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Charity No 1048934

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

CONSOLIDATED FINANCIAL STATEMENTS FOR YEAR ENDED 31 MARCH 2016

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WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

CONSOLIDATED FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2016

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WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

COMPANY INFORMATION

YEAR ENDED 31 MARCH 2016

Company Registration No.	03063721
Charity Registration No.	1048934
Registered Office	UHA Campus Longmoor Lane Liverpool L9 7LA
Directors and Trustees	K. Hoskisson LL.B (Chairman) C.M. Hubbert MRCGP DRCOG (Vice Chairman) C. Brennand FCA (Hon. Treasurer) W.J. Wood BSc MHSM Dip.HSM The Reverend N. Wilde E. McDonald B. Lynne Roberts B. Bartlett BA Hons Dip Arch RIBA A. Johnson (Appointed 26/05/2015) N. Firth R. Kenyon (Resigned 25/07/2016)
Company Secretary	R. Milnes MCIPD
Auditors	Lonsdale & Marsh 7th Floor Cotton House Old Hall Street Liverpool L3 9TX
Solicitors	Hill Dickinson No 1 St Pauls Square Liverpool L3 9SJ
Bankers	National Westminster Bank Plc Corner Longmoor Lane and Cedar Road Liverpool L9 0EG
Investment Managers	Investec Wealth & Investment Limited The Plaza 100 Old Hall Street Liverpool L3 9AB

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

TRUSTEES ANNUAL REPORT

YEAR ENDED 31 MARCH 2016

The Trustees present their report and the financial statements of the charity for the year ended 31 March 2016.

The company information set out on page 1 forms part of this report. The financial statements have been prepared in accordance with the accounting policies set out in Note 1 to the accounts and comply with the Charities Act 2011, Companies Act 2006, the Statement of Recommended Practice - Accounting and Reporting by Charities, FRS 102 and with the company's Memorandum and Articles of Association.

INTRODUCTION

The incorporated charity is governed by the Memorandum and Articles of Association. The first members of the council of management were appointed Trustees of Woodlands Hospice Charitable Trust under the terms of a Trust Deed dated 6 July 1992.

LEGAL STATUS

The charity, which was incorporated on 1 June 1995, is limited by guarantee whereby each member of the company undertakes to contribute such amount as may be required, not exceeding £1, to the company's assets if it should be wound up while he/she is a member; or within one year after he/she ceases to be a member, for payment of the company's debts and liabilities contracted before he/she ceases to be a member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves.

OBJECTS OF THE CHARITY

The objects of the charity are to promote and deliver a specialised palliative care service for persons with an incurable illness through the establishment and maintenance of hospice facilities and services in such ways as the company shall see fit for the residents of South Sefton, North Liverpool, Kirkby and elsewhere and otherwise relieve sickness and advance clinical education and training.

Woodlands Hospice aims to carry out the objects of the charity as described above, for the public benefit, without prejudice.

ORGANISATION

A Board of Trustees comprising twelve members (one current vacancy carried in the year) administers the charity. New Trustee appointments are recommended by the Nominations Committee and approved by the Board. A full induction programme is provided for all new Trustees to ensure that they are aware of the charity's objects, strategy and activities and their responsibilities as Trustees.

The Board has established formally constituted sub-committees, each with specific terms of reference and functions, delegated by the Board and with a Trustee as Chair. The established committees are Personnel, Finance, Clinical Governance, Governance (which overviews the staff led Health and Safety Committee). These committees meet on a regular, scheduled basis with at least three meetings held each year for each committee. In July 2016 a new Trustee led sub-committee has been formed in light of the new fundraising regulations which will take effect in the near future. This Income Generation Committee has met once in the new financial year. Full minutes of all committee meetings are submitted to the Board meetings held every two months.

The Trustees delegate the day to day management of the Hospice to the Chief Executive who works closely with the Clinical Lead, the Patient Services Manager and the Head of Income Generation as a Senior Management Team. Day to day decisions are taken within individual teams, with managers where appropriate, and escalated to the Senior Management Team if they impact on the wider organisation.

The pay of the Senior Management Team is dealt with differently for each individual depending on their primary role. The Chief Executive's salary is a 'spot salary' based on benchmarking against other Hospices of similar size and location at the time of appointment five years ago. It has seen no change since then other than the application of the Hospice wide Cost of Living pay rises as recommended by the Trustee led Personnel Committee, which is supported by the Trustee led Finance Committee and then approved by the Board of Trustees. The Clinical Lead (Consultant in Palliative Medicine) is provided to the Hospice from the local Hospital NHS Trust under a Service Level Agreement and their salary is established through the British Medical Association (BMA) nationally agreed pay band for Consultants. The Patient Services Manager's salary, mirrors the NHS nationally agreed Agenda for Change payscale, following job evaluation utilising the NHS Job Evaluation criteria. This scale is used for all clinical staff at the Hospice. There is a separate payscale and banding structure for Non Clinical staff which was reviewed against the clinical payscale for consistency purposes in 2009 by an independent Consultant, and the Head of Income Generation salary was established on this payscale when the role was newly created in 2014, taking into account benchmarking against similar hospice roles in similar organisations.

The Trustees participate in a rolling programme of unannounced reviews within the Hospice monitoring compliance with the Care Quality Commission Fundamental standards.

CONSTITUTION

The Woodlands Hospice Charitable Trust was established as a Charitable Trust by a Trust Deed dated 6 July 1992 under registered number 1048934.

The Trust was wound down under the terms and conditions of the Trust Deed on 31 December 1995 and at that date the assets of the trust were donated to Woodlands Hospice Charitable Trust Limited. The company was incorporated on 1 June 1995 under the Companies Act 1985 as a private company limited by guarantee under company number 03063721.

PRINCIPAL ACTIVITY

The principal activity of the company during the year was to deliver a specialised palliative care service to local people and their families.

REVIEW OF DEVELOPMENTS, ACTIVITIES AND ACHIEVEMENTS

The Senior Management team, led by Chief Executive, Mrs Rose Milnes, has continued to develop patient services to meet the ongoing needs of our patients and their families and also the needs of commissioners in an ever changing healthcare arena. The robust governance structure in place has ensured continuing high standards of quality and safety and ongoing compliance with regulatory requirements.

Finances have been a significant challenge year on year for the Hospice with future sustainability being reliant upon increased income generation mainly through fundraising and trading activities. Whilst the Hospice receives an above average percentage of its core income from the NHS, this is as a result of the Inpatient Unit transferring across from the NHS in 2009 with financial support. However this core support has not increased since transfer, effectively reducing its % contribution to the overall income.

Continuing steady progress has been seen with fundraising and legacies, but the financial strategy to invest in trading activities has been slow to get underway due to lack of availability of suitable premises but two additional charity shops have now been opened in the new financial year with research underway for two further properties reaching the strategic aim of five charity shops in three years. In addition the trading activities have increased with the commissioning of third party canvassers promoting the Hospice lottery and significantly increasing the regular weekly playing membership in the first 6 months of the agreement being in place. The trading company is showing good signs of developing well and the Hospice remains positive it can substantially increase its income from this source.

In addition the strategic aim of building ongoing relationships with local corporate companies encouraging them to adopt Woodlands Hospice as their charity of the year has got off to a good start but greater momentum will be placed behind this element of the income strategy with the impending appointment of a Corporate Fundraising Manager.

2015/16 was year two of a two year strategic plan and the **principal objectives** for this second year were:

Patient Services

- Continue to provide the highest quality care to all our patients and their families and/or carers and receive excellent inspection reports from all statutory bodies e.g. Care Quality Commission, Environmental Health Agency.
- Provide more flexible, adaptable and individualised services available for all patients with life limiting illnesses regardless of diagnosis.
- Achieve our Quality Account Priorities for 2015/16.
- Implement the recommendations from the Neuberger report and Leadership Alliance following the withdrawal of the Liverpool Care Pathway.
- Ensure individualised care plans and care packages for all patients.
- Achieve high standards of patient service measured against our quality markers.
- Ensure a robust audit programme (clinical and non-clinical) is carried out with documented evidence of high performance.
- Receive consistent positive feedback from all patients and their families/carers through a variety of collation methods including patient satisfaction surveys, comments, compliments, patient service manager ward rounds, Trustee visits.
- Review and revise, if appropriate, services available within the Well-being and Support Centre to ensure increased occupancy levels to an average of 70% and optimisation of all facilities.
- Consider 'out of hours' appointments for day services.
- Increase the number of patients in WBSC with a non-cancer diagnosis.
- Maintain an average bed occupancy of greater than 85% and an average length of stay of 12-14 days and continue to be flexible with all admissions including weekends and bank holidays.
- Consider the Hospices role in caring for patients with dementia at the end of life.
- Ensure local unified DNA-CPR policy is fully implemented at the hospice and that there is active collaboration with all local providers to ensure continuity of care for patients in this respect with a full audit process in place for this.
- Consider any additional carer support the Hospice could provide.
- Continue to work with Knowsley and Liverpool CCGs to encourage them to fund a Hospice at Home service to ensure consistency of service for all our patients.
- Continue to work with nursing homes in South Sefton to improve confidence in end of life skills and prevent unnecessary hospital admissions.
- Enhance medicine safety by working to further reduce the incidence of medicines errors including documentation errors.
- Review and revise the discharge processes in conjunction with community colleagues to further improve discharge planning.

- Further develop the Patient and Family Forum to ensure input to developing services as well as feedback on current services.
- Continually review the Quality Assurance Framework including all Board sub-committees and working groups.

Facilities and infrastructure

- Ensure the best possible environment for patients and visitors to ensure dignity and respect with quality and safety paramount.
- Develop plans for the extension of inpatient bedrooms and repositioning of en-suite access and submit grant applications as available.
- Develop plans for skylights above the nurse's station on the Inpatient Unit (IPU) and submit grant applications as appropriate.
- Consider the feasibility of installing our own back-up water supply for emergency situations.
- Consider turning the bathroom in the Well-being & Support Centre (WBSC) into alternative space (bathroom facilities on the inpatient unit to be shared with WBSC when required).
- Improve access onto IPU for ambulance staff by installing automatic door openers/closers.

Patient Information Systems/Data collection and Reporting

- Explore how data and intelligence can be improved to support continuous improvement to care.
- Further develop the Sigma electronic patient information system to ensure robust data collection.
- Work with Aintree Hospital on developing reporting systems directly from the Sigma system to ensure accuracy of reporting.
- Further develop the Key Performance Indicators (KPIs) and share readily with all staff to celebrate success and address shortcomings.
- Actively participate in the EPACCS (Electronic Palliative Care Co-ordination System) liaising with other providers and the commissioners to share patient information in a timely manner and improve patient care.
- Continue to establish the use of Palliative Care Outcome Measures to help identify what is important to patients and clinical decision-making and show the impact of care delivered.
- Strive to achieve Level 2 of NHS Information Governance Toolkit.

Human resources

- To ensure the workforce is fit for purpose with clear leadership permeating through the Hospice supporting the ongoing development of a highly skilled, competent workforce fit to face the future challenges of specialist palliative care and end of life services.
- Review the skill mix of the Board of Trustees and actively recruit to identify gaps as vacancies arise and address succession planning.
- Review and implement leadership and management training across the senior teams to ensure appropriate qualifications, skills and knowledge exist to take the organisation forward in changing and uncertain times.
- Implement workforce issues from the Francis Inquiry including any guidance from NICE regarding staffing levels.

- Confirm and maintain robust staffing establishments for each service with appropriate policies and procedures for addressing varying staffing levels (e.g. through sickness absence, study leave, one-to-one nursing, etc.).
- Foster an environment of ongoing learning and development for all staff.
- Ensure ongoing appraisals and personal development reviews remain a priority in all teams.
- Review and revise the contribution of volunteers to all services, expanding to new areas as appropriate, in particular in more care focused roles.
- Review and revise the staff support systems in place to ensure a more transparent, accessible support system for all staff and volunteers.

Volunteers

- Consider the feasibility of introducing volunteer Befrienders to the South Sefton Hospice at Home service.
- Review and revise the contribution of volunteers to all services, expanding to new areas as appropriate, in particular, more care-focussed roles.

External Relationships and collaboration

- Work with key partners and organisations to consider the future and help influence the direction of the next two years for end of life care to ensure that everyone approaching the end of life has access to high quality care with their needs and wishes being met, as far as is practicably possible. To ensure that end of life care is a core priority within the reformed health and social care services.
- Ensure active participation in all local and regional strategic network groups addressing end of life priorities and issues.
- Develop and implement more robust strategies for integration with all providers including the community to ensure a better joined up service for all our patients across their end of life journey.
- Ensure all patients are offered the opportunity to discuss and formulate an Advance Care Plan (ACP) stating their wishes and preferences at the end of life.
- Actively participate in local and regional groups regarding Advance Care Planning working together with other providers to ensure the ACP is a live document and acted upon appropriately wherever the patient may be.
- To increase the profile of the Hospice with local clinicians and the public

Education and Research

- To deliver robust education programmes to a variety of audiences and help improve their understanding and delivery of specialist palliative care.
- Continue to collaborate in the production of a local education strategy which will outline in more detail the education programme to be delivered.
- Work with other local providers participating in joint education programmes.
- Gain a full understanding of the role of the Hospice can play in local research programmes
- Participate in identified research projects as appropriate.

Income generation

- To develop a more robust financial strategy, in particular a Fundraising Strategy to ensure future sustainability.
- To develop and implement a robust Fundraising Strategy for the next two years incorporating significant growth in the trading company, which currently lags behind all other Hospices in terms of income generated in this way e.g. lottery, charity shops.
- Fundraising Strategy also to include a Legacy Strategy, and a strategy for developing corporate support and higher level events.
- To develop and implement a full Marketing & PR Strategy.

Finance

- To develop a more robust financial strategy to ensure future sustainability.
- To ensure contingency planning for possibility of Clinical Commissioning groups Cost Improvement programme.
- To review, revise and streamline the financial processes as appropriate to ensure best value for money.
- To ensure that the hospice is fulfilling its duties in terms of both the auto enrolment pension schemes and also the NHS pension scheme.
- To implement systems to ensure that the hospice makes the best use of the hospice vat reclaim scheme.

The Trustees consider the performance of the charity in this context and believe that 2015/16 was a very effective year with highly satisfactory results against challenging objectives.

STRATEGIC REPORT – ACHIEVEMENTS AND PERFORMANCE

Patient Services

Our Quality Account evidences how well we have met our 2015/16 objectives in relation to patient services and also the priorities we set for improving patient safety, clinical effectiveness and patient and family experience. The Quality Account has been published, as required by the Department of Health, on NHS Choices website.

http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2016/Woodlands-Hospice-June-2016.pdf

The Account shows the excellent progress made with the patient services objectives during this second year of our two year strategy and we are committed to continue moving forward with new and refreshed priorities for 2016/17.

Areas for further development include a focus on Cognitive Impairment with Hospice staff being encouraged to sign up as 'Dementia Friends', the implementation of pain assessment tools designed for patients with cognitive impairment and developing closer links with Psychiatric and Neurology Services to support improved knowledge and skill in team members, through education and access to educational resources.

We will also be looking to build on the work of last year with regard to Advance Care Planning (ACP) as this has been shown to be effective, enabling a much higher incidence of people achieving their wishes for end of life care when ACP has been undertaken. The vision for this priority is to have a workforce which is aware of ACP, with key members of the team undergoing more intense training in order for them to be able to facilitate conversations with patients and their families about ACP and document their wishes. This will lead to active promotion of ACP across the organisation, supported by patient information leaflets and posters 'advertising' the service to patients and their families.

Although Woodlands Hospice already provides support in a variety of ways for carers, we will be developing a carers' programme in 2016/17 to enhance the support we already offer. The valued contributions that carers make to society are well documented but caring is a tough role. Many carers do not get the help and advice they need to enable them to care for their partner, family member or friend which may make them feel isolated and unsupported. Woodlands Wellbeing & Support Centre successfully runs a Supportive Living Programme for patients covering issues such as managing symptoms, coping with stress and anxiety, eating well, spirituality, and practical support. This programme is very well attended and receives positive feedback. The Clinical Team intends to develop a similar programme for carers, incorporating the issues highlighted in feedback. This will enable carers to continue to give invaluable support to their loved one whilst ensuring that their own needs are considered and they receive the help they need.

The Wellbeing and Support Centre has progressed well in the last year, responding to patient need with particular success seen in the Supportive Living Educational Programme and the Living Support group sessions. Patients are very keen also to take part in the weekly Creative Therapy group and they have produced some excellent work together which is constantly on display in the Hospice. Attendance can sometimes be lower than we would like to see but this reflects the poorly condition of some of our patients who do not always feel up to leaving home to make the trip to the Hospice. The outpatient activity for patients is utilised well, in particular for nurse led clinics.

With the further expansion of the Family Support team this last year, having a Family Support Worker role pump prime funded by a MacMillan grant for two years, the impact this team has had on Hospice services is quite tangible. Sadly we have seen an increase in numbers of young patients accessing our services but thankfully the Family Support team have been there to help them and others. As a result of higher demand for the Family Support services within the Hospice we have not been able to expand the service beyond the Hospice other than to our own Outreach and Hospice at Home services although the team do reach into Aintree University Hospital to assist wherever possible with complex cases.

This last year we separated the Therapy services into its own team with a Head of Service participating in senior clinical meetings and clinical developments. The structure of the team has been reviewed to ensure cross organisational cover on a priority basis.

The Hospice at Home team for South Sefton continues to operate well and consistently receives positive feedback.

Regular reviews, evaluations and surveys continue to evidence consistently high standards of person centred care experienced by patients and their families/carers.

Our annual Patient & Family satisfaction survey was particularly pleasing with 35% return rate and overwhelming positive feedback with very constructive thoughts for improvements and developments.

Our programme of regular 'Trustee visits' has continued during this period, with Trustees undertaking unannounced visits of all patient services examining policies, records and speaking to staff, patients and their families regarding their experiences. These visits were based on the Care Quality Commission revised Fundamental Standards. Excellent feedback has been received during these visits and any suggestions for improvements from observation by the Trustee or patient, their families or staff have been monitored to completion.

The Patient Services Manager has responsibility as the Care Quality Commission Registered Manager and undertakes regular ward rounds and observations of care to monitor standards. The comments received from patients and families in all services evidence the high quality of compassionate care that we aim to achieve and suggestions for improvement are encouraged and welcomed providing an opportunity to resolve any problems at the time.

Maintaining and improving, where possible, patient safety is paramount in the Hospice and our robust governance systems ensure that there is a proactive approach highlighting concerns and trends in patient safety issues. Our working groups such as infection prevention and control, medicines management, falls prevention, nutrition, and tissue viability continually review hospice practice in these areas, monitor national guidance and develop local strategies to improve patient safety.

Our Clinical Effectiveness Group, led by our Clinical Lead, comprises senior clinical staff and the group meets regularly to steer clinical developments within the Hospice.

The Trustee-led Clinical Governance Committee keeps a keen watch on all clinical standards, activity and developments and has a key role in monitoring Quality Assurance.

This last year the Patient, Friends and Family Forum chaired by our Quality and Improvement Manager has been extremely active and involved in a number of projects including the Patient Led Assessment of the Clinical Environment (PLACE), review and revision of patient leaflets, and work with the Dignity Group and many other areas. They are a small but extremely effective group whose contribution the Trustees value.

We believe that during the year we have continued, with our highly skilled, competent workforce, delivering high quality care to all.

Facilities and infrastructure

As reported last year, we continue to benefit hugely from the major refurbishment which took place in 2014, funded by NHS England grant monies, The upgraded facilities are well maintained, and well used by patients, families, friends, staff and volunteers and the café in the middle of the organisation is a bustling 'hub' of activity. At the current time the café is closed in the evenings and at weekends but we will be reviewing this decision again next year as there is a constant call for its opening during these times, such is the success of the space.

The gardens continue to flourish through the dedication of our gardening volunteers and the Hospice now has a regular stream of 'Corporate Volunteers' from local companies who are very happy to plant shrubs, cut back bushes, paint fences and garden furniture etc. to continue to ensure our patients can enjoy this lovely space outside.

During the year we drew up plans to expand the water tank supplying the Inpatient Unit but in view of costs and space restrictions, it was decided, in the year, not to progress the additional tank but instead to work closely with Aintree Hospital Trust to join with them in their contingency arrangements should the water supply become interrupted. This will be a priority for 2016/17.

The bathroom in the Well-being & Support Centre was not being utilised by day patients and it was agreed with Trustees that the room should be converted for use by our Family Support Services team to use as a base and to meet with patients and families working with them to support them in the best possible way. This conversion took place last year and the room is very much utilised with alternative bathing facilities available on the Inpatient Unit should the need arise.

Frosted glass in the clinical office and Hospice at Home room were replaced with clear glass in early 2015/16 and now provide a brighter, more enjoyable working environment for staff.

We were very fortunate also last year to receive funding from various supporters to automate the doors, firstly from the main entrance to the Inpatient area, enabling better ambulance transportation and secondly across access routes from the Inpatient Unit to other facilities giving patients more independence to travel across the hospice particularly in wheelchairs and with walking aids. In addition another supporter funded the much needed renewal of the Inpatient Unit Flooring.

The extension of the bedrooms and rearranging of the ensuite bathrooms on the Inpatient Unit remain a priority but currently the Hospice would not be in a position, without grant funding, to take on any major capital projects. A Capital Projects Committee (led by the Trustee who is an Architect) is being set up for summer 2016 and drawing up plans for this project will be part of the remit of that committee. In addition plans will be drawn up and costed for conversion of the Garden Room and Patio Room to be joined up and extended in to the garden to create a large room for Wellbeing and Support Centre group activity and an anticipated increase in participants as the services become better known.

Patient Information Systems/Data collection and Reporting

Data collection systems have improved across the Hospice with streamlined processes and procedures working well but work will remain ongoing particularly in bringing all clinical support services closer together with data analysis and reporting.

The electronic patient information system (Sigma) which we share with the Aintree Hospital NHS Trust has been introduced effectively across all services with the exception of Hospice at Home and we enjoy close working relationships with the hospital information teams to ensure accurate and timely reporting.

The data collection feeds the National Palliative Care minimum data sets, produces activity data for our commissioners in the NHS and feeds into the organisational Key Performance Indicators (KPI) report scrutinised by Trustees and Senior Managers. The KPI reports have developed significantly in the year and are reviewed regularly at our Governance Committee and Board meetings to ensure continuous improvement and relevance.

The Data Officer has been a keen participant in all meetings and developments of the EPACCS which has made some progress locally but has still not reached the expectations nationally. Woodlands Hospice has met all the requirements asked of us and will continue to actively contribute to developments.

Although the Hospice continued to promote and use the Palliative Care Outcome Scale (IPOS) tool across all our services during the year, the Outcome Measures Working group was affected by a change of key personnel in lead roles and activity slowed during this period. However, the group is back up and running with our new Consultant taking the Chair and we are confident good progress will be seen in 2016/17. The national developments in relation to Outcome Measures have been reviewed and we will proactively consider the impact and application of these in the next twelve months.

ELQUA Quality sharing system was regrettably withdrawn nationally during the year and is no longer a system available to access.

A great deal of work was undertaken in the year to ensure we achieved Level Two in the NHS Information Governance Toolkit, our first year of submission. The learning from this process will be carried forward to next year's performance.

Human resources

As vacancies have occurred on the Board of Trustees we have identified skill gaps and in the year recruited a local business person to complement the Board with wide-reaching knowledge and experience. The Nominations Committee interviewed the individual and recommended the appointment to the Board for approval. A robust induction programme was undertaken with the new Trustee. In 2016/17 we are looking to increase the numbers of Trustees from 12 to 14 to be sure we can proactively recruit a Trustee with Fundraising experience, without losing other expertise, to ensure we can discharge our responsibilities under the new Fundraising regulations being published in July 2016.

With the Chief Executive regrettably having to take two long term sickness absence periods in the year for surgery, the leadership of the organisation, during those periods, was shared between senior management colleagues, with the Chair and Trustees taking a more active role in supporting operational issues. In addition the Finance Manager also required urgent surgery during the year leaving another key role to be covered. The organisation responded well to the pressures these absences created and the Trustees are grateful to all those who helped to keep the Hospice's day to day operations running well. The Trustees are delighted to see the Chief Executive back fully in post and the Finance Manager making a phased return to work.

The Leadership and Management Strategy planned for this year was put on hold due to the above mentioned pressures but this will be a key part of the strategy for the next two years.

As there has been no published recommendation during the year for staffing levels in specialist services the Hospice has continued with staffing levels it considers to be of a good, safe standard and our care reflects this investment.

The Hospice has continued in the year to encourage learning and development for all teams. Whilst finances will restrict some costly training we will continue to source training for all staff and seek grants and other opportunities as appropriate.

Appraisals and personal development reviews are key to staff development, and systems and processes to ensure these happen on a consistent basis will continue to be reviewed in the next twelve months.

The staff support system is critical in every hospice, and with the development of the new Family Support Services Team we have been able to significantly improve staff support systems and opportunities across the Hospice which the staff really appreciates.

Volunteers

Woodlands has over 170 volunteers undertaking a wide variety of roles across the Hospice and in our charity shops. Their strong presence throughout the Hospice in supporting roles is a key strength for the organisation and enables staff to concentrate on the care of the patient. Our charity could not exist without this 'additional workforce' and we welcome volunteers from all age groups with varying knowledge, skills and experience.

With regard to the specific objectives set to enhance volunteer roles within the Hospice, the discussions from last year regarding a Companion scheme out in the community and possibly attached to the Hospice at Home service were put on hold in favour of developing a scheme in-house for patients who may sometimes feel lonely and indeed isolated during their stay. These Family Support volunteers, once recruited, undertake a detailed and involved training programme before becoming a fully-fledged companion. The scheme is working really well and patients appreciate this support.

This next year we will be exploring more volunteering opportunities assisting nursing staff on the ward.

External relationships and collaboration

During 2015/16 the Chief Executive and Senior Management Team have, wherever possible, actively participated in all End of Life strategy meetings hosted by the three Clinical Commissioning Groups (CCGs) who provide grant funding to the Hospice. Attendance, at times, was difficult this year due to the absence of the Chief Executive but every effort was made to keep up to date with minutes and activity when attendance was not possible.

Meetings with the three commissioners were limited in the year but telephone consultations continued to ensure the hospice kept pace with all developments across the catchment area.

As active members of the Cheshire and Merseyside Palliative and End of life care Clinical Network represented on various sub groups, we were able to contribute our views and hear from colleagues from other providers in Palliative Care.

In the year we continued our strong links with Aintree University Hospital Palliative Care team, a key strength as our Consultants and doctors are employed by Aintree and work at Woodlands under Practising Privileges arrangements.

During the year we gave notice to the Hospital on the Service Level Agreement we had with them for provision of our therapy services in favour of employing our own team. This decision was made for integration purposes and improved communication. Regrettably the Therapists employed by the NHS chose not to transfer over to the Hospice under TUPE regulations which necessitated the recruitment of a new team which is slowly developing now.

The Chief Executive of Woodlands Hospice continued in her role as a Public Governor on the Aintree Hospital's Council of Governors, albeit in a 'virtual role' during her periods of absence.

We continue to maintain our strong links with the Walton Centre NHS Foundation Trust in relation to the joint Pain Management Clinic for the benefit of our patients.

We have worked closely with our community colleagues particularly in relation to the Hospice at Home service and our Wellbeing and Support Centre service including the Therapy driven Outreach service.

Multi professional team meetings are held weekly to ensure better joined up service for all our patients and their families.

Work continued in the year offering patients the opportunity to discuss and formulate an Advance Care Plan and close liaison with the local Hospital and Health Community on this matter also continued. To help prioritise this further it has now been included in our Quality Account for 2016/17 as a key priority for Clinical Effectiveness.

It has been difficult to directly liaise with the Health and Wellbeing boards due to their structures and protocols but we have made links with the Local Healthwatch Chairs who do have a voice at Health and Wellbeing board meetings.

Our Patient and Family Forum which we launched in March 2014 has been extremely helpful and effective. They are consulted on many aspects of the Hospice and their contributions valued greatly. The input from the forum is included in our Quality Account for last year.

Education

Education about Palliative Care is a key responsibility of hospices in order to increase the confidence and competence of health professionals in managing patients with Palliative Care needs that they encounter in their areas of work. Woodlands takes this very seriously and professionals working at Woodlands participate in educational activity through the Aintree Specialist Palliative Care Services Education Group chaired by Dr Kate Marley, Woodlands' Clinical Lead. Dr Marley is also a member of the Cheshire and Merseyside Palliative and End of Life Care Network Education strategy group which drives education provision in Palliative Care for the region. Full details of Woodlands educational programme last year can be found in the Quality Account.

Research and Audit

The Hospice has a policy to participate in research but, during this period, there were no appropriate national, ethically approved research study in palliative care in which it could take part. However, Woodlands senior medical staff is involved in research into the effects of cordotomy on pain pathways as part of joint working with the Walton Centre NHS Foundation Trust.

The Cheshire & Mersey Palliative and End of Life Care network continue to look for general research opportunities in palliative care in the region and Woodlands awaits a suitable opportunity to participate in a research project. A weekly journal club enables members of staff to keep up to date with Palliative Care research.

Woodlands participates in a locality audit group and in shared audit between settings. The hospice contributes to the audits carried out by the Cheshire and Merseyside Palliative and End of Life Care Network Audit Group and several of our doctors have led these audits and published guidelines as a result. There is a comprehensive in-house audit programme.

Income Generation

Fundraising

There is no doubt that 2015/16 was a very difficult year for fundraisers nationally, as high profile media coverage of poor fundraising practice, in some charities, unsettled the public and indeed the vast majority of the charitable sector. We have established a Trustee-led Income Generation Committee to oversee and monitor fundraising performance and governance in accordance with the recommendations of the Etherington review of fundraising and self-regulation (2015).

Despite the negative press nationally, and an anticipated downturn in general donations across the country, the efforts of our fundraising team and the generous donations given by our supporters meant that we saw a slight growth in fundraising on the previous year. This increase, however, was very small and unfortunately we still fell short of a stretching target for the year.

The enthusiasm and effort of our fundraising team never waivers and the team development of last year under the guidance of the recently appointed Head of Income Generation helped sustain a steady growth but regrettably the return on investment for many of the current income streams fell short of expectations and the roles will need to be reviewed again this coming year to react positively to the ever changing dynamics of fundraising locally and nationally.

During the last year we have worked on many projects with local companies volunteering their support for a day. They have enjoyed such tasks as gardening, planting bulbs, painting fences, leaflet dropping locally etc. and the feedback we always receive is how much they enjoy their visit and the team spirit it engenders in them, as a group, for a worthy cause. These opportunities also give us the chance to further develop our existing, and initiate new corporate relationships which feed well into our plans to encourage corporate fundraising.

We receive a great deal of support from the local community who value Woodlands Hospice as their very own local hospice, caring for local people. The Community Fundraising Manager is active across the area and organises many small fundraising events to engage with local people and foster new relationships.

Several Woodlands support groups have been supporting the Hospice for many years and the work of these groups is very much appreciated and has made a huge contribution to the funding of the Hospice. As many members of the original groups look towards retiring we strive to recruit individuals who may wish to create new community groups to support Woodlands moving forward.

Over the years, we have been very fortunate to have received the support of many Grant Making Trusts which has helped us to develop our services. This year, we have continued to receive grants both in support of our care costs and also to purchase new equipment totalling £84,000. The Garfield Weston Foundation, which has been a tremendous help to us over the years, again granted us £25,000 towards our core service costs which was a great boost to our overall fundraising efforts. We are very grateful to all the Trusts for their generous support, which helps us to continue our charitable work.

Legacies

In 2015/16 we were extremely fortunate to receive £194k in legacy income which contributed enormously to our overall income. Without the generosity of these bequests, who kindly thought of Woodlands in their Will, we would not be able to continue to provide the services we do for our patients and their families.

Our annual Make a Will month in April enables people to prepare a standard Will with participating solicitors/professional Will writers in exchange for a donation to Woodlands Hospice. We are very grateful to all the practices which have taken part and for all donations received. Legacy and will donations make an important contribution to the work of the Hospice.

Lottery

The Hospice Lottery provides a simple, low cost way to support the work of Woodlands through membership of the weekly draw. The income from this helps to provide a source of sustainable revenue that the Hospice can rely on to plan future budgets to continue to care for patients.

In 2014/15 the Hospice recruited individual Lottery Canvassers to sign up new members to the lottery but after the initial success, they unfortunately were unable to continue in this role due to personal reasons and consequently in 2015/16 the Hospice turned to contracting with a reputable and professional third party organisation with an excellent track record in working successfully with Hospices to promote their lotteries. Early signs of this arrangement are very positive and we are confident that the lottery memberships will continue to grow throughout 2016/17 resulting in ongoing sustainable income for the Hospice.

Charity shops

In 2014/15 the Board of Trustees approved a retail strategy to open five shops in the following three years as Woodlands currently trails behind other Hospices in securing much needed income from trading activities, particularly in relation to charity shops.

Having closed our long standing shop in Walton Vale in February 2015, due to declining footfall in that area, we opened a small shop in Moss Lane, Liverpool. This was followed in April 2016 with the opening of a shop in the bustling area of Old Swan Liverpool and a further shop opened in Maghull in August 2016. It has taken some time to secure the right property in the right location at an affordable rent but early signs of the new shops are very positive and again we are confident that income from this source will increase over time. We are actively looking for two more shops in key areas for the Hospice.

Hospice Shop

As part of the 2014 building works, we incorporated a new small Hospice shop in reception which is run and supported by two dedicated volunteers, who also give up their time to attend events and outside activities to promote sales. A review of the shop will take place in 2016/17 to ensure continued growth and expansion across our newly established charity shops.

Marketing and Communications

The Hospice continues to work on new ideas for marketing our services both to clinical colleagues and the public and a more robust strategy will be developed in the coming months. Work commenced in the year on building and developing a new, more modern, interactive website and this is due to be launched in September 2016.

FINANCIAL REVIEW

Woodlands Hospice relies heavily on its own fundraising efforts but also on grants from the local NHS and other grant making trusts. It is therefore important to ensure that the services we deliver provide public benefit without prejudice. This is demonstrated in the services of the Hospice being free at the point of delivery and accessible through clear referral criteria based on clinical need.

Our Fundraising team was set another challenging target for the year and unfortunately fell short of this goal by £115k but an increase was seen of the previous year figures. Our legacy income performed well against an original budget of £100k which helped to bridge some of the gap on our fundraising shortfall.

The overall financial position showed a deficit of £153k which has necessitated the implementation of a cost savings plan in the year to March 2017. This cost savings plan is being implemented with consultations with individual departments.

We remain confident that our trading strategy will start to turn the fortunes for Woodlands Hospice in the future. However, we are fully aware that we will not see a return on our investment in this strategy until the year 2017/18 hence the need for our cost savings plan in the 2016/17 financial year.

Achieving £820k in voluntary income is a result of the ongoing generosity of our wonderful supporters, and their dedication, enthusiasm and hard work in raising money for the Hospice. We are so grateful to everyone who helped raise this income. Moving forwards we will endeavour to introduce new and exciting ways in which people can support us and focus on growing sustainable income streams to enable us to continue to provide our specialist palliative care services in the future.

We remain very appreciative of the NHS grant monies of £2.3million received from South Sefton, Liverpool and Knowsley Clinical Commissioning Groups (CCG's) paid to us under Conditional Grant Agreements.

The total running costs for Woodlands Hospice during the year was £3,721,144 which is an increase of £67k on the previous year and this increase in costs in predominately due to an increase in nursing salaries on the In-Patient Unit.

Some cost savings were made in the year in terms of salaries in other teams including a vacancy freeze in the newly developing Therapy team. Services were amended to reflect the changed staffing structure and this model is being reviewed further as part of the 2016/17 cost savings plan.

In addition to the grant monies received from the CCG's we also continued to receive the £240k pa funding from South Sefton CCG to provide the South Sefton Hospice at Home service which is now in its third year of the current contract with the original tender agreement giving the option for this to be extended for further two years without further tender. We are extremely hopeful that the CCG will recommend this rollover as we know the service makes a considerable difference to the people of South Sefton. We continue to speak with Commissioners from Knowsley and Liverpool CCG's about the prospect of Hospice at Home services in their areas but this would have to be 100% funded as it is for South Sefton.

In addition to the Hospice at Home monies received from South Sefton CCG we were also able to secure funding from South Sefton for our Care Homes End of Life Facilitator which expires in October 2017. With the Hospice at Home service and the Care Homes Education programme we have been able to put our specialist service out into the community. We are very keen to expand these services across Liverpool and Knowsley and continue in dialogue with their commissioners.

The trading subsidiary saw disappointing results this year as it proved challenging to get our new trading strategy off the ground in the year with difficulties in finding suitable shop locations and also in finding canvassers to grow lottery memberships. As previously mentioned in this report, this situation has now improved and the strategy is developing well with increasing numbers of lottery members weekly and three new shops now open. Overall for 2015/16 the profit for the company stood at £6k with approx. £5k being covenanted to the charity which was a very disappointing result for the group as a whole.

To meet the day to day running costs we still require a significant increase in revenue income and every effort is made to ensure value for money in all expenditure which is monitored closely throughout the year. We remain confident that our investment in the trading subsidiary will reap the rewards we need for our future sustainability whilst our current cost savings plan will curtail costs in the interim period whilst our trading strategy gets off the ground.

The documented aim of the Trustees in the year to March 2013 was to reach a level of free reserves equating to six months running costs of the organisation within the next three years. Unfortunately the level of free reserves has decreased as a result of our overall deficit in the year. Our trading strategy together with our costs savings plan will hopefully mean that free reserves do not decline any further over the next 12 months and the aim remains to reach a position of having six months costs to fund charitable activities in free reserves.

The investment portfolio of £540,075 managed by Investec Wealth and Investment produced a yield of 4.13% (2015: 4.09%). Overall the Trustees were satisfied with the result and they continue to review the Investment portfolio on an ongoing basis.

During the year the Finance Manager has attended training on the Hospice VAT reclaim scheme but owing to her long term absence this has not been completed and is a priority for 2016/17.

The finance team, during the year, have developed their knowledge of all pension schemes administration and payment collection systems including the Auto-enrolment and NHS Pensions schemes and we are confident that these are now running smoothly although the annual return for the NHS scheme for 2015/16 remains outstanding due to Finance Manager absence but is a priority for 2016/17.

PLANS FOR FUTURE PERIODS

The key developments for 2016/17 include the continuing implementation of the revised fundraising strategy, particularly in relation to the retail strategy and the growth of the lottery. The financial strategy will include the implementation of the cost savings plan. Our key clinical development continues to be to expand Hospice at Home services to all our patients but this would need to be fully funded.

PRINCIPLE RISKS AND UNCERTAINTIES

The Trustees have reviewed and identified the major risks and uncertainties that could impact on the Hospice. These are:

- The financial position is the major risk to the organisation and the delivery of the strategic plan.
  - It is highly unlikely that the NHS would at any stage discontinue their support for Woodlands as they fully supported the transfer of the Inpatient Unit from the NHS in 2009 knowing the financial position.

- The trading strategy included within the Income Generation Strategy is showing good positive signs of growth for the future and will be monitored closely by the newly formed Income Generation Trustee-led Sub-Committee.
- The Cost Savings plan being implemented across the Hospice will realise savings in expenditure to ensure financial viability pending growth within the trading company.
- The National Palliative Care Funding Review is still in its pilot stages with units of currency being developed which relate to episodes of care based on the needs of the patient. The tariff to be attached to each currency is yet to be determined. The implementation of the National Palliative Care funding Review could put a further financial strain on this organisation if funding should differ from the grants we currently receive but we do believe that local market forces will be considered. The situation is closely monitored in the Finance Committee, with Trustee membership.

- Due to the complex nature of our patients and the high usage of controlled drugs on the inpatient ward, medicines mismanagement could be considered to be a risk to this organisation. However the organisation has robust policies and procedures in place supported by a system of continual internal auditing of such procedures to ensure maximum efficiency and effectiveness. We have a strong culture within the organisation of reporting any drugs incident, however minor, to ensure continual learning. Medicines policies and procedures are reviewed consistently by the Medicines Management working group and the Trustee led Clinical Governance Committee. Our established safe staffing levels are always appropriate to the patient numbers and dependency. We feel that this risk is mitigated by way of our systems and controls in place.

The Trustees feel that there are no further risks identified. The services Woodlands provides are a key part of the National End of Life strategy and necessary for our local communities. We have a highly skilled workforce and the premises are on a long term lease and have recently been refurbished to make them fit for purpose for the future.

THE TRUSTEES

The Trustees, who are also directors for the purposes of company law, who served the charity during the year and the period up to which the accounts were approved were as follows:

K. Hoskisson LL.B (Chairman)
C.M. Hubbert MRCGP DRCOG (Vice Chairman)
C. Brennand FCA (Hon. Treasurer)
W.J. Wood BSc MHSM Dip. HSM
The Reverend N. Wilde
E. McDonald
B. Lynne Roberts
R. Kenyon (Resigned 25/07/16)
B. Bartlett BA Hons Dip Arch RIBA
N. Firth
A. Johnson (Appointed 26/05/2015)

None of the Trustees has any beneficial interest in the company.

TRUSTEES' RESPONSIBILITIES

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 charity at the end of the year and of the incoming and outgoing resources for the year then ended.

In preparing those financial statements, the Trustees are required to select suitable accounting policies and then apply them consistently, making judgements and estimates that are reasonable and prudent. The Trustees must also prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

PUBLIC BENEFIT STATEMENT

The Trustees have complied with a duty in Section 4 of the Companies Act 2006 and confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning future activities.

RISK MANAGEMENT

The responsibilities of Trustees are defined by the Memorandum and Articles of Association, The Charities Act and company law.

These responsibilities include:

- Ensuring that the charity only undertakes activities that are within their objects and powers.
- Acting only in the interests of the charity and its beneficiaries.
- Taking decisions in keeping with their duty of care and duty to act prudently.
- Establishing management arrangements to ensure appropriate standards and procedures are in place, that those standards and procedures are complied with and corrective action taken where necessary.
- Ensuring compliance with all relevant statutory regulation and adoption of best practice principles.

The Trustees obtain comfort that their responsibilities are discharged by:

- Regular reports to the Board of Trustees.
- Independent audit of the accounts and financial systems.
- The authority of the Personnel, Finance, Income Generation and Governance Committees.
- The adoption of the appropriate policies and procedures including the risk management policy.
- Audit by external agencies (e.g. Fire Service, Environmental Health Inspectors).

The Trustees have examined the major strategic, business and operational risks which the charity faces and confirm that systems have been established to enable regular reports to be produced so that necessary steps can be taken to lessen these risks.

RELATED PARTIES AND OTHER CHARITIES

The Charity has one wholly owned subsidiary, Woodlands Hospice Limited. The subsidiary operates a lottery and charity shop and uses this to support Woodlands Hospice Charitable Trust Limited.

AUDITORS

A resolution to re-appoint Lonsdale & Marsh will be put to the Annual General Meeting.

STATEMENT OF DISCLOSURE TO AUDITORS

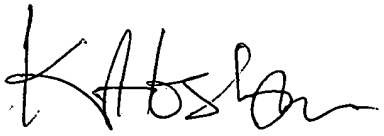
In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditors are unaware, and;
- Each Trustee has taken the steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

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

Registered office:
Woodlands Hospice
University Hospital Aintree Campus
Longmoor Lane
Liverpool
L9 7AL

Signed by order of the Trustees



Mr K Hoskisson LL.B
Chairman

Approved by the Trustees on 27 September 2016

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS AND TRUSTEES OF

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

YEAR ENDED 31 MARCH 2016

We have audited the financial statements of Woodlands Hospice Charitable Trust Limited for the year ended 31 March 2016 which comprise the Group Statement of Financial Activities, the Group Summary Income and Expenditure Account, the Group and Parent Charitable Company Balance Sheets, the Group Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

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

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND THE AUDITORS

As explained more fully in the statement of Trustees' responsibilities set out on page 19, the Trustees' (who are also the directors of the charitable company for the purpose of company law) are responsible for the preparation of the financial statements and for being satisfied that the financial statements give a true and fair view.

We have been appointed as auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's [APB] Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS AND TRUSTEES OF

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

YEAR ENDED 31 MARCH 2016

OPINION

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 March 2016, and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011.

OPINION ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion the information given in the Trustees' Annual Report and integral Strategic Report for the financial year for which the financial statements are prepared is consistent with the financial statements, and the Trustees' Annual Report and integral Strategic Report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Act 2011 requires us to report to you if, in our opinion:

- the parent charitable company has not kept adequate and sufficient accounting records; 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.



Elaine Frances McElroy (Senior Statutory Auditor)
For and on behalf of Lonsdale & Marsh

Date: 27 September 2016

Chartered Accountants
Statutory Auditor

7th Floor
Cotton House
Old Hall Street
Liverpool
L3 9TX

Lonsdale & Marsh is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED 31 MARCH 2016

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2016 £	Total Funds 2015 £
Income from:					
Donations and legacies	2	819,282	950	820,232	777,423
Charitable activities	3	266,548	2,409,041	2,675,589	2,573,732
Other trading activities	4	167,256	-	167,256	176,001
Investment income	5	22,837	-	22,837	21,309
Other income	6	61,638	-	61,638	46,557
Total income		1,337,561	2,409,991	3,747,552	3,595,022
Expenditure on:					
Raising funds	7	536,656	-	536,656	491,563
Charitable activities	8	681,936	2,663,332	3,345,268	3,302,542
Total expenditure		1,218,592	2,663,332	3,881,924	3,794,105
Net (losses)/gains on investments	14	(17,913)	-	(17,913)	15,696
Tax on profit on ordinary activities arising in Woodlands Hospice Limited	10	-	-	-	(558)
Net income/(expenditure)		101,056	(253,341)	(152,285)	(183,945)
Transfers between funds		(299,388)	299,388	-	-
Net movement in funds	12	(198,332)	46,047	(152,285)	(183,945)
Reconciliation of funds:					
Fund balances at 1 April 2015		3,583,507	71,355	3,654,862	3,838,807
Fund balances at 31 March 2016		3,385,175	117,402	3,502,577	3,654,862

The Statement of Financial Activities includes all gains and losses in the year and therefore a Statement of Total Recognised Gains and Losses has not been prepared

The notes on pages 28 - 45 form part of these consolidated financial statements

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

SUMMARY INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED 31 MARCH 2016

	Note	2016 £	2015 £
Total income		3,747,552	3,595,022
Total expenditure from income funds		3,881,924	3,794,105
		(134,372)	(199,083)
Net (losses)/gains on investments		(17,913)	15,696
Tax on profit on ordinary activities arising in Woodlands Hospice Limited	10	-	(558)
Net income/(expenditure) for the year		(152,285)	(183,945)

The summary income and expenditure account is derived from the statement of financial activities on page 23 which together with the notes on pages 28 to 45 provides full information on the movements during the year on all funds of the charity.

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

CONSOLIDATED BALANCE SHEET

YEAR ENDED 31 MARCH 2016

	Note	2016		2015	
		£	£	£	£
Fixed assets					
Tangible assets	13		2,433,508		2,518,238
Investments	14		540,075		499,404
			2,973,583		3,017,642
Current assets					
Stock	15	2,873		4,980	
Debtors	16	174,937		144,414	
Cash at bank and in hand		759,310		1,352,154	
		937,120		1,501,548	
Creditors: amounts falling due within one year	17	(408,126)		(698,176)	
Net current assets			528,994		803,372
Total assets less current liabilities			3,502,577		3,821,014
Creditors: amounts falling due after one year	18		-		(166,152)
Net assets			3,502,577		3,654,862
Funds					
Unrestricted:					
Designated funds	19	15,600		23,400	
Other charitable funds	19	3,369,575		3,560,107	
			3,385,175		3,583,507
Restricted	20		117,402		71,355
Total funds			3,502,577		3,654,862

These financial statements were approved by the Board of Trustees and are signed on their behalf by:

MR K HOSKISSON LL.B
Trustee

Date: 27 September 2016

Company No: 03063721

The notes on pages 28- 45 form part of these consolidated financial statements.

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

BALANCE SHEET

YEAR ENDED 31 MARCH 2016

	Note	2016		2015	
		£	£	£	£
Fixed assets					
Tangible assets	**13**		2,431,444		2,518,038
Investments	**14**		540,078		499,407
			2,971,522		3,017,445
Current assets					
Debtors	**16**	175,734		214,972	
Cash at bank and in hand		708,881		1,238,171	
		884,615		1,453,143	
Creditors: amounts falling due within one year	**17**	(375,749)		(670,753)	
Net current assets			508,866		782,390
Total assets less current liabilities			3,480,388		3,799,385
Creditors: amounts falling due after one year	**18**		-		(166,152)
Net assets			3,480,388		3,633,683
Funds					
Unrestricted:					
Designated funds	**19**	15,600		23,400	
Other charitable funds	**19**	3,347,386		3,538,928	
			3,362,986		3,562,328
Restricted	**20**		117,402		71,355
Total funds			3,480,388		3,633,683

These financial statements were approved by the Board of Trustees and are signed on their behalf by:

MR K HOSKISSON LL.B
Trustee

Date: 27 September 2016

Company No: 03063721

The notes on page 28-45 form part of these consolidated financial statements.

WOODLANDS HOSPICE CHARITABLE TRUST LIMITED

CONSOLIDATED CASH FLOW STATEMENT

YEAR ENDED 31 MARCH 2016

	2016		2015	
	£	£	£	£
CASH FLOWS FROM OPERATING ACTIVITIES				
Net expenditure for the year (as per the SOFA)	(152,285)		(183,945)	
Adjustments for:				
Losses/(gains) on investments	17,913		(15,696)	
Depreciation of tangible fixed assets	142,848		158,830	
Interest paid on loan	7,203		12,884	
Bank interest receivable	(2,423)		(2,830)	
Investment interest receivable	(183)		(44)	
Dividend income from investments	(22,654)		(21,265)	
Decrease/(increase) in stock	2,107		(4,980)	
(Increase)/decrease in debtors	(30,523)		295,561	
(Decrease)/increase in creditors	(290,050)		29,104	
Cash from operations	(328,047)		267,619	
Interest paid	(7,203)		(12,884)	
Net cash (used in) / provided by operating activities		(335,250)		254,735
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchases of tangible fixed assets	(58,118)		(10,530)	
Bank interest receivable	2,423		2,830	
Investment interest receivable	183		44	
Income from other fixed asset investments	22,654		21,265	
Purchase of investments	(71,635)		(90,882)	
Proceeds from sale of investments	33,000		78,183	
Shares received from legacy	(19,949)		-	
Net cash (used in) / provided by investing activities		(91,442)		910
CASH FLOWS FROM FINANCING ACTIVITIES				
Repayment of loan	(166,152)		(35,216)	
Net cash used in financing activities		(166,152)		(35,216)
(DECREASE)/INCREASE IN CASH		(592,844)		220,429
CASH AT THE BEGINNING OF THE YEAR		1,352,154		1,131,725
CASH AT THE END OF THE YEAR		759,310		1,352,154

1. ACCOUNTING POLICIES

Company Information

Woodlands Hospice Charitable Trust Limited is a private company limited by guarantee, incorporated in England and Wales. Its wholly owned subsidiary Woodlands Hospice Limited is a private company limited by shares incorporated in England and Wales (Company no: 03278425). The registered office of both the parent and subsidiary companies is UHA Campus, Longmoor Lane, Liverpool, L9 7LA.

Basis of Accounting

The financial statements have been prepared under the historical cost convention, except for investments, modified for the revaluation of leasehold interest, and in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities' (FRS 102) effective 1 January 2015 and the Companies Act 2006.

These financial statements for the year ended 31 March 2016 are the first financial statements prepared in accordance with the new Statement of Recommended Practice, FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. The date of transition to FRS 102 was 1 April 2014. The reported financial position and financial performance for the previous period are not affected by the transition to FRS 102.

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

Group Financial Statements

The consolidated financial statements incorporate the results of the charity and its wholly owned subsidiary Woodlands Hospice Limited on a line-by-line basis. A separate Statement of Financial Activities, and income and expenditure account, for the charity itself are not presented because the charity has taken advantage of the exemptions conferred by s408 of the Companies Act 2006. A summary of the financial performance of the charity can be found in Note 26.

Going Concern

There are no material uncertainties about the charity's ability to continue in the immediate future. Funding from Clinical Commissioning Groups (CCGs) continues to be received and the measures taken in the post year end period to cut costs will help the hospice to continue with its objectives.

Income

Income from donations, grants and legacies are recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and the amount can be measured reliably.

Grants which are to be used for specific purposes, as laid down by the donor, are treated as restricted funds. Expenditure that meets the criteria is charged to the fund. Deferred income includes amounts received in advance of work to be undertaken in the next financial year. The funds are released when an individual fulfils the post and funds are released monthly in line with costs to deliver the service.

Income from commercial trading operations represents shop sales of goods, excluding value added tax, and income from the sale of lottery tickets.

1. ACCOUNTING POLICIES (continued)

Income (continued)

Donated goods are not recognised as incoming resources on the Statement of Financial Activities on receipt of an item as it is impractical and not a cost effective use of resources. Instead the value of the donated goods is recognised as income when sold.

In accordance with the SORP (FRS102), the general volunteer time is not recognised on the Statement of Financial Activities. Refer to the trustee's annual report for more information on their contribution.

Interest Receivable

Interest on funds held on deposit is included when receivable by the charity, and the amount can be measured reliably; this is normally upon notification of the interest paid or payable by the bank.

Resources Expended

Resources expended are included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT that is not recoverable.

The cost of functions which support more than one of the charity's activities have been allocated to those activities to give a full cost of an activity. Management salaries, payroll costs and legal fees have been allocated to activities based on the size of the expense incurred, as this is in line with time spent. Depreciation has been allocated to the activities for which the depreciated assets are used.

Fund Accounting

Funds held by the charity are either:

- Unrestricted general funds – these are funds which can be used in accordance with the charitable objects at the discretion of the trustees.
- Designated funds – these are funds set aside out of unrestricted general funds for specific purposes.
- Restricted funds – these are funds that can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when the funds are raised for a particular restricted purpose.

Tangible Fixed Assets and Depreciation

Tangible fixed assets are held at cost or valuation less depreciation. The costs of minor additions, being those below £250, are not capitalised.

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computer equipment	- 33% straight line
Fixtures and fittings	- 25% straight line
Furniture and equipment	- 25% straight line
Leasehold buildings	- Over the remaining lease term

1. ACCOUNTING POLICIES (continued)

Stock

Stock is stated at the lower of cost or net realisable value.

Financial Instruments

The company has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at the amount receivable or payable. Investments are held at fair value.

Investments

Listed investments are held at fair value, which is the market value as at the balance sheet date with any realised or unrealised gains or losses being recognised within the Statement of Financial Activities.

The investment in the subsidiary company, Woodlands Hospice Limited, is held at cost within the company balance sheet.

Debtors

Debtors are basic financial assets and are recognised at the settlement amount due. Prepayments are valued at the amount prepaid.

Cash at bank and in hand

Cash at bank and in hand are basic financial assets, and include cash in hand and deposits held with banks. It also includes cash held with the investment portfolio in order to meet short term cash commitments such as the purchase of shares as they fall due.

Leases

Rentals payable under operating leases are charged against income on a straight line basis over the period of the lease.

Pension Costs

The company pays into two separate schemes:

The company contributes to the NHS Superannuation Scheme for certain former NHS employees. The employer's contribution into the scheme is at a rate of 14.3% of pensionable pay for the year to March 2016 and is disclosed in note 11. The employee's contribution is a variable percentage of pensionable pay. The scheme is unfunded and the charity has no further liability beyond the payments made during the year. The scheme is therefore accounted for as a defined contribution pension scheme with the costs equal to the contributions made for the accounting period.

The company also contributes to a separate defined contribution pension scheme for non NHS employees and the contribution is disclosed in Note 11. The assets of the scheme are held in an independently administered fund.

1. ACCOUNTING POLICIES (continued)

Pension Costs (continued)

The cost of the employer pension contributions to the NHS Superannuation and other scheme is charged to the Statement of Financial Activities. The pension costs have been allocated according to the activity the employee undertakes. The costs of the activities are allocated between restricted or unrestricted according to how the funding for the activity is received.

2. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds	Restricted Funds	Total Funds 2016	Total Funds 2015
	£	£	£	£
Donations	624,536	950	625,486	614,604
Legacies	194,746	-	194,746	162,819
	819,282	950	820,232	777,423

3. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds	Restricted Funds	Total Funds 2016	Total Funds 2015
	£	£	£	£
Well-being & support centre	223,212	-	223,212	223,211
Outreach service	-	105,341	105,341	105,341
Lymphoedema service	-	60,012	60,012	52,698
Hospice at home	-	240,000	240,000	240,000
Family support worker	-	24,518	24,518	24,518
Macmillan family support worker	-	21,699	21,699	-
In-patient unit	-	1,831,317	1,831,317	1,825,726
Superannuation fund	16,987	-	16,987	16,987
Education/training	20,399	-	20,399	17,424
Outpatient accommodation	5,950	-	5,950	10,413
Advanced care planner	-	8,488	8,488	14,000
Discharge planner	-	20,108	20,108	10,542
End of Life training prog-care homes	-	44,817	44,817	22,409
Volunteer's summer party	-	250	250	500
Patient's Christmas party	-	600	600	-
Equipment fund	-	51,891	51,891	-
Garden funds	-	-	-	1,050
Alice Manley	-	-	-	1,913
Percy Bilton Charity	-	-	-	2,000
Dying matters fund	-	-	-	5,000
	266,548	2,409,041	2,675,589	2,573,732

4. INCOME FROM OTHER TRADING ACTIVITIES

	2016	2015
	£	£
Lottery	128,637	118,984
Charity shop	38,619	57,017
	167,256	176,001

5. INVESTMENT INCOME

	2016	2015
	£	£
Dividends received	22,654	21,265
Investment interest	183	44
	22,837	21,309

6. OTHER INCOME

	2016	2015
	£	£
Catering services	56,807	42,767
Sundry income	2,408	960
Bank interest receivable	2,423	2,830
	61,638	46,557

7. EXPENDITURE ON RAISING FUNDS

Activity	Direct Cost of Activity	Support Costs	Total Costs 2016	Total Costs 2015
	£	£	£	£
Fundraising and publicity:				
Appeals costs	87,903	15,539	103,442	80,120
Salaries	237,456	20,209	257,665	259,078
Investment management fee	4,230	-	4,230	5,040
Commercial trading operations:				
Lottery	102,417	7,919	110,336	78,788
Charity shop	55,755	5,228	60,983	68,537
	487,761	48,895	536,656	491,563

Expenditure on raising funds was £536,656 (2015: £491,563) of which all was unrestricted.

8. EXPENDITURE ON CHARITABLE ACTIVITIES

	Direct Cost of activity	Support Costs	Total Costs 2016	Total Costs 2015
	£	£	£	£
Charitable activity:				
Well-being & support centre	287,085	28,877	315,962	391,792
In-patient bedded unit	2,189,390	278,978	2,468,368	2,411,985
Hospice at home	179,996	12,828	192,824	195,840
Lymphoedema service	57,132	4,072	61,204	46,535
End of life training - care homes	45,232	3,224	48,456	48,805
Family support team	79,320	5,618	84,938	27,014
Macmillan family support worker	18,365	1,309	19,674	-
Outreach	92,713	6,552	99,265	122,099
Catering services	47,686	4,796	52,482	44,393
Out patient	855	56	911	851
Volunteer's summer party	1,771	-	1,771	1,778
Staff training	2,709	-	2,709	4,485
Equipment fund	928	-	928	5,061
Dying matters	653	-	653	55
CPR training	123	-	123	554
Capital project write back	(5,000)	-	(5,000)	-
ICN monies	-	-	-	1,245
Garden fund	-	-	-	50
	2,998,958	346,310	3,345,268	3,302,542

Expenditure on charitable activities was £3,345,268 (2015: £3,302,542) of which £681,936 (2015: 729,056) was unrestricted, and £2,663,332 (2015: 2,573,486) was restricted.

9. ANALYSIS OF GOVERNANCE AND SUPPORT COSTS

	General Support	Governance Function	Total 2016	Total 2015
	£	£	£	£
Depreciation	142,848	-	142,848	158,830
Management salaries	213,665	-	213,665	162,409
Audit fees	-	8,022	8,022	9,468
Payroll & other costs	18,486	-	18,486	24,132
Insurance & legal fees	12,184	-	12,184	23,957
	387,183	8,022	395,205	378,796

10. TAXATION

The tax charge relates to an adjustment for a prior year in the subsidiary's financial statements. Corporation tax for an historic year had not been charged to the statement of financial activities until the year ended 31 March 2015.

11. EMPLOYEE COSTS

The aggregate payroll costs were:	£	2016 £	£	2015 £
Wages and salaries		2,529,331		2,427,964
NI contributions		152,419		135,684
Pension costs :				
Defined contribution scheme	62,074		46,236	
Contributions to Superann. Scheme	139,683	201,757	147,868	194,104
		2,883,507		2,757,752

Particulars of employees:

The average number of staff employed by the charity and the group during the financial year :	2016 No	2015 No
Number of charitable service staff	75	71
Number of administrative staff	8	11
Number of fundraising staff	12	12
	95	94

During the year the charity employed approximately 55 part time staff.

Numbers of employees who received remuneration in excess of £60,000 per annum are listed below:

	GROUP		COMPANY	
	2016	2015	2016	2015
£60,000 - £70,000	1	1	1	1

During the year the charity made contributions to defined benefit schemes in relation to higher paid employees amounting to £8,416 (2015: £8,484).

Neither the trustees nor any other person connected with them have received any remuneration during the year.

The trustees were not reimbursed for expenses during the year (2015: £Nil).

The key management personnel of the group comprise the trustees, Chief Executive Officer and senior management. The total employee benefits of the key management personnel of the group were £183,118 (2015: £169,633).

The doctors, physiotherapists, occupational therapists and family support worker at Woodlands Hospice are contracted to work at the Hospice through a service level agreement with Aintree University Hospital NHS Foundation Trust. The total amount recharged from Aintree Hospital to the Hospice in the year for these services was £475,727 (2015: £453,763).

The Aintree University Hospital NHS Foundation Trust also provides the hospice with access to its Nurse Bank to ensure that the hospice is able to have all shifts suitably manned during periods of staff absence. Aintree Hospital invoice the hospice based on the nurses used on a monthly basis. The total amount recharged from Aintree Hospital to the Hospice in the year for this service was £81,515 (2015: £113,398).

12. MOVEMENT IN TOTAL FUNDS FOR THE YEAR

This is stated after charging :

	2016 £	2015 £
Depreciation	142,848	158,830
Fees payable to the charity's auditors for:		
the audit of the charity's annual accounts	5,100	7,248
the audit of the charity's subsidiary	2,200	2,220
	7,300	9,468

13. TANGIBLE FIXED ASSETS

GROUP:	Fixtures, Fittings & Computers £	Short Leasehold Buildings £	Furniture & Equipment £	Total £
COST OR VALUATION				
At 1 April 2015	304,236	3,248,130	349,614	3,901,980
Additions	23,022	11,488	23,608	58,118
Disposals	(19,908)	-	-	(19,908)
At 31 March 2016	307,350	3,259,618	373,222	3,940,190
Comprising :				
Cost	304,236	3,053,130	349,614	3,706,980
Valuation 1996	-	195,000	-	195,000
	304,236	3,248,130	349,614	3,901,980
DEPRECIATION				
At 1 April 2015	270,358	786,729	326,655	1,383,742
Charge for the year	11,000	107,255	24,593	142,848
On disposals	(19,908)	-	-	(19,908)
At 31 March 2016	261,450	893,984	351,248	1,506,682
NET BOOK VALUE				
At 31 March 2015	45,900	2,365,634	21,974	2,433,508
At 31 March 2016	33,878	2,461,401	22,959	2,518,238

13. TANGIBLE FIXED ASSETS *(continued)*

COMPANY:	Fixtures, Fittings & Computers £	Short Leasehold Buildings £	Furniture & Equipment £	Total £
COST OR VALUATION				
At 1 April 2015	297,009	3,233,833	349,614	3,880,456
Additions	20,740	11,488	23,608	55,836
Disposals	(19,908)	-	-	(19,908)
At 31 March 2016	297,841	3,245,321	373,222	3,916,384
Comprising :				
Cost	297,009	3,038,833	349,614	3,685,456
Valuation 1996	-	195,000	-	195,000
	297,009	3,233,833	349,614	3,880,456
DEPRECIATION				
At 1 April 2015	263,231	772,532	326,655	1,362,418
Charge for the year	10,582	107,255	24,593	142,430
On disposals	(19,908)	-	-	(19,908)
At 31 March 2016	253,905	879,787	351,248	1,484,940
NET BOOK VALUE				
At 31 March 2016	43,936	2,365,534	21,974	2,431,444
At 31 March 2015	33,778	2,461,301	22,959	2,518,038

The revaluation relates to the old outpatient/day therapy buildings of the Hospice which were redesigned in a previous reporting period and rebranded as the Well-Being and Support Centre. The costs of the redesign were capitalised and the Trustees are satisfied that the value of the buildings in the financial statements sufficiently reflect the actual value of the building. The Trustees are not aware of any other material changes to the valuation of the buildings.

14. INVESTMENTS

GROUP:

Listed investment portfolio:			2016		2015
			£		£
Market value as at 1 April 2015			499,404		471,009
Additions at cost			71,635		90,882
Disposals at market value			(33,000)		(78,183)
Transfer of legacy shares to portfolio			19,949		-
Net (loss)/gain in market value	Realised	(1,169)		(65)	
	Unrealised	(16,744)		15,761	
			(17,913)		15,696
Market value as at 31 March 2016			540,075		499,404
Historical cost as at 31 March 2016			476,507		438,093

The investments had the following market values as at the year end:

	Market Values	
	2016	2015
	£	£
UK Fixed Interest	80,258	89,545
Overseas Fixed Interest	24,828	27,300
UK Equities	177,193	135,654
Overseas Equities	174,375	164,321
Property	27,900	27,800
Alternative Investments	55,521	54,784
	540,075	499,404

There were no individual investments exceeding 5% of the total portfolio value as at 31 March 2016.

Cash held as part of the investment portfolio is included within bank and cash. The value of the cash held as part of the investment portfolio was £16,399 (2015: £38,160).

COMPANY:

In addition to the investment portfolio held with Investec which is disclosed above within the group note, the charity also has an investment of £3 in its wholly owned subsidiary Woodlands Hospice Limited (WHL), which is incorporated in the United Kingdom.

WHL operates a charity shop and the hospice lottery to help support its parent company. During the year, WHL transferred £5,530 (2015: £35,394) under the terms of a profit shedding agreement.

15. STOCK

	GROUP		COMPANY	
	2016	2015	2016	2015
	£	£	£	£
Goods bought for resale	2,873	4,980	-	-
	2,873	4,980	-	-

16. DEBTORS

	GROUP		COMPANY	
	2016	2015	2016	2015
	£	£	£	£
Trade debtors	18,414	108,653	18,414	108,653
Prepayments	18,063	14,189	17,428	12,803
Other debtors	138,460	21,572	131,175	21,572
Amount owed by subsidiary	-	-	8,717	71,944
	174,937	144,414	175,734	214,972

17. CREDITORS: Amounts falling due within one year

	GROUP		COMPANY	
	2016	2015	2016	2015
	£	£	£	£
Trade creditors	107,040	341,768	101,775	341,768
Accruals	60,585	60,877	36,665	40,708
Deferred income	40,773	69,458	40,773	69,458
Taxation and social security	96,572	113,501	96,572	109,591
Other creditors	79,801	89,472	76,609	86,128
Loans due in 1 year	23,355	23,100	23,355	23,100
	408,126	698,176	375,749	670,753

Deferred income

GROUP AND COMPANY:

	GROUP		COMPANY	
	2016	2015	2016	2015
	£	£	£	£
Balance brought forward	69,458	94,000	69,458	94,000
Release of deferred income	(28,685)	(24,542)	(28,685)	(24,542)
Balance carried forward	40,773	69,458	40,773	69,458

Deferred income is comprised of grant income received from South Sefton CCG to deliver a particular service which requires the employment of an individual to deliver that service. The funds are released when the individual is in post and funds are released monthly in line with costs to deliver the service.

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

GROUP AND COMPANY:

	2016	2015
	£	£
Loans due in more than five years	-	166,152
	-	166,152
Analysis of loans		
FutureBuilders loan	23,355	189,252
Included in current liabilities	(23,355)	(23,100)
	-	166,152

19. UNRESTRICTED FUNDS

GROUP:	General Fund	Designated Fund	Total
	£	£	£
Balance at 1 April 2015	3,560,107	23,400	3,583,507
Incoming resources	1,337,561	-	1,337,561
Recourses expended	(1,218,592)	-	(1,218,592)
Unrealised gains on investments	(17,913)	-	(17,913)
Funds Transfer - restricted (Note 20)	(299,388)	-	(299,388)
Fund Transfer - unrestricted	7,800	(7,800)	-
Balance at 31 March 2016	3,369,575	15,600	3,385,175

The designated fund relates to the revaluation reserve.

COMPANY:	General Fund	Designated Fund	Total
	£	£	£
Balance at 1 April 2015	3,538,928	23,400	3,562,328
Incoming resources	1,175,771	-	1,175,771
Recourses expended	(1,057,812)	-	(1,057,812)
Unrealised gains on investments	(17,913)	-	(17,913)
Funds Transfer - restricted	(299,388)	-	(299,388)
Fund Transfer - unrestricted	7,800	(7,800)	-
Balance at 31 March 2016	3,347,386	15,600	3,362,986

The designated fund relates to the revaluation reserve.

20. RESTRICTED FUNDS

GROUP AND COMPANY:

	Balance as at 1 April 2015	Incoming Resources	Resources Expended	Transfer (to) / from unrestricted fund	Balance as at 31 March 2016
	£	£	£	£	£
Family support worker	-	24,519	(72,258)	47,739	-
Macmillan FSW	-	21,699	(18,365)	-	3,334
Lymphoedema service	8,883	60,012	(57,132)	-	11,763
Outreach service	-	105,341	(92,713)	-	12,628
Hospice at Home	7,609	240,000	(179,996)	(48,000)	19,613
15 - Bed in-patient unit	-	1,831,317	(2,160,909)	329,592	-
Pastoral support worker	644	-	(644)	-	-
Education/training etc.	5,301	-	(2,709)	-	2,592
Social worker funding	7,352	-	-	-	7,352
Child bereavement counselling	6,418	-	(6,418)	-	-
Community awareness	1,664	-	-	-	1,664
End of Life – care homes	-	44,817	(45,232)	415	-
ICN comms skills	7,752	-	-	-	7,752
GP programme	12,507	-	-	-	12,507
Advanced care planner	580	8,487	(8,373)	-	694
Discharge planner	1,481	20,108	(20,108)	-	1,481
Unified DNACPR Training	446	-	(123)	-	323
ACST (MCCN)	3,664	-	-	-	3,664
MDT development fund	800	-	-	-	800
Dying matters	4,945	-	(653)	-	4,292
Garden furniture fund	1,000	-	(824)	-	176
Alice Manley fund	309	-	-	(309)	-
Volunteer's summer party	-	250	(1,771)	1,521	-
Patient's Christmas fund	-	600	-	(600)	-
Percy Bilton fund	-	-	340	-	340
Equipment fund	-	51,891	-	(25,970)	25,921
Equipment fund - donations	-	950	(444)	-	506
Redesign project w/off	-	-	5,000	(5,000)	-
	71,355	2,409,991	(2,663,332)	299,388	117,402

See note 24 for further details on transfers between funds.

20. RESTRICTED FUNDS *(continued)*

Family Support Worker
This conditional grant from Sefton, Liverpool and Knowsley CCGs is provided to contribute to the cost of a family support worker services across our In-Patient unit and our Well-Being and Support Centre.

Macmillan Family Support Worker
Funds received from Macmillan Cancer Support to fund one whole time Family Support Worker for a period of two years. Income is received monthly and the monies are released as the costs are incurred.

Lymphoedema Service
This conditional grant from Sefton, Liverpool and Knowsley CCGs is provided to contribute to the cost of Lymphoedema services.

Outreach Service
This conditional grant from Sefton, Liverpool and Knowsley CCGs is provided to contribute to the cost of Community Outreach services. A proportion of our therapy team costs are allocated to this fund.

Hospice at Home
This grant is from Sefton CCG and is provided to run a Hospice at Home Service for patients with a South Sefton GP.

15 - Bed In-patient Unit
This conditional grant from Sefton, Liverpool and Knowsley CCGs is provided to contribute to the cost of In Patient services.

Pastoral Support Worker
These funds were received in a prior year from the Grace Dieu Charitable Trust towards the funding of a Pastoral Support Worker post. The previous post came to an end in February 2013 due to a lack of funding. The role was re-introduced at the end of the previous year and some of the costs incurred are expensed against the fund to reduce this fund to a nil balance. The Hospice has incurred above and beyond the costs shown in the fund for a Pastoral support worker as a part of the Family Support Team.

Education/Training etc. (Aintree)
These brought forward restricted monies were monies that were transferred over from University Hospitals Aintree NHS Foundation Trust when the Specialist Palliative Care In-patient Unit transferred over to the Woodlands Hospice Charitable Trust Limited in 2009. They were monies that had been generated through educational conferences and the intention was to utilise the funds for educational purposes. The authority for usage of these funds transferred to the Hospice. Monies are released as costs are incurred.

Social Worker Funding
These monies from Merseyside and Cheshire Cancer Network (MCCN), hosted on behalf of the Aintree Integrated Cancer Network (ICN), were provided for the ICN to deliver training to social workers on end of life care. Monies are released as costs are incurred.

Child Bereavement Counselling
These brought forward monies from Clara E Burgess Trust fund were for payment of Family Support Worker and play/creative materials. Monies are released as costs are incurred on our Family Support Team.

20. RESTRICTED FUNDS *(continued)*

Community Awareness
These brought forward monies from Merseyside and Cheshire Cancer Network (MCCN), hosted on behalf of the Aintree Integrated Cancer Network (ICN), were provided for the network to engage with the community on dying and end of life matters. Funds are released as costs are incurred.

End of Life Training Programme – Care Homes (6 steps)
This grant is received from South Sefton CCG to fund a care home facilitator. Funds are released as costs are incurred.

ICN Comms Skills – Education Post
These brought forward funds, hosted for Aintree Integrated Cancer Network (ICN) and provided by Merseyside and Cheshire Cancer Network (MCCN), are remaining monies from communications skills training rebadged for role of ICN education facilitator. Funds are released as costs are incurred.

ICN Comms Skills Local Programme
Monies hosted for Aintree Integrated Cancer Network (ICN) and provided by Merseyside and Cheshire Cancer Network (MCCN) MPET funding for local communications skills training.

GP Programme
Monies hosted for Aintree Integrated Cancer network (ICN) provided by Merseyside and Cheshire Cancer Network (MCCN), for GP end of life education programmes. Monies are released as costs are incurred.

Advanced Care Planner
This conditional grant was received from South Sefton CCG to fund an advanced care planner for a period of twelve months.

Discharge Planner
This conditional grant was received from South Sefton CCG to fund a discharge planner for a period of two years.

Unified DNACPR Training
Funds were received to fund the training of staff in "Do Not Attempt CPR". Monies are released as costs are incurred.

Advanced Communications Skills Training/Train the Trainer (MCCN)
Monies hosted for Aintree Integrated Cancer Network (ICN) provided by Merseyside and Cheshire Cancer Network (MCCN) for advanced communications skills training. Monies are released as costs are incurred.

MDT Development Fund
Funding was received from Multi Professional Education and Training levy (MPET) in order to develop a local plan for MDT development. Monies are released as costs are incurred.

Dying Matters
Monies received in the previous year from South Sefton CCG in order that the Hospice could actively participate in Dying Matters week by hosting our own event in order to promote a greater awareness around death and dying. The hospice has now hosted two events for dying Matters week and will continue to participate in future years with the use of this fund.

Garden Furniture (February Foundation)
A grant was received in the previous year from The February Foundation to purchase garden furniture and flowers. The majority of the costs have been incurred in the reporting financial period.

20. RESTRICTED FUNDS *(continued)*

Alice Manley Fund
Funds raised in a previous year by then Trustee Alice Manley to pay for the purchase of medical equipment and furniture. The remaining funds were put towards the costs of a mattress in the year which was capitalised and therefore the remaining fund was appropriately reduced by way of a transfer.

Volunteer Summer Party
A donation was received to fund a summer party for the volunteers. Monies are released as costs are incurred.

Patients Christmas Fund
A donation was received to pay for a patients Christmas party and a donation was also received to buy presents for patients who have no visitors at Christmas. The expenditure on such items would be difficult to split out as these costs are caught up in the catering costs of the In-patient unit. The funds are appropriately reduced by way of a transfer from the fund.

Percy Bilton Fund
This grant was received to contribute towards the installations of Accrowynn protective covering and corner guards to bedrooms in our In-Patient unit for patient and staff safety. The project was completed in the previous year and the expenditure released against the fund. The positive expenditure on the fund represents the vat on the costs of the project which were not incurred by the Hospice as a result of the VAT reclaim scheme for hospices which was introduced in the year. It is envisaged that the remaining monies will be spent on further safety equipment.

Equipment Fund
This includes grants from various Charitable Trusts and also donations from individuals for specific items of equipment and furniture to be used either for the benefit of patients or staff. Where funds are expended on capital items the fund is appropriately reduced by a transfer equivalent to the capital cost.

Redesign Project (Write back)
This relates to the Hospice redesign project which took place in 2014. Legal costs which were accrued for at the time of the project were never incurred and the decision was taken to write these costs back into the fund. As they will never be incurred the remaining funds were subsequently transferred back into the unrestricted funds in the year.

21. ANALYSIS OF NET ASSETS (between restricted and unrestricted funds)

	Tangible fixed assets	Investments	Other net assets	Total
	£	£	£	£
Restricted Funds	-	-	117,402	117,402
Unrestricted Funds	2,433,508	540,075	411,592	3,385,175
	2,433,508	540,075	528,994	3,502,577

22. COMMITMENTS UNDER OPERATING LEASES

At 31st March 2016 the group and company had future minimum payments under non-cancellable operating leases as follows:

	2016	2015
	£	£
In one year or less	11,173	8,860
In more than one year, but not more than 5 years	26,538	12,177
In greater than 5 years	7,268	2,400
	44,979	23,437

23. RELATED PARTY TRANSACTIONS

During the year the company entered into transactions with its wholly owned subsidiary, Woodlands Hospice Limited. The transactions can be summarised as follows:

	2016	2015
	£	£
Donations from subsidiary	5,530	35,394
Transfer of expenditure to the subsidiary:		
Salaries	38,666	41,209
Other general overheads	3,566	17,924

At 31 March 2016, there was a balance due to the company from Woodlands Hospice Limited of £8,717 (2015: £71,944).

24. GROSS TRANSFERS BETWEEN FUNDS

Transfers from unrestricted funds to restricted funds represent a particular restricted area of resources where total expenditure exceeds the incoming resources for this service. The deficit is therefore transferred from the unrestricted funds to ensure that individual funds do not show a deficit at the year end.

The transfer between the restricted fund for Hospice at Home and unrestricted funds is to account for the management and administrative costs and the overhead expenses of this service as agreed with South Sefton CCG.

25. GUARANTEE

The charitable company is limited by guarantee and has no share capital. The members' liability is restricted to £1 in accordance with the memorandum and articles.

26. RESULTS OF THE COMPANY

The consolidated statement of financial activities includes the results of the charity's wholly owned subsidiary, Woodlands Hospice Limited, which operates the hospice lottery and a charity shop.

The summary financial performance of the charity alone is:

	Total Funds 2016 £	Total Funds 2015 £
Income from:		
Donations and legacies	820,232	777,423
Payments from subsidiaries	5,530	35,954
Grants receivable	2,675,589	2,573,732
Interest receivable	2,542	2,825
Investment income	22,654	21,265
Other Income	59,215	43,727
Total Income	3,585,762	3,454,926
Expenditure on:		
Raising funds	375,876	351,470
Charitable activities	3,345,268	3,302,542
Total Expenditure	3,721,144	3,654,012
Net (losses)/gains on investments	(17,913)	15,696
Net movement in funds	(153,295)	(183,390)
Reconciliation of funds:		
Total funds brought forward	3,633,683	3,817,073
Total funds carried forward	3,480,388	3,633,683
Represented by:		
Restricted funds	117,402	71,355
Unrestricted funds	3,362,986	3,562,328
	3,480,388	**3,633,683**