and coffee shops three times during the year due to the pandemic.

# The services we offer

At Ashgate Hospice, we offer a holistic range of services to help our patients and their loved ones manage both their physical and emotional needs. Some of these services had to stop temporarily during the height of the pandemic. This enabled all the available teams to provide care at our Inpatient Unit at Old Brampton when we opened a second COVID-19 ward early in 2021.

During the year our services included:

**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 them 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 & therapies** - the Counselling Team is part of the Ashgate Hospice Supportive Care Team and is based in the Harry Fisher Building at 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

**Inpatient Unit** - our Inpatient Unit at Old Brampton in Chesterfield offers the reassurance of round-the-clock, expert care and support.

**Day Services** - to reduce the spread of infection our day hospice moved to offering virtual support. This worked really well and included telephone and online support packages so that we were keeping in touch with patients and able to see how they were doing.



**Complementary therapy** – our Complementary Therapists specialise in palliative care. They form part of the Supportive Care Team at Ashgate Hospice and are based in the main hospice building. This service is available to inpatients, Day Services 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 Hospice's Inpatient Unit and Day Services. 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 Supportive Care Team. They are all specially trained and experienced in providing person-centred spiritual care in a healthcare setting and provide support to 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 are 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 continued to provide important services including lymphoedema treatment, counselling, consulting, medical assistance, physiotherapy, psychology, consultation with the Ashgate Hospice Community Nurse Specialists. and bereavement services.



## Continually learning and improving

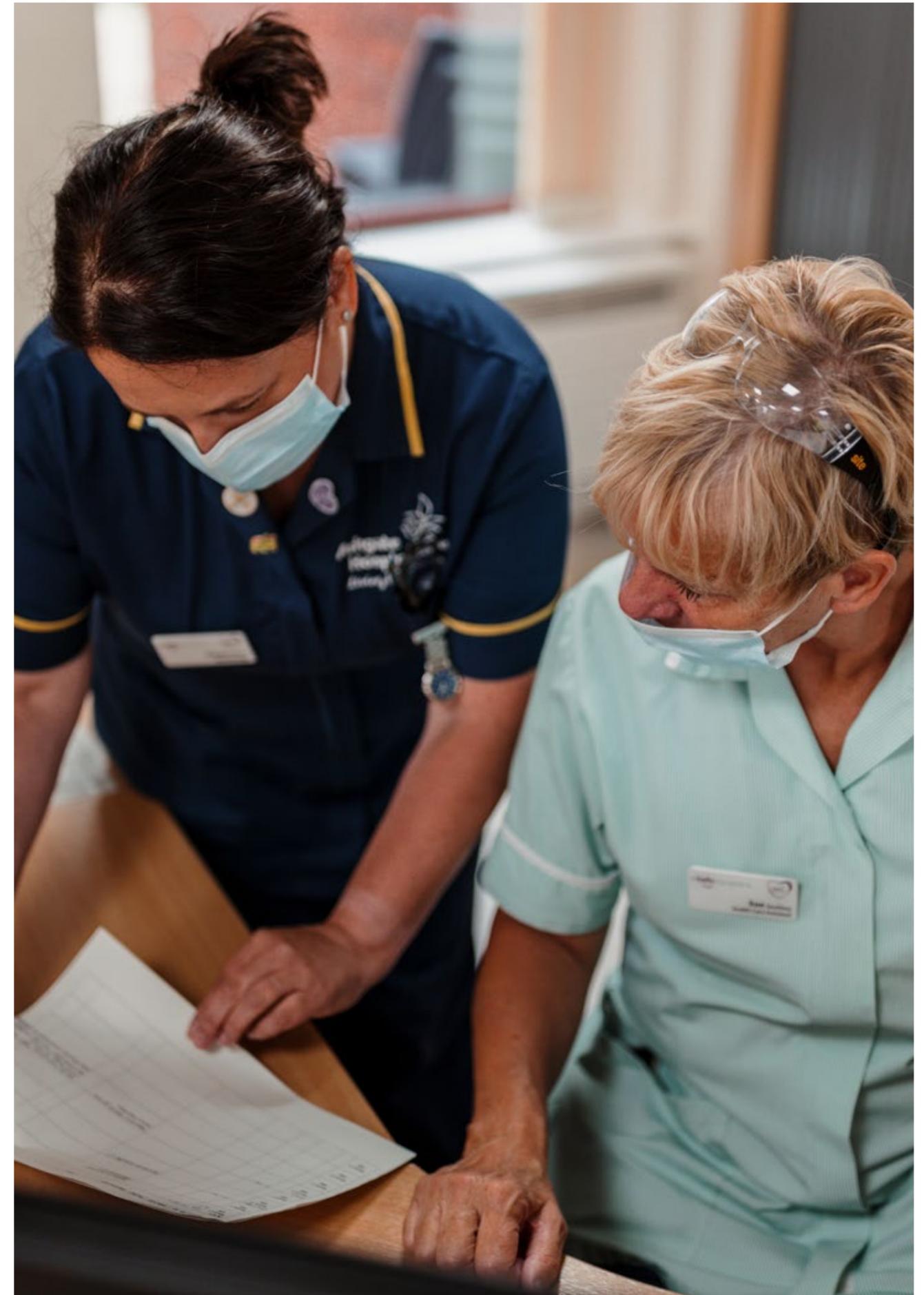
Ashgate Hospice tracks and publishes its quality data, to ensure we are continually learning and improving. Our aim is to give all our patients the best possible experience. We are currently working with Quality Health to review our patient feedback questionnaires. This is so that we can improve how we capture their experiences. We are also looking at alternative methods to enable service users to become more involved in providing constructive feedback.

Where we can do better, we strive to learn from that experience for next time. A data workstream involving all departments has continued to review and develop our data and Business Intelligence capabilities. This is so that we can improve our quality improvement and governance practice. Quality Improvement Bronze Level training has been rolled out across all teams and is continuing.

Every three months, we collate quarterly reports that are shared with NHS Derby and Derbyshire CCG. We look at patient trends, areas for improvement and ways we could work differently to enhance the services we provide. For example, during this year we focused on falls. We introduced an Enhanced Nursing Support Policy. This provides additional guidance for nursing staff caring for patients on the IPU who are at increased risk of falls. This enables staff to identify which patients may need more frequent or 1-1 observation on admission, or as their condition changes. This has helped us to reduce our rate of falls, and in particular the number of falls an individual patient may have.

## Clinical training and education

Our role at Ashgate is to care for patients who have specialist needs. We are also committed to ensuring that all local healthcare professionals are able to provide the best end of life care for everyone. This is for patients who may 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.



# Our COVID-19 response

Ashgate responded early to the pandemic. All staff who didn't need to be at the hospice to give or directly support patient care were told to work from home from 16th March, and were furloughed from 30th March. Our coffee shops were shut on 20th March, and the retail shops from the 23rd March.

The Lavender Wing, our specialist wing for COVID-19 patients, opened on 31st March.

At first staff did not expect the pandemic to have such an impact on the hospice, as our Learning History shows.



"I'll be honest, when it first started, I just thought it was the media going overboard as usual, like they quite often do... I wasn't concerned at all... it was only when we got to February, that I started to realise what was happening... this is real... this is really happening..."

**Anonymous Learning History participant**

"... I didn't take too much notice of it really, until we started to talk about it at the hospice... then it became pretty real, and I realised how serious it actually was... and from there, things happened very, very quickly..."

**Anonymous Learning History participant**

"Furlough was interesting because it happened so quickly... one minute we were open, the next minute we were closed... it took a couple of weeks... to sink in, that you weren't going to work... that you couldn't be involved... I think that was the big thing"

**Anonymous Learning History participant**



Easy to read name badges with full-face photos, so our patients and visitors know there is a friendly face behind the mask.

## Continually learning and improving

We commissioned a Learning History to capture the real-time thoughts and feelings of staff and volunteers as we went through the pandemic, and it offers an insight into how people were feeling at the time.

The purpose of a Learning History is to reflect on, and learn from, experiences in order to shape what we do in the future. It is a proven methodology to present the experiences and understandings of people involved in a collaborative learning event, telling the story in their own words.

Our Learning History has been developed from the voices and stories of 49 people from all parts of the hospice, through 64 learning conversations in

two phases. The first was between May and early July 2020, and the second was between August and October 2020.

**49**

people's views were heard in the Learning History

Of those interviewed, nearly two thirds were mainly working from home, about a quarter were mostly still working at the hospice, and the remainder were either furloughed or in other circumstances. Emerging learning from these conversations was shared with a Learning Group throughout the process. In December the emerging themes and learning were shared and discussed with participants in the Learning History, with the Leadership Team and with the Leadership Forum.

## Care in the community during COVID-19

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

Our Palliative Care Nurses and Doctors are continually providing a higher level of care in people's homes to prevent the need to admit a patient to a hospice bed.

While the camera crews were often busy filming our COVID-19 response on the Inpatient Unit, our response to the pandemic in the community was just as vital, although not as much in the public eye.

Teams had to learn how to put on and take off PPE safely before entering and when leaving our patients' homes. They provided compassionate care in the months before vaccines were available. This is when the risks of infection for themselves, and in turn for their loved ones, were very real.

# 1,647



patients were supported at home during 2020/21 by our Specialist Palliative Care Nurses and Support Workers

In addition to this, our Medical staff provided care for 118 individual patients, while our Physiotherapists and Occupational Therapists provided care and equipment for 273 and 236 patients respectively, to enable them to be cared for at home.

When necessary, our team of nurses also provided advice and guidance remotely through phone and video calls.

Because we provide 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 Inpatient Unit. We provide out-of-hours telephone advice and support to patients, their carers and other health professionals.

All the patients whom we cared for at home, who completed our patient experience questionnaires, said that they would recommend us to friends or family.



## Amanda Hall, a Palliative Care Specialist Nurse at Ashgate Hospice, speaks of the challenges of caring for patients and their families in the community.

Her account was written in February 2021, during the COVID-19 crisis.

"Caring for patients and families in the community has been a real challenge over the past year for the community team and for me.

We've had to adapt to a new way of working from home while continuing to visit people in their homes, some of whom have tested positive for COVID-19.

We are limiting visits as much as possible, but still responding to the needs of our patients and families with the aim to provide the best possible care to people in their own homes. Trying to do the job in full PPE is problematic for us, particularly when we're trying to have those difficult conversations with patients and their family members.

It is instinctive to offer grieving families a hug and that would be something we would have done before the pandemic but we just can't now.

I'm a very tactile person so that's hard for me; when the love of someone's life is dying and you just want to comfort them. It is incredibly difficult.

Understandably, some people are uneasy about us visiting their homes and ask us not to visit. Others are desperate to see us because they haven't received specialist care from a professional for a long time.

Wearing the PPE is obviously uncomfortable but protecting our patients and their families is the biggest priority. It can get very hot, and that's even worse in the summer, but it

means we're still able to do our jobs. For me, palliative care is about making sure we do the best we can. You've got one chance to get it right. You can't go back and change anything or do it differently afterwards. It is our mission to ensure that those being cared for are as comfortable and pain free as possible.

Often, it's about listening to someone and just giving them time to talk about their problems. It's about giving that reassurance to people that they're not alone. I just want people to have the best experience of it they can. That's what motivates me to get up to go to work in the morning.

I went to visit a relatively young man recently. He had been keeping all support available to him at arm's reach because he's tried to come across as strong as he possibly can to his family. He ended up having financial troubles, was in pain and needed help supporting his children and his wife. I just listened and offered all the advice and support that I could. By the end of the visit, he said he felt so much happier because his family now had a plan in place.

I'm immensely proud to be representing Ashgate throughout this time. As hard as it is at times, I still love my job. I'm very proud to be part of a team doing everything it can to support people at the end of their life in the best possible way. And despite the numerous challenges the community team has faced, we have all demonstrated huge dedication and professionalism throughout."

## The importance of visitors to our patients throughout the pandemic and how we enable visits to happen

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. Our team of specialist doctors and nurses aim 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.

When the pandemic hit, it was crucial to implement new procedures quickly to care for end of life COVID-19 patients and non-COVID-19 patients, while keeping everyone safe.

Ashgate is one of the few hospices in the UK which cared for end of life COVID-19 patients throughout the pandemic.

**1 in 3**

beds were used by COVID-19 patients as we opened up a second COVID-19 wing during the second wave.



In addition, when many healthcare providers stopped patients receiving visitors, we worked extremely hard to maintain some visitors to our patients. This included for end of life COVID-19 patients and was something many NHS Trusts were unable to do. Our team was passionate about giving families the precious time together that is so important.

We were able to do this through rigorous infection control procedures that we adhered to scrupulously. This included donning and doffing PPE after every patient bedroom visit, and strict hand hygiene. We restricted clinical teams to certain areas of the Inpatient Unit to prevent cross infection. The hospice invested in two respirators so that staff who could not tolerate wearing FFP3 masks would be comfortable while caring for patients. Patients benefited too, because they could see the full face of the individual. This was particularly important if patients were deaf and relied on lip reading. Our housekeepers also ensured, by their thorough cleaning routines, that the unit was safe for patients their loved ones, staff and volunteers.



## One Ashgate: how our Housekeeping Team were at the heart of our response to COVID-19

### Jane Woodhouse, Housekeeper Supervisor at Ashgate, is responsible for ensuring the hospice is a clean and safe space for everyone. This is something that has been even more important during the pandemic.

“Our roles as housekeepers are more important now than they have ever been.

It’s up to us to make sure that the hospice is a clean and safe environment for everyone who works, visits or is cared for here.

With COVID-19 patients receiving care in our Inpatient Unit, it is our responsibility to stop the spread of the virus and prevent people from being infected.

We have introduced many new processes to keep everyone safe. This included intensive cleaning of patients’ rooms, routinely changing the curtains and wiping down door handles and surfaces. The list is very comprehensive, and we do most things three times a day. It’s a physical job, especially when wearing PPE, but essential to ensure that we can continue to provide our care and services.

One of the most challenging parts of the job is not being able to make that human connection with a patient, since PPE can act as a barrier. It makes having conversations difficult, particularly when we try to be in and out of a room as quickly as possible.

Every day was different throughout the pandemic. There can be days that seem particularly tough, but everyone working on the ward is there for one another. We look out for each other and do our best to help one another out; that’s what keeps you going.

I’ve been working at Ashgate since 2006 and I’m so proud to be part of this team. Everything we do is for the benefit of the hospice.

My team and I go above and beyond the basic necessities; and it’s all to make sure patients receive the best end of life care that’s possible.”



Jane Woodhouse, Housekeeper Supervisor.

## We are proud of our infection control record

We are proud to report that our stringent infection control procedures have avoided any COVID-19 outbreaks and there has been no cross infection of patients, staff, volunteers or visitors to the hospice.

This has enabled staff to continue caring for end of life COVID-19 patients and ensured that family visits could still go ahead.

Ashgate's Inpatient Unit played its most important role to date by supporting the wider healthcare system at a crucial time, relieving the pressure on acute beds.

We continued to provide high-quality care, despite all the strains that our team was under and we are exceptionally proud of this.

On average, 56% of patients admitted to the hospice were discharged home. Eleven patients recovered from COVID-19 on our Inpatient Unit and were discharged home.

During 2020/21, the Inpatient Unit cared for 363 patients and their loved ones. Some of the patients were admitted on more than one occasion, resulting in a total of 428 admissions.

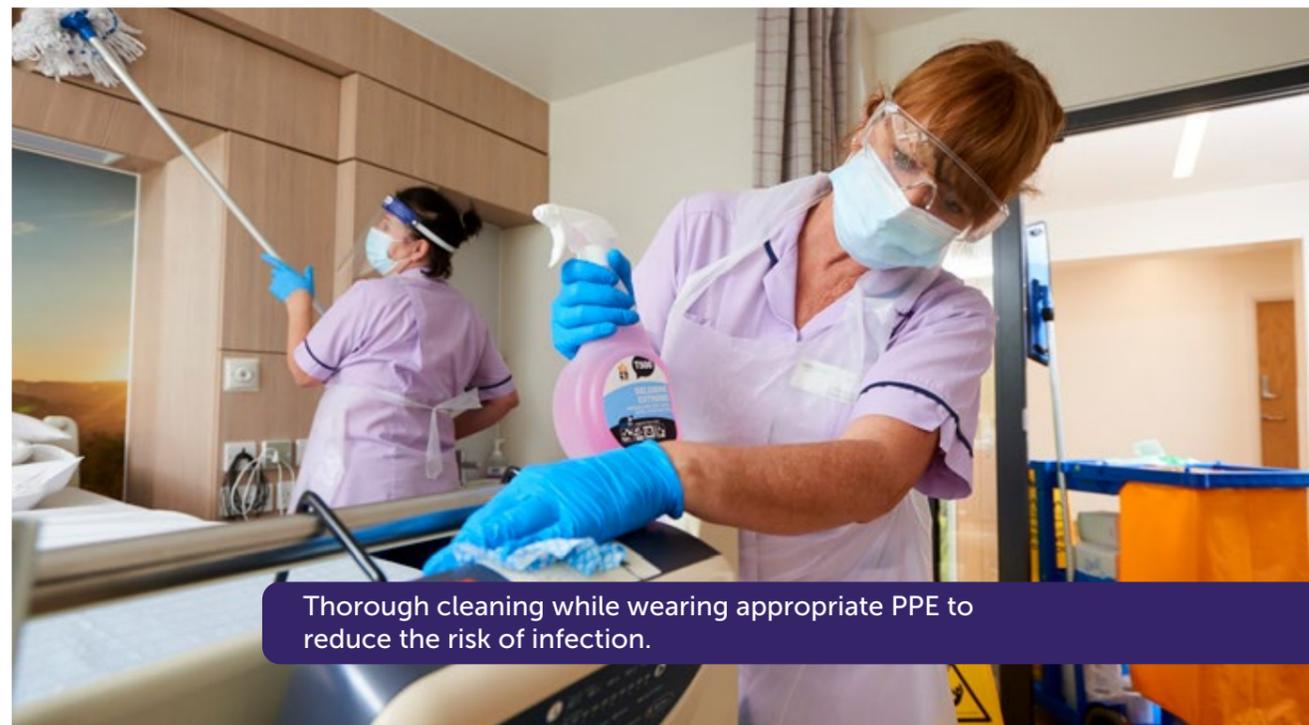
The average length of stay on the Inpatient Unit during the year was

**11.5 days**



During 2020/21, our average bed occupancy was 10% lower than in the previous year. This was due to the impact of COVID-19 and people being more cautious about visiting their GP and being reluctant to be admitted into inpatient facilities. At the beginning of the year, there was also a reduction in the number of referrals to the Inpatient Unit from the acute trusts, with 81% of admissions on average between April to October coming from the community.

Our average bed occupancy was 82%, with 95% of referred patients being admitted within two days of referral.



Thorough cleaning while wearing appropriate PPE to reduce the risk of infection.

## Hannah Botsford is a Healthcare Assistant working on Ashgate Hospice's Inpatient Unit. Here she tells us how life has changed for her since the pandemic unfolded.

"It has been a challenging journey so far, but I'm proud to be representing Ashgate during the pandemic. The impact that COVID-19 has on my day-to-day job has been huge. There have been lots of new policies and procedures to follow to ensure everyone is safe.

In fact, I feel safer coming in to work at Ashgate than I do visiting a supermarket! However, it can feel daunting at times because I am constantly checking that I am following all the procedures to ensure that the risk is reduced. Ultimately, we're still doing our best to make sure everyone gets the best care possible, regardless of COVID-19.

Personally, I have suffered with anxiety and depression myself for years and the pandemic has had a huge impact on this. However, there is a lot of support at Ashgate. We are encouraged to take time out to gather our thoughts.

My colleagues are the best source of support, because we can understand what each other is feeling and support one another. Some shifts are stressful and sometimes we shed tears. We're only human, but we carry on with a smile on our faces. We all pull together as a team and we couldn't do it all without each other.

I work 12 and a half hour shifts, sometimes during the day and sometimes a nightshift. It's hard work, but I start each shift thinking about the patients' families and how they would want their loved ones to be cared for. That's what I strive to do. I take care of them like I would my own family.

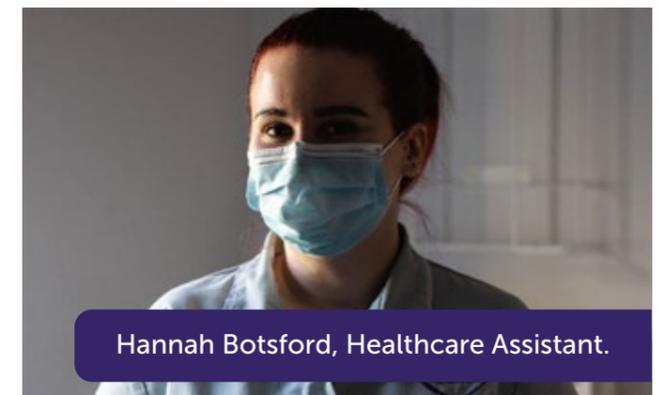
For some people, it's a tough decision to

come to the hospice because there's a stigma behind it. And the end of someone's life is always a tough time. This was true even before the pandemic. However, the hospice is such a lovely place; one filled with laughter, smiles and a chance to make special memories.

The biggest challenge for me since the COVID-19 outbreak is not being able to hug! I love to give my patients a cuddle when they're upset or scared. A cuddle between staff goes a long way too. Sometimes we need that support and comfort throughout a tough shift.

Ashgate has a special place in my heart, since the hospice cared for my grandad. It means the world to me! My family motivate me. They are so supportive and if I have a bad day, they always manage to cheer me up.

When I first applied to work at the hospice, I was very scared. I thought it would be all doom and gloom. How wrong could I be?! It's a much happier place than I expected. We can offer care that isn't accessible to patients in a hospital. We get more time to spend with patients to talk and create lasting memories. Each patient has access to be outside even if they are bedbound, which I think is lovely!"



Hannah Botsford, Healthcare Assistant.

## New ways of working due to COVID-19 that have improved patients' outcomes

Throughout the pandemic, we continued to deliver care and support to patients with a life-limiting illness.

Our teams cared for patients in their own homes offering complex symptom management and emotional support. To reduce face-to-face visits, they also supported patients by phone calls and via video calls.

Similarly, the Day Services nurses offered much of their support virtually, since patients were no longer able to access support on site at the main hospice in Chesterfield, due to infection control restrictions.

The Community Nurse Specialists found that referrals to their service were rising, but not all the patients needed their specialist care. Many of the patients referred were at an earlier stage of their diagnosis and needed less intensive support, something the Day Services nurses could facilitate.

Recognising the opportunities for improved patient outcomes, the two teams joined together to form a cohesive Community Services Team. They now meet daily via Microsoft Teams to discuss patient referrals and the best way to support them.

The move to remote working meant that the two teams could meet regularly and that they were able to support each other and their patients in better ways. Virtual meetings allowed them to work together in a way that had not been possible before COVID-19 and which will now continue.

## Further improving our virtual IT systems to respond to COVID-19 challenges

As the likelihood of a national lockdown in March grew, we knew we would need to move over 150 clinical and non-clinical staff off-site and support them in working from home.

We were well positioned, however, for cloud-based working, having deployed Office 365 a year earlier. Now, we also needed to accelerate our plans for hardware and infrastructure developments.

Adding more users placed a huge burden on the existing solution system, which had not been designed to cope with the volume we now needed. It critically impacted on the clinical team's ability to remotely access SystemOne, our electronic patient records system. This meant they had to be based at the hospice to access the system to review and upload information to patients' records. This wasted valuable time and so needed resolving.

It was vital we had a remote-working solution that offered accessibility, reliability and speed. It also needed to meet the highest levels of security and stringent industry compliance standards. These are, critical when handling confidential healthcare and financial information.

Alongside increasing our number of leased laptops and other hardware required for remote working, we responded quickly to ensure the health and safety needs of our remote working staff were met. We focused on developing our IT infrastructure to enable us to migrate to a hosted remote working platform.

The new, faster solution was implemented with enhanced security measures and placed in a cloud environment on multiple servers to ensure that there were no single points of failure. This meant we should never experience any downtime or critical data loss.

The cloud solution also reduced our capital expenditure, because it is paid for on a monthly basis, providing flexibility to scale up easily and to increase capacity, when more users look to utilise the new platform for remote working.

There were further challenges as COVID-19 regulations meant we could not allow on-site technical work. However, our IT provider worked closely with our in-house team and with clinical colleagues to ensure most of the work was completed remotely within eight weeks.

"As the pandemic took effect, our ability to visit our most vulnerable and ill people in their own homes, or bring them in for day care or clinics, began to diminish. This project allowed our community teams to be able to continue to provide essential palliative end of life care and support for patients and their carers, during the pandemic. The new safe and secure system meant that patients could continue to be cared for by the Ashgate teams without the need for a traumatic hospital admission away from their loved ones, and to die in a place of their choice"

**Hayley Wardle**  
Director of Quality and Patient Care

"The remote working solution has made an incredible difference to so many of us. Before the new solution, we were getting up early or working late in attempt to access the system at times we thought wouldn't be as busy. Not knowing whether we would get logged on or if we'd have to make several trips a day to the hospice was causing a great deal of anxiety. Without a doubt, the new system has resulted in an increase in the amount of time we are able to spend caring for patients and their families across the region."

**Helen Cooper,**  
Community Nurse Specialist



## Staying in touch with our patients during the pandemic: David's story

In 2013, David Lawton's life changed dramatically when he suffered a cardiac arrest during a ceremony in which his son was being recognised for his service in Afghanistan.

Army medics rushed to his aid and resuscitated him before using a defibrillator to keep his heart pumping. He was placed into an induced coma for two weeks and now relies on an implantable cardioverter defibrillator (ICD) to keep him alive.

Lucky to survive the terrifying ordeal, he has lived with heart failure ever since. He is now adjusting to a different challenge following the outbreak of the pandemic.

It's been a difficult year for the 73-year-old, but being invited to Ashgate Hospice's Virtual Day Services has certainly been a highlight.

He'd never accessed the hospice's services before the lockdown started, but has enjoyed making friends at the weekly coffee and quiz events and testing out his art abilities at the activity sessions.

David, from Hayfield in High Peak, said: "A local heart specialist nurse put me in touch with Ashgate via my doctor. She asked me if I'd like to try out the Virtual Day Services, so I thought I'd give it a go.

"It's nice to have friendly people to speak with. They're people who are on the same level as I am, with regards to their ailments. We can have a laugh and a joke, doing the art and that.

"I've enjoyed the coffee and quiz and art sessions too. There's lots of useful information you pick up on and everyone

shares their experiences.

"It's all helped and given me something to do which isn't too strenuous at this moment."

Like many of those who use Ashgate's services, David is at increased risk of developing severe symptoms, should he be infected by COVID-19.

To reduce his chances of catching the virus, he has rarely left his house since the start of the pandemic in March 2020. This, meant he was unable to give his beloved grandchildren a hug for many months.

But Ashgate's Virtual Day Services give him something to look forward to each week and allow him to stay connected with other people in a similar situation to his own.

He adds: "I've found it to be interesting and very entertaining. It's stopped me from going round the bend because I've had something to look forward to!

"To be honest I thought a hospice was somewhere where people just went to die, but it's not the case, it's much more than that.

"I would recommend the services of Ashgate to anyone because it is a big help. You can find out so much useful information with the people and services that are made available to you.

"You can always ring them up and ask them about something. It really is a great thing and I'm grateful to have had the opportunity to be involved with it."

The Virtual Day Services initiative was made possible thanks to a £78,606 grant from the Coronavirus Community Support Fund in partnership with the National Lottery Community Fund.



David Lawton (centre) from High Peak benefited from our Virtual Day Services.

**"To be honest I thought a hospice was somewhere people just went to die, but it's not the case, it's much more than that."**

## Wellbeing focus: preventing stress and trauma

Ashgate Hospice was quick to identify the potential harm that COVID-19 posed to the mental health and wellbeing of our staff and volunteers, in particular to our frontline teams. Just three weeks after the country was plunged into a national lockdown, the Supportive Care Team at Ashgate introduced our 'wobble room' support at the main hospice at Old Brampton.

Our Learning History captures how some of our clinical staff were feeling at the time:

"...not being able to give a hug... it's extremely difficult... because we are around people all the time that are upset... and your automatic reaction... is for you to give them a hug... it is hard... I've struggled with it... and shed tears... it's not what we are... as a hospice..."

**Anonymous Learning History participant**

"I find... wearing scrubs and a mask... I don't feel that very, very clinical... disguise... is something... we should be doing here... I totally accept we're in different circumstances now, but that is not how I like to identify myself..."

**Anonymous Learning History participant**

The support is also available to non-clinical teams. Many other people, including retail staff who had been furloughed, or staff missing the interaction of working in the offices, also needed to access the support.

The 'wobble room' service, which is continuing, is staffed by trained counsellors, social workers and spiritual care practitioners. They provide staff and volunteers with an opportunity to offload their concerns of the day and share their worries and anxieties.

It is set up as a physical space within the hospice, but support is also available over the phone or via Microsoft Teams.

The aim is to help mitigate trauma in staff both right now, and in the years to come, as they process their COVID-19 experiences. The 'wobble room' offers confidential group sessions or 1:1 support, in which staff and volunteers can talk openly about their anxieties, concerns, and experiences in a supportive way.

It is known that if loss of control, guilt, constant stress and isolation are not addressed, then anxiety increases. This can manifest itself as panic attacks and cause ongoing issues for a person's wellbeing. It is a destructive and distressing cycle and would likely lead to an individual needing to take time off work.

However, with the 'wobble room' support, healthcare staff and volunteers have been able to build their resilience, develop coping techniques and continue caring for those who need their support.

The support provided by the 'wobble room' helped ensure our Inpatient Unit remained fully operational. This was particularly so during the second wave when demand for their support and services was so great that we needed to open a second COVID-19 wing. During this time, 1 in 3 beds were used by COVID-19 patients.



By helping caring staff talk about their worries and experiences during COVID, our supportive care team helped reduce stress and burn-out.

Ashgate was also quick to acknowledge the pressure that their NHS colleagues were facing at the nearby Chesterfield Royal Hospital. That's why we also offered our support to their frontline staff.

Staff at Chesterfield Royal Hospital have hugely appreciated the support they received, with almost 200 members of staff accessing the service.

Susan Hawkins, Ward Sister at Chesterfield Royal has been receiving supportive care from Ashgate along with a lot of her team. She said: "Both me and members of the team feel the support service provided by Ashgate Hospice has been brilliant. We have been, being able to express ourselves about the issues we've been facing in a calm environment and not be judged. We have all felt relieved that we're able to unload our thoughts and anxieties during this extremely difficult time."

"Ashgate has played a key role in the Trust's response to support staff health and wellbeing by providing a flexible and rapid access mental health support service to run alongside existing staff provision"

**Andy Picken**  
Workforce Health and Wellbeing Lead  
at Chesterfield Royal Hospital NHS  
Foundation Trust

# One Ashgate

We have over 340 staff working across departments including clinical, fundraising and retail, marketing, finance, HR and estates.

They are supported by 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 would struggle to do without the time, skills and commitment of our volunteers. They add a great amount to our care and the operation of our hospice.

During 2020/21 we developed the concept of 'One Ashgate'. It's important for our staff to know that whatever department they work in, they are contributing to the high quality care that we provide. This idea gained real traction during our COVID-19 response. We had a real sense that the organisation was pulling together to respond to the vast challenge of the COVID-19 pandemic.

We immediately identified staff and volunteers who would need to shield or could no longer perform frontline duties due to the risk of COVID-19 infection.

It was important that all our teams knew that their work was immensely valued and appreciated and was all helping us to provide our much-needed care.

We are One Ashgate and all our staff and volunteers work to deliver the best possible care for our patients. This applies just as much to the staff in our retail and coffee shops, our donation centre, eBay, fundraising, marketing, finance, administration teams and elsewhere.

## Our volunteers

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 and sorting stock and serving customers in our busy coffee shops, our volunteers pull out all the stops to help us raise much-needed funds.

### Volunteer Ward Companions

This role enhances our inpatient services by reassuring patients, their families and loved ones 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 are well trained and are able to escalate any concerns, including any perceived changes in the condition of the patient, to nursing staff.

### Volunteer Inpatient Unit Assistant

Our team of Volunteer Inpatient Unit Assistants serve 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 play an essential role in helping us provide our care. Many of our community fundraising events during the year had to be cancelled, but we are pleased that so many of our volunteers still rallied to our cause including helping make our two COVID appeals such a huge success. Our fundraising volunteers are essential in helping our community raise funds for the hospice.

In 2020/21 we had 76 new volunteers join us. They support us in 18 different types of volunteering roles across Ashgate. Our volunteers contribute to every department.

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

Reception volunteers spent 1,680 hours welcoming visitors to the hospice.

We have 14 volunteers who have been with Ashgate for over 20 years. Of these, seven have been with us for an incredible 30 years.

If we were to pay for the contributions our volunteers gave us, we estimate it would cost us at least an additional £561,000 per year.

We would like to thank every one of our dedicated volunteers for their outstanding contributions to Ashgate Hospice in 2020/21.

For more information about opportunities to volunteer with Ashgate Hospice, please visit [www.ashgatehospice.org.uk/volunteering](http://www.ashgatehospice.org.uk/volunteering)



## One Ashgate: How we secured the PPE we needed, including from community donations sourced by our fundraising team

### Alice Round, Procurement Manager

"At Ashgate we've been really privileged not to have had any major issues with PPE. It's been challenging at times, but we have had amazing support from the local community. This includes the dentists and the vets who have so generously donated their supplies to us from really early on in the outbreak. Later on, we received support from NHS England, Hospice UK and from our local NHS Derby and Derbyshire CCG. Consequently, we've not really had any problems at all.

We've created a dedicated PPE storeroom. Our estates team works diligently to keep the contents well recorded and stocked correctly. This means that my team can then order what we need when we need it. The clinical teams can access it 24 hours a day, seven days a week and have what they need to hand.

I would not have imagined the role that I would play during this pandemic and that PPE would be such a focus of what we do. But it's been a good opportunity for procurement professionals across the country to demonstrate and show the work that we do.

The work that we're doing at the moment with PPE is the work we do day in, day out. We make sure that our colleagues have everything they need, when they need it. We ensure, that we are spending everybody's kind donations appropriately and we are making the money go as far as possible."



Events fundraiser, Dave, with a generous donation of PPE and sanitiser from Glendair Dental.



We have been rigorous in our approach to infection control – with no outbreaks at the hospice.

## One Ashgate: How we unfurloughed retail staff to support the frontline

At the beginning of 2021, staff from across the hospice were redeployed to support those working on the frontline. This included eight members of the retail team who were furloughed at the end of 2020, after shops were forced to close in line with the Government's lockdown restrictions.

The retail staff took on several roles, including Ward Assistant and Ward Receptionist. Their responsibilities include ensuring PPE is available, delivering COVID-19 test samples to Chesterfield Royal Hospital and welcoming families of patients to the ward.

Jane Jones, Head of Clinical Services at Ashgate Hospice, said: "Their support made a huge difference. Doing jobs like putting disposable items away and topping up PPE meant our nurses and healthcare assistants could focus on spending their time in caring for patients.

"They're all so passionate about doing whatever they can to support the hospice so that we can be there for the patients and families in our care. They have the spirit and dedication which embodies everything that being part of One Ashgate is about."

Among those who put themselves forward to take on a new role is Paul Street, a furniture van driver, who would usually be based at the Hasland Furniture Store.

Paul helped out as a Ward Assistant and says it's been an eye-opening experience to see how the money his team helps to raise is used directly to support families.

"I was furloughed at the start of the lockdown when non-essential retail outlets

had to close," he said. "So, the opportunity to come and help on the Inpatient Unit at Ashgate was one I couldn't turn down.

"I've certainly been out of my comfort zone. I haven't really done anything like this before. I think my role now is the most rewarding job I've ever had. I really am honoured to be part of the Ashgate family."

Another retail worker who was redeployed to the ward is Andrea Farmery, who would usually work as the Deputy Store Manager at the Hasland Furniture Store.

She said: "I'm very proud to work for Ashgate Hospice and I'm so grateful to have been given the opportunity to help my colleagues at the hospice during the pandemic. It's lovely to be able to do a job that helps people when they need it most.

"The transition has been a learning curve to say the least, but I enjoyed the challenge. I'm pleased I was able to do my bit to support my hospice colleagues during these difficult times."



Paul and Andrea from retail helping support the frontline as ward assistants during the pandemic.

## Inclusion and diversity

We recognise there is still work to do to ensure our care is reaching all the communities that need our support. Most of our patients are from a White British background. We have to be proactive in reaching out to other people and communities who may need our support across North Derbyshire. This needs a true One Ashgate approach from across the hospice. It must include recruitment, volunteering, communications and marketing, training and other aspects of our provision.

Improvements we have made during the period include:

- new online learning on Equality, Diversity and Inclusion which has received 100% positive feedback from learners and helped bring staff and volunteers up-to-date with the current approaches, terms and legislation
- all new learning content is created with accessibility in mind, using Plain English and an accessible e-learning platform
- the addition of new software to our website so information can easily be translated into different languages
- all marketing materials now clearly state they are available in different formats if needed, depending on communications requirements
- we follow best practice on accessibility on our social media and digital platforms. We make sure photographs are labelled correctly and that we do not unnecessarily use bold type.

# Our 2021 People Survey results

The results reveal that more staff and volunteers than ever before would recommend Ashgate Hospice as a place to receive care, work and volunteer.

Ashgate Hospice's biannual staff and volunteer surveys included some exceptional results, of which we are very proud. Our staff and volunteers responded to the survey in January 2021. This was at the height of the pandemic, when we were at our busiest supporting COVID-19 patients and had two COVID-19 wings on our Inpatient Unit.

**96%** of staff and volunteers would recommend the hospice to their friends and family as a place to receive care. This is a positive result which reflects our current outstanding CQC rating.



**Nine out of ten** people would recommend the hospice as a place to work or volunteer.



**Three in four** people feel their mental health and wellbeing are looked after, despite the huge challenges that the pandemic has posed.

**85%** of staff feel their role is purposeful and fulfilling.



**88%** of people are satisfied with their job or volunteering experience.

Further key findings from the staff and volunteer surveys revealed:

- the majority of staff and volunteers (86%) feel they are treated with fairness and respect
- 83% of staff and volunteers feel the hospice's values are demonstrated in the work they do
- there is a strong sense of teamwork and camaraderie with 87% feeling part of a team
- 71% of all staff and volunteers and 59% of paid staff feel their views are listened to and valued, up from 60% and 50% in 2019.

The confidential surveys were completed by 208 (69%) members of staff and 290 (49%) volunteers. The results from the surveys are used to improve working conditions for staff and volunteers and, ultimately, improve patient care.

"Despite the challenges of the pandemic, I was delighted to learn that our staff and our volunteers feel so strongly about recommending Ashgate. I think that this speaks volumes about the work we have been doing to support staff and volunteers throughout the pandemic. This has included confidential counselling support for those on the frontline, increased paid carers' leave and family-friendly policies.

There are of course areas where we haven't scored as highly as we would like. Remote working has meant that staff feel communications between departments needs improvement.

Overall, I would say these results show the lengths we have gone to in order to maintain our fantastic results from 2019, and in some cases, improve in many areas. However, we will not rest on our laurels but will aim to be better still. We want Ashgate Hospice to be an even better place in which to work and an even better place in which to receive care."

**Barbara-Anne Walker**  
Chief Executive at Ashgate Hospice

"These results tell me how positively everyone at Ashgate has united behind the shared response to COVID-19. In many ways, it's actually helped bring people together with a common cause. Rather than fragmenting under such a sustained and huge demand, the hospice has come out stronger. I'm hugely impressed by, and grateful for, the sustained, passionate and empathetic leadership that Barbara-Anne and the Leadership Team have demonstrated to make this happen. The strength of their leadership is reflected in the survey results."

**Daniel Ratchford**  
Ashgate Hospice Trustee and Head of Quality Health

# Our finances

Like most charities, our finances have been severely impacted by the pandemic, because our shops temporarily closed and fundraising events were scaled back or cancelled. However, we took swift action, including investing in digital fundraising, which worked well for us. We also engaged proactively in all relevant emergency funding schemes, including retail grants, furlough and, most significantly, NHS England COVID-19 support via Hospice UK.

We ended the year in a much stronger financial position than we entered it, but this is in a longer-term context of significant funding issues. We entered the year with free reserves well below our risk-based target and we are heavily dependent on the boost from the 2020/21 surplus to see us through the challenging times ahead. The combined results of the charity and its trading subsidiary for 2020/21 are a surplus of £3.0m. before investment revaluations. This is a dramatic turnaround from a budgeted deficit of £0.8m.

## Our original approach to reducing the deficit

The original deficit had been approved in a context of a longer-term strategy to resolve it (our 'Here For The Future' work programme) and with the following assumptions and understanding:

- an underlying structural deficit (a shortfall in statutory funding estimated at £1m)
- a belief that this structural deficit had been masked in 2019/20 by the scale of restricted donations for the three-bedded bay capital appeal and in 2018/19 by the scale of legacies
- an early assessment of the impact of COVID-19 with just one lockdown largely offset by the significant value of emergency funds announced by the Government in March and April 2020
- optimism that our fundraising, retail and event income would pick up later in the year.

In reality, Ashgate received an abundance of funding support by the year end, but much of this was unpredictable and last minute. Consequently, even eight months into the year we still believed that we faced a large deficit for 2020/21, over and above the longer-term underlying shortfall. We therefore explained to staff and the wider community that we might have no choice but to make compulsory redundancies unless we secured more funding. Thankfully, we were able to agree liquidity support with NHS Derby and Derbyshire CCG. For further details on how we did this, see more on our community engagement campaign on pages 55-58.

## How the funding picture changed during the year

The improvement from the deficit budget to the actual surplus reflects an unexpected second tranche of NHS England funding distributed via Hospice UK and two hugely successful digital fundraising appeals, together with technical accounting increases to our legacy income accruals as required under charity SORP accounting rules. The NHS England funding recognised the need for hospices to maintain capacity, reducing pressure on the wider health system.

A further and larger deficit budget was then approved for the following year (2021/22) based on an expectation of rebalancing it for 2022/23 onwards. This was through commissioning decisions to follow on from the system-wide review of End of Life Care Strategy for North Derbyshire.

The improved cash position and the initial one-year agreement of liquidity support from the NHS Derby and Derbyshire CCG, have been essential to creating the headroom to absorb such a deficit during the negotiation period.

## A thank you to our staff, volunteers and community

Thanks are due to many groups for their support during the financial rollercoaster of 2020/21. The fundraising and messages of support from our community have been amazing, the proactivity of all our local councils has been hugely reassuring and the development of new ways of looking at funding with NHS Derby and Derbyshire CCG opens a very positive door for the future.

Perhaps most significantly though we should acknowledge the commitment, agility and resilience of our volunteers and our staff through this period. Our staff have had to endure all the challenges of working through COVID-19 whilst also facing a very real risk of compulsory redundancy due to what, for most of the year, was expected to be a large deficit. The learning history (pages 30-31) captures some of these very real fears.

We also owe a huge debt of thanks and gratitude to our Board of Trustees who worked with the Leadership Team every step of the way as we navigated the challenges of the pandemic, including the broad reaching community advocacy campaign to secure an interim funding agreement with NHS Derby and Derbyshire CCG.

## Our finances looking forward

In simple terms, the deficit budget for 2021/22 can be attributed to:

- the underlying shortfall in statutory funding
- continued drag on income generation activities due to COVID-19
- a residue of inflationary impacts
- additional resourcing required to be prepared for higher demand for end of life care post COVID-19.

These issues obviously require further funding discussions and this is recognised in the regular commissioning meetings between Ashgate and NHS Derby and Derbyshire CCG.

We have reviewed our reserve targets and entered 2021/22 with much stronger free reserves than before. We are also well positioned operationally to support future demand due to the decisions made in 2018 to transform our former three-bedded bays into individual patient bedrooms on the Inpatient Unit. Resolution of our longer-term statutory funding challenge will, however, be required.

## Reflections on an unprecedented year from our trustee Malcolm Pope, partner at Shorts Chartered Accountants, Chesterfield

"I have been a trustee for almost six years, and I can confidently say that the 12 months to March 2021 have been the most challenging. The impact of COVID-19 on every single team and every single team member at Ashgate cannot be underestimated. However, despite this, our patients have continued to receive the very best of care, and so all of our teams should be proud.

Having been part of this wonderful charity for several years, it was no surprise to me how calm, clear and 'as one' the Ashgate response was. At all times, whether during the weekly board meetings at the height of the pandemic, or through the learning history work undertaken afterwards, we, as trustees, felt connected to the challenges being faced.

Ashgate has been with us for over 30 years, and my view is that it is our job as trustees to make sure it is here for at least 30 more. Unfortunately, there have been points where this has been challenged financially and, in my opinion, these are borne from the recurrent statutory funding we receive simply not being high enough. However, once again, the level of support from our community and supporters has been overwhelming and we will continue to fight for the very best of end of life care for years to come."

## Government support

NHS England awarded crisis funding to allow Ashgate to make available bed capacity and community support from April 2020 to July 2020. This was to provide support to people with complex needs in the context of the COVID-19 situation. It was also given to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

## Advocacy in action: How the North Derbyshire community responded when we needed them as never before

Faced with a severe drop in income due to COVID-19 and lockdown restrictions, we mobilised the support of our local community behind a public advocacy campaign. This was to get the hospice the increased end of life funding from local health budgets that we needed to avoid job cuts at the worst possible time.

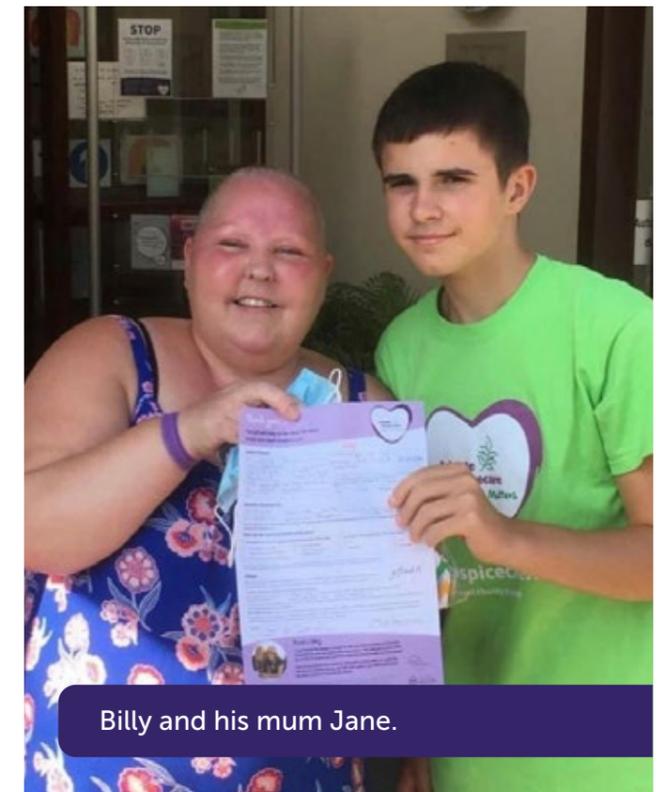
Our Board of Trustees and Leadership Team quickly recognised that the pandemic, while making compassionate end of life care more important than ever before, was also going to make the hospice's already serious funding situation much worse.

Unbelievably, at a time when our compassionate end of life care had never been more needed by the North Derbyshire community, the funding situation was at its most dire with job losses a real possibility.

Therefore, the advocacy brief was simple. We had to mobilise community support behind a campaign to persuade NHS Derby

and Derbyshire CCG to award the hospice an increase in funding from local health budgets. This was so that compulsory job cuts during a pandemic could be avoided.

Many of our patient stories went viral, such as the story of a 14-year-old boy, Billy Devine, who sang to his mum one final time through her hospice room window.



Billy and his mum Jane.



Billy being interviewed by the press. His song to his mum went viral and even appeared in overseas media.

## Viral video supports advocacy campaign

The video became our most watched with more than 53,000 views. The story was also shared across LadBible, Daily Mail, The Mirror, BBC News and more.

Billy Devine, 14, from Newbold in Chesterfield, along with his friend Ellie Marie Scott, sang a rendition of Lady Gaga and Bradley Cooper's Shallow to his mother through the window of her room.

His mum, Jane Devine, 51, was cared for by the team at Ashgate for four weeks after being diagnosed with breast cancer in July 2019.

Billy said: "I love to sing, and my mum always loved to hear me sing, so I thought it would be the perfect surprise to sing her favourite song while she was staying at Ashgate. I am incredibly grateful to the hospice for helping us organise this special moment, truly one none of us will ever forget."

"It felt like the performance of a lifetime," said Billy. "I'll never forget the look on my mum's face as she watched from the window of her room. Just remembering it now gives me goosebumps."

Jane died at the hospice on 7th September 2020, just a few days after the poignant performance.

Billy said: "Mum was such a caring person. She spent much of her life looking after other people and spending time with her family. She was such a strong and positive person to be around. Even after she was diagnosed, she was determined to face the cancer head-on."

"Unfortunately, no matter how hard Mum fought, this wasn't going to be a battle she could win. That's when she went to Ashgate and I can honestly say that the care she received was amazing. It is a very welcoming and comforting place, not just for Mum but for the whole family."

We also spoke to national media, highlighting that a hospice might have no choice but to make job cuts in the middle of a pandemic, when end of life care had never been more important.

Radio 4's Chris Vallance visited the hospice to visit our retail operations and speak to patients on the Inpatient Unit about the difference our care was making. He heard how it was helping to control their pain and improve their quality of life. Separately, an interview with our Chief Executive Barbara-Anne Walker on BBC Radio 5 Live led directly to a question on hospice funding being asked in the House of Lords.

We used all available channels to urge local people to write to their local MP. We also had meetings with all the North Derbyshire MPs, many of whom, including Labour's Toby Perkins MP and Conservative Lee Rowley MP, rallied to our cause and advocated on our behalf.

We launched a daily COVID-19 internal update to tell our staff the latest and ensure they did not receive information third hand. This was particularly important when the hospice had to ask for voluntary redundancies in September, something which highlighted the urgency of our campaign.

## Funding lifeline is secured

In November 2020, we finally heard we had secured an interim funding agreement from the NHS Derby and Derbyshire CCG.

Our communications team produced a statement with the local NHS Derby and Derbyshire CCG that was issued to the press and the good news was covered extensively in the media. We will continue to campaign for a greater proportion of end of life funding to come from health budgets. We will continue to highlight how, as our Chief Executive Barbara-Anne Walker repeatedly explained to the media, “we wouldn’t fund maternity and baby units in this way, so why is it acceptable for end of life care?”

## Urgent Appeal

Soon after the outbreak of the pandemic, we decided to launch an Urgent Appeal to try to mitigate some of the losses we knew were coming our way.

The Urgent Appeal was launched on 8th April 2020. This required our fundraising and communications teams to collaborate and plan, design and launch a campaign in four weeks. They used social media and media relations to spearhead activity while the printed appeal was being produced. The timing of our appeal worked well. It launched on the same day that hospice care was all over the news with warnings that many hospices were in danger of going bust.

For the first time, we embraced the use of digital and programmatic advertising to reach out to new audiences within, and beyond, North Derbyshire.

We made extensive use of videos, of staff and volunteers explaining how they were helping during the crisis and urging people

to support the campaign. Our digital agency helped to amplify these stories. The levels of engagement with our posts have been phenomenal, including over 23,317 engagements on our initial campaign video.

Our media activity complemented this work, with coverage shared on social media and in internal newsletters. We achieved extensive media coverage across print, radio, online and TV, with the campaign being mentioned on BBC Radio 5 Live and multiple interviews on BBC Radio Sheffield. We also had extensive coverage in local media, including the Derbyshire Times, the Derby Telegraph, Peak FM and Spire FM. We secured a lead item on BBC Look North evening news on 18th April. This reached an audience of 825,000. We then repurposed the TV footage for our digital campaign.

Due to the extraordinary level of engagement from the local community, we then encouraged our community to fundraise at home for the hospice. Our teams created virtual fundraising packs and resources to support this. We also put out requests when we needed specific items. These included when we were faced with shortages of PPE, or needed baby monitors so that relatives could talk to their loved ones in spite of the visiting restrictions in place at the hospice.

☆ The appeal raised a total of: ☆  
**£415,546**  
 far surpassing our initial target of £150,000.

Our digital marketing activity has been instrumental in helping us achieve these figures, delivering 14.28 million impressions and 1,020 donations.

The appeal also helped to increase our number of regular givers by nearly 6%, helping to secure future income. We also recruited over 1,200 new donors to our supporter database.



Chief Executive Barbara-Anne Walker being interviewed on the hospice’s funding challenges.

## Winter Crisis Appeal

As COVID-19 cases started to rise again and government restrictions came back into force, it became apparent that the challenges presented earlier in the year were going to impact on planned fundraising once again.

It was decided that a second public plea for support was needed to help Ashgate continue to respond to the pandemic and to raise much needed funds, while our shops were closed and events could not take place. As a result, our teams worked together to develop the Winter Crisis Appeal which launched on 6th October 2020.

The objective of the Winter Crisis Appeal was to raise £60,000 from individual supporters. This would be the highest amount ever raised from a winter fundraising campaign at Ashgate. However, the predicted response was uncertain, since our Urgent Appeal had only been a few months before.

The Marketing and Communications team developed a brand identity for the digital

fundraising campaign that stood out from previous campaigns. This reinforced the urgent need for support and highlighted the new challenges we faced.

We produced a series of emotional videos that put our community at the heart of the campaign. Lynn and Andy Gibson from Brimington featured in our campaign. Lynn's mum and dad were cared for at home by Ashgate's Palliative Care Specialist Nurses and Andy's mum was cared for in the Inpatient Unit.

Lynn said, "We realise now that if people didn't support the hospice through donations, my mum wouldn't have been able to stay at home where she wanted to be. It's thanks to everyone who has donated in the past that she was so well looked after. And we know that what we donate now will enable the hospice to carry on delivering this care for future generations. We were so fortunate to have such amazing care and I couldn't criticise a single thing about Ashgate."



Lynn and Andy Gibson, whose parents were cared for by Ashgate.

# "We were so fortunate to have such amazing care and I couldn't criticise a single thing about Ashgate."

Between 6th October 2020 and 20th January 2021, we raised £566,256 from online donations, regular giving, cash donations and Gift Aid. An additional £63,500 was raised through Trusts and Grants and we predict that we'll receive a further £112,320 from regular gifts in future years.

The overall total raised was therefore

## £742,076

This is £682,076 more than our target.

Of those who responded to the Urgent Appeal earlier in the year, 33% donated again to the Winter Crisis Appeal, demonstrating a deep loyalty to the charity. We also saw a significant increase in the average donation, compared with previous appeals, from £25 to £81 for the Winter Crisis Appeal.

Average donation of

## £81

for this appeal.

Our digital marketing delivered 5.1 million impressions across North Derbyshire and 1,338 online donations. The levels of engagement have been phenomenal.

Our initial campaign video achieved over

## 21,119

engagements on Facebook.



Following on from the digital campaign, we decided to target both Urgent Appeal and Winter Crisis Appeal donors with a regular giving ask.

We recruited an additional

## 118

regular givers



Which was a 4% response rate making it a very successful ask. The combined value of these regular givers is £1,637 per month and £19,644 per year.

## Fundraising standards

Ashgate Hospice's approach to fundraising is focused on supporter care through extensive and regular training of staff and volunteers. Ashgate Hospice 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 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 participators to comply with our policies and standards.

## More about the shops and the various lockdowns

Our shops, coffee shops and online selling platforms were faced with three government lockdowns during the 2020/21 financial year. Non-essential retail shops were closed from 24th March 2020, re-opening from the 21st June 2020. They closed again from the 5th November 2020 until the 5th December 2020. The final lockdown ran from the 31st December 2020 until the 12th April 2021. A total of 205 trading days were lost within the 2019/20 financial year due to the various lockdowns.

Coffee shops were required to close for much longer periods of time and a total of 314 trading days were lost.

After each lockdown, our retail teams worked extremely hard to prepare our shops and coffee shops for reopening. Record sales have been made after each Government lockdown. Great feedback was given to teams in relation to the social distancing measures put in place in our shops and coffee shops.

Despite the Government lockdowns, the retail teams explored and trialled new ways to generate income through online selling platforms and click and collect options.

The Hasland Furniture Store team continued to raise income through donated item sales by advertising on social media and running a "Click and Collect" service. The Furniture Store team was also able to continue to supply furniture to the Derbyshire Discretionary Fund. This is a council run initiative which supports those in emergency or crisis situations.

Our Ashgate Furniture Co online website continued to operate throughout all three lockdowns. Mary Gill, Online Sales Support, created a virtual "Pop up" Christmas gift site selling our ever-popular Christmas cards and gifts.

Anna Bartram, our Bakewell Shop Manager, also explored a new online initiative, working with Daniel Stothard, Online Sales Manager and the eBay team to create a new Clothing and Gift eBay shop. This proved to be so successful that it has continued to remain live after the lockdowns have ceased.

During the second and third lockdowns we were also able to open to some extent our Donation Centre. The Donation Centre team worked really hard to sort and prepare lots of great stock to be ready for our shops once we were able to trade again.

## An incredible year in Ashgate's proud history

The year covered in this report has been nothing short of astounding. It has been a roller-coaster ride for everyone at Ashgate and we applaud the way they navigated the pandemic and responded to the huge challenges of COVID-19.

It has not been easy or straightforward to accept COVID-19 patients whilst we were unsure of funding and wary of the threat of compulsory job cuts. We took a brave decision to rally the community behind Ashgate to secure the funding that was so urgently required and I personally am delighted that the fundraising campaign resulted in increased support above and beyond our expectations. This indicates the massive affection and regard which the hospice generates locally. However, we must remain vigilant about the funding challenges that Ashgate will continue to face in future years.

I have nothing but praise for the Ashgate staff and volunteers who did their best work while facing the very real threat of redundancy. Many were working long days in full PPE with many worries for their own safety, and the safety of their loved ones, before the first vaccines arrived. And a special mention is due to my fellow trustees whose wise advice helped the Leadership Team to navigate some very difficult choices as the hospice worked so hard to support the community during this most challenging of times.

I would like to say a heartfelt thank you to everyone who helped Ashgate to get the funding it sorely needed. Thanks to you the hospice will continue to be here for the people of North Derbyshire in years to come.

**Nicholas Jeffrey**  
Chair, Ashgate Hospice



**"It has been a roller-coaster ride for everyone at Ashgate and we applaud the way they navigated the pandemic and responded to the huge challenges of COVID-19."**

## 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

This Trustees' Report also meets the requirements of a Directors' Report.

### Directors and Trustees

Andrew Archibald  
 Dr Steve Bradder  
 Penny Brooks, Vice Chair  
 Andrew Dukelow (Andy sadly died on 21st July 2021. Please see page 15.)  
 Nicholas Jeffrey, Chair  
 Kirsty Mcmillan (appointed 18/03/2021)  
 Nigel Myhill  
 Malcolm Pope, Vice Chair  
 Daniel Ratchford, Vice Chair  
 Dermot Toberty (appointed 18/03/2021)

**Secretary:** Heidi Golden

### Auditors

Azets Audit Services Limited, Chartered Accountants, Triune Court, Monks Cross Drive, York, YO32 9GZ

### 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.

### Leadership Team

Matt Corbishley  
 Helen Furnivall (appointed 04/05/2021)  
 Rod Ismay  
 Dr Sarah Parnacott  
 Peter Stone  
 Barbara-Anne Walker  
 Hayley Wardle

### Bankers

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

### Related Parties

Ashgate Hospicecare Shops Limited is a subsidiary of Ashgate Hospicecare. During 2020/21, it operated fifteen shops and three coffee shops, the profits of which are spent wholly supporting the work of Ashgate Hospicecare.

Ashgate Hospice 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 surplus before investment movements for 20/21 is £2,984k compared to a net deficit of £187k in 19/20. The magnitude of this surplus is a one off consequence of three significant factors in 20/21 and it has to be considered in the longer term context of a deficit budget for 21/22 and a long-standing shortfall in charitable funding. This is manifested in the designation of funds of £2,379k at 31 March 2021 to absorb the 21/22 budgeted deficit.

20/21 was a challenging and complex year with Covid-19, to such an extent that voluntary redundancies were made early in the third quarter of the year and with a very real possibility of compulsory redundancies to follow them due to the financial uncertainties at that time. NHS Derby and Derbyshire CCG then agreed liquidity support for the year ahead, after which an unexpected second tranche of NHS England (NHSE) funding was distributed via Hospice UK. This coupled with the generous response of our supporters to our Winter Appeal transformed the results for 20/21. The legacy income accrual has then been increased due to cash receipts from legacies post year end. This is a routine adjustment in line with charity accounting principles but the legacy adjustment, winter appeal and NHSE funding have in total turned 20/21 from a deficit into a surplus.

Longer term, the shortfall in statutory funding means that the Hospice is budgeting for a deficit in 21/22. This is closely linked to an ongoing review of end of life care strategy for Joined up Care Derbyshire, which is expected to lead to new commissioning decisions and clarity about the funding for such commissioning for 22/23 onwards. The Trustees agreed that in the context of the Derbyshire wide strategic review and the system pressures for bed space as a result of Covid, the Hospice should maintain its resourcing to maximise beds and services in 21/22 despite the deficit that would cause. The Trustees have therefore designated £2,379k of unrestricted funds at 31 March 2021 to accommodate the budgeted deficit of the Hospice in 21/22.

Usual sources of income in Retail and Fundraising were severely impacted during Covid, however, the Hospice successfully migrated to digital campaigns and had award winning success with its Crisis Appeal in May 2020 followed by its Winter Appeal. Lost income in Retail was partially offset by retail grants and furlough, but £305k of retail grants received in 20/21 were accrued back into the 19/20 results under income recognition principles advised by the accounting professional bodies.

Total funds have increased from £6,699k to £9,843k based on the surplus above plus a recovery of investment valuations of £141k.

### 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 £1,007k at 31 March 2021, an increase of 16% reversing the early losses of Covid which impacted on the prior year results. 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.

The Hospice implemented a risk based reserves policy in 19/20. This has supported strategic decision making in 20/21 and has been subject to regular review in the Finance & Strategy Committee.

## Financial Review continued

Whilst total funds have increased by 41% from £6,699k to £9,843k, free reserves have increased to a lesser extent of 24% from £1,840k to £2,680k. This reflects the designation of funds to accommodate the budgeted deficit of the Hospice for 21/22.

The risk based target for free reserves at 31 March 2021 was £2,374k (19/20 - £2,311k) meaning that the Hospice was at 113% of its target (19/20 - 80%). Free reserves are net of restricted funds and designated funds. The purpose of such funds is narrated further in Note 26 of the accounts.

### Senior Management Remuneration

Pay awards for the workforce are recommended to the Board by the Chief Executive with supporting evidence and rationale from the Leadership Team. No recommendations are made by the Chief Executive or Leadership Team for setting their own pay or remuneration, other than where an explicit recommendation or offer is made by them to forfeit any award. Instead, the Board of Trustees take responsibility for making any such decisions for key senior management personnel based on organisational performance, affordability and taking account of sector benchmarks. The HR team undertake regular pay benchmarking exercises for the workforce in general and this activity is outsourced to an external HR consultant in the case of benchmarks for Chief Executive and Leadership Team salaries.

## 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 apprised 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 2023 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

Garbutt & Elliott Audit Limited were appointed as auditor to the charitable company. Subsequently Azets Audit Services Limited were appointed auditor to the charitable company following their acquisition of the trade of Garbutt & Elliott Audit Limited on 1 December 2021. Azets Audit Services Limited have indicated their willingness to stand for reappointment at the Annual General Meeting. By Order of the Board

N Jeffrey  
Chair of Trustees  
9 December 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 2021 which comprise the consolidated statement of financial activities, the company and consolidated balance sheets, the consolidated cash flow statement and notes to the financial statements. 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 the parent charitable company's affairs as at 31 March 2021 and of 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

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

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

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

### Other information

The Trustees are responsible for the other information. The other information comprises the information included in the 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 Trustees' report (incorporating the strategic report and the directors' report) has been prepared in accordance with applicable legal requirements.

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

In the light of the 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 Trustees' Annual Report.

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

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

### Responsibilities of trustees

As explained more fully in the Trustees' responsibilities statement, the Trustees 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 they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## Independent Auditor's Report to the Members of Ashgate Hospicecare

### Our responsibilities for the audit of the financial statements

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

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

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

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

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general commercial and sector experience, through discussion with the Trustees and other management, and from inspection of the charity's regulatory and legal correspondence. We discussed with the Trustees and other management the policies and procedures regarding compliance with laws and regulations. We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance during the audit.

The group and parent charitable company are subject to laws and regulations that directly affect the financial statements including company law, charity law, financial reporting legislation, pensions legislation, taxation legislation and further laws and regulations that could indirectly affect the financial statements, comprising safeguarding, medicines regulation, environmental, health and safety and employment legislation, and, in the current economic climate, Covid regulations. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any. These procedures did not identify any potentially material actual or suspected non-compliance.

To identify risks of material misstatement due to fraud we considered the opportunities and incentives and pressures that may exist within the group and the parent charitable company to commit fraud. Our risk assessment procedures included: enquiry of Trustees and other management to understand the high level policies and procedures in place to prevent and detect fraud, reading Board minutes and considering performance targets and incentive schemes in place for management. We communicated identified fraud risks throughout our team and remained alert to any indications of fraud during the audit.

As a result of these procedures we identified the greatest potential for fraud in the following areas:

- income recognition and in particular completeness, the risk that income is recognised in the wrong reporting period, or that restricted income is incorrectly recognised within unrestricted income; and
- subjective accounting estimates.

Both fraud risks arise due to a potential desire to present the results in a differing light to suit management objectives. As required by auditing standards we also identified and addressed the risk of management override of controls.

We performed the following procedures to address the risks of fraud identified:

- identifying and testing high risk journal entries through vouching the entries to supporting documentation;
- assessing significant accounting estimates for bias;
- testing the recognition of income and in particular that it was recognised in the correct period and any restrictions recognised; and
- testing the control environment around cash takings, including segregation of duties and cash reconciliations.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

### Using 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's members as a body, for our audit work, for this report, or for the opinions we have formed.

**Laura Mashedor (Senior Statutory Auditor)**  
**For and on behalf of Azets Audit Services Limited**  
 Chartered Accountants  
 Statutory Auditor

.....  
 Triune Court  
 Monks Cross Drive  
 York  
 YO32 9GZ

## Consolidated Statement of Financial Activities

Incorporating a Consolidated Income and Expenditure Account  
For the year ended 31 March 2021

		Unrestricted Funds	Designated Funds	Restricted Funds	2021 Total	2020 Total
		£	£	£	£	£
<b>Income:</b>						
Donation and legacies						
Donations	(2)	2,625,418	-	260,826	2,886,244	2,284,109
Legacies	(3)	1,704,114	-	-	1,704,114	1,142,200
		4,329,532	-	260,826	4,590,358	3,426,309
<b>Income from other trading activities:</b>						
Shops	(4)	1,374,196	-	-	1,374,196	3,346,756
Fundraising	(5)	826,037	-	-	826,037	1,053,828
Other	(6)	122,022	-	-	122,022	117,035
		2,322,255	-	-	2,322,255	4,517,619
Investment income	(7)	1,041	-	-	1,041	6,730
Income from charitable activities	(8)	3,491,398	-	-	3,491,398	2,942,636
Income from Covid-19 Grants	(9)	-	-	3,077,114	3,077,114	-
Income from furlough	(10)	485,011	-	-	485,011	-
<b>Total income</b>		10,629,237	-	3,337,940	13,967,177	10,893,294
<b>Expenditure:</b>						
Costs of raising voluntary income	(11)	395,712	-	-	395,712	307,910
Fundraising & other trading costs	(12)	3,488,495	-	-	3,488,495	3,870,257
Costs of charitable activities	(13)	3,998,483	-	3,100,191	7,098,674	6,901,954
<b>Total expenditure</b>		7,882,690	-	3,100,191	10,982,881	11,080,121
<b>Net income/(expenditure) before investment gains</b>		2,746,547	-	237,749	2,984,296	(186,827)
Gains/(Losses) on investments	(17b)	140,476	-	-	140,476	(166,181)
Corporation tax	(25)	19,727	-	-	19,727	(8,818)
<b>Net Income/(expenditure)</b>		2,906,750	-	237,749	3,144,499	(361,826)
<b>Reserves transfer</b>	(26)	210,179	-	(210,179)	-	-
Designated funds transfer		(2,379,085)	2,379,085	-	-	-
<b>Net movement in funds</b>		737,844	2,379,085	27,570	3,144,499	(361,826)
<b>Reconciliation of funds</b>						
Total funds brought forward		6,554,801	-	144,151	6,698,952	7,060,778
<b>Total funds carried forward</b>		7,292,645	2,379,085	171,721	9,843,451	6,698,952

All activities are continuing activities. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities. A fully detailed Consolidated Statement of Financial Activities for the year ended 31 March 2020 is shown in note 31. The Statement of Financial Activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

## Balance Sheets

At 31 March 2021

		2021 Group	2020 Group	2021 Charity	2020 Charity
		£	£	£	£
<b>Fixed assets</b>					
Tangible assets	(16)	4,974,394	5,096,223	4,884,437	4,965,485
Investments	(17 a&b)	1,006,840	866,364	1,006,844	866,368
		5,981,234	5,962,587	5,891,281	5,831,853
<b>Current assets</b>					
Stock of finished goods		35,232	32,153	3,215	9,603
Debtors	(18)	3,159,745	1,371,158	3,925,981	1,210,106
Cash at bank and in hand		1,888,709	698,404	1,457,259	578,680
		5,083,686	2,101,715	5,386,455	1,798,389
<b>Creditors: Amounts falling due within one year</b>	(19)	(859,872)	(983,963)	(700,415)	(712,532)
Net current assets		4,223,814	1,117,752	4,686,040	1,085,857
<b>Total assets less current liabilities</b>		10,205,048	7,080,339	10,577,321	6,917,710
<b>Creditors: Amounts falling due after more than a year</b>	(20)	(361,597)	(381,387)	(361,597)	(381,387)
<b>Net assets</b>		9,843,451	6,698,952	10,215,724	6,536,323
<b>Unrestricted charity funds</b>					
General		7,292,645	6,554,801	7,664,918	6,392,172
Designated funds		2,379,085	-	2,379,085	-
<b>Restricted funds</b>		171,721	144,151	171,721	144,151
<b>Total funds</b>	(26 & 27)	9,843,451	6,698,952	10,215,724	6,536,323

The financial statements were approved by the Board of Directors on 9th December 2021 and are signed on its behalf by:-

N JEFFREY Director

Company Registration No. 02263980

The notes on pages 75 to 92 form part of these financial statements.

## Statement of Cash Flows

For the year ended 31 March 2021

	2021	2020
	£	£
Cash generated by/(used in) operating activities	(29) 1,422,436	(373,792)
<b>Cash flows from investing activities</b>		
Interest received	1,041	6,730
Purchase of tangible fixed assets	(233,172)	(1,630,119)
Cash (used in) investing activities	(232,131)	(1,623,389)
Increase/(Decrease) in cash and cash equivalents in the year	1,190,305	(1,997,181)
Cash and cash equivalents at the beginning of the year	698,404	2,695,585
<b>Cash and cash equivalents at the end of the year</b>	<b>1,888,709</b>	<b>698,404</b>

## Notes to the financial statements

For the year ended 31 March 2021

### 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 page 64. 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 surplus for the year for the charitable company was £3,289,401 (2020 deficit £531,460).

#### 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 2023 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 2021

### 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.

## Notes to the financial statements

For the year ended 31 March 2021

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 were included in other income in Shops in 2019/20 on the basis that they satisfied the recognition criteria of entitlement, probability and measurability. Retail grants received thereafter have been recognised in the period in which they relate to.

### 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.

## Notes to the financial statements

For the year ended 31 March 2021

### 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. Additionally, due to the agent arrangements present for the purposes of retail gift-aid, some donated items of stock held at the year end are not technically an asset of the charity and therefore no value can be assigned to them.

### 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. Employees who joined the Hospice before February 2020 and who were already active members of the NHS Pension Scheme are permitted to continue contributing to the Scheme. Rates are set by the NHS Pensions Agency. The scheme is a multi-employer scheme not designed to identify the assets and liabilities attributable to the Charity, so in accordance with FRS102 the scheme is accounted for as a defined contribution scheme.

## Notes to the financial statements

For the year ended 31 March 2021

### 2. Donations

	Unrestricted	Restricted	2021 Total	Unrestricted	Restricted	2020 Total
	£	£	£	£	£	£
General donations	1,438,716	37,463	1,476,179	545,560	148,277	693,837
In memory	342,959	9,547	352,506	265,848	49,057	314,905
Gift aid income from individuals	226,984	906	227,890	116,493	764	117,257
Community	371,749	1,370	373,119	379,241	16,916	396,157
Gifts in kind (see below)	116,057	-	116,057	95,485	280,223	375,708
Trusts and grants	128,953	211,540	340,493	7,450	378,795	386,245
	<b>2,625,418</b>	<b>260,826</b>	<b>2,886,244</b>	<b>1,410,077</b>	<b>874,032</b>	<b>2,284,109</b>

	Unrestricted	Restricted	2021 Total	Unrestricted	Restricted	2020 Total
	£	£	£	£	£	£
Gifts in kind						
Donated food & drink	8,376	-	8,376	12,020	-	12,020
Capital items	10,000	-	10,000	-	280,223	280,223
Other items	97,681	-	97,681	83,465	-	83,465
	<b>116,057</b>	<b>-</b>	<b>116,057</b>	<b>95,485</b>	<b>280,223</b>	<b>375,708</b>

### 3. Legacies

	2021 Unrestricted	2020 Unrestricted
	£	£
Legacies	<b>1,704,114</b>	1,142,200

### 4. Shops

	2021 Unrestricted	2020 Unrestricted
	£	£
Trading activities	953,703	2,258,477
Donation of sale proceeds for goods sold as agent	184,128	625,349
Gift aid on donations of sale proceeds to charity	46,497	157,930
COVID-19 Retail Grant	189,868	305,000
	<b>1,374,196</b>	<b>3,346,756</b>

## Notes to the financial statements

For the year ended 31 March 2021

### 5. Fundraising

	2021 Unrestricted	2020 Unrestricted
	£	£
Lottery	725,065	729,630
Events	100,972	324,198
	<b>826,037</b>	<b>1,053,828</b>

### 6. Other income

	2021 Unrestricted	2020 Unrestricted
	£	£
Training and Education	3,850	2,933
Catering and vending machine	20,791	86,416
Other	97,381	27,686
	<b>122,022</b>	<b>117,035</b>

### 7. Investment income

	2021 Unrestricted	2020 Unrestricted
	£	£
Gross interest receivable	1,041	6,730

### 8. Income from charitable activities

	2021 Unrestricted	2020 Unrestricted
	£	£
Clinical Support	-	-
NHS Derby and Derbyshire Clinical Commissioning Group	3,162,947	2,888,947
University of Sheffield - Student training	36,400	33,040
Chesterfield Royal Hospital - Medical secretarial support	16,590	16,590
Other	275,461	4,059
	<b>3,491,398</b>	<b>2,942,636</b>

## Notes to the financial statements

For the year ended 31 March 2021

### 9. Income from COVID-19 grants

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

### 10. Income from furlough

The hospice received funding through the Covid-19 Furlough Scheme for staff who were furloughed due to Government restrictions. In accordance with the guidance on gov.uk, 'furlough' refers to employees who have been asked to stop working for at least 3 weeks, but who are still being kept on their employer's payroll.

### 11. Cost of raising voluntary income

	Unrestricted 2021 Group	Unrestricted 2020 Group
	£	£
Donations	362,269	293,500
Legacies	33,443	14,410
	<b>395,712</b>	<b>307,910</b>

### 12. Fundraising and other trading costs

	2021 Group	2020 Group
	£	£
Lottery	295,011	275,212
Events	151,229	186,514
Community	65,293	40,948
Support costs – Fundraising	419,469	532,593
Support costs - Marketing and communication	138,925	170,825
Support costs – Retail operation	296,350	278,886
Shop expenditure	2,122,218	2,385,279
	<b>3,488,495</b>	<b>3,870,257</b>

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

## Notes to the financial statements

For the year ended 31 March 2021

### 13. Cost of charitable activities

	2021 Direct costs	2021 Support Costs	2021 Total costs	2020 Direct costs	2020 Support Costs	2020 Total costs
	£	£	£	£	£	£
Patient Care - Hospice	3,424,788	1,054,705	4,479,493	3,359,544	904,138	4,263,682
Patient Care - Community	1,246,671	214,552	1,461,223	1,284,622	169,095	1,453,717
Therapies & Rehabilitation	1,013,503	144,455	1,157,958	1,061,759	122,796	1,184,555
	<b>5,684,962</b>	<b>1,413,712</b>	<b>7,098,674</b>	<b>5,705,925</b>	<b>1,196,029</b>	<b>6,901,954</b>

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 £1,413,711 (2020: £1,196,029) 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.

### 14. Net movement in funds is stated after charging:

	2021 Group	2020 Group
	£	£
Auditors' remuneration - audit	12,750	8,000
Auditors' remuneration - tax	800	700
Auditors' remuneration - other	-	9,000
Depreciation - owned assets	335,129	327,673
Depreciation - assets held on hire purchase	19,874	9,937
Payments made under operating leases	288,926	306,191

## Notes to the financial statements

For the year ended 31 March 2021

### 15. Wages and staff costs

	2021 Group	2020 Group
	£	£
Gross salaries	6,778,369	6,724,215
Social security costs	568,857	572,239
Pension costs	525,239	532,357
	<b>7,872,465</b>	<b>7,828,811</b>

Average number of employees and full time equivalents for the group and analysis of employees in the year were:

	2021		2020	
	No.	FTE	No.	FTE
Clinical	161	117	164	121
Retail	96	64	90	60
Finance & IT	7	6	8	7
HR & Executive	10	9	10	8
Estate	33	21	35	22
Fundraising/Marketing	30	26	31	26
Total	<b>337</b>	<b>243</b>	<b>338</b>	<b>244</b>

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

	2021 No.	2020 No.
£60,001 - £70,000	3	4
£70,001 - £80,000	2	1

Pension contributions relating to the staff earning over £60,000 totalled £28,217 (2020: £32,228).

The total amount of employee benefits received by key management personnel is £432,157 (2020: £482,691). The charity considers these to be the staff who comprise the senior management team on the hospice payroll: Chief Executive Officer, Director of Income Generation, Director of Quality & Patient Care, Director of People & Performance, Director of Finance & Estates and Director of Marketing & Communications.

Included within gross salaries are redundancy payments totalling £43,970 (2020 - £nil).

## Notes to the financial statements

For the year ended 31 March 2021

### 16. Tangible fixed assets

The group	Freehold Land & Buildings Original	Extension & Development	Fixtures & Fittings	Plant & IT Hardware	Motor Vehicles	Total
	£	£	£	£	£	£
<b>Cost</b>						
At 1 April 2020	355,000	4,903,727	997,183	856,041	188,644	7,300,595
Additions	-	-	19,824	213,348	-	233,172
<b>At 31 March 2021</b>	<b>355,000</b>	<b>4,903,727</b>	<b>1,017,007</b>	<b>1,069,389</b>	<b>188,644</b>	<b>7,533,767</b>
<b>Depreciation</b>						
At 1 April 2020	142,000	864,861	685,500	324,532	187,479	2,204,372
Charge for the year	7,100	97,947	129,985	118,804	1,165	355,001
<b>At 31 March 2021</b>	<b>149,100</b>	<b>962,808</b>	<b>815,485</b>	<b>443,336</b>	<b>188,644</b>	<b>2,559,373</b>
<b>Net Book Value</b>						
At 1 April 2020	213,000	4,038,866	311,683	531,509	1,165	5,096,223
<b>At 31 March 2021</b>	<b>205,900</b>	<b>3,940,919</b>	<b>201,522</b>	<b>626,053</b>	<b>-</b>	<b>4,974,394</b>

The charity	Freehold Land & Buildings Original	Extension & Development	Fixtures & Fittings	Plant & IT Hardware	Motor Vehicles	Total
	£	£	£	£	£	£
<b>Cost</b>						
At 1 April 2020	355,000	4,903,727	431,215	818,875	80,350	6,589,167
Additions	-	-	7,451	206,187	-	213,638
<b>At 31 March 2021</b>	<b>355,000</b>	<b>4,903,727</b>	<b>438,666</b>	<b>1,025,062</b>	<b>80,350</b>	<b>6,802,805</b>
<b>Depreciation</b>						
At 1 April 2020	142,000	864,861	243,840	292,631	80,350	1,623,682
Charge for the year	7,100	97,947	76,710	112,929	-	294,686
<b>At 31 March 2021</b>	<b>149,100</b>	<b>962,808</b>	<b>320,550</b>	<b>405,560</b>	<b>80,350</b>	<b>1,918,368</b>
<b>Net Book Value</b>						
At 1 April 2020	213,000	4,038,866	187,375	526,244	-	4,965,485
<b>At 31 March 2021</b>	<b>205,900</b>	<b>3,940,919</b>	<b>118,116</b>	<b>619,502</b>	<b>-</b>	<b>4,884,437</b>

The value of fixed assets held under finance leases is £29,810 (2020: £49,683) in both the group and the charity.

## Notes to the financial statements

For the year ended 31 March 2021

### 17. (a) Investments - charity

	Shares in group undertakings and participating interests
	£
Cost at 1 April 2020 and 31 March 2021	4
Net book value at 1 April 2020 and 31 March 2021	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	02577401	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 £	Loss for the year £
Ashgate Hospicecare Shops Limited	Charity shop	(372,269)	(534,903)

### (b) Fixed asset investments

	2021	Group 2020	2021	Charity 2020
	£	£	£	£
Listed investments				
Fair value at 1 April 2020	866,364	1,032,545	866,364	1,032,545
Additions	-	-	-	-
Adjustment	-	-	-	-
Investment gains/ losses	140,476	(166,181)	140,476	(166,181)
<b>Fair value at 31 March 2021</b>	<b>1,006,840</b>	<b>866,364</b>	<b>1,006,840</b>	<b>866,364</b>

The historical cost of the investment is £900,000 (2020: £900,000).

## Notes to the financial statements

For the year ended 31 March 2021

### 18. Debtors

	Group		Charity	
	2021	2020	2021	2020
	£	£	£	£
<b>Amounts falling due within one year</b>				
Trade debtors	270,906	1,513	268,742	1,653
Other debtors	2,251,262	944,812	2,166,589	586,490
Value added tax	521,501	324,614	507,929	316,772
Prepayments and accrued income	116,076	100,219	49,745	40,106
Amounts owed by group undertakings	-	-	932,976	265,085
	<b>3,159,745</b>	<b>1,371,158</b>	<b>3,925,981</b>	<b>1,210,106</b>

In the subsequent year, the company's intercompany debtor balance has been partly cash settled and the remainder formalised into an intercompany loan, bearing interest, which is intended to be settled by way of consideration for the trade of the subsidiary in a business combination with the parent charity.

### 19. Creditors

	Group		Charity	
	2021	2020	2021	2020
	£	£	£	£
<b>Amounts falling due within one year</b>				
Trade creditors	142,835	392,626	125,318	238,361
Tax and social security	181,073	202,822	161,884	176,324
Accruals and deferred income	516,174	368,725	393,423	278,057
Finance lease creditor	19,790	19,790	19,790	19,790
	<b>859,872</b>	<b>983,963</b>	<b>700,415</b>	<b>712,532</b>

Deferred income includes lottery money received in advance for future draws. At 31 March 2021 this totalled £96,931 (2020: £93,566). All deferred income from 2019/20 was released in the year.

### 20. Creditors: amounts falling due after more than one year

	Group		Charity	
	2021	2020	2021	2020
	£	£	£	£
Other creditors	355,000	355,000	355,000	355,000
Finance lease creditors	6,597	26,387	6,597	26,387
	<b>361,597</b>	<b>381,387</b>	<b>361,597</b>	<b>381,387</b>

## Notes to the financial statements

For the year ended 31 March 2021

### 21. Operating lease commitments

At 31 March 2021 the charity had future minimum lease payments under non cancellable operating leases as follows:

	Group		Charity	
	2021	2020	2021	2020
	£	£	£	£
Within one year	277,063	256,491	3,189	4,794
Within two to five years	396,421	300,683	1,499	1,954
In more than five years	-	20,000	-	-
	<b>673,484</b>	<b>577,174</b>	<b>4,688</b>	<b>6,748</b>

### 22. 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 £525,239 (2020: £532,357). The amount owed to the pension providers at the year-end was £42,876 (2020: £48,628). All schemes are treated as defined contribution and payments are charged to the SOFA in the year they are payable.

### 23. Capital commitments

There were no capital commitments at 31 March 2021 (2020:£nil).

### 24. Related party transactions and trustee remuneration

No Trustee received or waived any remuneration during either year. There were no other transactions with Trustees during either year.

The only related party transactions were between the parent charity and the trading subsidiary. These were routine items, primarily where shops in the subsidiary receive donations of the sale proceeds of donated goods but then transfer such donations, net of commission, into the parent charity accounts. Also, payroll costs where the parent charity administers payroll for the group but transfers the relevant costs to the subsidiary. Year end balances are shown in the charity columns of Note 18 Debtors. Net recharges in the year were £1,600k (2020: £2,158k).

### 25. 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.

	Group	
	2021	2020
	£	£
Corporation Tax current year	(21,431)	7,625
Adjustments in respect of prior years	1,704	1,193
	<b>(19,727)</b>	<b>8,818</b>

## Notes to the financial statements

For the year ended 31 March 2021

### 26. (a) Statement of funds current year

	Balance at 1 April 2020	Income	Expenditure	Transfers in/out	Designated	Gains/ (losses)	Corporation Tax	Balance at 31 March 2021
	£	£	£	£	£	£	£	£
<b>Unrestricted Funds</b>								
General Funds	6,554,801	10,629,237	(7,882,690)	210,179	(2,379,085)	140,476	19,727	7,292,645
Designated Funds	-	-	-	-	2,379,085	-	-	2,379,085
	<b>6,554,801</b>	<b>10,629,237</b>	<b>(7,882,690)</b>	<b>210,179</b>	<b>-</b>	<b>140,476</b>	<b>19,727</b>	<b>9,671,730</b>
<b>Restricted Funds</b>								
Earmarked Donations	144,151	260,826	(23,077)	(210,179)	-	-	-	171,721
HUK/NHSE Covid	-	3,077,114	(3,077,114)	-	-	-	-	-
	<b>144,151</b>	<b>3,337,940</b>	<b>(3,100,191)</b>	<b>(210,179)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>171,721</b>
<b>Total of Funds</b>	<b>6,698,952</b>	<b>13,967,177</b>	<b>(10,982,881)</b>	<b>-</b>	<b>-</b>	<b>140,476</b>	<b>19,727</b>	<b>9,843,451</b>

### 26. (b) Statement of funds prior year

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

## Notes to the financial statements

For the year ended 31 March 2021

### Transfer of Funds

The transfer of £210,179 relates to expenditure on restricted projects which has been disclosed as unrestricted expenditure on the face of the SOFA. This predominantly relates to staff costs which are reported within the costs of charitable activities.

### Designation of Funds

The Trustees have designated £2,379,085 from the surplus generated in 20/21 in order to fund the budgeted deficit of the Hospice in the following year.

The restricted funds are 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 £171,721 remained unspent and this will be expended in 2021/2022 onwards.

### Hospice UK/NHSE

Non recurring funding of a restricted nature was received from NHSE as explained in Note 9. The cost of charitable activities (Note 13) is greater than the combination of this NHSE funding and other income from charitable activities (Note 8) and therefore the Trustees consider that this restricted funding has been fully utilised within the year.

### Three-bedded Bay Project

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

### Hospice Projects

The fund represented 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 2021

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

	Restricted Funds	Unrestricted Funds	Total Funds
	£	£	£
Fixed assets	2,500	5,978,733	5,981,233
Current assets	169,221	4,914,466	5,083,687
Current liabilities	-	(859,872)	(859,872)
Liabilities due after one year	-	(361,597)	(361,597)
	<b>171,721</b>	<b>9,671,730</b>	<b>9,843,451</b>

### (b) 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)
	<b>144,151</b>	<b>6,554,801</b>	<b>6,698,952</b>

### 28. Ashgate Hospicecare Shops Limited: Profit and loss account for the year ended 31 March 2021

	2021	2020
	£	£
Turnover	953,703	2,258,477
Furlough	423,967	-
Retail Grant	189,868	305,000
Total income	<b>1,567,538</b>	<b>2,563,477</b>
Cost of sales	<b>(1,526,557)</b>	<b>(1,667,279)</b>
Gross Profit	40,981	896,198
Administrative expenses	(595,661)	(718,000)
Other interest relievable	50	254
Tax on profit	19,727	(8,818)
Retained (loss)/profit for the year	<b>(534,903)</b>	<b>169,634</b>
Number of shops and coffee shops	18	18

## Notes to the financial statements

For the year ended 31 March 2021

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

	2021	2020
	£	£
Net movement in funds	3,144,499	(361,826)
Depreciation charges	355,001	337,610
(Decrease) / Increase in creditors	(143,881)	24,144
(Increase) in debtors	(1,788,587)	(531,768)
(Increase) in stocks	(3,079)	(1,403)
(Gain) / Loss on investments	(140,476)	166,181
Interest received	(1,041)	(6,730)
Net cash generated by operating activities	<b>1,422,436</b>	<b>(373,792)</b>

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

### 30. Contingent assets - legacy income

As at the reporting date, it is probable that additional legacies totalling £0.5m (19/20 £1.0m) 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.

## Notes to the financial statements

For the year ended 31 March 2021

### 31. Consolidated statement of financial activities - prior year

		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
		<u>2,552,277</u>	<u>874,032</u>	<u>3,426,309</u>	<u>3,578,061</u>
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
		<u>4,517,619</u>	<u>-</u>	<u>4,517,619</u>	<u>4,262,336</u>
Investment income	(7)	6,730	-	6,730	4,946
Income from charitable activities	(8)	2,942,636	-	2,942,636	2,938,199
<b>Total income</b>		<b>10,019,262</b>	<b>874,032</b>	<b>10,893,294</b>	<b>10,783,542</b>
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
<b>Total expenditure</b>		<b>11,072,037</b>	<b>8,084</b>	<b>11,080,121</b>	<b>10,650,611</b>
<b>Net (expenditure)/income before investment gains</b>		<b>(1,052,775)</b>	<b>865,948</b>	<b>(186,827)</b>	<b>132,931</b>
Losses on investments	(15b)	(166,181)	-	(166,181)	(25,104)
Corporation tax	(23)	(8,818)	-	(8,818)	(5,600)
<b>Net (expenditure)/income</b>		<b>(1,227,774)</b>	<b>865,948</b>	<b>(361,826)</b>	<b>102,227</b>
Reserves transfer		956,470	(956,470)	-	-
<b>Net movement in funds</b>		<b>(271,304)</b>	<b>(90,522)</b>	<b>(361,826)</b>	<b>102,227</b>
Reconciliation of funds:					
Total funds brought forward		6,826,105	234,673	7,060,778	6,958,551
<b>Total funds carried forward</b>		<b>6,554,801</b>	<b>144,151</b>	<b>6,698,952</b>	<b>7,060,778</b>

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



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and how you can support our vital work,  
please get in touch:

**Ashgate Hospice**  
**Ashgate Road**  
**Old Brampton**  
**Chesterfield**  
**S42 7JD**

E: [info@ashgatehospice.org.uk](mailto:info@ashgatehospice.org.uk)  
Reception: 01246 568801  
Fundraising: 01246 567250

