

# **Hospice at Home**

Carlisle and North Lakeland

**SUMMARY OF THE REPORT  
AND FINANCIAL STATEMENTS  
FOR THE YEAR ENDING  
31 MARCH 2009**



# **HOSPICE AT HOME CARLISLE AND NORTH LAKELAND COMPANY LIMITED BY GUARANTEE**

## **MEMBERS OF THE BOARD AND PROFESSIONAL ADVISERS**

**Registered charity name** Hospice at Home Carlisle and North Lakeland

**Charity number** 1095708

**Company registration number** 04609579

**Operational address and  
Registered office** Federation House  
Gilwilly Industrial Estate  
Penrith  
Cumbria CA11 7BL

**Trustees** Mr M P J Pearson (Chairman)  
Ms S E Nicholson (Vice Chairman)  
Mr J D Stronach (Treasurer)  
Dr P S Bramley  
Mrs M S Paterson  
Dr A Bell  
Mr C F Woodhouse CVO  
Dr I Burch  
Sir D M Hart  
The Right Rev'd J Newcome  
Prof. J Filkins  
Dr R H Murray  
Mrs A Binny  
Mr L Doswell  
Mr T Hebdon

**Company Secretary** Mrs S Thompson

**Charity Director** Mrs S Thompson

**Clinical Services Manager** Mrs F K Stobart

**Auditors** Armstrong Watson  
Chartered Accountants  
& Registered Auditors  
Fairview House  
Victoria Place  
Carlisle  
Cumbria CA1 1HP

**Investment Fund Holders** CCLA Investment Management Limited  
COIF Charity Funds  
80 Cheapside  
London EC2V 6DZ

**Bankers** Lloyds TSB Plc  
5 - 6 King Street  
Penrith  
Cumbria

**Solicitors** Cartmell Shepherd  
Bishop Yards  
Penrith  
Cumbria CA11 7XS

# **HOSPICE AT HOME CARLISLE AND NORTH LAKELAND COMPANY LIMITED BY GUARANTEE**

**TRUSTEES' ANNUAL REPORT**

**YEAR ENDED 31ST MARCH 2009**

## **STRUCTURE, GOVERNANCE AND MANAGEMENT**

### **Governing Document**

The organisation was incorporated on 5 December 2002 as a charitable company limited by guarantee, under the name of North Lakeland Hospice at Home. On 24 June 2003 the charity changed its name to Hospice at Home Carlisle and North Lakeland.

The charity was registered with the Charity Commission on 30 January 2003.

On 1 April 2003, following approval by the Charity Commission, the activities, assets and liabilities of North Lakeland Hospice at Home (an unincorporated charity, registered with the Charity Commission under number 1061089) were transferred into the charity and it commenced its activities. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

### **Recruitment and appointment of board of trustees**

The directors of the company are also charity trustees for the purpose of charity law and in the company's Articles of Association are described as trustees.

The charity is managed by the board of trustees. The maximum number of trustees is 15 and the minimum number required by the Articles of Association is 3.

At each annual general meeting one third of the trustees for the time being or, if their number is not three or a multiple of three, then the number nearest one third, shall retire from office.

The trustees to retire in every year shall be those who have been longest in office since their last election, but as between persons who became trustees on the same day those to retire (unless they otherwise agree among themselves) shall be determined by lot. The board have drawn up a list of those skills which are required for the effective management of the company. Where a required skill is not represented on the board or is lost due to retirement, potential appointees are approached to offer themselves for election. No outside party is empowered to appoint trustees.

### **Trustee induction and training**

New trustees attend a briefing session with the chairman, vice-chairman, treasurer

and chair of operations committee. This covers the aims of the charity, trustees duties, the charity constitution and financial position. It is enhanced by an induction manual produced by Help the Hospices. Trustees attend training events as required and support can be accessed via Cumbria Council for Voluntary Services.

## **Risk management**

Risk Management has been reviewed by the Trustees under the main headings of strategic, financial and operational risks. There is a programmed review throughout the year whereby the Trustees closely monitor the risks. The risk of the charity being unable to maintain its service due to financial constraints is still considered to be the major risk and the Trustees have adopted a reserves policy designed to mitigate that risk.

## **Organisational Structure**

The charity has a board of trustees comprising up to 15 members and presently includes members with relevant professional skills. Those skills are complemented by the attendance at meetings of our Charity Director and our Clinical Services Manager who do not have a vote.

The Charity Director has responsibility for the day to day management of the charity. The responsibility for the delivery of nursing services rests with the Clinical Services Manager.

## **Related Parties**

The charity is financially dependent on Cumbria PCT for its baseline grant and funding the specific posts of lymphoedema and occupational therapists.

Nursing services are delivered by PCT staff for which the charity is billed monthly at cost. The charity manages the delivery of Marie Curie Cancer Care and Macmillan Cancer Support to patients in North Cumbria.

These arrangements combine to ensure that high quality palliative care is available where necessary in our community.

## **OBJECTIVES AND ACTIVITIES (incorporating Public Benefit)**

The objectives of the charity are to relieve the suffering of and provide palliative and supportive care to persons of either sex who are suffering from a terminal illness or from any other physical or mental infirmity, disability or disease by the establishment and provision of domiciliary and supportive care, day care, residential care and in such other ways the trustees shall from time to time think fit.

The charity has worked to achieve these aims by providing a specially trained home nursing service, which complements the services provided by District Nurses and General Practitioners and the Macmillan and Marie Curie Nurses thus making the

"staying at home" option a realistic one. Its services are open to all terminally ill patients regardless of their age, address, end-stage illness or financial circumstances. The service is entirely free to the patients and their families.

Our business plan states that these services will be delivered by:

- Improving patient care by empowering and giving a realistic choice to those who wish to die at home and remain there for as long as possible.
- Optimising the workforce, providing a skilled clinical workforce that encompasses best practice, complementing the Primary Health Care Teams and Specialist Services.
- Providing a level of nursing care and support that meets the needs of the patient, their relatives and carers which is free at the point of need.
- Engaging and developing partnership working with both Statutory and Voluntary organisations.
- Setting out the funding strategy based on the changing requirements of the Charity's objectives.
- Matching the administration of the Charity to the Clinical Services offered.
- Extending the Clinical Services offered as determined by need, national and local agendas as finances allow.

## **Palliative care development**

Palliative Care is the active total care of patients whose illness is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best possible quality of life for patients and their families. Terminal care is an important part of palliative care and usually refers to the management of patients at the stage where there is steady deterioration in a patient's condition and death is close.

## **ACHIEVEMENTS AND PERFORMANCE**

Our sole area of charitable activity is the provision of clinical services including terminal care nursing, bereavement support and lymphoedema, occupational and complementary therapies.

The nursing service provided care and support to 288 patients, their relatives and carers during the year. Every attempt is made to ensure that all our services are equitable, timely and appropriate to the individual needs of the patients, their relatives and carers.

## **FINANCIAL REVIEW**

Following our successful tenth anniversary year, financial progress has been maintained thanks to excellent fundraising by our Volunteer Fundraising Committee and supporters together with exceptional income from Legacies for which we are grateful to the individual donors. Total income was 28% over budget, a result which

under current economic conditions, may prove to be extremely valuable.

The further development of our service was evidenced by an increase of 16% in Charitable Activities costs to £463,712. Costs of generating Voluntary Income and Trading increased by 7% and 18% respectively, so that in total Expenditure rose by 14% to £650,817.

Our surplus of £196,057 represented an increase of 20% on 2007/8 and these valuable funds may well be needed should the present recession continue beyond the current year.

## Funding

We rely heavily on the financial support provided by Cumbria PCT. The development of the lymphoedema and occupational therapy services could not have been undertaken without being fully funded. The baseline grant, payable quarterly in advance, gives confidence against background of very welcome voluntary income. We are profoundly grateful to all in the community for the excellent support we receive.

## Fundraising

The phenomenal success of our 10<sup>th</sup> Anniversary year was a credit to our fundraisers, however, we thought that we would not be able to maintain the pace into future years, but, once again our team has excelled.

As always, the members of the Volunteer Fundraising Committee have worked tirelessly throughout the year in their own communities and as a group on some of the larger events. The variety of events held is tremendous from the traditional coffee morning to walks, dinners, fashion shows, jazz evenings, open gardens and street collections. Their dedication and loyalty is second to none.

Event income for the year was £180,244 which is an increase of 64% on 2006/07 (the year prior to the 10<sup>th</sup> Anniversary). We are proud to say that almost 80p in every £1 raised goes directly to provide nursing care and support to the terminally ill.

Our Penrith Charity shop is managed by Nicola Bellas and Emma Watkinson and staffed by a team of over 30 volunteers. This year the shop has 'gone green'. We no longer use plastic carrier bags, instead, we have environmentally friendly cotton and hessian re-useable bags and in addition, we have added a recycling point for ink cartridges and mobile phones.

Our ever popular Hundreds Club is one of our income streams and with the support of the members this year contributed £14,121 to the total amount raised.

The Silloth Charity shop continues to support Hospice at Home and this year has generously donated £11,500. We are very grateful to all the volunteers at Silloth

who made this possible.

Income from gifts in wills is very important to the Charity. This year over 22% of our total income came directly from legacies. Gifts from Wills help us fund our core nursing service and also enables us to extend our other services.

Our fundraising success could not be achieved without the help and support of the individuals, local businesses and organisations that have generously donated valuable funds and offered sponsorship and support.

Our thanks go out to all those who donate goods for sale and our customers and volunteers in the Charity shop and to the Volunteer Fundraising Committee as a whole for their dedication, creativity and continued support. We are very grateful for all those who help to make our work possible.

### **Investment policy**

Funds are invested in the Charities Deposit Fund of the Charities Official Investment Fund to obtain a regular income, in excess of the increase in the Index of Retail Prices. This policy and the appropriateness of the investment itself are reviewed annually.

### **Reserves policy**

The trustees have considered the need for reserves and have established a reserves policy in order to protect the charity from delayed or reduced income. The trustees believe that free reserves equal to 12 months total costs payable from Unrestricted Funds will be adequate to safeguard the service. At the accounting date, reserves represented 11 months of such costs.

### **Trustees indemnity**

During the year the charity purchased indemnity insurance at a premium of £703 to cover the liability of the trustees.

## **PLANS FOR FUTURE PERIODS**

The trustees have agreed an updated business plan for the charity to 31st March 2011. This plan sets out the clinical and business intentions of the charity for the future.

Maintaining and developing the nursing service continues to be our key objective. Following the financial success of our tenth anniversary year and encouraging government support for palliative care services, the availability of the service in future years looks more secure.

### **Acknowledgements**

We are pleased to have this opportunity of sincerely thanking all our supporters and

fundraisers, individuals, businesses and organisations without whose contribution our Charity's activities would not be able to develop and provide the much needed care to patients in their own homes. We receive much encouragement from within the community, which gives us the incentive to continue to provide this service. The support and fundraising from all areas following our 10<sup>th</sup> Anniversary year has exceeded our expectations.

We rely upon the NHS at a local level for our baseline grant and as the source of nurses and related administration staff. This contribution from the NHS is essential for our delivery of high quality palliative care. We value this continued grant.

This delivery of care would not be possible without such an enthusiastic and dedicated nursing team, who continue to receive many expressions of sincere thanks from patients, their families and friends. Our Clinical Services Manager, Fiona Stobart together with our registered nurses, healthcare assistants and carers regularly provide an exemplary standard of care.

Our diligent office staff keep the day to day working of the Charity running smoothly, coping admirably with all the complexities which arise from a growing and prospering organisation in the 21<sup>st</sup> century.

Our now well known Charity Shop at 3b Little Dockray, Penrith is now run by our two job sharing Managers ably supported by a growing team of loyal volunteers to whom we are very grateful. The shop has provided an ideal vehicle to raise the awareness of the Charity in the area.

Our thanks also include those who work with us without charge especially Harrison and Hetherington Group for payroll services. We continue to use rented office space at Eden Valley Hospice as a base for our Clinical team.

Above all, we wish to acknowledge those who give their time so freely. Time is one of the most expensive commodities.

## **RESPONSIBILITIES OF THE TRUSTEES**

The trustees (who are also the directors of Hospice at Home Carlisle and North Lakeland for the purposes of company law) are responsible for preparing the Trustees' Annual Report, the Clinical Service Manager's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

In preparing these financial statements, the trustees are required to:

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

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with Companies Act 1985. The trustees are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

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

## **AUDITOR**

A resolution to re-appoint Armstrong Watson as auditor for the ensuing year will be proposed at the Annual General Meeting.

Registered office:  
The Charity Office  
Federation House  
Gilwilly Industrial Estate  
Penrith  
Cumbria CA11 7BL

Signed by order of the trustees

5 August 2009

MRS SHEILA THOMPSON  
Company Secretary

# **HOSPICE AT HOME CARLISLE AND NORTH LAKELAND COMPANY LIMITED BY GUARANTEE**

**CLINICAL SERVICE MANAGER'S REPORT**

**YEAR ENDED 31ST MARCH 2009**

## **Clinical Services Report April 2008 – March 2009**

It must be my age but this time of year seems to come round so quickly and it has been another busy year for all parts of the service. The service provides Nursing, Bereavement and Complementary Therapy services and manages the specialist services of Lymphoedema and Occupational Therapy. In October of 2008 I also took over the management of the Palliative Clinical Nurse Specialists (Macmillan Nurses). Although we have always worked closely in the past this development strengthens the working relationships between the two services.

Hospice at Home has a Service Level Agreement with the Primary Care Trust (NHS Cumbria) agreed annually. This sets out the service description, which services we provide and the financial contribution towards the running costs of the Clinical Services (which excludes the Bereavement Support Service). Within this agreement Hospice at Home includes activity from the previous year and sets out the service developments planned for the coming year in line with the current Business Plan.

This year I introduced some quality measures into the Service Level Agreement with the aim to measure the effectiveness of the service. There are six quality measures and for the purpose of this report I thought I would demonstrate with examples how each has been met throughout the year.

### **1. Fair Access:-**

That the service provided will vary according to the need of the individual, their relatives and carers irrespective of geography, beliefs and social – economic group.

In the year all GP practices referred to the service with more actually making direct contact with the service. As all practices have referred, the service has provided care in all areas that the service serves. Referrals, as other years, have come from a very wide range of sources with 48% of referrals coming from District Nurses. 55.61% of the care was provided by night (10pm to 7am) and 44.39% throughout the day and the total number of hours provided was 14,198. This was actually very close to what was predicted within the Service Level Agreement.

In ten months of activity that has been collected the Lymphoedema service received 104 referrals with 55.8% having a cancer diagnosis, the remainder with a non cancer diagnosis. This is not an unusual figure due to the nature of the disorder. The Complementary Therapy Service received 64 referrals in the year, providing support and treatment to both patients and their carers across diagnosis.

### **2. Timelines:-**

That Clinical Services recognise the appropriateness of the time of intervention.

The nursing service accepts referrals within two broad categories those of planned and crisis intervention. Crisis interventions are usually when a patient wishes to be discharged quickly for end of life care, to avoid unwanted admissions or their condition has changed and the relatives and carers need increased support. I undertook a small audit of some of the year's referrals to elicit response times in the cases of crisis interventions. I looked at the time from the point of referral to the response that a nurse could be provided and that either the referrer or the families and carers were aware that Hospice at Home could provide the care requested.

In 59% of occasions the referrer or the families and carers were made aware that a nurse would be able to provide the care in less than 10 minutes with 35% between 10 and 30 minutes the remainder in less than 1 hour. The results were very encouraging and reinforce the fact that the service is responsive to local need. This is now something we will continue to monitor throughout the coming year.

### **3. Standard of care delivered:-**

That the standard of care delivered is in accordance with assessed need.

All aspects of the service work closely with all other Statutory and Voluntary providers in a joint assessment of the assessed need of patients using care plans and attending Multidisciplinary meetings. The continued development of the Assistant Practitioners within the Lymphoedema and Occupational Therapy services is allowing the specialist clinicians to develop services in relation to assessed need. The development of their role allows those individuals to plan and develop services. A monthly caseload review is carried out by all heads of the services which also identifies service need. In March of this year I commenced the Masters in Hospice Leadership at Lancaster University. As well as the University, Help the Hospices and the End of Life Observatory are useful to the future of the service overall and including the standard of care delivered.

### **4. Patient/Carer Experience:-**

That the delivery of care by the Clinical Services is sensitive to individual need with an assessment to the way in which patients, families and their carers experience and view the quality of care.

All aspects of the service receive many letters of thanks for their input and the Complementary Therapy and Bereavement Support Service hand out questionnaires to individuals following their period of treatment or support. To ensure the quality of care remains of a high standard the service has a very active training and education programme. Registered Nurses have attended foundation courses in Palliative Care and all members of the team are invited to attend the mandatory Hospice at Home study day.

We have also directly sought out patients and relatives views about the respite we provide and all have said that the input is invaluable.

## **5. Communication between professionals:-**

That the Clinical Services ensures effective communication within and between providers in both the Statutory and Voluntary sectors.

Meetings are held regularly with all Statutory and Voluntary services that Hospice at Home links in with and includes District Nursing teams, Primary Care Trust and other specialist palliative care teams. An important link we have is with Hospice at Home, West Cumbria both in terms of shared training and the sharing of staff when each service is busy. The service has been involved in discussions at the Cumbria End of Life Strategy which I expect Hospice at Home will be actively involved with.

## **6. Efficiency:-**

The Bereavement Support Service works closely with Eden Valley Hospice to ensure there is no duplication of services as some individuals have received support of both services. The year has seen the introduction of volunteers to the clinical areas of Nursing and Complementary Therapies who provide an essential support to the patient and carers, and indeed, the service.

I would like to thank all members of the team who work tirelessly often in difficult situations without complaint. The successful year we have again witnessed is without doubt down to the commitment and standard of care they provide. One and all are a pleasure to manage.

**Fiona Stobart**  
**Clinical Services Manager**  
**July 2009**

**STATEMENT OF FINANCIAL ACTIVITIES      YEAR ENDED 31ST MARCH 2009**

**INCOMING RESOURCES**

		Unrestricted Funds £	Restricted Funds £	Total £	2008 £
Incoming resources from generating funds:					
Voluntary income	2	468,269	19,474	487,743	389,919
Activities for generating funds	3	68,922	–	68,922	58,010
Investment income	4	32,253	–	32,253	29,187
Incoming resources from charitable activities	5	257,956	–	257,956	258,714
<b>TOTAL INCOMING RESOURCES</b>		<b>827,400</b>	<b>19,474</b>	<b>846,874</b>	<b>735,830</b>

**RESOURCES EXPENDED**

Costs of generating funds:					
Costs of generating voluntary income	6	(102,401)	(74)	(102,475)	(95,742)
Fundraising trading	7	(65,928)	–	(65,928)	(56,003)
Charitable activities	8/9	(458,512)	(5,200)	(463,712)	(398,879)
Governance costs	10	(18,702)	–	(18,702)	(21,644)
<b>TOTAL RESOURCES EXPENDED</b>		<b>(645,543)</b>	<b>(5,274)</b>	<b>(650,817)</b>	<b>(572,268)</b>

**NET INCOMING RESOURCES FOR THE YEAR/NET INCOME FOR THE YEAR**

**RECONCILIATION OF FUNDS**

Total funds brought forward		447,558	94,131	541,689	378,127
<b>TOTAL FUNDS CARRIED FORWARD</b>	11	<b>181,857</b>	<b>14,200</b>	<b>196,057</b>	<b>163,562</b>

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.

All of the above amounts relate to continuing activities.

## BALANCE SHEET

31ST MARCH 2009

		2009 £	2008 £
<b>FIXED ASSETS</b>			
Tangible assets	13	8,724	7,492
<b>CURRENT ASSETS</b>			
Stocks	14	4,559	3,679
Debtors	15	13,697	82,536
Cash at bank		765,793	547,951
		<u>784,049</u>	<u>634,166</u>
<b>CREDITORS: Amounts falling due within one year</b>	16	<u>(55,027)</u>	<u>(99,969)</u>
<b>NET CURRENT ASSETS</b>		729,022	534,197
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>737,746</u>	<u>541,689</u>
<b>NET ASSETS</b>		<u>737,746</u>	<u>541,689</u>
<b>FUNDS</b>			
Restricted income funds	17	108,331	94,131
Unrestricted income funds	18	629,415	447,558
<b>TOTAL FUNDS</b>		<u>737,746</u>	<u>541,689</u>

### Notes on the Summary of Accounts for the period ended 31 March 2009

This summary is not the statutory accounts but a summary of information relating to both the SOFA and the balance sheet. This summary may not contain sufficient information to allow a full understanding of the financial affairs of the Charity. Copies of the full Annual Accounts, the Auditors' Report and the Trustees' Report may be obtained from the Honorary Treasurer, Federation House, Gilwilly Industrial Estate, Penrith CA 11 9BL. (Tel: 01768 210719)

The Report and Accounts were approved by the Trustees on 5<sup>th</sup> August 2009. The Accounts have been audited by Armstrong Watson in accordance with the Companies Act 1985. Their report was unqualified and was dated 7<sup>th</sup> August 2009.

The Report and Accounts have not yet been submitted to the Charity Commission.

## **Auditors' statement to the Trustees of Hospice at Home Carlisle & North Lakeland.**

We have examined the summarised financial statements.

You are responsible as Trustees for the preparation of the summary financial statements. We have agreed to report to you our opinion on the summarised statements' consistency with the full financial statements on which we reported to you on 7<sup>th</sup> August 2009.

We have carried out the procedures we consider necessary to ascertain whether the summarised financial statements are consistent with the full accounts from which they have been prepared.

In our opinion the summarised financial statements are consistent with the full financial statements for the year ended 31 March 2009.

Armstrong Watson

Chartered Accountants & Registered Auditors, Carlisle, 14 September 2009.