Rowans
Hospice

# Annual Report and Accounts
2020-2021

quality care
delivered with compassion

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## Strategic Priorities 2020/2021

1. To continue to develop the Rowans Hospice Charity to remain strong, dynamic and responsive to the needs of more people with a life-limiting illness
2. To extend our reach and enable Hospice quality care to be delivered in any setting
3. To tackle inequality and widen access to Hospice Care
4. To work with communities to build capacity and resilience to care for those at the end of life

# Chairman's Statement

This last year presented challenges for our Trustees with the Pandemic abruptly curtailing their oversight function. Within a month, the Government and Charity Commission published advice which included a check to confirm the Charity's governing documents allowed online Board meetings and AGMs. Fortunately ours did and virtual Board meetings followed which ensured Trustees remained fully informed and engaged with critical operational and strategic decisions.

With almost all of our charitable income streams halted, the guidance relating to financial considerations enabled us to receive business rate relief support, rent rebates and furlough leave allowance for our staff. An essential review of our workforce and expenditure sadly led to redundancies. Our financial position was sustained by generous local support through our Covid Appeal, and significant emergency funding from Central Government and the local health economy.

The Board is enormously proud that all of the Charity's Clinical Services remained open and actually increased activities, which took pressure off Acute NHS Healthcare Services.

The Board remained committed to maintaining oversight of the Charity's operations, ensuring it had the resources to operate safely and effectively, while being mindful of the legal responsibility to limit operations if necessary. Using the Charity Governance Code for smaller charities, we were able to benchmark our governance procedures in several domains:

*Organisational Purpose:* We remained satisfied the Charity continued to meet its original objectives, sustainably and effectively.

*Leadership and Board Effectiveness:* We were satisfied the Board had been effectively engaged in decisions relating to the core business and strategy of the Charity.

*Equality, Diversity and Inclusion:* We operate a skills-based Board. One third of the 12 members are replaced or re-appointed each year. The Board also aspired to make appointments that represented the wider community we serve. There is a rigorous and transparent procedure to appoint Trustees with virtual inductions for new Trustees and annual appraisals held thereafter.

*Integrity:* We remained confident the Board acted in the best interests of the Charity's stated purposes by creating a safe, respectful and welcoming environment. Decisions remained independent and objective. An annually updated register of Trustee interests is held and Board Members are required to disclose conflicts of interest relating to meeting agenda items.

*Decision Making, Risk and Control:* We reviewed our Schedule of Delegation so as to give the executive team flexibility in managing their areas of responsibility whilst retaining Trustee oversight. We wished to avoid delays by needing to obtain Board approval for urgent decisions, particularly where patient care or staff/patient safety may be affected. Board and Governance Group meetings reviewed the associated risk register as a matter of course and consideration was given to the balanced scorecard which reports across the Charity's services and operations.

*Openness and Accountability*: Throughout the Pandemic, our staff, volunteers and supporters received regular e-Newsletters about Charity news and developments. Social media enabled us to reach a wider audience and our website contains Trustee details, contact information and the complaints procedure.

We recognise a Charity's reputation is dependent on its ability to fulfil these governance objectives and the Board has continued to meet them all despite the unprecedented circumstances in which we have operated.

**John Watkins**
**Honorary Chairman of Trustees**



# Chief Executive's Statement

Rowans Hospice Charity has had a year like no other due to the COVID-19 Pandemic, which has had a significant impact on all its services.

Whilst this report will reassure the reader that the Charity remains strong and viable, it will not convey the physical and emotional toll experienced by staff, volunteers and all those associated with the service.

Hospices are classified as independent voluntary sector providers, however during the Pandemic our association with the NHS has been critical and we are proud to have been recognised as an essential clinical service that has supported NHS resilience.

Two tranches of national emergency Government funding, coinciding with the first and second wave, enabled the Charity to maintain its Clinical Services, albeit some in virtual forms and others reconfigured. For example, care delivery to people in their own homes, to include nursing homes, expanded as care, support and treatments were transferred into community settings.

A proportion of Government funding also enabled the continuation of the Hospice building development programme, to complete the refurbishment of clinical and public facing areas, to include three additional bedrooms to support the aftermath of the Pandemic.

Alongside adaptations to clinical practice we have also critically reviewed and restructured support service areas, maximising the use of the Furlough Scheme but sadly resulting in some redundancies too.

Contingency planning has been constant across the Charity, continually adapting to legislative and regulatory changes, alongside recommendations and best practice advice across care services, fundraising and retail operations.

Although challenging, this has created new learning and service innovation, much of which will be embedded into future practice; remodelling our services with 'blended' approaches to therapeutic intervention and creating new ways of working to support resilience and future sustainability.

The utilisation of digital communication has been instrumental in supporting people at home; helping family members connect to patients shielding; and with those residing in the Hospice when visiting was restricted. Social media, as a form of communication, was also vital in maintaining public engagement, with an array of income generation and awareness activity, including the promotion of a COVID-19 Appeal to compensate for lost income.

A further positive catalyst from the Pandemic was the increase in local NHS funding for Hospice at Home; a proportion of which will continue and forms part of our financial resilience strategy. There is also further hope that in being recognised as part of the NHS COVID-19 effort, the work to secure the longer-term financial sustainability of independent Hospice care will be re-ignited and bring about a fair and more equitable funding model for Hospices in the future.

Being part of the COVID-19 effort has also fostered greater integration with our NHS colleagues and paves the way for the development of integrated care pathways, where statutory and charitable funding combines to benefit all.

The Pandemic has had a devastating impact on all people and especially those whose treatments have been delayed, diagnoses made late and for those who are grieving. We are therefore anticipating a different type of surge as more people will likely need Hospice care and support in the future.

Throughout this year we have done everything possible to equip ourselves with resources for the future and hope the Pandemic will continue fostering the relationship with the wider health and social care integrated system for those who are impacted by life-limiting and progressive illness.

**Ruth White**
**Chief Executive**

# Living Well Centre Service

The Living Well Centre (LWC) provides support, and therapeutic interventions for people with life limiting illness, their carers and family members through diagnosis, in care and in bereavement. The Service supports any life limiting diagnosis such as Motor Neurone Disease (MND) and heart failure. Our care model is co-ordinated by nursing and Allied Health Professionals along with volunteers who provide support with elements of our programme.

In the year before COVID-19 (2019), the LWC saw its highest levels of attendance with support to 906 new patients and carers. People walked through the LWC doors more than 8,600 times.

The National Lockdown resulted in our doors being closed overnight. With a reduced team, we were faced with the challenge of adapting our services to continue to support the people in our community in a different and more creative way.

From this we have set up and developed a dedicated telephone line, and created virtual appointments via Microsoft teams, to speak to a member of the team or join a virtual group. Callers are registered for an individualised support plan which could include a weekly telephone call, a virtual video call or attendance at one of our virtual groups.

Throughout the Pandemic, our telephone line has proved to be a significant success, it has been a much-needed lifeline for those struggling with their situation during these difficult times. The need for the support calls increased steadily throughout the COVID-19 year and the LWC team continues to register new patients, carers and bereaved. We experienced a significant increase in calls from April 2020 to March 2021:

**calls in April 2020 180**

**calls in March 2021 873**

At times, callers talked about the challenges and struggles in coping with the ever changing advice on managing COVID-19 alongside either a diagnosis, being a Carer or being bereaved.

| return bereavement attendance | return patient attendance | return Carer attendance |
|---|---|---|
| 1,312 | 2,388 | 4,789 |

Virtual groups such as the Coffee and Chat Social Group and facilitated by a LWC team member, has been very popular in providing support to patients, carers and the bereaved who have come together to support each other.

The Carer Group was first developed following feedback from users of the Centre and the education virtual session has ensured those in need are able to meet other carers to share questions and their individual experiences. In turn, this has enabled sessions to be run consecutively providing support and information during a very different and difficult year, and we have been able to further develop the Carers Support Group as a consequence.

Social Media and the development and production of an email newsletter, covering different themes, including mental health and wellbeing and how to join a virtual group was developed in the year. The request to receive the newsletter has grown each month since it was first produced in May 2020.

2021 has seen a slow start as we have re-introduced a selection of face to face groups whilst continuing to offer the opportunity of virtual group meetings. Our goal is to increase the groups within the Centre following the national guidelines and ensuring everyone feels safe.

**The support we have provided has included:**

- adjusting to news of a diagnosis
- managing symptoms, including anxiety
- helping with distress associated with appointments and reduced community support
- forward planning for end of life care
- managing as a Carer
- dealing with a crisis
- re-connecting with others through group activities
- dealing with social isolation
- referrals to our Hospice Services
- support in bereavement prior to and during the Pandemic
- the Physiotherapy team has provided virtual 'Wellbeing' exercise groups facilitated by the Physiotherapy Team

## During Lockdown we have registered

**Physiotherapy referrals 165** reflects redeployment to ward to deliver care

- **87** new patients
- **2,388** patient contact
- **180** new carers
- **4,789** carer contact
- **58** new bereaved
- **1,312** bereaved contacts
- **59** new veterans

**8,489 total contacts**

**Referrals reflect change in service delivery due to COVID-19 – high intensity support required**

# Karen's story

**"From the first time we came into the Hospice you extended your generosity through kindness, caring and emotional support along with cups of tea and tissues."**

Ian and Karen Court met when Ian joined the company where Karen worked. Ian would bring Karen work to do and she fondly remembers listening out for Ian's heavy boots coming along the corridor. It was at the work's Christmas party and after plenty of 'Dutch courage' Ian asked Karen out on a date... from then on they were inseparable, like 'two peas in a pod'.

Over their 34 years of marriage, Ian and Karen enjoyed going on holidays, day trips, and cooking. Ian was a brilliant cook and so food was a central part of their life. Ian was also an avid Chelsea FC fan, a passion that Karen did not particularly share, often teasing him on the days they did not win.

Three years ago, Ian was diagnosed with oesophageal cancer. Struggling with the news, Karen asked her GP for advice, who recommended visiting the Living Well Centre. Ian and Karen came along and met Nurse Collette who told them about the support available to them both. Karen tells us, *"when we came into the Living Well Centre it was like having a great big hug"*.

Ian used to enjoy spending the day at the Day Centre and Karen enjoyed complimentary therapies such as hypnotherapy and reiki. Karen tells us she enjoyed being able to relax.

The Living Well Centre also offered an Arts and Crafts Group, which Ian and Karen attended together. Karen said Ian was never interested in arts and crafts until he joined the Group, but embraced it fully and underwent an unbelievable transformation. Karen said Ian was never particularly patient, but always had patience when it came to arts and crafts.

As Ian's illness progressed the Hospice at Home Team started to visit him at home to look after all of Ian's personal care needs and work in conjunction with the District Nurses to ensure Ian's pain management was under control.

Karen feels their experiences with the Living Well Centre helped them when the time came for Ian to move to the In-Patient Unit at the Hospice. She told us, *"From the first time we came into the Hospice you extended your generosity through kindness, caring and emotional support along with cups of tea and tissues. I was not scared of Ian going into the Hospice because I knew he would be safe, cared for and loved."* Ian was not worried either despite his self-confessed allergy to pain. Smiling at the memory, Karen remembers Ian telling anyone who asked that he was allergic to pain and Arsenal Supporters!

Karen told us *"I do not think I would be how I am now, if I did not have the Rowans' support from the beginning. There is always someone there for you and the Charity has become part of my family."*

Sadly, in May 2020, Ian passed away and Karen joined the Bereavement Support Group, which was being run virtually due to the Lockdown restrictions. As Karen was living by herself, she found the Group a real comfort.

The Bereavement Group is an opportunity for those who have been recently bereaved to talk with others who understand having been in similar situations. Karen said the Group might just have a general chat and good giggle, or someone might ask for advice on how to deal with certain feelings. Everyone supports each other with suggestions and learn different ways to think about things.

"From my heart, I think Rowans Hospice Charity is amazing, I have met some wonderful people including staff and volunteers. Ian and I were eternally grateful for all the help and support you gave to us and the continued support I still receive. Thank you."

21
new veterans
2020/21

# Veterans Service

**We have continued to support Veterans who were registered with the Charity and others who were signposted to our Service throughout the Pandemic.**

Prior to the COVID-19 Pandemic, we offered a dedicated Veteran weekly drop-in group with support from our Veterans Service nurse, however she was redeployed to support the Community Specialist Palliative Care Team during the year. On this basis, the Charity continued to support Veterans in a more creative way. A virtual Coffee and Banter Group was developed so that Veterans could participate for ongoing social support, and to provide some continuity and connection with each other.

Twenty-one new Veterans registered and continue to be supported by the Charity with telephone contact and video calls. Some have chosen to attend additional virtual groups, including a new men's virtual group, mindfulness and our user groups.

**virtually:**
**149 times**

**telephone calls:**
**36 times**

## Returned for support 2020 – 2021

Unfortunately, some of the Veterans were unable to join the virtual group due to the nature of their illness, or they may have been unable to use IT equipment, in such cases we tried to facilitate for them.

As a result of the Veteran's feedback, we have moved from a virtual group setting to meeting face to face within the LWC. This has naturally involved a risk assessment and the group is relatively small at present but gaining interest as we move forward.

Amid all the banter and laughter, the group is able to support each other in a more personal way.



# A Veteran's Personal Experience

**"It all started in November 2020 when my wife was taken into Rowans Hospice. They were really good in finding her a room to herself, which she didn't have at Southampton General Hospital. Even though she had started end of life treatment, she was in a room with 5 other patients.**

The 6 days they looked after her at the Hospice, they were really kind and thoughtful. They not only looked after my wife and me, but all her visitors as well. The day she passed, when she was in a lot of pain, we don't know how we would have managed without them.

The aftercare for the first 4 months was on a 1-1 basis and the ladies really were very helpful and I looked forward to them phoning, as they seem to know how I'd be feeling, especially Jan. It wasn't just about my wife, we talked about everything.

I've attended a Bereavement Group with 3 other people for the last 4 weeks, which is run by Dr Steph and we all seem to benefit from the discussions. I know the pain will never go away but Rowans are with me and are helping me get through the day.

On a Monday there is a Veterans meeting, and it is not a bereavement group but more for people with health issues themselves, and as a former Royal Marine I would highly recommend this group as the banter and camaraderie is what I need at this time.

With VE day coming up it's nice to get together with other service personnel to reminisce our time in the Armed Forces as this was always a very special time for us. With thoughts of lost comrades and all those that have fallen during both Great Wars being remembered."

**"I know the pain will never go away but Rowans are with me and are helping me get through the day."**

# In-Patient Care Service

**The In-Patient Unit (IPU) provides specialist assessment, treatments and interventions from a multi-professional team. The people who are referred to the Service are often experiencing complex difficulties requiring a range of interventions, from a variety of specialist professionals. This individual, holistic model of care and treatment attends to the physical, spiritual, social and emotional components of a person's health and wellbeing, with the aim of enhancing quality of life and maximising potential to live as fully as possible, for as long as this may be possible. This includes helping patients remain in their preferred place of care and avoiding unnecessary hospital admissions, which is monitored and a measure of the Charity's success.**

One positive outcome to this is that there have been new and strong relationships formed and increased understanding of roles and responsibilities across the Charity.

A significant difficulty to the COVID-19 year within the IPU has been the need to restrict the number of people visiting patients. This has had to change throughout the year, but it has, without doubt, been the hardest and most difficult aspect to work with for staff and all those associated with the IPU.

The 'What Matters' work, which began last year, has continued to develop with the introduction of new areas in the Electronic Patient Records system. This enables the Multi-Disciplinary Team to record what is important to the patient in one place and in turn, informs the team of the aspects that are most important to the patient and what they would wish the focus to be for them. Alongside this work, a review of the recording and approach to 'handover' was carried out by a team of nurses which has resulted in the information from 'What Matters' being incorporated into every handover.

It was anticipated there would be an increase in admissions to the IPU, which would naturally require an increase in staffing. With this in mind, the Charity redeployed staff from other services who received appropriate education and re-validation from the Learning and Development team.

**413**
**referrals**

**359**
**admissions**

we had reduced beds due to refurb

**an average**
**30**
**admissions per month**

**70%**
**bed occupancy**

**69%**
**of people died**

**31%**
**of people were discharged**

# "Goodbye Dolly Gray"

Harry ("Dolly") Gray senior, died at Rowans Hospice on the 17 April 2020 at the grand age of 92, eleven days following his admission.

A Royal Marine during WW2 and later the Queens' Mounted Drummer in the Royal Horse Guards, Dolly maintained a military pride in his appearance throughout his civilian life, always well turned out and complete with manicured moustache. Dolly knew he was dying and his choice and preference was to die at Rowans Hospice, relieving his wife and family from caring for him in their Southsea home.

During the time Dolly was at the Rowans, we got to know his son, Harry, an artist and sculptor, who sat by his bedside for many an hour during those final days of his father's life.

Harry had also been hospitalised after fracturing his leg and it was during his confinement, coinciding with the first wave of the Coronavirus, that Harry bore witness to the anxiety, stress and enormity of work experienced by NHS staff at that time. Mindful of his father's military and decorated career, the concept of a medal for those caring for the sick came to mind, and the COVID STAR was conceived.

It was then, whilst sitting by Dolly's bedside, the design took shape; with inspiration from his father and Rowans' nurses, with regard to the size and fastening, the drawings were complete and, in the summer of 2020, Harry showed the first prototype medal to the Rowans' nurses previously involved. The Covid Star is featured on the front cover of this Annual Report.

"It was the perfect mixture of professionalism and good humour of the staff that meant my father was not only made comfortable but also had some laughter when he was at the Rowans. It is hard to put into words how special the staff are at the Rowans so I hope the little Covid Star medal will express my gratitude instead."

Now, a year after Dolly's death, Harry has received his first order for the COVID Star from an NHS Trust and Rowans Hospice will also be recognising front-line care staff who have supported people like Dolly and his family throughout the Pandemic with a medal.

Harry senior was nick-named "Dolly" whilst in the Army, as was tradition and derived from a British Music Hall classic written during the Spanish - American war in 1900 and adopted as a marching song and Boer War Anthem. The song was entitled, "Goodbye Dolly Gray" and how fitting this now seems as we remember Dolly and his incredible legacy in inspiring his son's creation of the COVID Star.

# Community Care – Remind Dementia Service

**Portsmouth City Council invited local charities to tender to provide services that would contribute to sustaining and improving dementia diagnosis rates, and enable the city to become a dementia friendly city.**

The Service was named Remind, but initially three charities, including Rowans Hospice, came together to propose and create an initiative whereby a named contact would facilitate people living with dementia, and their carers, to access and use local services. Solent Mind employed Intensive Engagement Support Workers and an Activity Co-Ordinator to support those newly diagnosed. The Hospice employed two Clinical Nurse Specialists (CNS) who lead the complex dementia and end of life care support pathway aspect. Referrals are via a single point of access, including self-referrals and are prioritised according to a 'RAG' system which leads to either 'social' support or the support of a CNS.

The CNS's role is to work alongside patients and their families, ideally from early diagnosis to end of life; supporting those who have complex needs whatever those may be. Early involvement allows the person with dementia and their carer the opportunity to have sensitive conversations regarding future planning in a timely manner; enabling people to live as well and as independently as possible, and when the time comes, to die well.

We recognise that each person and family is unique and each person's dementia manifests itself in different ways and progresses differently. Each person's view of living well looks different, as does their view of a good death. A key focus of the care that is offered is to support people to remain in their preferred place for care and the close connections established with loved ones continue following death, where bereavement support is then offered. During COVID, the service continued to offer safe face to face support. The CNSs were a life line for some people at a time when all structure and routine was stopped. An example of this was the Saturday morning support group for women working full time who were caring for someone with dementia; this group continued to meet via virtual routes as opposed to meeting in person. At times during COVID the CNSs were the only people visiting a person's home; as the majority of community work by other services moved to virtual support, these visits for some people in the community were an absolute life line.

The Service reports through Key Performance Indicators to the Clinical Commissioning Group; since 2016, the two CNSs have seen nearly 400 people with complex dementia, and have supported many people to die within their appropriate 'preferred' place of care, working alongside the carers pre and post bereavement. Despite the increased volume of work with people affected by dementia, the numbers of those people with dementia needing in-patient care through the Hospice has not increased, highlighting quality care can continue to be delivered in the community, even for people with complex conditions, where the majority of people want to remain for as long as possible.

**CNSs had 55 referrals**

Remind
Supporting you through your dementia journey



# Social Care Service

**Advocacy is a core value of social work and is embedded in every aspect of practice, while supporting patients and family members referred for in-patient care. The aim is to help plan future care needs following discharge from the In-Patient Unit.**

**"Social workers often see relationships at their most strained as families struggle to cope with the challenges end of life care can bring."**

Not always a straight forward process, however, the team will support patients and families in decision making, providing information and support to each person to reach the best possible outcome. The premise is always to foster hope even in the bleakest of situations and to attempt to make the impossible become possible. This is particularly pertinent when caring for a person at home in difficult circumstances, or after a prolonged stay in hospital. In offering psychological support and compassionate conversations, the aim is to foster resilience and to re-enable patients and their family members to feel more in control of the situation. Social Workers look for strengths and listen to families without judgement and by offering patients and their carers space to talk through the practical and emotional struggles, they grow and develop resilience.

On occasion, the Social Work team will meet patients who may be unable to make informed decisions. In these circumstances the team ensures if appropriate, that the Deprivation of Liberty Safeguarding is in place; seeking a best interest outcome for even the most vulnerable patient and acting as a strong advocate to ensure their voice is heard.

All patients and carers are likely to need advice from a Social Worker and this may include support with financial matters, housing, Will writing or pre-arranging a funeral. Patients often find themselves confused by the complex health and social care systems surrounding them, as such a Social Worker's task is to help navigate and to find the most appropriate solutions and funding streams. Through the provision of expert advice and sign posting to relevant services the team aims to reduce the financial burden of the patients and families, thereby relieving stress and anxiety.

Social Workers often see relationships at their most strained as families struggle to cope with the challenges end of life care can bring. However, in contrast they also see relationships at their strongest with families going far beyond what they thought they could achieve in order to support the person in the last weeks and months of life. None more so than throughout this year with the challenges that COVID-19 has led to. Challenges that have involved working with patients and families transition into a different place of care, be that home or a nursing home.

Social Workers aim to help people to live as they choose for as long as they can and improving quality of life wherever possible, recognising the improvements may be small but will still make a difference. This approach fosters resilience not only through illness but also for carers and family members as they move into bereavement.

**85**
**Reablement team referrals**

**Social Work referrals 132 of which**

**17%** discharged to a nursing home

**35%** discharged home

**48%** died in RH prior to discharge

# Hospice at Home Service

The Hospice at Home Service offers end of life care in the community. It provides support to patients, family members and carers, especially when there is intense need - be that physical, psychological or spiritual. The Hospice at Home team is able to respond rapidly when patients require the administration of medications or other interventions, and can also support those in an institutionalised setting, who may wish to return to their homes as they approach the end of their lives. The aim of the Service is to allow people to retain as much control as they wish to have, and for some patients that is distinguished by being able to remain at home. To that end, each patient's care is carefully coordinated by the Hospice at Home team, working alongside GPs, district nurses and other community professionals.

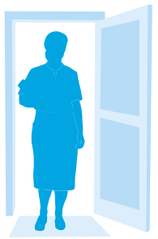
Hospital admission avoidance became an increasingly important element of the Service, against the background of the COVID-19 Pandemic. The reduction in pressure on hospital beds that this delivered has been recognised by the Commissioning Groups of the NHS, who have worked closely with the Service so that patients continued to be effectively supported in the community. One way this was achieved and sustained was to recruit help from other Service areas within the Charity, such as the Living Well Centre and elsewhere.

The additional expertise that these colleagues brought to the team proved invaluable in many ways and has subsequently inspired everyone to think about ways we can work even more collaboratively across our organisation, as we begin to address a post Pandemic world.

**"Your kindness, compassion and professionalism were incredible ... it means the world to your patients and families."**

**352** Referrals seen

**7,924** Visits



**"It's hard to find words good enough to express thanks for all the wonderful care you gave to my husband."**



# Psychology & Bereavement Service

**"I had not expected the therapy to be as beneficial as it was. It has helped me talk through some very complex issues surrounding my loss. I now feel able to move forward in life again"**

The Psychology & Bereavement Service delivers specialist therapeutic support to people living with a life-limiting illness, to their carers, and the bereaved.

The Service delivers evidence-based therapies that promote coping, wellbeing, and good communication with loved ones. Other priorities of the team are to provide advice to our medical colleagues, and to deliver training and education to other healthcare professionals. The team is made up of Clinical Psychologists, Psychotherapists, Counsellors, and Family Support Volunteers.

This year has been a year like no other, and the Service has needed to continuously adapt service delivery to ensure the best quality care and support at a time when people have needed it more than ever.

The Service was mobilised to work remotely within days of the first Lockdown, going on to deliver the majority of therapeutic support through telephone and video calls, thereby ensuring patient safety. It was evident that people were able to adjust to these changes more readily than anticipated, and people told us that they continued to feel well supported by the team.

Throughout the Pandemic, the Service has remained busy, with **352 referrals supported** and conducting **1,876 therapy sessions**. The team is made up of circa four clinicians, so being able to deliver nearly 2,000 sessions of therapy during the crisis has been a motivating and positive achievement for the Service.

Another key element of the psychological care delivered by Rowans Hospice, is the work of the Meerkat Service, which provides support, advice and therapy to children and families impacted by a loved one's life-limiting illness. The Meerkats have also continued their work throughout the Pandemic. As they adapted to the crisis, they rolled out online children's and young people's support and activity groups, which were positively received by the children and their parents.

The Psychology, Bereavement and Meerkat Services also worked effectively to adapt the provision of training and education. In the course of the Pandemic, they designed and delivered bereavement support training courses for schools, advanced communication training courses for healthcare professionals, and revamped the Bereavement Support Group (renaming it 'Navigating Loss'), and launched this virtually.

A further focus for the Service during this time was the development of an online bereavement training resource designed to help people supporting the bereaved to feel more confident in their skills. The training is available to anyone, free of charge, via the education section of Rowans Hospice website.

**214** psychology referrals

**31** bereaved people were supported by trained volunteers

**58** young people were referred to the Meerkat Service

# Human Resources and Learning & Development

Overnight, COVID-19 forced HR and L&D teams everywhere to work very differently on a number of levels. The Charity continued to work towards its People Strategy to ensure the right people in the right place, at the right time with appropriate levels of skill and competency. However, the year was like no other and creativity was the 'order of the day', without doubt.

One of the first priorities for the People Services team (HR and L&D collective term) was to train and update all clinical staff working in a non-patient facing role to be competent and confident to work in a patient facing role. Many staff were redeployed across the Charity into patient facing roles. A comprehensive training programme was organised whilst the HR team found creative ways to support staff in what fast became an unknown state.

The Charity proactively monitored the on-going impact of the Pandemic, including the way staff and volunteers were affected and the requirement for some teams to utilise the support of the Government's Furlough Scheme and/or to work remotely where the role allowed.

Many staff did work remotely, which itself brought a different perspective to the working day and many challenges for the various individuals involved. Staff and volunteers completed over 700 training sessions, either on a socially distanced face to face basis or virtual/online workshops and sessions. An on-line elearning platform was utilised more than ever before and, in the last year, some 640 sessions were accessed.

Throughout the Pandemic and in various stages of Lockdown, education and training for some local care services continued via virtual platforms.

The financial review, necessitated because of the devastating impact of the Pandemic on the Charity's income levels, required the HR team's involvement in the re-structuring programme which was, as always, a very difficult time for those involved. Ultimately, a number of Support Service teams were significantly reduced, and whilst this action protected the provision of Clinical Services, it was none the less a very difficult and sad period for the Charity.

People Services has maintained communication, alongside managers, with all staff and volunteers throughout the Pandemic. This includes those working or volunteering at the Hospice, those working from home, on Furlough Leave or shielding by continuing its monthly newsletter – HosGoss. The Charity also continued its recognition of milestone service achievements and issued video messages from the CEO and Honorary Chairman of Trustees on three occasions throughout the period. Social media played a significant part in keeping in touch for those users of the main social media platforms.

**Staff and Volunteers completed over**

**700**

**training sessions**

| Session | Total sessions | Total attendees |
|---|---|---|
| **Clinical Education and Skills Competency** | **114** | **529** |
| **Regulatory** | **18** | **71** |
| **Mandatory** | **21** | **135** |

# Income Generation

**A primary focus for the Income Generation team (Retail, Fundraising, Marketing, Legacy and Trusts) was to maintain and build the Charity's profile throughout the Pandemic, primarily via social media platforms, press, media and ongoing engagement activity so as to retain interest and involvement for existing supporters, and to attract new people to support the Charity. All whilst undergoing several periods of National Lockdown and with severe restrictions in place!**

The COVID-19 Appeal was well received and raised circa **£500,000** which helped to support the shortfall in income alongside the Government grant schemes for Clinical Services, shops and staff. The Charity was fortunate to receive a number of financial grants from various Grant Making Trusts to whom a number of applications were made. Fundraising events, cancelled or delayed at the start of the Pandemic, were re-created to virtual events and to engage as wide an audience as possible. Events such as Rowans' Got Talent and Rowans' Great Big Bake-Off attracted a wide age range of participants and supporters, as did the online auction and regular virtual quiz events.

The Charity's lottery was transferred to an outsourced provider (Local Hospice Lottery) so as to save costs and to gain wider opportunity by being part of a group of Hospices with broader marketing capability. The Charity's Raffles proved very successful through the year and served as an alternative way for people to support Rowans Hospice Charity during difficult times. Retail shops were opened and closed in line with the National Lockdowns and were fortunate to receive Government funding in the form of grants, which significantly supported the Charity at a time when prospects were very bleak. Seven of the twenty-one retail shops were closed following a critical review of their income and lease credentials.

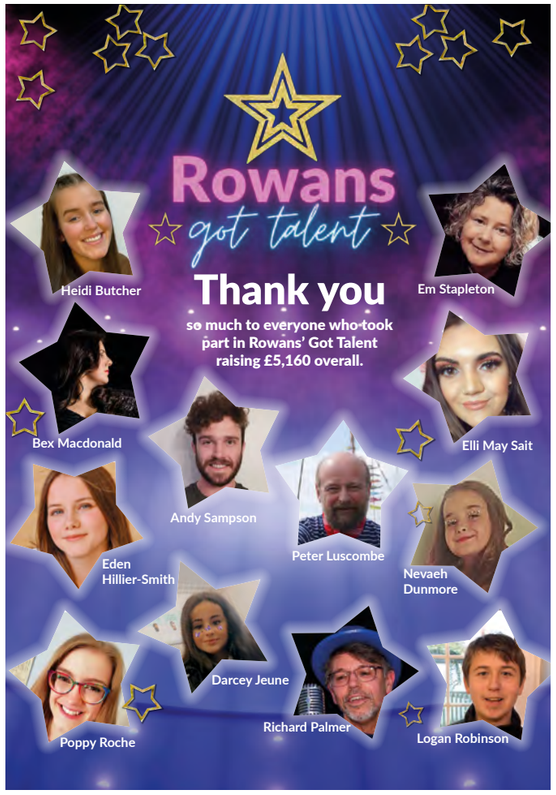
Ideas and activity involving staff and volunteers was further developed in the year, with the opportunity for them to support the Charity's effort to save costs. An Income Generation Register was introduced which records inverted income generation (cost savings) as well as generation of income. The Register is reviewed monthly by the Executive team and everyone from across the organisation has the opportunity to input and generate ideas to save money.

There has been significant activity to lobby NHS Commissioning Groups; currently the Charity receives 11% of its costs as an income from the local NHS Commissioning Groups, whereas other Hospices may receive substantially more, or less.

Further lobbying is in place to seek support to bring financial parity across Hospices in relation to these commissioned monies.

The COVID-19 Pandemic year highlighted the need for Hospice Services and the Rowans played its part throughout the Pandemic and was classified as an essential service alongside NHS partners.

As always, the Charity's aim is to fundraise within the boundaries of the Fundraising Regulator, the Fundraising Code of Practice and GDPR. The Charity has again been compliant throughout this year with no complaints brought to our attention, and our key aim is to consistently comply with our supporters' wishes and requirements.



# In-Patient Unit Refurbishment

**On 29 July 2019, work began on the Hospice In-Patient Unit refurbishment. To reduce the impact on the bed occupancy, we planned the works over a four-stage approach, closing a limited number of beds at any one time. We expected the works to be completed by February 2021.**

We had not expected any delay, however COVID-19 was an unknown back then and landed on our doorstep in 2020. As a result, works ceased for a period due to the first National Lockdown until national guidance and advice was provided that allowed the contractors to return to site in a COVID-19 safe and controlled way.

We were able to support our Contractors return to work safely with a 'special status', as it was essential the works continued on our In-Patient Unit without further delay.

In June 2020, Stage 1 was completed with nine bedrooms renovated.

Stage 2 commenced shortly thereafter and was completed in October 2020 with a further seven bedrooms renovated.

Stage 3 has just been completed and handed over.

**To date we have:**

- 19 newly refurbished and themed bedrooms with en-suite bathrooms and we have introduced independent bedside controls for curtains, lighting, heating and air cooling
- a beautifully renovated quiet space which can be used as a Chapel or a space for quiet reflection
- created two new day areas overlooking the main courtyard that has undergone a wonderful transformation
- snug areas for family members to take time for themselves
- increased the number of public toilets
- two newly refurbished bathrooms along with two new baths – one Jacuzzi and one patient-assisted bath
- refreshed corridors, using colour and flooring to help navigate around the In-Patient Unit

Due to COVID-19 and the financial impact, it was necessary to review and consider all aspects and ways to preserve our services, including the renovation. In September 2020, a value engineering exercise was undertaken working closely with the Architect and Quantity Surveyor to seek ways to further reduce costs for Stage 4, (the final stage which was due to commence in February 2021), without compromising the original concept and overall quality.

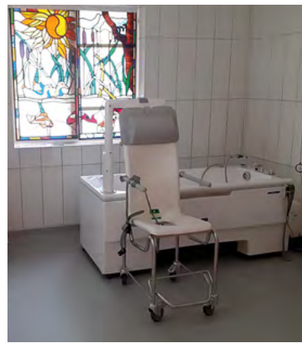
**The options considered and potential savings for Stage 4 included :**

1. stop and terminate contract after completion of Stage 3
2. light refurbishment in all areas
3. a major redesign to simplify Stage 4, keeping three bedrooms to same specification as the other stages

In considering the losses against the potential savings if the contract were to be terminated after Stage 3, the review concluded that there would be too much of a loss to Charity funds if the contract was to cease or to reduce its scope to a minimum.

Option 3 was favoured; leaving three bedrooms that could be utilised differently e.g. for those with longer term complex health care needs. However, the specification would be the same as the other renovated bedrooms. This was agreed by the Board of Trustees in November 2020.

Stage 4 commenced in March 2021 and the expected outcome is three renovated bedrooms, a day area space created for families and visitors, as well as an upgrade of the Patient Entrance. This stage is due for completion in July 2021.



# Financial Review

## Overview

In what proved to be a very unconventional year in many respects, the Rowans Hospice Charity (RHC) reported a surplus of £2.1m. This result was very much in contrast to the budget that had been set at a deficit of £1.1m in line with the Trustee approved strategy to reduce surplus Reserves. This leaves the the Charity in a much stronger position to weather the next uncertain financial period.

Although fundraising, retail income and legacy receipts were markedly negatively impacted by the Pandemic, new funding in the form of COVID-19 relief more than made up for the shortfalls in traditional income sources.

Specifically, the Government awarded two tranches of emergency funding in monthly instalments, April – July 2020 and November - March 2021, to the independent Hospice sector to ensure clinical service capacity was maintained and where possible, exceeded to relieve pressure on the NHS during the first and second wave of the Coronavirus. The total value of this funding was £2.38m.

Job retention grants (Furlough) were claimed for all staff whose roles were negatively impacted by the Pandemic. The value of these grants was £783k and ensured that job losses at the Charity were kept to a minimum. Additionally, Local Authority grants were claimed, where possible, during charity shop closures. The value of these grants was £218k.

It is heart-warming to report that donations from our many and varied supporters were over half a million pounds higher in 2020/21 than the previous year, inspired by the COVID Appeal and in recognition of our ability to maintain high quality care services and equating to £1.7m.

## Public Benefit

The Charity has provided significant services throughout the year to those living within Portsmouth and South East Hampshire and a full description of those services are included in the previous pages of this report. The Trustees review the strategy and approve the two-year business plan developed by the Executive Team annually. In undertaking this review the Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit.

## Expenditure

The running costs of the Hospice reduced year on year by £629k, as clinical operational costs reduced with the development of virtual therapeutic interventions.

The largest single cost was attributed to in-patient care, delivered within 19 single bedded rooms at a cost of £3.46m and equating to £499 per room per night. The majority of this cost is associated with the remuneration of the specialist multi-professional team, comprising physicians, nurses, allied health professionals, psychologists and Chaplain.

At times, and especially at the start of the Pandemic, the In-Patient Unit had a lower bed occupancy with many patients choosing to be cared for at home by the Hospice at Home team. This was reflected in the running costs of both departments.

The In-Patient Unit refurbishment of the clinical and patient facing areas was at the final stage of completion on the 31st March 2021 and will fully complete by mid-summer 2021. Other aspirations to refurbish and develop enhanced therapeutic areas for the bereaved are now 'on hold' for an indefinite period due to financial constraints and the need to work towards a balanced budget over the next five years, whist preserving reserves. In 2020/21, £1.3m was invested in this project and a further £565k will be expended in 2021/22. This will then mark the final investment at a total cost of £3.2m.

The annual cost of running the valued services that the RHC provides was £6.28m. This was a reduction from the previous financial year of £35k.

The cost of the Living Well Centre, decreased by £27k as clinical staff were redeployed to complement In-Patient and Hospice at Home teams.

The cost of non-charitable activities, to include some aspects of fundraising, reduced by £392K, in contrast with the previous year, reflecting the many and varied changes that had to be made to traditional community fundraising activities. Furthermore, the staffing structures within business support services required necessary adjustment as roles and requirements changed with a cost in both human and financial terms, as detailed in the notes to the accounts. Although difficult, RHC needed to ensure its charitable income was used wisely; reducing any unnecessary expense and maintaining and sustaining its resources to meet charitable objectives.

## Income

Total Hospice income in 2020/21 was £10.4m; an increase on levels in 2019/20 of £1.4m and reversing anticipated and potentially catastrophic shortfall following the issue of emergency Government funding.

The largest individual source of income that the Rowans relies upon is from legacies; Gifts in Wills, with £1.7 million received in 2020/21. However Legacy income cannot be guaranteed and therefore a Legacy Contingency Fund is held to 'top-up' shortfalls as required; originally this was £1M, however the level was increased to £1.5M to mitigate any impact from Brexit.

NHS statutory Continuing Health Care (CHC) funding was £1.58m, representing 15% of total income or 25% of charitable costs, associated with the delivery of Hospice at Home. This income increased during 2020/21 and was further boosted in November by a sum of £400k from two local Clinical Commissioning Groups to maintain the trained nurse element of the Hospice at Home service, which was not covered by CHC funding and was arguably a statutory provision usually afforded by the NHS within community nursing contracts. It is now hoped that COVID-19 will become a much-needed catalyst to negotiate a more sustainable contract between the RHC and NHS Commissioners in the near future and one that is cognisant of inflation and activity levels.

The Silver Jubilee Appeal that was launched to fund the major refurbishment project in 2018 was terminated at the start of the Pandemic to concentrate all income generation initiatives to maintaining Clinical Services. However, still an impressive sum of £81k was generously received from committed supporters for this purpose along with £90K from the Wolfson Trust. This income, along with other designated funds and a proportion of the Government funding, enabled the project to move forward and to plan and build in another three bedrooms to increase clinical capacity in the wake of the Pandemic.

Rowans Retail estimated an operating loss of £14k in a very tough year, which grew to a loss of £729k once utilities and other overheads were allocated. However, with grants and other forms of Government funding, Rowans Retail made an overall operating profit of £721k and a notional surplus of £320k.

## Reserves

At the financial year end £15.7m was held in Reserves. This was an increase of £2.1m from the previous financial year. Of this value, £48k was restricted and £12.1m was designated for specific purposes (these designated funds are analysed in note 19 to the accounts). After accounting for restricted and designated funds, £3.6 m of unrestricted funds were available. This equates to the target set in the Reserves Policy to hold six months of charitable expenditure.

## Movement in Total Funds

The value of the RHC total funds increased by £2.1m in the financial year 2020/21. Restricted funds reduced to £48k as expenditure was incurred on specific relevant activities including the Veterans Service. General reserves were boosted to £3.6m as per the Reserves policy to ensure that the RHC has sufficient funds to maintain services for a period of six months should all revenue generation cease. Designated reserves increased from £11.3m to £12.1m. This Legacy Contingency Fund was maintained at £1.5m, the Fixed Asset Fund reflected the value of the assets of the organisation at £4.1m and the In-Patient Refurbishment fund reduced to £636k as monies were spent throughout the year on the Hospice refurbishment. The remainder of the funds have been set aside to allow the organisation to reach a balanced budget position within the five-year planning period as per the Trustee approved strategy. This sum increased to a value of £5.8m which will be utilised over the next five years to fund the reducing budget deficit.

## Key Risks

The Charity maintains a Register for each Governance Group to manage key risks and opportunities. The Registers are highlighted and reviewed at the beginning and end of each Governance Group meeting respectively. The Hospice Executive Group and the Board also review separate Registers, which includes a Register for the Major Refurbishment Project.

| Risk | Risk Mitigation |
|---|---|
| **The Charity's reputation and standing within the community:** | • To monitor the Charity's response to COVID-19 and public perception<br>• To continue to drive external communication with the public through multi-media opportunities and specifically through social media to gain engagement and to raise awareness<br>• To maintain responsive high-quality Clinical Services and connectivity between family members<br>• To ensure COVID secure services, practices and environments across the Charity e.g. testing and promoting the vaccination programme<br>• To develop digital communication to engage service users to include carers and the bereaved<br>• Regulatory compliance<br>• Complaints Policy |
| **Coronavirus Pandemic; preparing for the aftermath:** | • To complete the In-Patient Unit Refurbishment and increase capacity to 22 beds (additional 3) |
| **Declining and/or Insufficient Funding:** | • To maximise business and service development opportunities<br>• To maximise grant funding opportunities<br>• To grow the Retail estate<br>• To engage and lobby commissioners to seek parity and equitable funding for Hospices<br>• To continue the COVID-19 Appeal<br>• To ensure comprehensive budgeting and authorisation procedures<br>• To provide timely and accurate financial reporting for regular and consistent review<br>• To monitor cash flow and financial forecasting<br>• To restructure and review services for appropriate efficiency savings<br>• Income Generation Strategy<br>• Reserves Policy<br>• Investment Policy<br>• Legacy and Brexit Contingency Reserve |
| **Clinical Service Disruption:** | • To induct and utilise agency nurses and additional 'bank' nurses to maintain clinical capacity<br>• To engage and partner with NHS colleagues to maximise resource to support patient care, specifically for those at home<br>• To re-deploy clinical staff to work outside of 'normal' scope and with additional training, to maintain services within the Hospice and to people in their own homes<br>• Clinical Governance Framework<br>• To review Clinical metrics<br>• Clinical Audit |
| **Staff and Volunteer recruitment and Retention** | • To use the recruitment and onboarding practice and process<br>• To use the Charity's performance management processes e.g. review and appraisal<br>• To continue to develop line management competence eg ACAS, Coach to Lead<br>• To regularly review People Services metrics<br>• To ensure good internal communications and publications<br>• To develop ISO or IiP review and / or accreditation<br>• People Strategy |



## Investments

The Charity held £5.7m in investments on the 31st March 2021 and grew by £671k, with £117k in investment returns; equating to over 35% of the consolidated year end surplus and a bounce back from the same time the year before, created by the uncertainty emanating from the start of the Pandemic.

The investment portfolio remained with CCLA throughout the financial year with formal bi-annual performance and global economic outlook reports submitted into the Investment Committee and annually into the Board of Trustees. Furthermore, detailed quarterly reports and monthly valuations were also received and reviewed.

The Hospice Investment Policy states that investments cannot be made into any assets that derive more than 10% of its income directly or indirectly from tobacco. Details of all of the exclusions to this portfolio can be found on the CCLA website. The CCLA COIF Charities Deposit Fund does not invest directly as it deposits funds to counterparties. However, the fund is governed by the CCLA's in-house ESG integration criteria and environmental, social and governance factors and chimes with the ethical considerations held by Trustees.

The Charity continues to hold investments across two CCLA products and aims to hold a value equal to its target level of general funds in the COIF Charities Ethical Investment Fund. This fund is a multi-asset investment portfolio that holds stocks, shares and other investment assets for long term returns. Secondly, funds are held in the COIF Charities Deposit Fund, which was selected to minimise downside risk in unstable markets and can be called upon in the short to medium term. The COIF Charities Deposit Fund has investments in many Banks and Building Societies and has a credit rating of AAA from Fitch, which is the highest possible rating. Whilst returns are comparatively low, the funds are safely maintained.

Funds were transferred to CCLA in September 2018 with the bulk being invested in the COIF Charities Ethical Investment Fund. The fund is currently projected to achieve the challenging return of CPI +3% over a five-year rolling period. This growth will be both as a result of income yield and also increase in the value of the holding. Long term investments have recovered from the position they were in at the end of the financial year 2019/20 as a result of the COVID-19 Pandemic.

Recognising the differing requirements for pools of designated and general funds held by the Charity, the Rowans Investment Policy provides two targets for investment returns; one for longer-term funds and a second for funds that might need to be drawn down in the near future. The long-term total return target is a CPI +3% over a five-year rolling period, the short-term return target is base rate + 0.5% over a three-year rolling period. Both of these returns are especially challenging in the current economic climate.

## Subsidiaries

RHC owns 100% of the share capital of a trading subsidiary: the Rowans Hospice Trading Company. Activity in the Rowans Hospice Trading Company is much reduced from previous years following a business decision to move some trading aspects into the Charity. The Rowans Care Agency was delisted in 2020.

## Structure, Governance and Management

Rowans Hospice is a Charitable Company Limited by Guarantee, registered in England and Wales, company number 22757068 and a Registered Charity Number 299731. It was incorporated on the 7th July 1988 and is Governed by the Articles of Association.

# Structure, Governance and Management

The Charity's main objective is to provide care and support to people living in Portsmouth and South East Hampshire who may be living with life-limiting illness; this care support extends to families and carers.

The Charity is governed by the Board of Trustees, which is responsible for the Strategy and Governance of the Hospice. Members of the Board of Trustees are also Directors under Company Law.

Not less than six or more than twelve Trustees are appointed by the Members and annually one third retire; being those Trustees who have been longest in office.

Full meetings of the Board took place on eight occasions in 2020/21. The Board is supported in decision making by detailed scrutiny and recommendations provided by the Board sub-committees: Clinical Governance Group, Ethics Governance Group, People and Remuneration Governance Group, Income Generation Governance Group, Finance, Audit and Estates Governance Group, Information Governance Group, Investment Committee, and Legacy Committee. The Governance Groups were suspended from March until September 2020 with full COVID-19 monthly Board Meetings replacing them.

During the year and up to the date these accounts are signed, the following Trustees were in post.

John Watkins Honorary Chairman

Wendy Greenish Honorary Vice Chairman

Anthony Saunders Honorary Treasurer

Louisa Burton

Eva Dixon

Elizabeth Emms

Roger Harrison (until 8th December 2020)

John Hughes

Geoff Page

John Reddy

John Taylor (from the 8th December 2020)

Jacquie Vincent-Coulter

Ian Young

# Trustee Recruitment and Training

## Trustees Recruitment and Appointment

All Members of the Charity are notified in writing of Trustee vacancies. In consultation with the Honorary Chairman of Trustees, it is decided when external recruitment is pursued. This is determined based on the current skills of Trustees and identifying any gaps in skills or knowledge.

All candidates applying for the position of Trustee will follow a recruitment and selection process. Prospective Trustees will be interviewed by a panel consisting of Trustees and the Chief Executive. The Panel will produce a shortlist of suitable applicants prior to formal interviews.

The recommendations of the Interview Panel will be made to the full Board of Trustees and any successful applicants will be co-opted until the next AGM, when Members will have the opportunity to ratify the appointment.

## Trustees Induction and Training

The Chairman of the Board of Trustees ensures that an appropriate Induction Training Programme is arranged and completed within three months of appointment.

The Induction comprises formal induction training including: clarification of legal responsibilities, Charity Commission requirements of Trustees, strategic issues, governance issues, familiarity with the Articles of Association and all relevant induction material to allow Trustees to understand the Charity's purpose, financial position and current issues.

Formal meetings are arranged for a new Trustee to meet with all Executive Team members. An appraisal meeting between the Chair and the new Trustee will be arranged six months after appointment.

## Management Team

The Trustees are responsible for the overall Governance of the Hospice. To achieve this, they have appointed a management team who are full time paid employees of the Charity. The Chief Executive leads the team to spearhead the Charity's implementation of its objectives in a tough and ever-changing health and social care market.

### The Hospice Executive Team comprises:

| | |
|---|---|
| Ruth White | Chief Executive |
| Susan Aistrope | Director of Finance & Information Technology |
| Erika Lipscombe | Director of Clinical Services (Matron) |
| Carol Milner | Director of People Services & Income Generation |
| P-J Morey | Medical Director |
| Jenny Redman | Director of Quality |

The Trustees have approved a detailed schedule of delegations to make it clear which decisions are reserved for the Board of Trustees and which can be made by Governance Groups or members of the Hospice Executive Team.

## Setting Pay

The Rowans Hospice Board has a dedicated People and Remuneration Governance Group, which considers remuneration across the Charity and makes recommendations to the respective Boards. This Governance Group meets quarterly and in advance of budget setting.

Remunerated roles within the Rowans Hospice Charity are regularly benchmarked against a number of different channels; an Agenda for Change based scheme (NHS payment and awards scheme), Hospices locally and nationally and other business sectors. The Charity observes the Living Wage for all employees.

## Relationships with Other Organisations

Part of the success of the Charity and its Services can be attributed to the partnership between the voluntary independent sector, the NHS and Adult Social Care.

The local community-based NHS Specialist Palliative Care Services and the Hospital NHS Specialist Palliative Care Team at Queen Alexandra Hospital (Portsmouth University Trust) and Rowans Hospice work in partnership to provide a seamless service across Hospice, hospital and community for the benefit of the patients and their families/carers. A high standard of care and specialist treatments are offered by a skilled and experienced multi professional team.

The level of collaboration is demonstrated by NHS staff being based out of the Hospice and a number of roles within the Hospice being jointly funded by NHS trusts, Adult Social Care and the Charity.

# Statement of Trustees' Responsibilities

Trustees are also Directors of the Rowans Hospice Charity for the purposes of Company Law, and are responsible for preparing the Trustees' report (including the Group 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 Group as at the balance sheet date, and of the charitable company's net movement in funds, including income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

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

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Companies Act 2006 and the Charities SORP. They are also responsible for safeguarding the assets of the charitable company and the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

So far as each of the Trustees is aware at the time the report is approved:

- there is no relevant audit information of which the company and the Group's auditors are 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 auditors are aware of that information.

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

The Trustees' report incorporating the Strategic Report was approved and authorised by the Board of Trustees on 14 July 2021 and is signed on their behalf by

**John Watkins**
**Honorary Chairman of Trustees**

# Independent Auditor's Report to the Members of Rowans Hospice

## Opinion

We have audited the financial statements of Rowans Hospice for the year-ended 31 March 2021 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to Going Concern

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

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

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

## Other Information

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

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 Trustee and Strategic Report (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees and Strategic Report have 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 the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustee and Strategic Report (which incorporates the strategic report and the directors' report prepared for the purpose of company law).

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

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

- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

## Responsibilities of Trustees for the Financial Statements

As explained more fully in the Trustees' responsibilities statement set out on page 26, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Based on our understanding of the group/charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to health and social care and to registered charities, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006 and the Charities Act 2011, and other factors such as income tax, payroll tax and sales tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to areas of estimation uncertainty and to manual accounting journals. Audit procedures performed by the engagement team included:

- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

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

## Use of our Report

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

*Siobhan Holmes*
*(Senior Statutory Auditor)*
*For and on behalf of*
*Haysmacintyre LLP,*
*Statutory Auditor*
*14 July 2021*

*10 Queen Street Place*
*London*
*EC4R 1AG*



# Financial Accounts

## Consolidated Statement of Financial Activities Including Income and Expenditure Account for the Year Ended 31 March 2021

| | Notes | Unrestricted Funds | Designated Funds | Restricted Funds | Total Funds 2021 | Total Funds 2020 |
|---|---|---|---|---|---|---|
| | | £ | £ | £ | £ | £ |
| **Income From:** | | | | | | |
| Donations and legacies | **2** | 4,709,247 | - | 2,454,325 | 7,163,572 | 4,652,536 |
| Charitable activities | **3** | 1,815,519 | - | - | 1,815,519 | 1,150,876 |
| Rowans Hospice Trading Company | **4** | 40,102 | - | - | 40,102 | 134,245 |
| Other Trading Activities | **5** | 1,282,363 | - | - | 1,282,363 | 2,921,692 |
| Investment income | **6** | 116,874 | - | - | 116,874 | 147,618 |
| **Total Income** | | 7,964,105 | - | 2,454,325 | 10,418,430 | 9,006,967 |
| **Expenditure on:** | | | | | | |
| **Raising Funds** | | | | | | |
| The Rowans Hospice Trading Company | **4** | 164,187 | - | - | 164,187 | 49,405 |
| Other Trading Activities | **7** | 2,562,139 | - | - | 2,562,139 | 2,954,439 |
| **Charitable Activities** | | | | | | |
| In-patient care | **8** | 976,457 | - | 2,484,722 | 3,461,178 | 3,721,981 |
| Hospice at Home | **8** | 1,423,575 | - | - | 1,423,575 | 1,364,047 |
| Living Well Centre | **8** | 617,776 | - | - | 617,776 | 645,231 |
| Community care | **8** | 264,944 | - | - | 264,944 | 254,232 |
| Bereavement support | **8** | 362,568 | - | - | 362,568 | 424,265 |
| Clinical education and training | **8** | 145,286 | - | - | 145,286 | 216,852 |
| **Total Expenditure** | | 6,516,931 | - | 2,484,722 | 9,001,653 | 9,630,451 |
| **Net Gains/(Losses) on Investments** | **13** | 671,248 | - | - | 671,248 | 17,962 |
| **Net Income** | | 2,118,422 | - | (30,397) | 2,088,025 | (605,523) |
| Transfer between funds | | (800,851) | 800,851 | - | - | - |
| **Net Movement in Funds** | | 1,317,571 | 800,851 | (30,397) | 2,088,025 | (605,522) |
| **Reconciliation of Funds** | | | | | | |
| Total funds brought forward | | 2,282,430 | 11,269,049 | 78,059 | 13,629,538 | 14,235,061 |
| Total funds carried forward | | 3,600,000 | 12,069,900 | 47,662 | 15,717,563 | 13,629,538 |

The Statement of Financial Activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

Comparative figures by fund for the year to 31 March 2020 are detailed in notes 19 and 25.

## Consolidated and Charity Balance Sheet as at 31 March 2021

| | Notes | Group 2021 | Group 2020 | Charity 2021 | Charity 2020 |
|---|---|---|---|---|---|
| **Fixed Assets** | | £ | £ | £ | £ |
| Tangible assets | **12** | 4,129,835 | 5,769,048 | 4,129,835 | 5,769,049 |
| Investments | **13** | 5,663,793 | 5,524,758 | 5,663,795 | 5,525,761 |
| Construction in Progress | **12** | 2,779,835 | - | 2,779,835 | - |
| **Total Fixed Assets** | | 12,573,463 | 11,293,806 | 12,573,465 | 11,294,810 |
| **Current Assets** | | | | | |
| Stocks | | 2,408 | 573 | - | - |
| Debtors | **14** | 2,212,576 | 2,586,395 | 2,194,626 | 2,586,395 |
| Cash at bank and in hand | | 1,902,634 | 737,769 | 1,892,120 | 714,563 |
| **Total Current Assets** | | 4,117,619 | 3,324,737 | 4,086,746 | 3,300,958 |
| **Liabilities** | | | | | |
| Creditors: amounts falling due within one year | **15** | (973,520) | (989,005) | (972,417) | (1,119,082) |
| **Net Current Assets** | | 3,144,099 | 2,335,732 | 3,114,329 | 2,181,876 |
| Total assets less current liabilities | | 15,717,563 | 13,629,538 | 15,687,794 | 13,476,686 |
| **Total Net Assets** | | 15,717,563 | 13,629,538 | 15,687,794 | 13,476,686 |
| **Reserves** | | | | | |
| Restricted funds | **18** | 47,662 | 78,057 | 47,662 | 78,057 |
| Unrestricted funds | | | | | |
| General funds | **19** | 3,600,000 | 2,282,432 | 3,570,232 | 2,128,576 |
| | | 3,600,000 | 2,282,432 | 3,570,232 | 2,128,576 |
| Designated funds | **19** | 12,069,900 | 11,269,048 | 12,069,900 | 11,269,052 |
| | | 15,717,563 | 13,629,536 | 15,687,795 | 13,475,685 |

On behalf of the Board

**Mr J Watkins**
**Honorary Chairman**

**Mr A Saunders**
**Honorary Treasurer**

Company Registration Number: 2275068
Charity Registration Number: 299731

The turnover for the charity (i.e. excluding The Rowans Trading Company ) was £11.1m (2020 £7.7m) and the net movement in funds in the charity was £2.2m (2020:( £0.9m)).



## Statement of Cash Flows and Consolidated Statement of Cash Flows for The Year Ended 31 March 2021

| | Notes | Group 2021 | Group 2020 |
|---|---|---|---|
| | | £ | £ |
| **Cash Flows from Operating Activities** | | | |
| Net cash provided by operating activities | **21** | 1,922,257 | (752,501) |
| **Cash Flows from Investing Activities** | | | |
| Dividends and interest from investments | | 116,874 | 147,618 |
| Purchase of property, plant and equipment and WIP | | (1,351,448) | (1,426,161) |
| Cash transferred from investments | | 500,000 | 1,285,475 |
| WIP | | - | |
| Net cash used in investing activities | | (734,574) | 6,932 |
| **Change in cash and cash equivalents in the reporting period** | | 1,187,683 | (745,569) |
| **Cash and cash equivalents at the beginning of the reporting period** | | 714,951 | 1,460,520 |
| **Cash and cash equivalents at the end of the reporting period** | | **1,902,634** | **714,951** |

The notes form part of these financial statements

# Notes to the Financial Statements for the Year Ended 31 March 2021

## 1 Accounting policies

### Company information

The Rowans Hospice is a private company limited by guarantee incorporated in England and Wales. The registered office is Purbrook Heath Road, Purbrook, Waterlooville, Hampshire, PO7 5RU.

### Accounting convention

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 (FRS 102) – (Charities SORP 2015 (Second Edition, effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The accounts are prepared in Sterling, which is the functional currency of the Charity.

The accounts have been prepared on the historical cost convention. The principal accounting policies adopted are set out below.

**Legal Status** - The Charity is incorporated as a company limited by guarantee having no share capital and, in accordance with the Memorandum of Association, every member is liable to contribute a sum of £1 in the event of the company being wound up.

**Group financial statements** - The accounts consolidate the financial statements of The Rowans Hospice and its wholly-owned subsidiary on a line by line basis; The Rowans Hospice Trading Company Ltd (02300646). Transactions and balances between the Charity and its subsidiary have been eliminated from the consolidated financial statements.

As permitted by Section 408 of the Companies Act 2006, no separate Statement of Financial Activities or Income and Expenditure account has been presented for the Charity alone.

**Going concern** - At the time of approving the accounts, the Trustees believe the Charity and Group has adequate financial resources and is well placed to manage its business risks. The Trustees believe there are no material uncertainties that call into doubt the Charity's ability to continue. The accounts therefore have been prepared on the basis that the Charity and Group is a going concern.

### Fund Accounting

The Charity maintains various types of funds as follows:

**Restricted Funds** - Restricted income funds are subject to specific restrictions imposed by the donor or by the nature of the appeal.

**General Unrestricted Funds** - General unrestricted funds represent unrestricted income which is expendable at the discretion of the Trustees in the furtherance of the objects of the Charity.

**Designated Funds** - Designated funds represent amounts which have been set aside out of unrestricted funds at the discretion of the Trustees to fund specific planned future expenditure or manage identified risks.

### Income

All income is accounted for when the Charity has entitlement, the receipt is probable and the amount is measurable.

**Donations** - Donations and all other receipts from fundraising are reported gross and the related fundraising costs are reported separately in note 7 to the financial statements.

**Legacies** - Legacies are recognised when all the three criteria below are met:

a. Establish entitlement – being when Probate is granted and the will becomes a public document.

b. Where receipt is probable – being named in a will makes a receipt probable.

c. The amount is measurable – in practice this could come from estate accounts, cash received or correspondence from executors/solicitors confirming an amount to be distributed. Measurability will also be met where a reasonably accurate assessment can be made of the value.

**Grants (Including Government Grants)** - Grants, where related to performance and specific deliverables, are accounted for as the Charity earns the right to consideration by its performance. Where the grant is received in advance of performance, its recognition is deferred and included in creditors.

Where entitlement occurs before the grant is received, it is accrued in debtors.

**Volunteers** - No amounts are included in the financial statements for services donated by volunteers – with volunteers contributing over 26,282 hours during 2021 (2020 136,637). The amount involved is significant but difficult to quantify. This amount was much reduced in 2021 due to Covid-19.

### Expenditure

Expenditure is accounted for on an accruals basis where there is a legal and constructive obligation to make a payment to a third party and the amount of the obligation can be measured reliably. Expenditure is allocated to the appropriate headings relevant to the charitable activities; namely fundraising, In-Patient Care, Hospice at Home, The Living Well Centre, Bereavement Support, Community Support and Education and Training. Where expenditure relates to more than one cost category, it is apportioned. The method of apportionment uses the most appropriate basis for each department. Reference should be made to note 8 for further information on the allocation of costs. Any irrecoverable VAT is included with the costs to which it relates.

The support costs, which include governance costs and are shown in note 8, support the whole of the charitable activities. Support costs are allocated to the charitable expenditure headings. The method of apportionment uses the most appropriate basis for each department. Support costs include People Services, Information Technology, Finance, Facilities, and Governance costs.

**Tangible fixed assets** - Tangible fixed assets are included at cost, assets at below £500 in value are not capitalised.

Depreciation is provided on a straight line basis, in order to write off the assets over their useful lives.

| | |
|---|---|
| Land and Buildings | 50 years or the expected life of the lease |
| Fixtures and Fittings | 5 years |
| Computer Equipment | 3 years |
| Motor Vehicles | 6 years |

Fixed assets are subject to a review for impairment where there is an indication of a reduction in their carrying value.

Any impairment is recognised in the Consolidated Statement of Financial Activities in the year in which it occurs.

**Investments** - Investments are valued at the mid-market price. Realised and unrealised gains and losses for the year are shown in the statement of financial activities.

**Stock** - Stock is valued at the lower of cost and net realisable value.

**Cash and cash equivalents** - Cash and cash equivalents include cash in hand and deposits held in Rowans bank accounts.

**Financial instruments** - The Charity operates basic financial instruments in terms of its assets and liabilities.

Financial instruments are recognised when the Charity becomes party to the contractual provisions of the instrument and derecognised when the company's contractual obligations expire or are discharged or cancelled.

**Basic financial assets** - Basic financial assets, which include trade and other receivables and cash and bank balances, are measured at settlement amount.

**Basic financial liabilities** - Basic financial liabilities, including trade and other payables, are recognised at settlement amount.

**Leasing** - Operating lease rentals are recognised in the statement of financial activities as incurred. All of the Charity's leases and hire agreements are considered to be operating leases.

**Pensions** - The Charity contributes to the NHS pension scheme or, employees not entitled to join the NHS scheme are auto-enrolled into the Group defined contribution pension schemes. Contributions are charged to the profit and loss account as they become payable.

**Critical accounting judgements and estimates** - In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Charity's accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. Estimates and judgements 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. The key areas that are deemed to be material for these financial statements are as follows:

Accruing for income derived from legacies where complicated issues surrounding the measurement of the Group's entitlement to income existed at the year end.

## 2. Donations and Legacies

| | Unrestricted Funds | Restricted Funds | 2021 | Unrestricted Funds | Restricted Funds | 2020 |
|---|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ | £ |
| Donations | | | | | | |
| Retail gift aid donations | 140,037 | - | 140,037 | 918,133 | - | 918,133 |
| NHSE Emergency COVID-19 funding | - | 2,377,325 | 2,377,325 | - | - | - |
| COVID-19 Furlough funding | 783,167 | - | 783,167 | - | - | - |
| COVID-19 local authority grants (retail) | 217,886 | - | 217,886 | 335,000 | - | 335,000 |
| Other donations | 1,666,816 | - | 1,666,816 | 905,951 | 252,472 | 1,158,423 |
| Legacies | 1,713,244 | - | 1,713,244 | 1,875,891 | - | 1,875,891 |
| Grant Making Trusts | 188,097 | 77,000 | 265,097 | 281,767 | 83,323 | 365,090 |
| | 4,709,247 | 2,454,325 | 7,163,572 | 4,316,742 | 335,795 | 4,652,536 |

## 3. Income from Charitable Activities

| | Unrestricted Funds | Restricted Funds | 2021 | Unrestricted Funds | Restricted Funds | 2020 |
|---|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ | £ |
| NHS CCG grants | 766,554 | - | 766,554 | 42,406 | 40,000 | 82,406 |
| NHS contracts | 62,116 | - | 62,116 | 923,717 | - | 923,717 |
| Local authority contracts | 202,289 | - | 202,289 | 24,042 | 51,706 | 75,748 |
| CHC contract | 749,650 | - | 749,650 | - | - | - |
| Education Income | 34,910 | - | 34,910 | 31,355 | 37,650 | 69,005 |
| | 1,815,519 | - | 1,815,519 | 1,021,520 | 129,356 | 1,150,876 |

## 4. Income from Trading Activities of Subsidiaries

The Rowans Hospice Trading Company Limited (02300646) operates selling new goods from the Hospice Retail outlets. The Trading Company also runs two coffee shops for staff and visitors at the Rowans Hospice and Living Well Centre. The registered address of The Rowans Hospice Trading Company is Rowans Hospice, Purbrook Heath Road, Waterlooville, Hants, PO7 5RU.

The Rowans Hospice Trading Company Limited covenants its profit to the Charity. A summary of its trading results is shown below.

| | 2021 Trading Co Accounts | 2021 Consolidated Accounts | 2020 Trading Co Accounts | 2020 Consolidated Accounts |
|---|---|---|---|---|
| **Income** | £ | £ | £ | £ |
| Sale of new goods | 13,199 | 13,199 | | |
| Catering income | 21,009 | 21,009 | | |
| Turnover | 34,208 | 34,208 | 134,245 | 134,245 |
| **Less Intercompany Transactions** | | | | |
| Commission on retail gift aid | 5,894 | 5,894 | - | - |
| **Income Excluding Intercompany Transactions** | 40,102 | 40,102 | 134,245 | 134,245 |
| **Expenditure** | | | | |
| Cost of sales | 95,401 | 95,401 | 100,155 | 100,155 |
| **Less Intercompany Transactions** | | | | |
| Charges for services provided by Rowans Hospice | 68,785 | | (50,750) | |
| **Expenditure excluding Intercompany Transactions** | 164,186 | 95,401 | 49,405 | 100,155 |
| **Profit** | (124,085) | (55,300) | 84,840 | 34,090 |
| **Total Contribution to the Hospice** | | | | |
| Profit | ( 124,085) | (55,300) | 84,840 | 34,090 |
| Charges for services provided by Rowans Hospice | | (68,785) | | 50,750 |
| Donations generated via the retail gift aid scheme | | - | | - |
| Gift aid on these donations | | - | | - |
| **Total Contribution to Hospice** | | (124,085) | | 84,840 |

## 4. Income from Trading Activities of Subsidiaries continued

| | 2021 | 2020 |
|---|---|---|
| | £ | £ |
| Net Profit/(loss) | (55,300) | (34,090) |
| Amount distributed to Charity as gift aid | - | - |
| Net charge to the Hospice | (68,785) | (50,750) |
| Retained in subsidiary | (124,085) | (84,840) |

| | 2021 | 2020 |
|---|---|---|
| | £ | £ |
| Total assets | 45,823 | 159,908 |
| Total liabilities | (16,054) | (6,053) |
| Funds (representing share capital and reserves) | 29,768 | 153,855 |

## 5. Other Trading Activities

| | Unrestricted Funds | Restricted Funds | 2021 | Unrestricted Funds | Restricted Funds | 2020 |
|---|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ | £ |
| Support Groups | 30,747 | - | 30,747 | 85,711 | - | 85,711 |
| Rowans Retail revenue | 426,600 | - | 426,600 | 1,900,300 | - | 1,900,300 |
| Hospice events | 104,886 | - | 104,886 | 95,616 | 236,562 | 332,178 |
| Rowans Hospice raffles and lottery | 613,631 | - | 613,631 | 602,589 | - | 602,589 |
| Other activities | 82,002 | - | 82,002 | 914 | - | 914 |
| Insurance proceeds | 24,497 | - | 24,497 | - | - | - |
| | 1,282,363 | - | 1,282,363 | 2,685,130 | 236,562 | 2,921,692 |

## 6. Investment Income

| | Unrestricted Funds | Restricted Funds | 2021 | 2020 |
|---|---|---|---|---|
| | £ | £ | £ | £ |
| UK bank interest receivable | 2,968 | - | 2,968 | 1,195 |
| Income from UK listed investments | 113,906 | - | 113,906 | 146,423 |
| | 116,874 | - | 116,874 | 147,618 |



## 7. Fundraising Expenditure

| | 2021 | 2020 |
|---|---|---|
| | £ | £ |
| Fundraising staff | 296,204 | 234,096 |
| Hospice events | 6,799 | 67,887 |
| Support group expenditure | - | 12,498 |
| Lottery and raffle operating costs | 91,549 | 149,663 |
| Investment management costs | 32,215 | 36,475 |
| Other fundraising costs | 57,561 | 43,495 |
| Silver Jubilee Appeal | - | 55,713 |
| Rowans Retail operating costs | 1,766,703 | 2,116,570 |
| Support Costs (note 8) | 311,108 | 238,042 |
| Support Costs (note 8) | 311,108 | 238,042 |
| Investment management costs offset against investment gains (£32,215) | 2,562,139 | 2,954,439 |

Support costs have been allocated to fundraising this year to reflect the usage of these resources, as explained in the accounting policies in note 1.

## 8. Analysis of Expenditure on Charitable Activities and Fundraising 2020-21

| | In-Patient Care | Hospice at Home | Living Well Centre | Community | Bereavement Support | Clinical Education and Training | Fundraising | Total Costs | |
|---|---|---|---|---|---|---|---|---|---|
| **Direct Costs** | 1,725,810 | 1,139,754 | 334,982 | 143,167 | 235,057 | 24,975 | 2,251,030 | 5,854,775 | |
| Consultants and doctors | 528,492 | - | - | - | - | - | - | 528,492 | 1 |
| Physiotherapists | 54,833 | - | 60,926 | - | - | 6,093 | - | 121,851 | 1 |
| Social work team | 144,921 | - | 3,865 | 42,510 | - | 1,932 | - | 193,227 | 1 |
| Chaplaincy | 44,087 | 2,939 | 2,939 | 2,939 | 5,878 | - | - | 58,782 | 1 |
| Ocupational therapist | 38,369 | - | 15,964 | - | - | 1,680 | - | 56,013 | 1 |
| Clinical support costs and consumables | 52,237 | 34,498 | 10,139 | 4,333 | 7,115 | 756 | - | 109,078 | 4 |
| Premises and equipment | 270,053 | 44,514 | 45,998 | 31,160 | 38,579 | 14,838 | 3,710 | 448,852 | 2 |
| Catering | 209,898 | - | - | - | - | - | - | 209,898 | |
| Communications | | | | | | | | | 5 |
| | 3,068,698 | 1,221,705 | 474,812 | 224,109 | 286,629 | 50,275 | 2,254,740 | 7,580,968 | |
| **Support Costs** | | | | | | | | | |
| People Services | 56,425 | 39,497 | 25,705 | 5,642 | 22,570 | 58,305 | 117,865 | 326,009 | 3 |
| IT | 80,173 | 54,271 | 43,992 | 5,345 | 18,227 | 9,730 | 37,688 | 249,427 | 1 |
| Finance | 123,109 | 78,612 | 47,526 | 13,905 | 15,883 | 16,810 | 114,519 | 410,364 | 4 |
| Property and F&F depreciation | 120,752 | 19,904 | 20,568 | 13,933 | 17,250 | 6,635 | 1,659 | 200,701 | 2 |
| Governance | 12,021 | 9,587 | 5,174 | 2,009 | 2,009 | 3,530 | 35,668 | 69,997 | 3 |
| **Total** | **3,461,178** | **1,423,575** | **617,776** | **264,944** | **362,568** | **145,286** | **2,562,139** | **8,837,465** | |

1 Apportioned based on staff work plans/usage

2 Apportioned based on square footage occupied by team

3 Apportioned based on number of team members

4 Apportioned based on direct costs





## 8. Analysis of Expenditure on Charitable Activities and Fundraising 2019-20

| | In-Patient Care | Hospice at Home | Living Well Centre | Community | Bereavement Support | Clinical Education and Training | Fundraising | Total Costs | |
|---|---|---|---|---|---|---|---|---|---|
| **Direct Costs** | 1,776,318 | 1,068,900 | 367,354 | 130,621 | 273,605 | 146,846 | 2,716,397 | 6,480,040 | |
| Consultants and doctors | 506,036 | - | - | - | - | - | - | 506,036 | 1 |
| Physiotherapists | 54,027 | - | 60,030 | - | - | 6,003 | - | 120,060 | 1 |
| Social work team | 142,145 | - | 3,791 | 41,696 | - | 1,895 | - | 189,527 | 1 |
| Chaplaincy | 23,846 | 1,626 | 11,381 | 1,626 | 14,091 | 1,626 | - | 54,196 | 1 |
| Ocupational therapist | 36,211 | - | 15,066 | - | - | 1,586 | - | 52,863 | 1 |
| Clinical support costs and consumables | 39,466 | 23,748 | 8,162 | 2,902 | 6,079 | 3,263 | - | 83,619 | 4 |
| Premises and equipment | 268,384 | 13,272 | 45,714 | 30,967 | 38,341 | 14,746 | 3,687 | 415,110 | 2 |
| Catering | 307,821 | - | - | - | - | - | - | 307,821 | |
| Communications | 94,151 | 42,891 | 12,553 | 3,138 | 10,461 | 3,138 | 6,277 | 172,610 | 4 |
| | 3,248,404 | 1,150,437 | 524,050 | 210,951 | 342,576 | 179,103 | 2,726,360 | 8,381,882 | |
| **Support Costs** | | | | | | | | | |
| People Services | 155,661 | 70,912 | 20,755 | 5,189 | 17,296 | 5,189 | 30,267 | 305,268 | 3 |
| IT | 66,131 | 56,334 | 46,537 | 4,899 | 19,594 | 7,348 | 28,850 | 229,693 | 1 |
| Finance | 112,377 | 78,687 | 30,216 | 17,266 | 24,944 | 17,595 | 117,931 | 398,931 | 4 |
| Property and F&F depreciation | 137,479 | 6,798 | 23,417 | 15,863 | 19,640 | 7,554 | 50,655 | 261,406 | 2 |
| Governance | 1,928 | 879 | 257 | 64 | 214 | 64 | 375 | 3,782 | 3 |
| **Total** | **3,721,981** | **1,364,047** | **645,231** | **254,232** | **424,265** | **216,852** | **2,954,439** | **9,580,961** | |

1 Apportioned based on staff work plans/usage

2 Apportioned based on square footage occupied by team

3 Apportioned based on number of team members

4 Apportioned based on direct costs

## 9. Net Income

| | | 2021 | 2020 |
|---|---|---|---|
| Consolidated net income is stated after charging: | | £ | £ |
| Operating lease rentals | - land and buildings | 335,209 | 433,726 |
| | - photocopier | 12,141 | 12,394 |
| Depreciation – owned assets | | 243,276 | 261,406 |
| Auditors' remuneration | - audit - Charity | 12,350 | 12,500 |
| | - audit - Trading Company | 2,100 | 2,500 |
| | - tax advice | 350 | 1,500 |

## 10. Staff Costs

| | 2021 | 2020 |
|---|---|---|
| | £ | £ |
| Wages and salaries | 5,514,605 | 6,003,646 |
| NI and PAYE | 431,355 | 460,289 |
| Other pension costs | 409,456 | 429,806 |
| Termination payment | 86,385 | 18,102 |
| | 6,441,801 | 6,911,843 |

The average head count was 259 (2020: 322). The average number of employees, calculated on a whole-time equivalent basis, analysed by function was:

| | 2021 | 2020 |
|---|---|---|
| | Number | Number |
| Charitable activities | 85 | 129 |
| Cost of generating funds | 73 | 10 |
| Trading Company | - | 46 |
| Trading Company staff (Retail) now employed by the Hospice. | 158 | 185 |

Number of employees whose remuneration fell within the following ranges:

| | 2021 | 2020 |
|---|---|---|
| | Number | Number |
| £60,000 - £70,000 | 1 | - |
| £70,000 - £80,000 | 2 | 2 |
| £80,000 - £90,000 | 1 | 1 |

Pension contributions in respect of employees earning £60,000 or more were £32,991 (2020: £30,094).

Total employee benefits for key management personnel £386,806 (2020: £419,409).

Volunteers - No amounts are included in the financial statements for services donated by volunteers – with volunteers contributing 26,282 hours in 2020/21. This was unusually low due to the impact of Covid-19 (2019/20 -136,637 hours) during the year, the amount involved is significant but difficult to quantify.



## 11. Trustees

No member of the Board of Trustees received any emoluments during the year (2020: £Nil). No expenses were paid to any Trustee (2020: £310 relating to two Trustees).

Trustees donated £1,265 unrestricted income (2020: £478).

## 12. Tangible Fixed Assets

| Tangible Fixed Assets | WIP Hospice Refurb | Land and Buildings | Fixtures and Fittings | Computer Equipment | Motor Vehicles | Total |
|---|---|---|---|---|---|---|
| | | £ | £ | £ | £ | £ |
| **Cost** | | | | | | |
| At 1 April 2020 | 1,453,395 | 5,944,727 | 409,405 | 256,357 | 73,443 | 8,137,327 |
| Additions | 1,326,440 | - | 58,350 | 3,754 | - | 1,388,543 |
| Disposals | - | - | (2,018) | (2,628) | - | (4,646) |
| Balance at 31 March 2021 | 2,779,835 | 5,944,727 | 465,737 | 257,483 | 73,443 | 9,521,226 |
| **Depreciation** | | | | | | |
| At 1 April 2020 | - | 1,823,177 | 318,992 | 195,334 | 30,779 | 2,368,282 |
| Charge for the year | - | 149,894 | 48,742 | 32,284 | 12,355 | 243,275 |
| Balance at 31 March 2021 | - | 1,973,071 | 367,734 | 227,618 | 43,134 | 2,611,556 |
| Net book value at 31 March 2021 | 2,779,835 | 3,971,656 | 98,003 | 29,865 | 30,310 | 6,909,669 |
| Net book value at 31 March 2020 | 1,453,395 | 4,121,550 | 90,416 | 61,023 | 42,665 | 5,769,049 |

In the event that the Freehold Property ceased to be owned by the Rowans, there is a restrictive covenant in favour of the donor of the land. Land and Buildings includes Freehold interests of £2,455K, long leasehold interests of £1,924K and short leasehold interests of £24K.

Historically costs of the Hospice refurbishment have been included within the Land and Buildings category. Going forward any WIP will be identified separately as above.

## 13. Investments (Charity only)

| | 2021 | 2020 |
|---|---|---|
| | £ | £ |
| Fair Value at 1 April 2020 | 3,179,570 | 4,200,270 |
| Additions | - | - |
| Disposals | - | ( 1,038,662 ) |
| Unrealised gains/(losses) on investments | 671,248 | 17,962 |
| Investment management fees (netted off) | ( 33,214 ) | - |
| Market value at 31 March 2021 | 3,817,604 | 3,179,570 |
| Cash held in investment portfolio | 1,846,187 | 2,346,187 |
| Fair Value of listed investments and cash held at 31 March 2021 | 5,663,791 | 5,525,757 |
| Unlisted investment in subsidiaries | 2 | 3 |
| Total Investments | 5,663,793 | 5,525,760 |
| **Represented by** | | |
| UK listed investments | 3,817,604 | 3,179,570 |
| Unlisted investment in subsidiary | 2 | 3 |
| Cash held as part of portfolio | 1,846,187 | 2,346,187 |
| | 5,663,793 | 5,525,760 |

## 14. Debtors

| | Group 2021 | Group 2020 | Charity 2021 | Charity 2020 |
|---|---|---|---|---|
| | £ | £ | £ | £ |
| **Debtors falling due within one year** | | | | |
| Accrued legacy income | 1,351,162 | 1,437,851 | 1,351,162 | 1,437,851 |
| Other debtors | 713,450 | 948,691 | 695,500 | 948,691 |
| Prepayments | 147,964 | 199,853 | 147,964 | 199,853 |
| | 2,212,576 | 2,586,395 | 2,194,626 | 2,586,395 |
| | 2,212,576 | 2,586,395 | 2,194,626 | 2,586,395 |

## 15. Creditors: Amounts falling due within one year

| | Group 2021 | Group 2020 | Charity 2021 | Charity 2020 |
|---|---|---|---|---|
| | £ | £ | £ | £ |
| Other creditors | 4,776 | 528,021 | 4,776 | 526,461 |
| Trade Creditors | 245,319 | - | 231,365 | - |
| Accrued expenses and deferred income | 515,514 | 305,363 | 513,414 | 302,637 |
| Monies held as agents | 32,572 | 33,644 | 32,572 | 33,644 |
| Other tax and social security | 98,987 | 121,352 | 98,987 | 119,586 |
| Amounts owed by group undertakings | - | 625 | - | 136,754 |
| Intercompany | 76,351 | | 91,303 | |
| | 973,519 | 989,005 | 972,417 | 1,119,082 |

Deferred income consists of lottery payments made in advance £37,605 (2020 £53,390) also Continuing Health Care payments claimed in advance as agreed £32k.

## 16. Capital Commitment note

| | 2022 | 2021 |
|---|---|---|
| | £ | £ |
| Hospice Refurbishment - Stage 1 | 565,061 | 1,297,380 |

## 17. Operating lease commitments

The following operating leases are subject to future commitments and are the same for both the Group and the Charity

| | 2021 | 2020 |
|---|---|---|
| | £ | £ |
| **Expiring:** | | |
| Within one year | 283,884 | 295,444 |
| Between two and five years | 855,413 | 803,634 |
| In more than five years | 235,328 | 365,160 |
| | 1,374,625 | 1,464,238 |

## 18. Restricted Funds

| | Balance 01 April 2020 | Income | Expenditure | Transfers | Balance 31 March 2021 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| **Group and Charity** | | | | | |
| NHS Emergency Covid Funding | 0 | 2,366,150 | (2,366,150) | | - |
| Violet Squire Love of Roses Bursary Fund | 10,300 | | (2,202) | - | 8,098 |
| Hospice Renovation | - | 88,175 | (88,177) | | (2) |
| Education Facilitator Grant - Health Education England | 11,650 | - | (11,650) | - | - |
| Aged Veterans Fund Funding | 33,813 | - | (16,543) | - | 17,271 |
| Other restricted funds | 22,294 | - | - | - | 22,294 |
| | 78,057 | 2,454,325 | (2,484,721) | - | 47,661 |

- Emergency funding was provided by the NHS through Hospice UK to enable the Hospice to be able to provide capacity through 2020/21
- The Violet Squires Love of Roses Bursary Fund was set up on 26 June 1996 with a donation of £14,000 from Mr D J Squire to fund nurse training by the payment of bursaries. This is currently being used to fund a PhD qualification.
- The Hospice is fundraising for the costs of renovating the hospice, the restricted fund represents the total raised to date to fund this project and was all spent in the financial year.
- Funds received from Health Education England have been used to provide clinical training.
- The Aged Veterans Fund uses Libor funding to support service veterans as they near the end of life.
- Harnessing Technology funding has been provided to support the ongoing development and widening footprint of the Future Planning Template.
- Other restricted funds represent donations and fundraising given for specific projects.

## 19. Summary of funds 2021

| | Balance 01 April 2020 | Income | Expenditure | Transfers, gains and losses | Balance 31 March 2021 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| **Group** | | | | | |
| Restricted funds | 78,057 | 2,454,325 | (2,484,721) | - | 47,662 |
| General funds | 2,282,432 | 5,398,211 | (3,279,792) | (800,851) | 3,600,000 |
| Designated funds: | | | | | |
| Fixed Asset Fund | 5,769,048 | 2,529,166 | (1,388,543) | - | 6,909,670 |
| Legacy Contingency Fund | 1,500,000 | - | - | - | 1,500,000 |
| Service Investment Fund | 2,500,000 | - | (917,981) | 1,442,349 | 3,024,368 |
| Hospice Renovation Fund | 1,500,000 | - | (864,136) | - | 635,863 |
| | 11,269,048 | 2,529,166 | (3,170,660) | 1,442,349 | 12,069,902 |
| Total funds (Group) | 13,629,537 | 10,381,701 | (8,935,173) | 641,498 | 15,717,563 |
| Restricted funds | 78,057 | 2,454,325 | (2,484,721) | - | 47,662 |
| General funds | 2,282,432 | 5,398,211 | (3,279,792) | (800,851) | 3,600,000 |
| Designated funds: | | | | | |
| Fixed Asset Fund | 5,769,048 | 2,529,166 | (1,388,543) | - | 6,909,670 |
| Legacy Contingency Fund | 1,500,000 | - | - | - | 1,500,000 |
| Service Investment Fund | 2,500,000 | - | (917,981) | 1,412,581 | 2,994,600 |
| In-Patient Refurbishment Fund | 1,500,000 | - | (864,136) | - | 635,863 |
| | 11,269,048 | 2,529,166 | (3,170,660) | 1,412,581 | 12,040,134 |
| Total funds (Charity) | 13,629,537 | 10,381,701 | (8,935,173) | 611,730 | 15,687,795 |

- Funds have been moved from general funds to designated to the value of £800k in line with our reserves policy.
- The Fixed Asset Fund has been set up to show those funds that represent the net book value of tangible fixed assets and are therefore not freely available to spend on charitable activities.
- Legacy income risk is amongst the most significant risks faced by the Charity. To manage this risk, the Legacy income risk element has been removed from the general reserves consideration and is managed through a dedicated designated fund. The Legacy Contingency Fund has allowed the Hospice to more confidently budget legacy income and thus commit to increased charitable expenditure.
- The legacy risk is reviewed annually during the budget setting process and if Trustees determine that the risk associated with legacies has changed, then the amount held in the Legacy Contingency Fund will be changed.
- The Trustees have approved a five-year plan to invest in the Hospice. This investment is forecast to spend over £3 million over the five years, the Service Investment Fund set aside to fund these investment activities.
- The balance on the Hospice Renovation Fund is to fund the remains of Phase 1.

## 19. Summary of funds 2020 continued

| | Balance 01 April 2019 | Income | Expenditure | Transfers gains and losses | Balance 31 March 2020 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| **Group** | | | | | |
| Restricted funds | 346,585 | 722,628 | (241,833) | (749,323) | 78,057 |
| General funds | 3,049,027 | 8,305,226 | (9,445,009) | (379,931) | 1,529,314 |
| Revaluation reserve | 735,156 | - | - | 17,962 | 753,118 |
| Designated funds: | | | | | |
| Fixed Asset Fund | 4,604,293 | - | - | 1,164,756 | 5,769,049 |
| Legacy Contingency Fund | 1,500,000 | - | - | - | 1,500,000 |
| Service Investment Fund | 2,500,000 | - | - | - | 2,500,000 |
| Hospice Renovation Fund | 1,500,000 | - | - | - | 1,500,000 |
| | 10,104,293 | - | - | 53,464 | 11,269,049 |
| Total funds (Group) | 14,235,061 | 9,027,854 | (9,686,842) | 53,464 | 13,629,538 |
| **Charity** | | | | | |
| Restricted funds | 346,585 | 722,628 | (241,833) | (749,323) | 78,057 |
| General funds | 2,929,241 | 8,221,731 | (9,339,181) | (436,333) | 1,375,458 |
| Revaluation reserve | 735,156 | - | - | 17,962 | 753,118 |
| Designated funds: | | | | | |
| Fixed Asset Fund | 4,604,293 | - | - | 1,164,756 | 5,769,049 |
| Legacy Contingency Fund | 1,500,000 | - | - | - | 1,500,000 |
| Service Investment Fund | 2,500,000 | - | - | - | 2,500,000 |
| Hospice Renovation Fund | 1,500,000 | - | - | - | 1,500,000 |
| | 10,104,293 | - | - | 1,164,756 | 11,269,049 |
| Total funds (Charity) | 14,115,274 | 8,944,359 | (9,581,014) | (2,938) | 13,475,682 |

## 20. Analysis of Net Assets Between Funds 2021

| | Restricted Funds | Designated Funds | General Funds | Total |
|---|---|---|---|---|
| **Group** | £ | £ | £ | £ |
| Tangible fixed assets | - | 6,909,670 | - | 6,909,670 |
| Investments | - | 1,926,838 | 3,736,955 | 5,663,793 |
| Net current assets | 47,662 | 3,233,392 | (136,955) | 3,144,099 |
| Total net assets | 47,662 | 12,069,900 | 3,600,000 | 15,717,562 |
| **Charity** | | | | |
| Tangible fixed assets | - | 6,909,670 | - | 6,909,670 |
| Investments | - | 1,926,838 | 3,736,955 | 5,633,793 |
| Net current assets | 47,662 | 3,233,392 | (166,723) | 3,144,331 |
| Total net assets | 47,662 | 12,069,900 | 3,570,232 | 15,687,794 |

## Analysis of Net Assets Between Funds 2020

| | Restricted Funds | Designated Funds | General Funds | Total |
|---|---|---|---|---|
| **Group** | £ | £ | £ | £ |
| Tangible fixed assets | - | 5,769,048 | - | 5,769,048 |
| Investments | - | 1,835,031 | 3,689,727 | 5,524,758 |
| Net current assets | 78,057 | 3,664,969 | (1,407,295) | 2,335,731 |
| Total net assets | 78,057 | 11,269,048 | 2,282,430 | 13,629,538 |
| **Charity** | | | | |
| Tangible fixed assets | - | 5,769,049 | - | 5,769,049 |
| Investments | - | 1,835,028 | 3,689,727 | 5,524,755 |
| Net current assets | 78,057 | 3,664,972 | (1,561,153) | 2,181,877 |
| Total net assets | 78,057 | 11,269,049 | 2,128,574 | 13,475,680 |

## 21. Reconciliation of Net Movement in Funds to Net Cash Flow from Operating Activities

| | Group 2021 | Group 2020 |
|---|---|---|
| | £ | £ |
| Net movement in funds | 2,088,026 | (605,522) |
| Adjustment for: | | |
| Depreciation charges | 243,277 | 239,582 |
| Loss on disposal of tangible fixed asset | 8,252 | - |
| Losses/(gains) on investments | (671,248) | (17,962) |
| Dividends and interest from investments | (116,874) | (147,618) |
| (Increase)/decrease in stocks | (1,835) | 2,856 |
| (Increase)/decrease in debtors | 388,147 | (396,113) |
| Increase/(decrease) in creditors | (15,486) | 172,275 |
| Net cash provided by operating activities | 1,922,257 | (752,502) |

## 22. Pension Schemes

a. NHS Pension Scheme

Rowans Hospice has an arrangement with the NHS that permits members of the NHS pension scheme to maintain their membership when they are subsequently employed by the Hospice. The contribution of the hospice was 14.38% to the NHS scheme. The Hospice paid contributions of £264K in 2021 (£2020: £274K).

83 Members of staff paid into this scheme in 2021 (2020 - 83)

b. Rowans Defined Contribution Scheme

The Charity offers to match employee contributions up to a maximum of 7% to any other eligible member of staff of the Group choosing to belong to the Group pension scheme with Royal London. Rowans contributions to the defined contribution scheme were £146K in 2021 (2020: £163K).

157 members of staff paid into the defined contribution scheme in 2021 (2020 - 170).

Total employer contributions for the group for the year ended 31 March 2021 were £410K (2020: £437K)

## 23. Related Party Disclosures

Other than those transactions already disclosed between the Charity and its wholly owned subsidiary, there were no other related party transactions which require disclosure. Details of payments to the management team and all transactions with the Trustees are shown in notes 10 and 11.

## 24. Financial Instruments

| | Group 2021 | Group 2020 | Charity 2021 | Charity 2020 |
|---|---|---|---|---|
| Financial assets measured at Fair Value (a) | 3,817,604 | 3,179,570 | 3,817,606 | 3,178,574 |
| Financial assets measured at amortised cost (b) | 5,961,397 | 5,670,351 | 5,932,934 | 5,647,145 |
| Financial liabilities measured at amortised cost (c) | (973,519) | (989,005) | (972,417) | (1,119,082) |
| Net financial assets measured at amortised cost | 8,805,482 | 7,860,916 | 8,778,123 | 7,706,637 |

(a) Financial assets measured at Fair Value cost includes investments held at Fair Value.

(b) Financial assets measured at amortised cost include: short term deposits and cash in hand, trade debtors, other debtors, accrued income, legacies and amounts owed by Group undertakings.

(c) Financial liabilities measured at amortised cost include: trade creditors, other creditors, money held as agents and deferred income.

## 25. Taxation

The Company meets the definition of a charitable company for UK corporation tax purposes. Accordingly the company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

**26.** The Charity has no borrowing and consequently no net debt. Therefore, no statement of movement in net debt has been presented.

# Company Information

| | | |
|---|---|---|
| **Registered Company Name** | The Rowans Hospice | |
| **Registered Company Number:** | 2275068 (England and Wales) | |
| **Registered Charity Number:** | 299731 | |
| **Board Of Trustees:** | John Watkins Honorary Chairman | |
| | Wendy Greenish Honorary Vice Chairman | |
| | Anthony Saunders Honorary Treasurer | |
| | Geoff Page | |
| | Louisa Burton | |
| | Eva Dixon | |
| | Roger Harrison (until 8th December 2020) | |
| | Elizabeth Emms | |
| | John Hughes | |
| | John Reddy | |
| | John Taylor (from the 8th December 2020) | |
| | Jacquie Vincent-Coulter | |
| | Ian Young | |
| **Honorary Vice President:** | Ian Bott | |
| **Company Secretary:** | Susan Aistrope | |
| **Hospice Executive Team:** | Ruth White | Chief Executive |
| | Susan Aistrope | Director of Finance & Information Technology |
| | Erika Lipscombe | Director of Clinical Services (Matron) |
| | Carol Milner | Director of People Services & Income Generation |
| | P-J Morey | Medical Director |
| | Jenny Redman | Director of Quality |
| **Registered Office:** | The Rowans Hospice, Purbrook, Heath Road, Purbrook, Waterlooville, Hampshire PO7 5RU | |
| **Bankers:** | Barclays Bank Plc PO Box 612 Ocean Way Southampton Hampshire, SO14 2ZP | |
| **Auditors:** | Siobhan Holmes, Director RI, Haysmacintyre LLP, 10 Queen Street Place, London EC4R 1AG | |
| **Investment Managers:** | CCLA, Senator House, 85 Queen Victoria Street, London EC4V 4ET | |
| **Insurance Agents:** | PIB | |

Rowans Hospice

Registered Charity Number: 299731
Company Number: 2275068

Some photographs in this publication were taken prior to social distancing measures being in place.

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